CATR: Oh, I see her frequently. I will. I will.

All right. Maybe we should just start and...yeah. Let’s go. We’ll stick to the script mostly, but if kind of other questions come up, I’ll – if it’s all right with you, we’ll kind of just go with the flow. All right. So, let’s begin just by having you introduce yourself.

Dr. Fong: Sure. Thank you for having me. My name is Dr. Timothy Fong. I’m a professor of psychiatry at the UCLA School of Medicine. I’m the co-director of the UCLA Gambling Studies Program.

CATR: Great. And so most people gamble from time to time and how do we know when (quote-unquote) normal gambling turns into something that’s disordered?

Dr. Fong: This is a question I get essentially, four or five times a week, when people will say, do I have a gambling addiction? Or how do I know if my husband or wife or son or daughter is going to develop a gambling addiction? And I usually start with the following. First, I tell people gambling is part of something we do every day in our lives. It’s risk-taking. It’s decision-making. It’s going for rewards.

Essentially, though, the difference is that between someone who gambles regularly and socially versus someone with a (quote) gambling disorder, or a gambling addiction is that if their gambling continues to bring harmful consequences to their lives and they continue to engage in gambling, that’s an addiction. Furthermore, men and women with gambling disorder, they experience all sorts of things that people who gamble recreationally do not. They have urges and cravings that get in the way of them completing their daily lives. They have restrictions and limitations [00:05:00] on what they can do in life because of the consequences of gambling.

So, much like any other addictive disorder, it isn’t so much how much you gamble or how often or how much you’ve lost, it’s what are the consequences and what are the biological and psychological and social experiences it is for the person who is gambling? If they gamble in a way that’s harmful and distressing and emotionally painful, that’s an addiction. If they gamble and they have a lot of fun and they lose a lot of money, but it doesn’t impact their daily functioning, that’s not an addiction. That’s just a hobby.

CATR: It sounds a lot like a substance use disorder.

Dr. Fong: It is. In fact, it is, because gambling disorder now in 2023, and it really is going back to 2013 was moved from the impulse control disorders section into the substance-related and addictive disorders section in the DSM-5. For all the folks who want to look through the DSM-5, open up that chapter, “Substance-Related and Addictive Disorder”. You’ll see all the 11 substance use diagnosis criteria. Alcohol, tobacco, opioids, sedative hypnotics; and then you’ll see “Gambling Disorder” in the exact same section of addictive disorders. So, therefore, it is an addiction.

Now, we’ve called it in the past things like “process addictions,” “behavioral addictions.” My favorite is the neurologist who called it “hedonistic dysregulation syndrome.” But essentially, what this is an addictive disorder that does not involve the ingestion of substances. Instead, it’s the actual act of gambling that changes brain structure and functioning, that captures some of the biological risk. So, essentially, the experience they go through is exactly like one going through any other substance use disorder.

CATR: Why is it that gambling ended up in the addiction chapter in the DSM, but a lot of these other behavioral dysregulation disorders did not?

Dr. Fong: Well, I can give you the official answer or I can give you the unofficial answer.

CATR: A little bit of both.

Dr. Fong: A little bit of both. So, when I was in medical school, DSM-4 1994, right? And when you were in medical school maybe a few years after that, DSM-5 came out in 2013. And for a long time the (quote) behavioral addictions lived in this section of Impulse Control Disorders – pathological gambling, trichotillomania, pyromania, kleptomania, intermittent explosive disorder. There was no video game addiction and there was no (quote) sex addiction.

But the science basically, from 1995 to 2010, let’s say, was really predominately focused on gambling. The gambling science showed us neuroimaging, genetic studies, biomarkers, medication trials that all were very similar to the field of substance use disorder. So, that was enough data to say, this looks and smells like an addictive disorder, that’s why we’re going to move it there. From 2013, the other (quote) behavioral addictions – internet gaming disorder, hypersexual addiction, shopping (if you want to call it) – none of them had the same level of scientific rigor, scientific study or any of the global understanding of what patients are going through, to say with confidence, you know what? This is actually an addiction.

So, nowadays we get this all the time. They say, well, aren’t all behavioral addictions like gambling the same? And that’s why we’re getting this crossover between internet gaming disorder, gambling disorder, and think about men and women who watch video games online, but don’t spend money, but they’re watching a slot machine simulator. Is that a gambling disorder or is that a gaming disorder or is that a YouTube disorder?

So, the bottom line of what we’re getting at, these are emerging conditions of study that are super important, but gambling disorder and previously known as problem gambling, compulsive gambling, pathological gambling, is pretty certain now that it is an addictive disorder because of the science that we have accumulated.

CATR: And how common is it?

Dr. Fong: So, oftentimes when I ask this question to medical students, they think it’s super rare. Oh, maybe 1 in 10,000. Well, we know that lifetime prevalence rates of gambling disorder hovers around 1% to 2% of the general population. We also know that within the last 12 months, depending on where you are in America or across the world, that last year 12-month prevalence rate can be as high as 3% to 6% or as low as .1 to 1%. So, you put it all together, that sounds like bipolar disorder. It also sounds like schizophrenia, other significant serious mental illnesses.

So, we know that gambling disorder in terms of prevalence is something that’s not rare. It’s there [00:10:00] and it’s prevalent, it’s just not discussed. Why? Because we don’t screen for it? But more importantly, patients don’t like to talk about it. Think about the last time a patient came to your office with the chief complaint, I gambled excessively in a harmful way, and I need help to stop. That’s just not something comfortable for people to talk about.

CATR: And that’s just a societal restriction or stigma.

Dr. Fong: Definitely that, I think it goes back to how we view money. We think about people who have a lot of money, and we equate them with success, moral quality, things like that. And if you lose money, you are (quote) not only a loser financially, but you’re a loser personality-wise. So, that’s a harsh way of saying it because all the way back to kind of like the Puritan and Christian days of how the Unites States were founded where they viewed gambling as both a vice and possibly a sin, but also as a way of escalating your future fortunes.

CATR: So, if we are dealing with something that has a prevalence similar to bipolar disorder, schizophrenia, we screen all mental health patients for psychotic symptoms, manic symptoms. Should we be screening everybody for gambling disorder?

Dr. Fong: Well, absolutely. That’s an excellent rhetorical question. And the way I would phrase this is very simply. You go all the way back to medical school. You go all the way back to undergrad, you know, we learn about addiction very early on now in education – high schools and junior high, colleges, right? When we get to medical school we don’t spend a lot of time on addictions in general. And we don’t spend any time on behavioral addictions and things like this. And I think this is part of the story, when you don’t have people teaching about it and talking about it, of course, it’s not going to be put in.

There are also no clear reimbursement rates. There’s no mandatory screening guidelines set forth by SMSA or by NIDA or by NIH or even our organization, the American Academy of Addiction Psychiatry that say it is standard of care to be screening for all addiction disorders, including gaming and gambling disorders. And I think about with suicide – I do this all the time with medical students. They say if you don’t ask for suicide, that’s malpractice. The med students accept that. They recognize that because they recognize the severity of self harm and suicidal thinking.

When it comes to gambling disorder because it’s been so under-recognized and under-studied over the last 40 years, it’s the hidden addiction. It’s a silent addiction. And you think about again what patients look like with gambling disorder and you close your mind’s eye, and you have a stereotype view of that. You can’t smell it. You can’t taste it. They can walk, they can talk, their balance is good, they’re not overdosing, they’re not psychotic, they’re not agitated, they’re not hostile. They’re distressed, but oftentimes you can’t see it.

One of the things I say all the time in these kinds of lectures is no one has died from gambling disorder where it’s listed on their death certificate. But unfortunately, many people have died because of the consequences of gambling disorder. Suicide rates are high, co-occurring psychiatric disorders are super high. So, the idea is yes, screening should be part of intake, but it also should be part of our annual kind of mental health checkup. And it should also be part of our differential when a patient is not responding to standard treatments. Standard treatments for depression or insomnia or anxiety or any other substance use disorder, they’re not doing well. They come, they just feel like they’re not improving it may be because of a gambling disorder underneath that’s not been recognized.

So, one of the easy ways of screening – I get this a lot when people say, it’s too much! You’ve got to ask about all of these other things. When do I actually get to talk to the patient? And I say to them, fold it into your intake or fold it into your first few sessions that you’re working with a client. And start off with something very simple. Well, tell me about how you spend your money on entertainment. Or over the last 12 months, have you ever spent money in a gambling setting such as a casino, a racetrack, or a mobile online?

So, making it very clear, the good entry and then you can open up and ask them deeper questions. There are a very simple 3-item gambling questionnaire screener. You remember in med school, we had the CAGE for alcohol? So, we have a similar one for gambling called the BBGS – the Brief Biosocial Gambling Screen. And it’s just three items asking someone if they’ve lied about their gambling, if they’ve been preoccupied about it, if they’ve gambled more than they intended. But then it’s meant to open up a conversation where you then go through the DSM-5 criteria in a systematic way to get a good interview.

So, again, a lot of patients [00:15:00] are fine when you ask. I think there’s also some hesitancy by a lot of doctors – well... Asking about money is a real personal thing. I’m not really comfortable about that. But that’s not the same way it was about asking about sexual history in the early ‘80’s. We have to do it. Nowadays, we have to do it and ask about money – not just gambling. Gambling’s a part of it. That’s why we have to recognize there are lots of other forms of gambling. The regulated brick-and-mortar casino experiences, the mobile sports betting, the financial technology gambling software. These are all elements of gambling that we should be asking about.

CATR: Hm. I imagine that the way that gambling disorder can manifest nowadays with all these mobile devices and online gambling platforms is a lot different than say, 20 or 30 years ago when you had to go to the casino.

Dr. Fong: Oh, absolutely! And one of the concerns has been by increasing rapidly the access to gambling activity, essentially a casino in your pocket 24/7, will we then see in five years or ten years from now an elevated prevalence of gambling addiction? In other words, a gambling crisis like the opioid crisis? So far, we have not. But people are concerned and as we all know, one of the key risk factors to developing addiction is availability, access, and anonymity. And so, when you can do an activity that’s highly rewarding 24 hours a day, 7 days a week, of course, that’s going to raise potential risk factors for those who are most vulnerable.

But again, it goes back to the screening of all patients, not just patients who come in for substance use disorder treatment, but anyone who comes in for mental health treatment or anyone who comes in for primary care, just health checkups. Data across the last 40 years has shown that in every single healthcare setting, in every single mental healthcare setting, in every single institutionalized setting like prisons or residential treatment programs, schools even, that there are elevated rates of gambling disorder amongst a clinical population. And it makes sense – and particularly substance use disorder. It’s the same brain, right? It’s the same brain regions that have been shown. Therefore, it makes sense that alcohol, tobacco, opioid use disorder are going to run higher with gambling addiction rates, for sure.

CATR: Other than other addictions, what are some other patient factors or comorbidities that are associated with gambling disorder?

Dr. Fong: So, we think about bio-psychosocial risk factors. So, we first think about what are some of the risk factors that create gambling disorder? And it’s going to be very similar to the risk factors that we see for substance use disorder. So, biologically you’re going to have genetic risk factors. Biologically, you’re going to have certain medications like dopamine agonists that could potentially raise your risk of developing a gambling disorder. Head injury certainly has been shown to be a potential risk factor.

Psychological risk factors for developing gambling disorders are, of course, untreated psychiatric conditions and any of them – but particularly depression, bipolar disorder, ADHD, substance use disorder, antisocial personality disorders. The disorder that primarily have issues of impulsivity, attention, focus, cognitive impairments. Ironically, even having dementia. And you think about all the casinos that bring older adults on buses that may have cognitive impairments while they’re gambling. You know, the dementia in the cognitive impairment is a risk factor for gambling disorder. Think about how sophisticated and complicated these slot machines are in the 21st century with 5x5 matrices. Very complicated stuff.

So, that’s a psychological...the other things about personality traits – again, yes. Someone who’s risk-taking, someone who’s sensation-seeking, someone who’s very competitive. But also, and people don’t recognize this – people who don’t do well with loss. People who have lower degrees of grit and resilience. People who have spectacular need for success. People who really struggle with loss aversion. People who just don’t do well when they don’t win. People who have – I don’t have a psychological term for FOMO (fear of missing out), right? But that’s definitely a risk factor for a lot of folks who develop a gambling disorder. They have this intense – almost obsession about missing out on opportunities to win money that drivees ongoing gambling which ultimately drives more problems.

And lastly, social risk factors, of course, are going to be things like availability, access, who’s gambling around you? Who are your friends? Who are you peers? We’ve done a lot of work looking at elevated risk of gambling in Asian-American [00:20:00] communities and in part, because the social entertainment of gambling is the fabric of what they do. The casino buses, the high propensity of the family and friends to gamble together, almost the intense peer pressure to gamble. These are all things that can happen that can drive up one’s risk.

So, like any other addiction, biopsychosocial – and I use that roadmap for any of our psychiatrists working with patients to say identify the biopsychosocial risk factors, then you will then identify your biopsychosocial treatments that you need for your patients.

CATR: So, we talked a bit about screening and some of the initial questions that you can ask. If you are concerned about a gambling disorder in a patient, what sort of questions are important to ask when you’re gathering a gambling history?

Dr. Fong: So, there’s a lot of things you can go into. One, I’d call kind of like the basic administrative logistical stuff about gambling. Where do you gamble? How do you gamble? What types of bets do you like? Where do you get money to gamble? You know, real kind of basic almost journalistic kinds of questions. I think the deeper psychiatric questions are really more around things like what is it a about gambling that draws you in? What is your relationship to money? How do you feel about winning? How do you feel about losing?

And that’s how you can start pulling the things that are driving people. For instance, I saw a woman yesterday that she continues to gamble five, six-hour stretches inside a casino. And I say to her – I would go through almost a cognitive behavior model. You know, what drives you gambling? What are your thoughts? Why do you do this? You know, how do you do it? And ultimately, she was able to pull out that the reason she gambles isn’t to make money. It’s to escape the loneliness in her life.

And it takes a while because you don’t tend to think of that – oh, well, gambling by yourself is an experience that anyone would like. But for her, she does not like gambling with people. So by asking about all the aspects of how she gambles, the mechanics, you can really start to pull out the unique psychological reasons why she continues to gamble.

In her case, again, it was I like to gamble at night by myself to numb the emotional pain that I don’t have a date on Friday night. And all that goes back into for psychiatrists to say, well, I don’t know what to ask because I don’t know anything about gambling. That’s the charge I ask psychiatrists who don’t know anything about gambling is to take a few minutes and if it’s not a trigger or a concern for you personally, to look at some of these online gambling options, to watch some of these YouTube videos of people gambling, to go to a local casino and walk around.

If you’re in a state that actually has mobile sports betting to look at the app and see what kind of games are out there, what kind of games are out there, and I think all that goes to familiarity so that you ask deeper questions.

But I think one of the biggest mistakes – and a lot of folks do it in the beginning of gambling, is they don’t dive deeper into some of these questions about, again, where do you get the money? What does gambling mean to you? What are the reasons that you think you’re continuing to gamble? What I don’t like to ask is, why don’t you stop gambling? You know, that’s like a basic you can’t ask that to anyone with an addictive disorder because by definition if they knew why, if they could do it, they wouldn’t be in your office.

So, I tend to ask more thoughtful questions that are not judgmental, really focusing on the mechanics of what they’re doing, how they’re doing it and almost with me being put into their shoes as they’re going through. So, for instance, I might say to them, tell me what it’s like when you’re driving to the casino. What are you experiencing? What are you feeling? What are you thinking? What are you going through? And for some patients they’re going to tell me, oh, I have butterflies in my stomach, my heart’s racing, my palms are sweaty.

That’s a patient I’m going to say, you know what? They have a high biological reactivity. That’s someone I might consider Naltrexone for, versus someone who’s driving to the casino and they’re dissociating, and they don’t even remember why they’re there, that’s someone I’m not going to focus on using a medicine like Naltrexone for. Instead, I’m going to focus on the reason they’re dissociating and try and disentangle that with psychotherapy.

CATR: So, that brings up treatment. What are the treatment options and what do these entail? And when might you recommend one treatment over another?

Dr. Fong: So, the year’s 2023, and I began doing gambling work in 2002, so it’s been about 20 years. On one hand we have a lot of new advancements. On another hand, we’re still using the same stuff we used 20 years ago. So, biopsychosocial treatments. Under the biological treatments, we do not have [00:25:00] an FDA-approved treatment for gambling disorder and I don’t believe we’ll get one in the next 10 to 15 years. It’s very expensive to bring one to market, right? But that doesn’t mean that medications are not effective.

We have had a number of medications in clinical trials that seem to work pretty well in the laboratory setting and pretty well in the clinical setting. Those are opioid antagonists like Naltrexone, Nalmefene (which is not available in the United States). Although it is available (Nalmefene) now in the United States as an opioid overdose reverser. That’s brand new. I think May, 2023. We’ve also looked at other things like n-acetylcysteine as kind of a neuromodulator as potentially reducing some of that impulsivity.

But unfortunately, most of our medication trials have not proven to be very successful in terms of having a big difference between placebo and medications; and those include SSRI’s, Depakote, antipsychotics like olanzapine, modafinil, stimulants and things like that. So, my medication strategy tends to be naltrexone for gambling clients that have that very positive rewarded experience, the urges, the craving, the butterflies in their stomachs.

I’ll also use medication to treat the co-occurring disorder that might be driving the gambling. A perfect example, you have ADHD, and you don’t treat that and then gambling disorder on top of that. You treat the ADHD with stimulants. The gambling disorder also reduces there.

There have been some folks looking at TMS now, some folks looking at varenicline. Others have said even other anti-addiction medications potentially could be of worth, such as Acamprosate and Ondansetron. But none of those have risen to the level of really strong clinical data that’s supported by laboratory data. So, for me Naltrexone mainly for the rewarding and treating the co-occurring psychiatric disorder. That’s a biological treatment.

Psychological treatments, we know that there’s essentially 15 different kinds of psychotherapies have been researched and tried for gambling disorder, including motivational interviewing, cognitive behavioral therapy, psychodynamic therapy, supportive therapy. And they all work! They all work very well. And like other addicted disorders, the theme is the same. The longer patients stay in treatment, the better they do.

Dr. Nancy Petry, a pioneer in gambling treatment disorder, she’s out there from Connecticut. She’s written several wonderful books on treatment. She’s also pioneered cognitive behavioral therapy for gambling disorder. Also, a very short one or two sessions of brief behavioral therapy for gambling disorder. So, that’s very effective.

And under the social treatments and support, of course, Gamblers Anonymous remains a very critical component of the treatment plan. It cannot be the only part and I think too often people make that mistake. Oh, go do 90 meetings in 90 days. Or just go to GA. And they neglect the importance of doing the psychotherapy or medication support or the other psychiatric things that we do very well at.

So, oftentimes what will happen when patients come in to UCLA into our treatment program, we’ll do an hour of intake. We’ll do 45 minutes of history gathering, and we’ll spend 15 minutes gong over the treatment plan. The treatment plan that we describe is based off SAMHSA’s models of recovery where we focus on the domains of home, physical health, mental health, sense of purpose (slash) usefulness, and community. So, one could argue these are all psychological framing treatments where we embed the biological treatments, and the social treatments really to create a domain of recovery.

Home, health, purpose and community. And ironically, oftentimes when med students watch us do the work, they’ll say “when do you get to the gambling?” “When do you tell them how to stop gambling?” “When do you tell them how to deal with urges?” And ironically, what we’re focusing on first is really doing all those healthy practices that have been neglected or have not been done because of the addictive disorder. Correcting sleep, correcting nutritional, increasing physical movement, developing 2 to 3 new stress management techniques that you did not have before.

So, it’s interesting as I’ve gotten older, the recipe and things we do inside in the clinic has gotten more simple and it really focuses on identifying how hard it is for folks to stop doing a behavior that they’ve been doing for quite a long time that has brought them so much joy and so much pain. And when I think about that, that’s how I fold treatment into this idea of [00:30:00] physical, mental health, wellbeing first and then as you heal the brain, eventually the gambling will subside and fade away on its own.

That’s a long-winded answer but that’s some of our treatment approaches that we’re doing at UCLA and in the field of gambling disorder.

CATR: So, what about the non-expert? How do you recommend a general mental health provider or in some cases, even a primary care provider go about treating gambling?

Dr. Fong: Well, it starts with number one, recognizing that gambling disorder is a significant enough condition to merit asking about it. And then number two, just like any other specialty, you have to develop your treatment network. So, almost in every state in America there’s now state-funded treatment for gambling disorder where there are licensed therapists that are trained and receive extra training in gambling that can do that.

Here in California, our state program we provide 30 hours of training to licensed therapists about gambling addiction treatment and so, they have a lot of experience. A primary care provider can identify a client and then refer them into the network, and they can receive treatment by a specialist at no cost. If you’re a non-expert and you don’t have a lot of those resources in your state, we now have more and more online psycho-supported and online treatment programs for gambling disorder.

So, for instance there’s telehealth options. There’s a program called Kindbridge where it doesn’t matter what state you are in America, that you can then refer a client out and they can get telehealth treatment for gambling disorder. So, that’s great! I think for the non-expert that wants to treat gambling clients themselves, well, then get the training. Just if I wanted to treat obesity with some of the newer medications or if I wanted to treat diabetes I would go get additional training and I would go to conferences and do that.

So, there are gambling conferences that happen throughout the year that can give the non-expert from primary care to primary mental health to anywhere, just increase knowledge about gambling addiction. So, that’s number one. But I oftentimes emphasize what they should not do. So, some of the things you should not do in working with a client right away is number one, just don’t say “stop gambling.” That’s one of the biggest errors I see. Number two, I don’t recommend people saying again, just go to GA. They’ll fix it all. Again, GA is just one part of it. So, the non-expert when you’re saying just go to 12 step, that’s not enough. And you’re not – to me, that’s below standard of care in terms of recommending.

For non-experts, think of this as a specialty kind of condition. It is an addictive disorder and unless you have that specialty training, you have to build up your resources. I think a lot of times people are surprised at how many resources there are out there for gambling disorder that are essentially no-cost or available pretty quickly.

CATR: Do you have any specific recommendation for online resources or conferences?

Dr. Fong: Yes. There’s a bunch, so I’ll start with the online resources. I mentioned Kindbridge. They are a telehealth company with specialty in treating gaming and gambling disorder. Number two, there’s a software program called “Gamban,” which is exactly what it sounds like. It’s a software app you download to put on your phone or your laptop or your desktop and it blocks you from going on to the gambling website.

So, it’s not meant to be a treatment in and of itself, but it’s just meant to lengthen the time from the time you log on to the time you place a bet and that’s a very low-cost option and for a lot of my patients, they say this is really been helpful because any time I get that urge and I go on and I can’t get on, it forces me to think, what am I doing here? Is this really what I want to do? So, that’s Gamban. Another online resource I would look at, of course, is there’s a number of growing online portals where you can get self-help workbooks.

Already you see like gambling studies program website, UCLAgamblingprogram.org. We do have an online, downloadable PDF self-help workbook where anyone who’s concerned about their gambling behavior can download it. They can review it at their own pace and start thinking about the changes they need to make, start thinking about the severity of their behavior. So, all that’s at no cost.

For conferences, there’s really two major ones that happen. One is the National Council on Problem Gambling, which happens in every summer. And that’s probably the national leading conference on gambling treatment providers, advocates, policymakers all focusing on issues related to problem gambling.

Secondly, there’s the National Center for Responsible Gambling that has a conference in the fall every year. More research-oriented [00:35:00] about the trends and the latest things in gambling research. And then, ironically (not ironically) many states have their own individual statewide conference. March is Problem Gambling Awareness Month. In California, we have an annual problem gambling summit every year that usually about one or two days where we present the latest in gambling treatment ideas and things like that. And nearly every state has that. Connecticut has that. New York has it. So, for a lot of the non-experts or folks who are unsure, go ahead and do an internet search for gambling conferences in your state and invariably, you’re going to find a lot of resources there.

And, of course, Gamblers Anonymous with the pandemic has gone virtual. So, gamblersanonymous.org, as well as gamblersinrecovery is a separate website that lists all the 12-step and gambling support meeting. One of the really cool things about the gamblerinrecovery website, they list meetings that are happening throughout the world. I’ve had patients who logged on from LA and are attending and participating in virtual meetings with men and women from Europe. And talk about the whole spirit of connection, that’s exactly what it is. And a number of my patients have said we really like doing this. We’d rather do it with people who aren’t in our town, and we’d rather do it with folks who are very, very new and interesting. So, that’s an important resource to remember in 12-step support in person, as well as now the Zoom and digital platforms.

CATR: Are there sort of support resources for family members?

Dr. Fong: Of course. And that would be Gamblers Anonymous (or GAMANON) has always been a companion to Gamblers Anonymous and likewise, they also have in-person as well as online support rooms. But, surprisingly, a lot of state programs also offer no-cost treatment for family members. California is an example. So, let’s say my wife is concerned about my gambling. She can call up the state program through 1-800-gambler and that’s a good national number – 1-800-gambler. And then she could then get access to it there because at no cost to her to help her deal with my gambling.

So, there are resources out there and it’s been built on the backs of we need to provide no-cost treatment because by the time people with gambling disorder enter treatment, you can imagine it’s pretty severe. In our state program, it’s essentially almost all DSM-5 criteria are met. In our state program, the average amount of money spent on gambling in the last year is about $25,000.00. High rates of substance use, high rates of emotional distress (quote) Curry disorder. Lots of emotional pain, drama and conflict and this is why it’s so critical for people to not only know the resources, but identify earlier on.

One of the biggest gaps in our field of gambling disorder treatment, how do we get someone who’s only had a few months of the condition or who are early on in their maybe two, maybe three or four of the DSM-5 criteria met, or limited damage – they still have a job, and they still have money. They haven’t done the really harmful things. How do we get them to enter treatment? Because invariably, the biggest difference between gambling and other addictions is the gambling is the one activity where you can actually win life-changing money.

You can actually make money that changes your station and your fortune. As an example, I had a patient a couple of months ago who relapsed and she won $80,000.00 and paradoxically, she came home with the money and that was the most difficult night for her. And it’s the one condition where suddenly, you do have life-changing money that if spent properly, could really make her life better. At the same token, imagine what that $80,000 did to her in terms of just triggering all the signs and symptoms of addiction and psychologically the damage it did for winning when you’re trying to stop the gambling behavior.

So, all that is going back to this concept of finding and recognizing there are dedicated treatment providers out there and that by identifying folks earlier in that condition, we can do a lot to really help people down the road.

CATR: This is great. I think those are all of my questions. Anything that would be important to convey that we missed?

Dr. Fong: I think, again – your audience is mainly psychiatrists, right?

CATR: Yes.

Dr. Fong: One of the things I would highlight again [00:40:00] for the psychiatrists is that the prevalence of gambling behavior is much higher, roughly around 60% of the general population engaging in forms of gambling and we as psychiatrists, have the to now fall into our arenas really looking at how money impacts emotional and psychiatric help. Money. And I think that’s how it really modernizes. This isn’t just asking about another type of behavior. This is asking about how people relate to money.

As an example, one of the things that I focus on a lot in treatment is access to money. And part of the reason why people have gambling problems, they have too much access to money. Payday loans, online loans, things where people can get money very quickly and that’s when the harm comes. I’ve had so many patients come in, rack up debts very quickly in an online predatory loan and now that stress and the emotional pain from that loan is profound.

So, for psychiatrists, you know, where we’re really excellent in making those connections, when people are complaining about money or how they’re stressed about money, that immediately should raise our antenna about asking about gambling.

CATR: Okay. That’s really good information. Well, thank you very much. This was fantastic. Any housekeeping things to cover before we end?

[End]