

Office of the Public Advocate

Overview of presentation

Problem gambling can occur either in isolation or in association with mental illness such as mood disorders, anxiety disorders and substance use disorders. Pathological gambling is a severe form of gambling that impairs decision-making and is considered a mental illness. It is likely to be related to substance dependence, impulse control disorders, and obsessive-compulsive disorder in its underlying cause. Pathological gambling affects between 1-3.4% of the population, although some population studies have described higher rates.

Barring is just one strategy in a spectrum of interventions. Prevention and early intervention is needed as well as effective treatment when problem gambling develops. As with other mental health strategies a stepped approach can offer different levels of education and intervention depending on need.

Along with barring, a range of complementary public health measures can reduce harm from gambling. There is evidence to support the use of "supply reduction" strategies such as slowing the reel speed on poker machines so that money can be fed in less quickly, and reducing hours of service. A simple demand reduction strategy is readjusting machines to display money as "cash" rather than "credits."

At the present time the enforcement of barring relies on the facial recognition of the barred gambler through circulated photographs. This has significant limitations. Shame is a common experience of gamblers - some may wish to be barred, but not want their photographs displayed in licensed venues, particularly if they personally know staff. Other gamblers travel extensively so barring at a small number of venues (which is a necessity because of the limitation of photograph use) may be of limited value.

For these reasons, the adoption of technology, based on that already in use in loyalty programs, could permit people to be barred without requiring photographs and personal details to be sent to venues ahead of time, and provide a system for barring to operate across the state. This could be combined with pre-commitment so that a gambler declares how much they wish to gamble when they arrive and cannot gamble more.

The association between gambling and mental illness should be considered in developing policy. Causality can be bi-directional. Problem gambling can lead to depression and suicidal behaviour. On the other hand people with preexisting illnesses are more likely to gamble. A number of people who also have a mental incapacity as well as problem gambling are placed on financial administration orders through the Guardianship and Administration Act (1993) to limit expenditure on gambling and ensure that food is purchased and that rent and other expenses are paid.

The down side of Administration Orders is that they can still be circumvented - for example through the sale by the gambler of essential home appliances for gambling money that then need to be replaced. Effective barring provisions can deal with this shortcoming as it stops access to gambling rather than access to money. This can also help maintain an individual's rights and autonomy, because if gambling can be stopped through barring, then other controls over finances can be relaxed or even removed.

Barring can also act as a trigger for treatment. Now people are given information about where to get help when an Independent Gambling Authority order is put in place. This would be an ideal time to offer a "first" appointment with a provider so an assessment can occur, and the barred person be offered treatment.

In conclusion, the Public Advocate will recommend an electronic statewide barring system. A clinical appointment should be provided to people when they are barred. Prevention and early intervention measures including community education, and other public health measures to reduce harm from gambling can complement barring as a strategy.

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