THE UNIVERSITY OF SYDNEY

22nd March 2012

Committee Secretary
Joint Select Committee on Gambling Reform
PO Box 6100
Parliament House, Canberra, 2600

Submission to the Joint Select Committee on Gambling Reform
Inquiry into the Prevention and Treatment of Problem Gambling

Submitted by:

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Disclosure:

The University of Sydney Gambling Treatment Clinic is funded under the NSW Government Responsible Gambling Fund (RGF). The views expressed here reflect the views of the authors and not of the RGF.

Our Interest in Gambling:

The University of Sydney Gambling Treatment Clinic (GTC) is a free, confidential, face-to-face counselling service operating within the School of Psychology. The clinic provides a service to individuals who have difficulty with gambling and their affected family and friends. Services are offered at a range of locations throughout Sydney, including at Darlington in the inner-city, and at Campbelltown, Narellen, Tahmoor, Parramatta and Lidcombe in the southern and western suburbs.

The GTC was founded in 1999 by Associate Professor Michael Walker, a recognised international expert in the field of problem gambling. Associate Professor Walker wrote one of the seminal texts on the psychology of gambling[1]. In 2010, Professor Alex Blaszczynski assumed the Directorship of the GTC.

[1] Walker, M.B. (1992) *The Psychology of Gambling: International Series in Experimental Social*

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Introductory Comments

The Gambling Treatment Clinic of the University of Sydney is committed to researching and implementing the best practice of treatment for problem gamblers and people affected by excessive gambling. As scientist-practitioners, we advocate applying systematic review and accepted research methods to a given problem in order to generate sensible discussion and arrive at evidence-based conclusions. Unfortunately, many of the previous attempts to debate the aetiology, nature and effective treatment of problem gambling has placed great emphasis on untested theories and approaches to understanding problem gambling, as well as extrapolating evidence of effective treatment from individual case studies. Given that individuals perform quite poorly at deducing the reasons for their own behaviour[2], and individual gamblers may not be consciously aware of what factors determine their gambling behaviour[3], any thorough review of treatment must transcend these serious but common trends in the sector.

As much of this submission will outline, there are currently major holes in the available research evidence, and considerably more funding and attention should be directed to readdressing these gaps. Our submission however, has attempted to address the issues raised by the Committee on the basis of the currently available evidence and a systematic review of what has been observed in the clinical work conducted at the Gambling Treatment Clinic.

Public Information Campaigns

The effectiveness of public health information campaigns has long been questioned, and whilst the Gambling Treatment Clinic has not conducted a formal evaluation of the effects of various campaigns and social media experiments targeting gambling, we have conducted a basic analysis on the referral calls and information requests from the public that we have received. We have not noted any increase or decrease in our referral numbers or calls for information following initiatives from the NSW Responsible Gambling Fund, such as the "Gambling Hangover" campaign, the re-branding of services under the "Gambling Help" banner, the "Counsellor Sam" Facebook page, and Responsible Gambling Awareness Week.

Psychology. Elmsford, NY, US: Pergamon Press.

[2] Nisbett, R. and T. Wilson (1977). Telling more than we can know: Verbal reports on mental processes. *Psychological Review,* 84, 231-259.

[3] Walker, M., Schellink, T., & Anjoul, F. (2008). Explaining why people gamble. In: Zangeneh, M., Blaszczynski, A., & Turner, N. E. [Eds.] In the pursuit of winning: Problem gambling theory, research and treatment. New York, NY, US: Springer Science + Business Media.

In contrast, the numbers of clients seeking treatment at the GTC has increased dramatically following our own media releases to local and metropolitan print media. These releases, written by our staff, have focused on a range of issues relating to gambling, from the escalation of sports betting to trials of new treatments at the clinic. When the press release referred to new and evidence-based treatments on offer at our service, our referral rates increased dramatically. These new callers typically reported high levels of dissatisfaction with their previous treatments and various services and had intentionally avoided treatment for many years. Our impression is therefore, that public awareness can be raised by providing newsworthy releases to media outlets on the latest research on gambling, innovations in industry and research on gambling treatments, rather than simply highlighting the harms associated with excessive gambling.

Marketing of Gambling

Staff at the GTC have a number of concerns about the way gambling is advertised in Australia. Our main concerns include the live announcing of available odds during sporting broadcasts, the practice of using inducements in marketing, the use of language to create or strengthen associations of gambling with winning, skill and wealth, and the failure of marketing strategies to properly explain why gamblers should expect to lose in the long run.

Live announcing of odds

One of our concerns, the live announcing of available odds during sporting broadcasts, was raised in our previous submission to the Committee. We thank the Committee for addressing this issue.

Inducements

We note with concern the practice of inducements involving "free bets" or "bonus credits" that are routinely offered to clients of sports betting websites. Clients of the GTC tend to report that such inducements encourage them to think that they have 'nothing to lose' by betting, or that betting offers them 'easy money' or 'free money'. They report such offers are highly appealing, and make it difficult for them to ignore, cut back or stop gambling. Our observation is that clients at the GTC report considerably more gambling arising from this style of "free bet" inducements than inducements offered at land-based gambling operators, such as reward points or cheap meals.

Use of language and images associated with winning, skill and wealth

It is likely that the gambling industry sees it as an essential marketing strategy to promote gambling by associating it with knowledge, skills, success, winning and long-term wealth. This is because such associations, explicitly encouraged in most if not all forms of gambling advertising, have long been known to be a core feature of the psychology of excessive gambling[4]. Any

[4]Joukhador, J., MacCallum, F., & Blaszczynski, A. (2003). Differences in cognitive distortions

marketing that encourages gamblers to overestimate their chances of winning, overestimate their own skills, or the role of knowledge or skill in gambling in order to win money and acquire wealth are therefore directly aimed at creating and increasing the core pathology of problem gambling. The pervasiveness of such language and imagery in advertising serves to validate such associations, presenting them as factual statements in the public's mind. The persistent presentation of such language is then used to normalise these associations, marketing 'truths' and 'well known facts' to the public that is frequently cited but rarely questioned in public discourse.

Failing to explain why gamblers should expect to lose in the long run

As stated above, an individual's conviction in their ability to win in the long run is the core pathology in problem gambling. Indeed, the current authors argue that this conviction is the only necessary and sufficient causal factor in the development of problem gambling. It seems that this belief in winning, which emerges after the individual experiences meaningful early wins at gambling, drives the gambler's curiosity and subsequent theorising on how to go about replicating such wins in order to make money over time. Our belief is that any advertising that reinforces theorising about winning, obscures the likelihood of losing or fails to help gambler's understand the difficulties they need to overcome in order to win in the longer term encourages the development of problem gambling.

Identification of Problem Gamblers by Venue Staff

Whilst there has been a focus within the gambling industry on training staff to identify problem gamblers within a gaming venue, there has been no published research investigating the most effective methods for doing this. Many training programmes focus on having venue staff identify potential problems gamblers based on losses of large sums of money or signs of distress during a single gaming session. As problem gambling is defined however, by unaffordable losses over a long period of time, it would be difficult to identify problem gamblers with certainty based on their losses during a single session. Research into the behaviours displayed by problem gamblers over time in order to analyse whether any early displays of specific behaviours are predictive of later confirmed problem gambling is clearly needed. In contrast, as we argued in our previous submission to the Committee, on-line gaming and wagering operators, as well as agencies that offer any kind of betting account, have a much better chance at identifying problem gamblers. This

between problem and social gamblers. *Psychological Reports, 92,* 1203–1214.
Miller, N. V., & Currie, S. R. (2008). A Canadian population level analysis of the roles of irrational gambling cognitions and risky gambling practices as correlates of gambling intensity and pathological gambling. *Journal of Gambling Studies, 24*, 257–274.
Toneatto, T. (1999). Cognitive psychopathology of problem gambling. *Substance Use and Misuse, 34,* 1593–1604.
Toneatto, T., Blitz Miller, T., Calderwood, K., Dragonetti, R., & Tsanos, A. (1997). Cognitive distortions in heavy gambling. *Journal of Gambling Studies, 13,* 253–266.

is because they have access to larger amounts of information about gambler's betting and losses over time.

The Treatment of Problem Gambling

One of the main objectives of the Gambling Treatment Clinic is to determine the most effective treatment or treatments for problem gambling. To this end, we have researched several different treatment modalities, including Cognitive Therapy, Cognitive Behavioural Therapy, Solution Focused Brief Therapy, Imaginal Desensitisation, Multimodal Therapy and supportive counselling.

Cognitive Behavioural Therapy (CBT)[5] is currently the treatment for problem gamblers with the most available evidence supporting its efficacy in Australia and elsewhere.[6] This treatment focuses on identifying and working with triggers to gambling, addressing some irrational beliefs about gambling, and looking for alternative behaviours to engage in instead of gambling. It remains one of the treatments that we utilise here at the Gambling Treatment Clinic.

Our unpublished data and therapist reports however reveal a slightly different story. In fact, we have good reason to speculate that pure Cognitive Therapy (CT) presents the best treatment option for problem gamblers. The CT approach, developed by the Gambling Treatment Clinic's Education and Training Officer, Dr. Fadi Anjoul, differs from other approaches by positing that persistence at gambling is motivated by the gambler's misguided understanding of the probabilities of winning. In other words, it assumes that problem gamblers make poorly informed decisions about gambling and are unaware of their own erroneous thinking. There exists some but limited literature from Canada supporting the effectiveness of related cognitive approaches to treating problem gambling. [7] Our data, gathered at the Gambling Treatment Clinic has clearly indicated that changes in an individual's beliefs and knowledge about gambling are one of the key predictors of reduced gambling behaviour[8]. In fact, preliminary data on CT that was reported in the Productivity Commission's 2010 report on gambling (pp. 7.34)[9] has indicated not simply excellent

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[5] Petry, N.M., Ammerman, Y., Bohl, J., Doersch, A., Gay, H., Kadden, R., Molina, C., & Steinberg, K. (2006). Cognitive–Behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology,* 74, 555–567.

[6] See: Petry, N.M. (2004). *Pathological Gambling: Etiology, Comorbitiy, and Treatment*. Washington, D.C.: American Psychological Association, for a review, particularly Chapter 13.

[7] Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., Leblond, J., & Jacques, C. (2001). Cognitive treatment of pathological gambling. *Journal of Nervous and Mental Disease, 189,* 774-780.

[8]Hunt, C.J., & Prinz, K. (In preparation). The role of gambling belief and knowledge in the treatment of electronic gaming machine problem gamblers. University of Sydney.

[9] Australian Government Productivity Commission (2010). *Gambling.* Canberra: Authors.

results at the completion of treatment, but minimal rates of relapse over the longer term. The current research imperative is therefore a more full investigation of the efficacy of pure CT as conducted at the GTC, and a comparison of this treatment to the currently well-supported CBT. We are planning to commence a randomised control trial of both of these treatments shortly and will therefore be better able to inform the broader public about best practice in the treatment of problem gambling.

It should be noted that other treatments that we have researched have failed to reach our minimal standards for efficacy. One such treatment, Solution Focused Brief Therapy (SFBT)[10] is still popular and widely used in the sector but has no evidence to support its effectiveness a treatment for problem gambling. SFBT focuses on client strengths and avoids explicit discussion of the gambling behaviour itself. As such, it was a relatively simple therapy to learn that required no research or technical knowledge from therapists. In the early sessions of this therapy, both therapists and clients reported a high level of enjoyment of the therapy as there was little to no discussion of the client's difficulties and little to no resulting distress during appointments. In 2007, we were forced to discontinue the use of this treatment research due to extremely poor client outcomes and high relapse rates in even the short-term. In the same trial, the Clinic also examined Imaginal Desensitisation (ID)[11], a treatment modality that focuses on pairing thoughts of gambling stimuli to relaxation. Whilst this treatment has received some support in the past in trials conducted in inpatient settings[12], here at the outpatient setting of the Gambling Treatment Clinic, we also discontinued a trial of this treatment due to extremely poor compliance with essential components of the treatment and extremely high relapse rates in the short, medium and longer term.

Gamblers Anonymous

Gamblers Anonymous (GA) is still a widely cited help seeking option for problem gamblers. However, research generally shows much poorer outcomes with GA when compared to professional treatment[13], with one study showing that only 7% of attendees remain abstinent from

[10] Berg, I.K., & Briggs, J.R. (2002). Treating the Person with a Gambling Problem. *Journal of Gambling Issues, 6,* doi: 10.4309/jgi.2002.6.1

[11] Blaszczynski, A. (1998). *Overcoming compulsive gambling.* Robinson's Publishing, London.

[12] McConaghy, N., Armstrong, M.S., Blaszczynski, A. & Allcock, C. (1983). Controlled comparison of aversive therapy and imaginal desensitisation in compulsive gambling. British Journal of Psychiatry, 142, 366-372.
McConaghy, N., Armstrong, M.S. Blaszczynski, A. & Allcock, C. (1988). Behavior completion versus stimulus control in compulsive behavior control: implication for behavioral assessment. Behaviour Modification, 3, 371-384.

[13] Grant, J.E., Donahue, C.B., Odlaug, B.L., Kim, S.W., Miller, M.J. & Petry, N.M. (2009) Imaginal desensitisation plus motivational interviewing for pathological gambling: randomised controlled trial. *British Journal of Psychiatry,* 195, 266-267.
Petry, N.M., Ammerman, Y., Bohl, J., Doersch, A., Gay, H., Kadden, R., Molina, C., Steinberg,

gambling two years after attending meetings[14]. Thus, evidence does not support its use as a treatment for problem gambling, although some authors suggest it may work as an adjunct to psychological therapy[15].

Self-Exclusion

There has been much focus in Australia on the use of self-exclusion of gamblers from gaming venues as a method of tackling problem gambling. However, this is again an area where there is little directly relevant scholarly research. The currently available published evidence does provide some limited support for self-exclusion-based programmes[16]. However, this research was primarily conducted in overseas jurisdictions with a significantly lower concentration of gaming venues than is seen in the Eastern Australian states. This may suggest that self-exclusion programmes, if carefully designed, have the potential to be helpful in areas where there are limited gaming venues (e.g. in remote areas, or in Western Australia where only the one casino exists).

Our experience working with clients in the Sydney Metropolitan area however, is that self-exclusion is a futile endeavour. This is primarily due to the sheer number of gaming venues that exist, that allows gamblers easy access to alternative venues after they have been excluded from others. Indeed, whilst Clubs NSW is trialling a new system that allows gamblers to self-exclude from a number of venues simultaneously, given that the number of venues they can exclude from is capped, and the system only incorporates registered clubs and not hotels or the casino, we are unsure how it can succeed when gamblers can also still easily access other gambling opportunities. Anecdotally, our clients also report that self-exclusion orders are often poorly enforced by venue staff. This claim has also been reported by researchers working in other jurisdictions[17], and reinforces our concerns about the effectiveness of self-exclusion as even a harm reduction measure in problem gambling.

K. (2006). Cognitive-behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology, 74,* 555-567.

[14] Stewart, R.m., & Brown, R.I. (1988). An outcome study of Gamblers Anonymous. *British Journal of Psychiatry, 152*, 284-288.

[15] Petry, N.M., (2005). Gamblers Anonymous and cognitive-behavioral therapies for pathological gamblers. *Journal of Gambling Studies*, 21, 27-33.

[16] Hayer, T., & Meyer, G. (2011). Self-exclusion as a harm minimization strategy: Evidence for the casino sector from selected European countries. *Journal of Gambling Studies. 27,* 685-700.

Tremblay, N., Boutin, C., & Ladouceur, R. (2008). Improved self-exclusion program: Preliminary results. *Journal of Gambling Studies. 24,* 505-518.

Townshend, P. (2007). Self-exclusion in a public health environment: An effective treatment option in New Zealand. *International Journal of Mental Health and Addiction. 5,* 390-395.

[17] Nelson, S. E., Kleschinsky, J. H., LaBrie, R.A., Kaplan, S., & Shaffer, H. J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies. 26,* 129-144

Service Evaluation

Evaluating the effectiveness of all treatments conducted with problem gamblers is something that the Gambling Treatment Clinic regards as best practice and would like to propose as a compulsory part of gambling counselling service delivery. The existence of free services that are widely available across New South Wales is laudable, but it remains a contentious issue that services can continue to be funded without documenting the standards and effectiveness of their treatments. One likely contributing factor to this situation is the level of training and skill of the staff in such services. Whilst psychologists and social workers are often trained to critically evaluate theoretical models, research studies and their own interventions, counsellors without such specialised training are not typically trained in these areas. In addition, counsellors are not typically trained to attend to the various mental health comorbidities that frequently occur in problem gamblers and can interfere with effective treatment.

It also worth noting that many training programmes for formal mental health qualifications, including Masters-level programmes for both psychologists and social workers, do not address effective treatment methods for problem gambling. This highlights the need for a review and adjustment to tertiary training programs, as well as possibly the development of national or state-based centres of excellence that are capable of redressing poor standards of clinical work and retraining existing staff in best practice methods for problem gambling.

The Need for Research

There is a clear and immediate need for a great deal of research into many of the points raised in this submission. It seems crucial that policy making is better informed by well conducted studies investigating treatment methods for problem gambling, early intervention, the developmental pathways of problem gambling and associated behaviours, the effects of self-exclusion in areas of high, medium and low density gambling and public education and awareness campaigns. Whilst some state governments do allocate funding for problem gambling research, there is a clear need for additional funding so that research can continue in this area. At present, there is little state-based funding for problem gambling research in New South Wales.

RECOMMENDATIONS

- Psychotherapeutic approaches are currently the method of tackling problem gambling that are the best supported by the available research and should be the mainstay of any serious attempt to address problem gambling. CBT and CT are currently by far the two best-

supported treatments, and hopefully research will soon be completed that allows an accurate comparison of these two different approaches. As a general point, there is a need to increase awareness within the gambling treatment sector for the need for evidence-based treatment, and appropriate evaluations of treatment outcomes;

- Given that there is already a large degree of awareness within the community of the harms caused by gambling, public information campaigns that highlight these, or campaigns based on fear, are not likely to be effective. Campaigns that focus instead on providing accurate information on effective ways of dealing with problem gambling, or that focus on providing factual and easy-to-digest information on how various forms of gambling work, are likely to be more efficacious;
- A prohibition of providing of "free bets" or "betting credits" by wagering operators to gamblers as a marketing strategy should be considered, given the implication of such marketing strategies in the maintenance of gambling problems;
- Advertising laws related to gambling should be reviewed, such that verbal or visual associations between all forms gambling (including wagering) and winning, wealth, or of using skill to amass wealth should be prohibited, given the central role that thoughts of winning, wealth and skill play in the development and maintenance of problem gambling;
- Given the large gaps that currently exist in the knowledge of problem gambling, there is a clear need for a nationally co-ordinated approach to the treatment of problem gambling, given the clear impacts of problem gambling on the Australian community. There is also a need for research professionals to co-ordinate more effectively with treatment providers to assist in data collection. There are currently particular gaps in the research on the possibility of identification of potential problem gamblers by venue staff, treatment efficacy, and the effectiveness of self-exclusion programmes within Australian settings;
- There is also a clear need for the increased involvement of individuals with formal qualifications in mental health professions, such as social work, psychology or psychiatry, in the treatment of problem gambling. This is because best practice treatment requires technical knowledge, formal training in treatment implementation, research and evaluation, and critical review skills, as well as the capacity to offer effective treatment for comorbid difficulties. A centre of excellence in training and research to assist this objective is clearly needed.

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