The Role of Physicians in Recognizing and Supporting Treatment of Gambling Addiction
(Update November 2005)

Gambling is a common activity in our society. For a small percentage, this behaviour can become pathological, affecting the well-being of gamblers as well as their families and workplaces. This disorder has been described in the “Diagnostic and Statistical Manual of Mental Disorders” Fourth Edition, (DSM IV) and is recognized as an illness by physicians.

Physicians have a role in identifying pathological gambling behaviour and being aware of the resources that exist to treat and support addicted individuals and their families. To assist them in performing this role, the CMA makes the following recommendations:

• The CMA supports the development of core curricula in gambling disorders to be offered at undergraduate and post-graduate levels and through CME programs. These could include inter-professional or interdisciplinary curricula developed in partnership with other health professionals.

• The CMA supports the development and dissemination of resources to help practising physicians screen patients to identify those with gambling addiction and to provide appropriate treatment.

• Governments should ensure the timely availability of quality treatment services appropriate to the age, culture and background of client groups.

• The CMA encourages research into gambling addiction, which could include:
  • identifying the biological basis for gambling;
  • identifying best-practice interventions to reduce the prevalence of problem gambling;
  • measuring the social and economic impacts of gambling on individuals and communities; and
  • dispelling the myths surrounding gambling addiction.

• Governments and others should work together to implement educational and policy strategies to reduce the prevalence of problem gambling. These could include:
  • elementary school programs to help prevent pathological gambling disorders;
  • limiting the number of gambling establishments, particularly video lottery terminals (VLTs) and casinos;
  • placing age limits on accessibility to VLTs so that children and adolescents are restricted from their use; and
  • promoting lower risk gambling approaches for primary prevention and harm reduction such as gambling only with a predetermined loss limit and not gambling alone.