Submission to the Joint Select Committee on Gambling Reform's Inquiry into the prevention and treatment of problem gambling

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1. Summary of recommendations

1. *The Australian Psychological Society (APS) recognises that there are many causes and consequences of gambling-related harm. Gambling harm is a significant individual, community and public health issue, and it is recommended that effective interventions need to both reduce the potential for harm to the individual and his or her family, and address broader social, community, political and economic factors.*

2. *Given that most gambling-related harm is associated with Electronic Gaming Machines (EGMs), the APS recommends that the Government focus attention on interventions aimed at protecting those most vulnerable from the harm caused by EGM. The APS Gambling Review Paper (2010) notes that the potentially most effective interventions, involve changes to the gambling environment and gaming machines, for example slowing down the machines, reducing hours of operation and developing an effective pre-commitment strategy*[1]

3. *The APS recommends that further research is conducted to understand the impact of saturated, integrated and impulse gambling marketing strategies in sporting matches and particularly with regard to the influence on children and young people. Effective public health and regulatory responses should be considered in response to this issue.*

4. *In relation to methods currently used to treat problem gamblers, the APS endorses the Problem Gambling Research and Treatment Centre's (2011) recommendations for treatment and specifically recommends:*
    - *more rigorous evaluation of current treatment services and research into gambling harm,*
    - *better promotion of self-help and brief treatment options,*
    - *enhanced training of gambling counsellors, including psychologists, and primary health care providers*
    - *improving screening protocols for problem gambling in mental health services, including protocols for co-morbidity, and*
    - *better integration of services within the broader health system, particularly mental health services.*

[1] The review paper notes however that some reluctance to apply effective prevention measures is attributed to conflicting interests in terms of balancing the goal of preventing and reducing harm, with reductions in gambling revenue and potential changes in gambling as an entertainment for consumers (Adams, 2009; William et al., 2007).

5. *In relation to data collection, research and evaluation, the APS:*

    - *endorses the Problem Gambling Research and Treatment Centre's (2011) recommendations for further research for screening, assessment and treatment of problem gambling,*
    - *furthering the knowledge base of emerging aspects of gambling, particularly online gambling and the impact of the increase in gambling advertising, as well as better understanding gambling across the lifespan, and*
    - *recommends prioritising further independent evaluation and research into the impact of policies designed to reduce gambling related harm and, in the absence of a sound evidence base, urges governments to exercise their social responsibility to protect the public from exposure to gambling products that cause harm.*

6. *The APS recommends that consideration be given to developing limits (caps) for the number of EGMs per community or location, particularly given the concentration and unequal spread of EGMs and consequent burden of harm within socioeconomically disadvantaged communities. This may also mean reducing the number of EGMs and venues in some communities.*

7. *The APS recommends that further research is conducted to understand the impact of saturated, integrated and impulse gambling marketing strategies in sporting matches and particularly with regard to the influence on children and young people. Effective public health and regulatory responses should be considered in response to this issue.*

8. *It is recommended that further attention is given to gambling in Indigenous communities. In particular, interventions should be culturally appropriate and include broader community capacity building components.*

2. Introduction

The APS welcomes the opportunity to make a submission into the Senate's inquiry into the Prevention and Treatment of Problem Gambling.

Our submission is based on our Review Paper '*The Psychology of Gambling' (*November 2010) which was prepared by a working group commissioned by the APS Public Interest Advisory Group. It draws on the available evidence to provide recommendations for public policy and psychological practice with the aim of enhancing individual and community-wide mental health and wellbeing and reducing gambling-related harm.

The APS recognises that gambling forms part of an entertainment and tourism industry, and is a significant source of revenue to government and private enterprise. The APS also considers gambling to be a significant public health concern, due to the considerable harm it can cause to individuals, families and communities.

The APS recognises the differential levels of risk associated with different types of gambling or product, and acknowledges the overwhelming evidence indicating that most harm is associated with Electronic Gaming Machines. While psychological treatment approaches and interventions are important, the APS considers that there are also significant structural causes of gambling-related harm that must be more effectively addressed. These arise from unsafe gaming products with intrinsic design features that have been associated with uncontrolled problematic consumption and impaired decision-making.

Our submission provides an overview of gambling harm, before responding to the terms of reference and then providing a set of recommendations for reducing gambling-related harm.

We are particularly concerned that consumer protection approaches and measures have not been included in the terms of reference. Given the extent of harms posed by gambling in relation to EGMs, and the evidence around EGM machine design and associated impaired control, the APS strongly urges the government to include consumer protection measures as a key strategy in the prevention of problem gambling.

The APS endorses the findings and recommendations of the two *Productivity Commission Reports into Gambling (1999, 2010)* and refer the committee to the *Problem Gambling Research and Treatment Centre's (2011) Guideline for Screening, Assessment and Treatment in Problem Gambling* for the most recent evidence-based guidelines to inform practice and policy decisions.

3. The Australian Psychological Society

The Australian Psychological Society (APS) is the premier professional association for psychologists in Australia, representing more than 20,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychology covers many highly specialised areas, but all psychologists share foundational training in human development and the constructs of healthy functioning.

A range of professional Colleges and Interest Groups within the APS reflect the Society's commitment to investigating the concerns of, and promoting equity for, vulnerable groups such as Indigenous Australians, sexuality and gender diverse people, minority cultures, older people, children, adolescents and families. The promotion of a peaceful and just society and protecting the natural environment are the focus of other APS Interest Groups.

Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

4. Gambling harm

The APS is concerned that gambling has become increasingly accessible in the Australian community, with the proliferation of online gambling and the expansion of Electronic Gambling Machines (EGMs).

Australians spend over $19 billion per annum on gambling, with a significant proportion (60%) of this expenditure being lost on EGMs, mostly located in clubs and hotels (Productivity Commission, 2010). Of concern is that the highest concentration of gambling venues are in areas with lower socio-economic status. Losses on EGMs have been shown to be implicated in around 85% of gambling problems (McMillen, Marshall, Ahmed & Wenzel, 2004).

Overall, 90,000 to 170,000 Australian adults are estimated to experience significant problems due to their gambling (0.5 to 1.0% of adults), with a further 230,000 to 350,000 (1.4 to 2.1% of adults) experiencing moderate risks that may make them vulnerable to problem gambling.[2] The prevalence of problem gambling dramatically increases when the focus is on EGMs, with studies showing that the proportion of users engaging in problematic gambling is around 30% (Livingstone & Woolley, 2007). In other words, of those who do engage in gambling, the risk of the gambling becoming problematic varies greatly depending on the product.

[2] The difficulty in estimating problem gambling prevalence is compounded by the fact that it is a phenomenon that many people try to conceal.

Along with significant financial harm experienced by those who engage in problem gambling[3], it has also been linked to psychological harm (e.g., Battersby & Tolchard, 1996), with those engaging in problem gambling also experiencing depression, self-harm, anxiety and engagement in other behaviours which compromise their wellbeing (Rodda & Cowie, 2005; Delfabbro & LeCouteur, 2009).

Although less well understood, problem gambling has also been linked to poor employment outcomes, with those affected by problem gambling taking time off and/or giving up work to gamble or, more seriously, losing their jobs due to gambling, or using their workplace to commit crimes to fund their gambling (Delfabbro & LeCouteur, 2009).

It is estimated that for every person with a gambling problem, there are five to ten other people (such as immediate family, extended family, friends, work colleagues) who are affected by it (Productivity Commission, 1999). For example, relationship difficulties and the hidden nature of problem gambling mean that family finances are often depleted before family members have an opportunity to intervene.

Even less researched is the broader community impact of problem gambling in terms of the loss of involvement of people in community related activities (such as volunteering), and the increased use of the service system—mental health, primary health, criminal justice—for addressing gambling-related problems.

The APS recognises that there are many causes and consequences of gambling-related harm. Gambling harm is a significant individual, community and public health issue, and recommends that effective interventions need to both reduce the potential for harm to the individual and his or her family, and address broader social, community, political and economic factors.

[3] The Productivity Commission (2010) estimates that problem gamblers' share of total Australian gaming machine losses range around 40 per cent, meaning that at a minimum, the 'small' group of problem gamblers currently account for $2.6 billion of gaming machine losses. Moderate risk gamblers account for an additional substantial share.

5. Responding to the terms of reference

(a) Measures to prevent problem gambling, including:

(i) use and display of responsible gambling messages,

(ii) use, access and effectiveness of other information on risky or problem gambling, including campaigns,

iii) ease of access to assistance for problem gambling.

Responsible gambling measures, such as the provision of written material including signs and brochures, warning consumers about problem gambling, and promoting counselling support services, have been part of the harm minimization approach adopted by governments to reduce harm associated with gambling (Delfabbro et al., 2007).

The availability of technically accurate materials that are consumer friendly and delivered in the context of educational interventions represents current best practice in this field – the Canadian jurisdictions represent the best example of this model in practice (Council of Gamblers Help Services, 2009).

The APS notes that while a range of strategies have been developed to reduce gambling-related harm, voluntary industry compliance with these provisions has been inconsistent (Williams et al, 2007). Reluctance to apply effective prevention measures is attributed to conflicting interests, in that such measures inevitably threaten income generated through gambling.

In addition, a key aspect of the prevention of problem gambling has been to focus attention on the specific forms of gambling and products most related to harm. Evidence shows EGMs to be the product most linked to problem gambling and gambling harm.

While self-responsibility is important (such as the strategies identified in the terms of reference), an individual's capacity to exercise informed choice in relation to EGMs can become severely impaired due to the essential design features of the product[4]. The APS therefore considers a consumer protection response essential for addressing gambling harm. This takes into account how gambling technologies, venue behaviours and settings, and other aspects of the gambling environment and regulatory system can lead to harmful outcomes for gamblers (Dickerson, 2003).

[4] Intrinsic product design features based in large part on behavioural principles impair control for regular players, meaning that people who have gambling problems cannot readily exercise informed choice to undertake gambling responsibly.

If gambling is considered to be a series of purchasing decisions, being able to pre-determine the amount of money spent gambling before becoming affected by loss of control (e.g., by the use of pre-commitment cards: McDonnell-Phillips, 2006), may allow for greater enjoyment of gambling without fear of adverse consequences (Dickerson, 2003). In addition, physically removing the purchasing process from the influence of the gambling area (e.g., ensuring ATM machines are not in close proximity) provides a more effective opportunity to ensure that consumers are fully informed about the nature and consequences of gambling (Eggert, 2004), and are aware of the signs of problem gambling, thereby enhancing consumers' responsible gambling behaviour and the industry's duty of care (Dickerson, 2003).

Reliance on written materials, in the absence of consumer protection mechanisms is therefore unlikely to be effective to ensure informed consent.

Given that most gambling-related harm is associated with Electronic Gaming Machines (EGMs), the APS recommends that the Government focus attention on interventions aimed at protecting those most vulnerable from the harm caused by EGM. The APS Gambling Review Paper (2010) notes that the potentially most effective interventions, involve changes to the gambling environment and gaming machines, for example slowing down the machines, reducing hours of operation and developing a mandatory pre-commitment strategy.

(b) measures which can encourage risky gambling behaviour, including:

(i) marketing strategies,

(ii) use of inducements/incentives to gamble

The APS is concerned about the noticeable increase in the advertising of gambling opportunities in the electronic media and at sporting events, aimed at increasing gambling participation rates. A recent study has found, for example that supporters at a sporting game were exposed to an average of 341 minutes of gambling advertising - when simultaneous promotions were counted separately. A diverse range of marketing techniques were used to: a) embed sports betting within the game; b) align sports betting with fans' overall experience of the game; and c) encourage individuals to bet live during the game. There were very few visible or audible messages (such as responsible gambling or Gambler's Help messages) to counter-frame the overwhelmingly positive messages that individuals received about sports betting during the match (Thomas et al, 2012).

An understanding of the impact of this advertising on problem gamblers and vulnerable groups at risk of problem gambling, as well as children and young people, is required to enable informed policy and possible regulation of gambling advertising.

The APS is similarly concerned about the use of inducements and incentives to gamble (such as co-locating gambling within entertainment venues which offer cheap meals, free tea and coffee and other incentives to gamble) These are likely to particularly impact on vulnerable groups who already have a range of risk factors which may make them susceptible to problem gambling. We refer the committee to the recommendations of the Productivity Commission (1999, 2010).

The APS recommends that further research is conducted to understand the impact of saturated, integrated and impulse gambling marketing strategies in sporting matches and particularly with regard to the influence on children and young people. Effective public health and regulatory responses should be considered in response to this issue.

(c) early intervention strategies and training of staff

Governments have endorsed training of gaming venue staff in responsible gambling provision and encouraged venue-based interventions for consumers. There is variability, however, in training requirements for employment as gaming staff in Australia (Delfabbro et al., 2007), and implementation of training has been inconsistent (Williams et al, 2007). Once again, reluctance to apply effective early intervention measures is attributed to conflicting interests.

Furthermore, while well-intentioned, staff training can have the effect of placing staff in conflicted positions where they may receive training on responsible gambling practices yet are required to encourage continued gambling at the same time (Council of Gamblers Help Services, 2009).

(d) methods currently used to treat problem gamblers and the level of knowledge and use of them, including:

The Problem Gambling Research and Treatment Centre's (2011) *Guideline for Screening, Assessment and Treatment in Problem Gambling* represents the most recent evidence-based guidelines to inform practice and policy decisions in relation to the treatment of problem gambling.

For a detailed of treatment approaches to problem gambling, please see *The Psychology of Gambling. Review Paper Prepared for the Australian Psychological Society (2010).* In summary the APS:

- Recognises that there are a number of theoretical models[5] of problem gambling, including learning theory, cognitive models, addiction models, personality theory, and integrated models – based on biopsychosocial variables.

[5] Please see the Psychology of Gambling Review Paper for a more detailed discussion of these approaches.

- Understands that while there has been improvement in the evidence base, evaluation of screening and assessment and interventions for problem gambling remains relatively limited (Rickwood et al, 2009; PGRTC, 2011).

- Understands that the overall success rates for psychological treatments have been shown to be limited, but more effective than no treatment (Palleson, Mitsem, Kvale, Johnsen & Molde, 2005). Recent studies of non treatment-seeking adults, however, suggest that the clinical course of problem gambling may involve spontaneous remissions and natural recovery without formal intervention. In general, most problem gamblers do not need prolonged treatment.

- Recognises that some individuals with problem gambling behaviour will benefit from intervention or treatment.

- In line with the Problem Gambling Research and Treatment Centre's (2011) *Guideline for Screening, Assessment and Treatment in Problem Gambling*, cautiously recommends Cognitive Behavioural Therapy to reduce gambling behavior, gambling severity and psychological distress in people with gambling problems. Motivational Interviewing, Motivational Enhancement Therapy and practitioner-delivered psychological interventions are also recommended. There is a lack of evidence for the screening and assessment of problem gambling. The APS supports the consensus based recommendations of the PGRTC (2011) guideline.

- Draws attention to the high incidence of co-morbidity among problem gamblers, which has implications for individually tailored intervention approaches and addressing gambling-related issues as part of other psychological interventions (Winters & Kushnet, 2003). Such complexity may limit the effectiveness of treatment.

- Understands that engagement of those with gambling problems is compounded by the associated stigma, and as a consequence the number of those seeking help is low. For example, the Productivity Commission (2010) estimates only 15 percent of problem gamblers seek help.

- Recognises the importance of conceptualising gambling-related harm within a broader biopsychosocial framework, so that treatment approaches do not overpathologise, but are developed and delivered alongside consumer protection measures.

In relation to methods currently used to treat problem gamblers, the APS endorses the Problem Gambling Research and Treatment Centre's (2011) recommendations for treatment and specifically recommends:

- *more rigorous evaluation of current treatment services and research into gambling harm,*
- *better promotion of self-help and brief treatment options,*
- *enhanced training of gambling counsellors, including psychologists, and primary health care providers*
- *improving screening protocols for problem gambling in mental health services, including protocols for co-morbidity, and*
- *better integration of services within the broader health system, particularly mental health services.*

(i) counselling, including issues for counsellors,

As identified above, co-morbidities are highly relevant to the provision of treatment and support services to problem gamblers. Co-morbidities complicate and exacerbate problem gambling behaviour. As previously noted, problem gamblers have high levels of co-morbidity and are believed to be the most severely impacted group amongst those people with a gambling problem (PGRTC, 2011). Ensuring effective treatment, which involves long-term change requires a highly skilled workforce that is well supported, as well as easy client access to a range of other services as required.

(ii) education

As discussed above, education, whilst essential, is only likely to be effective as part of a suite of consumer protection measures including effective pre-commitment. It should not be considered a panacea or relied on overly to prevent the development of gambling problems.

(iii) self-exclusion

Evidence from psychologists and gambling help services suggests that self-exclusion programs have been found to be of limited value as a strategy to treat problem gamblers. This is primarily because they rely on staff detection and intervention. Not only is detection notoriously difficult in busy environments and with large numbers of excluded patrons, but requiring staff to intervene and eject excluded patrons is highly challenging (Council of Gamblers Help Services, 2009). Services consider that the limitations inherent in self-exclusion will not be completely addressed without player registration and systems that require no third party (human) detection and intervention.

(e) data collection and evaluation issues; and (f) gambling policy research and evaluation

There is wide-spread agreement about the limited evidence base of both strategies and programs to prevent and minimize gambling-related harm and more specifically knowledge about the best ways to assess and treat problem gambling.

The recent PGRTC (2011) Guideline notes that 'given the current immaturity of the research literature in the problem gambling field, only a few evidence-based recommendations could be formulated in this guideline' (p.15). The insufficient evidence for effective screening and assessment tools and treatment approaches however does not suggest that these are ineffective or of poor quality, but that there is insufficient evidence to determine the current state of knowledge about their effectiveness (PGRTC, 2011).

While the treatment outcome literature provides some research evidence about the effectiveness of treatment with problem gamblers, this literature is characterized by a range of methodological limitations, including small sample sizes, high attrition rates, low numbers of women affected by problem gambling and heterogeneity in forms of gambling. In addition, while there is some evidence for the effectiveness of problem gambling treatment intervention, limited pre and post evaluation has inhibited the evidence base.

Furthermore, limitations in data collection, research and evaluation of problem gambling is compounded by fact that problem gambling it is a relatively hidden issue: it is a phenomenon that many people try to conceal and minimise. For example, when the Australian Bureau of Statistics asked people about their gambling losses, they found the losses added to only one fifth of the real total based on industry numbers (Productivity Commission, 2010).

Research into the impact of emerging forms of gambling, such as gambling through the internet, mobile phone and interactive television platforms is also needed, particularly the impact on vulnerable individuals and groups. Furthermore, longitudinal studies of developmental trends in gambling participation are required to identify risk and protective factors for problem gambling and the relationship between exposure and harm.

Important directions for future investigation are conducting independent randomized controlled outcome trials comparing interventions, and evaluating interventions for subtypes of problem gamblers so that clinicians can offer more definitive and individually tailored intervention recommendations.

Similarly, harm minimization and public health approaches are difficult to evaluate. This is partly due to the fact that although a broad range of potential strategies

have been identified and discussed world-wide, few initiatives have been implemented in any consistent or organised manner (Dickson-Gillespie, Rugle, Rosenthal, & Fong, 2008) and initiatives of this scale are unlikely to be measurable at the population level (Council of Gamblers Help Services, 2009).

As discussed above, there is a tension for governments in terms of balancing the goal of preventing and reducing harm with potential restrictions to gambling as an entertainment for consumers and concomitant reductions in gambling revenue (Adams, 2009). This tension highlights the need for independent research and independent industry regulation to inform decision-making in relation to gambling-related policy.

In the absence of a sound evidence base, however, the State and Federal Governments have a social responsibility to protect the public from exposure to gambling products that are known to cause harm. As identified by the Productivity Commission (1999, 2010), a significant number of people are directly or indirectly impacted by problem gambling, which necessitates concerted efforts by all levels of government to ensure the harm associated with gambling is minimised.

In relation to data collection, research and evaluation, the APS recommends:

- *endorsing the Problem Gambling Research and Treatment Centre's (2011) recommendations for further research for screening, assessment and treatment of problem gambling,*
- *furthering the knowledge base of emerging aspects of gambling, particularly online gambling and the impact of the increase in gambling advertising, as well as better understanding gambling across the lifespan, and*
- *further independent evaluation and research into the impact of policies designed to reduce gambling related harm be prioritised and in the absence of a sound evidence base, governments have a social responsibility to protect the public from exposure to gambling products that causes harm.*

(g) other related matters.

A key issue of concern in relation to the prevention and treatment of problem gambling is the growing awareness that harm associated with gambling is not evenly spread across communities or groups, but concentrated in lower socioeconomic areas. Disadvantaged communities are likely to have a range of factors which make them vulnerable to the negative impacts caused through problem gaming. Many of these communities are remote/regional areas, indigenous communities and urban growth areas.

Specifically, in Victoria for example, there is a trend towards gaming venue developments in outer suburban areas known as urban growth corridors, particularly hotel based facilities (offering entertainment, food and gaming) (Council of Gamblers Help Services, 2009). The long term impact of establishing with venues in these areas is unknown but significant. Such communities are more likely to be from lower socioeconomic backgrounds and those on the lowest incomes are more susceptible to problem gambling, tending to spend a higher proportion of their income on gambling. Lower finances may mean the incentive to gamble (win) is higher. The limited range of alterative leisure activities in such communities makes the general attractiveness of gambling to communities with lower incomes and fewer other opportunities to earn money high. Lack of service infrastructure, including gambling help services, compounds the above-mentioned issues.

Of similar concern is the increased prevalence of gambling among Indigenous people (Young et al., 2007). Rates increase with remoteness, and are associated with multiple family households, lower levels on individual health and exposure to higher levels of drug and alcohol abuse (PGRTC, 2011). It is important that interventions targeted to indigenous communities simultaneously address trauma associated with colonisation and displacement, high levels of co-morbidity, grief and loss, and have scope to include case conferencing, or other group interventions, financial counselling and literacy as well as community capacity building (PGRTC, 2011).

Emerging evidence suggests that there are indicators of risk in recently arrived and Culturally and Linguistically Diverse (CALD) communities. Multiple risk factors for these communities include dislocation, social isolation, lack of support systems in Australia, language barriers, cultural beliefs about gambling, luck and fate and lower income levels. Similarly, young people have been identified to be also more at risk of gambling related harm (PGRTC, 2011). Gambling among young people is associated with risk taking behaviours characteristic of adolescence and higher mental health issues such as anxiety, depression and suicidal ideation and attempts (Dickson et al, 2008).

The APS recommends that consideration be given to developing limits (caps) for the number of EGMs per community or location, particularly given the concentration and unequal spread of EGMs and consequent burden of harm within socioeconomically disadvantaged communities. This may also mean reducing the number of EGMs and venues in some communities.

It is recommended that further attention is given to gambling in Indigenous communities. In particular, interventions should be culturally appropriate and include broader community capacity components.

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