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Problem gambling relapse: How common is it and how can it be prevented?

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Victorian Responsible Gambling Foundation Conference 2016: Many ways to help

Melbourne, Australia, 17-19 October 2016

Today's presentation

- Data from New Zealand National Gambling Study (2012 – 2013)
 - Transitions into and out of at-risk gambling
 - Prevalence of moderate-risk and problem gambling
 - Incidence of moderate-risk and problem gambling
 - Relapse into moderate-risk/problem gambling
- Data from NZ treatment provider database (2012 – 2013)
 - Relapse of people attending face-to-face services





The NZ National Gambling Study



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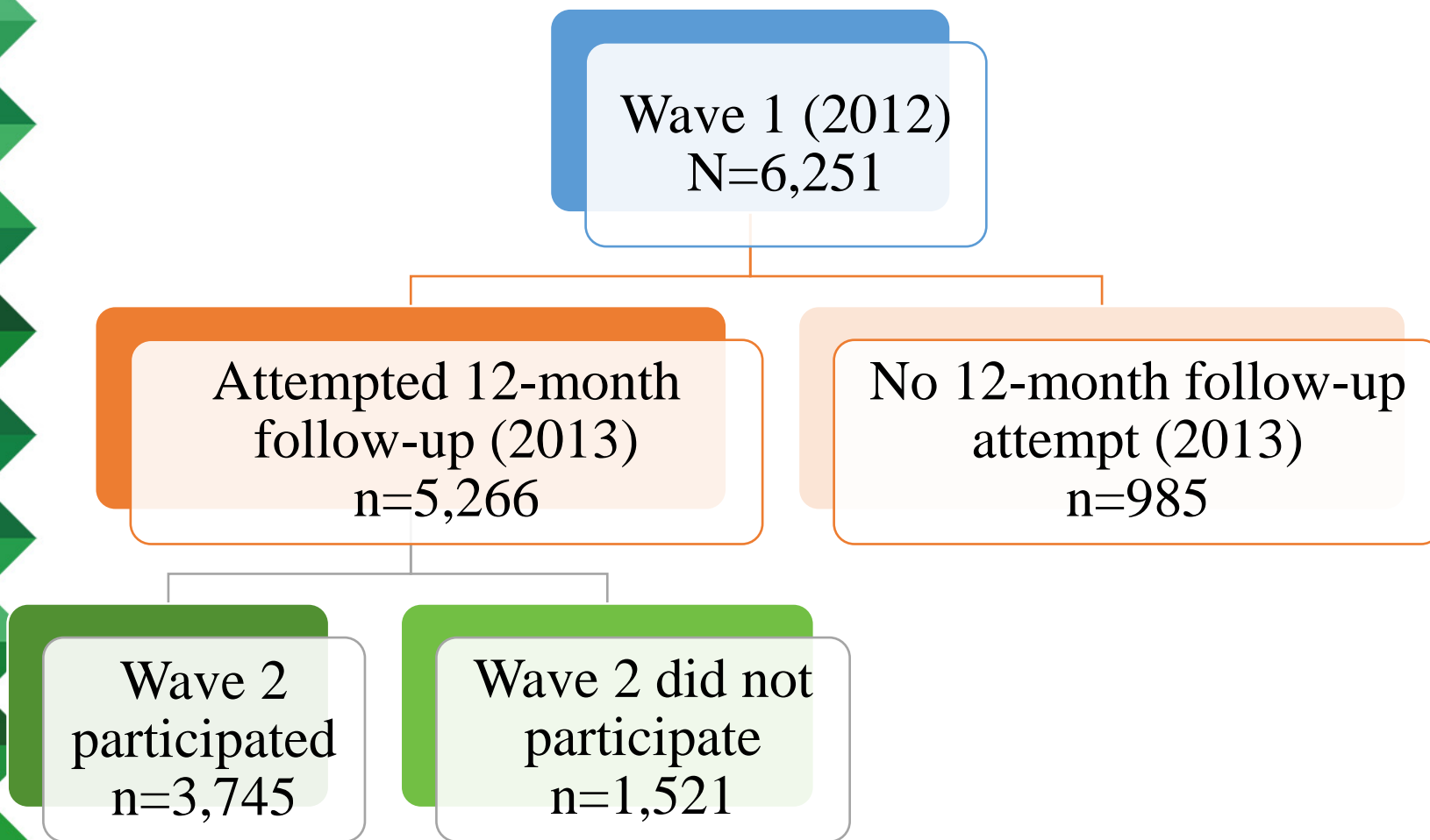
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The NZ National Gambling Study

- Nationally representative prevalence survey
- Face-to-face interviews
- Adults aged 18+ years



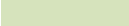


Sample size



Transitions from Wave 1 to Wave 2

Wave 1	Wave 2										Total
	Non-gambler		Non-problem gambler		Low-risk gambler		Moderate-risk gambler		Problem gambler		
	n	%	n	%	n	%	n	%	n	%	
Non-gambler	485	64.7	247	33.0	16	2.1	1	0.1	<1	0.1	748
Non-problem gambler	327	11.9	2267	82.5	133	4.8	19	0.7	3	0.1	2749
Low-risk gambler	13	7.2	97	54.6	46	25.7	21	11.7	1	0.8	178
Moderate-risk gambler	4	6.9	16	30.7	14	25.3	15	27.5	5	9.6	53
Problem gambler	0	0.0	6	32.6	2	13.6	2	9.7	7	44.1	17
Total	828	22.1	2633	70.3	210	5.6	57	1.5	18	0.5	3746

	No change
	Transition to a higher risk level
	Transition to a lower risk level



Incidence and prevalence

- Prevalence refers to the percentage of the population with problem gambling at any given point in time
- Incidence refers to the number of new cases of problem gambling occurring in a population in a given time period.



Incidence and prevalence

- 10 participants became problem gamblers between Wave 1 and Wave 2
- Incidence of 0.28% (CI 0.10 - 0.45)
- Nationally, about 8,046 people (CI 2,874 - 12,931)
- 0.5% problem gambling prevalence



Relapse

- Relapse is not uncommon among gamblers trying to reduce or quit gambling
- But how common is relapse? What are the implications for treatment provision?

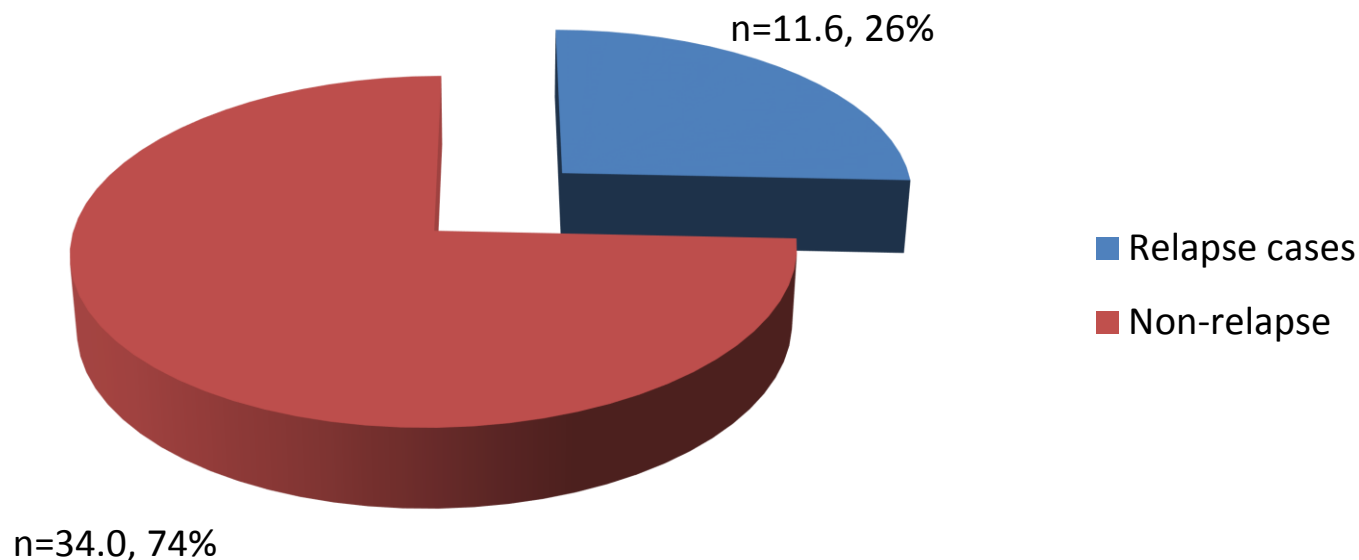


Measuring relapse

- Wave 2 moderate-risk and problem gamblers
- Who were not this in Wave 1
- But who had problems with gambling some time in the past



Relapse to moderate-risk/problem gambling



26% of 'new' moderate-risk/problem gamblers had RELAPSED from past problematic gambling

48% of 'new' problem gamblers had RELAPSED from past problematic gambling



Limitations and considerations

- Small numbers relapsed to moderate-risk/problem gambling (n=46)
- Relapse measured using two different screens – provides indication
 - PGSI for current (past 12 month gambling)
 - SOGS-R for lifetime prior gambling
- People tend to underestimate lifetime problems, so relapses in general population probably higher





The Client Information Collection (CLIC) database



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The Client Information Collection (CLIC) database

- Maintained by Ministry of Health
- Client data from all MoH funded face-to-face problem gambling treatment providers
- CLIC data reviewed from 2012 –2013

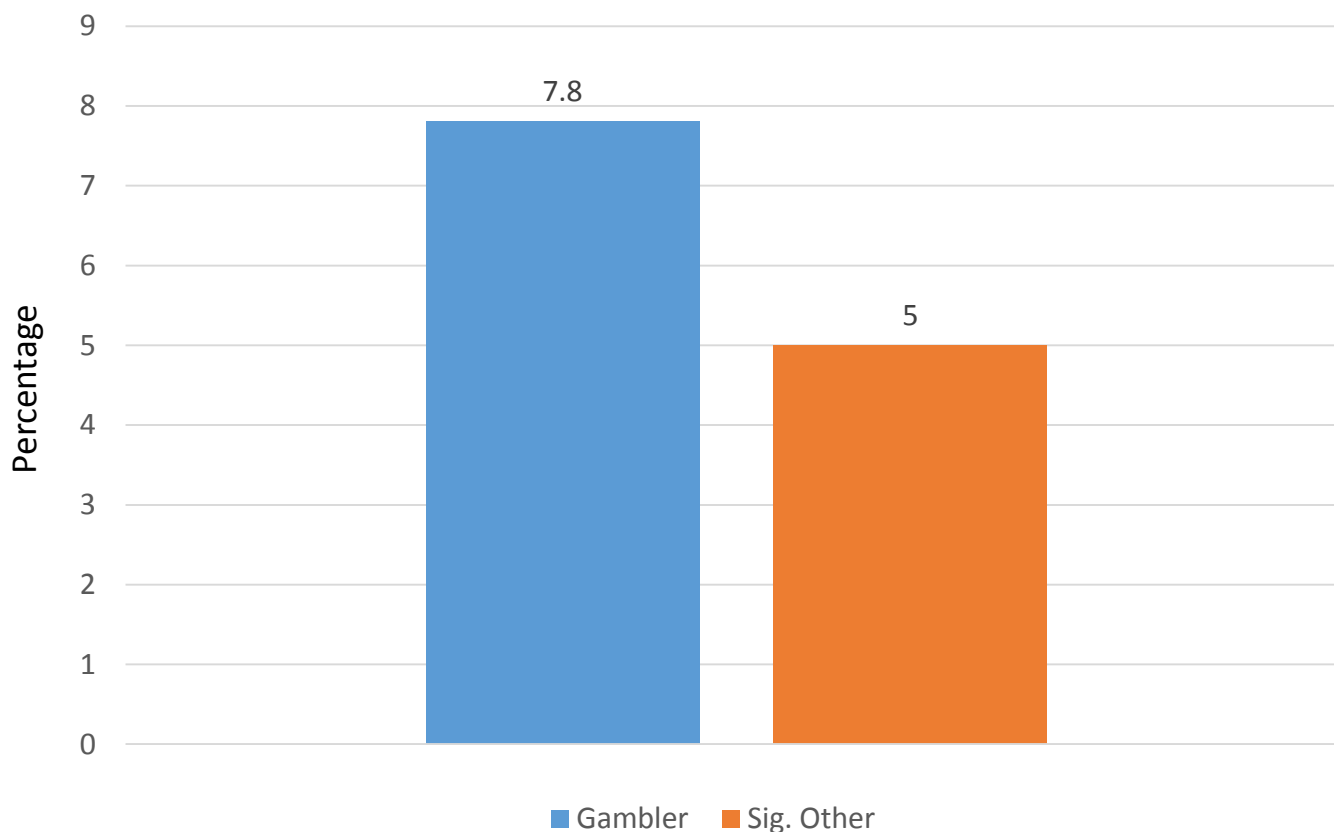


Measuring relapse

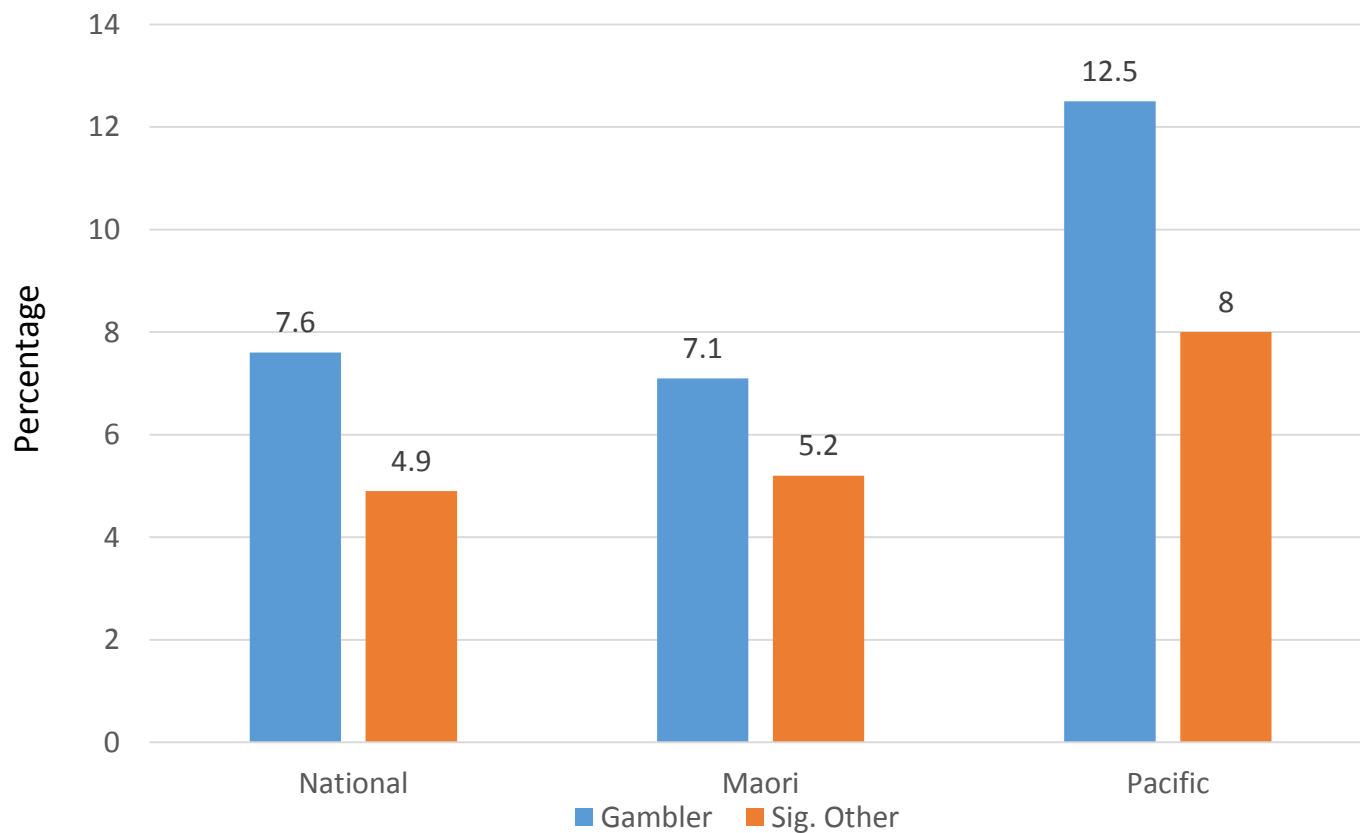
- Returning clients to services who had a gap of at least three months between sessions



Relapse 2012 – 2013 overall



Relapse 2012 - 2013 by service type



Limitations and considerations

- CLIC – arbitrary selection of 3 month gap
- Differences in data recording by different providers
- Large variation by provider
- Don't know about clients who change services or change names and who relapse





Discussion



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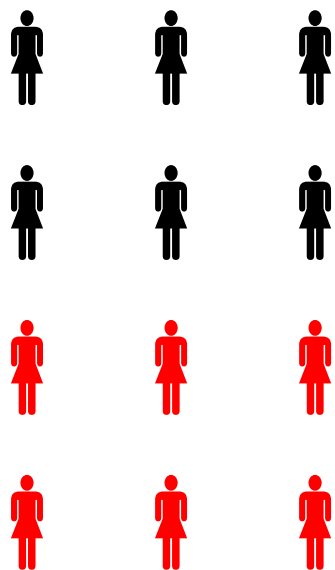
Discussion

- The problem gambling incidence rate was approximately half the prevalence rate (i.e. half of current problem gamblers recently developed problems)
- Relapse is common, lower in treatment populations than general population

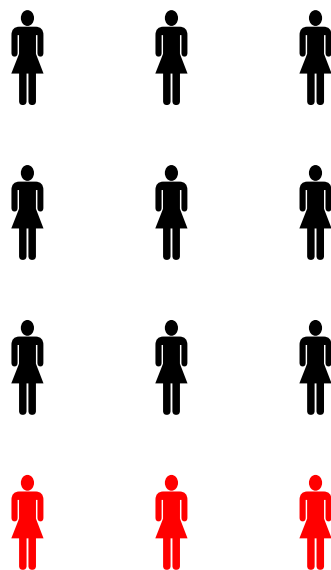


Discussion

General population
relapse to problem
gambling



General population
relapse to moderate-risk/
problem gambling



Clients of services relapse



Implications

- Measurement of relapse – how to do this?
- Include relapse prevention in treatment services, new clients could be relapsers who haven't previously sought help
- Public health and education services target first time onset and problem recurrence





Further information

www.aut.ac.nz/garc

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