

# Tuesday, March 8th, 2016 is the 3rd annual Gambling Disorder Screening Day

March 4, 2016

Gambling-related problems [continue to pose an important public health problem](#) for numerous jurisdictions around the world. However, the number of individuals who have benefited from treatment for this issue is scant. For example, in the United States, the National Comorbidity Survey-Replication found [no people with gambling problems reported participating in gambling treatment](#). Similarly, Wendy Slutske reported that the National Epidemiologic Survey on Alcohol and Related Conditions found [some gambling treatment participation](#), but at most, 10% of those with gambling-related problems reported that they engaged in such activity.

There are a [variety of reasons](#) that limited treatment participation for gambling might occur. For example, failure to seek treatment might reflect patient preferences, ongoing concerns about stigma, or the quick initiation of natural recovery processes. Similarly, it is possible that treatment workforce limitations preclude access, or on the other hand, barriers to expertise preclude access. Of course, one important reason for limited treatment participation is simply a failure to recognize gambling-related problems are affecting someone's life.

Each of the aforementioned reasons might require a different solution to resolve. For example, training more providers or reducing barriers (e.g., insurance or cost) that prevent people from gaining access to providers might resolve workforce issue. And, screening for gambling disorder in diverse clinical and non-clinical settings could help undetected problems get discovered. Screening in particular might be especially useful because it typically has few costs (like, time, training, and infrastructure), but can yield important gains.

Screening also is likely to be fruitful because about half of people who report gambling-related problems [also report participating in treatment for something else](#), like substance use or other mental health treatments. People with gambling-related problems also are well represented in primary care and emergency settings, [for example](#). With respect to non-clinical settings, screening might be

beneficial in criminal justice settings and social service (e.g., homeless) settings.

Although screening for gambling-related problems still is not typical, fortunately, there are pathways to popularize screening. [Gambling Disorder Screening Day](#) is one of those pathways. Last year, the Division on Addiction worked with 8 partners who collectively screened more than 400 people, identifying people in need of further assessment. By promoting screening, use of our [online screening system](#) during March increased by 163% over January and 53% the month before – so this grassroots effort is grabbing attention

We hope that you will consider joining in and screening on March 8<sup>th</sup> and beyond, or joining by getting the word out!

— Debi LaPlante

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