

A pilot study of the effects of electronic screening, brief intervention, and referral to treatment (e-SBIRT) on gambling outcomes and help-seeking

What this research is about

Screening, brief intervention, and referral to treatment (SBIRT) is an approach that identifies risky or harmful addictive behaviours, helps people understand potential consequences, and offers a brief intervention with referral to treatment as needed. The brief intervention is often based on motivational interviewing that aims to encourage behaviour change. SBIRT is typically delivered in clinical settings, though electronic SBIRT (e-SBIRT) programmes are becoming more common.

This pilot study examined how effective e-SBIRT is at improving gambling outcomes and encouraging people to seek help. The study compared the e-SBIRT intervention with an active control condition.

What the researchers did

The researchers conducted a randomized online pilot trial. They recruited participants using the Prolific website from January to March 2025. Participants had to be at least 18 years old, live in the United Kingdom, and score 3 points or higher on the Problem Gambling Severity Index (PGSI), indicating at least moderate risk of problem gambling.

Participants were randomly assigned to the e-SBIRT intervention or an active control condition. They completed a survey at baseline and additional surveys at 4 and 12 weeks after the intervention. The surveys asked about the following:

- Gambling harms in the past month, measured using the Short Gambling Harm Screen (SGHS).

What you need to know

This study examined whether electronic screening, brief intervention, and referral to treatment (e-SBIRT) could improve gambling outcomes and encourage people to seek help. The brief intervention was based on motivational interviewing. The researchers recruited 83 adults who had at least moderate-risk gambling. Participants were randomly placed in the e-SBIRT intervention group or an active control group. Both groups experienced fewer gambling-related harms and felt more able to control their gambling over time. But the e-SBIRT intervention did not produce better results. While there is some evidence that e-SBIRT might improve perceived control over gambling and encourage more people to seek help, these findings are exploratory.

- Gambling frequency and spending in the past month.
- Gambling symptoms in the past week, assessed using the Gambling Symptom Assessment Scale.
- Perceived ability to control gambling.
- Help-seeking in the past month.
- Quality of life, measured using the EUROHIS – Quality of Life Scale.

For participants assigned to the e-SBIRT, screening involved the completion of the PGSI. The brief intervention involved receiving personalized normative feedback based on their age and PGSI score, comparing their gambling behaviour to that of other people in the same age group. Participants

then viewed information on the consequences of gambling and answered questions that assessed their readiness to change. Based on their responses, participants completed a decisional balance exercise and then exercises in goal setting and relapse prevention. Afterwards, they viewed a signposting page that encouraged them to seek support from a range of agencies, such as the National Gambling Support Network.

The control group completed the PGSI, received feedback on their gambling behaviour, and viewed information on the consequences of gambling, tips to prevent harm, and the same signposting page. But they did not receive the e-SBIRT components that were designed to drive behaviour change.

What the researchers found

A total of 83 participants completed the baseline survey. Among them, 42 were assigned to the e-SBIRT and 41 to the control group. There were no significant differences between the two groups at baseline in terms of demographic characteristics, gambling outcomes, or quality of life.

Overall, the researchers found that the e-SBIRT intervention and active control condition produced similar effects. Participants in both groups experienced a decrease in gambling-related harms from baseline to week 4. But this improvement was no longer statistically significant at 12 weeks. Participants also reported a greater ability to control their gambling at week 12 compared with baseline.

The researchers noted that at week 12, participants in the e-SBIRT intervention group reported a greater improvement in ability to control their gambling than those in the control group. But because the overall results were not statistically significant, this finding should be interpreted with caution.

There were no significant changes in how often participants gambled, how much money they spent on gambling, the severity of their problem gambling, or quality of life.

The researchers also examined whether participants sought help for their gambling. They found that help-seeking was more common among people in the e-SBIRT intervention group than in the control

group (21.4% vs 7.3%). But this difference was not statistically significant. Among those who described the type of help they sought, 3 received formal treatment, 3 used online resources, 2 talked to friends or peers, and 1 used self-exclusion software.

How you can use this research

This study can inform future research on which components of e-SBIRT may be most useful and guide the development of online gambling support programs. Future research can also determine in which contexts SBIRT may work better.

About the researchers

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