

## **Inquiry into the Prevention and treatment of problem gambling**

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Gambling Help Services are providing a valuable service to the community and, if our service is a relevant guide, some people who are adversely affected by gambling are being helped, through the current resourcing formulae to overcome their problematic gambling behaviour. However, while the current agencies are providing a significant and effective public service in the area of gambling disorder support and treatment, there are many facets of this business that need much more critical examination...eg:

- the methods for determining the prevalence of problem gambling, and indeed deciding what problematic gambling actually is, are questionable...for example, prevalence surveys relying on phone interviews using computer aided telephone interview techniques and fixed line telephone numbers may not be sampling the population in a truly representative manner and people with gambling problems may be underestimated
- further clarification of the continuum of gambling addiction, pathological gambling, problem gambling and the emerging concept of disordered gambling and the crucial cut points on the various tools being used to classify these disorders is needed
- there is limited definitive evidence about the longer term efficacy of the myriad treatment plans in the market, yet governments continue to fund a wide range of programmes to support people with gambling problems
- the question of causation and weighting of antecedent factors remains unresolved...ie is this a medical condition, an impulse control disorder or a socially determined and conditioned phenomenon...should it be treated or will people naturally recover as their circumstances change...if it is to be treated, what are the best and most proven strategies for treatment?
- what supply-side controls need to be placed on this industry to ensure public safety...cf the tobacco strategy...modern gambling technologies can be harmful products and should be regulated accordingly in order to protect those who are vulnerable
- the failure to grapple with the economics of the gaming industry is a major flaw in any prevention and treatment strategy...that is, the business of gambling is so profitable that governments are ignoring the downstream impacts and costs associated with this business in favour of reaping the short term benefits of it...as many astute commentators have noted 'governments are addicted to gambling just like the patrons'
- one of the main predictors of 'problematic gambling' is frequency of access to the machinery of gambling...ie exposure to EGMs for example; the more people play them, the more they become enamoured of them
- the sleeping giant of on-line gambling is yet to be addressed as the focus of remediation to date has been on EGMs, pre-commitment technologies and venue-based strategies to assist people with problems – clearly, as technologies advance and people have unfettered access to on-line gambling at any time, more and more people could be adversely affected by disordered gambling
- it is imperative that open, independent scientific research underpins decisions about treatment modalities and resource allocation in this industry

- there is an emerging case for disordered gambling to be seen in a population health context, although this should not reduce the responsibilities of the gaming industry in the remediation process

## **Treatment and Research**

The **Statewide Gambling Therapy Service (SGTS)** was established in 2007 following the development and testing of a cognitive behavioural therapy (CBT) treatment programme for people with gambling problems. Professor Malcolm Battersby developed the programme at Flinders University based on his work on exposure therapy in the UK. This approach to treating gambling addiction employs a graded exposure (behavioural therapy) programme in conjunction with cognitive therapy to challenge the thought processes of addicted gamblers.

The CBT model used by SGTS has its origins in a number of treatment initiatives developed at Flinders University through the Master of Mental Health Sciences programme including the use of group therapy programmes and an on-line videoconferencing programme for remote rural communities (1, 2). A key principle of this treatment is the reduction of the urge to gamble through graded exposure to gambling related cues. Early outcomes suggest that if the urge to gamble can be extinguished through the graded exposure treatment programme, relapse to problematic gambling is less likely (3-7).

SGTS provides a complete mental health assessment on presentation and a range of treatment and support options including an inpatient programme with additional clinical support and treatment for clients with co-morbid conditions, on-line support, peer support, and relapse prevention strategies involving family support and self-help groups. Collaboration and cross-referral between treatment agencies providing financial and family counselling services also complement the range of options available to people seeking help for their gambling problems.

To date, numerous papers and reports have been produced by **SGTS** and the **Flinders Centre for Gambling Research (FCGR)** on the processes and outcomes of treatment programmes for people with gambling disorders. These works are beginning to form a more robust evidence base for the efficacy of the CBT treatment approach to disordered gambling as this body of work, including book chapters, treatment manuals, journal articles and presentations chart patients' journeys through treatment (8) and document short and longer-term treatment outcomes (2, 4-6, 8-15).

In addition to the regular outpatient treatment programme offered by SGTS, an inpatient programme has been developed for clients with complex co-morbid mental health conditions and, although a small programme in the scheme of things, this programme provides significant benefits for this patient group (11, 16). SGTS, in collaboration with the Flinders Centre for Gambling Research is also exploring relapse prevention strategies and the application of peer-led, self-management programmes to assist recovered gamblers to prevent relapse to problematic gambling following treatment (3, 17). The service is also diversifying its treatment options to include clients from culturally and linguistically diverse (CALD) and Aboriginal communities (18, 19) with programme adaptations, bi-lingual educational materials and a new treatment manual now in place for Vietnamese people with gambling problems.

Currently the FCGR is working on a number of studies exploring the efficacy of behavioural, cognitive and cognitive behavioural therapy in the treatment of disordered gambling. An initial RCT study conducted through the FCGR is looking at the benefits of pure exposure therapy compared with pure cognitive therapy (20) and a larger study is being developed in collaboration with Professor Ladouceur from Laval University in Canada and Professor Abbott in Auckland, NZ, to investigate the relative merits of a number of other treatment options for people experiencing gambling disorders.

The developments outlined above go part of the way to answering the key questions emerging in the field of gambling addiction, treatment, relapse and prevention and ongoing support. As outlined in the introductory section of this submission, there are many grey areas in relation to the gambling industry and the associated phenomenon of disordered gambling that researchers are now beginning to address. In summary, these include a need for...

- attention to the regulation of the industry in order to prevent the creation of gambling problems resulting from the dangerous aspects of gambling industry products such as EGMs and on line gambling
- regulation involving mechanisms for securing revenue from those who profit from the gambling industry in order to assist with remediation of those who are damaged by it as well as education and population-based education and information system to inform and prepare consumers in their use of the products involved
- better matching of treatment regimens to the needs and stages of addiction of those who are adversely affected by the industry
- clearer analysis of what forms of treatment work for which groups of people, for how long and at what cost
- a much better understanding of the stages in the development of addictive behaviours in relation to gambling, cycles of treatment and relapse
- a move beyond self-reported outcome measures in problem gambling treatment including the use of physiological measures and more direct methods for collecting data on the rates of use and impact of gaming technologies upon the consumer as discussed by Shaffer (21)
- an extension of research enterprise beyond the clinical / treatment focus and into the arena of public policy and the wider social determinants of health and wellbeing in relation to the impact of gambling upon individuals, families and communities...ie the pathways to problem gambling need further investigation beyond a psychological paradigm and to include psychosocial and socioeconomic perspectives
- the current evidence-base to inform clinicians, consumers, funders, and policymakers on gambling treatments is limited due to a paucity of high quality empirical investigations...this is reflected by the paradoxical nature of the current structure of gambling help services in Australia that consist predominantly of non-specific approaches to treatment, or more eclectic approaches, while disordered gambling is viewed as an established mental illness
- the relationship between co-morbid conditions such as anxiety, depression and substance abuse, and gambling disorders to be further investigation

- an improvement in collaboration between gambling help services and the wider community health sector in order to provide more effective and efficacious treatment pathways for problem gamblers

## **Consumer contribution**

### **Problem Gambling**

I struggled with gambling on poker machines for many years until seeking the specific treatment offered at the Statewide Gambling Therapy Service (SGTS). The harm I have encountered over these years has been significant, including the following:

- financial hardship resulting in significant anxiety and depression
- relationship problems
- significant restrictions to my lifestyle
- many failed attempts to overcome my problems gambling behaviours

### **Treatment**

I was referred to the SGTS in 2009 to be assessed for the treatment program. It was determined that I was suitable for the program. I completed the treatment and was placed in follow up. During this time I regained control over my life. It was a different approach that I had been struggling with over the years. Rather than learning ways to keep myself safe and avoid gambling I learnt to overcome this destructive behaviour. The difference between this program and other services where I had sought support for my problem was that my urges to gamble have gone and through the graded exposure program I can now enter a gaming venue, carry cash and save money. I have now been involved in supporting other clients to stay with their program to gain the benefits.

In summary I want to highlight the importance of this program and hope that it can be made available to other problem gamblers.

Heather: client of the Statewide Gambling Therapy Service

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