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Department of Local Government, Sport and Cultural Industries

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Dear Ms Bam and team members

### **Gambling Law Reform Consultation**

Thank you for the opportunity to provide input into the review of gambling legislation in Western Australia. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) recognises that gambling is a significant public health issue in Australia and that the gambling 'landscape' is rapidly changing since the growth of online gambling.

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP WA Branch represents almost 620 members, including over 460 qualified psychiatrists and 155 members who are training to qualify as psychiatrists. The RANZCP also partners with people with lived experience, including through a community member on the RANZCP WA Branch Committee, to ensure that the RANZCP considers the needs, values and views of the community throughout its work.

In 2023, the RANZCP partnered with the Royal Australasian College of Physicians to provide [a joint submission](#) into the House of Representative's inquiry into online gambling and its impacts on those experiencing gambling harm. The submission outlines the need for thorough regulation of online gambling provision and an integrated public health response when treating those experiencing gambling harm, and so it is relevant to the WA Gambling Law Reform Consultation. Both Colleges are also in the process of developing a position statement on gambling harm which will update the RANZCP's 2017 [position statement](#) on problem gambling.

The WA Branch draws your attention to the following key points:

- **Emerging associations between video gaming and gambling behaviours and 'gaming convergence'**  
Increasingly, products and functions common to gambling (wagers, betting, randomised rewards in exchange for real-world money) are integrated into video games which are accessible to children and identified as a predictor of future gambling problems.

- **The pervasive impact that advertising of online gambling has on problem gambling behaviour**

An analysis of the link between advertising of gambling activities and increases in problem gambling behaviour, alongside the efficacy of reforms to limit, prohibit and/or regulate television and online advertisements for gambling activities (particularly those targeting children and adolescents) is required. We note that advertising methods are now far more tailored, and include direct business-to-customer emails and promotions as well as targeted advertising through social media. Gambling companies use data analytics to target their potential customers, and they have the ability to identify and target advertisements to those who are particularly susceptible to gambling.

- **The wide spectrum of problem gambling**

Problem gambling covers a wide spectrum of severity, which may initially seem relatively controlled but can progress to the behavioural addiction of gambling disorder (as recognised in ICD-11). This results from fundamental changes, due to repeated gambling, to the brain's reward, prioritisation and stress systems (similar to those seen in addiction to psychoactive substances).

It is a relapsing remitting disorder often comorbid with psychiatric diagnoses such as anxiety and depression, physical illnesses such as migraine, hypertension and other stress-related problems, and health hazardous behaviours such as alcohol use, smoking, amphetamine use.

- Around 75% of patients who seek such treatment also report at least one other mental health condition (commonly mood, alcohol and anxiety disorders). Neurodevelopmental disorders such as ADHD and Autism Spectrum Disorder are also prevalent in young people presenting with gaming disorders. The RANZCP and RACP therefore reiterate that policy development should be underpinned by an integrated public health approach, where regulatory measures are developed in close collaboration between regulators, gambling service providers, mental health services and community program service providers.
- While most people who engage in gaming and gambling activities do not develop problem gambling, those who do are likely to be people with pre-existing vulnerabilities, and are negatively impacted by the following features:
  - Variable ratio reinforcement schedule such as 'loot boxes' in games
  - Micro-transactions
  - Mechanisms used in electronic gaming machines (EGMs)
- Our members note with concern that very young people are now being diagnosed with gaming disorders. The Fiona Stanley Hospital's Alcohol and Other Drug Outpatient Clinic has seen many patients with online gambling as young as 10 years of age. Addiction Psychiatrist Dr Kavita Seth was recently interviewed by ABC radio on the issue, and highlighted the harms that flow from gaming addictions (see [Gaming disorder is a new type of behavioural addiction - ABC listen](#).) including school refusal, social withdrawal and behavioural and mood changes. The impacts are potentially severe, as illustrated by the 2019 Victorian Coronial finding that attributed the death of a 13 year old young person to online gaming addiction (see [COR 2019 005840 -Finding - O. Cronin](#)).

## Prevention

- In the current context where there are plentiful opportunities for online gambling, no one is immune from the impact of problem gambling. The Victorian Coronial case of O. Cronin (above) steps out a preventative approach:
  - (a) **primary prevention strategies** refer to measures that target the general population, irrespective of known risk level, with the intent of holding gaming behaviour at low/safe levels. This approach assumes that all individuals who play games may be at risk to some degree and can therefore benefit from information and skills to prevent the

- occurrence of associated problems. Strategies include educational resources and public awareness campaigns and legislative or regulatory action;
- (b) **secondary prevention strategies** focus on individuals more at risk of developing gaming related problems. Strategies would target groups of individuals such as school-based educational programs or workplace internet policies; and
  - (c) **tertiary prevention strategies** which target individuals who are already considered problematic gamers. Such interventions involve the provision of formal services where people with problems can seek assistance such as support groups, mental health services, and rehabilitation.
- The RANZCP and the RACP support any efforts to improve the quality of and access to online gambling education, particularly for at-risk populations. We note that whilst mass media campaigns can raise the awareness of online problem gambling in Australia, they must be underpinned by a focus on precautionary measures such as improved governance of access to gambling sites.
  - Mass media education and awareness campaigns are not an alternative to effective public policy underpinned by law. Education programs should only be introduced if they are grounded in evidence for their effectiveness. Basing education programs around the existence of gambling disorder as a medical condition, and subsequent evidence-based clinical treatments, would support the public's understanding of effective supports.

### **The impact of current regulatory and licensing regimes for online gambling on the effectiveness of harm minimisation and consumer protection efforts.**

- In light of the continued emergence of new technologies, payment options and products, the RANZCP and the RACP call for improved gambling regulations to improve the effectiveness of harm minimisation and consumer protection efforts. Such regulation must be accompanied by increased funding for the Department of Health for evidence-based treatment for people with gambling problems and their families/carers, and for ongoing research into effective treatments for gambling problems. At present, there is an over-reliance on education and information campaigns that seek to prevent problem gambling. This is important but needs to be complemented by evidence-based treatment programs.
- Online gambling legislation must focus on the protection of the consumer and harm minimisation using a combined approach of community awareness and strong regulatory measures. While the new mandatory gambling advertising 'taglines'<sup>11</sup> for example (e.g. "chances are you're about to lose" or "You win some. You lose more") are welcome developments, evidence shows that such harm minimisation efforts have limited impact in isolation and need to be complemented by stronger regulatory and licensing regimes.
- Western Australia could learn from the regulatory regimes in Europe, where many countries have a far lower tolerance of the societal harms caused by gambling than WA. See for example, the recent presentation [The sky didn't fall in](#) by Churchill Scholar Lauren Levin on gambling regulation (harm prevention) in Norway, Sweden, Spain, Belgium, Netherlands, France, Ireland and the United Kingdom, and accompanying [slides](#). These countries have a greater appetite for gambling regulation, and it has been effective. For example:
  - the number of Norwegians who suffer from problem gambling has more than halved since 2019, as a result of regulations that prioritises protecting people instead of the promotion of gambling related profits.
  - In France, there is strict regulatory supervision of gambling providers to address the risk of gambling, as well as a policy goal for the general population to be aware that gambling is harmful.
  - Sweden has established a Gambling Statutory Duty of Care (a 'Consumer Duty') on hosts imposing a positive duty for them to look for gambling harms, and then document and demonstrate actions and outcomes to prevent harms, including evidencing that their actions were fit for purpose.

- 15 countries have 'data vaults' where gambling regulators and other government authorities capture data from their licensed gambling operators and record every betting transaction in that country. The data informs harm prevention measures and assists in monitoring self exclusions, and enables both an individual operator view and a whole of market view of what is occurring, as well as an individual customer view if a customer makes a complaint. ([Federal Inquiry into online gambling and its impacts on those experiencing gambling harm - Financial Counselling Australia](#))

The RANZCP WA Branch strongly supports risk reduction strategies that focus on host responsibilities, to monitor, and minimise gambling harm vulnerabilities. We believe that the primary focus of regulation should be to prioritise consumer safety. Other organisations are well placed to provide additional advice on regulation, and we note that the Financial Counselling Australia has provided a range of recommendations to reduce unwanted and illegal betting behaviour (including prioritising safety and establishing data vaults (see [Federal Inquiry into online gambling - FCA](#)).

In conclusion, Western Australia is in a unique position when compared to the rest of the country, as we have restrictions on electronic gaming machines. This provides immense societal benefits when compared to other states and territories and it is important that we maintain this. We encourage the Western Australian government to use all available levers to regulate gaming and gambling, with a focus on preventing harm to consumers.

Thank you again for the opportunity to contribute to this inquiry. If you have any queries in relation to our submission, I can be reached via [ranzcp.wa@ranzcp.org](mailto:ranzcp.wa@ranzcp.org) or please contact our Senior Advisor, Policy, Advocacy and Educational Development, Ms Gillie Anderson via [gillie.anderson@ranzcp.org](mailto:gillie.anderson@ranzcp.org) or 6458 7802.

Yours sincerely



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**Chair, RANZCP Western Australia Branch**