

Submission to the Productivity Commission's Inquiry into Gambling in Australia, 1998

John O'Connor (MA Psychology) is a lecturer at the National Centre for Training and Education on Addictions (NCETA) at Flinders University of S.A., and previously was at the Addiction Studies Unit, Curtin University (1986-97). He has had 17 years of clinical experience in treating addiction behaviours, ten of those specialising in gambling addiction. He has published in the area of the psychology of addiction behaviour and is currently completing doctoral studies investigating the nature of impaired-control in TAB regulars and Electronic Gaming Machine (EGM) players.

Overview

This submission provides a general outline of the nature of excessive gambling, the potential for harm given the wide availability of gambling opportunities, the urgency with which 'harm-reduction' strategies should be employed to prevent gambling related harm, and the necessity of a broad treatment response. Research priorities are also indicated. The following comments and recommendations pertain to any jurisdiction where there is high accessibility and availability of gambling opportunities to the public. This submission is a slightly modified version of that presented to the South Australian Parliamentary inquiry earlier this year. Since that submission, the author has to hand the results of 303 interviews with male TAB regulars and both male and female EGM players (comprising part of a doctoral program of studies, University of Western Sydney).

The nature of excessive gambling:

- It is important to move away from dichotomous categorizations such as pathological/ compulsive gambling versus social gambling (there is a parallel to the now discredited 'alcoholism' versus 'social drinker' distinction) and recognize that excessive gambling is essentially a behavioural pattern that will present in varying degrees and forms.^(1, 2) As measured on a scale of impaired-control, most regular TAB and EGM gamblers recruited for interview in gambling venues had some degree of impaired-control over their gambling, with about one quarter to a third having pervasive, generalised impaired-control.⁽³⁾ Given the high occurrence of partially impaired-control, no strict diagnostic criteria need be met to identify a problem with gambling in a particular individual and social context. Rather, a problem exists if any type or degree of involvement appears to compromise other aspects of the individual's functioning. The Australian Institute for Gambling Research has recently defined problem gambling as referring to "...the situation where a person's gambling activity gives rise to harm to the individual player, and/or to his or her family, and may extend into the community."⁽⁴⁾
- The genesis of excessive gambling is multi-factorial; just as there is no one addictive personality type in general, the research indicates that no personality

traits are consistently associated with excessive gambling (though in limited and unrepresentative samples of males presenting to psychiatric facilities, there is a tendency to have elevated scores on measures of impulsivity). (5,6)

- Many excessive gamblers have a monetary motive (with faulty beliefs as to the likelihood of winning and/or pressing debts), and some are seeking relief from boredom. (3) Yet others seem to use gambling as a means of escape from low mood, stress and anxiety, sometimes associated with intolerable life circumstances. These functions of gambling are not mutually exclusive of course.(7) Whatever their original motives, once EGM regulars are struggling to control their gambling they report that socialising is no longer an aspect of their gambling.(3) Both the TAB and EGM players are more likely to continue in a gambling session when they experience great relief when winning and become very upset upon losing; ie negative rather than positive reinforcement is now maintaining their behaviour.(3)
- A general theory of addictive or excessive behaviours seems to easily accommodate excessive gambling.(2) The process begins with potent positive reinforcement for the behaviour. A strong attachment then develops, accompanied with powerful urges and a prioritizing of the behaviour at the expense of other roles and commitments. When the inclination for continued involvement clashes with mounting restraints on the behaviour of a social, monetary and personal nature, the individual may experience a distressing sense of impaired-control or volition. Research has indicated that when addiction is couched in these terms, then excessive gambling and drinking share a common process of overattachment.(8)
- When behaviour is maintained by intermittent reinforcement it is more resistant to modification or extinction. It can be argued that random reinforcement according to programmed, constant probability (as is the case for EGMs) is, in accordance with general learning theory, likely to promote particularly strong, habitual, patterns of play.(7) In those with high levels of impaired-control, both heavy losses and big wins often act as a spur to further gambling (problem EGM players are more likely to continue playing by using their win credits rather than collecting their individual wins).(3)
- **Risk-factors:** given that limited research has been conducted, only a few (but nevertheless very important) risk factors can be identified at this time. Derived from survey and clinical data, as reported by the Australian Institute for Gambling Research (4, pp 59-69) and confirmed by the authors current research (3)

when accessibility to legalised gambling increases: (eg, the availability of EGMs has been shown to have a strong association with problem gambling.

EGM players now account for half of all gambling losses and over half of those presenting for counselling). Extended trading hours of venues is an issue for those with impaired-control: not being able to leave until the TAB closes, and continuing until all cash is spent in EGM venues, are highly distinguishing aspects of impaired-control. Time spent gambling is a major predictor of impaired-control (3).

when players live in the city rather than in rural areas

when players participate in gambling more frequently and spend more time and money on each occasion (those who have urgent debts as a consequence of their gambling have a highly elevated risk of attempting to recover past losses (chasing) with a sense of impaired-control over their gambling (3, 9))

when players prefer 'continuous' forms of gambling such as EGMs, betting, and casino gaming (as opposed to relatively more discontinuous forms such as lotto, pools and bingo)

when players are single men less than 30 years

when women who gamble regularly prefer EGMs

there is some indication that alcohol consumption increases the likelihood of excessive involvement in a session, particularly the 'chasing' of one's losses (3, 9)

Prevention

- The liberalization of gaming policy and expansion of opportunities in Australia in recent years is astonishing from a public-health perspective. With no research-base informing the process, greater availability of formats and accessibility in the community has seen Australian's participation levels and net losses increase at an exponential rate (up from \$5.3 billion in 1991/2 to \$9.6 billion in 1995/6).⁽¹⁰⁾ It seems imperative to have, at the very least, a moratorium on further expansion given the clear link between availability, rates of participation and resultant levels of problems (no amount of effective clinical response will reduce overall harm levels associated with gambling in the manner that a limit on availability could achieve).
- Within a general public-health framework, 'harm-reduction' options should be employed.⁽¹¹⁾ The notion of harm-reduction is a largely neutral concept in that the merits of gambling or otherwise are not at issue; the focus is a pragmatic one of reducing the risks involved and minimizing the harm resulting from involvement without necessarily demanding that participation rates fall (though if they do, that is obviously a bonus from a public health perspective). Harm-reduction strategies could include measures such as the following, many of which would help ensure

that the gambling public participate on the basis of informed choice, rather than with the misperceptions and faulty belief systems that are often associated with excessive gambling⁽⁵⁾

Community education programs and campaigns that couch gambling in terms of an entertainment that will almost invariably result in a loss.

The actual odds of games displayed at point of involvement (eg regular play on this machine will result in the loss of 12 cents in the dollar – this seems somewhat akin to the now obligatory indication of standard-drinks content on alcoholic beverage labels).

A specific Gambling Advertising/Promotions Code of Ethics should be developed, with particular focus on banning advertising and promotions which suggest it is relatively easy to win, and those which appeal to minors. Warning slogans as to the potential dangers of gambling should complement gambling advertisements and promotions (appropriate slogans could be developed through market research techniques).

EFTPOS facilities should not be located in gaming venues

There are, of course, other possible strategies - see Mellor for a broad array of strategies.⁽¹²⁾

- Prevention initiatives are costly if done effectively; it may be necessary to have a statutory levy on gambling revenue for this purpose rather than relying on voluntary contributions from the gambling industry (as is currently the case in some States).

Treatment

- Little research exists to guide treatment endeavours at this time, but the little that does is suggestive that the array of cognitive and socio/behavioural strategies used with other behaviours of excess will largely generalize to gambling.
- Treatments should extend beyond clinic options to community based self-help (brief interventions supplemented with written materials) and mutual-help resources.
- Strategies must be developed to successfully penetrate 'ethnic' communities; currently referral rates do not match anecdotal reports of problematic involvement in some communities
- Let me reiterate that adequate clinical responses, whilst absolutely essential, are largely futile if swamped by increased availability of gambling opportunities.

Research priorities

- Assessment of the community's needs regarding gambling education, followed by well monitored and evaluated programs.
- A comprehensive investigation, utilizing varying methodologies, of the social-impact of gambling in Australia.
- An investigation of high-risk factors associated with excessive gambling in relation to various formats, initially cross-sectional due to the urgency with which the information is required, but concurrently employing a longitudinal design with a young, pregambling, cohort (this would have enormous preventative implications).
- A close monitoring and investigation of technological developments pertaining to gambling. e.g. Internet gambling seems to have the characteristics of a high-risk format (continuous, long spells of uninterrupted play).
- An ongoing program of comparative treatment evaluations to ensure 'best practice' occurs with appropriate matching of services to client needs (taking particular cognizance of gender and ethnic issues).

Such research is very costly, and again may indicate the need for a statutory levy administered by an independent authority or advisory body.

References

1. Heather, N & Robertson, I (1985) *Problem Drinking: The new approach*, Penguin, Middlesex.
2. Orford, J (1985) *Excessive Appetites: a psychological view of addictions*, Wiley, Chichester.
3. O' Connor, JV (1998) Impaired-Control over gambling in TAB off-course gamblers and Electronic Gaming Machine players. (PhD thesis in preparation)
4. Australian Institute for Gambling Research (1997) *Definition and Incidence of Problem Gambling, including the socio-economic distribution of gamblers*, Victorian Casino and Gaming Authority.
5. Walker, M (1992) *The Psychology of Gambling*, Pergamon Press, Oxford.
6. Steel, Z & Blaszczynski, A (1996) The Factorial Structure of Pathological Gambling, *Journal of Gambling Studies*, 12(1), 3-20.

7. Dickerson, M (1990) Gambling: the psychology of a non-drug addiction, *Drug and Alcohol Review*, 9, 187-199.
8. Orford, J; Morison V; Somers, M (1996) Drinking and Gambling: a comparison with implications for theories of addiction, *Drug and Alcohol Review*, 15, 47-56
9. O'Connor, J; Dickerson, M; Phillips, M (1995) Chasing and its relationship to impaired-control over gambling, in: O'Connor, J (Ed) *High Stakes in the Nineties*, Proceedings of the 6th Conference of the National Association for Gambling Studies, Fremantle.
10. Tasmanian Gaming Commission (1997) *Australian Gambling Statistics 1972-73 to 1995-96*.
11. Public Health Association of Australia (1997) Draft PHA Policy on Gambling, *In Touch*, 14(6), 5-7
12. Mellor, N (1995) Gaming Industry Reforms: Harm Minimisation and Problem Gambling, in: O'Connor, J (Ed) *High Stakes in the Nineties*, Proceedings of the 6th Conference of the National Association for Gambling Studies, Fremantle.