

The WAGER, Vol. 16(10) - Warm Turkey: Considering whether abstinence ought to be the goal of gambling treatment

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The goal of most gambling treatment is abstinence from gambling. Though not everyone who engages in treatment achieves this “cold turkey” goal, it is possible that the goal itself deters some individuals from seeking treatment. This week’s WAGER reports results of a study that examined how common abstinence versus controlled gambling are among problem gamblers in recovery (Slutske, Piasecki, Blaszczynski, & Martin, 2010).

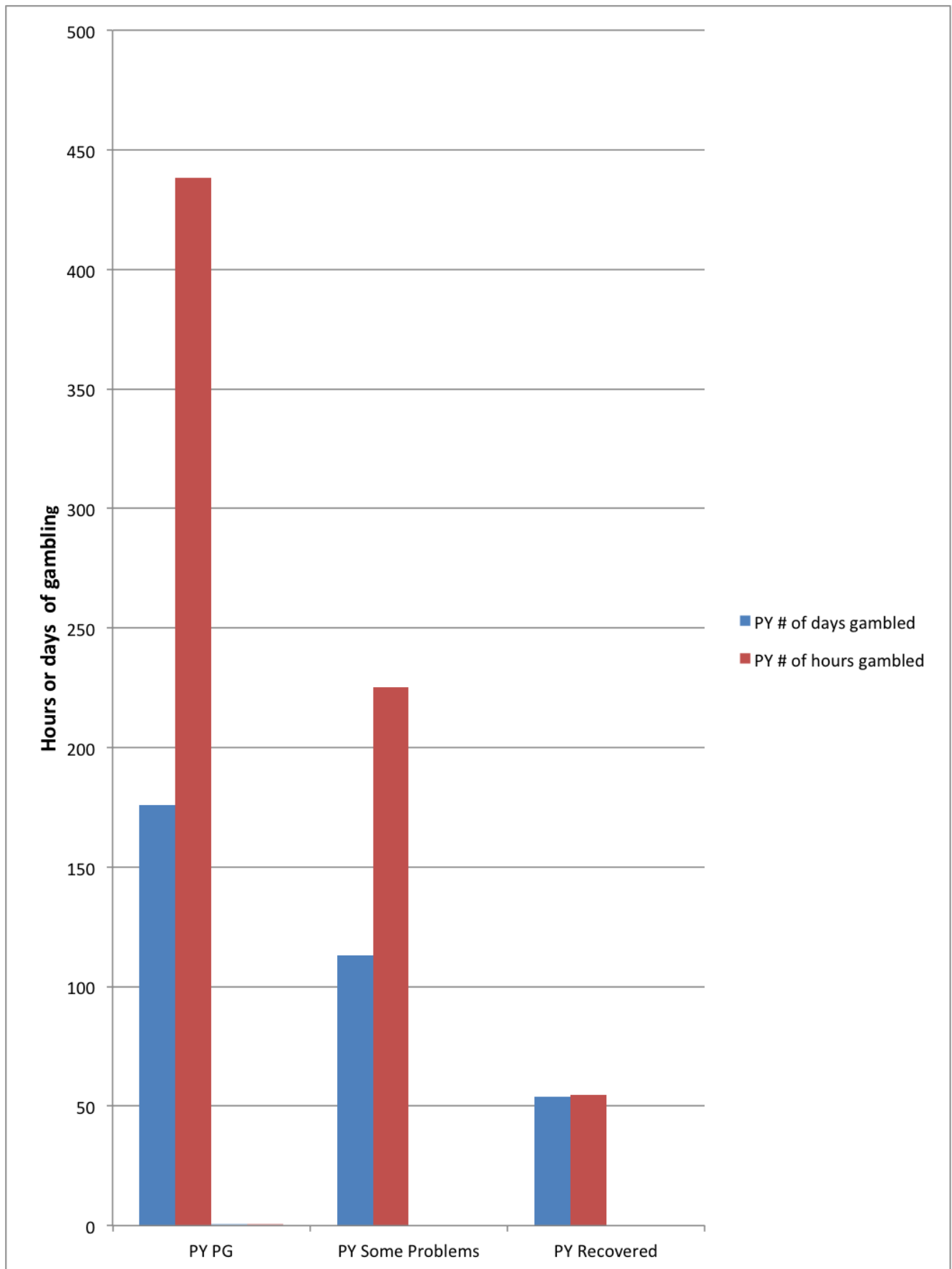
Method

- Participants were 104 individuals who qualified for DSM-IV pathological gambling (PG) among a general population sample of 2,382 twin pairs drawn from the Australian twin registry.¹
- Researchers classified these life-time PG gamblers into three groups according to their symptoms during the past year:
 - Past-year PG (N = 28): Gamblers who qualified for PG within the past year
 - Some problems (N = 32): Gamblers who met 1 - 4 PG criteria within the past year
 - Recovery group (N = 44): Gamblers who had no symptoms of PG within the past year.
- Researchers assessed the following indicators of gambling involvement during the heaviest gambling period and during the past year:
 - Number of days spent gambling
 - Number of hours spent on a typical gambling day
 - Percentage of yearly income spent on gambling
 - Number of different gambling activities –gambling versatility (e.g., horse and dog betting, casino table games, keno, bingo etc.).

Results

- Almost all of the recovered gamblers (90%) gambled in the past year, and less than 20% received any formal treatment.
- As Figure 1 shows, recovered gamblers demonstrated greatly reduced gambling activity, compared both to other non-recovered participants and to their own previous activity.

Figure 1. Gambling involvement of recovered, partially recovered, and symptomatic PGs



PY=past year; PG=pathological gambling

Limitation

- This is a correlational study, based on a cross-sectional survey about past behavior. Therefore we cannot conclude that controlled gambling caused PG recovery.
- Measures of gambling activity are based on retrospective self-report and may not reflect actual gambling.

Conclusion

This study does not support the assumption that abstinence is required for PG recovery. Only 10% of those who recovered from gambling-related problems did not gamble during the past year. However, the recovery group demonstrated substantial decreases in gambling involvement compared to non-recovery groups. As with any correlational study, this study does not conclude causality. Future controlled experiments or longitudinal studies are required to examine if abstinence or controlled gambling lead more effectively to PG recovery. However, this study does suggest that allowing for the possibility of a controlled gambling, or “warm turkey”² goal within treatment might increase treatment engagement

-Julia Braverman & Sarah Nelson

What do you think? Please use the comment link below to provide feedback on this article.

References

Miller, W. R., & Page, A. C. (1991). Warm turkey: other routes to abstinence. *Journal of Substance Abuse Treat*, 8(4), 227-232.

Slutske, W. S., Piasecki, T. M., Blaszczynski, A., & Martin, N. G. (2010). Pathological gambling recovery in the absence of abstinence. *Addiction*, 105(12), 2169-2175.

¹ The 104 participants in this study were derived from 102 different twin pairs: only two pairs of related twins were included in the sample.

² Slutske and colleagues (2010) refer to the goal of engaging in controlled gambling as a “warm turkey” approach. The term was first used by Miller & Page

(1991) to describe controlled drinking.