The WAGER, Vol. 22(1) – Gambling Disorder among people in methadone maintenance treatment

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People who are in methadone maintenance treatment are at risk for problem gambling. Importantly, such patients are over 8 times more likely to dropout of methadone treatment and more likely to be using opioids during methadone maintenance treatment. Since these early studies, the gambling landscape has changed and new diagnostic tools have become available. This makes continued research important. Today on the WAGER, we review a study by Seth Himeloch and colleagues, which continues this line of research study.

What was the research question?

What is the nature of the gambling behavior and problems among those receiving methadone maintenance?

What did the researchers do?

Himelhoch and his colleagues recruited participants (n = 185) from an urban methadone maintenance program. They used the 9-item DSM-5 problem gambling criteria to assess prevalence of Gambling Disorder (GD). If participants endorsed 4 or more criteria, they qualified for a 12-month GD diagnosis. The researchers further classified participants as having mild (endorsed 4-5 criteria), moderate (6-7 criteria), or severe (8-9 criteria) Gambling Disorder. Himelhoch and his colleagues adapted questions from a previously used questionnaire to gather information about frequency of and money spent on various types of gaming and gambling behaviors.

What did they find?

Almost half (46.2%) of participants qualified for a GD diagnosis, and of these participants, 37% qualified for a severe GD diagnosis. The demographic characteristics (age, gender, race, income) of those with GD were not significantly different than participants without a GD diagnosis. Additionally, there was no difference in methadone dose. But, those that met criteria for GD had been in

treatment for significantly less time. Participants with GD spent significantly more money each month on most types of gambling (see Figure).

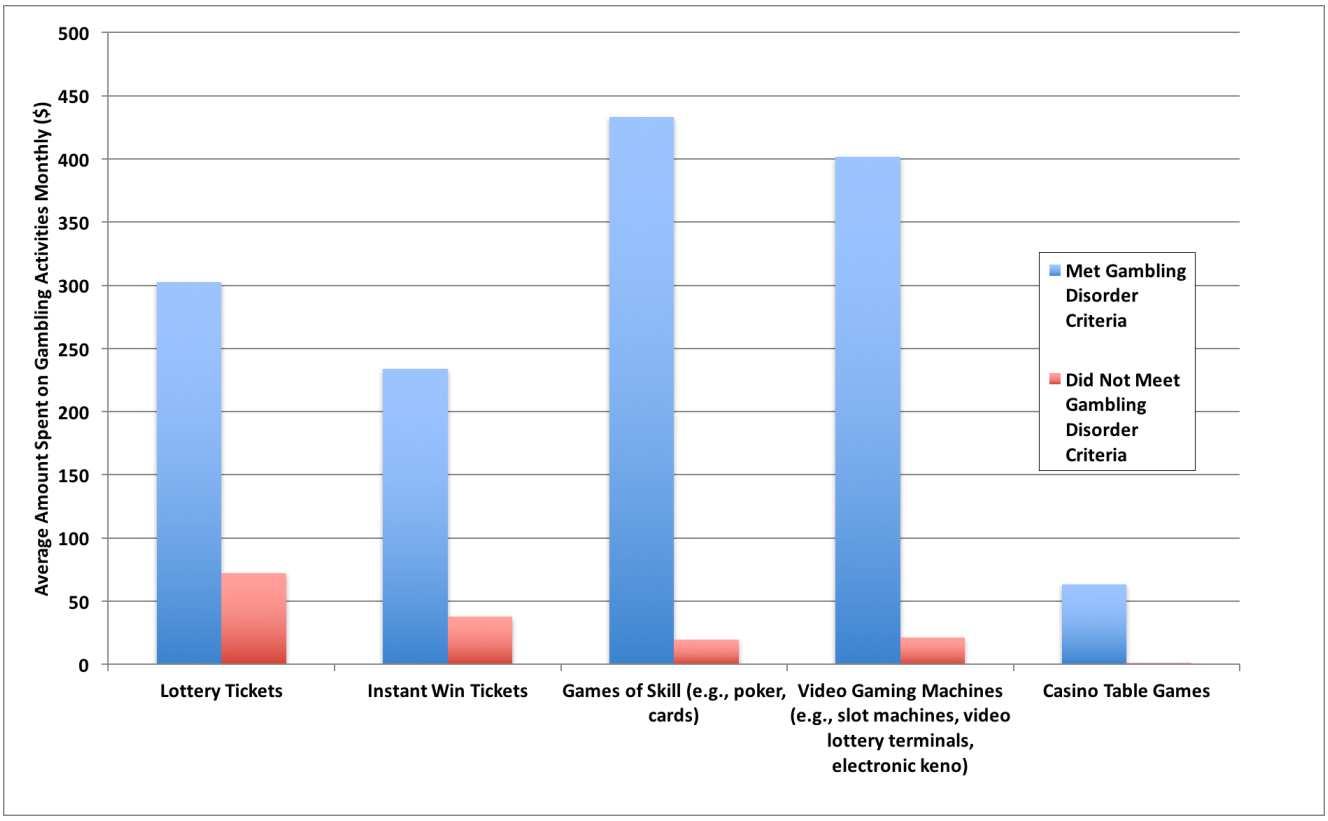


Figure. The average amount of money ($) methadone maintenance patients spend monthly on different types of gambling activities. Click image to enlarge.

Why do these findings matter?

The prevalence of GD in this particular population, according to DSM-5 criteria, is substantially higher than that of a substance dependent population (10.3% met DSM-5 GD diagnosis) and that of the general population (0.6% met DSM-IV criteria for Pathological Gambling). Since previous research has found that people with GD have worse substance use treatment outcomes than those without GD, it may be important to screen for and treat GD symptoms in conjunction with opioid use disorder treatment. Previously, The BASIS has described a brief (3-question), validated screen for Gambling Disorder.

Every study has limitations. What were the limitations in this study?

This study population was predominantly African-American (71%) and recruited from an urban environment, and thus might not be generalizable to other populations receiving methadone maintenance treatment. This study was cross-sectional and therefore cannot comment on what caused what.

For more information:
Find the original publication abstract here. For more information regarding methadone maintenance, check out SAMHSA's resources. Worried you or a loved one has a gambling problem? Check out the National Center for Responsible Gaming website for screening tools and resources.

— Layne Keating

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