



Joint RANZCP/RACP submission

Australian House of Representatives Standing Committee on Social Policy and
Legal Affairs

Inquiry into online gambling and its impacts on those experiencing gambling harm

Improve the mental health of communities

Royal Australian and New Zealand College of Psychiatrists and Royal Australasian College of Physicians

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Disclaimer

This submission was jointly developed by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Royal Australasian College of Physicians (RACP).

About the Royal Australian and New Zealand College of Psychiatrists

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7,700 members including more than 5,600 qualified psychiatrists and over 2100 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

About the Royal Australasian College of Physicians

The RACP connects, trains and represents over 30,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand including addiction medicine, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Consultation Introduction

The RACP and RANZCP welcome the opportunity to provide a submission to the Australian House of Representatives Standing Committee on Social Policy and Legal Affairs' inquiry into online gambling and its impacts on those experiencing gambling harm.¹

Gambling is a significant public health issue in Australia. Estimates suggest that Australians lost approximately [\\$25 billion on legal forms of gambling in 2018–19](#)², representing the largest per capita losses in the world. Around [7.2% of Australians \(an estimated 1.33 million people\)](#)³ were classified as being at some risk of experiencing gambling-related problems in 2018.

This submission outlines both Colleges' concerns regarding the steady growth of online gambling and its unique contribution to gambling harm. New gamblers, especially young people who are highly involved in web-based activities, are more easily recruited online. Online gambling sites are also accessible 24 hours per day, do not require the person to leave their home, and lack physical/visual supervision from staff in public gambling venues. The [COVID-19 pandemic and associated public health measures have](#)

¹ Parliament of Australia, Terms of Reference, Inquiry into online gambling and its impacts on those experiencing gambling harm. Online: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Onlinegamblingimpacts/Terms_of_Reference

² Queensland Government Statistician's Office, Queensland Treasury, Australian Gambling Statistics, Explanatory notes, 36th edition, 2021. Online: <https://www.qgso.qld.gov.au/issues/2646/australian-gambling-statistics-36th-edn-1993-94-2018-19.pdf>

³ Australian Government, Australian Institute of Health and Welfare, Gambling in Australia Snapshot. 16 September 2021. Online: <https://www.aihw.gov.au/reports/australias-welfare/gambling>

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[exacerbated online](#) (internet-based) gambling use,⁴ providing added impetus for a comprehensive and rigorous policy response.

The notion of problem gambling encompasses gambling disorder, an identified psychiatric condition. Pathological gambling was first included as a disorder in the International Classification of Diseases (ICD) in 1977 and is included in the ICD-11 under disorders due to substance use or addictive behaviours. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) also includes gambling disorder as a new category on behavioural addictions, reflecting research to suggest that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology and treatment. Addictions are also associated with significant morbidities and mortalities across both physical and mental health dimensions.

Problem gambling is therefore a core concern for psychiatrists and physicians, who have an important role in identifying and diagnosing problem gambling, as well as any other underlying comorbid mental illness. Detailed in the below submission, both Colleges provide their unique expertise on the impacts of problem online gambling and the necessary clinical interventions and public safety measures to address this public health issue.

Addressed within our responses throughout the submission, both Colleges also emphasise the following areas of concern for the inquiry's focus:

- The pervasive impact that advertising of online gambling has on problem gambling behaviour.

An analysis of the link between advertising of gambling activities and increases in problem gambling behaviour, alongside the efficacy of reform to limit, prohibit and/or regulate television and online advertisements for gambling activities (particularly those targeting children and adolescents) is required. This will ensure the efficacy of the inquiry's efforts to address online problem gambling with holistic reform.

- Emerging associations between video gaming and gambling behaviours

Increasingly, products and functions common to gambling (wagers, betting, randomised rewards in exchange for real-world money) are integrated into video games which are accessible to children and identified as a predictor of future gambling problems.

The RANZCP and the RACP recognise that gambling in video games falls within a definition of 'gambling service' but note that the evidence base for this is emerging. Gaming disorder's inclusion in the ICD-11 (as of May 2021), among "disorders due to addictive behaviours", similarly necessitates an appropriate evidence-based clinical response alongside public safety measures.

Response to the Terms of Reference

The below section responds to the [inquiry terms of reference](#),⁵ providing recommendations for jurisdictions in Australia to develop comprehensive guidelines and legislation that encompass the growing online gambling market.

The effectiveness of existing consumer protections aimed at reducing online problem gambling.

⁴ Australian Government, Australian Institute of Family Studies, Gambling in Australia during COVID-19. October 2020. Online: <https://aifs.gov.au/research/research-snapshots/gambling-australia-during-covid-19>

⁵ Parliament of Australia, Terms of Reference, Inquiry into online gambling and its impacts on those experiencing gambling harm. Online: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Onlinegamblingimpacts/Terms_of_Reference

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Noting the prevalence of online gambling, there remains significant scope for greater consumer protections aimed at reducing online problem gambling. As online problem gambling is a wide-ranging public health issue, impacting the person, their families/carers and greater society, a wide-ranging series of consumer protection reforms is required. The RANZCP and the RACP provide our recommendations for reform across the remainder of our submission.

How to better target programs to address online problem gambling to reduce the potential exploitation of at-risk people, and protect individuals, families and communities.

Whilst acknowledging the need for targeted programs, the RANZCP and the RACP reiterate that gambling is a public health problem for the whole of Australian society, requiring an overall public health approach. In the current context where there are plentiful opportunities for online gambling, no one is immune from the impact of problem gambling.

Nevertheless, some groups are particularly vulnerable to problem online gambling, requiring evidence-based prevention measures and treatment programs:

- Young people
 - At-risk [gambling among young people aged 18–34](#)⁶ increased from 2015 (7.4%) to 2018 (8.1%).
- Men
 - A [higher percentage of men were at risk for gambling-related problems](#) (10% in 2015; 9.2% in 2018) than women (5.7% in 2015; 5.3% in 2018).⁷ [During the public health measures of the COVID-19 pandemic](#), young men (aged 18–34) were the sub-population most likely to sign up for new online accounts, increase their frequency and monthly spending on gambling (from \$687 to \$1,075) and be at risk of gambling-related harm.⁸
- People from culturally and linguistically diverse (CALD) communities
 - CALD communities within developed nations—including Australia—[tend to participate in gambling less than the overall population, but those who do gamble may be more likely to experience problems](#).⁹
- Aboriginal and Torres Strait Islander peoples
 - [Gambling rates are much higher among Indigenous Australians than in the wider Australian population](#).¹⁰
- People with a mental health condition (including people with substance use disorders)

⁶ Australian Government, Australian Institute of Health and Welfare, Gambling in Australia Snapshot. 16 September 2021. Online: <https://www.aihw.gov.au/reports/australias-welfare/gambling>

⁷ Australian Government, Australian Institute of Health and Welfare, Gambling in Australia Snapshot. 16 September 2021. Online: <https://www.aihw.gov.au/reports/australias-welfare/gambling>

⁸ Australian Government, Australian Institute of Health and Welfare, Gambling in Australia Snapshot. 16 September 2021. Online: <https://www.aihw.gov.au/reports/australias-welfare/gambling>

⁹ Australian Government, Australian Institute of Family Studies, Gambling in culturally and linguistically diverse communities in Australia. October 2016. Online: <https://aifs.gov.au/research/research-snapshots/gambling-culturally-and-linguistically-diverse-communities-australia#:~:text=Gambling%20problems%20and%20CALD%20communities,developing%20problems%20with%20their%20gambling>.

¹⁰ Australian Government, Australian Institute of Family Studies, Indigenous Australians and gambling. November 2014. Online: <https://aifs.gov.au/resources/policy-and-practice-papers/indigenous-australians-and-gambling>

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- This group is often excluded from being test subjects in research trials, which is not representative of the majority of problem gambling cases.

Evidence-based targeted approaches for these groups require increased investment in research into screening, assessment, early intervention and treatment of online problem gambling. This should include harnessing the online environment to provide opportunities for brief intervention and treatment. There should be a systematic collection of data from online gambling service providers on online gambling usage and the impact of various harm minimisation measures. There are very few integrated gambling/mental health/drug and alcohol treatment services resulting in treatment across multiple domains, making it challenging for people with multiple problems to receive appropriate treatment.

The effectiveness of current counselling and support services to address online problem gambling.

The RANZCP and the RACP stress that as problem gambling encompasses gambling disorder, an identified psychiatric condition, evidence-based clinical interventions rather than the wider concept of generic counselling are required. Such approaches include motivational enhancement therapy and cognitive behavioural therapy (CBT) and may include pharmacotherapy. No matter the treatment approach, the basis of any response to problem gambling must be a respect for the person, their behavioural disorder and its treatments. Any intervention must also engage with and support the families of those who experience gambling harm.

Specific therapies should also be accompanied by the development of harm reduction approaches to stabilise the person's remaining assets, protecting them and preventing escalation of debt by strategies to restrict access to online gambling sites and disposable money and credit.

The quality of and access to protective online gambling education programs.

The RANZCP and the RACP support any efforts to improve the quality of and access to online gambling education, particularly for at-risk populations. Whilst mass media campaigns can raise the awareness of online problem gambling in Australia, they must be underpinned by a focus on precautionary measures such as improved governance of access to gambling sites. Mass media education and awareness campaigns are not an alternative to effective public policy underpinned by law.

Education programs should only be introduced if they are grounded in evidence for their effectiveness. Basing education programs around the existence of gambling disorder as a medical condition, and subsequent evidence-based clinical treatments, would support the public's understanding of effective supports.

The impact of current regulatory and licensing regimes for online gambling on the effectiveness of harm minimisation and consumer protection efforts.

Significant improvements to regulatory and licensing regimes for online gambling are required to improve harm minimisation and consumer protections. Online gambling legislation must focus on the protection of the consumer and harm minimisation using a combined approach of community awareness and strong regulatory measures. While [the new mandatory gambling advertising 'taglines'](#)¹¹ for example (e.g. "chances are you're about to lose" or "You win some. You lose more") are welcome developments, [evidence shows](#)

¹¹ Charles Livingstone, Government's new gambling taglines are a start, but go nowhere near far enough. 4 November 2022. The Conversation. Online: <https://theconversation.com/governments-new-gambling-taglines-are-a-start-but-go-nowhere-near-far-enough-193716>

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[that such harm minimisation efforts have limited impact in isolation](#)¹² and need to be complemented by stronger regulatory and licensing regimes.

The RANZCP and the RACP recommend further regulatory measures to improve the effectiveness of harm minimisation and consumer protection efforts, supported by the [Australian Institute of Family Studies National Consumer Protection Framework for Online Wagering](#).¹³ Mechanisms to introduce friction into online wagering payments and methods are required to prevent or reduce harm, including:

- Prohibition of online gambling with credit including using credit cards.

Gambling with borrowed money is a well-established risk factor for harmful gambling and regulation must ensure online wagering services do not put customers and their families at risk by allowing them to gamble with money they do not have and/or cannot afford.

- Establishment of minimum online wagering regulations across jurisdictions, while retaining the ability of jurisdictions to impose higher standards.

Regulation should be supported by ongoing dialogue between jurisdictions to reconcile cross-border issues to ensure that inconsistent regulation does not result in gambling havens. Transparency of performance of gambling venues is also important, including through regular reports and updates on breaches of regulatory conditions.

- Transparency of regulation and improved communication between regulators and online wagering providers.

As the online gambling arena moves at a significant pace, efforts are required to ensure that subsequent regulatory measures and compliance requirements are communicated to providers. A transparent regulatory framework validates punitive measures for providers who fail to meet these requirements.

- Further development of the national self-exclusion register.

The RANZCP and the RACP recognise the efficacy of self-exclusion¹⁴¹⁵ as one component of any public health strategy that aims to minimise gambling-related harms. Both Colleges acknowledge the new [BetStop](#)¹⁶ program from the Australian Communications and Media Authority, a free service which will allow people to self-exclude from all [licensed interactive wagering services](#) for a minimum of 3 months and up to a lifetime.¹⁷ If people self-exclude, wagering providers will be required to close all their betting accounts and must not let them place a bet, open a new account and/or send you marketing messages.

The RANZCP and RACP recommend continued research via an outcome-based analysis of the program, and evidence permitting, suggest the following developments of the exit process: (1) the program should consider the role of consultation from a physician, psychiatrist or other listed support service when the person decided to end their nominated exclusion period early; (2) if one does leave the program, online

¹² Rintoul, Angela. "Can slogans prevent gambling harm?." *The Lancet Public Health* 7.5 (2022): e394-e395. Online: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00002-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00002-0/fulltext)

¹³ Australian Government, Australian Institute of Family Studies, Jatkar, Uma, and Julie Deblaquiere. "National Consumer Protection Framework for Online Wagering: Baseline study." (2019). Online: https://www.dss.gov.au/sites/default/files/documents/11_2019/d19_887121_final_baseline_study_-_national_consumer.pdf

¹⁴ Gainsbury, Sally M. "Review of self-exclusion from gambling venues as an intervention for problem gambling." *Journal of Gambling Studies* 30.2 (2014): 229-251. <https://link.springer.com/article/10.1007/s10899-013-9362-0>

¹⁵ - Hayer, Tobias, and Gerhard Meyer. "Internet self-exclusion: Characteristics of self-excluded gamblers and preliminary evidence for its effectiveness." *International Journal of Mental Health and Addiction* 9.3 (2011): 296-307. <https://link.springer.com/article/10.1007/s10899-018-9782-Y>

¹⁶ Australian Government, Australian Communications and Media Authority (acma), Betstop – the National Self-exclusion Register. Online: <https://www.acma.gov.au/betstop-national-self-exclusion-register>

¹⁷ Australian Government, Australian Communications and Media Authority (acma), Check if a gambling operator is legal. Online: <https://www.acma.gov.au/check-if-gambling-operator-legal>

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wagering services should require the individual to specify low deposit limits to apply to any account they open.

- Restriction of jackpots

Mirroring the [RANZCP's position](#)¹⁸ on physical electric gaming machines (poker machines/'pokies'), reducing the maximum size of an online jackpot alongside regulatory requirements that ban the advertising of such jackpots, would reduce their appeal to people experiencing gambling harm.

The appropriateness of the definition of 'gambling service' in the Interactive Gambling Act 2001 (Cth), and whether it should be amended to capture additional gambling-like activities such as simulated gambling in video games (e.g., 'loot boxes' and social casino games).

There are emerging associations between video gaming and gambling behaviours, whereby products and functions common to gambling (wagers, betting, randomised rewards in exchange for real-world money) are integrated into video game play^{19,20,21}. Loot boxes, 'skin-gambling', social casinos within games and monetised transactions for chance-based events accessible to children are identified as a predictor of future gambling problems.

While most people who engage in gam(bl)ing activities do not develop problem gambling, those who do are likely to be people with pre-existing vulnerabilities, and are negatively impacted by the following features:

- Variable ratio reinforcement schedule

This reward structure wherein users do not know how many purchases are required to obtain the item sought, leads to the rapid acquisition of repeated behaviours in the search of a reward. Concurrent with these behaviours are the adaptation of neural dopamine pathways which further encourage these behaviours.

- Micro-transactions

These reinforce and perpetuate continued play/spending by way of 'entrapment'; that is, when an individual believes that they have invested too much to quit, and is similar to 'chasing losses' in traditional gambling. People who engage in micro-transactions often report their primary motivation as a desire to extend play, as well as an aim to chase lost credits and to speed up play.

- Mechanisms used in electronic gaming machines (EGMs)

Like EGMs, micro-transactions encompass rapid playing speeds combined with rapid (or in the case of micro-transactions, immediate) payouts, the potential to quickly and easily multiply bets/transactions, and audio-visual effects to enhance the gam(bl)ing experience.

Gaming behaviours are detrimental to functioning, sometimes with considerably deleterious health consequences, particularly depression and suicide. Children and adolescents, with developmental vulnerabilities, are likely to be exposed to the risks associated with micro-transactions due to their

¹⁸ The Royal Australian & New Zealand College of Psychiatrists (RANZCP), Problem Gambling Position Statement. September 2017. Online: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/problem-gambling>

¹⁹ King, Daniel L., and Paul H. Delfabbro. "The convergence of gambling and monetised gaming activities." *Current Opinion in Behavioral Sciences* 31 (2020): 32-36.

²⁰ Li, Wen, Devin Mills, and Lia Nower. "The relationship of loot box purchases to problem video gaming and problem gambling." *Addictive behaviors* 97 (2019): 27-34.

²¹ Spicer, Stuart Gordon, et al. "Loot boxes, problem gambling and problem video gaming: A systematic review and meta-synthesis." *New Media & Society* 24.4 (2022): 1001-1022.

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increasing presence in a range of online and mobile games that appeal to younger audiences. Individuals are also likely to be vulnerable to associated behavioural addictions including problem gambling.

The RANZCP and the RACP recognise that gambling in video games falls within a definition of 'gambling service' but note that the evidence base for this is emerging. Both Colleges therefore stress that any legislative and regulatory measures that arise from this broadening of the definition must be evidence-based, and not solely based on this change of definition.

The appropriateness of current gambling regulations in light of emerging technologies, payment options and products.

In light of the continued emergence of new technologies, payment options and products, the RANZCP and the RACP call for improved gambling regulations. Such regulation must be accompanied by increased funding for Departments of Health in each jurisdiction for evidence-based treatment for people with gambling problems and their families/carers, and for ongoing research into effective treatments for gambling problems. At present, there is an over-reliance on education and information campaigns that seek to prevent problem gambling. This is important but needs to be complemented by evidence-based treatment programs.

The effectiveness of protections against illegal online gambling services, including casino style gambling such as online blackjack and slot machines.

Improvements to protections against illegal online gambling services are required to meet their current impact on online problem gambling.

The effectiveness of current gambling advertising restrictions on limiting children's exposure to gambling products and services (e.g., promotion of betting odds during live sport broadcasts), including consideration of the impact of advertising through social media, sponsorship or branding from online licenced gambling operators.

There is strong evidence to demonstrate the link between the online advertising of gambling activities and increases in problem gambling behaviour. Young people exposed to gambling advertising think more positively about gambling, which is associated with "gambling participation, intention and problems".²² Online gambling is currently promoted through advertising as a "mates" activity, including on social media.

Currently, ads for betting products are not permitted during TV programs classified G or lower from 6 to 8.30 am and 4 to 7 pm, or in programs directed at children between 5 am and 8.30 pm, with bans on [gambling ads during broadcasts of live sport between 5 am and 8.30 pm](https://www.gambleaware.nsw.gov.au/resources-and-education/check-out-our-research/published-research/nsw-youth-gambling-study-2020).²³ Stronger regulation of advertising to children should be considered, including a total ban on advertisements (TV and online) of all forms of gambling.

²² Hing N, Russell A, King D, Rockloff M, Browne M, Greer N, Newall P, Sproston K, Chen L and Coughlin S (2020) NSW Youth Gambling Study 2020. Sydney: NSW Responsible Gambling Fund. Available online: <https://www.gambleaware.nsw.gov.au/resources-and-education/check-out-our-research/published-research/nsw-youth-gambling-study-2020> [last accessed 25/10/2022]

²³ Australian Government, Australian Communications and Media Authority (acma), Gambling advertising in sports coverage. 27 November 2019. Online: <https://www.acma.gov.au/gambling-advertising-sports-coverage>

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Other related matters

Gambling as public health issue

Problem gambling covers a wide spectrum of severity, which may initially seem relatively controlled but can progress to the behavioural addiction of gambling disorder (as recognised in ICD-11). This results from fundamental changes, due to repeated gambling, to the brain's reward, prioritisation and stress systems (similar to those seen in addiction to psychoactive substances).

It is a relapsing remitting disorder often comorbid with psychiatric diagnoses such as anxiety and depression, physical illnesses such as migraine, hypertension and other stress-related problems, and health hazardous behaviours such as alcohol use, smoking, amphetamine use. [Around 75% of patients who seek such treatment also report at least one other mental health condition \(commonly mood, alcohol and anxiety disorders\)](#).²⁴

The RANZCP and RACP therefore reiterate that policy development should be underpinned by an integrated public health approach, where regulatory measures are developed in close collaboration between regulators, gambling service providers, mental health services and community program service providers. This should also encompass the provision of a wide range of specialist services for those with the most severe and complex gambling disorder. This peak specialist service is required as part of a stepped approach to the problem and associated comorbidities.

The inquiry is urged to consider and make recommendations on how a comprehensive public health response to online gambling harm can be appropriately funded. This includes measures such as industry contributions or requirements for a portion of gambling revenue to be earmarked for evidence based public health measures and services. Prevention measures, a fit-for-purpose regulatory framework, and an adequate monitoring, compliance, and enforcement regime are required for continual improvement in this rapidly developing policy area. The public health response must prioritise and centre community health and wellbeing.

Workforce

Psychiatrists and physicians have an important role in identifying and diagnosing problem gambling. Any efforts to improve the delivery of this support should be cognisant of workforce shortages that impact the feasibility of its delivery. It is vital that services to address online problem gambling have the capacity to refer people to appropriate health services when required.

Policy to improve responses to problem gambling should coincide with systemic workforce reform to increase the required clinical expertise to sufficiently manage comorbid mental health conditions. The [Mental Health Inquiry Report](#)²⁵ recommends a national plan be developed to increase the number of practising mental health professionals (including psychiatrists). The RANZCP and the RACP support targeted long-term funding structures to establish a sustainable pipeline of such workers through creating consistent employment entry points. Priorities are:

- Rural and remote areas

²⁴ Dowling, Nicki A., et al. "Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis." *Australian & New Zealand Journal of Psychiatry* 49.6 (2015): 519-539.

²⁵ Productivity Commission 2020, Mental Health, Report no. 95, Canberra. Online: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

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- In the case of [psychiatrists](#), there were 16.0 FTE per 100,000 population in major cities, 6.9 in inner regional areas, 5.7 in outer regional areas, 6.7 in remote areas and 3.1 in very remote areas.²⁶
- Addiction medicine specialist services
 - In the case of addiction medicine specialists, there are 8.8 specialists per million population, with lower ratios in QLD, VIC, WA and the ACT, and gaps noted across rural and remote regions²⁷.
- Aboriginal and Torres Strait Islander representation in the mental health workforce.
 - This will support the delivery of culturally relevant treatment for problem online gambling behaviours.
- Peer workers within community-based services
 - [People with lived experience](#) of gambling harm have a valuable role to play in supporting the recovery of others by providing empathy, insight, advocacy and hope.²⁸
- Generalist worker upskilling
 - This requires upskilling General Practitioners, Nurse Practitioners and other health workers to identify potential problem gambling as early as possible.

Evidence base

Development of consistent evidence-based gambling messages from a harm reduction and public health perspective, with input from consumers, is required. Regulatory and systemic improvements measures must also be evidence-based to prevent and reduce harm for people who wager online, with appropriate modifications as the evidence base develops. This includes an assessment of best practice nationally and across jurisdictions, including joint governance and data sharing agreements across data custodians.

Adequate funding is required to improve this evidence base. Given the very high social and financial cost of gambling in Australia, funding for such initiatives would have very high potential for return on investment.

Conclusion

The above submission provides the perspectives of physicians, paediatricians and psychiatrists on the need for thorough regulation of online gambling provision and an integrated public health response when treating those experiencing gambling harm.

The RANZCP and the RACP provide this joint submission in recognition of the problem of online gambling harm in Australia. Both Colleges are in the process of developing a position statement on gambling harm and offer our support to inform future policy development in the gambling space. We would also welcome the opportunity to participate in public hearings to further inform the findings of this important inquiry.

²⁶ Australian Government, Australian Institute of Health and Welfare (AIHW), Mental health services in Australia. 10 November 2022. Online: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce>

²⁷ Internal RACP Data

²⁸ The Royal Australian & New Zealand College of Psychiatrists (RANZCP), Partnering with people with a lived experience. September 2021.

Online: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/partnering-with-people-with-a-lived-experience#:~:text=The%20RANZCP%20supports%20and%20advocates,more%20equitable%20and%20choice%2Dfocussed.>