

This Month's Focus:

Community Health

Is Problem Gambling a Public Health Issue?

By Dr Munidasa Winslow

When I first started treating those with addictions, I remember trying to recall what I had learnt in medical school. I do not remember significant time in the medical curriculum being dedicated to addictions in general, and I definitely do not remember any lecture on problem gambling. The world, however, is changing. For instance, a Chapter of Addiction Medicine was established within the Adult Medicine Division of the Royal Australasian College of Physicians last year. A whole body of science also exists now on the development and treatment of addictions. Currently, pathological gambling is a recognised mental health disorder, and worldwide, we are beginning to recognise its impact on public health.

It is unfortunate that the medical profession has been slow in identifying gambling as an important public health issue.

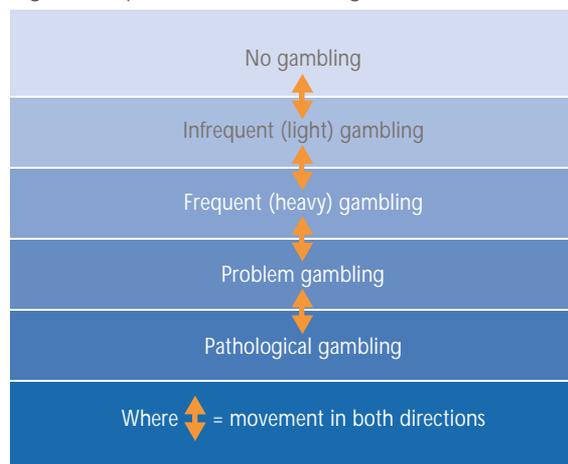


Until recently, pathological gambling has been seen primarily from moral, economic and social standpoints, and received limited attention in the training of doctors. However, as in most forms of addiction, pathological gambling, if untreated, can lead to grave mental health problems for the gambler, and cause considerable damage to his family.

Fortunately, this picture is changing. Our understanding of pathological gambling is gaining momentum as research and clinical experience is helping us to understand pathological gambling as a serious public health issue we cannot continue to ignore. (At the very least, we should know how it impacts the health of our patients.)

Gambling behaviour can be viewed as occurring on a continuum, as shown in Figure 1 below:

Figure 1: Spectrum of Gambling Behaviour



From Korn & Shaffer (1999)

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SINGAPORE MEDICAL COUNCIL ANNOUNCEMENT

The Singapore Medical Council (SMC) will be holding an election to fill 5 positions in the Council. Voting will start on Monday, 9 May 2005 (0800 hrs) and end on Wednesday, 18 May 2005 (2400 hrs).

Voting will be conducted via an Automated Telephone System. Voting is COMPULSORY for all fully registered medical practitioners under Section 6 of the Medical Registration Act (Cap. 174). Those who failed to vote without a valid reason will be fined \$500.

Fully registered medical practitioners who have not received the election notice letter by 9 May 2005 are kindly requested to contact SMC at 6372 3069 / 6372 3070 during office hours.

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The recent public debates about whether Singapore is ready for a casino has led to all sectors of our society examining the extent, etiology, and consequences of pathological gambling. This short paper will clarify what research tells us, and present various models relevant to the medical professional.

Various forms of gambling already exist. These include legalised channels such as the Turf Club and Singapore Pools. There also exists a fairly large unregulated market where betting is run by unlicensed and illegal “bookies”. In addition, I have discovered that some of my gambling patients also demonstrate compulsive risk-taking and speculative behaviour in the financial markets.

DSM IV DIAGNOSTIC CRITERIA FOR 312.31 PATHOLOGICAL GAMBLING

- A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:
1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 2. needs to gamble with increasing amounts of money in order to achieve the desired excitement
 3. has repeated unsuccessful efforts to control, cut back, or stop gambling
 4. is restless or irritable when attempting to cut down or stop gambling
 5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
 6. after losing money gambling, often returns another day to get even (“chasing” one’s losses)
 7. lies to family members, therapist, or others to conceal the extent of involvement with gambling
 8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
 9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 10. relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling behavior is not better accounted for by a Manic Episode.

WHAT IS PROBLEM OR PATHOLOGICAL GAMBLING

As Figure 1 demonstrates, the main worry for society lies in the group of individuals affected by problem and pathological gambling. Problem gambling could be defined as “heavy gambling done by people who are not fully addicted, but experiencing problems related to their gambling”. Pathological gambling is classified as an impulse control disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This group of gamblers may be

seen as “addicted” to gambling, and clinical features would include a compulsion to gamble, loss of control over their gambling behaviour, preoccupation with gambling, and needing to increase the amount wagered to maintain the same level of excitement.

No one ever starts gambling with the intention of becoming a gambling “addict” or pathological gambler. Most pathological gamblers start gambling in their teens or early adult life. From the patients seen at the Community Addictions Management Programme (CAMP), most go through three stages in the development of their addiction:

- a. The Winning Phase where gambling starts as a social activity, and winning brings immense pleasure. This encourages the individual to gamble more.
- b. The Losing Phase where the individual starts to lose. There is a loss of control and onset of impulsive betting as the individual tries to win back money lost. The gambler begins to lie to cover up his losses to family and loved ones.
- c. The Desperation Phase where the losses continue and debts become unmanageable. The individual usually feels hopeless, severely depressed and desperate. The recent news report of a gambler who murdered his family before committing suicide illustrates someone in the Desperation Phase.

WHY IS GAMBLING A PUBLIC HEALTH ISSUE?

The study of gambling as a public health issue is still in its early days. In our predominantly Chinese population, a significant percentage of our population is at risk of developing problems. Most countries like the United States and Britain report the incidence of problem gambling at 1 to 1.3% of Caucasian populations. A study of over two thousand Hong Kong citizens by Wong and So (2003) reports the prevalence rate of problem and pathological gambling as 4.0% and 1.8% respectively. Studies in Australia have similarly found much higher rates of pathological gambling amongst the Chinese when compared to their Caucasian population.

Based on studies from around the world, the main groups of people at risk of pathological gambling are:

- a. Adolescents, who are at a developmental stage associated with experimentation, novelty and sensation-seeking. Their vulnerability is related to risk-taking behaviour that is the norm for this age group. Research also indicates that the earlier the age of initiation into gambling, the higher the risk of pathological gambling.
- b. The elderly, especially those who are socially isolated and bored.
- c. The alcohol and substance dependent / abusing patient is particularly at risk, as cross addiction is a common occurrence. I still remember a particularly naive alcoholic patient who came in for treatment after losing S\$100,000 betting on the last World Cup. He spent a lot of time in alcoholic blackouts, and his “friends” would tell him each morning how much he had lost betting on the games.

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- d. The low socio-economic status group also is at risk as the percentage of their disposable income spent on gambling is higher than middle and high income earners.

Our experience at CAMP, Institute of Mental Health (IMH), has been that individuals come from all walks of life. Over 90% of our patients are Chinese. However, most patients who present to us are English medium-educated. This is likely to change when we are able to do more public education and outreach to the Chinese-speaking population.

Other Types of Gamblers

Gamblers are attracted to different forms of gambling for different reasons. Sensory stimulation of video games of chance, perceptual skills at cards or sports betting, and excitement of easy money in high-risk investments are some examples. Most pathological gamblers have their game of preference and gambling is the only thing in life.

- a) Professional Gambler
Gambling is his primary source of income. Very controlled as he patiently waits for the best bet.
- b) Antisocial Personality Gambler
Life career is getting money by illegal means; tries to fix gambling games. He cannot control his criminal personality.
- c) Casual Social Gambler
Gambling is one of many forms of entertainment; gambles infrequently. If he could not participate in gambling, he would not miss it.
- d) Serious Social Gambler
Gambles as a major source of entertainment. Plays regularly at one or more types of gambling and does so with great absorption and intensity. Gambling becomes a past-time event. Can stop but would miss it.
- e) Relief and Escape Gambler
Major activity in the person's life but is of equal importance with family and business. Life goes on without integrity being seriously impaired. Can stop, but with more difficulty than casual or serious casual gamblers. Rarely escalates to compulsive gambling; if it does, it is usually in response to a trauma and a predisposing factor.



About the author:

Dr Winslow was trained as a general psychiatrist before sub-specialising in addictions at IMH. He was one of the founders of the Minnesota-Model Alcohol Treatment Centre at IMH in 1993. Currently, Dr Winslow serves as Programme Director and Consultant Psychiatrist to CAMP. He is also Senior Consultant and Chief of the Addiction Medicine Department in IMH.

Dr Winslow's passion is to help people with addictions recover in a safe, caring and prejudice-free society. He is a committed advocate for greater community involvement in treatment and rehabilitation. He can be contacted at email: winslow_municasa@imh.com.sg

and completed suicides are also increased in this population.

A study of 286 women admitted to a University Hospital in Nebraska showed that violence against intimate partners is 10.5 times more likely when the abusive partners are problem gamblers. Health-related problems also occur when pathological gamblers abruptly stop gambling, in what may be viewed as the "withdrawal" phase. Rosenthal and Lesieur reported that 65% of pathological gamblers reported at least one physical side effect during withdrawal. These include insomnia, headaches, physical weakness, palpitations, muscle aches, difficulty breathing and chills. These effects are significant, as pathological gamblers in the study experienced more physical withdrawal symptoms than a control group made up of substance-dependent individuals.

ADDICTIVENESS OF GAMBLING

Pathological gambling is very much a hidden addiction. Despite its similarity to other addictions (the same reward pathways and dopamine receptors are activated in the brains of pathological gamblers and alcohol-dependent individuals), pathological gamblers do not exhibit visual signs and symptoms, such as the slurring of speech and lack of coordination seen with alcohol and substance abusers. Overt signs are not seen until late in the pathological gambler's deterioration.

Like all chronic diseases, late identification and treatment is associated with high morbidity and mortality. When the Alcohol Treatment Centre (ATC) opened at IMH in 1993, eight of my first 80 patients died from their disease. Unfortunately, we were then seeing patients who were already late in their illness, presenting with ascites, jaundice, bleeding disorders and hallucinations, to name a few problems. The picture today is markedly different, as patients are referred for treatment much earlier and the outcomes significantly better.

During my HMDP in Melbourne, I noted that our Australian counterparts in the medical profession viewed addictions as a major public health issue. They routinely screened all patients (including those presenting at emergency rooms) presenting with intoxication, gastritis or hepatitis for alcohol and substance abuse or dependence, and referred them for assessment and interventions by their addiction nurses. These addiction nurses also screened those with respiratory ailments for nicotine dependence, and provided immediate brief interventions and referral when necessary.

The impact of early detection and intervention on treatment outcomes is huge. When we are slow in detecting and treating addictive disorders, the damage to individuals, their families and society is very significant. In Singapore, opportunities to gamble will increase, whichever way the casino debate is settled. We already have over 300 betting outlets in Singapore. With an increase in accessibility, there will be an increase in the number of people who gamble, and subsequently the number of individuals who will develop into problem or pathological gamblers.

HOW GAMBLING AFFECTS HEALTH

The social and health costs of problem gambling are seen at the individual, family and societal levels. Problems include neglect of family duties, domestic violence, marital breakup, absenteeism from work, bankruptcy, and even criminal behaviour. Adverse health consequences, which can also affect family members, include depression, anxiety, insomnia, intestinal disorders (the GI tract is particularly sensitive to stress), migraines and other stress-related disorders. Rates of attempted

PUBLIC HEALTH ISSUE?

General practitioners routinely ask their patients (at least we should be asking) about smoking or drinking. Unfortunately, gambling behaviour is seldom discussed, unless the patient reports health problems (for example, insomnia) involving financial crises. Problem gambling is the gray area of healthcare. However, our role as medical professionals is to ensure the health of our patients, and there is no denying that problem gambling severely impacts the health of our patients.

Even if doctors are unable to provide the intervention themselves, it is important for them to identify the problem

early by asking about their patients' gambling behaviours. Early screening and referral can make all the difference to outcomes, and halt the progress of the addiction.

The medical profession is often the first point of contact for problem gamblers and has a unique opportunity to influence the outcome of treatment. We need to train medical and other healthcare professionals to identify and provide problem gambling interventions early. We also need to work with our colleagues in social services to develop shared care arrangements. Finally, we need to push for local research that will help us to plan and execute policies that protect vulnerable populations. ■