

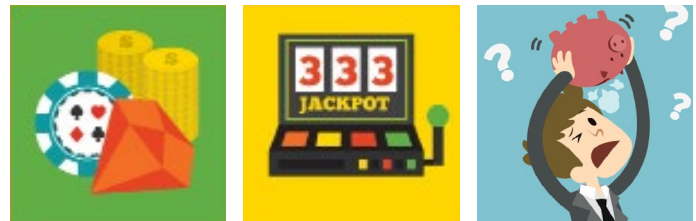
Nothing to gain, everything to lose

When most people think ‘addiction services,’ they think about drugs or alcohol. But there are many more things that can also be addictive and require help to overcome—food, sex, or video games, to name a few. One that is frequently overlooked? Gambling. March is Problem Gambling (PG) Awareness Month. And Oregon is a veritable landmine for those who struggle with gambling. As of 2012, legal gambling in Oregon included 19,536 electronic gaming machines. 90% of those who enter gambling treatment describe electronic gaming as their primary issue.

However, few make it to treatment. Even though gambling treatment is free to all Oregon residents, regardless of income or insurance, as well as to their family members, it is underutilized. Nearly **82,000** Oregonian adults are estimated to have problems with gambling, as well as approximately 4,000 teenagers. However, only 1,400 accessed treatment last year. Their combined gambling-related debt load? \$35 million. Yet problem gambling only became formally recognized as an addictive disorder with the recent publishing of the DSM-V.

To get a more personal view of the situation, we spoke with Nate Peterson, problem gambling (PG) education coordinator and recovery mentor at VOA InAct, which serves approximately 50 gambling clients at a time, including a Latino-specific program. Peterson is the ‘front line’ for potential gambling clients—the first that clients speak with on the phone, the first that they come in to meet to discuss where they’re at and what help may look like. Peterson himself is in recovery from gambling addiction. “I can relate to and understand them...it makes it feel a little more comfortable, a little more safe. [I can] offer them hope that treatment can and will work if they’re ready and want it.”

What does it take for someone to come in, and what is gambling



treatment like?

“By the time someone is asking for help...they’re usually in a pretty desperate state. They usually fit the severe criteria for the DSM-V gambling disorder...they just don’t know what to do anymore. They see [coming in] as a last option; there are no other moves to make.” When a potential client comes in, they sit down and chat with Peterson. He shares his own story of recovery, what treatment will be like, and what support he can offer as a mentor. “I always look at addiction as a symptom, so [we’re figuring out] what’s really going on—addressing that pain.” From there, treatment looks much like that for substance abuse—assessment, creating a treatment plan with a clinician, engaging with one-on-ones each week and going to group therapy. Clients are encouraged to find outside supports, such as 12-step groups like Gamblers Anonymous, churches, or whatever may be a good fit for them to build a personal support network. Treatment is also available for significant others and other family members. Couples counseling and family therapy are available; so are one-on-one services, even if the gambler themselves isn’t ready for treatment. “You know, we’d like to see more [coming in],” states Peterson, than do currently; “we see good success there.”

Apart from his VOA duties, Peterson also serves on the board of Voices of Problem Gambling Recovery (VPGR), which engages in statewide advocacy, education, and awareness efforts. “Awareness, education, and the advertising for people to get help plays a really big part” in drawing people in to ask for help, states Peterson. “It’s still a misunderstood addiction—even trying to help educate the clinicians who work in A&D and mental health, they just don’t know much about it and they don’t hear it when people might [actually] be talking about it.” Peterson regularly conducts outreach specifically to substance abuse treatment programs, talking about gambling’s similarities to alcohol/drug use. “[I discuss] why it’s important to understand that people that suffer from addiction have a higher likelihood of going through gambling addiction [too].”

Continued on page two —>



Gambling can be on just about anything. What seems harmless to some is a major trigger to others.

April is Alcohol Awareness Month

It's no secret that alcohol is a major cultural factor in Oregon. According to the [Oregonian](#), there are over 900 breweries, distilleries, and wineries in the state, and per [Oregon Craft Beer](#), Oregon ranked #1 in the country in 2014 for breweries per capita, with a nearly \$3 billion economic impact. According to SAMHSA's latest county-level [NSDUH survey](#), an estimated two-thirds of Multnomah County residents age 12 or older have consumed alcohol in the last month; nearly **15% higher than the national estimate**.

With a hipster-esque fondness for craft brews and a growing young adult population, these numbers may not be a surprise. But for many, alcohol isn't just about embracing *Portlandia* life or contributing to the economy. Close to **10% of residents have an alcohol abuse or dependence diagnosis** for this last year, as compared to only 6.8% nationwide. **Nearly 30% of minors (under 21) were estimated to have consumed within the last month**; five percentage points higher than the national statistic.

There are multiple approaches to this problem that we at the County have taken. As we have for years, we continue to partner

Nothing to gain, continued from page 1

There are similarities: loss of control and withdrawal, to name two. But there are key differences that help the problem stay undetected and not thought of nearly enough. "You're not injecting anything. It's a hidden addiction—you can function at work. You're not intoxicated. It's something you can hide easily...at least for some time [until] the monetary issues show up."

And those struggling with substance addictions are at extra risk. **"A lot of people in early [recovery] are searching for something new and different to do with their time. And gambling is an accepted form of entertainment."** A high percentage of those he sees have a mental health issue, such as depression, mood disorders, or trauma. Alcohol consumption is also a frequent co-occurrence that can grow into a problem in and of itself. "[It can] help relieve themselves of the guilt and the shame that the gambling's causing," notes Peterson.

Gambling may not be the first thing that comes to people's minds when thinking of addiction, but gambling as entertainment is incredibly prevalent in American culture, from bets on the Super Bowl to the recent \$1.2 billion mega-lottery. "It was very difficult when [it's] everywhere on the news, you go to get gas and there are lines of people buying tickets. I have 7-plus years in recovery, and it was hard for me at times...it was there constantly in my face, getting a little of that magical thinking, excitement, 'what if?' [feeling] going."

If he could say just one thing to others involved in social services work, addiction-based or otherwise, about gambling?

"Get informed and research it. Get a better understanding of this insidious disease that affects over 81,000 in the state of Oregon. Request trainings—we're available to do trainings to help people understand what to look for...**It's here, and it's not going anywhere**, and it's just as devastating as substance abuse or alcohol. If you do work in the mental health or alcohol and drug field, we owe it to the consumers to have an understanding so we can help them. **If we're not addressing everything they're having issues with, how much are we helping them?"**

This month's talking point

"Clinical trials still don't reflect the diversity of America."

This NPR story discusses how many medical trials don't adequately recruit participants that reflect our diversity, and what dangers that poses to minority health. How might these principles apply to behavioral health, evidence-based practices, and so forth?

with community providers to provide treatment and recovery support services for alcohol dependence and abuse, along with other substances. We also continue our partnership with the Big Village coalition, whose primary goals include reducing youth and young adult substance use and creating a safe nightlife. The coalition includes not only public health staff, police, and community providers, but also nightlife staff, local business owners, and concerned citizens, investing together into improving the safety of Portland's nightlife and reducing youth access and young adult overconsumption. Creative initiatives have included events like the Bar Academy, educating hospitality staff on handling issues like cutting off patrons, identifying fake IDs, and preventing problems before they arise.

For more on National Alcohol Awareness Month, visit [ncadd.org](#)

**If you must play,
decide upon three things at the start:
the rules of the game,
the stakes,
and the quitting time.**
Chinese proverb

Upcoming events

Using MI with Survivors of Intimate Partner Violence (VOA)

- March 10th; New Song Church Community Center
Register via kyates@voaor.org

Certified Recovery Mentor training (Jonny Gieber)

- March 12th-13th, 19th-20th, 26th (40 hr.); 4310 NE Killingsworth
Register via www.jonnygieber.com

LGBTQI Healthcare in an Era of Health Transformation (2016 Meaningful Care Conference)

- March 25th; Sheraton Portland Airport Hotel
Register via www.oregonlgbtqhealth.org/mcc

Have something to share? Submit your idea on our [online form](#).

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Opiates in the news:

[White House seeks nearly \\$1.2 billion for prevention, treatment, overdose response for heroin and prescription drug use](#)

[Multnomah County Health Department releases report on opiate abuse, overdose, treatment](#)

So what does Multnomah County do to address problem gambling?

The County helps fund 5 community agencies to provide gambling treatment, as well as a partnership with Voices of Problem Gambling Recovery (VPGR). The treatment agencies include culturally-specific Latino, Asian/Pacific Islander, and African-American services; VPGR offers peer mentors and peer specialists and conducts outreach.

The network has had a particularly active year:

*Three alcohol/drug programs have begun utilizing the GBIRT, a gambling version of the SBIRT tool, to better identify hidden gambling addictions in their clients. National estimates state that as many as a third of clients in alcohol/drug treatment also have gambling issues. VPGR has also been conducting outreach among clients in A&D programs.

*VOA InAct's Latino program has started its first "open" gambling group—an opportunity for anyone to drop in, whether or not they are in treatment and whether or not they are sure they need to be. The group can help connect gamblers or their families with resources, as well as help identify if problem gambling exists.

*Lewis & Clark, another gambling services provider, has networked with the college's new student orientation to give problem gambling presentations to incoming students. They are also providing regular training for problem gambling counselor certification.

Problem gambling is increasingly in the national news, too—from a much-watched [John Oliver segment](#) last year to last month's [PBS Frontline/New York Times fantasy sports investigation](#). And now, a full-length film as well. "What do you call a policy that steals from the poor to lower the burden on the rich?" [Out of Luck](#), a new documentary, asks that question as it examines state-run lotteries. It will be released on iTunes, Amazon, and GooglePlay in April.

*Cascadia is working with their lobbyist to pursue the possibility of creating diversion programs for gamblers who run afoul of the law, similar to drug diversion programs. They are also working closely with their older adult program, developing specific gambling treatment for that population.

*This month, VPGR representatives will have a presence in multiple County buildings, to reach out to other County employees and members of the community. In addition, a two-hour training with CEUs for all interested County mental health and addiction services division (MHASD) staff will be held this month.

As we recognize Problem Gambling Awareness Month and continue our work of education, outreach, and treatment, we look forward to what 2016 will bring.

For more on what problem gambling services are offered in Multnomah County, contact Alicia, alicia.bartz@multco.us

Introducing Elizabeth Sanders

We are pleased to announce the first of our new ABC (Addictions Benefit Coordinator) staff has come on board! ABCs care coordinate for CareOregon members with substance use disorders that are high utilizers of medical services (such as detox or emergency room visits). Elizabeth holds her CADCI, and has worked in the addictions field for over 10 years. We did a brief Q&A to get to know her better:

Where did you work before here?

I worked for Volunteers of America Oregon for over 6 years in the FIT for Recovery program, coordinating treatment services for parents involved with DHS Child Welfare. I served as Interim Program Director for FIT prior to leaving VOA. FIT is a program that aims to eliminate or reduce barriers to treatment and expedite services for people involved with Child Welfare; a system that can be overwhelming, to say the least. I've focused a lot of attention on increasing my awareness of trauma-informed care during the past few years. Prior to FIT, I worked in residential treatment programs. I started as a "Treatment Assistant," also known as "Milieu Counselor" or "Residential Care Facilitator." I've also held positions as Milieu Supervisor, Intake Coordinator, Primary Counselor, and Alcohol & Drug Specialist.

What do you hope to accomplish in your new position?

I'm really excited to partner with CareOregon and Hooper Detox. My goal as an Addictions Benefit Coordinator is to link clients with appropriate services that support clients' identified goals for recovery. I believe that recovery is person-driven and occurs via many pathways. I want to capitalize on clients' strengths and promote choice, empowerment, and collaboration in every case and always improve the way I respond to trauma. More specifically I want to connect clients with treatment that they will engage in and educate them about other recovery supports, and hopefully the outcome will be a reduction in the amount of emergency department visits and detox admissions. I hope to continue to work on reducing the stigma of medication-assisted recovery and advocating for inclusiveness of all types of recovery supports.

What's a fun fact about yourself?

I'm ready to adopt another dog. I'm looking for a larger breed; gentle enough to allow my niece and nephew to climb over it, mellow but sociable. I'd really like to adopt another rescue...definitely not from a puppy mill. Call me if you have any leads! I would love a St. Bernard!

*You can't start the next chapter
of your life if you keep
re-reading your last one.*

-Unknown

Outreach and engagement in healthcare

One of our goals over the last year has been to better integrate with physical healthcare and leverage addiction services' ability to reduce healthcare overutilization.

Last year, we launched two pilot projects targeting this—a partnership with the County's North Portland clinic for screening and referral, beginning in the spring of 2015, and a partnership with two of our contracted addictions treatment providers and three local hospitals to engage intoxicated patients in the emergency room, beginning in the fall of 2015 (featured in the fall 2015 newsletter).

Both pilots have been very successful, even in these early stages. The North Portland clinic pilot has a projected **35%** success rate of getting clients directly into detox or treatment, with another **26.5%** accepting referrals to independently pursue. The emergency department collaborative has successfully placed **40%** of encountered clients into detox, treatment, or other appropriate facilities. Our team is tracking emergency department utilization for these clients, before and after engagement. The average Health Share client participating in the pilot had **14 ER visits** in the 6 months before the project began, with an average of \$4,957 in associated costs. Post-pilot will be assessed as time goes on, and we anticipate reporting on those outcomes by summer!

