

Gambling

IN ADDITION to problems encountered with psychoactive substances (i.e. alcohol and other drugs) there is a range of behaviours that exhibit similar patterns of problems and harms that may have the same underlying or antecedent factors. Such behaviours include eating, exercise, sexual behaviour and gambling. The latter is an area of increasing concern across Australia. Collectively, such behaviours are referred to as appetitive behaviours, that is the desires or inclinations — appetites—that are basic to life which can get out of hand (Orford, 2001).

Problematic gambling is included here because of its increasing prevalence, likelihood of presentation to health care workers and its receptiveness to similar forms of intervention as covered elsewhere in this Handbook.

PROBLEM GAMBLING

Problem gambling is gambling behaviour that results in harm:

- to the individual
- to family and friends
- that may extend into the community

The harm may include:

- financial loss — even bankruptcy
- loss of employment
- criminal activity
- breakdown of relationships
- health problems including anxiety, depression and suicidal thoughts

Over the past 20 years Australian governments have legislated to allow major increases in the availability of legal gambling facilities, firstly by casinos and more recently by the introduction of electronic gaming machines into local hotels and clubs. It is well known that as the opportunities for legal gambling increase, so do the number of people who take part.

It is generally accepted that 2% of the population experience gambling problems with a further 1–3% at risk of developing a problem. Beyond this are the many thousands of family members, friends and associates adversely affected by another's gambling, with estimates of up to 10 significant others affected by any one problem gambler. In addition there are the demands on community and public resources.

Identifying Problem Gamblers

Only a small proportion of problem gamblers have presented for help and the prevalence of problem gambling is difficult to determine.

While there is no consensus on diagnostic criteria or screening tools the 'EIGHT' Gambling Screen (see Figure 22–1) is a useful tool for patients to use and discuss with their GP. Four or more *yes* answers suggest that the patient's gambling may be affecting his/her wellbeing.

Research has examined the rates of comorbidity of problem gambling with other psychological disorders and noted:

- high rates of comorbidity with major depressive disorders
- bipolar disorder
- anxiety disorders
- drug and alcohol problems

PRESENTATION OF PROBLEM GAMBLERS

Patients may not see a connection between their gambling and their current health concerns, or may minimise the connection out of guilt. Studies have shown that gamblers will commonly present to GPs with:

- depression
- anxiety
- headaches
- sleep difficulties
- heavy alcohol use or other drug problems
- indigestion
- back and neck pains

Broaching the subject of gambling can be done in a number of ways. While gathering a history of the complaint it may be appropriate to ask generally:

'How are you spending your leisure time?'

If framed as a health issue, patients may feel more comfortable to disclose that their gam-

1. Sometimes I've felt depressed or anxious after a session of gambling.
 Yes, that's true.
 No, I haven't.
2. Sometimes I've felt guilt about the way I gamble.
 Yes, that's so.
 No, that isn't so.
3. When I think about it, gambling has sometimes caused me problems.
 Yes, that's so.
 No, that isn't so.
4. Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling.
 Yes, that's true.
 No, I haven't.
5. I often find that when I stop gambling I've run out of money.
 Yes, that's so.
 No, that isn't so.
6. Often I get the urge to return to gambling to win back losses from a past session.
 Yes, that's so.
 No, that isn't so.
7. I have received criticism about my gambling in the past.
 Yes, that's true.
 No, I haven't.
8. I have tried to win money to pay debts.
 Yes, that's true.
 No, I haven't.

Figure 22-1

EIGHT Gambling Screen

Source: *Early Intervention Gambling Health Test* (no date)

Developed by Sean Sullivan, Goodfellow Unit, Auckland Medical School (unpub.)

bling is causing them personal problems such as relationship and financial difficulties. Or that someone else's gambling problem may be the cause of the trouble.

TREATMENT/REFERRAL OPTIONS

Discuss how:

- gambling is a system over which the gambler has little or no control
- losing is the most probable outcome
- winning in many forms of gambling is totally random
- the only true winners are the gambling industry

Indicate that gambling problems can:

- cause stress
- cause depression and anxiety
- affect physical and emotional health

Ask patients to describe the positive and negative outcomes from their gambling.

Most states offer free face-to-face counselling through agencies such as BreakEven. They offer a variety of counselling services to problem gamblers and/or their families including:

- personal counselling
- financial counselling
- relationship counselling

If a patient recognises that their gambling may be causing some harm make an appointment for them to attend one of these services and/or consider prescribing antidepressants as they can help reduce the urge to gamble. Follow-up their progress at the next planned visit.

REFERENCES

Orford, J. 2001, *Excessive Appetites. A Psychological View of Addictions*, 2nd edn., John Wiley & Sons, Chichester.

Gambling

238