The Royal Australian & New Zealand College of Psychiatrists

8 May 2014

Our Ref: P14-104

Mr Stewart Smith
Director, Committees
Senate Select Committee on Gambling
Parliament House
Macquarie Street
SYDNEY NSW 2000

By email to: gamblinginquiry@parliament.nsw.gov.au

Dear Mr Smith

Re: Supplementary questions: the Royal Australian & New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide responses to the supplementary questions that resulted from the attendance at the hearing of the Inquiry into the Impact of Gambling by Dr Lisa Juckes and Dr Clive Allcock on 17 April 2014. The responses to the questions can be found below.

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 Ministerial Council on Gambling's (Australia) definition of problem gambling is as follows:

> *'Problem gambling is characterised by many difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others or the community (The SA Centre of Economic Studies, Psychology et al. 2005)'.*

The Diagnostic and Statistical Manual (Fifth Edition) (DSM-5) criteria for the newly labelled Gambling Disorder moved from 'Disorders of Impulse Control' to the new category of 'Behavioural Addictions'. These cover behaviours such as

- gambling with increasing amounts of money to achieve the same level of excitement
- restless or irritable when trying to stop gambling
- repeated efforts to stop

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- preoccupation with gambling
- gambling when distressed
- chasing losses
- lying to conceal the extent of gambling,
- jeopardising relationships or employment for gambling and relying on others to relieve a desperate financial situation.

Answering positively to four of these is accepted as displaying a gambling disorder.

The example of a 'very rich single person…' would qualify under the first definition as the subject has lost control resulting in difficulties in 'limiting money and/or time'. The adverse consequence may be a feeling of despair or depression and even at his failure to control himself.

When using DSM-5, more information is required prior to formulating a diagnosis – for example, is the person gambling with increasing amounts of money and if so, why? Is it for excitement or chasing losses? Repeated attempts to stop may indicate a loss of control. He may be preoccupied with the idea of gambling and/or be gambling when distressed. It would seem very likely he would meet the four criteria required for a diagnosis of problem gambling.

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

Gambling behaviour is more common in young people and although not all will go on to have problem gambling in adulthood, research suggests that youth appear to have comparatively high levels of gambling-related problems (Delfabbro P 2003; Slutske WS 2005; Winters C 2005; Huang J 2007; Productivity Commission 2010; Lamont M 2011).

The prevalence of problematic gambling is two to three times higher for young people than in the adult population and that serious problems associated with gambling are increasing (Abbott M 2004). Additionally, problem gamblers typically develop these behaviours during teenage years (Delfabbro P 2003; Winters C 2005; Productivity Commission 2010) and early exposure to gambling increases the risk of developing gambling problems (Abbott M 2004)

Research from Canada, the US, the UK, Norway, and Australia shows that 63% to 82% of teenagers (12 to 17 years of age) gamble each year, 4% to 7% of adolescents exhibit serious patterns of pathological gambling, and 10% to 15% are at risk for either developing or returning to a serious gambling problem (Monaghan S 2008).

The triggers for gambling in this population are not fully understood. The most recent and local study on youth by the Victorian Responsible Gambling Foundation (Whittle 2012) suggests that negative affectivity (low mood, poor self-esteem), lower temperamental attention capacity, and greater involvement in other risky behaviours were fair predictors of later gambling issues. It has also been noted that impulsivity in 12 - 14 year olds is associated with gambling at age 17 (Vitaro F 1999).

These high rates of problem gambling among youth are particularly disconcerting given the strong associations found between problem gambling and other maladaptive behaviours, including delinquency, substance use, gorging/vomiting, and unprotected sex, as well as mood and personality disorders, criminality, disrupted social relationships, poorer educational

outcomes, and suicidal ideation and attempts (Yeoman T 1996; Gupta R 1998; Fisher S 1999; Derevensky JL and Gupta R 2004; Huang J 2007).

A study on the adult population (Welte 2004) suggests that alcohol abuse and being of a minority group and/or lower socio-economic status were predictors for some in the gambling disorder population and that problem gamblers typically develop these behaviours during their teenage years (Blaszczynski A 1997).

Early experience of 'a win' can be harmful, as it creates faulty beliefs about odds of further winning, and may have effects on brain neurochemistry. This early 'win' experience can prime the brain for a rewarding response to gambling and related cues. Other vulnerable groups include those with other psychiatric disorders such as depression, bipolar disorder and chronic schizophrenia, and other addictive disorders.

3. Any way of prohibiting offshore gambling? (page 31)

The possibility of prohibiting offshore gambling seems unlikely. Therefore, it is better to allow gambling on those forms that attract some gamblers offshore, such as casino style games including poker, but have it locally and highly regulated.

4. Would you support a NSW trial of Naltrexone treatment for gambling addicts or even alcohol or drug addiction? (page 37)

The RANZCP would support a NSW trial of Naltrexone for problem gambling. Naltrexone has TGA approval and PBS subsidy for the treatment of alcohol dependence with the goal of maintaining abstinence, as part of a comprehensive treatment package.

While studies of this drug in alcohol or drug addiction are well established by overseas research, a trial of Naltrexone for gambling addiction should include funding for research into its impacts on individuals. For example, there should be longer periods of time for follow up (the most recent major international study on this issue went for three months and most would feel a year to be a more robust timeframe). It also should include those who stop the medication prior to the one year timeframe, as reasons for cessation can be highly relevant in understanding treatment approaches. It would also be important to address variables such as alcohol abuse in the individual or their family to see if a sub-group exists that may preferentially benefit from this medication, even if the medication is found to perhaps not be useful compared to placebo overall.

5. Further information on advertising

At the hearing, we were asked about the influence of advertising of gambling on decisions to gamble. One of the sources used was the APS 'Psychology of Gambling' document (Australian Psychological Society 2010). In addition to that, an APS report in June 2013 on 'Increasing harm from advertising and promotion of gambling in sport' quoted increased susceptibility to gambling advertising for young people, and raising concern about substantial online gambling in secondary students (Australian Psychological Society 2013).

Monaghan et al (2008) advocate for policy recommendations to reduce harm from advertising and marketing of gambling activities to children and adolescents, stating: 'given that both tobacco and alcohol advertisements have been shown to considerably influence adolescents' smoking and drinking behaviours, attitudes, and intentions (Grube J 1994; Hastings G and Aitken P 1995; Villani S 2001), it may be that gambling advertisements are similarly effective'.

If you would like to discuss any of the issues raised in these responses to the Inquiry's supplementary questions, please contact

Yours Sincerely

Dr Clive Allcock

RANZCP Section of Addiction Psychiatry

cc: Dr Murray Patton, President RANZCP
Dr Dan Lubman, Chair RANZCP Section of Addiction Psychiatry

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