Theme 2: The co-occurrence of gambling and substance use harms

The co-occurrence of gambling and substance use has been well-established in the general population[1] and is further elevated in treatment-seeking individuals.[2] Experiencing harms from substance use can increase the risk of experiencing gambling harms and vice versa.[3] Co-occurrence can complicate clinical responses, raise the risk of premature cessation of treatment,[4] and increase the likelihood of a person presenting with additional co-occurring harms or complexities, including mental health conditions and suicidality.[5] Higher use and frequency of substances is predictive of more significant harms where gambling is co-occurring, and vice-versa.[6] In other words, harms may be amplified where there is co-occurrence of gambling and substance use.[7] Significantly, where there is co-occurrence, it is not unusual for further complex issues to accrue, some of which may require treatment or other forms of support or intervention.

ALCOHOL AND GAMBLING

While much of the research on co-occurring gambling and substance use points to individual deficits (for example, poor impulse control or underlying psychiatric disorders), it is worth noting the way in which alcohol and gambling have been linked culturally, socially and spatially, often with the financial weight of industry upholding and reinforcing the association between products.

A study by the Foundation for Alcohol Research and Education (FARE) found that people at risk of harms and trying to reduce their use of alcohol and / or gambling were routinely having their data uploaded by alcohol and gambling companies and were targeted on social media with advertising for both products.[8]

Figure 2.1 Co-occurring health, mental health and wellbeing concerns

The evidence indicates that when alcohol is involved, individuals may be more likely to start gambling and / or less likely to stop gambling once they have started.[9] Those who frequently drink when gambling experience more gambling harms than those who don't drink. The ability to evaluate the costs and benefits of gambling and to recognise and respond to the impact of losses can be significantly reduced in the context of alcohol use. Conversely, the experience of gambling losses or wins can lead to greater quantities of alcohol consumed in shorter periods of time.[10]

ACT Spotlight: Those experiencing the most harms from gambling are the most likely to report frequent hazardous drinking (five or more standard drinks at one occasion on a weekly or more frequent basis).[11]

GAMBLING AND OTHER DRUG USE

The association between gambling and substance use (other than alcohol) is less clearcut and varies considerably by substance.

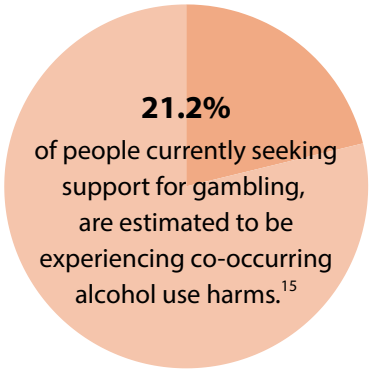
Cannabis use is correlated with lifetime gambling problems and, conversely, lifetime gambling problems are a predictor of cannabis use.[12] The link between the two is particularly evident in the context of online gambling.

Like alcohol, cannabis intoxication can impair decision-making and increase risk-taking. The higher the THC content, the more likely a person is to persist with high-risk activities, even when cued to desist (for example, by experiencing losses).[12]

More online gamblers reported past year cannabis use (32.9%) than offline gamblers (11.3%).[13]

While the co-occurrence of *nicotine dependence* falls outside the scope of this practice guide it is worth noting the high prevalence of smoking in the treatment-seeking cohort. The *2023 ACT Service Users' Survey of Outcomes, Satisfaction and Experience (SUSOSE)* found that 81.8% of people accessing drug and alcohol treatment and harm reduction services in the ACT were daily smokers on entering the service (in the general population of the ACT the daily smoking rate is 4.8%).[14]

At 56.4%, nicotine dependence is the most common of all co-occurring conditions in individuals seeking treatment for gambling harms. Daily smokers demonstrate higher frequency and greater financial investment in gambling activity, lower perceived control over their gambling behaviour, and more severe gambling harms than non-daily smokers.[15]



The evidence on opioids (including opioid maintenance treatment) is mixed. One study found that as many as 52.7% of people accessing opioid maintenance treatment had a score of 5 or higher on the South Oaks Gambling Screen (SOGS), indicating probable pathological gambling.[16] However, an Australian study found that, despite higher rates of substance use disorders than the general population, none of the identified 'pathological gamblers' in the study (n=75) met the criteria for opiate use disorder.[17] This latter finding aligns with focus group data gathered during Stage 1 of the *Alcohol, other drugs and gambling in the ACT: a cross-sectoral approach to harm minimisation project*, where workers in the alcohol, tobacco and other drugs sector in the ACT identified alcohol or stimulants such as methamphetamine and (to a lesser extent) cocaine as the drugs of concern most often associated with co-occurring gambling harms, but did not anecdotally link opioid use and gambling.

"[Co-occurrence with] alcohol. People that suffer from an alcohol dependency and probably methamphetamine, too … those are probably the two most common ones that are discussed that we see"
Project focus group participant

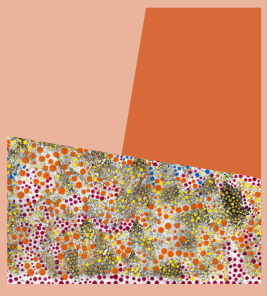
ACT Spotlight: Of ACT AOD service users who indicated that they had gambled in the past year, 22% felt that their gambling was causing them harm and 12.8% wanted to access support to stop gambling.[14]

There are some broad guiding principles that underpin working with people experiencing co-occurring harms, including co-occurring gambling and substance use harms.

GUIDING PRINCIPLES

1. Do no harm.
2. Work within your capacity.
3. Engage in ongoing professional development.
4. Adopt a 'no wrong door' policy.
5. Recognise that co-occurring conditions are common and that all clients should be routinely screened for co-occurring conditions.
6. Conduct ongoing monitoring and assessment of client outcome.
7. Focus on engaging the client in treatment.
8. Adopt a holistic approach based on treating the person, not the illness.
9. Adopt a client-centred approach.
10. Adopt a trauma-informed care approach.
11. Emphasise the collaborative nature of treatment.
12. Have realistic expectations.
13. Express confidence in the effectiveness of the treatment program.
14. Adopt a non-judgemental attitude.
15. Adopt a non-confrontational approach to treatment.
16. Involve families and carers in treatment.
17. Involve peers / lived experience practitioners in treatment.
18. Consult and collaborate with other health care providers.
19. Ensure continuity of care.

Adapted from: https://comorbidityguidelines.org.au/part-a-about-cooccurring-conditions/a3-guiding-principles



Knowledge point: Experiencing harms from substance use can increase the risk of experiencing gambling harms and vice versa.

Practice point: Be curious and ask questions that may open broader conversations about co-occurring gambling and substance use.