

What is gambling harm?

Gambling harm is any negative consequence or side effect experienced as a result of gambling.

The experience of gambling harm ranges in seriousness from low, such as occasional feelings of regret, to severe, such as depression and anxiety.

Gambling harm leads to poorer health and wellbeing outcomes for the individual who gambles, family members, friends, communities and populations.

Gambling harm is highly stigmatised. People affected by gambling harm and another stigmatised issue, such as drug use or a mental health diagnosis of anxiety or depression, have reported they are more willing to acknowledge the other issue.

Financial problems are the most obvious harm, but others include:



feelings of embarrassment, regret, shame and guilt



increased tobacco and alcohol and other drug (AOD) use



reduced work or study performance



sleeplessness, stress, anxiety, depression, suicide



family violence and relationship problems.

Key statistics

330,000

Victorians experience harm from gambling each year. Another 300,000 are harmed by someone else's gambling. **37.7%**

of gambling harm in Victoria is attributable to pokies. 22%

of Victoria's mental health sector costs are gambling related.







Screening your patients for gambling harm

In the past 12 months, have you had an issue with gambling?

92% detection rate

This screening question is validated as having a 92% detection rate for identifying gambling harm in patients in a primary care and medical setting.

Comorbidities

Gambling harm is a complex issue that often co-occurs alongside mental ill-health, use of tobacco and AOD, family and relationship conflict, or various forms of trauma (such as interpersonal, multi-generational or acquired).

Research shows that in Victoria:

- 39% of people who experience problem gambling* have a diagnosed mental health condition, such as depression, anxiety, alcohol use disorder or posttraumatic stress disorder
- 39% of people who experience problem gambling* are in a state of high distress, compared with 5% of the general population (measured on the

Kessler Psychological Distress Scale)

- self-reported satisfaction with life drops as risky gambling behaviour increases (Australian Unity Wellbeing Index)
- there is a correlation between risky gambling behaviour, and heavy alcohol and tobacco use.

*As defined by the Problem Gambling Severity Index (PGSI), which is a tool used by researchers and counsellors to estimate a person's risk of experiencing problem gambling.vThe most severe harms are experienced by people in the problem gambling PGSI category, but the majority of harms (70%) are experienced by people in lower risk categories.

Who is at risk?

Anybody who gambles can experience harm. Groups at high risk include:

men under 35 years, especially those aged 18 to 24

some culturally and linguistically diverse communities

First Nations communities

people who live in lower socio-economic areas

people experiencing social isolation

people struggling with their mental health

How to refer patients to Gambler's Help

Use the service finder (gamblershelp.com. au/service-finder) to locate a Gambler's Help agency that is convenient for your patient.

Write a referral for your patient to share with the Gambler's Help agency including:

- your contact details
- the date of consultation
- key issues discussed (e.g. need to cut down on gambling, initial presentation of mental health conditions or AOD issues).

Note: Patients can contact Gambler's Help directly if they prefer.

Resources



gamblershelp.com.au

All Gambler's Help services are professional, free, confidential and available 24/7 for people experiencing harm from their own, or someone else's gambling.

Treatment options include face-toface, telehealth and online therapeutic counselling, peer support and financial counselling.

Gambler's Help counsellors have the expertise and resources to support and refer patients experiencing complex cooccurring AOD and mental health issues.

Whether a patient feels ready to change their behaviour now or in the future, a referral to Gambler's Help can help them understand the range of treatment options available and set them on a path to recovery.

By working with professional support, patients are twice as likely to successfully achieve their goals.



Help in other languages

Gambler's Help provides support in Arabic, Mandarin, Cantonese and Vietnamese. Call **1800 858 858** to arrange an interpreter for free.

Gambler's Help Youthline

Under 25s who are worried about their own or someone else's gambling can call the 24/7 Gambler's Help Youthline on **1800 262 376** for advice and support.

First Nations communities

Support is also available for First Nations people. Visit gamblershelp.com.au or call **1800 858 858.**





Reset is a free and confidential app for people wanting to quit or cut back on their gambling. Based on cognitive behavioural therapy and motivational interviewing techniques, Reset can be used independently or in conjunction with counselling to help people better understand and manage their gambling.

To learn more, visit ResetApp.com.au.



The **100 Day Challenge** is an app and web-based program. It helps people to take a break from, or stop gambling by suggesting substitute activities for 100 days. It also features a popular peer support network for participants to share their experiences and support one another.

To learn more, visit 100dc.com.au.



This is a national resource that provides information and online counselling via live chat, online forum or email.

Visit gamblinghelponline.org.au/.



Self-exclusion is a free service offered by the gambling industry that allows people to ban themselves from gambling and gaming rooms in clubs and hotels in Victoria. To learn more, visit gamblershelp.com.au/self-exclusion/.

FURTHER READING

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Dowling, N.A., Merkouris, S.S., Dias, S., Rodda, S.N., Manning, V., Youssef, G.J., Lubman, D.I., Volberg, R.A. (2019). <u>The diagnostic accuracy of brief screening instruments for problem gambling: A systematic review and meta-analysis</u>, Clinical Psychology Review, Vol 74.

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