

Comorbidity of Problem gambling in an Australian substance use treatment population

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Introduction: Despite problem gambling's potential association with substance use treatment outcomes, Australian research on its comorbidity among substance use treatment clients is limited. This study aimed to examine the prevalence of gambling comorbidity in an Australian alcohol and other drugs (AOD) treatment seeking sample and analyse the performance of brief gambling screeners relative to a validated measure.

Methods: 167 adults receiving AOD treatment were recruited. Problem gambling was assessed using the validated Problem Gambling Severity Index (PGSI), and two 3-item screeners- the Brief Biosocial Gambling Screen (BBGS) and Consumption Screen for Problem Gambling (CSPG). Factors associated with gambling comorbidity were assessed using logistic regression. The classification accuracy of the brief screeners relative to the PGSI was assessed by determining sensitivity, specificity, predictive values (positive and negative), and diagnostic efficiency.

Results: 20.8% and 52.8% of 106 past-year gamblers screened positive on the PGSI for problem and moderate-risk gambling respectively. Gambling comorbidity was associated with male gender (AOR=4.80 95% CI 1.67 - 13.78), younger age (AOR=4.41 95% CI 1.64 - 11.87), financial strain (AOR=1.37 95% CI 1.02 - 1.83), and high-risk alcohol use (AOR=3.44 95% CI 1.12 - 10.55). The BBGS performed better than the CSPG in identifying problem gamblers (80% vs 75% sensitivity) and overall diagnostic accuracy (78.3% vs 76%).

Discussion and Conclusions: Gambling comorbidity was common among the recipients of substance use treatment with similar risk factors as found in general population samples. The lack of association between stimulant drugs and gambling comorbidity requires further investigation given these drugs can increase impulsivity, a known risk factor for problem gambling.

Implications for Practice or Policy: The findings highlight the need for preventive and risk-reduction strategies, including effective screening, treatment, and referral. The findings also highlight the suitability of the BBGS to screen for problem gambling in substance use treatment clients rather than the longer PGSI, and thus could potentially be incorporated into existing AOD assessment protocols without increasing the burden on clients or clinicians.

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