

I first decided to have a feature on Gambling Disorders as part of the [IPS Membership](#) when I came across a particular community in which IPS were contracted to provide our Whole of Aboriginal Community Mental Health Intervention Programs into. Our work in Aboriginal communities is fairly organic in that the communities themselves tell us what the focus of the intervention will be. This includes program content. As we have developed so much unique training content and over such a long time period this means that we are very rarely 'stumped' in terms of being able to deliver whatever the community asks of us. That was until this particular community identified problem gambling as amongst their main issues. Well, of course, being a reasonably trained clinical psychologist I had an okay understanding of addictions and treatment of the same, however, that is where my so called expertise ended. Fortunately, one of my (hopeful) strengths is that I am also good at recognising my limitations and this was the point at which I realised that I needed to find some experts on the subject.....

I located Sue Bertossa who is based at Flinders University and had done a bit of work around Aboriginal communities and gambling. I asked her to come out and speak to the service providers from this community to skill them up around the provision of intervention programs. It was the first time I realised that I had completely overlooked an area of Aboriginal mental health that is in fact a considerable problem in some communities. To me, Jilya and to a greater extent, the IPS is always looking to 'stretch itself' in areas that are a little marginalised every now and then. Gambling certainly fits that category.

Sue has been kind enough to put together our Feature

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Article
for this edition.

Not surprisingly, she pointed out that the field is very sparse in terms of evidence based practice (seems to be a common theme!). We also had Marisa Fogarty do an Opinion Piece for the Jilya magazine for you as well as a webinar for our IPS Members on this topic. Importantly, the amazing Ashley Gordon is featured as our Local Hero in our Jilya magazine for his incredible and tireless work in this area.

It is also worth providing some information regarding the new classification of Gambling Disorders and how they sit in the Diagnostic Statistical Manual – Fifth Edition. In the DSM-IV, pathological gambling (PG) was classified under the section titled, "Impulse Control Disorders Not Elsewhere Classified," along with Compulsive Hair Pulling (Trichotillomania); Intermittent Explosive Disorder; Kleptomania; and Pyromania. The DSM-5 work group proposed that PG be moved to the category Substance-Related and Addictive Disorders (refer to Table 1). The rationale for this change is that the growing scientific literature on PG reveals common elements with substance use disorders. Many scientists and clinicians have long believed that problem gamblers closely resemble alcoholics and drug addicts, not only from the external consequences of problem finances and destruction of relationships, but, increasingly, on the inside as well. According to Dr. Charles O'Brien, chair of the Substance-Related Disorders Work Group for DSM-5, brain imaging studies and neurochemical



tests have made a “strong case that [gambling] activates the reward system in much the same way that a drug does.” Pathological gamblers report cravings and highs in response to their stimulus of choice; it also runs in families, often alongside other addictions. Neuroscience and genetics research has played a key role in these determinations.

Of course, problem gambling, like many addictions are quite easy to hide from others given that gambling is very much a social function. Obviously in states like NSW where there is wide scale access to pokies in RSL and Rugby League and sporting clubs are an interesting issue and certainly the stats appears to support the link between ‘normalising’ gambling as a social activity and PG. Take the following statistics:

- Six hundred thousand Australians play the pokies at least once a week and 95,000 pokies players are problem gamblers.
- Problem gamblers contribute 40 per cent of the money put into poker machines.
- Victoria has the highest tax dependence on gambling, at 13 per cent, and Western Australia has the lowest, 4 per cent.
- The 12 biggest clubs in NSW had gaming machine revenue of \$580 million in 2007.

As a Western Australian (prior to phone apps) the only place in which gambling was possible was the casino and still is. I recall being horrified when first going into NSW in particularly and seeing rows and rows of pokie machines in every pub, every restaurant. I was surprised they didn’t manage to get them into the pre-schools (yes I am being sarcastic...). Never having gambled in my life I remember feeling thankful that WA have such a hardline on gambling in social settings and does not link much of our state revenue to the continuation of problem gambling. So, what are the stats on problem gambling with Aboriginal people. Well, according to the creative spirits website (www.CreativeSpirits.info) here are some selected statistics:

- 20% Estimated percentage of people in Aboriginal communities who are problem gamblers. Same figure for all gamblers in Australia: 2%.
- \$24m Money spent annually on gambling by people living in the NSW Northern Rivers area on poker machines.

- 80% Percentage of the Australian population participating in various forms of gambling.
- 12% Taxation revenue state governments in Australia derive from gambling.
- 1 – 1.5% Percentage of gamblers who contribute 70% of poker machine gambling revenue.
- \$18b Money spent on gambling each year by all Australians.
- 20% Percentage of the world’s electronic gaming machines that are in Australia.

I guess it is worth ending with a personal story that really brought home to me the impact of problem gambling. I remember when I worked for a government department many years ago and worked with an older lady who was considered an elder in the community. It was fair to say that she was a role model who all of us looked up to. She worked hard, raised beautiful children and now grandchildren. Imagine the shock when, one day I went to pick her up for work and her entire house was empty. She had lived there for many years and I am talking even curtains no longer remained in her home. It took my breath away. I later learnt that everything in her home had been repossessed due to debts and these were related to gambling. This has never left me. I felt true distress for this lovely lady who seemed to be completely in the grip of this addiction. I hope that this edition of Jilya assists any of you who are working with people experiencing these issues and that it helps to shine a light on an issue that desperately needs shining a light on.

Regards
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1 Aboriginal culture - People - Gambling and Aboriginal people, retrieved 22 February 2017

DSM-5 Diagnostic Criteria: Gambling Disorder

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 2. Is restless or irritable when attempting to cut down or stop gambling.
 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
 6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
 7. Lies to conceal the extent of involvement with gambling.
 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behavior is not better explained by a manic episode.

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.

Table1: From the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (section 312.31)