



A dangerous cocktail: Alcohol consumption increases suicidal ideations among problem gamblers in the general population

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HIGHLIGHTS

- We tested if alcohol consumption increases suicidality among population gamblers.
- Data was obtained from the CCHS Cycle 4.1.
- Alcohol alone did not reliably predict suicidal ideations among low-risk gamblers.
- Greatest odds of suicidality were in problem gamblers who frequently drank alcohol.

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ABSTRACT

The current research examined whether alcohol consumption exacerbates suicidal ideations among gamblers in the general population. While prior research suggests problem gambling severity and excessive alcohol consumption are unique predictors of suicidal behaviors, the extant literature as almost exclusively focused on gamblers in treatment. This represents a significant gap in the literature as less than 10% of gamblers seek treatment. Furthermore, gamblers in treatment are not representative of gamblers in the general population, precluding a simple generalization of research findings. We address this gap using data obtained from the Canadian Community Health Survey (Cycle 4.1) – a cross-sectional national survey that assesses health-related information among the Canadian population. To this end, we conducted a moderation analysis with problem gambling severity as the independent variable, weekly alcohol consumption as the moderator variable and suicidal ideations (in the past 12 months) as the dependent variable. The results found that alcohol consumption alone did not reliably predict suicidal ideation among gamblers who did not gamble problematically. However, as predicted, the odds of suicidal ideation were greatest among problem gamblers who frequently consumed alcohol. Thus, it may behoove policy makers to re-visit the availability of alcohol in gambling venues. Moreover, responsible gambling-oriented education initiatives may be advanced by informing gamblers about the increased risk of suicidal ideations when problematic gambling is combined with frequent alcohol consumption.

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Problem gambling and excessive alcohol consumption share many characteristics. For example, people who gamble excessively and people who consume excessive amounts of alcohol demonstrate higher tolerance than their non-problem counterparts, report withdrawal symptoms in the absence of use, show similar neurological and biological deficits, and experience an array of comparably negative social and psychological outcomes (Błaszczyński, Walker, Sharpe, & Nower, 2008; Leeman & Potenza, 2012; Slutske et al., 2000; Wareham & Potenza, 2010; Wray & Dickerson, 1981). Additionally, the odds of suicide

increase when these disorders co-occur (Newman & Thompson, 2007). This is particularly troubling given the frequent co-occurrence of these disorders in both treatment-seeking gamblers (Crockford & el-Guebaly, 1998) and gamblers in the general populations (Lorains, Cowlshaw, & Thomas, 2011; Petry, Stinson, & Grant, 2005). Consequently, people who engage in both behaviors may be at particular risk for suicidal ideation (and subsequent attempts).

To date, there has been a paucity of research assessing the influence of concurrent gambling and drinking on suicidal ideation. Existing research has found that suicidal ideation is heightened as a result of alcohol consumption among problem gamblers in treatment (e.g. Crockford & el-Guebaly, 1998; Potenza, Steinberg, & Wu, 2005). Much less is known, however, about the relationship between gambling, alcohol consumption and suicidal ideation among gamblers in the general

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population — a population that is known to be different from gamblers in treatment (e.g. Evans & Delfabbro, 2005; Pulford et al., 2009). Understanding whether people who gamble problematically and drink in excess are at increased odds for suicidal ideation may have significant public policy implications. The current research assessed the relationship between drinking and suicidal ideation among gamblers in the general population.

1. Gambling and suicidal ideations

Suicidal ideations (i.e., thoughts of engaging in suicide-related behavior) tend to surface when, among other reasons, people face intense life stressors and lack appropriate coping mechanisms to contend with these stressors (Alberta Health Services, 2009; Leenaars et al., 1998). The risks of suicidal ideations are also increased among those who gamble problematically (Black et al., 2015; Cook et al., 2015; Moghaddam, Yoon, Dickerson, Kim, & Westermeyer, 2015; Petry & Kiluk, 2002). Indeed, rates of suicidal behaviors are high among gamblers in treatment (Australian Productivity Commission, 1999; Ledgerwood, Steinberg, Wu, & Potenza, 2005) as well as gamblers in the general population (Bland, Newman, Orn, & Stebelsky, 1993; Newman & Thompson, 2003). It has been argued (see Battersby, Tolchard, Scurrah, & Thomas, 2006; MacCallum & Blaszczynski, 2003) that the strong association between problem gambling and suicidal ideation is the result of the financial, occupational, and relationship hardships that frequently stem from excessive gambling as well as a pre-occupation with gambling. Such consequences often lead to feelings of hopelessness about the future and a belief that there are no means other than suicide to escape life situations (Lesieur & Custer, 1984; Petry & Kiluk, 2002).

2. Co-morbidity of gambling and alcohol use

Importantly for the present research, U.S. studies have reported that approximately 70% of problem gamblers recruited from treatment centers also meet criteria for alcohol dependence (Cunningham-Williams, Cottler, Compton, Spitznagel, & Ben-Abdallah, 2000), and individuals who gamble problematically are over 20 times more likely to be dependent on alcohol than the general population (Welte, Barnes, Wieczorek, Tidwell, & Parker, 2001). Alternatively, among adults with substance use disorders, lifetime prevalence of problem gambling is almost 33% (Shaffer & Hall, 2001). The high rates of co-occurrence between problem gambling and excessive drinking may be of particular concern as both uniquely predict suicidal ideations (Newman & Thompson, 2007). In other words, people who gamble and drink in excess may be at an especially high risk of suicidal ideation (see Battersby et al., 2006; Kausch, 2003; Potenza et al., 2005).

The extant literature on the association between gambling and drinking on suicidal ideation, however, has focused almost exclusively on clinical populations. Unfortunately, there is relatively little knowledge on excessive alcohol consumption and its possible influence on suicidal ideation among gamblers in the general population — a rather significant gap in knowledge considering less than 10% of problem gamblers seek treatment for their gambling problems (see Hodgins, Stea, & Grant, 2011). Moreover, there is typically a great deal of time (approximately 5 years) between the moment a gambler experiences her or his first gambling related harm (associated with play) and when they seek treatment (Tavares, Zilberman, Beites, & Gentil, 2001). To the point, there are significant difference between gamblers in treatment and gamblers in the general population that preclude a simple application of findings from the clinical setting to gamblers in the general population.

To put a dark line under the matter, gamblers in treatment differ from gamblers who are not in treatment. For example, problem gamblers in treatment report greater negative consequences as a result of their gambling than gamblers in the general population (Evans & Delfabbro, 2005). These include a significant degradation in financial

power as well as strained family relationships (Evans & Delfabbro, 2005; Pulford et al., 2009; Suurvali, Hodgins, Toneatto, & Cunningham, 2008). Further, Kowatch and Hodgins (2015) found that the more severe the gambling problem, the more likely the gambler was to seek treatment. Indeed, problem gamblers are much more likely to seek treatment when they feel they hit “rock bottom”, which is accompanied by feelings of hopelessness (Evans & Delfabbro, 2005). In other words, problem gamblers in treatment tend to be those facing immense harms as a result of their gambling — more so than gamblers in the general population.

To our knowledge, Hodgins, Mansley, and Thygesen (2006) conducted the only study examining the relationship between gambling, alcohol consumption and suicidal ideation among a non-treatment sample of gamblers. They assessed whether alcohol consumption heightened the risk of suicidal ideation among gamblers recruited from the community. However, they only examined those who met the criteria for problem gambling and who made a quit attempt (i.e., they did not assess gamblers at-risk of developing problems or recreational gamblers). Nonetheless, they found that more than half (51.5%) of the problem gamblers who reported attempting suicide did so while under the influence of alcohol. Thus, there is preliminary support for our contention that alcohol consumption increases the odds of suicidal ideation among problem gamblers in the general population.

3. Overview of the present research

In the current research, we tested whether consumption of alcohol moderates the relationship between problem gambling severity and suicidal ideations (past 12 months). Importantly, we assessed this relationship among a high-risk population — namely participants who reported having ever experienced past suicide attempts. We did so because past suicidal ideations are a potent predictor of future suicidal ideations (Hooper et al., 2015). Data was obtained from the Canadian Community Health Survey (CCHS), a bi-annual cross-sectional national survey that assesses information relating to health status (e.g., mental health and substance use problems) among Canadians. For a detailed description of the sampling procedure and the selection of households, see Statistics Canada (2013).

4. Method

4.1. Sample

The CCHS Cycle 4.1 (2007–2008) contains data from 131,061 Canadians. The CCHS consists of common content (e.g., health utilization; questionnaire modules asked of all participants in all health regions) as well as optional content (e.g., problem gambling severity; questionnaire modules included at the discretion of each health region in Canada). We used this data set because intervening cycles (i.e., cycles between 2007 and 2008 and the time peer-review occurred) did not contain all variables of interest (problem gambling severity, alcohol consumption, and suicidal ideations). It should also be noted that although all participants were Canadian, they all resided in the Province of Ontario. This is because Ontario was the only province (or territory) that opted to collect all variables of interest. Therefore, the sample used in the current research consists of 43,958 residents of Ontario among which 20,371 reported gambling in the past 12 months and 3537 reporting having experienced suicidal ideations in their lifetime.

Of the 20,371 gamblers 1851 reported experiencing suicidal ideation in past year and 1546 participants of these participants completed the measure on alcohol consumption. As such, all subsequent analyses were conducted with the resulting sample of 1546 participants. The sample contained more women (62.8%; $n = 971$) than men (37.2%; $n = 575$). Unfortunately, the CCHS does not ask participants to report their precise age. Instead, they are asked to indicate their age within specified age ranges (which varied in terms of the number of years in

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