

21 January 2011

Committee Secretary
Joint Select Committee on Gambling Reform
PO Box 6100
Parliament House
Canberra ACT 2600
By email to: gamblingreform@aph.gov.au

Dear Committee,

Re: Inquiry into gambling reform

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to have the opportunity to make a submission to the Inquiry into gambling reform in Australia. The RANZCP is committed to improving the outcomes for people who have pathological or problem gambling habits.

About the RANZCP

The RANZCP is the professional body that represents over 4000 psychiatrists in Australia and New Zealand. It sets the standards for psychiatry, trains and assesses against those standards as well as advocating and working with other organisations for fair, equitable and assessable mental health services for all. The RANZCP has a Section of Addiction Psychiatry that promotes better understanding of addiction psychiatry, alcohol and other drug problems, and problem gambling amongst College members and the wider community.

About psychiatry and gambling

Psychiatrists have a role in the diagnosis of underlying gambling pathology and confirmation that pathology is absent or present. Problem gambling will often coexist with psychological problems of anxiety and depression. These will usually be a consequence of the gambling behaviour and improve when the behaviour is controlled or stopped. In other instances, gambling may be a way of dealing with pre-existing anxiety or depression and both conditions will require appropriate treatment. Other psychiatric illnesses that may rarely be seen to contribute to problem gambling include mania, hypomania and schizophrenia. While delusional ideas and command hallucinations associated with a schizophrenic illness may precipitate gambling behaviour, more commonly the gambling behaviour becomes a way of dealing with the negative symptoms of schizophrenia. Physical illnesses such as migraine, hypertension and other stress-related problems can also be associated with gambling. In these instances, gambling should be considered as a contributory factor.

The Ministerial Council has adopted the Canadian Problem Gambling Index (CPGI) as the national screening measure and surveys show ranges of 0.4% to 0.97% of the Australian population in the various States and Territories having gambling problems. This group has the most serious difficulties due to gambling behaviour (divorce, suicidal thoughts and acts, illegal acts, bankruptcy) and may require treatment and assistance, although longitudinal studies suggest many will change without seeking such assistance. Of those who are within

this definition, studies show that the younger age group (18 -24) has the highest figures - well above the community average - and this group requires special focus.

It should be noted that although problem gamblers are determined by a cutoff point on the CPGI scale, some scoring below the level, while not being regarded as cases, would be deemed to be “at risk” and may still have problems, albeit at a lower level. Community education and responsible gambling policies put in place by the industry should assist most of these gamblers.

Problem/pathological gambling is highly comorbid with other diagnoses. Depression is the most frequent but studies, both local and overseas, show that hazardous alcohol use and smoking are very prominent also. Personality disorders are commonly seen. Treatment for one condition should involve assessment and possible concomitant treatment for these comorbid conditions.

Addressing the incidence of pathological or problem gambling in Australia

Addressing the incidence pathological or problem gambling in Australia requires strategies to critically address the factors that contribute to and perpetuate gambling problems. Research now strongly suggests that there is a clear link between pathological/problem gambling and mental health problems, particularly among vulnerable populations. Serious mental illness such as depression, anxiety disorders and schizophrenia are of particular concern. Critical to addressing gambling related harm is ensuring an adequate response, including the implementation of evidence-based strategies.

Key messages from the RANZCP regarding addressing gambling related harm highlight the need for:

- Adequate resources to meet the needs of the harm minimisation approach in respect to gambling, including adequate services for those with co-existing mental disorders
- Improved provision and evaluation of treatment for problem gamblers
- A special focus on the younger age group (18-24) who are problem gamblers
- Prevention and intervention strategies that aim to promote help seeking and prevent onset of problem gambling
- Increased research and improved links between research and practice by basing policy and funding decisions on research evidence

The RANZCP supports the Productivity Commission report on gambling, released in June 2010, in general as an effort to minimise harm associated with gambling.

Of those recommendations most relevant to mental health and associated gambling, the RANZCP supports in particular:

- Initiatives to reach the target population and encourage help seeking (recommendation 7.1)
- Greater funding contributions of gambling help services from gambling forms found to cause the greatest social harm (recommendation 7.4)

- Increased warnings of possible harm due to excessive gambling (recommendation 8.1)
- Greater research into gambling treatments and outcomes, including the impact of advertising (recommendation 18.3)

Specifically the RANZCP calls for:

- promotion of information about gambling odds for all avenues of gambling
- gamblers to be warned at all venues of possible harm due to excessive gambling
- gamblers to be advised where help may be obtained
- the availability of more counselling services and other help
- research into gambling treatments and outcomes

The RANZCP is also submits that it is necessary to examine and monitor the impact of schemes of reform to address problem gambling to determine what further harm minimisation measures may be necessary in the future.

The RANZCP thank the Joint Select Committee on Gambling Reform for the opportunity to make a submission to this important matter and looks forward to working with the government in the development of robust strategies to address gambling-related harm in the future.

The RANZCP would be pleased to provide further information and meet with the committee to discuss any aspect of this submission further.

Yours sincerely

Dr Maria Tomasic
President

Ref: 1819

Online gambling and gambling advertising

Submission to the Joint Select Committee on Gambling Reform,
June 2011



1. Introduction

The Royal Australian and New Zealand College of Psychiatrists welcomes the opportunity to make a submission to the Inquiry into interactive and online gambling and gambling advertising to improve responses to those individuals dealing with problematic gambling.

In considering the terms of reference the RANZCP has limited its comments to those outlined under term (i) which concerns gambling advertising and, specifically, the level of gambling advertising; the display of betting odds at venues and during match broadcasts; commentators referring to the odds; and the general impact of gambling advertising on sport.

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2. Background

Problematic gambling is defined as a pattern of behaviour that compromises, disrupts or causes damage to health, family, personal or vocational activities; the extreme end of this behaviour can be described as 'pathological gambling'. Gambling harm describes harm as the distress exacerbated by an individual's gambling and includes the personal, social or economic harm suffered by the person or their family/whānau, community or workplace or greater society [1].

The diagnosis of 'pathological gambling' was accepted by the World Health Organisation and introduced into the International Classification of Diseases (ICD) system in 1977. The diagnosis as a disorder of impulse control was introduced into the *Diagnostic and Statistical Manual of Mental Disorders (DSM) III* by the American Psychiatric Association in 1980.

Recent times have seen the wider use of the term 'problem' to emphasise the view that gambling behaviour moves along a continuum. According to this view, it is difficult to distinguish regular gamblers from a discrete group for whom gambling has become a serious problem. However, in 2012, for the DSMV the American Psychiatric Association will reclassify pathological gambling (disorder); and place it under Addiction and Related Disorders as a behavioural disorder.

3. About problem gambling and mental illness

The Productivity Commission acknowledges the increased proclivity toward problematic gambling for suffers of a mental illness, particularly for depression or bipolar disorder [2]. RANZCP would support better measures to prevent or reduce the harm caused by problematic gambling, particularly for those suffering from a mental illness. Problem gambling will often coexist with psychological problems of anxiety and depression. These will usually be a consequence of the gambling behaviour and improve when the behaviour is controlled or stopped. In other instances, gambling may be a way of dealing with pre-existing anxiety or depression and both conditions will require appropriate treatment. Other

psychiatric illnesses that may rarely be seen to contribute to problem gambling include mania, hypomania and schizophrenia. While delusional ideas and command hallucinations associated with a schizophrenic illness may rarely precipitate gambling behaviour, more commonly the gambling behaviour becomes a way of dealing with the negative symptoms of schizophrenia.

Problem gamblers have been found to have worse health outcomes than the general population, being nearly four times more likely to smoke and five times more likely to partake in hazardous drinking patterns [3]. This group has a higher than average number of visits to a general practitioner, which is evidenced by increased incidence of physical illnesses such as migraine, hypertension and other stress-related problems. In these instances, gambling should be considered as a contributory factor.

4. Gambling industry advertising

Adolescence can be a vulnerable time developmentally; any regulation or policy needs to be aware of the impact of advertising on this group. Recent Canadian/Australian research found that developments in technology and advertising have led to an increase in problematic youth gambling. The genetic risk for problem gambling has been recognised in research; a person has a ten per cent greater chance of becoming a problem gambler if they have a parent or sibling who also problem gambles [4].

The use of celebrities and marketing targeting the youth sector has seen greatly increasing numbers of adolescents gambling, between 63 and 82 per cent, with 4 to 7 per cent exhibiting strong signs of pathological gambling [5]. Television presenters and match commentators repeatedly discussing sports betting and gambling begins to normalise this activity, especially given that a number of them are former sports stars so are likely to have an influence over the viewing audience. This 'cult of personality' may sway audiences, particularly young people, to follow the commentator's direction to begin gambling. RANZCP supports the development of monitoring systems for host responsibility programmes in gambling situations, including the telephone and online arenas.

It is necessary to understand the impact advertising can have on vulnerable groups and problematic gamblers; policy and regulation will need to take this into account [5]. Gambling advertisements have become increasingly prevalent on television during sporting events screened in Australia.

4.1 Gambling advertising during televised events

RANZCP recommends that the advertisements for betting and gambling companies during commercial breaks be restricted to a set number of times per hour, and suggests that twice would be appropriate. Such adverts should also advise the viewer of the issue of problematic gambling and information about support organisations. This information should be easily visible in clear printing and be visible for a minimum of five seconds display.

Advertising at the ground and on players' uniforms is more difficult to monitor given sponsor's right and commercial rights but, for all advertising, the RANZCP strongly calls for clear and appropriate display of the helpline number.

4.2 Display of odds on TV during events

Television networks often give prominence to betting odds and returns prior to, and during, live telecasts with discussion by commentators linking the form of a team to the returns for betting on its success. Betting odds and returns also run across the screen during live coverage of sports such as tennis, cricket, rugby and football.

RANZCP suggests that the patent promotion of gambling is restricted to a set number of times per hour, and suggests that twice would be appropriate. This is important to reduce the focus on betting as a

continuous form in the way that poker machines are presented. With reduced opportunity it will slow the options for vulnerable people and there will be less pressure to bet in order to recoup a loss.

To balance this, and as indicated above, prominence should also be given to advising the viewer of the issue of problematic gambling and information about support organisations be provided during the same telecast

4.3 Commentary on betting odds

RANZCP strongly calls for commentators not to be allowed to discuss or talk about any odds on offer at any point in time. The basis for concern is that such behaviour seems to normalise gambling as part of watching sport when it should be seen clearly as an optional extra. Also, as discussed earlier, the cult of personality may encourage some young people to follow commentators, especially those who were once heroes as players, in the activity of gambling.

5. Growth of online gambling market

Australia must increase its research in the area of problem gambling in order improve the response to the growing online betting market. While the gambling industry purports to promote community development and support community initiatives, the revenue from such enterprises comes at a high social cost for individuals, their family and whānau [1].

Online gambling has grown in recent years; with increasing computer accessibility meaning people are able to gamble more easily [6]. While internet gambling on interactive casino-type websites is illegal in Australia, using a website to access sports betting is not. Each of the states and territories have legislation that attempts to ensure responsible gambling, however the policing and enforcement of these laws varies between venues as stopping problem gambling reduces their revenue.[5] It is crucial for all jurisdictions to work together to develop guidelines and legislation that will encompass the growing online betting market.

RANZCP supports measures to co-ordinate a streamlined, consolidated national guideline or strategy to direct work on reducing problematic gambling. New Zealand's Ministry of Health has developed a framework to guide and direct services for problem gambling activities [7]. NZMoH also advocate for host responsibility in gambling environments plus support individuals to obtain help for their gambling problems. Australia could learn much from the strong research developed in New Zealand to develop strategies applicable to local jurisdictions.

Recommendations

The RANZCP is concerned about the negative impact of online gambling in the community. Accordingly, the RANZCP urges Government and industry bodies to work together with community representatives to find responsible levels of gambling activity which minimise the harmful impact on the community. Further recommendations to reduce the harm caused by problem gambling include:

- Recognising the link between mental health issues and problem gambling
- Understand the vulnerability of adolescents and the risks of their developing (particularly) negative online gambling habits
- The need to co-ordinate a streamlined, consolidated national guideline or strategy to direct work on reducing problematic gambling
- Tighter regulations to monitor the advertising of gambling to reduce the impact it can have on vulnerable groups and problematic gamblers; policy and regulation will need to take this into account. Suggested actions include:

- Commentators not to be allowed to discuss or talk about any odds on offer at any point in time
 - Restricting the number of advertisements for gambling to two per hour during commercial breaks and, if it is decided to display of odds on television, there should be similar restriction in frequency
 - Balancing advertising with providing problem gamblers information on where to obtain help – such information should be appropriately and clearly displayed in all advertising for a minimum time frame
- Learn from, and work with New Zealand researchers, to change gambling legislation in Australia
 - Increase research in the area of problem gambling in order improve the response to the growing online betting market

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