The Royal Australian & New Zealand College of Psychiatrists

21 January 2011

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 gambling reform

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to have the opportunity to make a submission to the Inquiry into gambling reform in Australia. The RANZCP is committed to improving the outcomes for people who have pathological or problem gambling habits.

About the RANZCP

The RANZCP is the professional body that represents over 4000 psychiatrists in Australia and New Zealand. It sets the standards for psychiatry, trains and assesses against those standards as well as advocating and working with other organisations for fair, equitable and assessable mental health services for all. The RANZCP has a Section of Addiction Psychiatry that promotes better understanding of addiction psychiatry, alcohol and other drug problems, and problem gambling amongst College members and the wider community.

About psychiatry and gambling

Psychiatrists have a role in the diagnosis of underlying gambling pathology and confirmation that pathology is absent or present. Problem gambling will often coexist with psychological problems of anxiety and depression. These will usually be 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 precipitate gambling behaviour, more commonly the gambling behaviour becomes a way of dealing with the negative symptoms of schizophrenia. Physical illnesses such as migraine, hypertension and other stress-related problems can also be associated with gambling. In these instances, gambling should be considered as a contributory factor.

The Ministerial Council has adopted the Canadian Problem Gambling Index (CPGI) as the national screening measure and surveys show ranges of 0.4% to 0.97% of the Australian population in the various States and Territories having gambling problems. This group has the most serious difficulties due to gambling behaviour (divorce, suicidal thoughts and acts, illegal acts, bankruptcy) and may require treatment and assistance, although longitudinal studies suggest many will change without seeking such assistance. Of those who are within

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this definition, studies show that the younger age group (18 -24) has the highest figures - well above the community average - and this group requires special focus.

It should be noted that although problem gamblers are determined by a cutoff point on the CPGI scale, some scoring below the level, while not being regarded as cases, would be deemed to be “at risk” and may still have problems, albeit at a lower level. Community education and responsible gambling policies put in place by the industry should assist most of these gamblers.

Problem/pathological gambling is highly comorbid with other diagnoses. Depression is the most frequent but studies, both local and overseas, show that hazardous alcohol use and smoking are very prominent also. Personality disorders are commonly seen. Treatment for one condition should involve assessment and possible concomitant treatment for these comorbid conditions.

Addressing the incidence of pathological or problem gambling in Australia

Addressing the incidence pathological or problem gambling in Australia requires strategies to critically address the factors that contribute to and perpetuate gambling problems. Research now strongly suggests that there is a clear link between pathological/problem gambling and mental health problems, particularly among vulnerable populations. Serious mental illness such as depression, anxiety disorders and schizophrenia are of particular concern. Critical to addressing gambling related harm is ensuring an adequate response, including the implementation of evidence-based strategies.

Key messages from the RANZCP regarding addressing gambling related harm highlight the need for:

- Adequate resources to meet the needs of the harm minimisation approach in respect to gambling, including adequate services for those with co-existing mental disorders
- Improved provision and evaluation of treatment for problem gamblers
- A special focus on the younger age group (18-24) who are problem gamblers
- Prevention and intervention strategies that aim to promote help seeking and prevent onset of problem gambling
- Increased research and improved links between research and practice by basing policy and funding decisions on research evidence

The RANZCP supports the Productivity Commission report on gambling, released in June 2010, in general as an effort to minimise harm associated with gambling.

Of those recommendations most relevant to mental health and associated gambling, the RANZCP supports in particular:

- Initiatives to reach the target population and encourage help seeking (recommendation 7.1)
- Greater funding contributions of gambling help services from gambling forms found to cause the greatest social harm (recommendation 7.4)

- Increased warnings of possible harm due to excessive gambling (recommendation 8.1)
- Greater research into gambling treatments and outcomes, including the impact of advertising (recommendation 18.3)

Specifically the RANZCP calls for:

- promotion of information about gambling odds for all avenues of gambling
- gamblers to be warned at all venues of possible harm due to excessive gambling
- gamblers to be advised where help may be obtained
- the availability of more counselling services and other help
- research into gambling treatments and outcomes

The RANZCP is also submits that it is necessary to examine and monitor the impact of schemes of reform to address problem gambling to determine what further harm minimisation measures may be necessary in the future.

The RANZCP thank 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 further.

Yours sincerely

Dr Maria Tomasic
President

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