

# HAVE THE CONVERSATION



## 5 Reasons to Screen for Gambling Problems in Substance Abuse and Mental Health Agencies

**1. High Co-Occurrence\*** – Studies have shown that problem gambling can often co-occur with substance abuse and mental health disorders. Consider these examples: an individual with depression or anxiety might use gambling as a way to cope; an individual with a gambling problem might have suicidal thoughts due to increasing life stressors; abuse of alcohol, tobacco and other drugs may occur simultaneously with problematic gambling behavior.

**2. Switching Addictions** – Social gambling is not a risk-free activity for people in recovery from substance abuse or mental health conditions. Gambling can stimulate chemicals in the brain to produce a euphoric effect that acts as a powerful incentive and distraction from life's problems. Gambling may seem like a harmless 'sober' activity at first but can turn into an addiction for some individuals.

**3. Gambling Can Be a Relapse Trigger** – Alcohol and drugs are often used to celebrate positive events and to mourn negative events. Thus, either winning or losing money while gambling can become a trigger for a return to substance use. In addition, alcohol is often readily available at gambling venues.

**4. Screening is easy!** Screening tools such as the **Lie/Bet Screen** and the **Brief Biosocial Gambling Screen** take only a few minutes to administer and can help you determine whether or not further assessment is needed by a Nevada Certified Problem Gambling Counselor.

**5. You Don't Have to Know it All...** - Visit the Resource Locator at [www.nevadacouncil.org](http://www.nevadacouncil.org) to find Certified Problem Gambling Counselors to add to your referral list. State funded treatment providers may charge a small fee for services but may not turn anyone away for lack of ability to pay.

\*A 2005 NESARC study reported that three quarters of pathological gamblers had an alcohol use disorder (73.2%), 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.

Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Journal of Clinical Psychiatry*, 66: 564-574.

### Already Screening?

Email [programs@nevadacouncil.org](mailto:programs@nevadacouncil.org) if you would like to participate in National Problem Gambling Awareness Month by telling others why **YOU** screen for gambling problems in your agency. Participants will receive a Certificate of Appreciation. Statements may be used in web, print and/or video content.

