RESEARCH SYNOPSIS

Griffiths, M., Wardle, H., Orford, J., Spronston, K., & Erens, B. (2010). Gambling, alcohol consumption, cigarette smoking and health: Findings from the 2007 British Gambling Prevalence Survey. *Addiction Research and Theory, 18 (2)*, 208-223.

RESEARCH QUESTIONS

What is the relationship between problem gambling, alcohol consumption, cigarette smoking, and health?

PURPOSE

Problem gambling has been linked with negative health effects (e.g., mental health problems and physical problems, such as insomnia and upset stomach) and is associated with other potentially addictive behaviours such as alcohol consumption and smoking. The present study was commissioned by the British Gambling Commission to examine associations between problem gambling, alcohol consumption, cigarette smoking, and health in more detail.

HYPOTHESIS

Gamblers would be more likely to consume more alcohol, smoke cigarettes and experience ill health than non-problem gamblers.

PARTICIPANTS

Data were obtained from 9003 individuals aged 16 years and older and were collected as part of the 2007 British Gambling Prevalence Survey (BGPS).

PROCEDURE

Household addresses were randomly selected from 317 postcode sectors stratified by region, occupational status and proportion of non-white residents in Britain. A phone interview with a "household reference person" was conducted to obtain socioeconomic information and demographic information about all residents. Each person in the household 16 years of age and older was asked to complete questionnaires (on the phone or online). Household reference person interviews were completed by 63% of the addresses called and 81% of eligible individuals in each participating household completed the questionnaires. Analyses were conducted to explore the association between problem gambling (defined as a having a score of 3 or more on the DSM-IV), general health status, cigarette smoking, and alcohol consumption.

MAIN OUTCOME MEASURES

Poor health was defined by the presence of 'a limiting longstanding illness' and/or self-reported poor health; good health was defined as self-report of good health. Alcohol consumption was defined by the number of alcoholic drinks consumed in the past 7 days (i.e., none; 6 or less, 6 to 12, more than 12 for women and 8 or less, 8 to 16 and more than 16 for men). Cigarette smoking was defined as smoker or non-smoker. Participants were classified as problem gamblers if they had a score of 3 or more on DSM-IV criteria for pathological gambling, which is below the 5+ diagnostic criteria required for classification of pathological gambling.

KEY RESULTS

Cigarette smokers were more likely to gamble in the past year and were over three times more likely than non-smokers to be problem gamblers. Alcohol consumption was not associated with having gambled in the past year. Consuming more than 4 times the daily recommended intake of alcohol in one day was associated with past year gambling and with problem gambling. Problem gambling was more likely to occur in males (but not females) who consumed more alcohol on their heaviest drinking day in the past year (16 units versus 8-16 or less than 8). Those with poor health were over three times as likely to be a problem gambler compared to those with good health.

LIMITATIONS

Data was self-reported and not validated. The response rate was 52%, and therefore potentially subject to response bias. The cut-off score for classification of a problem gambler was more liberal than it is in a clinical setting (i.e., 3 or more versus 5 or more, respectively) making it possible that problem gambling was overestimated in this research.

CONCLUSIONS

Problem gambling is associated with smoking, alcohol consumption and (relative) poor health. Future research should be conducted to develop effective strategies to prevent and treat problem gambling and co-occurring behaviours.

KEYWORDS: gambling, smoking, alcohol use, health, addiction

URL: http://dx.doi.org/10.3109/16066350902928569