

Gambling-related harm

A Position Statement prepared for
the Australian Psychological Society
By the APS Public Interest Team

1. Introduction

The aim of this statement is to provide an overview of gambling-related harm in the Australian context and to position psychologists' responses to gambling-related issues.

The statement builds on the APS Review Paper '*The Psychology of Gambling*' (November 2010) which was prepared by a working group commissioned by the APS Public Interest Advisory Group¹. It draws on the available evidence to provide recommendations for public policy and psychological practice with the aim of enhancing individual and community-wide mental health and wellbeing and reducing gambling-related harm.

The APS recognises that gambling forms part of an entertainment and tourism industry, and is a significant source of revenue to government and private enterprise. The APS also considers gambling to be a significant public health concern, due to the considerable harm it can cause to individuals, families and communities.

The APS is dedicated to advancing the discipline and profession of psychology for the benefit of our members and the communities they serve. The APS advocates for change where policies cause harm to mental health and wellbeing, and is therefore concerned to promote evidence-informed policies that minimise the adverse consequences of gambling.

The APS recognises the differential levels of risk associated with different types of gambling or product, and acknowledges the overwhelming evidence indicating that most harm is associated with Electronic Gaming Machines. While psychological treatment approaches and interventions are important, the APS considers that there are also significant structural causes of gambling-related harm that must be more effectively addressed. These arise from unsafe gaming products with intrinsic design features that have been associated with uncontrolled problematic consumption and impaired decision-making.

A range of strategies are recommended from prevention, regulation and treatment, at individual, community, industry and government levels.

The APS urges State and Federal governments and industry to adopt policies that are well-informed, are based on independent research, and seek to protect the most vulnerable from gambling-related harm.

¹ The APS working group comprised Professor Debra Rickwood, Professor Alex Blaszczynski, Associate Professor Paul Delfabbro, Dr Nicki Dowling and Katharine Heading.

2. Gambling harm

Gambling involves the staking of an item of value on an outcome that is governed by chance, and encompasses a wide range of commercial activities, including lotteries, Electronic Gaming Machines (EGMs), casino games, racing and sports betting. Almost all forms of commercial gambling are designed to provide a negative return to players, that is, a relative advantage to the house or gambling operator.

Gambling has become increasingly accessible in the Australian community, with the proliferation of online gambling and the expansion of Electronic Gaming Machines (EGMs).

Australians spend over \$19 billion per annum on gambling, with a significant proportion (60%) of this expenditure being lost on EGMs, mostly located in clubs and hotels (Productivity Commission, 2010). Of concern is that the highest concentration of gambling venues are in areas with lower socio-economic status. Losses on EGMs have been shown to be implicated in around 85% of gambling problems (McMillen, Marshall, Ahmed & Wenzel, 2004).

Overall, 90,000 to 170,000 Australian adults are estimated to experience significant problems due to their gambling (0.5 to 1.0% of adults), with a further 230,000 to 350,000 (1.4 to 2.1% of adults) experiencing moderate risks that may make them vulnerable to problem gambling.² The prevalence of problem gambling dramatically increases when the focus is on EGMs, with studies showing that the proportion of users engaging in problematic gambling is around 30% (Livingstone & Woolley, 2007). In other words, of those who do engage in gambling, the risk of the gambling becoming problematic varies greatly depending on the product.

Along with significant financial harm experienced by those who engage in problem gambling³, it has also been linked to psychological harm (e.g., Battersby & Tolchard, 1996), with those engaging in problem gambling also experiencing depression, self-harm, anxiety and engagement in other behaviours which compromise their wellbeing (Rodda & Cowie, 2005; Delfabbro & LeCouteur, 2009).

Although less well understood, problem gambling has also been linked to poor employment outcomes, with those affected by problem gambling taking time off and/or giving up work to gamble or, more seriously, losing their jobs due to gambling, or using their workplace to commit crimes to fund their gambling (Delfabbro & LeCouteur, 2009).

² The difficulty in estimating problem gambling prevalence is compounded by the fact that it is a phenomenon that many people try to conceal.

³ The Productivity Commission (2010) estimates that problem gamblers' share of total Australian gaming machine losses range around 40 per cent, meaning that at a minimum, the 'small' group of problem gamblers currently account for \$2.6 billion of gaming machine losses. Moderate risk gamblers account for an additional substantial share.

It is estimated that for every person with a gambling problem, there are five to ten other people (such as immediate family, extended family, friends, work colleagues) who are affected by it (Productivity Commission, 1999). For example, relationship difficulties and the hidden nature of problem gambling mean that family finances are often depleted before family members have an opportunity to intervene.

Even less researched is the broader community impact of problem gambling in terms of the loss of involvement of people in community related activities (such as volunteering), and the increased use of the service system – mental health, primary health, criminal justice - for addressing gambling-related problems.

3. The APS position

The APS recognises that there are many causes and consequences of gambling-related harm. Gambling harm is a significant individual, community and public health issue, and effective interventions therefore need to both reduce the potential for harm to the individual and his or her family, and address broader social, community, political and economic factors.

3.1 In relation to understanding and treatment of problem gambling, the APS:

- Recognises that there are a number of theoretical models⁴ of problem gambling, including learning theory, cognitive models, addiction models, personality theory, and integrated models – based on biopsychosocial variables.
- Understands that while there has been improvement in the evidence base, evaluation of screening and assessment and interventions for problem gambling remains relatively limited (Rickwood et al, 2009; PGRTC, 2011).
- Understands that the overall success rates for psychological treatments have been shown to be limited, but more effective than no treatment (Palleson, Mitsem, Kvale, Johnsen & Molde, 2005). Recent studies of non treatment-seeking adults, however, suggest that the clinical course of problem gambling may involve spontaneous remissions and natural recovery without formal intervention. In general, most problem gamblers do not need prolonged treatment.
- Recognises however that some individuals with problem gambling behaviour will benefit from intervention or treatment.

⁴ Please see the Psychology of Gambling Review Paper for a more detailed discussion of these approaches.

- In line with the Problem Gambling Research and Treatment Centre's (2011) *Guideline for Screening, Assessment and Treatment in Problem Gambling*, cautiously recommends Cognitive Behavioural Therapy to reduce gambling behavior, gambling severity and psychological distress in people with gambling problems. Motivational Interviewing, Motivational Enhancement Therapy and practitioner-delivered psychological interventions are also recommended. There is a lack of evidence for the screening and assessment of problem gambling. The APS supports the consensus based recommendations of the PGRTC (2011) guideline.
- Draws attention to the high incidence of co-morbidity among problem gamblers, which has implications for individually tailored intervention approaches and addressing gambling-related issues as part of other psychological interventions (Winters & Kushnet, 2003). Such complexity may limit the effectiveness of treatment.
- Understands that engagement of those with gambling problems is compounded by the associated stigma, and as a consequence the number of those seeking help is low. For example, the Productivity Commission (2010) estimates only 15 percent of problem gamblers seek help.

Specifically, in relation to psychological and gambling support services, the APS recommends:

- more rigorous evaluation of current treatment services and research into gambling harm,
- better promotion of self-help and brief treatment options,
- enhanced training of gambling counsellors, including psychologists, and
- better integration of services within the broader health system, particularly mental health services.

3.2 In relation to public health and consumer protection, the APS:

- Endorses a public health framework which includes strong consumer protection measures. This takes into account how gambling technologies, venue behaviours and settings, and other aspects of the gambling environment and regulatory system can lead to harmful outcomes for gamblers (Dickerson, 2003).
- Acknowledges that there is a tension for governments in terms of balancing the goal of preventing and reducing harm with potential restrictions to gambling as an entertainment for consumers and concomitant reductions in gambling revenue (Adams, 2009). This tension highlights the need for independent research and independent industry regulation to inform decision-making in relation to gambling-related policy.

4. Recommendations to Government

Given the extent of harms posed by gambling, particularly EGMs, the APS considers governments have a responsibility to protect individuals and communities from foreseeable harm.

The APS acknowledges that while a range of strategies have been developed to reduce gambling-related harm, voluntary industry compliance with these provisions has been inconsistent (Williams et al, 2007). Reluctance to apply effective prevention measures is attributed to conflicting interests, in that such measures inevitably threaten income generated through gambling.

Specifically, the APS recommends that:

- attention be focused on the specific forms of gambling and products most related to harm. Evidence shows EGMs to be the product most linked to problem gambling and gambling harm.
- while self responsibility is important, an individual's capacity to exercise informed choice in relation to EGMs can become severely impaired due to the essential design features of the product⁵. The APS therefore considers a consumer protection response essential for addressing gambling harm.
- the Government should therefore strengthen its consumer protection measures to include:
 - full provision of product information necessary to assist consumer decision-making (e.g., information about the 'cost per hour' of playing EGMs),
 - modifying the number, location, and characteristics of EGMs that impair informed choice and self responsibility to minimise their harm (e.g. slowing machines down, lowering the cash input rates⁶), and
 - modifying the gambling environment (e.g., limiting access to cash, reducing hours of operation of machines).
- An effective policy of mandatory pre-commitment be adopted as a key measure for consumer protection and therefore for reducing gambling harm. This involves players specifying time and/or monetary limits to a session of gambling before purchasing the first game, in a place away from the influences of the gaming floor, and is aimed at providing consumers with greater control over their 'purchasing' decisions (Dickerson, 2003).
- consideration be given to developing limits (caps) for the number of EGMs per community or location, particularly given the concentration and unequal spread of EGMs and consequent burden of harm within socioeconomically disadvantaged communities. This may also mean reducing the number of EGMs in some communities.

⁵ Intrinsic product design features based in large part on behavioural principles impair control for regular players, meaning that people who have gambling problems cannot readily exercise informed choice to undertake gambling responsibly.

- evaluation and research into the impact of policies designed to reduce gambling related harm be prioritised and in the absence of a sound evidence base, governments have a social responsibility to protect the public from exposure to gambling products that causes harm.

5. Roles for psychologists

Psychologists are encouraged to inform themselves about issues pertaining to gambling and gambling harm, and to advocate for evidence-based policies which prevent and minimise harm, particularly to ensure the protection of vulnerable and at risk individuals and groups.

The APS Code of Ethics (2007) General principle B states that psychologists 'provide *psychological services* to benefit, and not to harm'.

[They] take responsibility for the reasonably foreseeable consequences of their *conduct*; ... take reasonable steps to prevent harm occurring as a result of their *conduct*, and ...take reasonable steps to ensure that their services and products are used appropriately and responsibly (p.20).

The APS therefore considers it unethical for psychologists to apply psychological knowledge in the design or marketing of products (such as EGMs) that cause harm (through intrinsic design features that have been found to linked to problematic consumption and impaired decision making) to vulnerable individuals and groups.

More positively, psychologists have important contributions to make to reducing gambling-related harm by:

- informing public debate and policy with psychological knowledge, and increasing public awareness of known risk factors and groups at risk of problem gambling, focusing attention on Electronic Gaming Machines (EGMs) and reducing their harm.
- Undertaking research on the impact of gambling harm reduction measures and treatment approaches, and informing prevention initiatives by advocating for better implementation of effective public health and consumer protection approaches.
- enhancing effective treatment interventions through training for primary health care providers, improving screening protocols for problem gambling in mental health services, including protocols for co-morbidity, developing guidelines for evidence-based interventions, and undertaking more extensive treatment studies with improved methodology.
- furthering the knowledge base by investigating emerging aspects of gambling, particularly online gambling and the impact of the increase in gambling advertising, developing an internationally accepted measure of problem gambling, and better understanding gambling across the lifespan.

6. References

- Adams, P.J. (2009). Redefining the gambling problem: The production and consumption of gambling products. *Journal of the National Association for Gambling Studies*, 21, 51-54.
- Australian Psychological Society. (2007). *Code of ethics*. Melbourne: Author.
- Battersby, M., & Tolchard, B. (1996). The effect of treatment of pathological gamblers referred to a behavioural psychotherapy unit: II - Outcome of three kinds of behavioural intervention. In B. Tolchard (Ed.). *Towards 2000: The future of gambling: Proceedings of the 7th annual conference of the National Association for Gambling Studies* (pp. 219-227), Adelaide, South Australia.
- Delfabbro, P.H., & LeCouteur, A.L. (2009). Australasian gambling review (4th Ed.). Adelaide: Independent Gambling Authority of South Australia.
- Dickerson, M. (2003). Exploring the limits of 'Responsible Gambling': Harm minimisation or consumer protection? *Proceedings of the 12th Annual Conference of the National Association for Gambling Studies*, Melbourne.
- Livingstone, C., & Woolley, R. (2007). Risky business: A few provocations on the regulation of electronic gaming machines. *International Gambling Studies*, 7, 361-376.
- McMillen, J., Marshall, D., Ahmed, E., & Wenzel, M. (2004). Victorian Longitudinal Community Attitudes Survey. Melbourne: Victorian Gambling Research Panel.
- Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction*, 100, 1412-1422.
- Problem Gambling Research & Treatment Centre (2011). *Guideline for Screening, Assessment and Treatment of Problem Gambling*. Clayton: Monash University.
- Productivity Commission (2010). *Gambling. Productivity Commission Inquiry Report. Volume 1. Report no. 50*. Canberra: Productivity Commission.
- Productivity Commission (1999). *Australia's gambling industries*. Canberra: Productivity Commission.
- Rickwood, D., Blaszczynski, A., Delfabbro, P., Dowling, N. & Heading, K. (2010). *The Psychology of Gambling*. Review paper prepared for the Australian Psychological Society <http://www.psychology.org.au/Assets/Files/APS-Gambling-Paper-2010.pdf>

- Rodda, S., & Cowie, M. (2005). *Evaluation of electronic gaming machine harm minimisation in Victoria*. Report prepared for the Victorian Department of Justice. Melbourne, Caraniche Pty. Ltd.
- Slutske, W.S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two US national surveys. *American Journal of Psychiatry, 163*(2), 297-302.
- Westphal, J.R. (2008). How well are we helping problem gamblers? An update to the evidence base supporting problem gambling treatment. *International Journal of Mental Health and Addiction, 6*(2), 249-264.
- Williams, R.J., West, B.L., & Simpson, R.I. (2007). *Prevention of problem gambling: A comprehensive review of the evidence*. Report prepared for the Ontario Problem Gambling Research Centre, Guelph, Ontario, Canada.
- Winters, K.C., & Kushner, M.G. (2003). Treatment issues pertaining to pathological gamblers with a comorbid disorder. *Journal of Gambling Studies, 19*(3), 261-277.