



Odds and Ends



The Newsletter of The Gambling Clinic at the University of Memphis

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Similarities and Differences Between Gambling and Substance Use Disorders

One of our newsletter readers asked us to compare and contrast gambling with other substance use disorders. The research to date provides a clear foundation for the conceptualization of problem gambling as an addictive behavior. Program gambling shares characteristics with other addictive behaviors, including problem drinking, nicotine use, and drug abuse. The DSM-IV criteria for pathological gambling reflect symptoms common to other substance use disorders. Such symptoms include loss of control, preoccupation, tolerance, withdrawal, and cravings. Furthermore, brain imaging studies have shown that compulsive non-drug behaviors, particularly gambling, produce cortical arousal similar in location and levels to that found with alcohol and other chemical substances.

Many “addictions” appear to share similar concomitant psychosocial consequences. Each jeopardizes relationships and responsibilities. Individuals may also have an increased propensity to commit illegal acts because of the dependency. The addictions may serve similar functions in acting as coping mechanisms, allowing the individual to escape from reality. Gambling and other substance addictions also share similar comorbid psychiatric conditions (underscoring the need for a thorough mental health assessment) and certain risk factors such as being male, a young adult, a member of an ethnic minority, and of lower socioeconomic status. Clearly, there are a number of similarities.

Understanding the differences between substance addictions and gambling addictions becomes a difficult endeavor. Few studies have been designed to explore the potential differences.



Despite the lack of evidence, several of the differences are readily apparent. Gambling is not a chemical and therefore withdrawal and tolerance do not have the same physical

manifestations. This suggests that the concept of detox does not apply to a problem gambler. It also means that

the relationship between the emotions and the behavior, in the absence of chemical dependency, is essential when considering the gambler’s withdrawal and tolerance. In addition, money, including financial problems, may be a driving force behind gambling-related problems. Although funds are important to someone addicted to drugs and funding the habit is essential, money is central to gambling and the pursuit of money perpetuates the urges the gambler experiences. A related difference is that an individual with an



alcohol problem may drink to avoid life’s problems. However, those who abuse alcohol do not imagine that their next drink will actually solve those problems. Problem gamblers, by comparison, can rationally believe that the next time they gamble they just might solve many of their problems. The fantasy about winning large sums of money is always present.

Another unique aspect of problem gambling is depression. Depression appears to be common among those with gambling problems, but major depression is not. For some it appears that the financial, interpersonal, and emotional distress consequent to excessive gambling may result in depressive symptoms. These symptoms tend to wax and wane. We believe that in some ways the hope of winning, despite their personal history, protects them from a prolonged period of depression. Interestingly, other problem gamblers seem to use gambling to moderate pre-existing depression. Such individuals may have experienced a trauma or loss and find that gambling becomes a way to relieve their distress.

Hopefully, future research will help us better understand the similarities and differences between problem gambling and substance use disorders. In the next issue of our newsletter we will address another question from a reader. This question is about the efficacy of addiction treatment models when applied to problem and pathological gambling.

The Gambling Clinic:
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We want to hear from you!

Please send your questions or
comments to Odds and Ends:

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Each month, we'll select and
answer several questions from our
readers. We want to hear
your concerns and look
forward to your feedback.

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Meet The Gambling Clinic

Andrea K. Booth is a columnist for the Odds and Ends and has been treating individuals in the Gambling Clinic for the past three years. She graduated Magna Cum Laude in 2002 from the College of Saint Benedict in St. Joseph, MN where she received a B.A. in psychology with a concentration in the natural sciences. Ms. Booth is currently pursuing her doctoral degree in Clinical Psychology at the University of Memphis. Her research interests include problematic gambling, addictions, and the influence of gambling behavior on steroid hormones. She is also interested in pursuing research and experience in the field of gerontology, with a focus on death and dying well. In her free time, Ms. Booth enjoys playing soccer, softball, and taking trips to Minnesota to visit family and friends.

Damon Lipinski is the project manager for The Gambling Clinic and has been treating individuals in the clinic for the past three years. He earned a B.S. degree in Forest Science from the University of Illinois in 1993 and after spending 8 years as an internet developer, returned to college to pursue a doctorate in clinical psychology at the University of Memphis. Mr. Lipinski's research interests include the treatment of addictions including problematic gambling and the effects of alcohol on gambling behaviors. Mr. Lipinski spends his free time with his wife Pamela as well as playing soccer, running, and playing bass with local rock legend, Wombat.

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FEEDBACK!!