

SELECT COMMITTEE ON GAMBLING
INQUIRY INTO THE IMPACT OF GAMBLING

Supplementary questions: Gambling Treatment Clinic, University of Sydney

Answers are to be returned to the Committee secretariat by 8 May 2014.

1. If possible please provide a diagnosed criterion of problem gamblers and the definition of problem gamblers clinically, for example, a very rich single person who has lost control of himself gambling, he knows he or she should not do it but cannot stop himself, he may not have any social problems, like conflict with the family or financial hardship, will he be identified as having a problem when this happens or wait until he encounters financial problems.

The majority of individuals with a gambling disorder tend to meet either DSM-IV-TR (2000) or the more recent revision, DSM 5 criteria, or obtain threshold scores for one of the main psychometric screens, namely the South Oaks Gambling Screen (Lesieur & Blume, 1987) or the Problem Gambling Severity Index of the Canadian Problem Gambling Index (Ferris & Wynne, 2001). Although not common, a small percentage of individuals seeking treatment either meet sub-threshold criteria, that is some but not all of the criteria in one of the above clinical or psychometric measures, or report difficulties in controlling aspects of their gambling behaviour. These individuals may present complaining of gambling more time and money than intended and/ or repeated unsuccessful attempts to cease or reduce their gambling in the absence of overt problems or negative consequences. Therefore, the presence of financial or other problems may not be present at time of seeking treatment but the individual recognizes that he or she has current difficulties with control and foresees the onset of problems if he or she does not address the impaired control. In summary, meeting diagnostic criteria is not necessary in order for the individual to receive assistance; all that is required is a subjective report of impaired control or engaging in a pattern of behaviour recognised to have the potential to develop into a problem.

2. Is there a general lists of triggering factors of people developing into problem gamblers?

There are a number of published papers describing the most common risk factors and the transition from recreational to problem gambling. These factors are represented by a complex matrix of social, biological, personality, life experiences, and learning factors. The Pathways model described by Blaszczynski and Nower (2002) highlights the subgroups and putative processes that contribute to the etiology (cause) of pathological gambling, or what is now described as a gambling disorder. I attach several pertinent articles for the Senate's attention.

3. Page 16.
Should poker machines be banned from “for profit” hotels?

In my opinion, poker machines should be banned from ‘for profit’ hotels. The argument is based on the notion that the motivation to promote responsible gambling measures that potentially compromise revenue derived from problem gamblers (reputedly their ‘best customers’ revenue-wise given the majority of revenue is derived from such individuals according to the Productivity Commission, 1999) is much less than non-for-profit clubs. Clubs are more cognizant of the need to promote responsible gambling to achieve a sustainable industry and are not motivated by the requirement to maximise profits. In addition, the clientele between hotels

and clubs differ with the former represented by younger males and those at greater risk for problem gamblers. Our studies have suggested that the prevalence of problem gambling is much higher among hotel as compared to club patrons (Blaszczynski, Sharpe, & Walker, 2001). Hotels, whose primary function is the service of alcohol, are exactly the type of venue that would attract those with alcohol problems or other individuals (such as young men) whose levels of impulsivity are higher and who may therefore be more prone to developing gambling problems. Indeed, in that study over one quarter of those recruited from hotels scored in the problem range on the SOGS. We found that the observed behaviours clustered together into five identifiable factors. The first factor, persistence, consisted of those who drank and smoked heavily, played for longer periods of time and made more wagers. The association of time spent gambling and number of wagers with alcohol and smoking supports the strong association between these behaviours reported in the literature. Persistence predicted both severity of problem gambling and net loss.

The second factor (demographics) that clustered together consisted of venue, age and gender. We hypothesized that gambling problems would be more common in hotels because they cater to a younger (and largely male) demographic who might not have previously have been exposed to EGMs. We confirmed that this was the case. Young men in hotels had more severe gambling problems, according to the SOGS. These data suggest that legislators should be concerned about the nature of venues into which gambling is introduced. The fact that these demographic factors and persistence (smoking, drinking, time spent gambling and number of bets) were the two variables that predicted severity of gambling is important. Indeed, these results indicate that to place EGMs in venues that cater to a young, male clientele where the venue's primary function is the provision of alcohol is less than optimal from a responsible gambling perspective. When young men, who may be more vulnerable to gambling problems by virtue of higher levels of impulsivity are introduced to gambling, and they are drinking alcohol, their judgment may be compromised. premise.

The other factor that contributed to gambling-related problems we labeled spending, which comprised playing larger denomination machines and making more visits to ATMs. This factor did not predict gambling problems (although a trend was evident) but did predict net loss, indicating that playing large denomination machines and replenishing funds from ATMs contributes to within-session losses. Two additional factors were identified (transient play and credits staked), but neither was associated with gambling. This suggests that moving from one machine to another and choosing the maximum number of lines are associated with each other, but not associated gambling problems. However, these variables are not specific to hotels but are found across the board.

4. Page 22

Would you support a ban on gambling advertisements that are integrated within sport?

Gambling advertisements integrated within sports broadcasting serve to expose under age children to passive advertising and to normalize gambling as part of sporting activities. The Senate's attention is directed to the arguments used to ban tobacco and alcohol advertising on sporting events as an intervention to reduce uptake by adolescents and young adults, and the negative consequences subsequent to their excessive use (or any use in the case of tobacco). The focus on gambling in commentaries and within broadcast sessions can be argued to deflect attention and interests away from the essence of skill and sporting performance to gambling.

5. Page 28.

Government gets 13% of its revenue from gambling but what is the social cost of gambling, e.g., broken families, welfare etc?

Given the NSW government legislates, regulates and is the beneficiary of gambling, the Senate ought to be directing this question to the NSW government for an answer. The earlier studies attempting to address this question, (namely Dickerson, M., Allcock, C., Blaszczyński, A., Nicholls, B., Williams, R. & Maddern, R. (1996). An examination of the socio-economic effects of gambling on individuals, families and the community including research into the costs of problem gambling in New South Wales. A Report to the Casino Community Benefit Fund, NSW Government. Australian Institute of Gambling Studies, Macarthur, and Dickerson, M., Allcock, C., Blaszczyński, A., Nicholls, B., Williams, R. & Maddern R. (1996). A preliminary exploration of the positive and negative impacts of gaming and wagering on Aboriginal people in New South Wales. Supplementary Report to the Casino Community Benefit Fund, NSW Government. Australian Institute of Gambling Studies, Macarthur), are now out dated given changes in the gambling environment subsequent to their publication.

Accordingly, it would appear that the Government has since approved the expansion of gambling within the State and the introduction of a proposed second casino in Sydney in the absence of any further systematic analysis of the social costs of gambling beyond requiring social impact studies associated with applications for gambling-related licenses and/or expansions. The Productivity Commission's (1999) report into the Australian gambling industries, and the Victorian Competition & Efficiency Commission (2012) in its publication, Counting the Cost: Inquiry into the Costs of Problem Gambling Draft Report October 2012, made attempts to estimate the direct and indirect costs of gambling to the community. These reports highlighted the difficulties in answering the Senate's question on this topic.