


Problem Gambling: A Hidden Addiction among Asian American Communities

Presentation for Ohana Center of Excellence
Tuesday, 3/19/2024



NICOS
Chinese
Health
Coalition

華人健康組織聯合會

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NICOS Chinese Health Coalition

NICOS Chinese Health Coalition

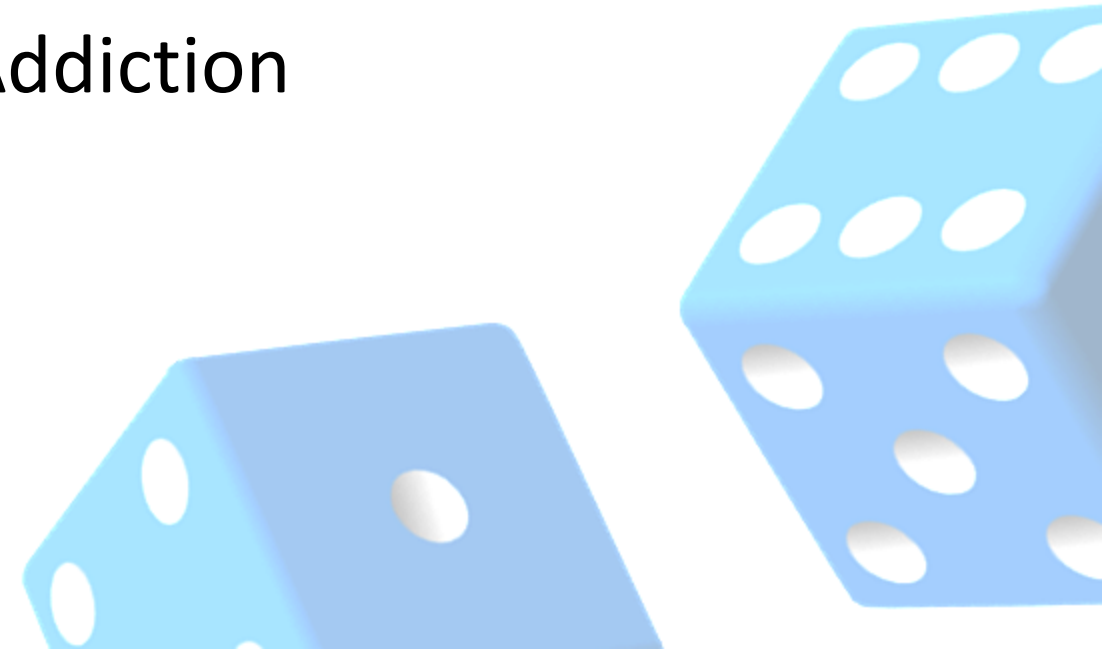
***Mission:** To Enhance the Health and Well-Being of San Francisco's Chinese Community.*

- Founded in 1985
- Located in SF Chinatown
- Public-private-community partnership of 30+ groups
 - North East Medical Services
 - IPA (Chinese Community Health Case Association)
 - Chinese Hospital
 - On-Lok Lifeways
 - Self-Help for the Elderly



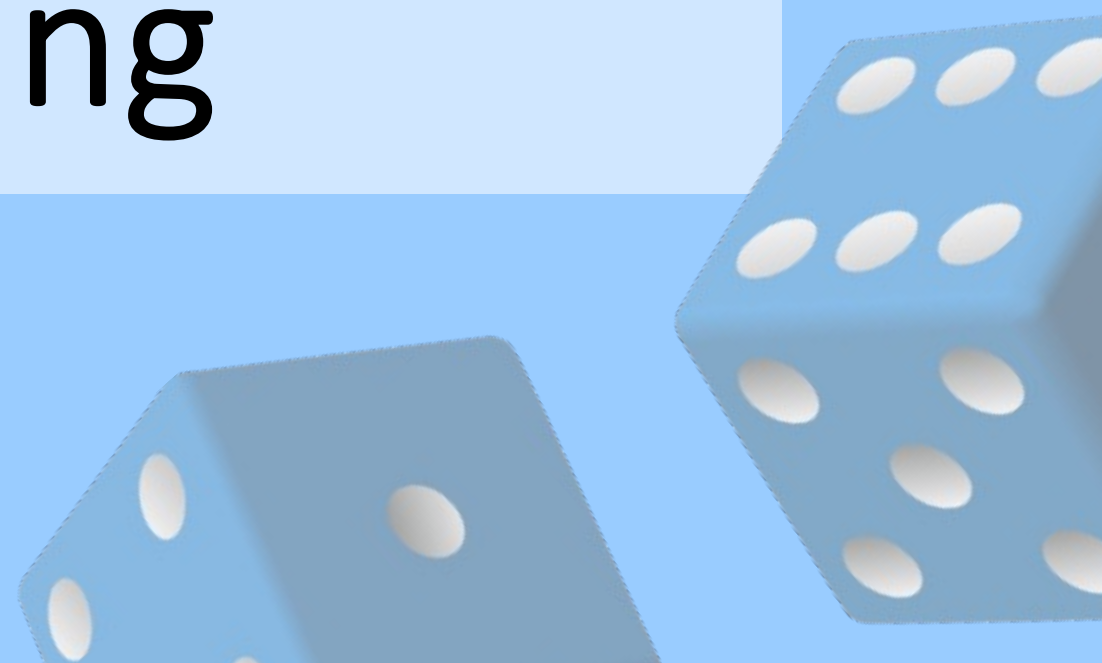
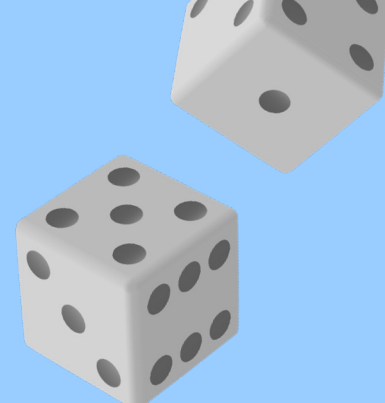



Agenda

- What is Gambling/ Myth Busters
 - DSM-5 Gambling Disorder
 - Culture & Problem Gambling
 - Neuroscience of Gambling Addiction
 - Screening & Assessments
 - Interventions & Treatment
 - Resources
- 

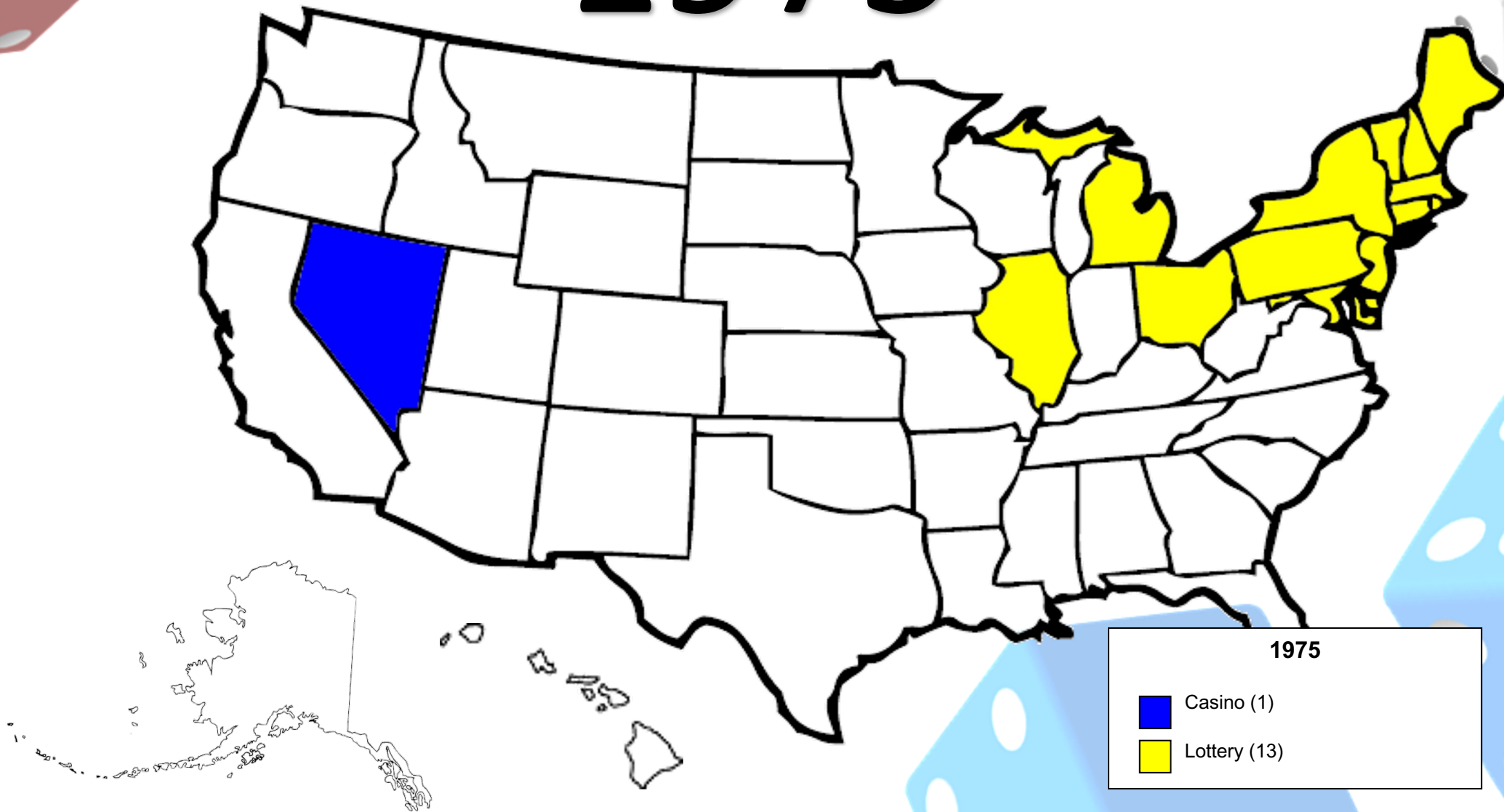


pollev.com/nicos



Prevalence of Gambling

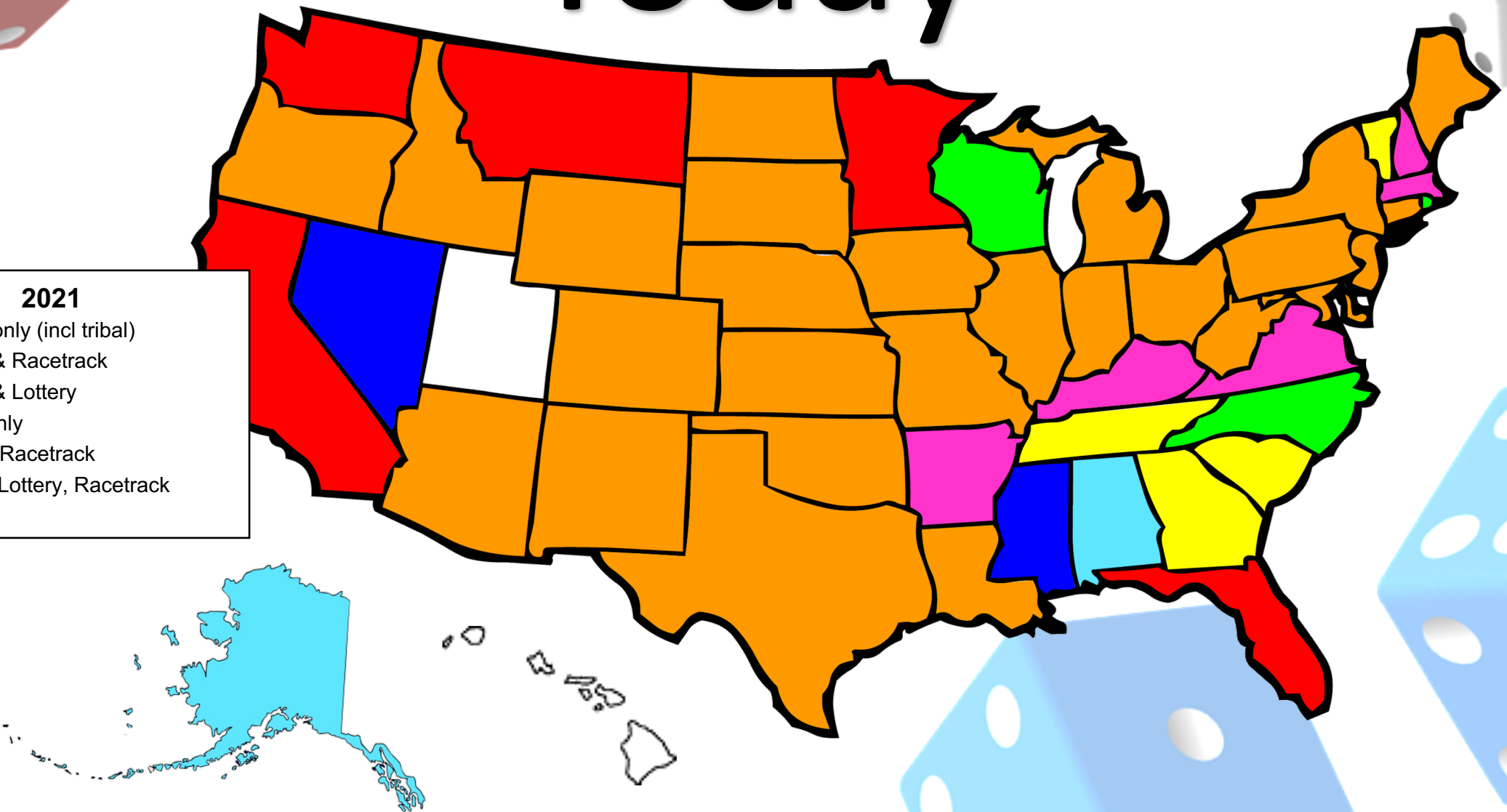
1975



Today

2021

- Casinos only (incl tribal)
- Casinos & Racetrack
- Casinos & Lottery
- Lottery Only
- Lottery & Racetrack
- Casinos, Lottery, Racetrack
- All





What is Gambling?

Gambling refers to any game of chance or skill that involves a financial risk





Myth Busters

Are You Feeling....LUCKY?

Get ready to compete!

Which is more likely, winning a Super Lotto jackpot (5 numbers plus Mega) or being struck by lightning here in California?

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Super Lotto Jackpot!

Getting Struck by Lightning!

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Super Lotto
Jackpot!

Getting Struck
by Lightning!



Lottery

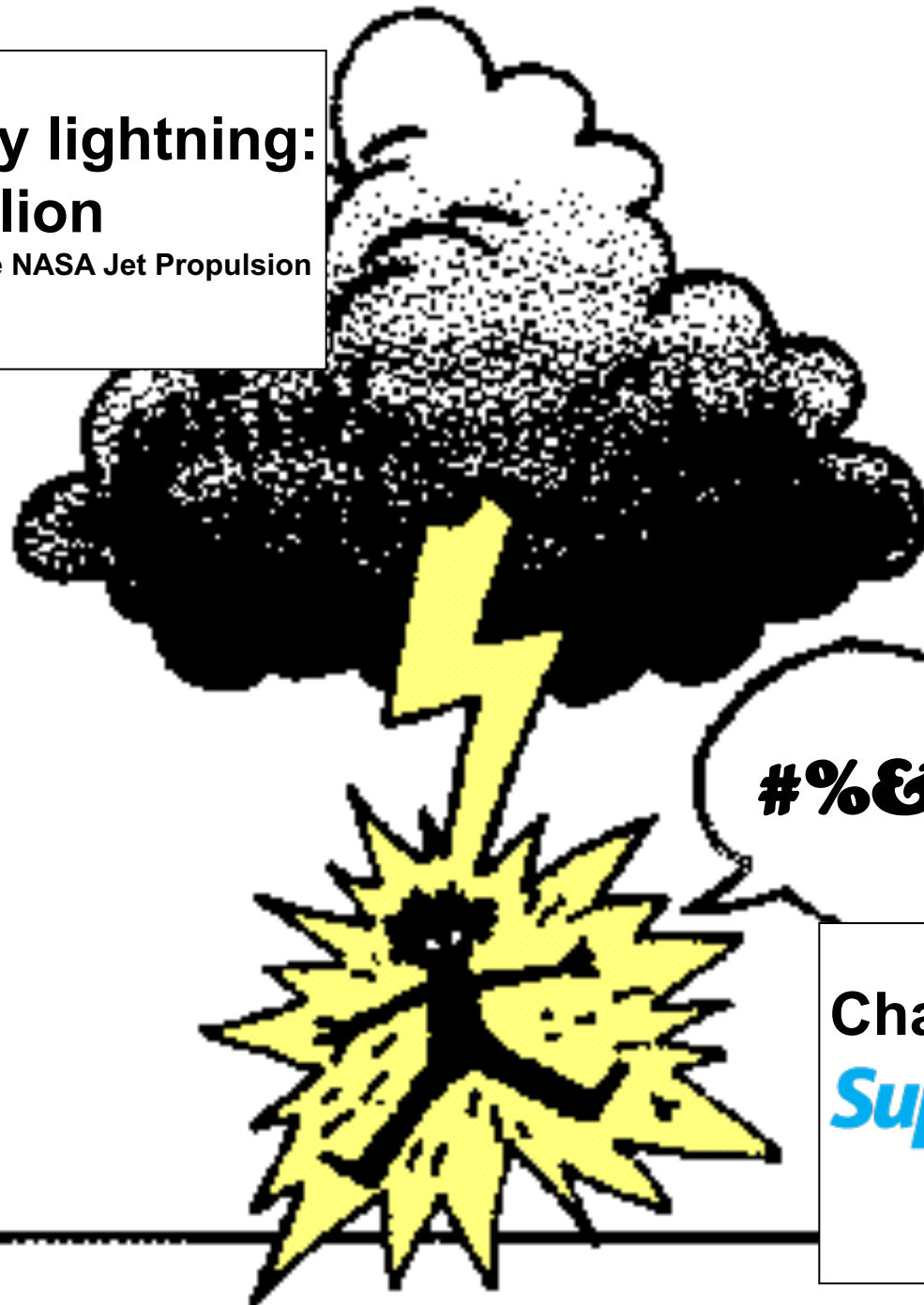
1. Which is more likely, winning the Super Lotto jackpot over \$1 Million, or getting struck by lightning?

Lightning!



Chance to be hit by lightning: 1 in 7.5 million

- Bill Patzert, Climatologist with the NASA Jet Propulsion Laboratory



Chance to win Jackpot:

SuperLotto
PLUSSM

1 in 41 million

Leaderboard

In the long run, the more regular you play in the casino the more you'll lose.

In the long run, the more regular you play in the casino the more you'll lose.

True

False

In the long run, the more regular you play in the casino the more you'll lose.

True

False



Casino Games



3. In the long run, the more regular you play in the casino the more you'll lose.

FACT!



Leaderboard

Keeping You Playing Longer



Free Drinks



Abstract Cash



No Clocks or Windows



Game Design



Maze Design



Hideous Carpets



DSM-5: Gambling Disorder

Since which edition of the DSM has there been some variation of the Gambling Disorder diagnostic label?

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DSM - 3rd Edition (1980)

DSM - 4th Edition (1994)

DSM - 5th Edition (2013)

Since which edition of the DSM has there been some variation of the Gambling Disorder diagnostic label?

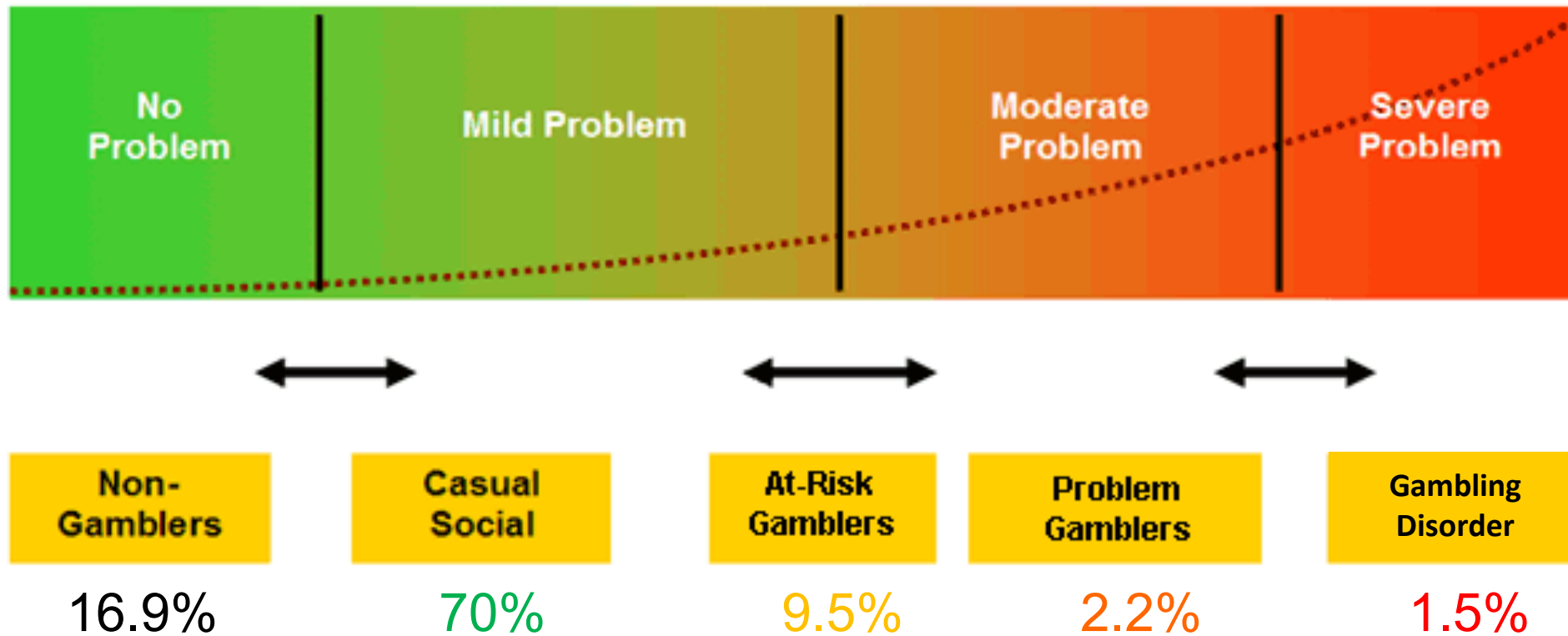
DSM - 3rd
Edition (1980)

DSM - 4th
Edition (1994)

DSM - 5th
Edition (2013)

Leaderboard

Gambling Severity Continuum

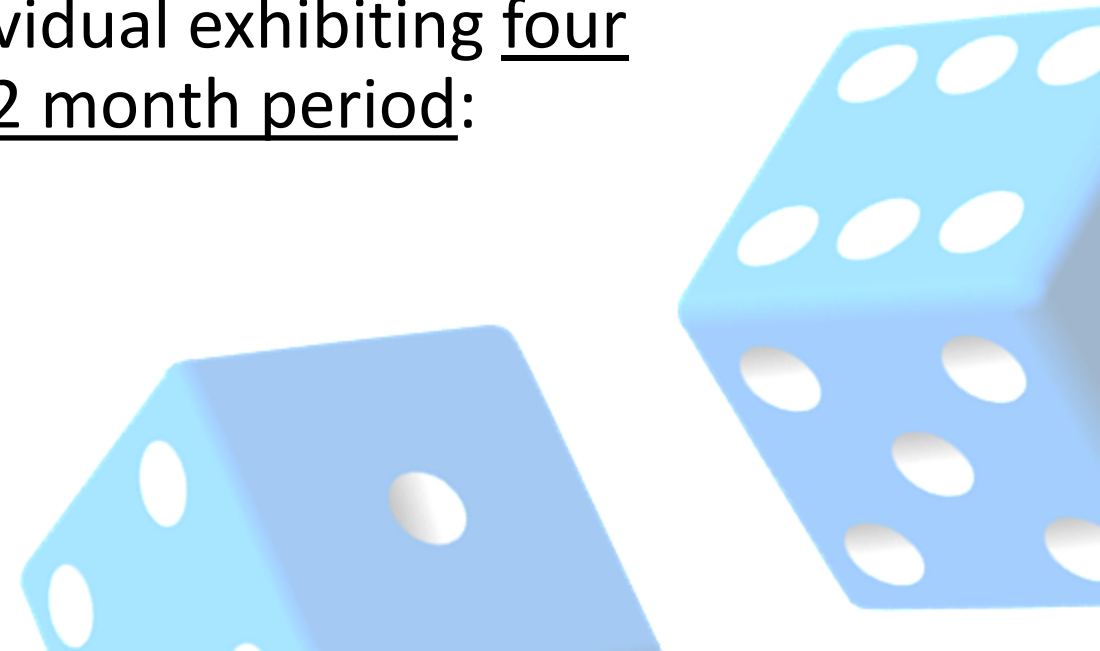


Source: California Prevalence Study (Volberg et al. 2006)



DSM-5: Gambling Disorder

- Substance-Related and Addictive Disorders
- 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:





Signs of Gambling Disorder

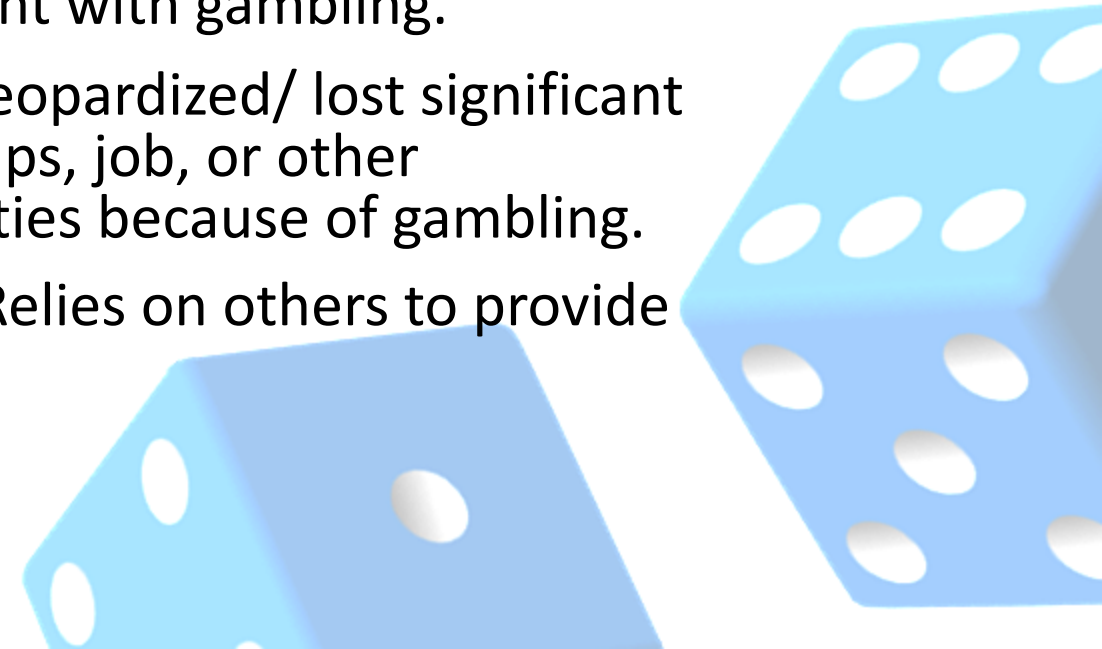
1. **Tolerance:** Gambles with increasing amounts of money to achieve excitement.
2. **Withdrawal:** Is restless or irritable when attempting to cut down or stop gambling.
3. **Inability to Stop:** Repeated unsuccessful efforts to control, cut back, or stop gambling.
4. **Preoccupation:** Thinking about gambling all the time.





Signs of Gambling Disorder



5. **Escape:** Often gambles when feeling distressed.
 6. **Chase:** After losing money gambling, often returns another day to get even.
 7. **Lies** to conceal the extent of involvement with gambling.
 8. **Neglect:** Jeopardized/ lost significant relationships, job, or other opportunities because of gambling.
 9. **Bail Out:** Relies on others to provide money.
- 



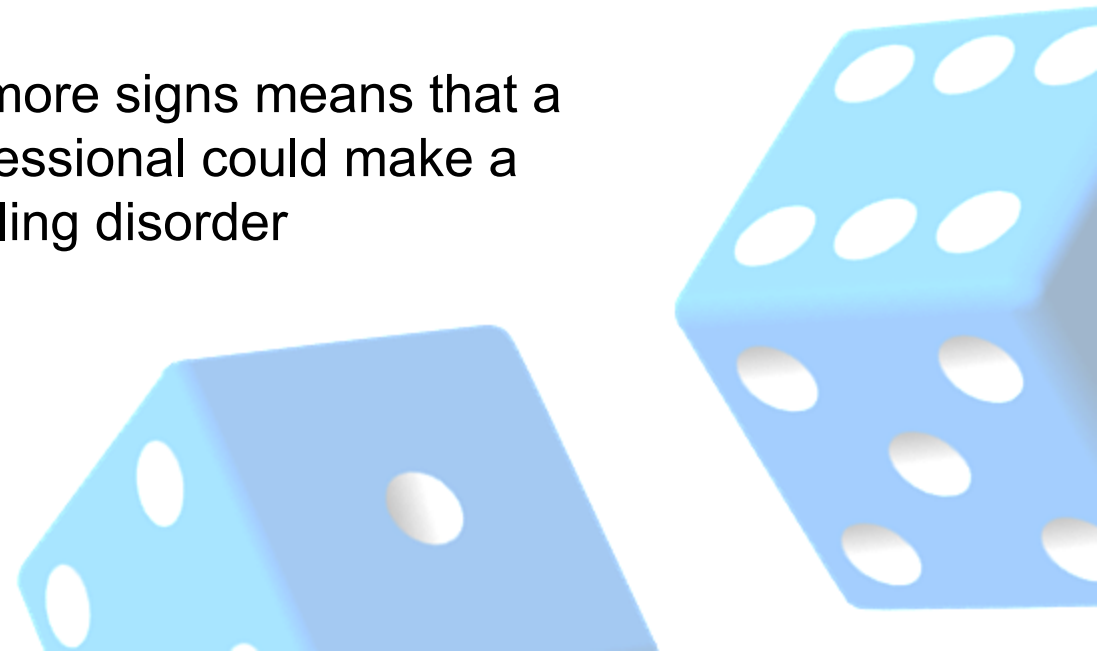
Seeing Signs?

ONE+

Exhibiting any one of these signs may indicate that gambling has become a problem

FOUR+

Exhibiting four or more signs means that a mental health professional could make a diagnosis of gambling disorder





Culture & Problem Gambling

Sometimes the only person you can save, is yourself.



AMY
PHAM

JONATHAN
NHEAN

DREA
CASTRO

PAULINA

MARION KNOTT STUDIO FILMS A CAYLEE SO FILM "PAULINA" AMY PHAM JONATHAN NHEAN DREA CASTRO LINDA WETH JAMES LAY
MATHEW HUON AMIELYNN ABELLERA PHORN TYSON PRUONG MAGUI AHMATH JAVIER RONCEROS LOEUREN DIP CHANTHY MENG
CASTING BY ALETA CHAPPELLE MUSIC BY LUCAS ZUNIGA SOUND DESIGNER ROCKIE STEPHENS COSTUME DESIGNER SOPHIE ZOE PRUONG-MCCREERY EDITOR FRANK MARTINEZ
PRODUCTION DESIGNER AMY SHIRLEY DIRECTOR OF PHOTOGRAPHY DAVID RIVERA CO-PRODUCED BY NEARDEY TRINH COSTUME DESIGNER SOTHEAROS KIEP PRODUCED BY PERRY STALLINGS SCREENPLAY BY CAYLEE SO
DIRECTED BY CAYLEE SO APRIL 20 PAULINAFILM.COM

About the Film:

Paulina, a 17 year old girl living in the Cambodian gambling community, struggles with her father and the realities of addiction. Immersed in a vibrant world where bets and wagers are a part of everyday living, 17 year old Paulina has found herself attracted to the game; a love understood and shared by her father, Sam, and an avid community of Cambodian gamblers. Met with strong disapproval from her sister Sopheap, Paulina remains strongly tied to the community. But soon she finds herself in the midst of her father's war with addiction, and the realities of this world is unmasked; Paulina must inevitably choose between the world she is drawn to and the life she might someday want.

Link to Film Site: <http://www.paulinafilm.com>





As make up about 80 to 90 percent of gamblers at Commerce Casino, said an insider.

Ethnic Minorities & Gambling

Gambling Among Chinese Adults in San Francisco: 14.5% meet criteria for problem gambler, 21% meet criteria for pathological gambler

(Wong and Toy, 1999)



**What was the California state prevalence rate for
Gambling Disorder (from 2006 Prevalence Study)?**

What was the California state prevalence rate for Gambling Disorder (from 2006 Prevalence Study)?

1.2

1.5

2.2

2.5

What was the California state prevalence rate for Gambling Disorder (from 2006 Prevalence Study)?



1.2
1.5
2.2
2.5

Leaderboard

Ethnic Minorities & Gambling

Gambling Among Chinese Adults in San Francisco: 14.5% meet criteria for problem gambler, 21% meet criteria for pathological gambler

(Wong and Toy, 1999)

Pathological Gambling Among University Students: 12.5% among APIs vs. 4-5% among African-American, whites, American Indians vs. 11% among Latinos

(Lesieur et al, 1999)

San Francisco State University Problem Gambling Survey: 12.8% of AAPI students are probably pathological gamblers (15.7% of foreign-born AAPI students)

(Zhao, Lee, Kuwatani, 2016)

Problem gambling among San Francisco Youth: 11% among API youth vs. 2-6% national average (Chiu & Woo, 2012)



Casino Bus Patrons Study (2018)

Demo. of bus patrons in study (n=218):

- 73% female
- mean age = 57
- Over 90% Asian Americans
- Majority speak primary language other than English+ born outside of U.S.
- 44% had household income >\$44,000

10.6% ($n = 23$) experience GD

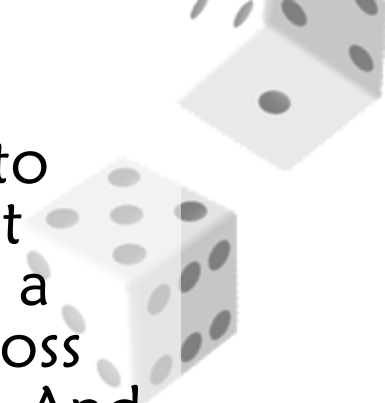
Motivations to Ride Bus:

- 1) "Because this activity is fun" (76.4%)
- 2) "For the opportunity to meet new people" (58.5%)
- 3) "Because there is nothing else to do" (51.2%)
- 4) "Because I want to be around people in my ethnic group" (42.4%)

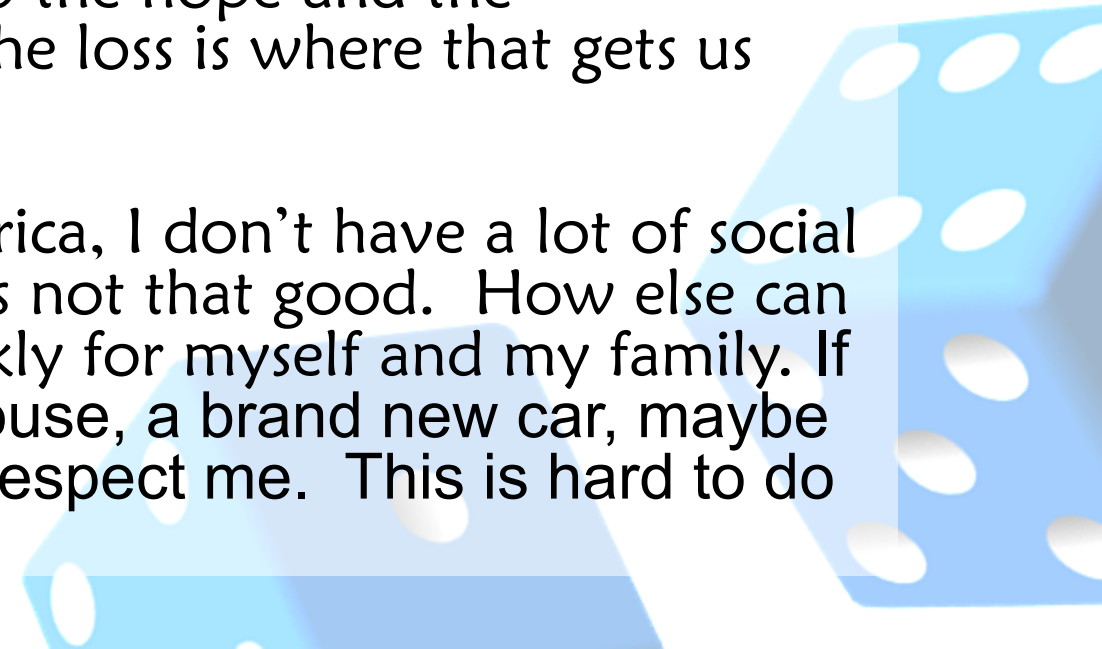




Why Gamble?



During the 20 years of war these were 1955 to 1975 our whole population, our people went through a lot of loss in their lives. It could be a loss of family relatives who died in the war, loss of dreams, loss of education, loss of money... And in ourselves there is a huge emptiness, ...like I have never lived my life. I guess when we gamble we forget about that. It allows us to escape from that huge feeling of emptiness and have hope; hope that by gambling I achieve something, I fulfill something. So the hope and the compensating for the loss is where that gets us hooked.



Also, living in America, I don't have a lot of social status, my English is not that good. How else can I build success quickly for myself and my family. If I can have a big house, a brand new car, maybe my neighbors will respect me. This is hard to do in this country.



Challenges

Immigration-Related
Issues

Cultural Acceptance

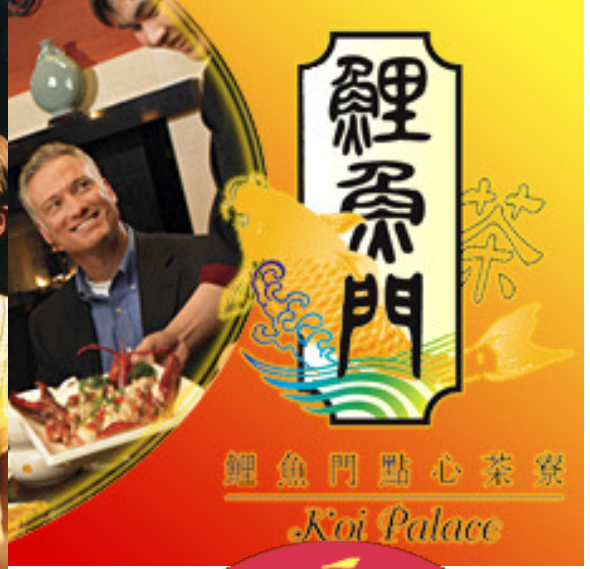
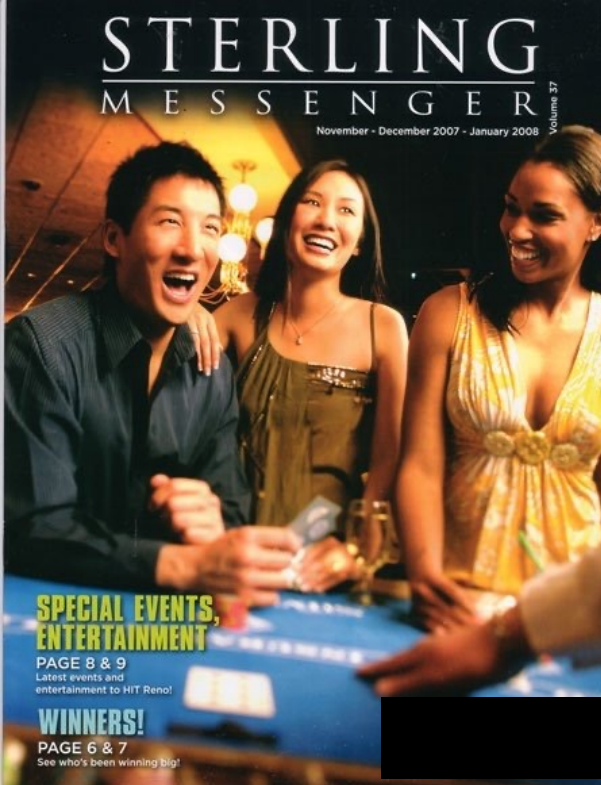
Target Marketing

Environmental
Prevalence

Stigma / Help-seeking
Behavior

Lack of culturally & linguistically
appropriate resources

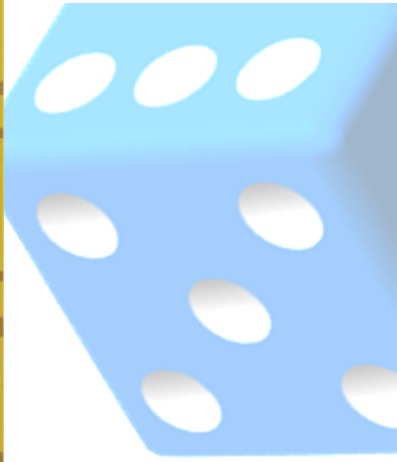



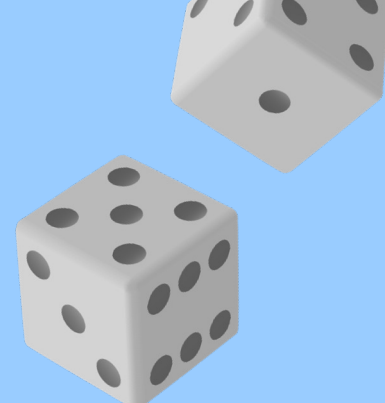



Executive Casino Host



KEITH CHUNG
 Keith is of Chinese-Vietnamese nationality. He grew up in Vietnam and moved to Reno, Nevada in 1979. Keith has worked in gaming since the 1980's including the Flamingo Hilton, Reno Hilton and the El Dorado. He began working as a dealer and was promoted to floor supervisor, a position he held for fifteen years.
 Keith joined Thunder Valley Casino as an Asian casino host in 2003. He is fluent in Cantonese, Mandarin and Vietnamese.
 Keith has a wife and three grown children who all enjoy traveling around the world whenever time permits.
 ■ send Keith an e-mail or call him at: (916) 408-8263

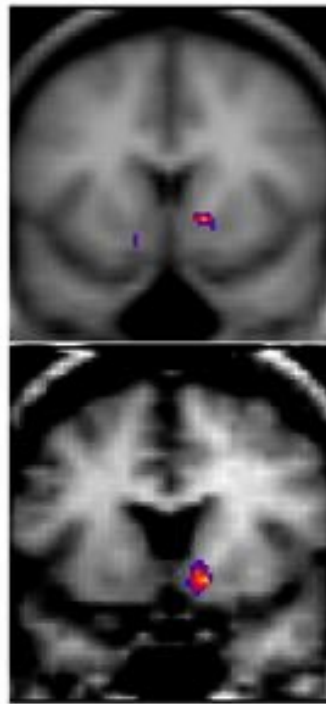




Neuroscience of Gambling Addiction

This Is Your Brain on Gambling

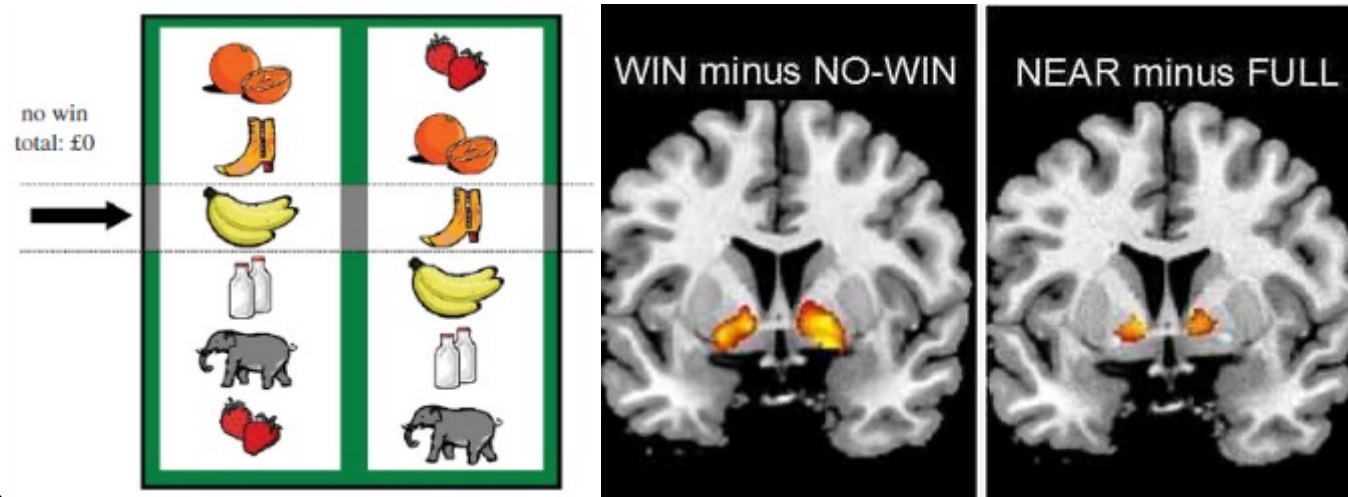
fMRI of subject
anticipating a small
amount of cocaine



fMRI of subject
anticipating a
monetary win in
simulated game

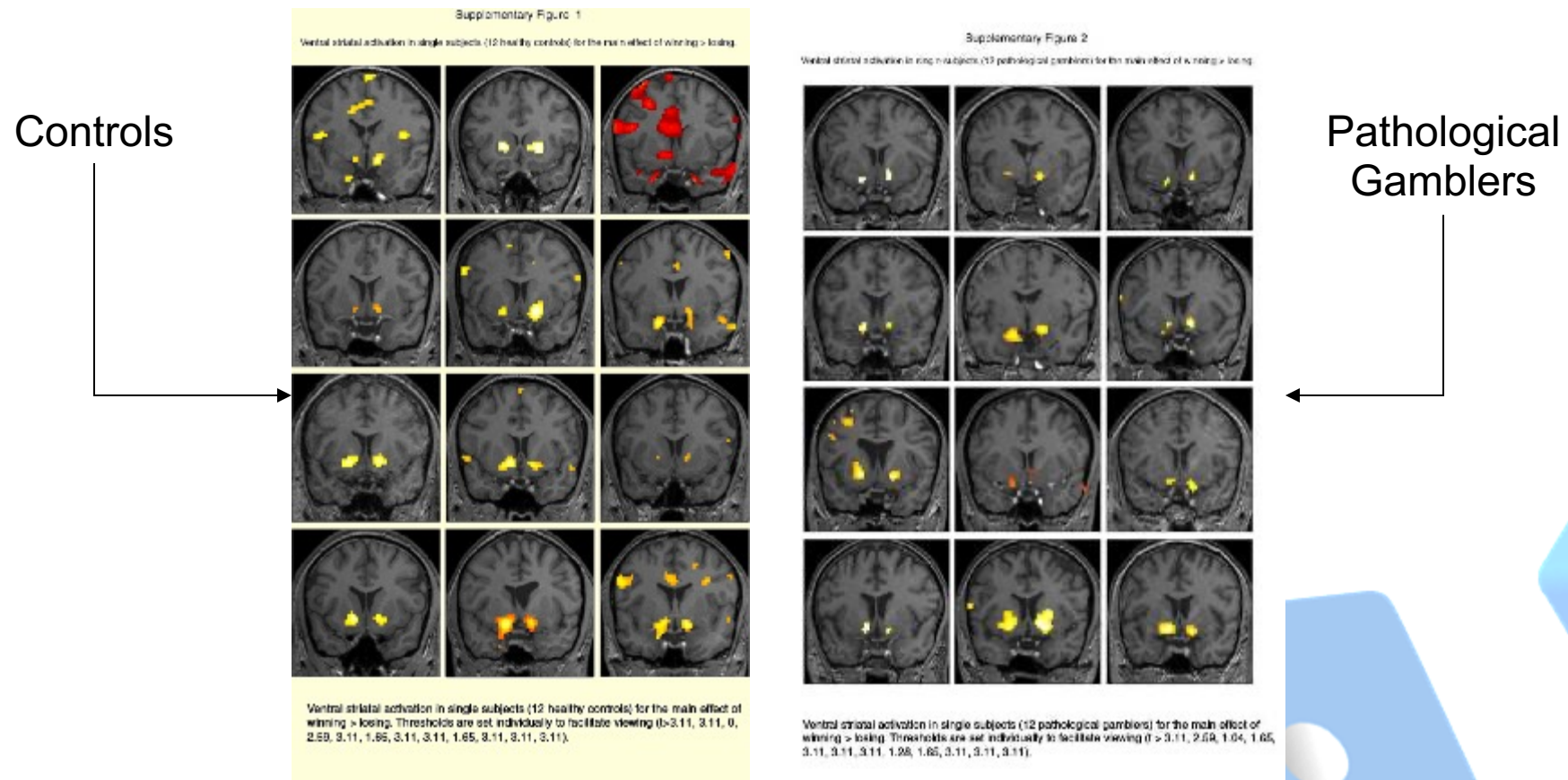
Breiter et al., 2001

Your Brain Is Tricked!

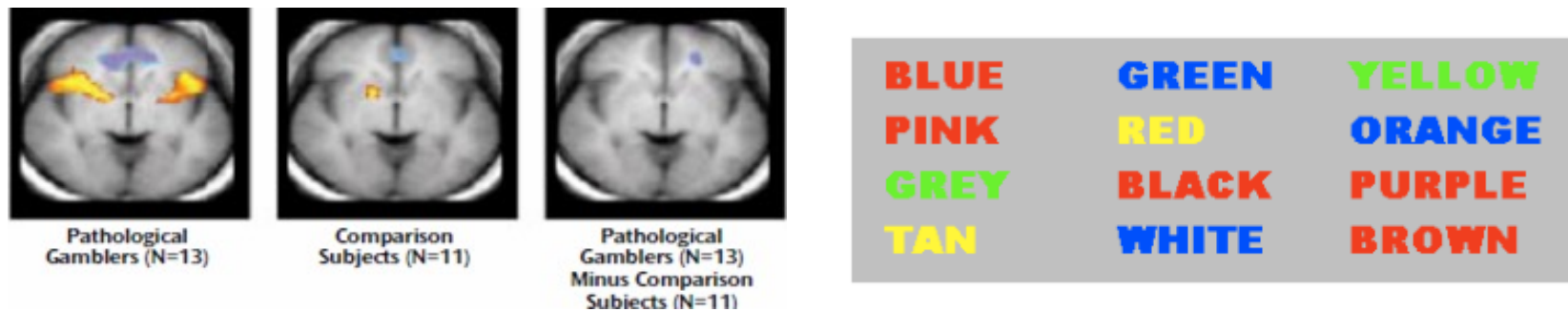


- Near-miss is processed almost like a win!
- You THINK you can control the outcome → Illusions of Control

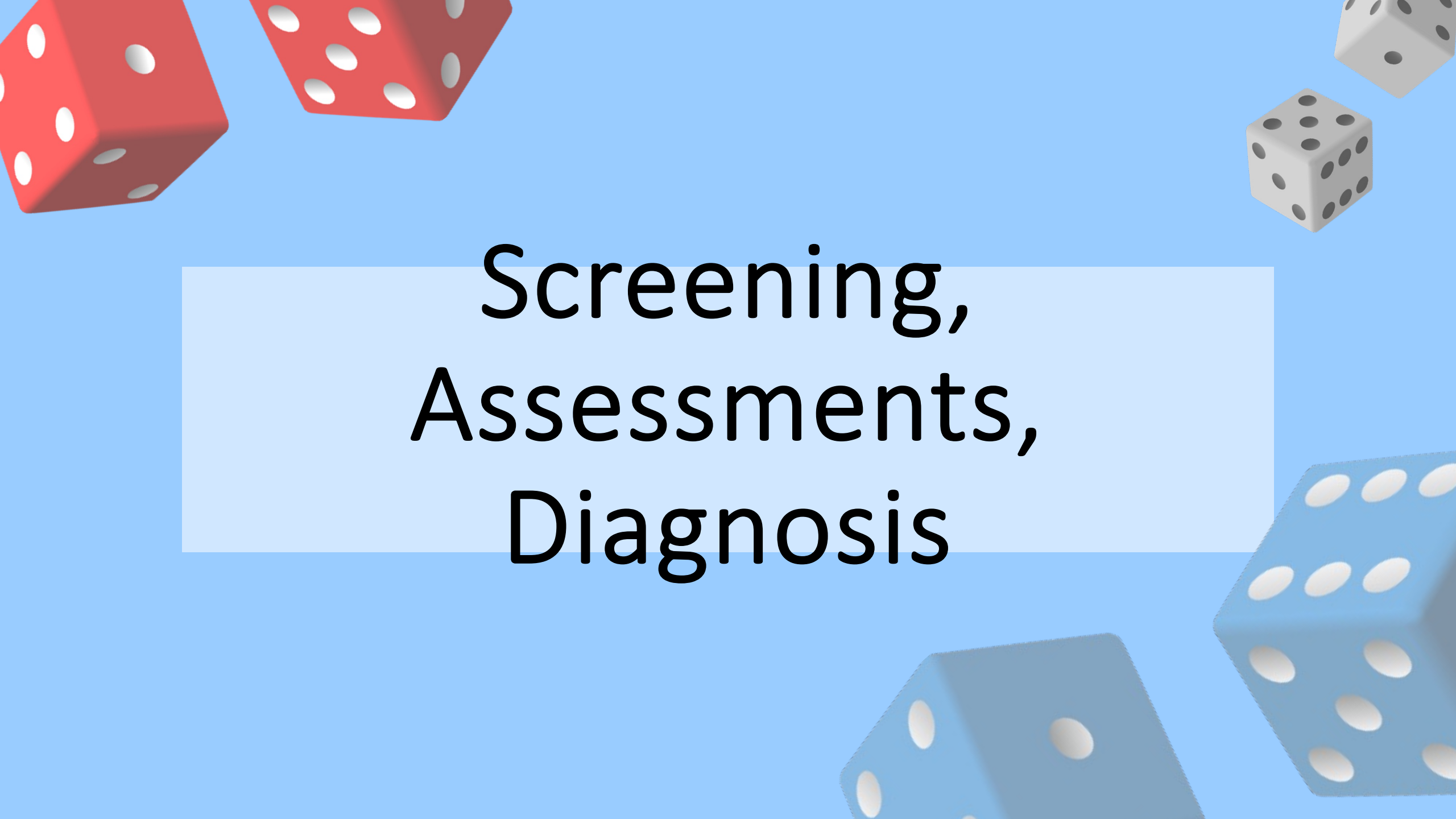
Are brains of problem gamblers different?



Are brains of problem gamblers different?



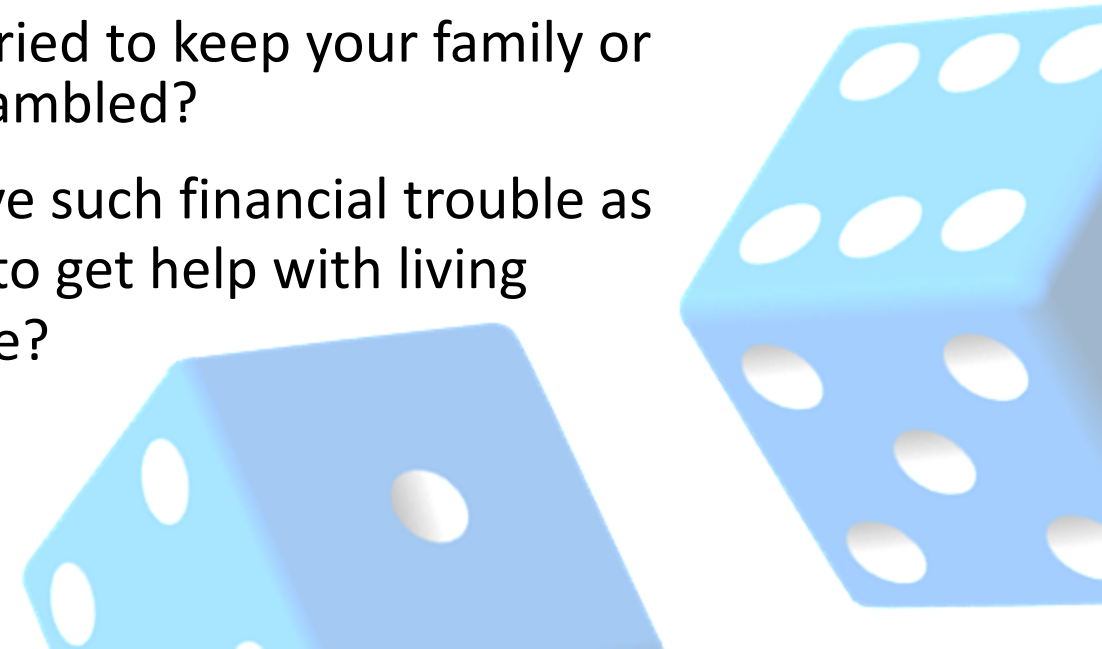
- Pathological Gamblers exhibit lower activity in prefrontal cortex compared to Non-PGs
- In performing neuro-cognitive tests, PGs showed similar dysfunctions in prefrontal cortex as Methamphetamine addicts

The background is a solid light blue color. It is decorated with several dice: two red dice in the top left, two white dice in the top right, and two blue dice in the bottom right. The dice are shown in various orientations, some appearing to be in motion or falling.

Screening, Assessments, Diagnosis



What Can You Do?

- **Screen & Assess!** Ask the right questions: (Brief Biosocial Gambling Screen BBGS)
 - 1) During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling?
 - 2) During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
 - 3) During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?
- 

Differential Diagnosis

Substance
Use Patterns

Chronology
of
Symptoms

Ct's stated
reason

Response to
Tx

Family
History

Consistency
of Symptoms

Potential Sub-Types

Behaviorally Conditioned

Reinforcement-driven, conditioned habituation. Least severe, optimal outlook.

Emotionally Vulnerable

Pre-existing mood issues, gambling as a coping mechanism. Depression/ anxiety +

Anti-Social Impulsive

High impulsivity and conduct issues, esp. since childhood a key feat., resistant to traditional Tx, high co-morbid addictive dis.

Source: Blaszczyński & Nower, 2002



Cultural Considerations: Assessment

- **Gambling? Who, me? No! Not me!**

What is considered “gambling” or “depressed”? Is something lost in translation? Putting “best face” forward may lead to false positives/neg.

- **RECOMMENDATIONS:**

Use word pictures to describe concepts; use primary health analogies; use neuroscience to provide psycho-education.

Don't rely on just the intake to conduct assessments; get information from collaterals; pay attention to socio-political history of clients

- **Do you know what I've been through?**

Understanding the socio-political experience of the client, which can have implications for treatment



Interventions/ Treatment



What Can You Do?

- **Educate** clients and community about responsible gambling and harm reduction!
 - Education clients about these 3 concepts:
 - **Randomness**
 - **Independence of Events**
 - **House Advantage**
 - Apply **Cognitive Restructuring** to Combat **Gambler's Fallacy**



If you already have the first 3 lottery ticket numbers: 2, 10, 18, which of the following combinations would give you the BEST chance of winning?

If you already have the first 3 lottery ticket numbers: 2, 10, 18, which of the following combinations would give you the BEST chance of winning?

19, 20, 21

27, 39, 44

23, 33, 43

20, 30, 40

Any of the Above

If you already have the first 3 lottery ticket numbers: 2, 10, 18, which of the following combinations would give you the BEST chance of winning?

19, 20, 21

27, 39, 44

23, 33, 43

20, 30, 40

Any of the Above

Leaderboard



RANDOMNESSES

INDEPENDENCE OF EVENTS



House Advantage



Common gambling cognitive distortions

Illusions of control

- Beliefs that chances of winning greater than actual chance
- In both part skill/chance and fully chance gambling

Superstitions

- Lucky charms
- Lucky numbers
- Lucky machines/horses
- Rituals

Bias attributions

- Under-estimating chance/over-estimating skill
- Near misses (thought of as 'near wins')
- Gamblers fallacy – past controls future – wins 'due' – outcomes not independent (coin tosses) – wins/losses balance over time


Chasing or entrapment

- Losses only able to be recovered through continued gambling




What Can You Do?

Minimize Harm! Provide information:

- Set a money limit
 - Set a time limit
 - Leave credit/debit cards at home
 - Avoid borrowing money
 - Have a plan, win or lose
 - Restrict the Gambler's Access to Money
- 



Notes on Self Exclusion

- Levels: Self Restriction (certain games, areas, privileges), Self Exclusion (most restrictive, total ban)
 - Statewide program for licensed card rooms
 - Individual tribal casinos have different programs/policies
 - Third-party exclusion: Available in some establishments, limited circumstances
 - Global Cash Access self transaction exclusion program:
<https://www.everi.com/about-us/corporate-social-responsibility/#responsiblegaming>
 - GAMBLOCK: blocks access to internet gambling sites:
<http://www.gamblock.com>
- 

Currently, the California Self-Exclusion program is available for which of the following durations?

Currently, the California Self-Exclusion program is available for which of the following durations?

6 months

1 year

5 years

10 years

Lifetime

Currently, the California Self-Exclusion program is available for which of the following durations?

6 months

1 year

5 years

10 years

Lifetime

Leaderboard



What Can You Do?

- **Treat & Intervene!**
- Motivational interviewing
- Behavioral therapy (stimulus control)
- Cognitive-behavioral (CBT, DBT)
- Spiritual (GA, mindfulness, other eastern practices)
- Financial Counseling
- Self-help manuals
- Pharmacological treatment (naltrexone, anti-depressants)



| Medication | Study | Duration | Results |
|---|-----------------------|--------------|--|
| <u>Antidepressants: SSRIs, NDRIs: EV Subtype; Comorbid Depression, Obsessive Thoughts</u> | | | |
| Fluvoxamine (195 mg) | Hollander et al. 2000 | 1 wk; 8 wks | 70% reduction vs 46% placebo |
| Fluvoxamine (200 mg) | Blanco et al. 2002 | 24 weeks | 73% reduction vs 59% placebo |
| Paroxetine (57 mg) | Kim et al. 2002 | 1 wk; 8 wks | 12% placebo; 60% red. vs 23% p |
| Paroxetine (10-60 mg) | Grant et al. 2003 | 1 wk; 16 wks | 8% placebo; 59% red. vs 49% p |
| Escitalopram (25 mg) | Grant & Potenza, 2006 | 12 wks; 8 wk | PG score: 22.2 pre vs. 11.9 post |
| Citalopram (35 mg) | Zimmerman et al. 2002 | 12 weeks | 53% reduction (86% complete) |
| Nefazodone (346 mg) | Pallanti et al. 2002 | 8 weeks | 62% reduction (75% complete) |
| Bupropion (150-450 mg) | Dannon et al. 2005 | 12 weeks | 75% rated as full responders |
| <u>Opioid Receptor Antagonists: EV/AI Subtypes; Comorbid substance addiction; “urge” or “craving” is strong characteristic</u> | | | |
| Naltrexone (1 mg) | Kim & Grant, 2001 | 6 weeks | Decreased gambling beh & urges |
| Naltrexone (188 mg) | Kim et al. 2001 | 1 wk; 12 wks | 27% placebo; 75% red vs 24% p |
| Naltrexone (Flexible) | Grant et al. 2008 | 18 weeks | Sig. improvement on all measures |
| Nalmefene (Flexible) | Grant et al. 2006 | 16 weeks | Stat. sig. reduction of GD |
| Nalmefene (20/40 mg) | Grant et al. 2010 | 15 weeks | Only 40mg = stat. sig. reduction GD |
| Naltrexone (100-150mg) +Nalmefene (50-100mg) | Grant et al. 2008 | 18 weeks | Family hx of alcoholism predicted response to both |
| <u>Mood Stabilizers: AI Subtype; high-impulsivity & low planning</u> | | | |
| Lithium (796 mg) | Pallanti et al. 2002 | 14 weeks | 65% completed Lithium arm |
| Valproate (847 mg) | | | 84% completed Valproate arm |
| Carbamezapine(600mg) | | | Extended-Release may be effective |
| | Black et al. 2008 | 10 weeks | |
| <u>Glutamatergic Modulation</u> | | | |
| N-acetyl cysteine (1476.9mg mean dose) | Grant at al. 2007 | 8 weeks | Effective in 59.3% of subjects |



Cultural Considerations: Treatment

- **Is this a good fit for me?**

Is the plan compatible with the beliefs and values of the client? What about language access? What about the client's level of acculturation?

- **RECOMMENDATIONS:**

Provide options, but be ready to give recommendation; some modalities (e.g. GA) may be challenging for certain Asian American clients

Pay attention to how acculturation might influence client behaviors such as Tx adherence

- **Will I come back?**

Are stigma and other barriers causing client attrition? What can you do to remove those barriers?

- **RECOMMENDATIONS?**

Develop cultural liaisons/ brokers; view clients' cultures as an asset, not a barrier; provide services in de-stigmatized settings and at convenient times; offer telemedicine to bridge barriers

A decorative background featuring several dice in red, grey, and blue colors, scattered across the slide. The red dice are in the top left, grey dice in the top right, and blue dice in the bottom right.

Cultural Considerations: Family

- Be willing to treat family as a whole, not just the gambler
- Teach family to recognize warning signs and intervene effectively
- Show care and empathy
- Help families understand that it is important not to pay off debts or “bail out” the gambler
- Teach families about self-care and protection of their own emotional/ financial wellbeing
- Integrate and respect traditional roles of relatives, elders, and clan leaders in treatment

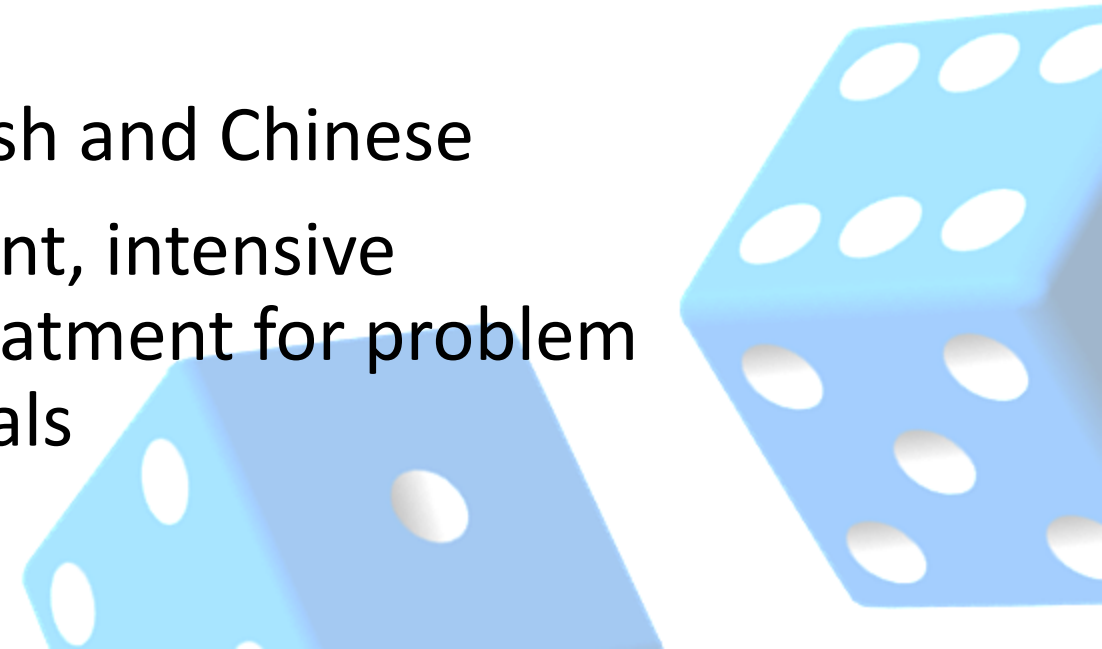
A decorative background featuring several dice. On the left, there are red dice with white pips. On the right, there are grey dice with black pips. At the bottom, there are blue dice with white pips. The dice are scattered and some are partially cut off by the edges of the slide.

Cultural Considerations: Community

- Work with religious communities to establish support groups or outreach programs
- Organize healthy social activities (e.g. gardening, karaoke, picnics) and educational programs (e.g. parenting or ESL classes) geared toward youth, adults, and older adults
- Empower individuals to take responsibility and assess their risk level as a problem gambler
- Educate community on how to intervene if a friend or family members shows signs of problem gambling



What Can You Do?

- **Refer** to cost-free problem gambling services & materials in California!
 - 1) Free multilingual information and materials
 - 2) Toll-free helpline: 1-800-GAMBLER in English, Spanish and Chinese
 - 3) Text support in English, Spanish and Chinese
 - 4) Cost-free telephone, outpatient, intensive outpatient, and residential treatment for problem gamblers and affected individuals
- 



Resources

Assistance for Gambling Disorder



All services are provided at no cost to the client.



One-Stop Resources

“One-Stop” Resources for Info and Referrals to **ALL** Services:

- Helplines

- ❖ **1-800-GAMBLER / 1-800-426-2537**

- ❖ **CalGETS – California Gambling Education and Treatment Services**

- ❖ Telephone Counseling available in English and Spanish

- ❖ Text English support: Text the word “support” to 53342

- ❖ **1-888-968-7888**

- ❖ **NICOS Chinese Health Coalition - Statewide Chinese Problem Gambling Helpline**

- ❖ Network of telephone counselors English, Chinese (Mandarin, Cantonese), 24/7

- ❖ Includes referrals to mental health as well as financial, legal and other counseling





THANK YOU!

NICOS Chinese Health Coalition
Office Tel: 415-788-6426

Gambling Helpline: 1-888-968-7888 (Chi&Eng)

Email: michaelliao@nicoschc.org

賭者

