



NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



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## INTEGRATING THE TOPIC OF GAMBLING INTO OPIOID TREATMENT PROGRAMS

### **A GUIDE FOR CLINICIANS & PEER RECOVERY SUPPORT SPECIALISTS**

*Gambling Resources and Support Program (GRASP)*

*Version 1*



## ACKNOWLEDGEMENTS

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The Gambling Resources and Support Program (GRASP) is a collaborative effort between participating Nevada Opioid Treatment Programs and the GRASP support team. GRASP support team members include:

Nevada Division of Public Health and Behavioral Health

Problem Gambling Solutions, Inc.

UNLV International Gaming Institute

Evide Digital Therapeutics

Nevada Council on Problem Gambling



*This guide was written by Problem Gambling Solutions, Inc. with input from the staff of participating OTPs. Subsequent versions of this guide are expected to be released as we continually learn from this project. Please submit suggested edits or comments to [jeff@problemgamblingsolutions.com](mailto:jeff@problemgamblingsolutions.com).*





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The Gambling Resources and Support Program (GRASP) is about supporting patient recovery. Patient outcomes are significantly improved when gambling behaviors are addressed as part of opioid recovery care.



Talking about gambling is critically important for long-term success.



# FAQs

## **Gambling addiction is not in my scope of practice. Am I being asked to treat a gambling disorder?**

No. Regardless of your role within your clinic, you will not be asked to work outside your professional competence. This program is focused on preventing the development of problem gambling and increasing awareness of existing issues, which research suggests will improve recovery outcomes.

If you are a counselor interested in expanding your clinical skills to treating co-occurring opioid use disorder and gambling disorder, or a peer support specialist interested in expanding your knowledge base to support problem gambling recovery, workforce development opportunities are available. Contact Jeanyne Ward ([jward@casat.org](mailto:jward@casat.org)) to learn more.

## **Is this program only for patients with a gambling addiction?**

No, talking about gambling prevention benefits all patients in recovery. Patients in recovery from substance use have a higher risk of developing behavioral addictions, and prevention is key to long-term success. All OTP patients can benefit from participation.

## **How much time will this add to my existing workload?**

GRASP is intentionally flexible and was designed to be minimally burdensome. Like any new process, there is an initial learning curve. However, once the process is more familiar, each step of the way can fit into your existing workflow.

## **Is a release of information required to participate?**

The project consent form, provided to patients on the GRASP tablets, includes an embedded release of information. However, follow your clinic policy if additional documented permissions are required.

## What is a digital therapeutic, and how can Evive support my patients' recovery?

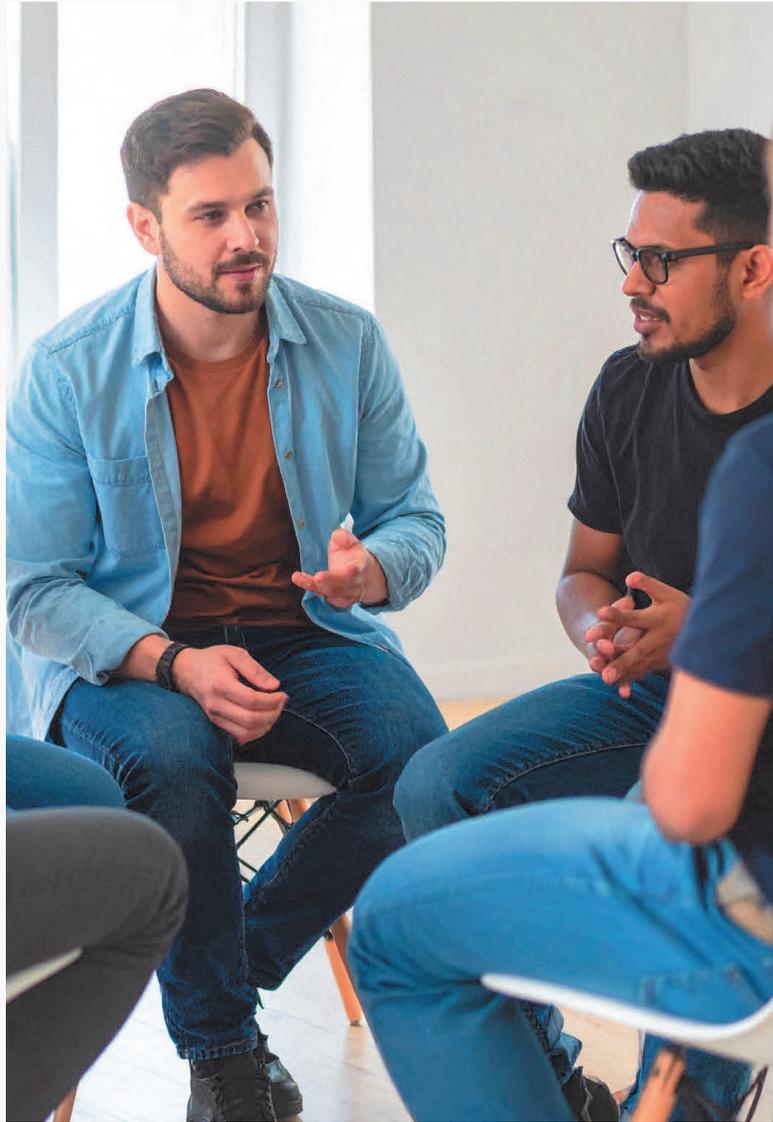
SAMHSA defines digital therapeutics as “health software intended to treat or alleviate a disease, disorder, condition, or injury by generating and delivering a medical intervention that has a demonstrable positive therapeutic impact on a patient’s health.” Read more in SAMHSA’s 2023 Advisory on [Digital Therapeutics for Management and Treatment in Behavioral Health](#).

Evive is a mobile health tool that was designed to meet people where they are in their recovery, behavior change, or educational goals. Patients will have access to a recovery-supportive program that is intended to supplement your work by providing education and emphasizing positive lifestyle habits for general recovery, backed by an evidence base. Once patients complete a track specifically developed for individuals participating in an Opioid Treatment Program, three gambling-specific tracks are available to help patients prevent gambling-related harm. Patients can choose between any of the three gambling behavior goals, and they can change their goal at any time. The three goal-oriented gambling tracks are: (a) keeping gambling safer, (b) cutting back on gambling, and (c) stopping gambling.

## What are GRASP tablets?

OTPs participating in GRASP are provided tablets that are connected to your clinic’s internet. These tablets are used to enroll patients into the program, provide them with a problem gambling risk screen, and monitor their gambling behaviors over time. They are designed for the patient to use; however, OTP staff may choose to assist patients in completing the information asked on the tablets.





# INTRODUCTION

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**Individuals with substance use disorders are three to five times more likely to develop a gambling problem** compared to those without, and there are high rates of lifetime substance use comorbidity among individuals with gambling problems (Rash et al., 2016). Co-occurring gambling problems have implications for substance use treatment; for instance, patients receiving methadone maintenance therapy are 2.5 times more likely to drop out of treatment during the first six months if they have a comorbid gambling disorder (Ledgerwood & Downey, 2002). Despite this, comprehensive support for problem gambling in substance use treatment is rarely available.

## Problem gambling

is a persistent and recurrent pattern of gambling behavior that causes distress and disrupts a person's life, often leading to financial, social, and emotional dysfunction, despite harm and negative consequences. Problem gambling describes a spectrum of harm; it is not a medical diagnosis.

## Gambling disorder

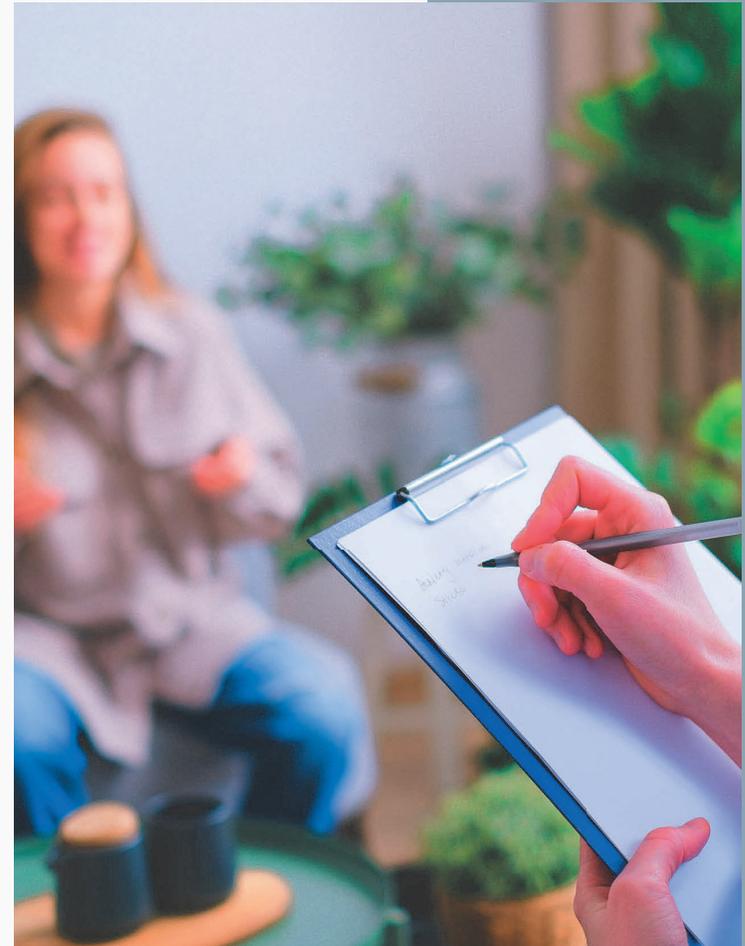
is a psychiatric diagnosis characterized by persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress. Like other addictions, symptoms may include tolerance, withdrawal, cravings, chasing, escapism, and psychosocial harm.

See Appendix A for diagnostic criteria.

**Treatment that addresses gambling problems alongside substance use disorders can significantly improve treatment outcomes.** Studies have shown that when both problems are identified and focused on in treatment, overall treatment success improves, such as decreased gambling-related problems and improved treatment engagement factors like motivation to change and openness with their counselor (Yarbaksh et al., 2023). While more research is needed to develop best practice approaches to co-occurring gambling harms and substance use harms, early research suggests that screening and attending to gambling behaviors has the potential to boost treatment outcomes for individuals seeking addiction support.

Substance Use Disorder (SUD) helping professionals are uniquely suited to support individuals with problem gambling in treatment, even without having specialized expertise in problem gambling. In fact, substance use treatment settings are ideally placed to provide screening for gambling (Himmelhoch et al., 2015). Those who are participating in substance use treatment often already demonstrate motivation and desire to change and, therefore, may be more amenable to additional interventions targeting co-occurring gambling problems.

This manual was created to help you integrate the topic of harmful gambling into your clinical practices, effectively integrating care and improving treatment outcomes.



Yarbaksh, E., van der Sterren, A., & Bowles, D. (2023). Screening and treatment for co-occurring gambling and substance use: a scoping review. *Journal of Gambling Studies*, 39(4), 1699-1721.

# Project Overview

Although Nevada is home to the country's largest and most mature legalized gambling environment, a survey of SAPTA\*-certified addiction treatment agencies discovered that gambling is seldom addressed as a component of substance use treatment. The same survey asked if there was a need to increase the capacity of Nevada's addiction treatment staff to address gambling issues, and respondents resoundingly said "yes," there was both a need and desire to expand our approach to substance use treatment by being better informed on how to integrate the discussion of gambling into our addiction treatment system.

The Gambling Resources and Support Program (GRASP) was created after SAPTA-certified agencies reported a need to improve the capability of SUD treatment programs to address gambling issues. The Nevada Department of Human Services applied to SAMHSA for a State Opioid Response Grant to help increase the capacity of opioid treatment programs in Nevada to identify and address problematic gambling using technology-first solutions. The result was a 3-year grant-funded initiative, named GRASP, designed to increase the capability and capacity of opioid treatment programs to better address gambling among their patients as a co-occurring condition and threat to Opioid Use Disorder (OUD) recovery. Its primary goal is to improve patient outcomes by identifying gambling-related issues that may impact treatment success.

Many OTP staff members will have a role in GRASP, from onboarding patients into the program to addressing patient gambling behaviors as a factor influencing their OUD treatment outcomes.

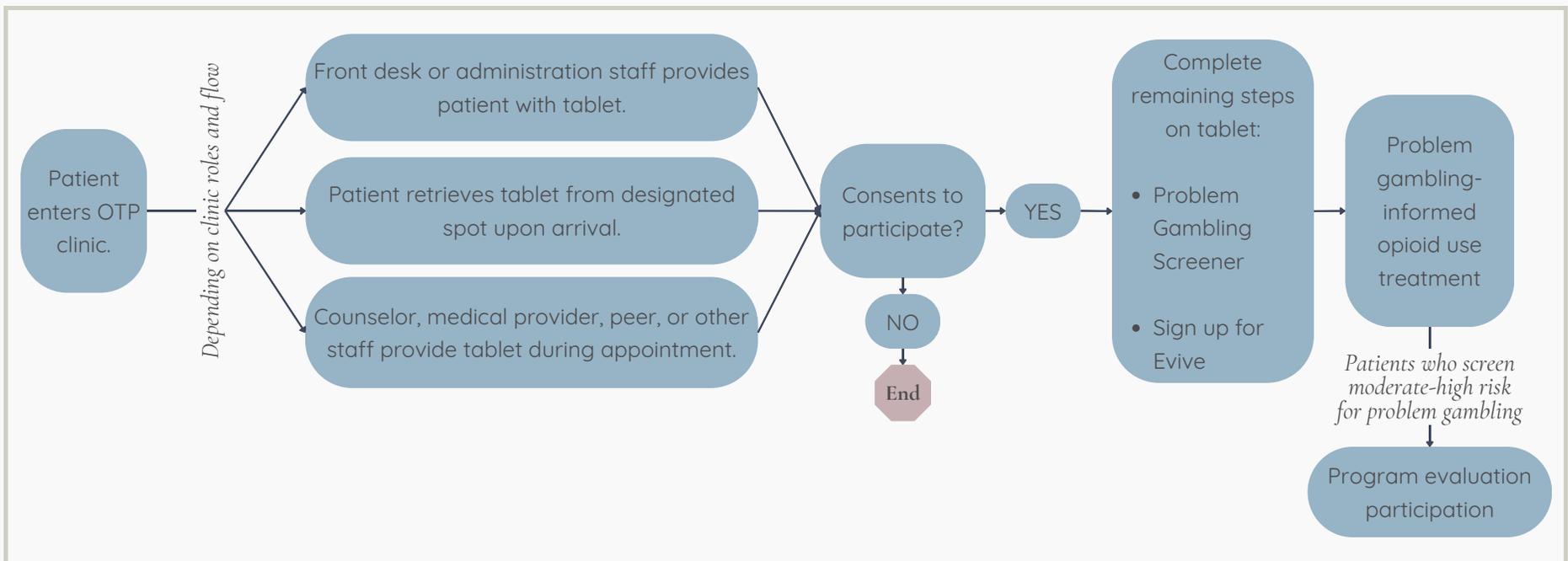
- Non-clinical patient-facing staff will be guided through onboarding processes and help patients understand the value of the program.
- Peers and treatment providers will be guided with tips to prevent co-occurring gambling harm and encourage the use of digital therapeutic tools designed to reduce gambling-related harm. In some cases, patients may need a referral to more specialized problem gambling treatment, which is discussed. There are also opportunities to receive specialty training for peers and counselors interested in becoming certified as a problem gambling specialty provider.

\*SAPTA Certifications received a new name in 2025: Behavioral Health Certifications for Excellence in Nevada (BHCEN)

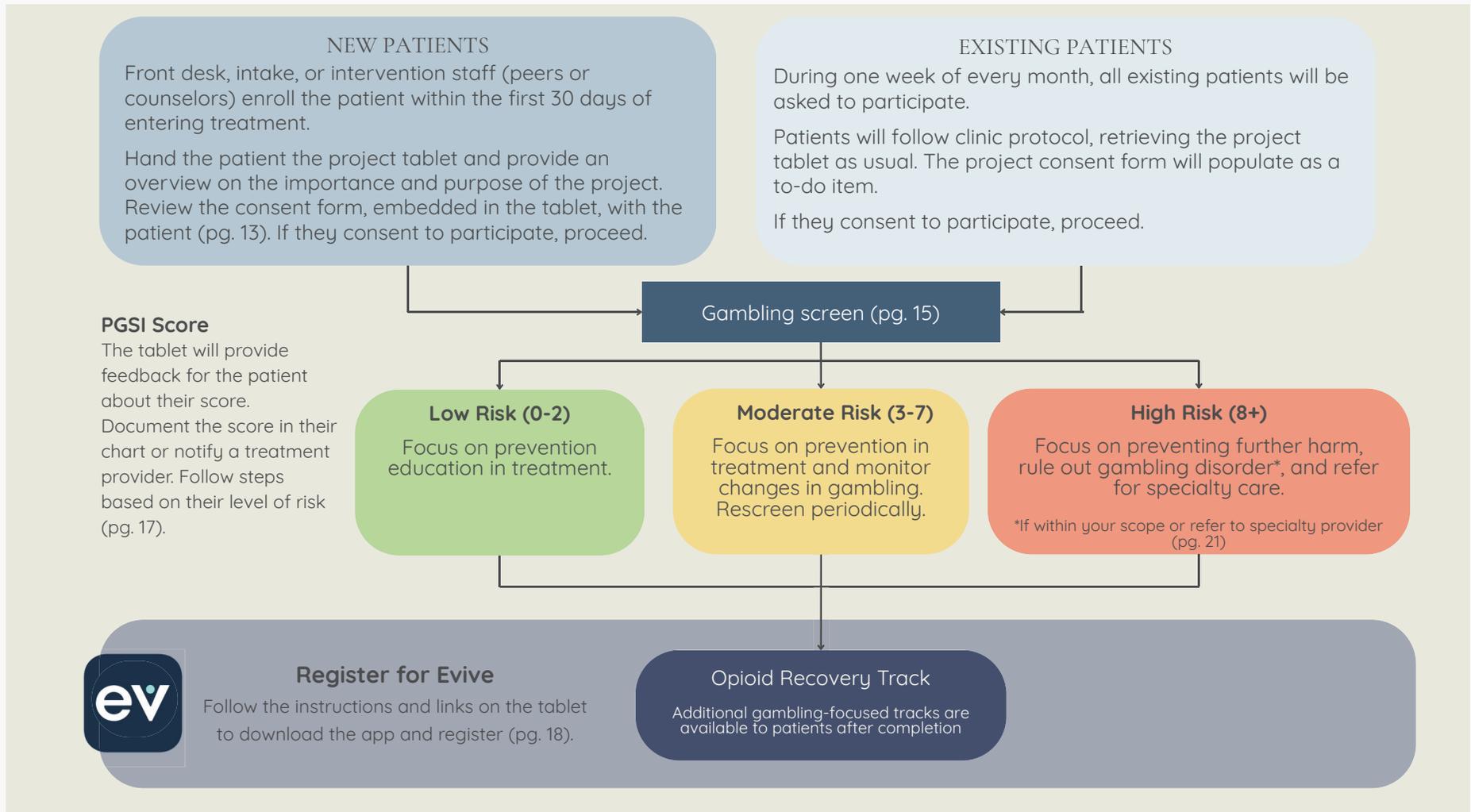
## Using This Manual

The purpose of this manual is to provide context and strategies for integrating problem gambling support and prevention into opioid use disorder treatment. The goal is to support OTP staff with resources and information to improve treatment outcomes among patients. The content is intended to flexibly fit into your existing administrative and clinical flow.

## GRASP Process Overview



# ONBOARDING FLOW: DETAILED GUIDE





# ORIENTATION & SCREENING

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The project orientation and screening steps may need to be adapted to fit within your clinic's flow. For example, there are different places where the project may be introduced. In many cases, it is most appropriate to introduce the project and obtain consent during an intake or first counseling appointment, whether administered by an intake worker, peer, or the treating clinician. In some cases, particularly if a patient enters treatment in high distress or has another complicating factor, it may be more appropriate to wait for their second appointment.

Additionally, all patients will receive notification about their eligibility to participate on a monthly or every-other-month basis, depending on the clinic director's instructions. Existing patients may receive this information on a project or clinic tablet as they self-complete additional tasks, and will follow tablet instructions to self-enroll. In this case, front desk staff may be in the role of answering questions or directing patients to additional information.

## Section Checklist

1. Introduce the overview of this project, highlighting the importance of their participation.
2. Hand the client a project tablet to complete the informed consent and questionnaire.
3. Retrieve the tablet once the screen is completed, and review the results with the client.
4. Introduce Evive.
5. For clients with scores greater than three, gather informed consent for evaluation.

## Orienting the Patient

Part of the informed consent to treatment will include explaining how attending to gambling behaviors is relevant in their treatment and providing a brief overview of the project. The informed consent document will be provided electronically on a project tablet; however, your positive endorsement and encouragement will make a difference in participation rates. When introducing the project, cite the importance of monitoring for co-occurring problems and the substantial impact problem gambling has on SUD treatment success (see pg. 14). Explain that they will have an opportunity to make a difference in how OUD is treated by participating in this project. Additional questions that you are unable or uncomfortable answering can be directed to the researcher indicated on the informed consent document.



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### PRACTICE TIPS



**Emphasize confidentiality.** This may feel particularly important for patients who are already involved with the legal system and are concerned about additional restrictions being placed on them if they admit to having gambling problems. Additionally, the shame associated with gambling problems often discourages affected individuals from confiding in loved ones or health professionals. Assure concerned patients that their information is securely protected under strict confidentiality practices.



**Address shame with nonjudgment.** Shame prevents people from seeking help, so it is important to set the tone from the beginning as being nonjudgmental and focused on supporting their goals. GRASP is about providing patients with the information and tools they need to make well-informed decisions for themselves, not telling them what to do.



**Screen regularly.** Co-occurring gambling problems can hinder OUD recovery. Routine screening for gambling problems is part of whole-person treatment. If a client screens positively for gambling problems, include problem gambling on their problem list in relation to their OUD treatment.

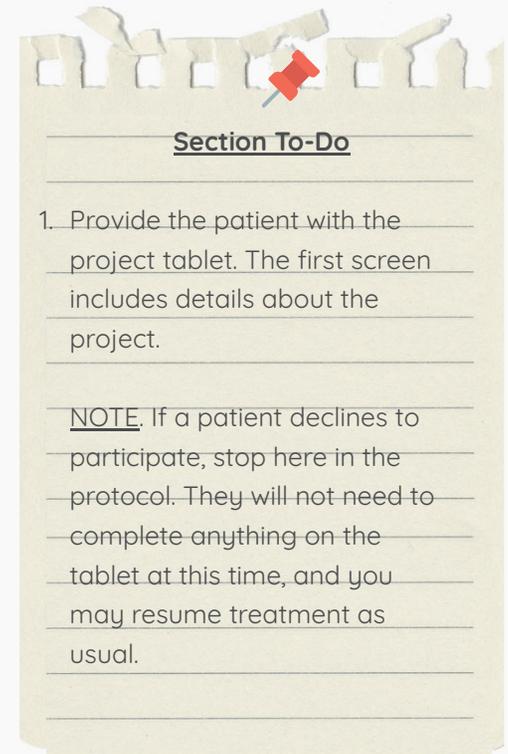
Example Script

“

*I want to invite you to join an exciting new project that has the potential to improve treatment outcomes. Our clinic is part of a project investigating how gambling behaviors could impact recovery from Opioid Use Disorder. To contribute to this project, it does not matter if you gamble or how much you gamble or if you are affected by another person's gambling, as we want to learn from all different types of experiences. We want to find out if providing gambling-related education, tools, and resources to our patients supports their long-term recovery and overall wellness.*

*This is a new process for OTPs statewide to support recovery. To evaluate its impact, we are asking patients to complete information on a project tablet. The information on the table includes more details about the project and asks for your consent to participate in the project. If you choose not to participate, your treatment here will continue as usual. If you choose to participate, you will be helping future generations of people seeking opioid use disorder treatment. If you would like help using the tablet or have any questions as you are reading through the information on the tablet, please ask me.*

”



## Problem Gambling Screening

When the client advances to the next page on the tablet, a questionnaire with a problem gambling screening tool will populate. Clients will complete the Problem Gambling Severity Index (PGSI), a nine-item questionnaire used to evaluate the presence and severity of problem gambling, along with other research questions.

To reduce barriers related to literacy, vision, technological, or other difficulties, we recommend asking the client if they would like help completing the questionnaire. If someone would like help, complete the questionnaire verbally and manually input the data into the tablet as they respond. Preface each question with the timeframe (i.e., “Over the past 12 months...”).

### Example Script

“

*I would like you to complete a questionnaire on problem gambling risk using this tablet. You will be asked nine questions referring to the past 12 months. Read each question carefully and indicate the frequency with which each has been true for you in the past 12 months on a scale of zero to three. Zero means “never”, one means “sometimes”, two means “most of the time”, and three means “always”. Would you like help completing this?*

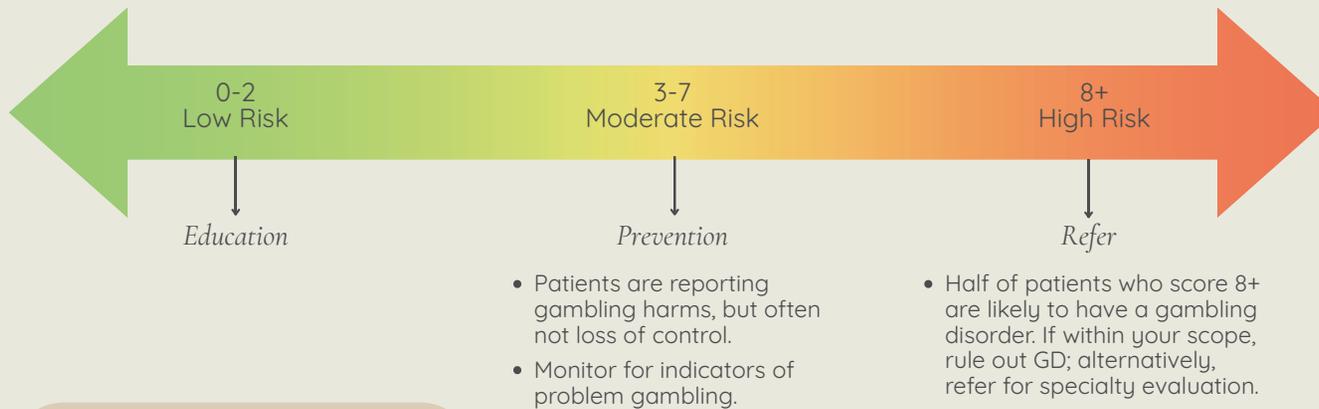
”



The tablet will indicate the problem gambling risk based on the PGSI score. Validate any surprise or concern that the client may have from their results and reaffirm the importance of talking about gambling in OUD treatment, even if they report no risk (see pg. 17).

### MAKING SENSE OF A PGSI SCORE

PGSI scores range from zero to 27, with higher scores indicating greater problems with gambling. For this project, gambling disorder (GD) risk is categorized as:



The higher the score, the more likely the patient is to have or develop a gambling disorder.

### Section To-Do

1. Retrieve the tablet.
2. Review the patient's PGSI score and next step with them.
3. Note the score and related needs in the patient's chart.
4. If applicable, provide resources and refer.
5. Collect evaluation consents from patients with PGSI = 3+.

“

Low Risk  
PGSI = 0-2

Based on your responses, it looks like you are not reporting a significant risk for problem gambling right now. Sometimes problems can come up later as you start to make some changes, so we can talk about ways to prevent new problems throughout your treatment.

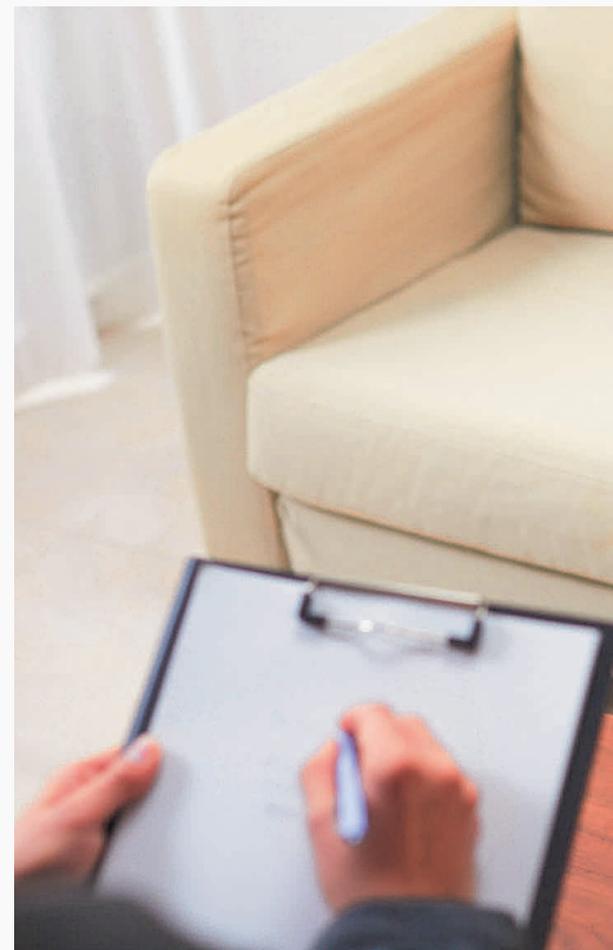
Moderate Risk  
PGSI = 3-7

Based on your responses, it looks like gambling may be causing some problems for you; this can impact your recovery. I think it would be beneficial for us to have a secondary treatment goal focused on relapse prevention by learning more about how gambling can impact your opioid and stimulant use goals.

High Risk  
PGSI = 8+

Based on your responses, it looks like gambling may be causing some significant problems for you. This can impact your recovery, and I think it would be beneficial to look into this more with a gambling counselor. I can place a referral to [PROVIDER], and we can have a secondary treatment goal focused on supporting opioid use treatment by addressing gambling behavior risks to long term success.

”



## Using Evive to Support Recovery Goals

Evive is a mobile health tool designed to help people reduce gambling harm. Multiple tracks are offered to meet people where they are, including a specialty Opioid Recovery track designed specifically for OTP patients. This track reviews the foundations of supporting recovery, offers daily check-ins, tools for managing urges, sleep and mood trackers, and coping tools. Patients will begin with ten core lessons to support their recovery, with additional lessons released periodically.

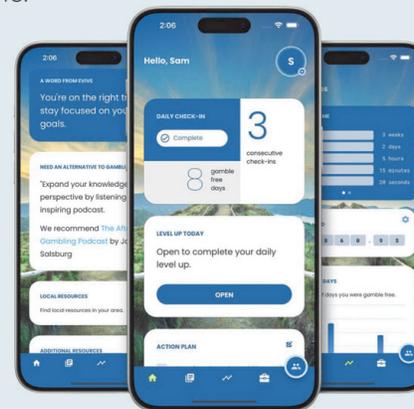
Once patients complete the Opioid Recovery track, they will be able to enroll in one of Evive's gambling-specific track that aligns with their treatment goals, including Keeping Gambling Safer, Cutting Back on Gambling, or Stopping.



Evive provides support for education, prevention, and change goals. This is a helpful tool for all patients, not only those with a diagnosed gambling disorder.

### Registration Steps

1. Scan the QR code provided on the project or clinic tablet or handout to download the app.
2. Register for an account in the Evive app.
3. Select Nevada as the state of residence to ensure access to the Opioid Recovery track.
4. Enter the six digit "participation code" provided by Evive app into the clinic tablet. This step can be completed at any time.





# Clinical Assessment

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In your initial assessment of a client, you are gathering a variety of information about a client's identity, background, and presenting problem(s). This section suggests ways you can integrate the topic of gambling into your existing workflow. Depending on clinic flow, parts or all of this section may be completed by an intake worker, peer, or the treating clinician.

As applicable, integrate this gambling-specific content into your intake assessment.

## Gambling & Suicide: A Critical Issue

**Suicide is a devastating problem associated with problem gambling.** Shame and feeling like a burden to others, such as carrying debt, increase the rates of suicidal thoughts and behaviors for individuals with gambling-related problems (Marionneau & Nikkinen, 2022). Both shame and indebtedness prevent people from seeking help, so patients may be cautious to discuss these topics early in treatment. You can explain that asking about suicide is standard care, and if they report experiencing suicidality, you want to make sure they have appropriate resources. A history of suicide attempts is a risk factor for future suicidal behavior, so it is important to screen for both past and current behavior.

Depending on the response, it may be appropriate to complete a safety plan with the client. If suicidality was disclosed in the context of gambling, a safety plan can include resources for gambling-specific support. Explain that you are not expecting them to call, nor are you identifying them as a problem “gambler” (note, the gambling helpline is 1-800-GAMBLER), but want to ensure that they have adequate support outside of your visits if gambling-related stress arises. 1-800-GAMBLER is not a crisis line; for safety-related concerns, make sure to indicate appropriate resources. If suicidality was endorsed, reassess at each visit.



**HELP FOR  
PROBLEM  
GAMBLING**

**CALL 1-800-GAMBLER**  
**TEXT 800-GAM**  
**CHAT 1800GAMBLERchat.org**



## Should I Diagnose Gambling Disorder?

A person does not need to meet full diagnostic criteria for a gambling disorder to incur negative consequences from gambling. If they scored an 8 or higher on the PGSI, there is about a 50% probability that they have a gambling disorder. Depending on the scope of your work, you may have the ability to conduct a formal diagnostic assessment; in other cases, you may need to refer out for further evaluation.



## Should I Refer Out?

Depending on case severity, you may need to refer out for further evaluation and/or specialized treatment. If there is a problem gambling certified counselor within your organization, you may be able to provide this support internally. However, if there is not a qualified counselor available, you may need to refer out. **In Nevada, free problem gambling treatment is available in state-funded specialty clinics.**

### WHEN TO REFER OUT

If a patient scored an 8 or higher on the PGSI.

If you identify a gambling problem in your assessment.

If you notice escalation of gambling behaviors.

If a patient is living with or affected by a person experiencing a gambling problem.

#### Did you know?

FREE counseling support is available for family members, partners, friends, or others affected by a person with gambling problems.

### WHERE TO REFER OUT

#### Free Problem Gambling Treatment Locations



#### **Dr. Robert Hunter International Problem Gambling Center (Outpatient)**

Las Vegas, NV  
Reno, NV

#### **Mental Health Counseling and Consulting (Outpatient)**

Henderson, NV

#### **Birches Health (Telehealth)**

State-wide

Visit [www.projectworthnv.org](http://www.projectworthnv.org) for more information.

## ASAM Dimensions, Third Edition

If using the American Society of Addiction Medicine (ASAM) dimensions to structure an intake, you can consider the impact of gambling on your patient's presentation within each dimension. The following presents example questions to consider during your assessment (Mee-Lee, 2015) and an example of a report, following the ASAM Third Edition. Note: For an example using the ASAM Fourth Edition, refer to Appendix C.



### Dimension I: Acute Intoxication and/or Withdrawal Potential

#### EXAMPLE QUESTIONS TO CONSIDER

- Are there current signs of restlessness or irritability when attempting to cut down or stop gambling?
- Does the patient have supports to safely tolerate the restlessness or irritability when attempting to cut down or stop gambling?

#### EXAMPLE ASAM ASSESSMENT

*The patient reports daily use of opioids with increasing tolerance and withdrawal symptoms when not using. Withdrawal symptoms include anxiety, soreness, and nausea. They require medically supervised detoxification to manage withdrawal safely. To cope with the discomfort of their withdrawal symptoms, the patient has reported to have increased their gambling frequency*

## Dimension II: Biomedical Conditions and Complications

### EXAMPLE QUESTIONS TO CONSIDER

- If present, do prolonged periods of gambling exacerbate any acute physical conditions?
- Are there chronic medical conditions that might be exacerbated by either cessation or continuation of the gambling behavior?

### EXAMPLE ASAM ASSESSMENT

*The patient has a history of opioid overdoses, one that required emergency treatment. They have mild liver enzyme elevations due to ongoing opioid use, and they are at risk for infectious diseases like Hepatitis C, given their past needle-sharing behavior. The patient also notes painful eye strain, arthritis in multiple finger joints, and disrupted sleep from excessive time spent engaged in mobile gambling.*

## Dimension III: Emotional, Behavioral, or Cognitive Conditions and Complications

### EXAMPLE QUESTIONS TO CONSIDER

- Is there a gambling problem present for the patient, or for an important individual in their life?
- Do the emotional or behavioral problems seem to be an expected part of the gambling problem? Are they severe enough to warrant specialized treatment?
- Does the individual have distortions in thinking, such as superstitions, overconfidence, or an inflated sense of power and control?

### EXAMPLE ASAM ASSESSMENT

*The patient struggles with depression and anxiety, exacerbated by both opioid use and engagement in gambling behaviors. They have experienced mood instability and difficulty coping with stressors without using opioids.*

*The patient reports problematic gambling behavior, which they engage in to escape emotional pain. Their gambling has caused significant distress, including financial problems and relationship issues. Cognitive distortions (e.g., "I'll win back my money") are evident in his justification for continued gambling.*

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#### Dimension IV: Readiness to Change

##### EXAMPLE QUESTIONS TO CONSIDER

- How strongly does the patient disagree with others' perception that they have a gambling problem?
- If affected by a loved one's gambling, are they involved in the maintenance of the problem?
- Is the patient motivated to avoid a negative consequence or distressed in a self-motivated way about their gambling problem?

##### EXAMPLE ASAM ASSESSMENT

*The patient acknowledges the need for treatment, expressing frustration with his inability to control his opioid use and dissatisfaction with current coping (e.g., opioid use and gambling). However, he is ambivalent about making many changes. They are open to discussing treatment options and is willing to participate in therapy, though they express doubts about their ability to refrain from using substances and gambling to cope in the long term.*

#### Dimension V: Relapse, Continued Use or Continued Problem Potential

##### EXAMPLE QUESTIONS TO CONSIDER

- How aware is the patient of triggers, ways to cope with cravings, and skills to control impulses?
- If it is impacting their recovery, what is the patient's ability to stop gambling?
- What is the patient's level of craving to gamble, and how successfully can they cope with cravings?
- Does the patient have the skills to cope with gambling problems and prevent relapse or continued gambling?

##### EXAMPLE ASAM ASSESSMENT

*The patient has a history of multiple unsuccessful attempts at abstinence from off-label opioid use and relapsed shortly after discharge from a previous treatment program. They may require a long-term treatment plan with contingency management and ongoing support. Additionally, the patient is at risk of addiction substitution as they enter opioid treatment and continue to "gamble too much", which may impact opioid recovery in the future.*

## Dimension VI: Recovery Environment

### EXAMPLE QUESTIONS TO CONSIDER

- Are the patient's financial circumstances due to the gambling or associated legal problems, an obstacle to receiving or a distraction from treatment, or a threat to personal safety?
- Does the patient report stress or emotional disruption due to living with someone with a gambling problem?

### EXAMPLE ASAM ASSESSMENT

*The patient lives in an unstable environment, marked by ongoing conflict with their spouse, whom they describe as a "gambling addict". Their home situation is highly stressful, contributing to their continued misuse of substances and limited resources for coping. The patient has limited social support and no involvement in support groups for family members living with someone with a gambling problem.*

### TREATMENT RECOMMENDATIONS ADDRESSING CO-OCCURRING GAMBLING RELATED ISSUES

- Referred to gambling treatment specialty clinic to address co-occurring gambling issues, monitor gambling, and assist the patient in navigating resources.
- Referred to Gam Anon and the Problem Gambling Center to obtain support, build coping strategies, and address the psychological aspects of living with a spouse described as having a gambling problem.
- Integration of problem gambling education and awareness of how gambling could impact opioid use treatment goals.
- Financial counseling to help the patient manage his debt and prevent further financial ruin.
- Community support group participation (e.g., Gambler's Anonymous) to build social support and accountability, while developing additional coping strategies.
- Recommended use of the Evive digital therapeutic tool to reduce the risk of gambling behaviors impacting OUD treatment outcomes.

## Assessing Readiness to Change

As you assess your client's readiness to change their opioid use, you can also explore their readiness to address gambling behaviors. This can be done through motivational interviewing techniques or a self-report questionnaire. Using the Transtheoretical Model, below are some example indicators of gambling-related readiness to change.

Stage of Change	Example Gambling Behavioral Context
Precontemplation	The patient is not interested in talking about gambling.
Contemplation	The patient was interested in their screening results and the impact it may have on their recovery.
Preparation	The screening validated concerns that the patient had for themselves, and they express willingness to make a change.
Action	The patient had identified gambling as a problem and has been working on making a change. They may be participating in community support groups, using self-help strategies, or attending gambling treatment.
Maintenance	The patient has made changes to their gambling behavior and is in recovery.

Note. These are illustrative examples and should not be used as a definitive assessment tool.



Evive supports patients at any stage of change. Regardless of whether someone is starting to reflect on their gambling or is actively working to make a change, Evive equips users with tools and knowledge to build a healthier relationship with gambling.

## Planning & Concluding Treatment

Gambling behavior change can be a supportive goal in opioid use recovery without going outside of your scope. Importantly, even if a person identifies gambling-related problems, their goal for recovery may not be abstinence. In fact, it is common for gambling recovery goals to fluctuate between abstinence and limiting or controlling the behavior. For that reason, it is important to reassess treatment goals periodically.

### EXAMPLE TREATMENT PLAN LANGUAGE

#### Goals

Stating treatment goals in a patient's own words demonstrates a collaborative approach (e.g., *"I want to stop gambling to support my opioid recovery"*)

Be sure to tie OUD into all treatment goals. Gambling treatment goals for OTPs should be in service of OUD recovery.



#### Objectives (O) & Interventions (I)

O: *Increase awareness of gambling in daily life.*

- I: *Track weekly gambling behaviors in Evive at least three times a month.*
- I: *Complete daily gambling cravings log in Evive at least five days out of the week.*

O: *Identify triggers and situations that encourage gambling behavior*

- I: *Complete one Evive lesson every week to increase knowledge about gambling-related problems and changing behavior.*

O: *Increase barriers to losing my money to gambling.*

- I: *Complete the Evive lesson on money barriers. Implement at least two strategies and track their effectiveness using a scale of 0-5 every week (0 = not at all helpful; 5 = very helpful).*

Document gambling status in discharge summaries. Include content such as completion of Evive lessons, referrals that were made, whether the patient completed referrals, progress on treatment goals, and any other relevant information.

### EXAMPLE DISCHARGE SUMMARY LANGUAGE

#### Lower Risk

*Patient reported no current gambling problems. At intake, they presented with minimal problem gambling risk (PGSI = 0). They engaged in prevention education during treatment and were provided with resources, including access to Evive, the problem gambling national helpline, and local resources to utilize if concerns develop. The patient is encouraged to use the Evive app to monitor behavior.*

#### Higher Risk

*Patient presented with moderate problem gambling risk at intake (PGSI = 4). They engaged in prevention education during treatment and made positive changes toward their goal of limiting the amount spent on gambling. The patient set a goal of spending a maximum of \$25 on gambling per week and has been successful. An action plan for goal maintenance was collaboratively completed, and the patient was provided with resources, including access to Evive, the problem gambling national helpline, and local resources to utilize if concerns return or develop.*

### Section To-Do

1. As appropriate, develop a treatment plan that includes a goal around problem gambling prevention
2. Include problem gambling status and relevant resources in a patient's discharge summary



# Integrating Gambling Education into Treatment

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Basic problem gambling education can be easily integrated into opioid use treatment. This section provides problem gambling education that can be tacked onto opioid treatment session content, without needing to be a gambling disorder expert. The content includes ways in which problem gambling prevention is relevant to common opioid treatment session topics. This section is designed to support your work where relevant, not guide treatment.

TIP: Encourage your patients to utilize the Evive app, which has a support track designed specifically for patients in OUD treatment. If a patient's gambling problem requires treatment, refer them to specialty care (refer to page 22).

## Biopsychosocial Factors in Addiction

As with OUD, problem gambling is complex and multifactorial. Discussing the biopsychosocial factors that exacerbate and maintain addiction can guide your treatment and also help enhance your client's perception of addiction.

### Biological Factors

The neurobiological factors associated with problem gambling are similar to those involved in substance use disorders. Brain structures and neurochemicals involved in the reward system are implicated, affecting impulsivity and decision-making. Dysfunction of the dopaminergic system reinforces gambling, despite losses, rewarding the anticipation of a possible win. Release of endogenous opioids while gambling can further intensify the positive feelings associated with the behavior; it can also provide a temporary numbing effect from emotional distress. Over time, the response can become blunted and need more frequent or higher-stakes gambling to achieve the same effect.

Problem gambling is widely misunderstood as poor decision-making, which contributes to feelings of shame. Discussing these neurobiological factors can be empowering and validating.

### Psychological Factors

Stress and trauma have enduring effects on the brain and may increase the risk of developing an addictive behavior. In childhood, the presence of adverse childhood experiences has been strongly linked to the initiation of substance use, including opioid misuse, as well as gambling problems.

As with substance use, gambling can be used as a form of escapism from psychological stress and become a coping mechanism for unresolved or ongoing emotional pain. Co-occurring mental health conditions, such as depression and anxiety, are common and often worsen as problem gambling progresses. Anxiety may manifest in the tendency to "chase losses", in which an individual may continue gambling to recoup losses to alleviate increased anxiety. Additionally, more severe psychological outcomes can be increased hopelessness, shame, and suicidality.

### Social Factors

Social acceptance and the potential for financial gain can draw people in; however, accumulating losses have the potential to cause tremendous harm to disadvantaged individuals and families.

Notably, the presence of an early win from gambling is a large predictor of developing a gambling problem later on.

In addition, socioeconomic status should always be considered when examining health outcomes. Socioeconomic disadvantage can be deleterious, whereas socioeconomic advantage can be protective against negative outcomes associated with addictive behaviors.

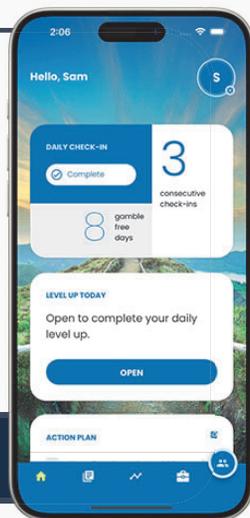
## Managing Urges

Just as with substance use recovery, cravings are characteristic of problem gambling. When making a change to gambling behavior, managing urges can be challenging. It is important to normalize cravings and help them prepare with effective strategies.

Assign **Lesson 7, Urge Management Toolbox: Your Personal Strategy Kit**, to supplement your discussion about managing urges.

Additionally, patients can track their urges in Evive using the **Daily Urge Tracker**.

**evive**



### PRACTICE TIPS



In the process of recovery, it is not uncommon to replace the recovery behavior with another addictive behavior. Patients in OUD recovery may find themselves wanting to gamble more, and are at a greater risk of developing problems. Discussing possible triggers with patients can help them cope with unexpected or intensified gambling urges.



Emotional triggers like stress, boredom, loneliness, anxiety, or sadness might lead one to seek escape in substance use or gambling. Helping patients identify where triggers overlap with multiple cravings can give them more insight into their recovery.



Making regular notes about urges can be an intervention in itself. Patients can track their urges using Evive and start to make associations about contributing factors.

## Reducing Access

Another highly effective strategy for preventing engagement in a particular behavior is reducing access to it and its triggers.

### Voluntary Self-Exclusion (VSE)

VSE programs are designed to help patrons manage their gambling by voluntarily banning themselves from gambling venues or online platforms. By signing up for a self-exclusion program, people can restrict their access to specific gambling environments, reducing the opportunity and temptation to engage in gambling.

- In Nevada, voluntary self-exclusion programs are operator-specific, meaning that a person often needs to enter each venue and complete documentation to voluntarily ban themselves. Work with your patient to develop a plan ahead of time to avoid as many triggers during the process as possible and use coping strategies to manage cravings.
- Patients can block access to ATMs by completing paperwork with their bank, venues, or programs like [Everi](#).
- Patients can choose to ban themselves from online and mobile gambling within individual applications or websites, or more broadly with [GamBlock](#).

### Money Barriers

Unrestricted access to money and cash is associated with gambling problems. As an intervention, people may engage in a range of financial options to limit access to money for gambling. Options might include:

- Having someone else manage their money
- Establishing signatories to joint accounts
- Leaving cash and/or cards at home
- Paying bills before gambling,
- Avoiding borrowing money

### Setting Limits

People who gamble on apps can often access tools to set limits or take “time-outs”. If they gamble in places not offering these responsible gambling tools, they can still set self-imposed restrictions on the amount of time and money they spend gambling. Setting time limits often results in less gambling, for even less time than the limit set (Kim et al., 2014). Setting a limit for the amount of money one will spend during a gambling session is another highly effective strategy for reducing gambling access. If setting a monetary limit for a gambling session, an individual might only take out a certain amount of cash to gamble with, to limit the amount of money they spend while gambling. Another option may be to reduce the bet level per wager to manage gambling habits. Importantly, setting a limit before or early in play provides more protection than setting limits later (McDonnell-Phillips, 2006).

Kim, H. S., Wohl, M. J., Stewart, M. J., Sztainert, T., & Gainsbury, S. M. (2014). Limit your time, gamble responsibly: setting a time limit (via pop-up message) on an electronic gaming machine reduces time on device. *International Gambling Studies*, 14(2), 266–278.

McDonnell-Phillips (2006). Australian National Survey of Gambler Precommitment Behaviour 2005. Commissioned by Gambling Research Australia.

## Building Community

Some forms of gambling, like sports betting, tend to be a social behavior. And when gambling becomes a high-frequency activity, social connections may be primarily fostered through the gambling activity. That means making a change to gambling behavior may harm or limit access to social relationships, which is a detriment to health. For patients who engage in social gambling activities, it may be helpful to identify other relationships to lean into so that they do not become isolated during their early recovery. Developing a plan ahead of time can help.

Additionally, the shame and health decline associated with developing a gambling problem often lead people to self-isolate. Community is a particularly important protective factor during recovery. It is recommended to refer patients to specialized support groups, such as Gamblers Anonymous (GA), or more general community recovery groups if GA is unavailable or not the right fit.

If your clinic does not currently provide community gambling recovery groups or would like to offer them more frequently, counselors and peers may be able to host one.

Use the content discussed in the manual and in Evive to help guide your curriculum. You do not need to be a problem gambling counselor to provide prevention education.



Assign **Lesson 6, Building Your Support Network: Connections That Help Us Heal**, to supplement your discussion about building a recovery community.

Patients who themselves experience or have a loved one experiencing gambling-related harms can be referred to several recovery support groups, both locally and virtually.

Visit [NevadaCouncil.org](https://www.NevadaCouncil.org) for gambling-specific group resources.

## Recovery Environment

A supportive recovery environment is important for long-term stability. Minimizing exposure to gambling triggers in the home is critical.

Problem gambling has a ripple effect and significantly impacts loved ones. Patients may be affected by a family member, partner, roommate, or other close individual's gambling, which can also impede recovery success. Free support is available for loved ones and concerned others who would benefit from help in fostering a healthy recovery environment. Additionally, Gam-Anon is a community-based recovery support group for those affected by the gambling behaviors of friends or family.



A track for affected others is coming soon. This track will be helpful for patients in opioid recovery who live with or have a loved one struggling with problem gambling around them.



# APPENDIX A

## DSM-5-TR Gambling Disorder Criteria



## Gambling Disorder (F63.0) (American Psychiatric Association, 2022)

1. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
  - a. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  - b. Is restless or irritable when attempting to cut down or stop gambling
  - c. Has made repeated unsuccessful efforts to control, cut back, or stop gambling
  - d. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
  - e. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
  - f. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
  - g. Lies to conceal the extent of involvement with gambling
  - h. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
  - i. Relies on others to provide money to relieve desperate financial situations caused by gambling
2. The gambling behavior is not better explained by a manic episode.

### Specify if:

- Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months
- Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years

### Specify if:

- In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months
- In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity: Mild: 4-5 criteria met; Moderate: 6-7 criteria met; Severe: 8-9 criteria met

# APPENDIX B

To learn more about becoming a certified gambling counselor, visit [www.casatlearning.org](http://www.casatlearning.org).

For a helpful visual and resources, scan this link:



# APPENDIX C

## Considering Gambling with the ASAM Dimensions, Fourth Edition

*If you are using the ASAM Fourth Edition, refer to the following pages in place of pages 23-26.*



## ASAM Dimensions, Fourth Edition

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If using the American Society of Addiction Medicine (ASAM) dimensions to structure an intake, you can consider the impact of gambling on your patient's presentation within each dimension. The following presents example questions to consider during your assessment (Mee-Lee, 2015) and an example of a report, following the ASAM Fourth Edition.



### Dimension I: Intoxication, Withdrawal and Addiction Medications

#### EXAMPLE QUESTIONS TO CONSIDER

- Are there current signs of restlessness or irritability when attempting to cut down or stop gambling?
- Does the patient have supports to safely tolerate the restlessness or irritability when attempting to cut down or stop gambling?

#### EXAMPLE ASAM ASSESSMENT

*The patient reports daily use of opioids with increasing tolerance and withdrawal symptoms when not using. Withdrawal symptoms include anxiety, soreness, and nausea. They require medically supervised detoxification to manage withdrawal safely. To cope with the discomfort of their withdrawal symptoms, the patient has increased their gambling frequency*

Mee-Lee, D. (2015, July 10). Getting real about gambling disorder: How the ASAM criteria can help. [Conference presentation]. 29th National Conference on Problem Gambling, Baltimore, MD, United States. <https://hhs.iowa.gov/media/11230/download?inline>

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## Dimension II: Biomedical Conditions and Complications

### EXAMPLE QUESTIONS TO CONSIDER

- If present, do prolonged periods of gambling exacerbate any acute physical conditions?
- Are there chronic medical conditions that might be exacerbated by either cessation or continuation of the gambling behavior?

### EXAMPLE ASAM ASSESSMENT

*The patient has a history of opioid overdoses, one that required emergency treatment. They have mild liver enzyme elevations due to ongoing opioid use, and they are at risk for infectious diseases like Hepatitis C, given their past needle-sharing behavior. The patient also notes painful eye strain, arthritis in multiple finger joints, and disrupted sleep from excessive time spent engaged in mobile gambling.*

## Dimension III: Psychiatric and Cognitive Conditions

### EXAMPLE QUESTIONS TO CONSIDER

- Is there a gambling problem present for the patient, or for an important individual in their life?
- Do the emotional or behavioral problems seem to be an expected part of the gambling problem? Are they severe enough to warrant specialized treatment?
- Does the individual have distortions in thinking, such as superstitions, overconfidence, or an inflated sense of power and control?

### EXAMPLE ASAM ASSESSMENT

*The patient struggles with depression and anxiety, exacerbated by both opioid use and engagement in gambling behaviors. They have experienced mood instability and difficulty coping with stressors without using opioids.*

*The patient reports problematic gambling behavior, which they engage in to escape emotional pain. Their gambling has caused significant distress, including financial problems and relationship issues. Cognitive distortions (e.g., "I'll win back my money") are evident in his justification for continued gambling.*

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#### Dimension IV: Substance Use-Related Risks

##### EXAMPLE QUESTIONS TO CONSIDER

- Is gambling used to cope with substance use urges, or does gambling increase the frequency and likelihood of substance use?
- Does the patient have support for changing their behavior?

##### EXAMPLE ASAM ASSESSMENT

*The patient acknowledges the need for treatment, expressing frustration with his inability to control his opioid use and dissatisfaction with current coping (e.g., increased gambling). Their likelihood of risky use within 24 hours if not stabilized is high. They have a history of overdose once within the last year, requiring naloxone administration; the patient does not carry naloxone with them. Familial conflict, housing instability, and gambling losses are significant triggers for opioid cravings.*

#### Dimension V: Recovery Environment Interactions

##### EXAMPLE QUESTIONS TO CONSIDER

- Are the patient's financial circumstances due to the gambling or associated legal problems, an obstacle to receiving or a distraction from treatment, or a threat to personal safety?

##### EXAMPLE ASAM ASSESSMENT

*The patient lives in an unstable environment, marked by ongoing conflict with their spouse, whom they describe as a "gambling addict". Their home situation is highly stressful, contributing to their continued misuse of substances and limited resources for coping. The patient has limited social support and no involvement in support groups for family members living with someone with a gambling problem.*

## Dimension VI: Person-Centered Considerations

### EXAMPLE QUESTIONS TO CONSIDER

- How important is it for the patient to recognize the impact of their gambling on their opioid use?
- If relevant, how do they view their opioid use disorder and gambling behavior?

### EXAMPLE ASAM ASSESSMENT

*The patient's family insists that their gambling is problematic and exacerbates their opioid use, but the patient believes they can get their gambling under control on their own. They would like the focus of their treatment to be changing their opioid use, and they decline referrals to gambling community support groups.*

## TREATMENT RECOMMENDATIONS ADDRESSING CO-OCCURRING GAMBLING BEHAVIOR ISSUES

- Referred to gambling treatment specialty clinic to address co-occurring gambling issues, monitor gambling, and assist the patient in navigating resources.
- Referred to Gam Anon and the Problem Gambling Center to obtain support, build coping strategies, and address the psychological aspects of living with a spouse described as having a gambling problem.
- Integration of problem gambling education and awareness of how gambling could impact opioid use treatment goals.
- Financial counseling to help the patient manage his debt and prevent further financial ruin.
- Community support group participation (e.g., Gambler's Anonymous) to build social support and accountability, while developing additional coping strategies.
- Recommended use of the Evive digital therapeutic tool to reduce the risk of gambling behaviors impacting OUD treatment outcomes.

