



LETTER TO THE EDITORS

Online sports betting as an expression of antisocial behavior

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In a recent editorial, Ioannidis & Bowden-Jones discuss the rise of online gambling addiction among young men, especially since the COVID-19 pandemic.¹ Online sports betting (OSB) is one of the most widely endorsed forms of gambling, due to its legalization in multiple countries, the support of a multimillion-dollar industry which advertises heavily on social media, easy access via smart devices, and overlap with online gaming. Most studies on OSB are from the last decade, underlining the novelty of research in this area.¹

Those with a higher frequency of OSB are more likely to exhibit gambling disorder (GD),² an addictive condition characterized by persistent and recurrent maladaptive gambling behavior that disrupts personal, family, and/or vocational pursuits (DSM-V-TR).³ Individuals engaging in OSB have a distinct sociodemographic and clinical profile: younger, male, single, with poor academic performance and higher socioeconomic status.²

It is well known that GD has a strong association with antisocial behavior. OSB is patronized by individuals with antisocial personality disorder (ASPD) who seek an easy and fast path to riches as well as by young people who develop antisocial behavior as a result of having to deal with the consequences of addiction or to support their habit.⁴ In this letter, we aim to call attention to how problematic OSB can be when it complicates ASPD, illustrating this discussion with the description of a case.

A single 28-year-old male with substance use disorder (SUD) (cocaine and alcohol) and ASPD presented with GD expressed by OSB. The patient was seeking care for the first time after having attempted suicide by intoxication with psychotropics. The suicide attempt occurred impulsively after relatives had denied him money to pay the debts he had incurred as a result of OSB (over \$2,000). He initiated OSB on his mother's suggestion (she had heard an advertisement on the radio) as a way of "earning easy money." On psychiatric assessment, he scored 15/20 on the South Oaks Gambling Screen (SOGS) (a score ≥ 5 indicates probable pathological gambling).⁵ The patient reported symptoms consistent with conduct disorder and reported use of cocaine and alcohol in adolescence. In adulthood, among several symptoms of

ASPD, the following stood out: a need for stimulation, pathological lying, manipulation, lack of remorse or guilt, lack of empathy, parasitic lifestyle, poor behavioral controls, early behavioral problems, impulsivity, failure to accept responsibility for own actions, juvenile delinquency, and criminal versatility (fraud and drug dealing).

The combination of OSB and GD is characterized by an earlier onset of gambling participation, higher rates of SUD, greater psychological distress, and dysfunctional personality traits associated with risk-acceptance. Highly impulsive males may be particularly susceptible to transitioning to high-risk gambling or experiencing severe harms from gambling, in a model that links impulsivity strongly with antisocial traits² and criminal behavior.⁴ Gambling severity is a significant predictor of increased risk of criminal recidivism in forensic populations.⁶

This case illustrates the comorbidity of OSB, ASPD, and SUD. As OSB prevalence rises in Brazil, health care professionals and law enforcement agents should be aware of the possible co-occurrence of these disorders and create suitable public health policies and legal frameworks targeting this population.

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