



**College of Psychiatrists
of Ireland**

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Gambling Disorder

Position Paper

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Abstract

Gambling disorder is a serious condition that has profound consequences for the individual and the people around them (O'Gara, 2018). Rapid advances in online technology in recent years have seen online gambling in particular become more prevalent. Although accurate data on the prevalence of gambling disorder in Ireland is not available (at time of publication), it is likely that the prevalence has increased with the increase in online gambling. It is the view of the College that gambling disorder should be considered a major public health concern in Ireland which needs to be urgently addressed under the following areas:

- Gambling advertising
- Gambling control legislation
- Education about gambling disorder – both public and professional
- Treatment services
- Research

The College of Psychiatrists of Ireland

The College of Psychiatrists of Ireland, formed in 2009, is the professional and training body for psychiatrists in the Republic of Ireland. The Mission of the College is to promote excellence in the practice of psychiatry, and advocating for the highest standards in our mental health services.

Introduction

Gambling disorder was the first non-substance related addiction to be included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) under “Substance-related and Addictive Disorders” (American Psychiatric Association, 2013). The recognition of gambling disorders is increasing among healthcare professionals and also the general public (Calado and Griffiths, 2016).

There is little research on gambling disorder in Ireland and there are few safeguards in place to protect gambling-disordered individuals. The aim of this position paper is to highlight the problem of gambling disorder in Ireland, encourage further research, and to advocate for services within the healthcare system.

Gambling Disorder Prevalence

Gambling disorder is classified as a “persistent and recurrent problematic gambling behaviour” that causes significant impairment and distress (American Psychiatric Association, 2013) and shares many features of substance addiction (O’Gara, 2018). For a diagnosis of gambling disorder, four (or more) criteria are required in a 12-month period and cannot be better explained by a manic episode. These are:

- Increasing tolerance – the need to gamble more to achieve the desired effect
- Irritability and restlessness when attempting to cut down
- Unsuccessful efforts made to cut back or stop gambling
- Preoccupied with gambling (persistent thoughts around gambling)
- Gambling when feeling distressed
- Gambling when chasing losses i.e. gambling in order to recoup losses from previous bets
- Telling lies to conceal extent of gambling
- Loss of a significant relationship, job or opportunity due to gambling
- Requiring relief from financial situations caused by gambling (American Psychiatric Association, 2013)

Approximately 40—80% of adults across Europe engage in some form of gambling annually (Walsh, 2014). In Ireland, this can take the form of playing the National Lottery (with 64% of adults in Ireland participating) or other more mainstream avenues of gambling such as sports betting. Gambling is also increasing in popularity, with a 1% increase in engagement in gambling between 2017 and 2018 based on UK data (Gambling Commission, 2019).

Regrettably, there are no national data reflecting the prevalence of gambling disorder in Ireland. A national survey conducted by the Health Research Board in relation to drug and alcohol prevalence will also contain some questions in relation to gambling behaviours with the results of this survey due to be published in 2020 (Health Research Board, 2018). However no dedicated gambling prevalence surveys (akin to the British gambling prevalence survey (Wardle, 2007, Wardle *et al.*, 2011)) have been conducted in Ireland. The Institute of Public Health in Ireland estimated the number of individuals suffering from gambling disorder to be 40,000 (or just under 1% of the population) (Institute of Public Health in Ireland, 2010). More recent UK studies have shown gambling disorder prevalence in Northern Ireland to be 2.3%, 1.1% in Wales, 0.7% in Scotland and 0.5% in England (Northern Ireland Statistics and Research Agency, 2017).

Consequences of Gambling Disorder

While the majority of people engage in gambling as a leisure pursuit, some use gambling to regulate their mood (Wood and Griffiths, 2015). Disordered gamblers suffer difficulties with anger, aggression, mood, relationships and work. Problems with mental health and finances are also very common (Griffiths, 2004). An online survey conducted in relation to gambling behaviours and gambling disorder in Ireland found that about three quarters of the population surveyed needed to borrow or sell items in order to fund their gambling behaviour (Columb and O'Gara, 2018). Three quarters of the survey's respondents reported that their gambling behaviours resulted in financial consequences for them and their families (Columb and O'Gara, 2018).

Treatment of Gambling Disorder in Ireland

Currently, there are no dedicated referral pathways for treatment of gambling disorder within the Irish mental health or addiction services (Columb *et al.*, 2018). Some mental health teams, Community Addiction Services and Local Drug and Alcohol Task Forces (LADTFs) do provide treatment for gambling disorder (usually via community mental health nurses) but these are location specific and dependent on the resources of the multidisciplinary team (Columb *et al.*, 2018). Outside of this, there are independent not-for-profit organisations and private services that offer treatment for gambling disorder in a variety of different environments (inpatient, outpatient and residential settings) (Problem Gambling Ireland, 2016). Other independent gambling organisations like Gamblers Anonymous, Gamble Aware Ireland and Problem Gambling Ireland offer counselling services, helpline services and information for those with problem gambling (Problem Gambling Ireland, 2016).

Current Issues

Lack of research on gambling and gambling disorder in the Irish population

Gambling disorder prevalence in Ireland is currently unknown. While data is available in relation to engagement in gambling (National Advisory Committee on Drugs and Alcohol and Northern Ireland Department of Health, 2016), gambling disorder prevalence research (akin to the population surveys carried out in the UK) needs to be conducted. The Health Research Board is conducting a survey in relation to the use of illicit drugs, alcohol, prescription drugs and gambling in the general population, however dedicated gambling prevalence surveys are required. Knowledge of the current prevalence, allied with improved awareness (both amongst the public and healthcare professionals) and detection at a primary care level may improve treatment uptake and prevention of some of the long-term consequences of gambling disorder.

Lack of dedicated services for the treatment of gambling disorder within the Irish mental health and/or addiction services

Given the reliance on charitable organisations and private institutions to provide the bulk of support to people with problem gambling, dedicated referral pathways within the Irish health service and effective treatment options that are resourced are needed for this patient cohort.

Proposal

1) Gambling Advertising

Children have been shown to be particularly vulnerable to gambling advertising (O'Gara, 2019). International research demonstrates about three quarters of teenagers between years 12 and 17 gamble annually, higher than any other age group (Monaghan *et al.*, 2008).

Some steps have already been taken to reduce gambling advertising aimed at children, such as the recent “whistle-to-whistle” voluntary ban on gambling advertising during sporting events – typically shown before the television watershed (Davies, 2018). While voluntary bans represent an effort to reduce gambling advertising, five online gambling firms were recently found to be in breach of rules targeting advertising to children (Sweeney, 2019).

We recommend the following in relation to gambling advertising:

- ***Gambling advertisements on television and radio should not be permitted to be aired before the watershed.*** In addition, other forms of advertising such as adverts on billboards and public transport should not be permitted.
- ***Gambling advertising within sports in Ireland should not be permitted*** (Chambers and Sassi, 2019). As an example, the Gaelic Athletic Association (GAA) has already made a decision to not permit gambling advertising within its organisation (Harrington, 2018).
- ***All gambling advertising related activity should be closely monitored by an independent regulator.*** The regulations around gambling advertising should be mandatory and enforced consistent with best practice.
- ***Marketing of gambling products should not in any way be targeted at children or adolescents. In particular, the independent regulator should be aware of influence social media advertising can have on children and adolescents.*** Children and adolescents have the highest use of the Internet and social media and high exposure to gambling advertising has been shown to normalise gambling behaviours as socially acceptable (Gainsbury *et al.*, 2016).
- ***The independent regulator should also be aware of the use of micro-transactions and loot boxes in online gaming, described as “virtual games of chance”*** (Griffiths, 2018) and deemed by some European countries to be a form of gambling (MacDonald, 2018). This can be the first introduction to gambling like activities for children, with the Children’s Commissioner for England calling on the UK government to enact tighter laws in relation to loot boxes (iGamingBusiness, 2019)

In addition to the avoidance of marketing to children:

- ***Gambling websites should employ more robust age verification processes to hinder children accessing gambling websites.***
- The vast majority of gambling websites with a “.ie” domain name did not require any age verification documents to create an account online with a gambling website (Cooney *et al.*, 2018).
- ***Responsible gambling tools should also be utilised more robustly by gambling websites,*** with only one-third of Irish operators offering more than one setting limit (like limit setting for deposit amount, limit for spending, maximum loss and session) on their website (Cooney *et al.*, 2018).

2) Gambling Control Legislation

The Gambling Control Bill 2013 is a piece of legislation proposed in order to try and regulate the gambling sector (Department of Justice and Equality, 2013). At the time of writing, this bill is yet to be enacted in law. Despite the government’s proposal to fund national health care and research for gambling disorders, there have been no tangible amendments in the sector (O’Gara, 2018). **We recommend:**

- **This legislation be progressed** in order to provide a framework for regulation of the gambling sector in Ireland.
- **A *Gambling Regulatory Authority be established without delay.***
- ***Government funding to actively reduce gambling harms.*** Because of the inherent conflicts of interest attendant with such approaches, we believe that entities concerning themselves with the reduction of gambling harms should be resourced by government funding and should not be directly funded by the gambling industry. Government funding could include such measures as a levy on gambling profits and other gambling-related activities.

3) Education about Gambling Disorder

Public

“Gambling has not been traditionally viewed as a public health matter, and research into the health, social, and economic impacts of gambling is still in its infancy” (Griffiths, 2004).

The gambling industry must inform people about the potential dangers of gambling. A national survey into gambling behaviours in Ireland showed a desire for the consequences of gambling disorder to be advertised in about 40% of responders (Columb and O’Gara, 2018).

Efforts by multiple agencies involved with gambling should educate the public on:

- Gambling disorder, its effects and available gambling services.
- Address the considerable stigma of suffering from gambling disorder. Early management of stigma improves the recovery process (Hing *et al.*, 2016).
- Reducing the harms associated with gambling disorder

Professional

Information on the recognition and assessment of gambling disorder should be provided to mental health professionals and general practitioners. Information sessions on the topic of gambling disorder should be provided as well as an emphasis on the assessment and treatment of gambling disorder and other behavioural addictions in undergraduate training.

In our existing addiction and mental health services, information sessions and online resources should be available in relation to gambling disorder to provide upskilling of our current staff.

4) Treatment services

Early intervention and improved awareness of gambling disorder among healthcare professionals

Early intervention in gambling disorder has been shown to be highly effective in reducing gambling disorder related behaviours (Robson *et al.*, 2002). Early detection is therefore paramount. Advertising campaigns promoting awareness of problem gambling should be considered, as this has been a successful strategy in other addictions (Durkin *et al.*, 2012). Primary care and general mental health physicians should be educated on the common presentations and screening tools used to identify problem gambling, such as the Problem Gambling Severity Index (Wynne, 2003) or the South Oaks Gambling Scale – Revised for Adolescents (SOGS-RA) (Winters *et al.*, 1993).

Onward referral and referral pathways

A dedicated, simple referral pathway should be available for primary care physicians to refer their suspected gambling disordered patient to a gambling disorder service, which would need to be developed within the HSE. As stated above, there is a discrepancy between services offered within each healthcare region in relation to gambling disorder and this would need to be addressed (Columb *et al.*, 2018). Each healthcare region should have at least one mental health professional trained in managing and delivering outpatient psychological treatment to gambling disordered patients. In relation to psychological treatment options, a systematic review of treatment options in gambling disorder found that the majority of studies stated some benefits of Cognitive Behavioural Therapy (CBT) monotherapy and combined CBT/Motivational Interviewing intervention, as well as benefit from brief feedback/advice interventions (Petry *et al.*, 2017).

Tertiary referral pathways should also be established for more severe cases of gambling disorder. The UK has established a National Problem Gambling Clinic for this purpose for cases that require more specialist intervention (Central and North West London NHS Foundation Trust, 2008). Different psychological treatment modalities and medication trials (e.g. Naltrexone) are offered within this service (Central and North West London NHS Foundation Trust, 2008). A similar national referral service should be provided for treatment of gambling disorder and other behavioural addictions.

In addition to a national referral service, formal links should be established between each referral pathway and the existing residential and inpatient facilities for treatment of severe gambling disorder not amenable to treatment within the community setting. A national identification of current social interventions utilised by gambling disordered patients (such as Gamblers Anonymous) should be undertaken. This would allow mental health professionals to have information on local resources to provide help for gambling disordered patients locally.

5) Research

National studies

The Gambling Commission in the United Kingdom perform national prevalence studies on a regular basis (Gambling Commission, 2019, Wardle *et al.*, 2011, Wardle, 2007). We recommend this approach to be adopted in an Irish population.

Additional Funding

Further funding should be allocated into research examining early identification of problem gambling. Previous research has shown that GPs are well placed to identify problem gambling but may lack the awareness of gambling problems as a possible reason behind some presentations to their services (Tolchard *et al.*, 2007).

Inpatient vs Outpatient Treatment

Currently gambling disorder in Ireland is treated by either an outpatient approach or via residential/inpatient treatment centers. However, there is very little data comparing the efficacy of these approaches. Inpatient gambling disordered patients tended to have more severe gambling problems compared to their outpatient counterparts (Ladouceur *et al.*, 2006). However, both groups endorsed significant benefit from treatment and treatment (inpatient vs outpatient) was selected based on patient preference (Ladouceur *et al.*, 2006). Further research into the most effective environments for treatment of gambling disorder would provide information for improved resource allocation in the treatment of gambling disorder.

Treatment Modalities

Finally, research funding should focus on effective modalities of treatment of gambling disorder in Ireland. Most treatments for gambling disorder use cognitive-behavioural interventions which have been shown to reduce gambling behaviours immediately after treatment but there is little data over longer (e.g. 12 months) time periods (Cowlshaw *et al.*, 2012, Petry *et al.*, 2017). Research into the efficacy of mutual support groups such as Gamblers Anonymous should be conducted as these are commonly utilised supports but more independent studies of efficacy are recommended (Choi *et al.*, 2017). There is also some promising research showing the effectiveness of medications such as Naltrexone for the treatment of gambling disorder but most studies employed relatively small sample sizes and limited follow up (Grant *et al.*, 2014). Both psychological and pharmacological treatment of gambling provide important avenues of research into their long-term efficacy in an Irish population.

Summary

This paper makes five key recommendations in relation to the recognition, assessment and treatment of Gambling Disorder in individuals. This is now a major public health concern in Ireland and it needs to be urgently addressed using the following steps:

1. **Gambling advertising** should be tightly controlled and monitored and should not be marketed directly to children or in connection with live sporting events.
2. **Gambling control legislation** (The Gambling Control Bill 2013) should be enacted as a priority and a related regulatory authority and sources of funding established.
3. **Education** about gambling disorder should be provided through multi-agency collaboration in both public and professional spheres, in order to reduce the effects of stigma and to highlight the potential and long-term dangers of gambling.
4. **Treatment services** need to be established with increased emphasis on early intervention, clear referral pathways and knowledge of local and national social supports embedded within.
5. **Research** should be funded and carried out nationally to further our understanding of gambling disorder and effective treatments.

Contributors

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