Therapy Education Library

A THERAPY EDUCATION LIBRARY GUIDE

# The Comorbidity of *Gambling Disorder*

VOL. 2 OF *A Guide to Gambling Disorder and Problematic Gambling*

By Ben O'Connell, LCSW



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**Before you begin**

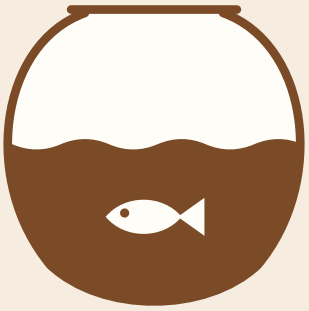
This guide is for education. It is not a diagnosis or a substitute for care from a licensed professional. If you are thinking about suicide, call or text **988**. For gambling help, call or text **1-800-MY-RESET** (1-800-697-3738), 24/7.

PART 1

# Rarely Alone

In psychology, comorbidity is best defined as two or more mental health conditions occurring in the same person at the same time. Co-occurring disorders, also known as dual diagnosis, describe a mental health condition and a substance use disorder present at the same time. Patients often come to treatment with varying levels of physical and mental health symptoms, so comorbid and dual-diagnosis conditions are common. Frequent comorbidities in psychiatry include depression and anxiety, substance use disorders and personality disorders, and Post-Traumatic Stress Disorder (PTSD) and depression.

Clients in treatment for substance use disorders commonly present with more than one mental health diagnosis (see Figure 1).



**50%+**

Over half of those who experience a mental illness during their lifespan will also experience a substance use disorder.

**Figure 1** · Source: see note 1 on the Sources page

Research on youth shows that over 60% of adolescents in substance use disorder treatment programs also meet the diagnostic criteria for another mental health disorder[1].

Co-occurring substance use is often associated with anxiety disorders, such as panic disorder and generalized anxiety disorder, as well as mood and personality disorders, such as bipolar disorder, borderline personality disorder, and antisocial personality disorder. In these cases, substances are often used as a form of self-medication to relieve mental anguish or distress.

Turning to gambling disorder, research suggests a trend similar to that seen in substance use disorders: people with gambling disorder have higher odds of developing a lifetime SUD or other mental health condition (see Figure 2).

**PROBLEM GAMBLERS ARE…**[2]

| 6x | 3x | 8x | 8x | 3x |
|---|---|---|---|---|
| more likely to have an alcohol use disorder | more likely to have major depression | more likely to experience mania | more likely to have a personality disorder | more likely to have GAD or a specific phobia |

**Figure 2** · Source: see note 2 on the Sources page

Looking at mental health conditions more broadly, a client entering treatment for gambling disorder is almost guaranteed to have one or more other psychiatric diagnoses (see Figure 3).

**96%+**

of people diagnosed with gambling disorder had **at least one other** psychiatric disorder.

**64.4%** had three or more.

**Figure 3** · Source: see note 3 on the Sources page

PART 2

# The Chicken or the Egg

One of the most common questions surrounding comorbid and dual-diagnosis conditions is “Which diagnosis came first?” Research consistently shows that gambling disorder often follows a primary mental health or substance use disorder diagnosis (see Figure 4).

HOW OFTEN THE OTHER DISORDER WAS DIAGNOSED FIRST

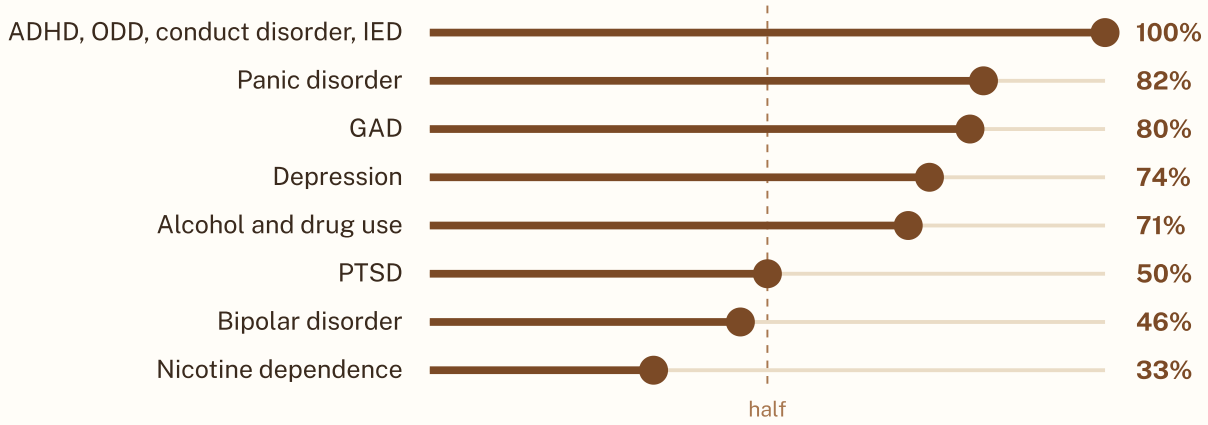



**Figure 4** · Source: see note 3 on the Sources page

PART 3

# The Common Thread

There are several reasons problematic gambling co-occurs with other disorders.

### 1. Self-Medication and Coping

Whether behavioral or chemical, addictions often serve the same role. Psychiatric disorders are rarely pleasant or socially accepted conditions.

People turn to gambling, sex, heroin, cocaine, alcohol, and other substances or behaviors to fill a void, mask an issue, or find relief from distressing situations and feelings. In this way, these behaviors are often a form of self-medication. In addiction treatment, it is rare to see patients who do not struggle with some form of traumatic past, difficult circumstance, or genetic predisposition. Whether a person grew up in an emotionally, physically, or sexually abusive household, grew up in poverty, experienced a significant loss in the family, or had parents who struggled with alcohol or substance use, life can be stressful, overwhelming, and at times traumatic. People heal those wounds in a myriad of ways. For many, drinking alcohol, heading to the casino, or using a painkiller may mask symptoms of OCD, Generalized Anxiety Disorder, or PTSD, providing relief where there otherwise is none. However, coping through substances or behaviors can quickly spiral out of control and cause significant distress to the person and their loved ones. It is in the nature of any addiction, not just gambling, to be linked with other psychiatric conditions; without them, there may be no reason to engage in these behaviors in the first place.

### 2. Different Substance, Similar Purpose

An estimated 16% of individuals with a substance use disorder or alcohol use disorder use two or more substances. Whether a client is injecting fentanyl, drinking alcohol, or smoking crack cocaine, each substance serves the same purpose. The high may differ in degree, but research has shown that beneath the surface, clients use different substances for many of the same reasons.

### 3. Cross Addiction or Addiction Replacement

When it comes to co-occurring gambling and substance use, there is a well-known explanation.

Addiction psychology describes a phenomenon known as “Cross Addiction,” in which a person struggling with a chemical or behavioral addiction gives up one addiction for another. All addictive behaviors, including gambling, develop through similar processes in the brain, especially in the reward system. It is not uncommon for people with an alcohol or substance use disorder to find sobriety from their drug of choice through therapy or AA/NA, only to fall back into a similar pattern with another substance or behavior. This is exactly why many clinicians and psychiatrists advocate for a unified model of addiction. By holistically treating the mechanisms driving addiction, there is a better chance of lowering the risk that individuals develop another co-occurring addiction after successful treatment.

PART 4

## Why Is Gambling Often Identified Later?

Research has shown that only a small percentage of individuals with gambling disorder receive treatment. Because gambling falls within the realm of behavioral addictions, it is rare, if not almost unheard of, for a patient to present to a residential treatment facility for gambling. If people are not presenting for higher levels of care, a substantial number of cases may be going undiagnosed.

There are several possible reasons for this:

1. **Age:** The legal gambling age in the US is 18 or 21, depending on the jurisdiction and type of gambling. Many other mental health conditions, by contrast, can be diagnosed at any age. Therefore, symptoms of other mental health disorders likely appear long before a client develops gambling disorder.

2. **Secondary Issue:** Co-occurring disorders may take the front seat. Because co-occurring disorders are so common, one possible explanation is that patients view their gambling as a secondary issue. With substance use disorders, the effects of chemical addiction (physical withdrawal, changes in body weight and appearance, and the risk of overdose and death) may be at the forefront of patients' and families' minds, making gambling a secondary concern despite its dangers and potential negative outcomes. The same can be true of mental health conditions. If anxiety, depression, or mood and personality disorders are severe enough to impact a patient's functioning and ability to complete activities of daily living (ADLs), patients and families may put gambling on the back burner while more pressing, visible conditions are addressed.

3. **Stigma:** I recently attended a training that included a case series. One patient had struggled with substance use disorder for much of his life. After several years in prison, he turned his life around and found long-lasting sobriety from substances. Soon after, however, he noticed that his gambling had begun to escalate. Recognizing he was developing a problem, he brought it to his wife. To his surprise, she reacted harshly, repeatedly telling him that gambling is not an addiction because you don't have to take anything and it doesn't get you "high." Sadly, this client is not the only one who feels the stigma of a behavioral addiction. People with behavioral addictions may hear messages like this one, making them more likely to hide their disorder and not seek help.

PART 5: MINI-DIVE

# Gambling Disorder and Suicide

Gambling disorder has also been linked to suicidality. A meta-analysis of suicidality and suicidal ideation among people with gambling disorder found that between 22% and 81% of those seeking gambling-related treatment experienced suicidal ideation. Moreover, studies in Sweden and the UK found that people with gambling disorder were 2–8x more likely to attempt suicide (see Figure 5). In examining the link between suicide, suicidal ideation, and gambling, researchers found that many clients felt trapped in an inescapable situation. The most common reasons include:

**22–81%**

of people seeking gambling-related treatment had suicidal ideation

**2–8x**

more likely to attempt suicide (studies in Sweden and the UK)

**Figure 5** · Source: see note 4 on the Sources page

1. **Significant Financial Loss:** In Hong Kong, researchers found that in every case of completed suicide, the client had what could only be described as "unmanageable debt."
2. **Shame and Guilt:** In a study from Japan, one individual reported feelings of guilt even before they began gambling. Eventually, they stated that gambling only deepened their guilt, which led to a suicide attempt.
3. **Family Conflicts:** Studies in Malawi and India found that gambling losses, and the family conflicts that followed, were the driving factors behind suicides and suicide attempts.

4. **Fear of Penalty/Exposure:** Studies in the United States and Israel found that fear of repercussions from illegal gambling operations or methods was also a cause of suicidal ideation and attempts.
5. **Other Confounding Factors:** These include alcohol and illicit drug use, which showed up in the toxicology reports of several study participants.

If you or someone you love is showing these signs, reach out to your provider, sponsor, family, or friends. In an emergency, call 911 or go to your nearest emergency room.

**If you need help now**

Call or text **988**, the Suicide & Crisis Lifeline, any time. If you are in danger, call **911**. For gambling help, call or text the National Problem Gambling Helpline at **1-800-MY-RESET** (1-800-697-3738), 24/7.

PART 6

# A Closing Note

As gambling becomes more accessible, it is important for clinicians, clients, and parents to know the factors and diagnoses that put you at risk for problematic gambling. I hope that those who read this guide use its content to make educated decisions when gambling or thinking about gambling.

*Ben O'Connell*

BEN O'CONNELL, LCSW

PART 7

# What's Next

Here are some of the upcoming guides and content from Therapy Education Library:

- Guide to Kratom and 7-OH
- **Vol. 3:** Gambling and Obsessive-Compulsive Disorder
- **Vol. 4:** Medication-Assisted Treatment (MAT) for Gambling Disorder
- **Vol. 5:** Gambling in Collegiate and Professional Sports

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# Sources

1. National Institute on Drug Abuse. (2020). *Common Comorbidities with Substance Use Disorders Research Report*. Bethesda, MD: NIDA. https://www.ncbi.nlm.nih.gov/books/NBK571451/
2. Sharma R, Weinstein A. (2025). Gambling disorder comorbidity: a narrative review. *Dialogues in Clinical Neuroscience*, 27(1), 1–18. https://pmc.ncbi.nlm.nih.gov/articles/PMC11980244/
3. Kessler RC, Hwang I, LaBrie R, et al. (2008). The prevalence and correlates of DSM-IV Pathological Gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351–1360. https://pmc.ncbi.nlm.nih.gov/articles/PMC2293303/
4. Marionneau V, Nikkinen J. (2022). Gambling-related suicides and suicidality: A systematic review of qualitative evidence. *Frontiers in Psychiatry*, 13, 980303. https://pmc.ncbi.nlm.nih.gov/articles/PMC9645554/