



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



OPIOID USE & PROBLEM GAMBLING

LITERATURE REVIEW & CLINICAL IMPLICATIONS



Prepared by Problem Gambling Solutions, Inc.

INTRODUCTION

Opioid use disorder (OUD) and problem gambling are critical public health concerns. These two addictive behaviors are linked and can lead to devastating consequences for individuals, families, and communities. Co-occurrence creates a reinforcing cycle of harm, making it imperative to develop focused prevention, intervention, and policy responses for public well-being.

How are OUD and problem gambling linked?

Researchers have identified a strong connection between opioid use and problem gambling. Several key mechanisms help explain why these conditions often co-occur:

- ▶ Opioids and gambling both **stimulate the brain's reward system**. Over time, stimulation of this dopamine pathway reinforces the behavior and can lead to dependence, and can make individuals more susceptible to developing co-occurring addictions over time (Leeman & Potenza, 2012). Additionally, areas of the brain associated with **executive functioning are implicated** among individuals with OUD and problem gambling. Specifically, attention, short-term memory, planning, goal-directed action, emotion regulation, and delayed gratification are implicated (Verdejo-Garcia & Manning, 2015).
- ▶ OUD and problem gambling are both associated with **risk-taking and impulsivity**. Impulsivity makes individuals more vulnerable to engaging in high-risk behaviors, such as betting beyond their means, borrowing money to continue gambling, or using opioids in unsafe conditions (Lorains et al., 2011). These risk-taking tendencies can precede and perpetuate the addictive behaviors.
- ▶ Opioids and gambling can serve as a means of **coping with emotional pain** by providing a temporary escape. In some cases, an individual may use opioids to enhance their gambling experience, which further exacerbates underlying mental health issues. (Petry et al., 2005).
- ▶ Both problem gambling and opioid addiction can negatively affect **job performance and adaptive functioning**, rippling out to employment issues, unstable housing, strained relationships, financial hardship, and, in turn, increasing vulnerability to gambling-related harms (Ledgerwood & Downey, 2002)

Taken together, these overlapping biological, psychological, and social pathways create a dangerous cycle, making the co-occurrence of OUD and problem gambling a particularly urgent public health concern.

PROBLEM GAMBLING & OPIOID USE IN NEVADA

Opioids are the most commonly used illicit substance in Nevada, making it a public health concern (Blin, 2017). Additionally, Nevada has one of the highest rates of opioid pain medication prescriptions, and opioid overdose deaths exceed the national average (Blin, 2017). Notably, opioid-related deaths dropped nationally by over 25% between 2023 and 2024, while Nevada's rates increased by 4.6% (Ahmad et al., 2025).

Simultaneously, problem gambling is a public health focus in Nevada. Recent estimates suggest that over one-third of state residents have gambled in the past year (Tucker et al., 2021), and approximately 7.3% of Nevada adults meet diagnostic criteria for a gambling disorder (Dassopoulos & Chandler, 2023). This comes with additional public health problems; suicidality is a profoundly concerning issue related to gambling, particularly so in Nevada. Gambling-related suicides have been reported to be nine times greater in Nevada compared to national rates (van der Maas et al., 2024).

The co-occurrence of gambling and opioid-use problems is not uncommon in Nevada; 3% of outpatient patients and 33% of residential patients in treatment for a gambling problem report problematic use of opioids in the past year (Dassopoulos et al., 2024).



Gambling Integration Pilot Program

(Dassopoulos et al., 2024)

Co-occurring substance use disorders, including OUD, and problem gambling are a concern for treatment providers. In the 2023 fiscal year, the Gambling Integration Pilot Program was launched to improve the identification and support of individuals with co-occurring gambling and substance use disorders (SUD). SUD treatment clinics across the state participate by screening patients for gambling problems and providing co-occurring treatment for those who screen positive.

In 2024, 809 Nevadans were screened for gambling-related issues at five substance use clinics. Among those screened, 10% had severe gambling problems, and 17% experienced moderate gambling issues. 223 additional individuals received problem gambling services through a gambling integration program, suggesting that individuals facing gambling harms may often seek help in settings outside of traditional specialty treatment centers.

The typical treatment-seeking population for gambling problems consisted of single white men, averaging 42 years of age, with lower educational attainment and household income than Nevada's broader population (Dassopoulos et al., 2024).



Lifetime Problem Gambling Among MAT Patients

(Peles et al., 2010)

Among MAT patients in Nevada, in general, gambling begins *after* opioid use, and most patients stop gambling before entering treatment for opioids. This differs from other geographic locations.

Even if a patient does not report present gambling problems, screening for recent or past problems is critical in these cases to determine the potential future risk.

RISK FACTORS

A number of risk factors have been identified for the co-occurrence of problem gambling and OUD. Individuals who have experienced harm from gambling at some point in their lives are up to seven times more likely to experience harm from substance use, compared to non-gambling peers (Grant & Chamberlain, 2020). Additionally, those with a lifetime experience of substance use problems may be as much as ten times more likely to experience gambling harms than the general population (Potenza et al., 2002).

UNLIKE ADDICTION RATES BROADLY, GENDER IS NOT A RISK FACTOR IN CO-OCCURRENCE

In general, problem gambling is more prevalent among males; however, gender is not a risk factor for problem gambling among patients in treatment for chemical dependence (Castrén et al., 2015). Rates of co-occurrence are largely the same, regardless of gender.

- **Impulsivity:** Impulsivity may result in risk-taking, relevant in both problem gambling and OUD (Ford & Håkansson, 2020; Gorzelańczyk et al., 2021). Among those in treatment for OUD, greater impulsivity is associated with a greater likelihood of having comorbid gambling problems (Carr et al., 2022).
- **Age:** There are elevated rates of gambling behaviors and substance use among adolescents and young adults, which may be partially accounted for by greater impulsivity (Grant & Chamberlain, 2020). However, the impact of age is dynamic, and among those in treatment for OUD, being older is related to reporting more gambling problems (Carr et al., 2022).
- **Psychopathological Comorbidities:** Research has suggested that elevated rates of co-occurring gambling and substance use problems may be related to additional comorbidities, such as personality disorders, mood disorders, or attention-deficit/hyperactivity disorder (Grant & Chamberlain, 2020).

VULNERABLE POPULATIONS

The development of comorbid gambling problems and opioid use disorder does not occur in a vacuum. Instead, these conditions frequently emerge among individuals facing significant psychological, social, and economic stressors. Several population groups are particularly vulnerable, with overlapping risk factors that drive the co-occurrence of these disorders.

Individuals with Histories of Trauma

- Adverse childhood events or experiences significantly increase the risk of developing co-occurring OUD and problem gambling later in life (Stefanovics et al., 2024). The development of post-traumatic stress disorder (PTSD) further elevates. Research suggests that opioids and gambling are likely used as maladaptive coping strategies to manage PTSD symptoms (Grubb & Chapman, 2019; Kessler et al., 2008). Importantly, suicidality is prevalent among individuals with a gambling disorder, and even more so when PTSD and/or a substance use disorder are additionally present (Grubbs & Chapman, 2019; Håkansson & Karlsson, 2020).

Individuals with Mental Health Disorders

- There are high rates of comorbidity between problem gambling and mental health disorders (Dowling et al., 2015; Lorains et al., 2011). Among the general population, problem gambling co-occurs with anxiety or a mood disorder at an approximate rate of 57%. This jumps to 75% among individuals seeking treatment for problem gambling.
- Symptoms of depression, bipolar disorder, substance use, and personality disorders may precipitate problem gambling behaviors (Kennedy et al., 2010; Manning et al., 2017). Simultaneously, developing a gambling problem may lead to the subsequent onset of anxiety, mood disorders, and substance use disorders (Manning et al., 2017).

Suicidality is a critical concern associated with gambling disorder. The risk is even greater when PTSD and/or a substance use disorder are additionally present (Håkansson & Karlsson, 2020).

Individuals in Substance Use Treatment

- Nearly 60% of individuals with problem gambling behaviors also have a substance use disorder (Lorains et al., 2011). Although rates are high, problem gambling commonly goes unnoticed in substance use treatment centers, which can contribute to poorer recovery outcomes (Manning et al., 2020; Himelhoch et al., 2016). When more than one addictive behavior exists, but only one is addressed in treatment, *addiction substitution* can occur in which the target behavior decreases while a secondary behavior increases (Kim et al., 2021).
- Treatment retention may be impacted when problem gambling co-occurs with a substance use disorder; patients are more likely to discontinue treatment prematurely (Milton et al., 2020).

When problem gambling is not addressed in addiction treatment, long-term recovery is compromised.

Treatment outcomes are worse and gambling problems may increase, substituting the treated addictive behavior.

Economically Disadvantaged Individuals

- Economic disadvantage is associated with several variables that increase vulnerability to comorbid gambling problems and OUD, including a complex interplay of socioeconomic stressors, limited access to resources, and greater exposure to others engaging in these behaviors. Gambling problems and OUD share a number of specific socioeconomic risk factors, including poverty and low income, unemployment, housing instability, and homelessness (Hahmann et al., 2020; Van Draanen et al., 2020).

Adolescents and Young Adults

- The impulsivity that underlies gambling problems and substance use issues tends to express itself during late adolescence or early adulthood (Grant & Chamberlain, 2020). There is a developmental cognitive vulnerability for impulsivity during this window of time, which may lead to problem gambling, substance use problems, and a range of mental health issues, ultimately presenting an increased risk for co-occurring problems (Grant & Chamberlain, 2020).

INTEGRATED TREATMENT

Research indicates that individuals who experience problem gambling across their lifetime are seven times more likely to report substance use concerns, compared to their non-gambling peers. Concurrently, those with primary substance use concerns are 10 times more likely to experience problem gambling behaviors than the general population (Grant & Chamberlain, 2020; Potenza et al., 2002). Due to the high rates of comorbidity between substance use and problem gambling, patients benefit from integrated screening and treatment.

- **Psychosocial Therapies:** Validated therapeutic interventions to treat co-occurring problem gambling and substance use disorders are lacking, in general; however, there is some empirical support for certain interventions. Current, evidence suggests that psychosocial interventions (e.g., Dialectical Behavioral Therapy, Cognitive Behavioral Therapy) are most effective in sustained reduction of both problem gambling and substance use concerns when compared to standalone pharmacological interventions (e.g., Naloxone or Naltrexone) and neurological interventions (e.g., repetitive transcranial magnetic stimulation and transcranial direct current stimulation). Additionally, standalone psychosocial interventions are just as effective as a combination of psychosocial and pharmacological interventions (Yarbaksh, et al., 2023).
- **Routine Screening:** In order to treat co-occurring problem gambling in a substance use treatment context, screening needs to occur. It is recommended that addiction treatment providers, as well as medical and mental health providers, add routine gambling screens to intake paperwork (Castren et al., 2015). In the same way that depression, anxiety, alcohol use, and tobacco use are routinely assessed in primary care using brief screening measures and SBIRT protocol, regular screening for problem gambling would aid in early detection, allowing for appropriate referrals and treatment planning.

SBIRT FOR PROBLEM GAMBLING

S

Use a brief **screening** tool to determine a patient's risk for problem gambling.

BI

Provide a **brief intervention**, providing education and encouraging use of appropriate resources.

RT

Patients who screen positive should receive **referral to treatment** for further assessment.

SBIRT FOR PROBLEM GAMBLING IN OUD TREATMENT

The goal of SBIRT is not to treat any particular condition, but rather to:

- Begin the conversation about the role, potential risks, and impact of gambling and opioid use on a person's health, recovery, and overall well-being.
- Create curiosity about the role of gambling and opioids.
- Move from pre-contemplation to contemplation if integrated treatment is recommended.
- Allow patients to talk about their behaviors without fear of being given another label or problem.
- Begin to make connections between addictive behaviors and other major life areas or issues of concern.
- Identify individuals who may have a high risk of developing gambling problems and opioid use disorder.
- Assist individuals in reducing or eliminating harmful behaviors.

1

**Select a
Screening Tool**

English

- Lie/Bet
- Brief BioSocial Gambling Screen (BBGS)

Español

- Mentira/Apuesta
- Breve Cuestionario Biosocial Sobre los Juegos de Apuestas

2

**Provide an
Appropriate Brief
Intervention**

Low Risk

Provide education on the relationship between problem gambling and opioid use disorder.

Moderate Risk

Provide education on the continuum of addiction, risk factors, and recommendations to reduce risk.

High Risk

Provide education on options for further assistance, including self-help materials and specialty referrals.

and

and

3

**Refer to
Treatment**

Comprehensive support for problem gambling in substance use treatment is still in its early stages of development, but there are still many treatment options available. Referrals options may include:

- Dual diagnosis programs
- SUD treatment programs that address gambling issues
- Medication-assisted treatment
- Specialty outpatient therapy

**Integrated treatment
that addresses problem
gambling and opioid
use disorder together
have the best sustained
outcomes.**

- **Dual Diagnosis Programs:** Integrated treatment models that address both gambling and opioid addiction simultaneously have been shown to improve long-term recovery outcomes (Cowlshaw et al., 2014). 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 (Yarbakhsh et al., 2023).



SUPPORT FOR RECOVERY

Recovery from gambling problems extends to building a meaningful life beyond gambling.

Co-occurring addictions can make long-term recovery more challenging, making support for sustained change critically important. After treatment ends, patients benefit from access to a recovery community, knowledge, and resources that can help them maintain their goals.



- ▶ **Harm Reduction:** In some cases, abstinence from all addictive behaviors is not medically appropriate or desired by a patient. Harm reduction is an approach aiming to reduce the negative consequences of gambling and opioid use without the goal of abstinence. This approach focuses on a patient's quality of life and consists of services promoting safer engagement in target behaviors. Harm reduction principles can engage patients with co-occurring problems with evidence-based screening and prevention services (Taylor et al., 2021).
- ▶ **Financial Safety:** Providing financial education and counseling services can help patients manage gambling-related debt and prevent further financial harm (Petry et al., 2005). Financial stability has been identified as a core feature of recovery from gambling problems (Pickering et al. 2019). Financial health improvements carry important psychological benefits that improve overall health. Some examples of financial safety strategies include:
 - Having someone else manage their money
 - Closing credit cards
 - Limiting access to cash
- ▶ **Recovery Community:** Problem gambling is characterized by shame, which prevents affected people from seeking help. Access to supportive recovery communities can create opportunities to hear from peers with similar struggles and maintain a connection to their recovery goals. There are several recovery groups, offering in-person and online support, including [12-step programs](#) for gambling and loved ones of a person with a gambling problem, [SMART Recovery](#), and a number of others.

PREVENTION & PUBLIC AWARENESS

One of the most important prevention methods for co-occurring problem gambling and OUD is the integration of gambling screening and treatment into opioid treatment programs. Additionally, incorporating these measures into broader healthcare interventions, particularly in settings where individuals commonly present with health concerns, can play a critical role in early identification and intervention. Patients who exhibit indicators of problem gambling and OUD may not identify their behaviors as problematic. Routine screening reduces shame and opens the door for patients to reflect on their behavior and for clinicians to expand patient understanding of their behaviors.

In addition to integrated screening methods, other prevention include expanding public awareness of problem gambling and opioid use.

Educational Campaigns

- Shame is an important factor in the treatment and prevention of problem gambling and OUD, and prevents people from seeking help. Gambling addiction and OUD are both widely misunderstood as a series of poor decisions, which contributes to the shame experienced by those affected. Educational campaigns that help raise public awareness of the various factors that make a person more vulnerable can be particularly empowering and validating to those suffering. Also, raising public awareness about the link between gambling and opioid misuse can reduce stigma and encourage early intervention (Hing et al., 2016).
- The shame and health decline associated with gambling problems and OUD often lead people to self-isolate. Community is a particularly important prevention method and protective factor. Raising public awareness through educational campaigns can help build community for individuals and their loved ones.

Expanding Access to Treatment Programs

- Problem gambling has a low rate of help-seeking to begin with, and the presence of comorbid conditions may complicate treatment for those who do. It is important to expand access to dual-diagnosis treatment programs to support positive treatment outcomes and reach populations who are less likely to access treatment.
- Additionally, ensuring that Medicaid and private insurance plans cover gambling disorder treatment can further improve access to care for individuals with co-occurring addictions (Lorains et al., 2011).

Regulating Gambling Practices

- Implementing policies to monitor and regulate gambling advertisements and access can prevent vulnerable populations from developing gambling problems (Dickson-Gillespie et al., 2008). These regulations may include the promotion of harm minimization principles, such as mandating self-exclusion policies and procedures, setting hours of operation for gaming venues, and defining the characteristics of gaming machines (Dickson-Gillepsie et al., 2008).
- Effective regulations would require a collaborative effort between the gambling industry, researchers, regulators, prevention professionals, counseling agencies, and government agencies. This interactive and inclusive approach not only contributes to a broader range of interventions, but also contributes to the coordination and integration of preventative regulation efforts (Dickson-Gillepsie etl., 2008).



SUMMARY OF KEY POINTS

- The co-occurrence of opioid use disorder and problem gambling is a major public health concern that presents a complex challenge, making integrated care essential.
- Shared risk factors intensify the vulnerability to co-occurrence. Both OUD and problem gambling share underlying risk factors, such as impulsivity, trauma history, psychological factors, and socioeconomic hardship. These overlapping risk factors highlight the need for early identification and prevention efforts that address these root causes and improve treatment outcomes.
- With its high opioid use rates and gambling participation, Nevada is particularly impacted by the intersection of these issues. Recent state data show high levels of gambling-related harms among individuals already in treatment for substance use disorders.
- Routine screening for gambling disorders in OUD treatment settings and screening for substance use in gambling treatment can lead to earlier identification and better outcomes. Screening should include both present and lifetime gambling problems.
- Integrated care models that simultaneously address both OUD and gambling problems show improved treatment engagement and long-term recovery outcomes.
- For individuals who are not able or interested in abstinence, harm reduction approaches can reduce the consequences of opioid use and gambling.
- Targeted support for vulnerable populations is essential. Tailored interventions that consider unique vulnerabilities are key to effective prevention and recovery.
- Shame and stigma prevent many from seeking help. Public education campaigns, community support initiatives, and open conversations around addiction and recovery can foster understanding, reduce stigma, and support recovery.
- Financial education and counseling not only reduce stress but also support broader recovery goals, such as housing stability and improved mental well-being.
- Expanding insurance coverage for gambling disorder treatment, regulating gambling advertisements and venues, and improving access to mental health care are policy strategies to reduce the burden of OUD and problem gambling.

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