



AMA

Australian Medical Association Limited

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A.bl/818

20 September 1999

Gambling Inquiry
Productivity Commission
PO box 80
BELCONNEN ACT 2616

Dear

I am writing to you as Chair of the Australian Medical Association's (AMA) Ethics and Public Health Committee (EPHC) to inform you of our recently adopted *AMA Position Statement on the Health Effects of Problem Gambling*.

The issue of Problem Gambling first came to our attention at the 1998 AMA National Conference where a Policy Discussion Group initiated the first draft of the Position Statement. The position statement was adopted by National Conference and then forwarded onto the EPHC for further development. It was at the EPHC that the position statement was finalised based upon comments from a select number of organisations and from members of our Working Group.

I am pleased to inform you that the AMA's Federal Council adopted the position statement at its 20-21 August 1999 meeting. I enclose a copy of the AMA Position Statement on the Health Effects of Problem Gambling and hope that your organisation feels that the AMA has adequately addressed the issue of problem gambling and its adverse health effects.

Yours sincerely

Dr Sandra Hacker
Vice President, AMA
Chair, EPHC

Australian Medical Association
Position Statement on the Health Effects of Problem Gambling
Effective August 1999

PREAMBLE

For most people, 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 'gambling activity which gives rise to harm to the individual player, and/or to his or her family; such harm may extend into the community'¹. The term 'pathological gambling' is often used to describe the most extreme level of problem gambling². By this definition, problem gambling is an issue of concern not only for the person with a gambling problem and for their family but also for medical practitioners, the gambling industry, the community and governments.

Problem gambling as a public health issue is likely to affect an increasing percentage of the Australian population. The variety of gambling options and the number of gambling venues and their hours of operation are expanding throughout Australia. Industry advertising, and Government reliance on gambling revenue promote the growth of gambling by facilitating access to and the appeal of gambling activities.

The AMA acknowledges that the social, physical and mental health of people with problem gambling and of their families are often at risk as a result of reduced household income and associated social disruption. They may experience stress-related physical and psychological ill health. Other adverse effects include family breakdown, domestic violence, criminal activity,

¹ Adapted from Australian Institute for Gambling Research (1997). Definition and Incidence of Problem Gambling, Including the Socio-Economic Distribution of Gamblers. A report prepared for the Victorian Casino and Gambling Authority.

² American Psychiatric Association (1995)

disruption to or loss of employment and social isolation. Additionally, problem gambling may compromise their capacity to afford necessities such as adequate nutrition, heating, shelter, transport, medications and health services.

Severe problem gamblers are at risk of self-harming behaviour including attempted suicide.

Governments should develop and implement legislation to reduce problem gambling. Such legislation should include a public health approach to the development of policy and the regulation of the industry.

MEDICAL PRACTITIONERS

1. Medical practitioners should be aware of the adverse impacts of problem gambling on the physical and mental health of individuals and their families. Patients with problem gambling may present with symptoms which appear unrelated to gambling. Other patients may present with health-related concerns arising from a family member's gambling problem.
2. Medical practitioners should include gambling as part of their systematic lifestyle risk assessment when taking a medical history.
3. Where a gambling problem is suspected, a psycho-social 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, 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.
6. 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 FEDERAL GOVERNMENT

Because of the adverse health effects of problem gambling:

1. The Australian Health Ministers Advisory Council should develop an integrated, multifaceted National Strategy to recognise, reduce and prevent problem gambling. The National Strategy should have objectives committed to implementing:
 - research to identify the underlying causes of gambling including cultural, government and other influences;
 - research to examine the health effects of problem gambling;
 - research focused on high risk groups;
 - community awareness programs to highlight the impact of problem gambling;
 - educational strategies which include community advertisements about responsible gambling;
 - educational programs for school-aged children about responsible gambling; and
 - research to evaluate the effectiveness of all national strategies.

2. As interactive and internet gambling does not recognise state and national boundaries, the Commonwealth Government should be concerned about the potential adverse health effects of this form of gambling and develop policies and intervention strategies to address this emerging issue.

STATE AND TERRITORY GOVERNMENTS

Because of the adverse health effects of problem gambling:

State and Territory Governments should:

- reduce dependence on revenue from gambling;
- apply an industry-wide levy on revenue from gambling, specifically to support the implementation and evaluation of a National Strategy;
- effectively regulate the extent and distribution of and access to legalised gambling activities within the community, particularly in relation to under-aged persons;
- ensure there is an independent statutory authority to monitor, investigate, and report annually on all gambling activity;
- establish and provide adequate, recurrent resources for research, prevention, detection, early intervention and treatment and rehabilitation programs for people with problem gambling;
- provide emergency relief for people with problem gambling and their families; and
- ensure the provision of recurrent resources for specialised training for community and health care workers.

THE GAMBLING INDUSTRY

Because of the adverse health affects of problem gambling, the gambling industry should:

1. be involved in policy development to reduce problem gambling.

2. ensure that all venues :

- 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;
- are smokefree; and
- do not allow EFTPOS machines and ATMs on the gambling floor.

3. Educate managers and relevant staff to encourage responsible gambling.