

Co-morbid gambling disorder in a local drug and alcohol service: a local audit of Active Sheffield Treatment and Recovery (START) patients to determine prevalence.

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Aims

To improve care of patients with co-morbid substance misuse and gambling disorder by assessing the extent that the service currently enquires about and records problem gambling in its patient cohort.

This will allow the service to assess whether changes are required in the initial assessment pro forma completed for new patient assessments across the opiates, non-opiates and alcohol teams.

Information on patients with a potential gambling disorder will allow the service to appropriately assess and, if appropriate, refer patients to the recently established gambling disorder clinic in Leeds.

Methodology

Sample

- All patients within the substance misuse service in Sheffield Health and Social Care NHS Foundation Trust across the alcohol, non-opiates and opiates services during the week of 28/09/20-02/10/20.
- This gave a sample of 2824 patients: 641 in the alcohol service, 210 in the non-opiates service and 1973 in the opiates service.

Data Collection

- Two Phase 2a medical students from the University of Sheffield completed a funnel search of individual patients' records using key terms such as 'betting' and 'gambling'
- The terms appeared and were deemed clinical relevant were recorded, along with the number of times gambling was discussed
- If there was uncertainty regarding the validity of the search result, a specialty registrar reviewed the documents
- Prevalence rates were calculated for each individual service i.e. opiates, non opiates and alcohol teams.

Background

Surveys show that over 56% of adults in England gamble annually.

Of those surveyed, 0.5% were identified as problem gamblers¹.

This equates to approximately 300,000 problem gamblers at any one time.

6.6% of gamblers are at low to moderate risk of developing problems with their gambling¹.

Prevalence of problem gambling in patients with a substance misuse disorder ranges from 20.5% to 55%^{2,3}.

Standards

Standards	Target	Exceptions
Patients to be screened for problem gambling at the initial assessment interview.	100%	None

Data Analysis

Data was inputted into Microsoft Excel with separate sheets for alcohol, non-opiates and opiates services. The results from the funnel search across each patient's complete record and initial assessment were recorded as 'yes' or 'no'. The total number of positive search results was recorded for each patient.

Due to the presence of several outliers within the data, medians and interquartile ranges were calculated for the number of positive results. The data were then compiled into tables and graphs displaying the total frequencies and percentages across all three services and for the substance misuse service overall.

Discussion

The observations can be explained in part by the absence of formal NHS-funded referral pathways for such patients until the recent establishment of the NHS Northern Gambling Clinic.

The establishment of the NHS Northern Gambling Clinic presents an opportunity to screen all new patients to the START service for a potential gambling disorder. We recommend that a brief screening tool that has been validated in a clinical population, such as lie/bet⁴.

The lie/bet tool poses two questions:
1) Have you ever felt the need to bet more and more money?
2) Have you ever lied to people important to you about how much you gambled?

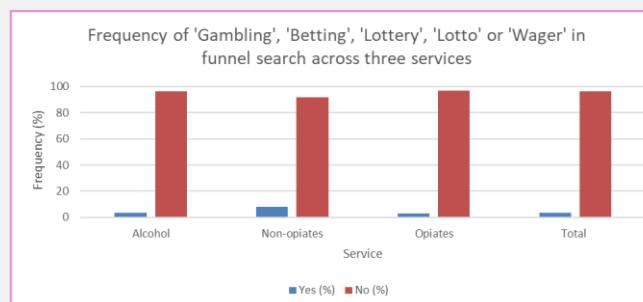
A positive answer to one or more of the questions should trigger a further assessment with a longer tool such as the South Oaks Gambling Screen (SOGS) by an appropriately qualified clinician.

References

- NHS Digital (2019) *Health survey for England 2018*. London: NHS Digital.
- Denis, C., Fatseas, M. & Auriacombe, M. (2012) 'Analyses related to the development of DSM-5 criteria for substance use related disorders: An assessment of pathological gambling criteria', *Drug and Alcohol Dependence*, 122: 22-27.
- Petry, N., Blanco, C., Stinchfield, R. & Volberg, R. (2013) 'An empirical evaluation of proposed changes for gambling diagnosis in the DSM-5', *Addiction*, 108: 575-581.
- Johnson, E., Hammer, R., Nora, R., Tan, B., Eistenstein, N., & Englehart, C. (1988). 'The lie/bet questionnaire for screening pathological gamblers', *Psychological Reports*, 80: 83-88.

Findings

Service	Frequency		
	Yes N (%)	No N (%)	Total N
Alcohol	23 (3.59%)	618 (96.41%)	641
Non-opiates	17 (8.10%)	193 (91.90%)	210
Opiates	59 (2.99%)	1914 (97.01%)	1973
Total	99 (3.51%)	2725 (96.49%)	2824



Observations

- 0% of patients across the START service were asked about whether they gambled at their initial assessment interview.
- Across the START service, just 3.51% ever discussed gambling. Of those 99 patients, the majority (N = 52) only had one positive search result, suggesting that a mention of gambling was not followed up in a systematic fashion.