

An Evaluation of the Efficiency of Currently Used Addiction Treatment Methods in Addressing Gambling Addiction and Relapse Prevention

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Abstract

The scope of this article is to evaluate the effectiveness of treatments used to address gambling addiction: a globally spread condition that involves the uncontrollable urge to partake in playing risky games for the possibility to earn money. This condition is caused by various psychological, neurological, and environmental influences, which can affect one's daily life, as well as the lives of people around them. Over the years, various treatment programs and medications have been employed to overcome the prevalence of gambling addiction. However, the population of gambling addicts within the United States has only increased within the past couple of decades, bringing the efficiency of such solutions into question. Consequently, this study aims to identify and interact with health professionals and former gambling addicts through a mixed-method approach consisting of a Delphi panel and an interview process to further evaluate the effectiveness of these solutions and potentially change methods used to approach addictions by creating an optimal solution for clients. As a result of this study, it can be concluded that although treatment programs and medications that are being provided for clients to use are effective solutions for gambling addiction, they are not the most optimal solutions to use as they contain significant limitations such as the lack of an incentive for clients to continue treatment programs and the inability to address the high risk of relapse amongst clients effectively.

Keywords: Addiction Research; Addiction Therapy; Gambling addiction; Efficiency of Treatment Programs; Rehabilitation Therapy; Medication

Introduction

The human brain contains multiple circuits known as the reward system [1]. When going through a rewarding experience, hormones, and chemical messengers that send signals into the bloodstream and regulate emotions, are released through these circuits [2].

Dopamine is a hormone produced in the reward system which influences the feeling of pleasure. Extensive neurological studies have proven that addictions derive from the overproduction of dopamine. Additionally, the risk and reward system associated with gambling can deliver 10 times the normal amount of dopamine produced [3]. The brain is then conditioned into craving this reaction, and thereby can lead to an addiction to gambling. For this reason, neurology and brain functions can significantly impact or prompt the progression of gambling addiction.

However, the psychological and environmental factors associated with the gambling experience drive the severity of the addiction. The compelling nature of gambling is often credited to the satisfaction of employing a risky but entertaining process to earn more money. While this assumption isn't completely incorrect, Jacob Avery, a Ph.D. candidate in sociology at the University of Pennsylvania, emphasizes that gamblers often play for the thrilling experience that is provided by casino environments rather than the idea of gaining money [4].

These environmental factors may include the satisfying sounds associated with buzzers ringing, the risk and stress produced when betting, and the overproduction of dopamine. When experiencing gambling loss, addicts tend to "make wild bets" to increase the possibility of receiving at least a percentage of the money they gamble, convincing themselves that the experience is worth it [4]. Additionally, many casinos provide gamblers with alcohol and food, making them feel more comfortable within the environment and encouraging them to stay. While this may be beneficial for companies, it provides an incentive for gamblers to become addicted.

Frequent and problematic gambling can cause financial problems which can lead to the breakdown of families and relationships. Oftentimes, the family members of children suffer the negative causes of gamblers' actions, as they go into debt or become homeless. Moreover, most gambling addicts are introduced to the treatment process through family members or friends to encourage them to receive professional assistance for recovery to prevent this issue. For this reason, it is essential to understand the goal of different treatment methods and their approaches to addictions.

Literature Review

This section identifies used treatment methods, the diagnosis process, and relapse prevention. With an understanding of gambling addiction, treatment methods, and the treatment process, the gap within the current body of knowledge can be identified and addressed.

Rehabilitation treatment programs

Rehabilitation treatment programs are primarily used to treat gambling addiction. This may include inpatient rehabilitation or outpatient rehabilitation. Inpatient rehabilitation is a structured method used to address all aspects of gambling addiction through therapeutic support [5]. On the contrary, outpatient rehabilitation allows addicts to attend treatment at home while continuing their daily lives [5].

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Both types of rehabilitation are provided to clients based on the severity and risk of their addictions. Clients with gambling addiction on the lower side of the spectrum may be trusted to operate their lives while attending to their daily tasks. People with gambling addiction on the higher side of the spectrum or multiple addictions in addition to gambling may be required to attend inpatient rehabilitation.

Medication

Over the years, health professionals have resorted to using various medications and medication programs to address gambling addiction. John E. Grant and Suck Won Kim, Professors in Psychiatry at the University of Minnesota School of Medicine, assert that there are no FDA-approved medications for gambling addiction or addictions in general [6]. However, extensive research, studies, and experiments have shown that medications can help with and are used to alleviate withdrawal symptoms or prevent relapse [6]. These medications may include various antidepressants or medications used to address schizophrenia. In addition, researchers in Internal Medicine at the University of Helsinki, Kaarla Simojoki, and her colleagues identified through a cross-sectional study, that most participants who employed opioid substitution treatments as a way to recover from their addictions were gambling addicts [7]. Brian L. Odlaug and Liana R. N. Schreiber also from the Department of Psychiatry at the University of Minnesota Medical School, assert that this treatment method is typically used because of the impacts of gambling on clients' behavioral patterns and tendencies [8]. Addictions are typically driven by an additional addiction to opioids or alcohol, or can primarily start because of the presence of a health disorder such as depression or anxiety. For this reason, medication is used to combat these issues to address the addiction itself.

Types of Therapy

The use of different types of therapy is recommended by many health professionals to address gambling addiction. According to Tony Tonaetto and Linda C. Sobell, researchers for the Addiction Research Foundation, different types of therapy for addictions include cognitive behavioral therapy, behavior therapy, and group therapy.

Cognitive-behavioral therapy (CBT) is used mainly to change the mindset of the client [9]. This would include changing from a negative mindset to more of an encouraging or positive mindset. Behavior therapy is used to prevent increased gambling for the client. In addition, group therapy is similarly used to change the mindset of the client by being open to more perspectives and providing the opportunity for change [9].

Diagnosis process

While each treatment method provides a different approach to gambling addiction, the diagnosis process for all treatment methods is relatively the same. Many studies done on familial relationships suggest that most gamblers find it hard to detect the issue, but by getting a screening done for "high risk" patient groups and asking questions, identifying the problem can be easier. A positive response to such questions indicates the severity of the addiction and thereby allows patients to be properly diagnosed and put into relative treatment methods. The treatment diagnosis process includes a comprehensive assessment with the client, a meeting with a mental health professional, a gambling screening, gambler's anonymous 20 questions, a game short screener, the DSN5 diagnostic criteria for pathological gambling or gambling disorder, and also an inventory of gambling situations

with the client. Health professionals or counselors diagnose clients with FG3.0, pathological gambling, or DSN5 or DSN10, based on the diagnostic criteria scores. Based on what scores the client receives, health professionals or counselors can determine whether they are diagnosed with F63.0, which is known as pathological gambling, or DSN5 or DSN10, which is known as gambling disorder [10,11].

Relapse prevention

Relapse is an issue that commonly occurs amongst all addictions, where the client will move away from their goal of recovering from gambling addiction and go back to their traditional role of being a gambling addict. This issue occurs frequently amongst patients with high risks of gambling addiction but is a common occurrence during the treatment process. To address relapse from occurring, treatment centers have implemented separate programs that clients can enroll in after their treatment process when they feel like they may relapse or have relapsed into traditional tendencies known as a relapse prevention program [12-15].

Overview

While the current body of literature provides valuable information regarding how gambling addiction can be integrated and affect the lives of individuals psychologically, neurologically, and environmentally, and how treatment methods aim to address addictions through a thorough diagnosis process and provide programs, the body of knowledge contains a gap. As aforementioned, gambling addiction has been increasing in prevalence over the past few decades [3]. Treatment methods that are currently being used haven't changed in these decades significantly to address the growing issue [16]. Additionally, many gambling addicts and former gambling addicts who have gone through the treatment process have voiced out through social media and online support groups, that there are limitations in current addiction treatment methods that are significant in preventing the recovery of clients. For this reason, it is essential to evaluate the treatment methods in their productivity. Moreover, this research paper strives to answer the question: To what extent are currently used addiction treatment methods efficient in addressing gambling addiction and relapse prevention?

Methods

This study evaluates the efficiency of addiction treatment methods in regards to addressing gambling addiction and relapse prevention. This section explores the purpose and design of the study. To gain perspective in diagnosing an addiction, it is crucial to understand the various perspectives of people who work closely in addressing gambling addiction. This can be achieved by conducting a mixed method approach. This includes a Delphi panel with psychologists and therapists on the effects of gambling addiction. In addition, to reduce medical bias, it is essential to include the perspectives of gambling addicts that have experienced the treatment process. This is achieved through an interview process.

Design

The design of this research study is a mixed-method that consists of a Delphi panel and an interview process. The Delphi panel is essentially "a panel of experts to achieve consensus in solving a problem, deciding the most appropriate course of action, or establishing causation where none previously existed, particularly in areas of business or education research" [4]. Given the result of the Delphi panel, a conclusion of the efficacy of current and potential solutions to gambling addiction

can be analyzed. The panel questions address the effects of addiction treatments, specifically rehabilitation treatment methods, provided therapy programs, and medication, which claims to effectively address gambling addictions. Additionally, the interview process is conducted with a group of former gambling addicts to provide an additional understanding of the treatment process.

Method

A Delphi panel was the most optimal procedure to address the gap in the current body of literature as it provides the ability for panel members to provide their perspectives and reasoning, as well as their thoughts on other perspectives or approaches to gambling addiction. Therefore, the participation of healthcare professionals and former clients was the most logical method to address the gap in the current body of knowledge and potentially create or advance an optimal method of approach to addictions. The additional interview process with former gambling addicts was the most optimal way to truly receive insight into the perspectives of both gambling addicts and the health care workers within treatment methods.

Participants

The participants of the Delphi panel study included health professionals, specifically psychologists, therapists, and counselors at addiction treatment centers, and former gambling addicts who had addressed their gambling addiction through rehabilitation program, therapy, or the use of medication. Psychologists and therapists who participated in the study contained relevant knowledge and experience in addictions and counselors had worked personally in the diagnosis process of credible treatment centers. It was important to consult and include health professionals in the Delphi panel because their responses provided valuable information regarding their perspectives on the effect (both positive and negative) of addiction treatment methods and details regarding the general treatment process. Gender and race were not of influence when being contacted for participation in the study. 2 psychologists, 2 therapists, and 1 counselor were selected to participate in the Delphi panel out of the 50 health professionals that were contacted. Addiction psychologists, addiction therapists, and health care specialists were interviewed separately. Addiction psychologists are trained medical professionals who identify addictions in patients and identify ways to recover from addictions through therapeutic approaches such as motivational interviewing and cognitive-behavioral therapy. Counselors and 10 therapists who participated in the study work in treatment centers in which they work personally with clients through the recovery process. The affiliations of panelists were analyzed. The criteria for selecting panelists include examination and certification, sufficient clinical training, a Ph.D. in psychology, as well as ratings above a 4.0 in addiction counseling. As a part of the Delphi panel, the participants were interviewed two times: once to ask the primary interview questions and the second interview to provide my findings and ask for participants' opinions on the responses. Former gambling addicts have been contacted via Facebook gambling addiction support groups. 2 former gambling addicts participated in the interview process. All participants remained anonymous to each other. Interview questions were not specific to each type of professional, as they were asked technical and personal questions related to the treatment process. However, former gambling addicts and health professionals were asked a different set of questions, considering that participants would have different perspectives and spectrum of knowledge regarding the treatment process and addiction treatment methods.

Materials

The materials used to conduct the study included a device to attend the interview meeting, a device to consensually voice record the interviews separately, and a set of printed interview questions to ask participants. Moreover, I used external sources to research the credibility, validity, and affiliations of potential participants.

Procedure

To efficiently approach the conduction of the Delphi panel, I decided to first plan and formulate my research method. I filled out various documents that were approved by the Institutional Review Board (IRB). After receiving approval, I started to research the credibility, relevance, and affiliations of psychologists, therapists, counselors, and treatment centers that provided one of the following treatment methods to clients: rehabilitation treatment programs, medication, or various therapy methods. After creating a list of contact information, I reached out to potential participants. After finding different certified gambling addiction support groups, I decided to reach out to the former clients by sending them a message via Facebook and calling the health professionals during their available work hours to request two 5-10 minute meetings where the research method and interview would be conducted and approval of consent. If they voluntarily agreed to participate, a link was sent to their respective emails which scheduled a meeting for about a week following the phone call. Attendees then signed a contract that stated that they would respond to questions to the best of their abilities and with accuracy. In preparation for the meeting, an administrator or facilitator was chosen to collect and research data. In this scenario, I was the administrator. A certain individual or individuals who have certified, credible, and relevant knowledge or experience on the subject were chosen. These individuals discussed and answered questions during the meeting. Such questions came from a concerning issue or topic. This topic, in our case, was gambling addiction treatments and the efficiency of addiction treatment methods. For the health professional interviews, we started to discuss more broad questions concerning addictions during the intermediate summary and continued to discuss gambling treatments such as rehabilitation treatment programs, their financial benefits and repercussions, and medications such as carbamazepine, a medication used for anti-seizure patients. In the first round, I decided to ask technical questions regarding the treatment process, diagnoses, and relapse prevention. Round two questions involved more specific and personal questions regarding the health professionals' personal beliefs. For the former gambling addicts, I did not choose to ask them any technical questions but asked all personal questions regarding experience with different treatment methods. I also worked with and interviewed each panelist separately to prevent bias. It was a way to exclude bias since it ensured that the answers of each psychologist or therapist during the Delphi panel did not influence the opinions of each other. To conclude, I recorded my findings and analyzed the results provided.

Results

Through the research data collection process, a Delphi panel and a one-on-one interview process were conducted with various psychologists, therapists, gambling addiction counselors, and former gambling addict clients to gain a better understanding of gambling addictions and treatment programs. Participants were asked a series of questions that started with technical but simple questions and then started to become more general regarding their opinions of

the participants or simply asked personal questions regarding their experience in the treatment process.

Health professionals

Health professionals were primarily asked how they would describe addictions. To this, they all responded that addiction could be defined as enslavement towards a chemical or activity. This was essential to understand because being able to define addiction without a negative or positive connotation displayed whether the health professionals had a certain bias regarding gambling addicts as a demographic.

When asked about their respective treatment centers' diagnosis process, they all asserted that the diagnosis process included a rather complex comprehensive assessment to identify the clients' experience and risk of relapse, as well as the type of gambling addiction disorder they have-pathological or compulsive gambling disorder. This would entail a series of questions as well as a consultation with a counselor, in which they would also be able to identify the difference between someone who thought they had an addiction to gambling versus having an addiction to gambling. Participants asserted that it was typically the opposite that would happen- gambling addicts would refuse that they had an addiction when they had a prominent addiction.

When asked about the way that addiction treatment methods differed from each other, participants confirmed that everyone who is diagnosed with gambling addiction goes through the same diagnosis and treatment program at their particular treatment center, but if the client is diagnosed with another mental health disorder or addiction other than gambling addiction, the treatment program may be altered to treat the other mental health condition first, so that it doesn't worsen or alter the effects of the original treatment program. However, types of addictions are treated differently. Typically, the treatment programs for substance abuse are different from gambling addiction.

Participants were then asked, "In what ways do different types of addictions differ?" Following this question, they were asked, "More specifically, how would you approach therapy sessions or treatment methods that differ for different addictions?" To this, they answered that each client is treated as an individual based on their needs and goals. If a person has substance abuse disorder and gambling addiction, psychologists and counselors look at which one is primary, then they would treat substance abuse first, and then they would treat the gambling addiction following. And a lot of times, if a person in substance abuse treatment and gambling addiction starts to interfere with the substance abuse treatment, then they will be transferred between programs. Often, therapists or psychologists will recommend rehabilitation therapy for people with gambling addictions.

While many sources claimed to doubt the benefits of medications to address addictions, not many sources questioned the efficiency of rehabilitation treatment programs. For this reason, I asked health professionals if they thought that the benefits of rehabilitation therapy outweighed its repercussions. To this, they answered that there were no little to any limitations to rehabilitation treatment methods.

Health professionals were then asked, "With your experience, what approach to gambling addiction has been more effective or efficient in recovery?" In response to this, they responded that the 12-step approach was most efficient because gambling addiction is very secretive and one of the characteristics of gamblers is that they are very controlling. As they prefer one on one counseling because they can remain in control whereas, in group therapy, they are with their peers, and their peers can

confront their addiction because gambling addiction can be exposed and can be treated.

When asked what preventative measures gambling addiction treatment methods take to address relapse, health professionals responded either that they had a separate relapse prevention program for clients to separately enroll in following their completion of the treatment process, or that they were expected to be open to mental health professionals and voice out when they felt like they were going to relapse during the treatment process.

Lastly, they were then asked, "what does this solution address that currently used solutions do not address?" Participants responded that the method of treatment is effective; there have been studies done to treat it as an illness. Health issues need to be addressed as well because if they don't have the proper coping skills needed, they will relapse into their coping skill of gambling, which seems to work. In their opinion, they both needed to be addressed to fully address gambling addiction. Otherwise, the other therapies will not be effective.

Former clients of addiction treatment methods

Many of the responses received by former clients of addiction treatment methods were very different from the perspective of the health professionals.

Participants were primarily asked to describe their experiences with gambling addiction. The first former gambling addict asserted that he had been introduced to the environment of casinos and bars at a rather young age in comparison to most gambling addicts who are introduced to gambling as adults. He was often brought to casinos and bars because of his parents' love for gambling as a leisure activity. As he got older, the addiction became a lot bigger of a problem because of his ruining relationship with his wife and children.

The second gambling addict was introduced to gambling through a couple of his friends, as a leisure activity. He thought of it as a fun way to spend time with people outside of work and was never able to identify that he had a gambling addiction until one of his colleagues at work questioned his frequent lack of presence at work. Former clients were then asked if they had gone through a proper treatment process to address their gambling addiction. Both of them responded that they had been through a formal treatment process to get rid of their addictions and prevent relapse.

Participants were then asked if they were able to acknowledge that they had an addiction. If not, they were asked who advised them to start the treatment process. The first formal client asserted that he had been introduced to a treatment method through his wife, who constantly encouraged him to try the treatment process for at least 2 weeks. He enrolled in a rehabilitation treatment program 2 times. The first time, Client #1 did not fulfill the treatment process but stopped going because he wasn't convinced that it was doing anything for him considering that the treatment and diagnosis process took a very long time. He fulfilled the treatment program the second time around. Client #2 asserted that he was encouraged to start the treatment process by a friend after expressing his concern following his colleague's questioning. He enrolled in therapy, where he started using antidepressants as medication for his addiction. However, client #2 expressed that it was very hard to find the right antidepressant and dosage of medication for his addiction that didn't cause symptoms including anxiety, depression, and suicidal thoughts. For this reason, medication was not an efficient solution for gambling addiction.

Following this, clients were asked whether they relapsed. If they did, they were asked how many times they relapsed. Client #1 claimed that he relapsed a total of 4 times during the treatment process. Client #2 relapsed 5 times during the treatment process.

Participants were then asked what encouraged them to finish the treatment process. To this, client #1 responded that his wife's concern for him and the financial state that their family was in because of his addiction, providing an incentive for him to stop relapsing and fulfill the treatment processes the second time through. Client #2 didn't finish the treatment program but instead got rid of his gambling addiction after providing an incentive for himself to quit. He asserted that if he relapsed, he would force himself to go back through the treatment process.

When asked if there were more efficient ways to address gambling addiction or what currently used addiction treatment methods could use to better address relapse and gambling addiction, both clients completely agreed and asserted that psychotherapy was only helpful to have someone to talk to, but it wasn't worth it for the long process that they had to go through. The diagnosis process was also very long, and the treatment programs did not encourage them enough to keep coming back. They told themselves that the experience of gambling was worth all the negative effects it had on their lives, causing them to relapse multiple times. Medication was especially ineffective because both the diagnosis process and the symptoms of the opioids were not efficiently addressing their gambling addictions or preventing relapse.

Through the research process, it can be concluded that different addiction treatment methods are more efficient than others at addressing gambling addiction. While medication has been used to address gambling addiction, finding the right medication, and preventing relapse can take months on end while using the wrong medication can cause severe health symptoms. Additionally, health professionals who were in a treatment program that only provided therapy and rehabilitation programs asserted that medications were only a short-term solution and resulted in a very high risk of relapse. Therefore, rehabilitation treatment methods and different types of therapy are more efficient solutions to address gambling addiction. However, many sectors of these treatment methods are not ideal for clients with a highly integrated gambling addiction. The diagnosis process can be very long for those who have a high risk of relapse, especially if they have been introduced to gambling at a young age through a parent or friend. Additionally, these solutions do not consider the behavioral tendencies of gambling addicts as well as the severity of their addiction. These behavioral tendencies include not being able to comprehend or admit to the fact that they have an addiction. As aforementioned, many clients are introduced to treatment methods or specialists through their family members or friends.

However, gambling addiction disorder is significantly neurologically integrated into clients' lifestyles that they cannot comprehend their need for health professionals to address their addictions. Thus, clients who are put in their treatment program cannot be expected to fulfill their treatment program or enroll themselves in a separate relapse prevention program if they are not provided an incentive to address the issue, they do not realize that they have.

Conclusion

It can be concluded that gambling addiction treatment programs are similar in their diagnosis processes. There are mainly two types of treatment programs offered for gambling addicts: medication or

rehabilitation therapy. Different types of treatment programs work best for people in need of short or long-term solutions. Many studies done on familial relationships suggest that most gamblers find it hard to detect the issue, but by getting a screening done for "high risk" patient groups and asking questions. A positive response to such questions indicates the severity of the addiction and thereby allows patients to be properly diagnosed and put into rehabilitation treatments. While gambling addiction treatment programs seem efficient to health professionals such as counselors or psychologists working with their clients, many former clients have expressed that there could be more efficient treatment programs that are more personalized to the client.

In conclusion, through the process of data collection, it can be concluded that all the participants answered similarly because treatment methods and the perspective of workers in gambling addiction rehabilitation treatments are similar. However, bias in perspective in these working places may affect the results and conclusions drawn from the interviews. Additionally, current solutions and research involved with a gambling addiction may seem more efficient to some than others. However, currently used addiction treatment methods are not the most optimal solution to gambling addiction as many limitations to them prevent clients from being able to prevent relapse and learn to prioritize their health over their addiction to gambling.

Limitations

The limitations of my research included having a limited number of participants, only interviewing former gambling addicts that were from a Facebook support group, and conducting the Delphi panel interviews with health professionals before the interviews with the former gambling addicts. Having limited participants may have limited the number of perspectives and experiences that gambling addicts have had with treatment programs. Additionally, conducting the Delphi panel with health professionals before the interviews with former clients may have instilled a sense of bias in my analysis of the interviews.

Future Directions

However, my research provides the potential for the efficiency of gambling addiction treatment methods as well as the treatment methods used to address all other addictions and provides to the current body of knowledge regarding the gambling addiction diagnosis process as well as the difference in perspective of clients versus psychologists or counselors. The future directions of my findings include finding an addiction treatment method that addresses the currently used solutions' limitations and potentially decreases the prominence of gambling addiction through an increase in its advocacy.

References

1. Benson R (2018) The role of dopamine in gambling withdrawal. *Algamus Gambling Addiction Treatment*, USA.
2. Bates M (2015) Gambling addiction and the brain. *BrainFacts.org*, USA.
3. Jabr F (2013) Gambling on the Brain. *Sci Am* 309: 28-31.
4. Avery J (2009) Taking chances: The experience of gambling loss. *Ethnography* 10: 459-474.
5. Hollander E, Buchalter AJ, DeCaria CM (2000) Pathological gambling. *Psychiatr Clin North Am* 23: 629-642.
6. Grant JE, Kim SW (2006) Medication management of pathological gambling. *Minn med* 89: 44-48.
7. Castren S, Salonen AH, Alho H, Lahti T, Simojoki K (2015) Past-year gambling

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- behaviour among patients receiving opioid substitution treatment. *Sub Abuse Treat Prev Policy* 10: 1-6.
8. Grant JE, Odlaug BL, Schreiber LR (2014) Pharmacological treatments in pathological gambling. *British J Clin Pharm* 77: 375-381.
 9. Rizeanu S (2018) Cognitive-behavioral therapy for gambling addiction. *Cognitiv Behav Ther Clin App* 9: 161-181.
 10. Anonymous, Bowden-Jones H, George S (2012) Gambling addiction. *British Med J* 344: 47-49.
 11. Dowling N, Suomi A, Jackson A, Lavis T, Patford J, et al. (2016) Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis. *Trauma Violence Abuse* 17: 43-61.
 12. Gorzelanczyk EJ, Walecki P, Błaszczyzyn M, Laskowska E, Kawala-Sterniuk A (2021) Evaluation of Risk Behavior in Gambling Addicted and Opioid Addicted Individuals. *Front Neurosci* 14: 1311.
 13. Kusyszyn I (1984) The Psychology of Gambling. *The Annals Am Acad Politic Soc Sci* 474: 133-145.
 14. Lesieur H (1998) Costs and Treatment of Pathological Gambling. *The Annals Am Acad Politic Soc Sci* 556: 153-171.
 15. Munting R (1996) An economic and social history of gambling in Britain and the USA. Manchester University Press, Manchester, United Kingdom.
 16. Yau MYH, Potenza MN (2015) Gambling disorder and other behavioral addictions: recognition and treatment. *Harv Rev Psychiatry* 23: 134-146.