

30 March 2012

Ms Lyn Beverley
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 the prevention and treatment of problem gambling

The Royal Australian and New Zealand College of Psychiatrists welcomes the opportunity to present its position on the prevention and treatment of problem gambling. The RANZCP strongly supports the implementation of better measures to prevent and reduce the harm caused by problematic gambling, particularly for those people with a mental illness.

Current legislation and regulations do not go far enough to address problem gambling. The RANZCP submission focuses on preventative and early intervention measures; the use and dangers of advertising; education and training; the need for further research into problem gambling; funding issues and improved legislation and regulation measures.

The RANZCP thanks 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.

Yours sincerely

Dr Maria Tomasic
President

Ref: 2348



The Royal
Australian &
New Zealand
College of
Psychiatrists

Inquiry into the prevention and treatment of problem gambling

Submission to the Joint Committee on Gambling Reform, March 2012

working
with the
community

Executive summary

The Royal Australian and New Zealand College of Psychiatrists welcomes the opportunity to make clear their position on the prevention and treatment of problem gambling. Problem gambling affects 1 in 6 people who gamble regularly (Commonwealth of Australia, 2012). The RANZCP supports better measures to prevent or reduce the harm caused by problematic gambling, particularly for those suffering from a mental illness. Current legislation and regulations do not go far enough to address problem gambling, it is hoped that the inquiry endorses and implements the recommendations the RANZCP have developed in this submission. The submission focuses on the issues of preventative and early intervention measures, the use and dangers of advertising, the need for education, training, and further research into problem gambling, and better legislation and regulation.

Problem 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. It should be noted that under proposed revisions to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V), this diagnosis may change from an impulse control disorder to a behaviour addiction, within Addiction and related disorders. Under the proposed revisions, pathological gambling may be re-named *Disordered Gambling*. 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 (New Zealand Ministry of Health, 2009). 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.

As with the changes to the DSM V acknowledges the severity of problem gambling as a behavioural addiction, it is time that governments also acknowledges this fact. Problem gambling is now becoming widespread and affects the community and the economy. The government now has an opportunity to implement preventive measures and stricter regulations on the gambling industry to better protect the community from problem gambling and the damage done to families, communities and the economy.

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Summary of recommendations

- Ensure that responsible/ problem gambling messages and campaigns are promoted in gambling venues and via variety of social medial platforms.
- Increased funding to provide more effective advertising and information campaigns to highlight problem gambling and assistance to problem gamblers.
- The use of evidence based practice in informing the most effective use, display and advertising of problem gambling.
- Publicly funded problem gambling assistance services.
- Publicly funded facilities and beds for the treatment of problem gamblers.
- Advertisements for betting and gambling companies during commercial breaks be restricted to a set number of times per hour twice should be maximum.
- Such advertisements should also advise the viewer of the issue of problematic gambling and information about support organisations.
- The RANZCP advocates that current regulations limiting the advertising of nicotine and alcohol products be applied to gambling advertising.
- RANZCP recommends strongly for regulations that prohibit commentators from discussing any odds on offer at any point in time.
- All jurisdictions should work together to develop guidelines and legislation that address the challenges of the growing online betting market.
- The RANZCP supports the use of evidence based practice in the implementation of early intervention strategies for problem gambling.
- The RANZCP recommends that questions about gambling behaviour should form part of every routine patient history.
- Better funding and commitment by government to build capacity to facilitate effective training and primary care initiatives to treat problem gamblers.
- Investment in training gambling venue staff to recognise problem gamblers and give them appropriate advice.
- Integrated treatment services for problem gambling with other mental health/ addiction services.
- Better awareness of problem gambling as a medical disorder by health funders.
- Introduction of a school-based interactive education program to educate young people on the risks associated with gambling.
- A national study on the impact of gambling on children and families.
- Research to inform the generation of risk benefit analysis of the costs to the community associated with problem gambling versus the revenue generated from gambling.
- Research on how increased accessibility of influences gambling behaviour in the community and in young people in particular.
- Better transparency and regulations regarding Clubs Australia raising and distributing of funds.
- Money raised from gambling should be distributed among disadvantaged communities where gambling venues are preferentially located and hence are significantly more affected by problems associated with gambling.
- Stricter regulations on the issuing of gambling licenses.

Introduction

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

Background

Problem 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 (New Zealand Ministry of Health, 2008).

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. It should be noted that under proposed revisions to the *Diagnostic and Statistical Manual of Mental Disorders (DSM V)*, this diagnosis may change from an impulse control disorder to a behaviour addiction, within Addiction and related disorders. Under the proposed revisions, pathological gambling may be re-named *Disordered Gambling*.

The term 'pathological' was accepted as being more correct than the lay term 'compulsive' as the element of resistance necessary for a compulsion is rarely seen (Moran, 1975). 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.

About problem gambling and mental illness

The Productivity Commission acknowledges the increased proclivity toward problematic gambling for sufferers of a mental illness, particularly for depression or bipolar disorder (Jackson, 2008). Problem gambling affects 1 in 6 people who gamble regularly (Commonwealth of Australia, 2012). 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. 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.

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 (New Zealand Ministry of Health, 2009). 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.

Measures to prevent problem gambling

The RANZCP supports the adoption of measures to prevent problem gambling as outlined in the Inquiry's Terms of Reference. Responsible gambling messages should be advertised widely in both gambling venues and in the community, through a variety of social media platforms, to ensure wide coverage. In order to ensure campaigns are effective and accessible, there should be more funding provided for campaigns to highlight problem gambling and access to assistance for problem gamblers.

Road safety campaigns, such as the Victorian TAC drink-driving campaign, have been successful in informing the community of the dangers of drink-driving and reducing the road toll. The RANZCP recommends the use of a similar campaign to address problem gambling.

To ensure that display and campaigns are effective, the RANZCP supports the use of evidence-based practice to assist with development of strategies. To ensure accessibility, it is incumbent on the Commonwealth, State and Territory governments to publicly fund problem gambling services, ensuring these services are available 24 hours, 7 days a week. For problem gamblers to be treated in an appropriate and timely manner; there must be dedicated funding for mental health facilities and hospitals to provide beds for the treatment of problem gamblers.

Recommendations

- Ensure that responsible/ problem gambling messages and campaigns are promoted in gambling venues and via variety of social medial platforms.
- Increased funding to provide more effective advertising and information campaigns to highlight problem gambling and assistance to problem gamblers.
- The use of evidence based practice in informing the most effective use, display and advertising of problem gambling.
- Publicly funded problem gambling assistance services.
- Publicly funded facilities and beds for the treatment of problem gamblers.

Measures to reduce risky gambling behaviour

The RANZCP recommends that advertisements for betting and gambling companies during commercial breaks be restricted to a set number of times per hour, and suggests that a maximum of twice would be appropriate. Such advertisements should also advise the viewer of the issue of problem 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 sporting events 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.

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.

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 during the same telecast. The RANZCP advocates the use of similar regulations in advertising for nicotine and alcohol for gambling advertising.

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. 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. Therefore the RANZCP strongly calls for commentators not to be allowed to discuss or talk about any odds on offer at any point in time.

Every states and territories have legislation that legislate responsible gambling, however the policing and enforcement of these laws varies between venues who have a vested interest in maintaining revenue.(Australian Psychological Society, 2010) It is crucial for all jurisdictions to work together to develop guidelines and legislation that will encompass the growing online betting market. The 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 (Productivity Commission, 2010). 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.

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 (New Zealand Ministry of Health, 2008).

Recommendations

- Advertisements for betting and gambling companies during commercial breaks be restricted to a set number of times per hour twice should be maximum.
- Such advertisements should also advise the viewer of the issue of problematic gambling and information about support organisations.
- The RANZCP advocates that current regulations limiting the advertising of nicotine and alcohol products be applied to gambling advertising.
- RANZCP recommends strongly for regulations that prohibit commentators from discussing any odds on offer at any point in time.
- All jurisdictions should work together to develop guidelines and legislation that address the challenges of the growing online betting market.

Early intervention strategies and training of staff

The RANZCP supports the use of evidence-based practice in the implementation of early intervention strategies. To assist with detection of problem gamblers, there needs to be better training of primary care staff, mental health workers and general practitioners in identifying problem gamblers. The RANZCP recommends that questions about gambling behaviour should form part of every routine patient history. The following approach is recommended:

- Ask if the patient gambles at all. If so, what is the type of gambling? (Forms such as lotteries rarely cause problems).
- Ask about the frequency of gambling? (Those who gamble weekly are more likely to develop problems).
- Ask the patient if gambling is a problem for them. If a problem is found then assistance may include referral to a specialist gambling treatment agency.

It is further recommended that these questions be put to the patient when asking about the consumption of alcohol and other drugs, given the general acceptance that there is a substantial overlap between these behaviours.

It is important to remember that it may be the spouse, partner or other family member who has a gambling problem leading to distress for which the patient is seeking help. The patient may not reveal this information unless specific questions are asked.

There must be a systematic approach to training, with proper resourcing of universities and other professional bodies to increase awareness of gambling addiction and education about treatment options. In addition, the College recommends training of gambling venue staff in how to recognise problem gambling and how to intervene to ensure that problem gamblers are treated in a timely manner.

In order to ensure that early intervention strategies and training are effective, there needs to be better funding and commitment by government to build capacity to better facilitate training and primary care initiatives.

Recommendations

- The RANZCP supports the use of evidence based practice in the implementation of early intervention strategies for problem gambling.
- The RANZCP recommends that questions about gambling behaviour should form part of every routine patient history.
- Better funding and commitment by government to build capacity to facilitate effective training and primary care initiatives to treat problem gamblers.

Treatment of problem gamblers

No one treatment is considered to be most efficacious although current research suggests that cognitive behavioural approaches are the most effective treatment for pathological/problem gambling. (DeCura, Hollander, & Grossman, 1996; Ladouceur et al., 2001; McConaghy, Armstrong, Blaszczynski, & Allcock, 1983; Walker, 1993) Within the behavioural therapies, evidence exists which suggests that imaginal desensitisation may be the most successful. Support also exists for Gamblers Anonymous and more in-depth counselling. It should be noted that good randomised controlled trials of treatment outcomes are sparse. However, many studies are under way and future findings may influence therapeutic practice, including the possible development of medications for the treatment of some problem/pathological gamblers. Psychotherapy and pharmacotherapy should be considered, when appropriate, for depression and anxiety.

In order to provide effective and timely assistance to problem gamblers, investment is needed to train gambling venue staff to recognise problem gamblers and direct them proper support. Alternatively, the RANZCP recommends having trained counsellors or problem gambling services available in gambling venues, so that problem gamblers can obtain immediate assistance.

For longer term strategies in the treatment of problem gamblers, there needs to be integrated treatment services with other mental health/ addiction services. Problem gamblers have a high co-morbidity rate due to the presence of other addiction problems or co-existing mental health concerns, such as depression. Currently there is little awareness of pathological/ problem gambling as a medical disorder, although, problem gambling has been recognised as a disorder since DSM-III. Private health insurers do not recognise problem gambling as a disorder nor fund it accordingly. Many problem gamblers remain undiagnosed by their general practitioners. The RANZCP recommends that there should be MBS incentives for general practitioners to assist them to diagnose gambling addiction.

Due to the prevalence and normalisation of gambling within Australian society, it is imperative that young people are taught the risks of gambling early, to prevent problem gamblers in the future. The RANZCP recommends the introduction of a school-based education program, such as Stacked Deck in Canada (Williams, Wood, & Currie, 2010). This was a school-based interactive education program that aims to change youth gambling behaviours, by teaching young people facts about gambling and related risks.

Recommendations

- Investment in training gambling venue staff to recognise problem gamblers and give them appropriate advice.
- Integrated treatment services for problem gambling with other mental health/ addiction services.
- Better awareness of problem gambling as a medical disorder by health funders.
- Introduction of a school-based interactive education program to educate young people on the risks associated with gambling.

Data collection, gambling policy research and evaluation; and

The RANZCP supports the need to develop and collect evidence on gambling, problem gamblers and the impact on families, communities and the economy.

There has been little research into the economic and emotional impact of problem gambling. As well as the emotional impact to families and the community, there is collateral impact on the economy, resulting in further spending in treatment services, training and education, and infrastructure, such as prisons. Research could be utilised to gather evidence of the costs related to problem gambling versus the revenue generated from gambling. In order to provide governments and the community with an accurate picture of the problems related to gambling, the RANZCP recommends a national study on the impact of gambling on children and families. This can also inform any responsible gambling campaigns in the future.

The ability to access online gambling is an unfolding issue, which needs more research on the changing gambling behaviour in the general community due online gambling, with particular emphasis young people. Online gambling has grown in recent years; with increasing computer accessibility allowing people to gamble more easily (Australasian Gaming Council, 2008/2009). While internet gambling on interactive casino-type websites is illegal in Australia, using a website to access sports betting is not.

Recommendations

- A national study on the impact of gambling on children and families.
- Research to inform the generation of risk benefit analysis of the costs to the community associated with problem gambling versus the revenue generated from gambling.
- Research on how increased accessibility of influences gambling behaviour in the community and in young people in particular.

Funding

To ensure problem gamblers are adequately treated and assisted, substantial money is needed to ensure training and programs are effectively resourced. Currently there are no regulations or transparency on how Clubs Australia raise and distribute funds in the community. The RANZCP recommends that stricter guidelines and regulations be imposed on Clubs Australia to ensure all money raised from gambling is distributed among disadvantaged communities that are significantly affected by gambling venues. It is also recommended that the money be used for significant community projects, such as funding to schools, local problem gambling treatment facilities or beds in hospital for the

treatment of problem gamblers. Included in these regulations, should be stricter guidelines on how gambling licenses are distributed, taking into account suburbs that contain a large number of existing gambling venues.

Recommendations

- Better transparency and regulations regarding Clubs Australia raising and distributing of funds.
- Money raised from gambling should be distributed among disadvantaged communities where gambling venues are preferentially located and hence are significantly more affected by problems associated with gambling.
- Stricter regulations on the issuing of gambling licenses.

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