

# When the Odds Turn: Problem Gambling; Professional Impact; and Recovery for the Legal Profession



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IS “COMPULSIVE  
GAMBLING”  
REALLY AN  
ADDICTION OR  
JUST A “BAD  
HABIT” AND THE  
RESULT OF A  
LACK OF  
WILLPOWER?

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The DSM-5 (and its current edition, the DSM-5-TR) fully recognizes the condition. However, it updated the diagnosis in two major ways:

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**Renamed:** It is now officially called **Gambling Disorder** (previously *pathological gambling* or *compulsive gambling*).

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**Reclassified:** It was moved from "Impulse-Control Disorders" to the "**Substance-Related and Addictive Disorders**" category. It is officially recognized as the manual's only true **behavioral addiction**.

# DSM-5 Gambling Disorder Criteria

- Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress as indicated by the individual exhibiting 4 (or more) of the following in a 12-month period:
  - Increasing amounts of money to achieve desired excitement
  - Restless/irritable when attempting to cut down or stop
  - Repeated unsuccessful efforts to control, cut back, or stop
  - Preoccupied with gambling
  - Gambling when distressed
  - **Often returning another day to get even\***
  - Lying to conceal the extent of involvement with gambling
  - Jeopardizing or losing relationship/job/educational opportunities
  - Borrowing money

# DSM-5 Gambling Disorder Criteria

- Specify if:
  - *Episodic*: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
  - *Persistent*: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.
- Specify if:
  - *In early remission*: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
  - *In sustained remission*: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.
- *Specify current severity*:
  - Mild: 4–5 criteria met.
  - Moderate: 6–7 criteria met.
  - Severe: 8–9 criteria met. ([APA, 2013](#))

# Risk Factors for Gambling Disorder



- History of an early big win (leading to false expectation of future wins)
- Cognitive distortions about the odds of winning (i.e., luck)
- Recent loss or change (e.g., divorce, job loss, retirement, bereavement)
- Self-esteem is tied to gambling wins or losses
- History of risk taking or impulsivity
- History of financial problems
- Depression
- Trauma history (Post traumatic stress disorder)
- Family history of gambling
- Substance use

**SCR 3.130(1.1)**  
**Competence**

*COMPETENCE*

A lawyer shall provide competent representation to a client. Competent representation requires the legal knowledge, skill, thoroughness and preparation reasonably necessary for the representation.

# Supreme Court of Kentucky

2025-04

**ORDER**

In Re: Amending the Supreme Court Rules

The following amendments to the Supreme Court Rules shall be effective January 3, 2025:

SCR 3.130(1.1) Competence

New Section 7 of the Commentary to SCR 3.130(1.1) shall read:

Lawyers should be aware that their mental, emotional, and physical well-being may impact their ability to represent clients and, as such, is an important aspect of maintaining competence to practice law. Confidential resources supporting lawyer well-being are available through the Kentucky Lawyer Assistance Program. Other Rules that may be relevant include those addressing declining or terminating representation, supervisory duties, and reporting obligations. See Rules 1.16(a)(2), 5.1, 5.2, 5.3, and 5.8.

This order shall be effective upon entry and until further order of this Court.

Entered this 3rd day of January 2025. All sitting; all concur.

/S/ CHIEF JUSTICE LAURANCE B. VAN METER

# SCR 3.130(1.4) Communication

## *COMMUNICATION*

(a) A lawyer shall:

(1) promptly inform the client of any decision or circumstance with respect to which the client's informed consent, as defined in Rule 1.0(e), is required by these Rules;

(2) reasonably consult with the client about the means by which the client's objectives are to be accomplished;

(3) keep the client reasonably informed about the status of the matter;

(4) promptly comply with reasonable requests for information; and

(5) consult with the client about any relevant limitation on the lawyer's conduct when the lawyer knows that the client expects assistance not permitted by the Rules of Professional Conduct or other law.

(b) A lawyer shall explain a matter to the extent reasonably necessary to permit the client to make informed decisions regarding the representation.

**SCR 3.130(1.4)**  
**Diligence**

*DILIGENCE*

A lawyer shall act with reasonable diligence and promptness in representing a client.

# Current State of Gambling in Kentucky

- **Kentucky is a gambling state.**
  - 78% of Kentucky Adults (vs 28% in Pennsylvania) report gambling in the past year (more than 2.5 million adults)
  - 166,000 Kentucky adults with disordered gambling traits
  - 16,000 college students with disordered gambling
  - Up to 15,759 prison/probation/paroled adults with disordered gambling
  - National and state-level research shows that men are roughly twice as likely to gamble as women and are significantly more prone to developing gambling disorders (approx. 20.1% of male gamblers versus 7.8% of female gamblers).

# Current Financial State in the Commonwealth

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- **Kentuckians spend over \$20 billion annually on legal gambling (in 2020 \$2 billion)**
- The state's gambling industry encompasses the lottery, parimutuel wagering, charitable gaming, and sports betting
- **Slot Machine Gaming:** Fueled by the expansion of historical horse racing (HHR) facilities, the amount wagered on slots in Kentucky surged to \$10.5 billion.
- **Sports Betting:** In its first two full years of legal operation, bettors wagered over \$3 billion. This has vastly exceeded initial projections of \$23 million.



## Problem Gambling Generally / In KY

- Problem gambling rate continues to appear steady at 3-4%; HOWEVER,
- As the number of people who gamble grows, so do the number of people who need help for their gambling
- In KY, statistically 166,000 people suffer from problem gambling (3.6% of 4.6 million)
- 16,000 Kentucky college students with disordered gambling

# Co-Occurring Gambling, MH, SUD

- 94% of problem gamblers will have at least one co-occurring MH or SUD
- 79% of problem gamblers have an alcohol use disorder
- 72% of problem gamblers have a mood disorder
  - 41% have an anxiety disorder
  - 60% have a personality disorder
- 38% have drug use disorder
- 60% have nicotine disorder
- Up to 35% suffer from PTSD
- Up to 25% considered or attempted suicide

(Price, et al., 2021; SAMSHA Advisory report)

# GAMBLING DISORDER AND SUICIDALITY

- Quantitative evidence suggests that suicidality is high among those who gamble at harmful levels
  - In clinical populations and in treatment services for problem gambling, between 22 and 81 percent of individuals have been found to have suicidal ideations
  - Between 7 and 30 percent of individuals have had suicide attempts (25% probably accurate)
  - In other reporting, approximately 40 percent of help-seekers are identified as presenting a risk of suicide
  - This population has one of the highest suicide attempt rates with overall suicidal behavior being up to 11 times more common compared to the general population
- \*Remember that lawyers are already at much higher risk (6x)**

## On the National Stage

- The gross gaming revenue of the gambling industry in the United States exceeded \$60 billion USD in 2022.
- \$72 billion in 2024



# On the National Stage

The market segment of online sports betting grew 34% in the 2024 calendar year, boosted by launches in North Carolina and Vermont.

Online casino and poker play, meanwhile, surged 29%.

Online lottery play up 26% year-over-year, but represented only 1% of all gambling spend in 2024.



# On the National Stage

According to a report released in 2025 by Eilers & Krejcik Gaming, gambling spending in the United States in 2024 totaled \$172 billion, a 3.3% year-over-year increase – with digital gaming verticals accounting for most of the uptick.



# Statistics before and after *Murphy v. NCAA* (2018)

## **Betting Statistics**

- In 2017, pre-Murphy, 1 state allowed legal sportsbooks.
- By 2024, 38 states allowed sportsbooks, bringing the total population access to legal sportsbooks to 63% of people in the US
- National Sports Bets totaled \$4.9 Billion in 2017
- By 2023, National Sports Bets totaled \$121.1 billion with online betting accounting for 94% of the revenue (\$114 billion).

## **Advertising Revenue**

- In 2019, the online gambling industry spent \$15.5 million total
- In 2020, the online gambling industry spent \$154 million
- By fall of 2021, FanDuel, DraftKings, and Caesars each spent more than \$15 million in a month on advertising (\$540 million/year)
- In 2022, sports betting alone spent \$1.8 billion in advertising

# Advertising Stats from 2025

- **DraftKings:** Reported **\$1.4 billion** for full-year 2025 Sales and Marketing. This was a 9.1% increase from 2024, driven heavily by an additional **\$75.2 million** specific surge in direct advertising costs.
- **FanDuel:** Embedded within Flutter Entertainment's massive multi-billion dollar U.S. budget. Historically, FanDuel's marketing spend closely mirrors or slightly exceeds DraftKings to maintain its position as the #1 sportsbook.
- **Caesars Entertainment:** Kept its measured media footprint much tighter compared to the "Big Two." Media tracking via [MediaRadar](#) shows Caesars spent **under \$100 million** on direct digital, print, and national TV advertising. Instead, Caesars focused heavily on its omnichannel rewards platform and organic growth through brick-and-mortar casino cross-promotion.

Despite the American Gaming Association (AGA) reporting a **decline in traditional TV sports betting ads since 2021**, the rise in **sponsorship-driven integrations** and **branded in-game content** has created a far more pervasive advertising environment (Jets / BetMGM)

# Assessments

- Lie – Bet Questionnaire
- South Oaks Gambling Screen (SOGS)
- Gamblers Anonymous – 20 Questions (GA-20)



# Lie - Bet Questionnaire (1988)

- Have you ever felt the need to bet more and more money?
- Have you ever had to lie to people important to you about how much you gambled?
- Important aspects of this assessment:
  - Valid and reliable
  - Simple and direct
  - Each positively answered questions leads to further discussion



# South Oaks Gambling Screen (SOGS)

- Important aspects
  - 1987 in relation to DSM-III
  - Most used screening tool for problem gambling
  - Translated into many languages
  - Main critiques
    - Contents do not match current DSM-5 criteria for disordered gambling
    - Construct validity – lacks clearly stated definition of disordered gambling
    - Scoring – why 5? Issues with lowering it and raising that number
- Notable items for clinical use
  - 3, 6-10

# Gamblers Anonymous 20 Questions

- Important aspects
  - Has been shown to have strong validation and reliability
  - Questions of note
    - 2, 7, 8, 15
  - Question 20 is very important
    - None of the other screening tools ask about this area
    - Assesses for terminal phase of gambling
    - Assesses for possible immediate need for higher level of care for safety

# Intervention

- Therapy
  - Group / Individual
  - CBT, DBT, MI
- Support group
  - GA
- Medications
  - (will be reviewed later in presentation)



# Intervention

- Timeline
- Grief and loss work
- Logs/journaling
- Coping skills
- Accountability



# MAT Literature Review

- Meds tried...
  - **Anti-craving meds**
    - Naltrexone and Nalmefene – have been shown to reduce gambling urges and behaviors
  - **Antidepressants meds**
    - Fluvoxamine (Luvox), paroxetine (Paxil) – varied results in testing
    - Sertraline (Zoloft), bupropion (Wellbutrin) – no better than placebo
    - Citalopram (Celexa), escitalopram (Lexapro) – some positive results
  - **Other meds**
    - Topiramate (Topomax), olanzapine (Zyprexa) – no better than placebo
  - **GLP-1s**
    - Ozempic, et al, are GLP-1 receptor agonists. They bind to specific receptors in the brain, especially in areas tied to the reward system: the ventral tegmental area, nucleus accumbens, prefrontal cortex. These regions regulate dopamine and motivation. By targeting these receptors, the drugs blunt dopamine release and reduce reward signaling. That means people feel less driven to seek out food, alcohol or drugs. That's the crux of how these medications may help with cravings.

# WHERE TO FIND HELP IN KY

<https://kygamblinghelp.org/>

 Call **1-800-GAMBLER**

 Text **1-800-GAMBLER**



**Take a Quick  
Self-Test**



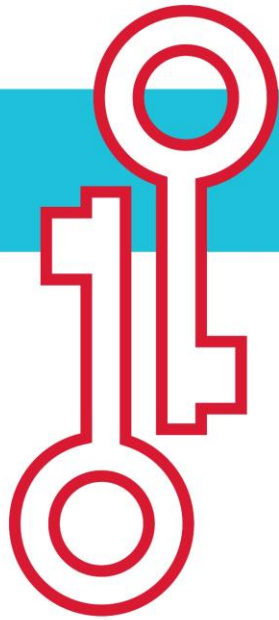
**Find Treatment  
Options**



**Find Certified  
Counselors**

# **Mental Health America Gambling Addiction Test**

[https://screening.mhanational.org/screening-tools/gambling/?ref=bryanh&layout=actions\\_c](https://screening.mhanational.org/screening-tools/gambling/?ref=bryanh&layout=actions_c)



**KYLAP**

the Key to Recovery

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