Gambling and Co-Morbidity (Interim Paper)

Gambling and Co-Morbidity is a controversial issue. Bereaved families and survivors of gambling disorder are challenging the prevailing narrative of high levels of co-morbidity, endorsed by the gambling industry, particularly of high levels of addiction and psychiatric problems that precede the onset of gambling disorder. The idea of post disorder co-morbidity (i.e. that gambling disorder causes mental health problems and suicide) is gaining traction, including statements by DCMS[1] and the Association of British Bookmakers[2]. However, the powerful need to abrogate industry and state responsibility for causing gambling disorder continues to contribute to the narrative of disordered individuals for whom gambling is only one co-existing condition. In this context it is worth reviewing the research.

In summary, international research indicates that even amongst treatment seeking "problem gamblers", around half do not have any comorbid conditions or that they were probably caused by their gambling disorder. For the wider set of "problem gamblers", the proportion with no comorbidity is likely to be even higher.

1. There is a substantial research base exploring co-morbidity across a range of psychological factors[3-15] but most are based on treatment seeking populations. Less than 3% of problem gamblers receive any treatment therefore these studies are not representative of the wider population of those suffering gambling disorder or at risk[16-18]. We know that people seek treatment (or even talk about their problems to others) only when they have reached an extremely low point and are suffering the severe consequences of gambling disorder. By this time it is likely that they have developed other social, economic or psychological problems – because of their gambling.

2. Of the researched population (i.e. treatment seeking sufferers) it is estimated that around 25-40% do not have comorbid issues[2-3,18-19]. Therefore at the highest possible estimate 60-75% of the gambling disordered population are co-morbid with other conditions, leaving 25-40% with no co-existing illness or addiction.

3. Of the researched population who do have comorbid issues, studies indicate that for around 25% the comorbid condition developed after the onset of gambling disorder[19-22.] It is worth noting that the research investigates whether co-morbidity developed after a diagnosis of gambling disorder rather than after the onset of gambling activity. If we were to consider whether the co-existing condition developed after beginning gambling, rather than after diagnosis of gambling disorder, it is likely that the post gambling co-morbidity rate would be much higher.

4. Therefore, even amongst this treatment seeking group (who have the highest levels of comorbidity), **between 45-55% either had no comorbid conditions or the co-**

existing conditions were caused by their gambling disorder. Amongst the wider "undiagnosed" or "at risk" population the figure with no comorbidity is likely to be much higher.

5. The most recent research[19] from the Swedish *Swelogs* Longitudinal Study confirms this. This study shows high comorbidity amongst both male and female "problem gamblers" but the genders show a different pattern. For men other mental health conditions occurred after starting gambling, with the most severe (depression and suicidal events) demonstrated after the diagnosis of gambling disorder. For women gambling occurred after an initial period of anxiety, depression or substance abuse.

   "For both the female and the male problem gamblers, the risk for having had a lifetime psychiatric condition was double or more than double compared to the controls. Having experienced anxiety or depression before gambling onset, constituted a risk for developing problem gambling for the women but not for the men. Further, the female cases initiated gambling after their first period of anxiety, depression and problems with substances, and problem gambling was the last condition to evolve. Opposite this, the male cases initiated gambling before any condition evolved, and depression and suicidal events emerged after problem gambling onset."

6. **In summary, international research indicates that even amongst treatment seeking "problem gamblers", around half do not have any comorbid conditions or that they were probably caused by their gambling disorder.** This challenges the "individual responsibilisation" agenda which is promoted by the industry. This highlights the need to understand the influence of multiple causal factors on gambling disorder development such as the availability and accessibility of addictive gambling products, direct marketing and advertising, upselling industry practices which prolong and deepen addiction, and the availability and effectiveness of treatment.

7. These questions can only be addressed through a large scale longitudinal study. Therefore, there is an urgent need to prioritise the development and commissioning of a UK longitudinal study similar to the Swedish *Swelogs* survey (see footnote). NatCen have published a scoping study[23] for a longitudinal survey which could address the following areas:

   - Understanding gambling trajectories over time, including how people's gambling behaviour changes over time and what affects these changes. The study would explore pathways into gambling and problem gambling and how individuals move in and out of risky gambling behaviours. It would also look at the trajectories of those in treatment and recovery;
   - the relationship between gambling products and gambling behaviour trajectories over time;
   - the consequences/harms of gambling and how these may change over time.

8. There are a wide range of possible approaches so that the cost envelope ranges from £0.5m to £8m.

Footnote: *Swelogs* is a longitudinal study of the Swedish population, covering around 8,000 adult participants. It also includes an in-depth gambling prevalence study of over 2,000 individuals of whom around 600 had been diagnosed as problem gamblers. Gambling disorder is more systematically diagnosed within the Swedish healthcare system so that a log of those with gambling disorder exists.

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