Submission No 10

INQUIRY INTO IMPACT OF GAMBLING

Organisation: The Royal Australian and New Zealand College of Psychiatrists

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The Royal Australian & New Zealand College of Psychiatrists

Submission to the NSW Parliament's *Legislative Council Select Committee on the impact of gambling*

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Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcome the opportunity to make a submission to the NSW Parliament's Legislative Council Select Committee on the impact of gambling.

Of particular relevance to the RANZCP are the following Terms of Reference and they are addressed in this submission:

B *The regulation of gambling advertising*

J *The adequacy and effectiveness of problem gambling help services and programs, including service standards, qualifications and funding of chaplaincy, counselling and treatment services*

K *The effectiveness of public health measures to reduce the risk of gambling harm, including prevention and early intervention strategies*

Background

Problematic gambling is defined as a pattern of behaviour that compromises, disrupts or causes damage to health, family, personal or vocational activities. 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, 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 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.

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. The DSM-V reclassified pathological gambling (disorder) and placed it under Addiction and Related Disorders as a behavioural disorder. Gambling disorder is now defined in the DSM-V as a 'persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress (Association, 2013).'

Advertising

Increasingly prevalent gambling advertisements on television and radio during televised sporting events are a concern to the RANZCP. There is strong evidence of the relationship between the advertisement of products that can lead to gambling and subsequent problem gambling behaviour. Advertisements for betting and gambling companies during commercial breaks should be restricted to a set number of times per hour - twice would be appropriate. Such adverts should also advise the viewer of the issue of problem gambling and information about how to seek help. This information should be easily visible in clear printing and be visible for a minimum of five seconds display.

Further, television presenters and match commentators repeatedly discussing sports betting and gambling serves to normalise this activity. Such commentary is likely to have a strong influence over the viewing audience, particularly as a number of presenters are former professional sports people. This 'cult of personality' may sway audiences, particularly young people, to believe that gambling is a normative component of watching or participating in sport. Commentators should be prohibited from talking about odds on offer at any point in time during televised sporting events. The RANZCP supports the development of systems that monitor 'host responsibility' programs, to ensure that companies that offer gambling options create a safer gambling environment through provision of practical information and support on ways to reduce gambling problems.

Gambling and mental illness

There is an increased proclivity toward problematic gambling for sufferers of a mental illness, particularly for depression or bipolar disorder (Jackson, 2008). Better measures are required 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. These are usually a consequence of the gambling behaviour and improve when the behaviour is controlled or stopped. In other instances, 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 rarely precipitate gambling behaviour, more commonly the gambling behaviour becomes a way of dealing with the certain 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 to these problems.

Measures to prevent problem gambling

Measures to prevent problem gambling can come from restricting gambling advertisements, advertising at sporting events and on players' uniforms. Prominence should also be given to the issue of problem gambling and support organisations during the same telecasts that show sporting events. Similar regulations that apply for nicotine and alcohol should apply to gambling advertising.

Every state and territory has legislation that legislate responsible gambling, but 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 (Commission, 2010). New Zealand's Ministry of Health also

advocate for host responsibility in gambling environments plus support individuals to obtain help for their gambling problems. New South Wales 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 and their families (New Zealand Ministry of Health, 2009).

Early intervention and training health professionals

Publicly funded problem gambling assistance services and publicly funded facilities and beds for the treatment of problem gamblers can help address the social impacts of problem gambling. Further, the use of evidence-based practice in the implementation of early interventions strategies can assist in helping problem gamblers. Better training for mental health workers and general practitioners could help them identify problem gamblers earlier.

There must be a systematic approach to training health professionals, with proper resourcing of universities and other professional bodies to increase awareness of gambling addiction and education about treatment options. In addition gambling venue staff should be trained 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.

Reference List

ASSOCIATION, A. P. 2013. *Diagnostic and statistical manual of mental disorders, 5th edition,* Washington DC, American Psychiatric Press.

AUSTRALIAN PSYCHOLOGICAL SOCIETY. 2010. *Special report: The psychology of gambling* [Online]. Available: https://www.psychology.org.au/publications/inpsych/2010/december/gambling/.

COMMISSION, P. 2010. Productivity Commission Inquiry Report into Gambling. *In:* COMMISSION, P. (ed.). Canberra.

JACKSON, A. C. 2008. Risk And Protective Factors In Problem Gambling. *7th European Conference On Gambling Studies and Policy Issues.* Nova Gorica, Slovenia.

NEW ZEALAND MINISTRY OF HEALTH 2008. Te Puawaiwhero - Second Māori mental health and addiction survey 2008-2015. Wellington, New Zealand: Ministry of Health.

NEW ZEALAND MINISTRY OF HEALTH 2009. Preventing and Minimising Gambling Harm: Consultation document. Six-year strategic plan; three-year service plan; problem gambling needs assessment; and problem gambling levy calculations. Wellington, New Zealand.