

The Health Effects of Problem Gambling

2012

Preamble

Australians are among the most prolific gamblers in the world and, for many, gambling is a manageable and socially acceptable activity. However, for some people, gambling develops into a serious problem with negative effects on health.

Problem gambling is defined as “difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.”¹ By this definition, problem gambling is a significant public health issue in Australia that not only affects people with a gambling problem, but also their families, medical practitioners, the community and governments.

The number of Australians affected by problem gambling underscores the significance of this issue. An estimated 2.5 per cent of Australians experience moderate to severe problems caused by gambling.² For every person with a gambling problem, it is estimated that an additional 5 to 10 people are adversely affected by their gambling.³ This means that up to 5 million Australians feel the health, social and financial impacts of problem gambling, including friends, families and employers of people with a gambling problem.

The AMA acknowledges that the social, physical and mental health of people with problem gambling - and that of their families - is often at risk as a result of reduced household income and social disruption. Problem gamblers experience high levels of comorbid mental health disorders and substance abuse, and they or their families may experience stress-related physical and psychological ill health as a consequence of their gambling activities.^{4,5,6} Other adverse effects include family breakdown, domestic violence, criminal activity, disruption to or loss of employment, and social isolation.^{3,6} Additionally, problem gambling may compromise the capacity to afford necessities such as adequate nutrition, heating, shelter, transport, medications and health services.^{3,6}

The prevalence of problem gambling is shaped by the availability, distribution and marketing of gambling activities. The visibility and accessibility of gambling has been heightened by an expansion in gambling options and venues, including a steep increase in the number of Electronic Gaming Machines (EGMs), and the proliferation of interactive gambling.^{3,7} EGM gambling is associated with the greatest level of harm, and accounts for between 70 and 80 per cent of problem gambling.^{3,8,9,10,11} The prevalence and degree of harm arising from gambling have been compounded by the shift toward high-intensity machines with rapid play and high loss rates.³ Further, as gambling activities have expanded and diversified, particularly with the introduction of interactive gambling, so too have the ways in which gambling is marketed to different sections of the community. Young people and other vulnerable populations are increasingly exposed to messages from a broad range of media that endorse, promote and normalise gambling.^{12,13,14}

The expansion in gambling activities has not only increased the prevalence of problem gambling, but has also entrenched governments' dependence upon gambling taxation.¹⁵ For state and territory governments, their dual role as regulator and beneficiary poses a structural conflict and obstacle to achieving gambling policies and regulations that prioritise public health and consumer protection objectives. If the expansion of gambling and its associated harm is to be reduced, it is imperative that governments' reliance upon revenue from gambling is overcome.

Medical practitioners see first-hand the devastating consequences of gambling, which impacts not only on the physical and mental health of individual gamblers, but also on the well being of their families. Problem gamblers have a higher than average number of visits to a GP, and experience an increased incidence of physical illnesses such as hypertension, insomnia, migraine and other stress-related problems.^{16,17} Patients with problem gambling often present symptoms that appear unrelated to gambling, such as depression, anxiety, stomach upsets, headaches, and other stress-related symptoms of physical and psychological ill health.¹⁸

The adverse consequences of problem gambling are not distributed evenly across the population. The prevalence and impacts of problem gambling are most pronounced among socially and

economically disadvantaged individuals and communities, including Aboriginal people and Torres Strait Islanders^{19,20}, those with poor literacy^{21,22}, people with pre-existing mental health problems²³, certain cultural and linguistic communities²⁴, and people living in regions or metropolitan suburbs with high levels of unemployment and economic hardship.^{2,21,22}

Interactive gambling

Interactive gambling is the fastest growing form of gambling, and its rapid proliferation poses significant risks.²⁵ Interactive gambling refers to the range of gambling activities that occur through digital communication mediums, including the Internet, mobile phone devices, and digital television. Those who engage in these forms of gambling are more likely to be problem gamblers and, as the variety and accessibility of interactive gambling continue to grow, researchers predict a further increase in serious gambling-related problems, particularly among young people.¹² The growth in interactive gambling has been fuelled by technological innovation, aggressive marketing, and a dramatic rise in online and mobile gambling activities associated with sport.^{12,13,14} The convergence of online gambling advertising with social media and social networking websites offers new access points to interactive gambling, particular to young people.^{14,26}

Young people

The proliferation of gambling activities and associated marketing has significant implications for children and young people. Young people are at a heightened risk of developing problems with gambling and, the earlier the onset of gambling behaviour, the more likely problem gambling will result and continue into adulthood.¹ Gambling during childhood or adolescence is typically associated with risk-taking behaviours, reduced educational performance, and mental health problems, including depression.²⁷

In addition to the growing diversity and accessibility of gambling activities, advertising and marketing have contributed to the normalisation of gambling. Young people are particularly susceptible to interactive gambling^{12,28,29}, and the integration of sports-betting advertising in television broadcasts and the prominent display of Internet signs on playing grounds have accelerated the growth of gambling problems among younger age cohorts.¹³ The convergence of gambling and social networking has also led to the development of gambling-themed games on social media websites that target children and adolescents.^{14,30} These games typically feature advertising and links to gambling websites, and serve to familiarise children and adolescents with the principles and mechanics of gambling.

Underlying principles

A public health approach to gambling takes into consideration the health, social and economic dimensions of gambling.^{31,32,33} From this perspective, a comprehensive approach is required that includes prevention, harm minimisation, and treatment. In addition to supporting medical interventions and treatment, preventative measures are required that address structural factors, with investment in 'upstream' public health strategies that contain the economic, political and social drivers that intensify gambling consumption. This includes regulating and restricting the availability and distribution of gambling products, de-normalising gambling and regulating its marketing and promotion, and reducing governments' reliance on gambling revenue. In addition to preventative and upstream measures, interventions that minimise the harm associated with gambling activities are required. This includes regulating the nature of gambling products, and addressing the design features that encourage high intensity gambling. Because problem gamblers often present with multiple and complex social and psychological issues, cross-sectoral responses are required to treat problem gamblers.^{3,34,35} This includes an integrated service system that includes primary health, family services, drug and alcohol services, and mental health services. National leadership is required to drive and coordinate this multifaceted approach, which in turn needs to be underpinned by ongoing research into effective interventions and emerging forms of gambling.

The AMA's Position

Commonwealth government

1. The Commonwealth Government should work in partnership with state and territory governments to develop an integrated National Strategy on Problem Gambling that recognises, reduces and prevents problem gambling. The National Strategy should include:
 - the establishment of an independent gambling regulator, tasked with providing national regulatory oversight, including the regulation of product safety standards to ensure that gaming machines and other gambling products comply with consumer protection and incorporate harm minimisation measures to reduce the risk of problem gambling;
 - focus on the specific forms of gambling and gambling products most related to harm;
 - research to identify the underlying risk and protective factors associated with problem gambling, including behavioural, social and cultural influences, in addition to policy and environmental factors;
 - research focused on high-risk groups;
 - research to expand our understanding of effective interventions, including the efficacy of pharmacological interventions;
 - independent monitoring of policy interventions and strategies;
 - community awareness programs and educational strategies to highlight the impact of problem gambling, and to encourage problem gamblers to seek help;
 - research or trials of interventions that address youth gambling, with a focus on primary prevention and denormalising gambling; and,
 - educational programs for school-aged children about the risks of gambling.
2. The Commonwealth Government should take a lead role in providing incentives that support state and territory governments to reduce their dependence on revenue from gambling. This could be achieved by modifying the funding formula used by the Commonwealth Grants Commission, with the allocation of funding linked into specific measures or key performance indicators relating to reduction in gambling revenue.
3. The Commonwealth Government should implement policies that limit access to interactive gambling, and that support measures to address the harm associated with this form of gambling. This should include:
 - maintaining a ban on interactive gambling;
 - working with other jurisdictions and developing international or cross-border alliances to stem the growth in online gambling;
 - mechanisms to monitor and enforce compliance with interactive gambling legislation and regulations;
 - funding research into the risk and protective factors associated with interactive gambling, particularly among children and adolescents; and,
 - prohibiting the targeted marketing of gambling and gambling products to children and adolescents, including the use of social media, sports betting, and simulated gambling activities.
4. Regulations should be in place to govern marketing associated with gambling, including the prohibition of advertising during televised sporting events, prohibition of sports sponsorship by the gambling industry, and banning promotions and inducements targeting children, young people and at-risk groups.

State and territory governments

1. State and territory governments should develop and implement a strategy to reduce their dependence on revenue from gambling. This strategy should be supported by incentives from the Commonwealth Government, and linked into an action plan that includes key measures and milestones.

2. State and territory governments should regulate and restrict the extent and distribution of, and access to, legalised gambling activities within the community. This includes preventing under-aged persons and at-risk groups from accessing gambling activities, venues and promotions.
3. State and territory governments should implement and regulate compliance of gambling venues with national consumer protection standards and harm minimisation strategies.
4. In each state and territory, there should be an independent statutory authority to monitor, investigate, and report annually on all gambling activity.
5. Adequate and recurrent funding should be provided by state and territory governments to support research, prevention, detection, early intervention and treatment and rehabilitation programs for people with problem gambling.
6. State and territory governments should support systematic linkages and referral pathways between health, welfare, and problem gambling services.
7. State and territory governments should ensure the provision of recurrent resources for specialised training for community and health care workers.

State and territory governments should invest in targeted early intervention and treatment services for at-risk groups and communities, including for people from Aboriginal and Torres Strait Islander backgrounds, young people, people from non-English speaking backgrounds, and populations with low literacy and low income levels.

Medical practitioners

1. Medical practitioners should be aware of the potential adverse impacts of problem gambling on the physical and mental health of individuals and their families. Patients with problem gambling may present with symptoms that appear unrelated to gambling. Other patients may present with health-related concerns arising from a family member's gambling problem.
2. Medical practitioners should consider including gambling as part of their systematic lifestyle risk assessment when taking a medical history.
3. Where a gambling problem is suspected, a psychosocial assessment should be undertaken.
4. Where relevant, a shared-care approach to the case management of people with gambling problems and their families may be developed. The general practitioner can be assisted by community agencies such as gambling intervention and counselling services, community mental health, relationship counselling, alcohol and drug services, financial advisory services and legal services.
5. Information kits which include screening and assessment questionnaires should be available to all medical practitioners, especially general practitioners, to help identify, manage and refer patients affected by problem gambling.

Undergraduate and postgraduate medical education courses should include the recognition of problem gambling as a health issue. Medical practitioners are encouraged to participate in continuing education related to the detection and management of the adverse health effects of problem gambling.

The gambling industry

1. All gambling venues should ensure that they comply with consumer protection and harm minimisation regulations and requirements, and that they:
 - prominently display codes of conduct and industry guidelines for responsible gambling;
 - inform gamblers of the rules of the games, the payout rates and probabilities of winning and losing, and how gaming machines operate;

- prominently display signage in multiple languages indicating the availability of support services for those affected by problem gambling;
 - provide information to customers regarding the disinhibiting effects of alcohol on gamblers' efforts to control their gambling. Signage should warn patrons to minimise their alcohol consumption while gambling. Free alcoholic drinks and the use of 'happy hours' should be banned;
 - refuse access to gaming to patrons who appear intoxicated;
 - provide alternative non-gambling activities and other entertainment;
 - provide clearly visible clocks and easy access to natural light;
 - provide venues that are smoke free; and,
 - do not allow EFTPOS machines and ATMs on the gambling floor.
2. The gambling industry should ensure that venue operators, managers and relevant staff are educated about the indicators and risks of problem gambling, and trained to support responsible gambling practices.
 3. All gambling operators should comply with legislation and regulations relating to interactive gambling and marketing via online and mobile devices.

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