

Gambling harm – how pharmacists can help

Quick reference guide

What is gambling harm?

Gambling harm is when gambling starts to affect a person's finances, mental or physical health, relationships, work or study. The harm can build up over time or happen quickly during a crisis.

Gambling harm – the facts

Gambling harm is often hidden and can be difficult to identify if not disclosed.

Some people are at higher risk of experiencing harm from their own gambling. This includes:

- men under 45
- Aboriginal and/or Torres Strait Islander peoples
- people with co-morbidities
- people without a tertiary education.

Younger women, and people who speak languages other than English at home are less likely to gamble frequently, but those who do are at substantially greater risk of harm.

Signs of gambling harm:

- ✓ Appears withdrawn, restless, with reduced self-care or low mood.
- ✓ Trouble filling prescriptions or noticeable purchasing changes.
- ✓ Lacks time, focus or motivation to manage physical and mental health conditions.
- ✓ Has reduced capacity to care for dependents (unsafe or unstable housing, food insecurity, limited access to medicine/medical care).
- ✓ Financial hardship inconsistent with their circumstances.
- ✓ Distressed or anxious during pharmacy visits.
- ✓ Appears socially isolated or withdrawn from usual supports.
- ✓ Taking medicines linked to gambling harm (e.g. dopamine agonists, levodopa-based medicines, Aripiprazole and Pramipexole).

Opportunistic screening and stigma free conversations

Shame and stigma often stop people from seeking help for problems with gambling.

An open, direct, and non-judgmental style is best used when discussing gambling. This can start a conversation about how things are going and whether they would like further support.

By being informed and offering a safe, consistent and trusted space, pharmacists can provide support patients with gambling harm.

Lie-bet two question screening tool



1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gambled?

If yes to either question, using open questions for further exploration and encouraging further help is recommended.

Important considerations for pharmacists

Multidisciplinary care

Supporting people experiencing gambling harm works best when pharmacists collaborate with the person and their wider care team (GP, mental health, addiction, financial and specialist gambling services) and ensure clear roles and shared decisionmaking.

Documentation for pharmacists

- **Patient notes:** Document conversations in a patient's dispensing history – providing a prompt for followup at future visits. If the person isn't ready to seek help, flag concern and encourage them to think about help and let them know you're going to check in with them in future.
- **Multidisciplinary team communication:** When appropriate, relevant information can also be shared with the patient's wider care team to support optimal health outcomes. Document these communications.
- **Escalation:** If escalation is required, document the actions taken.

Confidentiality and pharmacists' responsibilities

Any information a patient or family member shares about gambling or gambling harm must be kept confidential.

In a crisis, respond professionally and escalate to appropriate emergency services as needed, for example: *"Anything you tell me will be kept in confidence, if I find that you may be putting yourself or someone else or someone is putting you risk of significant harm then we may need to open up this conversation and include others."*

How can pharmacists help?

Pharmacists recognise that health and wellbeing is shaped by social, economic, and environmental factors, including the gambling industry as well as gambling behaviour, and related harms. This reflects a public health and social prescribing approach, which seeks to address people's needs in a comprehensive, person-centred way.




Language matters - avoid terms like 'gambler', 'addict', 'compulsive gambler' or any term that defines the person by their behaviour. Support people to understand how gambling is designed in ways to increase the risk of harm and that responsibility can be shared between themselves and the broader gambling context. Explain that gambling harm is treatable and that they are entitled to the same compassion and access to healthcare as anyone else.

The PARTNER model¹ provides a practical, person-centred framework that supports pharmacists to engage confidently with individuals who may be at risk of or experiencing gambling harm.

PARTNER: PROMOTE | ASK | RESPECT | TRAIN | NORMALISE | ENGAGE | REFER

Promote non-stigmatising, supportive conversations and environments	<ul style="list-style-type: none"> Supportive conversations are easier when you understand what gambling is, and how it affects health. People won't open up if they don't feel they're in a safe space, where they know they'll be supported rather than blamed or judged.
Ask open, non-judgmental questions	<ul style="list-style-type: none"> E.g. "I've noticed you've been a little down lately." E.g. "What's been going on for you?"
Respect confidentiality and privacy	<ul style="list-style-type: none"> Consider use of consultation rooms or private areas
Train staff in gambling harm awareness	<ul style="list-style-type: none"> Arrange a team meeting to ensure all staff are educated and informed on gambling and gambling harm. Ensure training includes cultural competence related to gambling harm.
Normalise conversations about gambling	<ul style="list-style-type: none"> Increase awareness about how common gambling is in Australia Work on integrating gambling harm screening into routine patient consultations like medication reviews and expanded scope of practice consultations.
Engage with diverse communities and provide culturally relevant support	<ul style="list-style-type: none"> Recognise cultural differences in attitudes toward gambling and help-seeking. Ensure conversations and educational/support material displayed in the pharmacy are culturally appropriate and inclusive.
Refer to appropriate support services and resources, and follow up	<ul style="list-style-type: none"> You can let patients know that you may not be the best person to help but that you have reliable referral partners. NOTE: Referral may include escalation – if a conversation involves risk, crisis or clinical concerns, escalation should always come first Pharmacists can regularly check in on a patient's progress, ensuring consistent follow up and continuity of care.

For support and further information:

<p>National Gambling Helpline</p> <p>Call 1800 858 858 for free, confidential advice and support, available 24/7</p> 	<p>Gambling Help Online</p> <p>Online counselling, self-help tools and resources for professionals</p> 	<p>BetStop</p> <p>The National Self-Exclusion Register for licensed online and phone wagering services in Australia</p> 
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In a crisis, contact the Mental Health Access Line or Emergency Services.

References

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1. The PARTNER model created by Jennifer Kirschner BPharm. Founder PALS (Pharmacy Addressing Loneliness and Social-isolation)