Gambling Harm Prevention Plan 2017-18

A public health approach to gambling harm

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ACT Gambling and Racing Commission

The ACT Gambling and Racing Commission (the Commission) is an independent statutory body established under the *Gambling and Racing Control Act 1999* (the Act), responsible for ensuring the lawful conduct of gambling and racing in the ACT.

Section 7 of the Act details how the Commission is to exercise its functions:

> *The commission must exercise its functions in the way that best promotes the public interest, and in particular, as far as practicable—*
>
> *(a) promotes consumer protection; and*
>
> *(b) minimises the possibility of criminal or unethical activity; and*
>
> *(c) reduces the risks and costs, to the community and to the individuals concerned, of problem gambling.*

The Commission has incorporated these requirements into its core corporate objectives of:

- protection;
- integrity, and
- harm minimisation. [1]

Vision

The Commission's vision is of a Canberra free of gambling harm.

What is a public health approach?

> *"A public health approach rests on shared responsibility for population health, from individuals and community groups to businesses, corporations and governments at all levels."* [2]

A public health approach focuses on improving the wellbeing of communities rather than the health of individuals, and stems from the World Health Organisation's 1986 Ottawa Charter for Health Promotion, which prioritised action in the following areas:

- building health public policy;
- creating supportive environments;
- strengthening community action / capacity building;
- developing personal skills, and
- reorienting health services toward prevention of illness. [3]

The adoption of a public health approach requires all involved to recognise they have a particular role to play in supporting an integrated and comprehensive strategy, with the ultimate aim of achieving goals which benefit the community as a whole. [4]

How does a public health approach work?

A public health approach aims to address health inequalities, such as socio-economic or environmental circumstances, by addressing the range of factors that impact health beyond individual levels of lifestyle choice and opportunity. [5]

> *"It is important to note that there is no single intervention which, when employed in isolation, will deliver an optimal public health outcome."* [6]

Examples of a public health approach

A public health approach has been used both in Australia, and internationally, to address a range of health issues affecting communities as a whole, including:

- control of infectious diseases (HIV AIDS, immunisation);
- maintaining a safe environment (Abestos, second-hand tobacco smoke);
- improved child health (immunisation, SIDS);
- preventing injury (road safety, drowning, gun control);
- reducing risk factors for disease (smoking, alcohol use, need exchange, sun protection);
- reducing non-communicable diseases (heart disease, stroke, cancer);
- health and safety and work, and
- mental health and discrimination. [7]

All of the above examples have the following characteristics:

- use of population / community wide strategies in addition to initiatives targeted at specific groups (eg those at high risk or experiencing disadvantage);
- interventions delivered across a range of locations relevant to individuals' daily lives;
- tailored strategies delivered to individuals across their lifetimes eg at key ages and stages, including transition points, that is where an individual moves from one stage to another, and
- use of multiple interventions, implemented simultaneously, across multiple areas.[8]

In summary, a public health approach recognises:

- the complex interplay between the determinants of health and individual behaviours, and
- the need to employ the appropriate mix of actions required in order to achieve the desired change.[9]

How does a public health approach to gambling work?

A public health approach to gambling acknowledges that focusing attention on only those individuals classified as "problem" gamblers will not in itself help to reduce the incidence of gambling harm in the population. Treating those already experiencing severe harms does not prevent or reduce the risk of others being harmed. [10]

Whilst only a small number of individuals may develop a gambling problem, a public health approach acknowledges that the greater the number of individuals gambling, the greater the potential for individuals to experience gambling harm. [11]

> *" ... a public health framework allows for an approach which works across the spectrum of gamblers. It addresses both the severe harm faced by some gamblers and the potential detriments facing gamblers generally."* [12]

What is gambling harm?

Gambling harm doesn't have a neat definition, and isn't experienced by all individuals in the same manner. An individual who suffers a substantial financial loss as the result of a single gambling episode suffers harm as does an individual who gambles regularly, with relatively small losses every time. [13] However, harm is not determined in purely financial terms for either the individual who gambles or those associated with them – it can include depression, relationship breakdowns, decreased work productivity, suicide, and a range of other non-financial experiences, all of which have a detrimental impact on affected individuals. Friends and families also suffer harm when the actions of a friend or relative cause disruption to their lives, as can the broader community in which an individual resides. [14]

> *"Importantly, gambling-related harm is not limited to the gambler."* [15]

The effects of gambling harm are often conceptualised as a continuum, ranging from non-gambling individuals to those individuals experiencing significant harms as a result of their own, or someone else's, gambling, with preventative strategies and interventions predicated on the level of risk, as shown below:

STRATEGIES & INTERVENTIONS	**Universal**: aims to prevent harm before it occurs and targeted at community as a whole	**Selective**: aims to reduce gambling-related harm though early identification targeted at individuals and groups at increased risk	**Indicated**: aims to minimise the impact of gambling harm through increasing access and availability of treatment, services and support targeted at individuals already experiencing, or have previously experienced, gambling harm
GOAL	*Prevent movement to the "increased risk" group*	*Prevent progression and escalation to severe gambling harm*	*To address gambling harm and prevent relapse*

NON-GAMBLERS	1ST / OCCASSIONAL	REGULAR USE	PROBLEMATIC	SEVERE

"To significantly reduce the overall prevalence of gambling-related problems, public health strategies must focus on shifting the continuum ... that is reduce the number of at-risk and high-risk gamblers as well as preventing low-risk gamblers from becoming at-risk." [16]

Individuals don't simply move along this continuum, but may enter and exit at various points, with some no longer requiring assistance, whilst others may relapse and re-enter the continuum at the same, or a different, point. So, whilst it is necessary to address the needs of those individuals who are experiencing serious harm as a result of their own, or someone else's, gambling, taking an early preventative approach can avoid harm occurring. [17]

How does a public health approach differ from what has been done to date?

Previous approaches in relation to issues associated with gambling experienced by some individuals (often labelled "problem gamblers") tended to have a particular focus on the treatment of those individuals, and often, not until their gambling had had a significant impact on their lives, families, communities and in some cases, their health. By focussing solely on the individual, and related theories of "personal responsibility", these approaches have been found to contribute to feelings of shame and stigma for individuals for whom gambling has become an issue. [18] The concept of "personal responsibility" reinforces a view that it is up to an individual to gamble responsibly, and if they don't, *"... there must be something wrong with them, the problem is their fault, and they are personally to blame."* [19] Extrapolated, this approach may shame those individuals for whom help was most needed, creating a barrier preventing them from seeking help. [20]

An associated approach, referred to a "gambling harm minimisation", has a slightly reduced focus on the individual, recognising that a very small number of people have problems with reasonably benign gambling products that were harmlessly enjoyed by most of the population. Consequently, gambling harm minimisation strategies focussed on informing people about how gambling products work, that gamblers should be responsible and that if they had problems they should seek counselling from a gambling help service. [21] These approaches have not been effective in reducing the impact of gambling harm, with the following shortcomings, in addition to those associated with shame and stigma, acknowledged:

- a focus primarily on the behaviour of the gambler may not provide sufficient attention to addressing other contributors to gambling harm. In 2010, the Productivity Commission acknowledged that *"problems experienced by gamblers are as much a consequence of the technology of the games (some forms of gambling are known to be riskier than others), and their accessibility and the nature and conduct of venues as they are a consequence of the traits of the gamblers themselves",* [22] and
- aggregate harms accruing to non-problem gamblers are six times greater than those occurring to problem gamblers. [23] An additional burden of harm is born by gamblers' family, friends and community.

Standard instruments used to measure gambling problems, such as the Problem Gambling Severity Index (PGSI), are designed to test the *likelihood* of individuals experiencing problems, rather than describing the extent of harm an individual experiences. [24] The PGSI scores participants as either non problem gamblers, or one of three categories of increasing severity of gambling problems: low risk, moderate risk and problem gambler.

Assessing whether an individual is suffering gambling harm can also be complicated by the existence of co-occurring conditions such as depression and anxiety. Co-occurring conditions are multiple problems experienced at the same time by an individual eg a gambler may have a health condition such as depression or anxiety (often referred to as co-morbidities) or be socioeconomically disadvantaged. [25]

"It is important to note that most problem gamblers have at least one co-occurring condition." [26]

Victorian research in 2009 found that problem gamblers were five times more likely than other gamblers to report depression in the preceding 12 months: 52 per cent of problem gamblers compared to 11 per cent of all gamblers. [27] Recognising that individuals suffering from gambling harm may have co-morbidities or co-occurring social problems can not only assist in designing gambling-harm prevention interventions but may also assist with treatment of individuals more broadly. [28]

Where else is a public health approach to gambling used?

In 2010 the Australian Productivity Commission recommended jurisdictions adopt a public health approach to gambling harm [29], as did the Parliamentary Joint Select Committee on Gambling Reform in 2012. [30]

Victoria, through the work of the Victorian Responsible Gambling Foundation (the Foundation), is strongly committed to a public health approach, with the objectives of the Foundation being *"to reduce the prevalence of problem gambling and the severity of harm related to gambling"* and *"to foster responsible gambling."* [31] The functions of the foundation, as outlined in the *Victorian Responsible Gambling Foundation Act 2011,* support these objectives and include issues such as:

- *undertaking preventative activities to address the determinants of problem gambling;*
- *education and information programs;*
- *treatment and counselling services;*
- *research and evaluation, and*
- *the provision of information and advice, including to the responsible Minister.* [32]

The work of the Foundation is outlined via their Strategic Business Plans. [33]

Tasmania's approach is managed through the Gambling Support Program (GSP) which sits within the Department of Health and Human Services' Disability and Community Services. [34] The GSP has a *Gambling Support Program Strategic Framework 2014-19*, updated in September 2016, which identifies three key focus areas linked to its approach to reduce gambling harm in the state:

- *Providing services – Individuals, families and communities who have access to high quality services and support*
- *Reducing harm – A Tasmanian community empowered to make informed choices about gambling*
- *Building capacity – Tasmanian communities able to identify and respond to gambling related harm and issues.* [35]

New Zealand also uses a public health approach to gambling with section 317(2) of the *Gambling Act 2003* requiring an integrated problem gambling strategy focused on public health, specifically:

> *An integrated problem gambling strategy must include-*
> *(a) measures to promote public health by preventing and minimising the harm from gambling; and*
> *(b) services to treat and assist problem gamblers and their families .....; and*
> *(c) independent scientific research associated with gambling, including (for example) longitudinal research on the social and economic impacts of gambling, particularly the impacts on different cultural groups; and*
> *(d) evaluation.* [36]

The responsibility outlined above lies with the New Zealand Ministry of Health which released, in May 2016, a comprehensive *Strategy to Prevent and Minimise Gambling Harm 2016/17 to 2018/19*. [37]

The ACT gambling environment

The 2014 *Survey on Gambling, Health and Wellbeing in the ACT,* prepared by the Centre for Gambling Research at the ANU, on behalf of the Commission, identified that 55 percent of the Canberra community

(approximately 169,840[#] individuals) had gambled in the previous 12 months, and the total gambling revenue totalled approximately $99 million.

The 2014 survey, which uses the term "problem gambling" and identifies individuals according to the PGSI as: non-problem gamblers, low or moderate risk gambler or problem gambler, indicated:

- 0.4% of the ACT adult population (1,110 individuals) were problem gamblers;
- 1.1% (3,053 individuals) were moderate risk problem gamblers;
- 3.9% (10,825 individuals) were low risk problem gamblers;
- 48.7% (135,171 individuals) were non-problem gamblers, and
- 45% (124,901 individuals) were non-gamblers. [38]

Whilst these percentages seem small, in 2010 the Productivity Commission commented that *" ... only around 0.15 per cent of the population are admitted to hospital each year for traffic accidents and around 0.2 per cent of the population are estimated to have used heroin in the preceding year. Small population prevalence rates to not mean small problems for society."* [39]

The above shows that more Canberrans participate in some level of gambling than not, and given more individuals (13,878) were classified as moderate or low risk problem gamblers than those classified as problem gamblers (1,110) there is an obvious need to develop interventions aimed at this group to prevent any escalation of their risk of experiencing gambling harm.

As discussed, family and friends of gamblers experiencing harm are also affected. In 2010, the Productivity Commission estimated that harm experienced by a gambler may affect the wellbeing of 5 to 10 people close to them. [40] In 2014, over 43,000 Canberrans reported having had a close family member experiencing problems, with relationship, family and emotional impacts reported.

Figure 1 shows the amount lost (in million $) in the ACT in 2014 for four different forms of gambling. The amount lost by Canberrans experiencing no, low, moderate or high levels of gambling harm is identified for each form of gambling. Losses by Canberrans experiencing harms make up a high proportion of the total losses to poker machines, horse and greyhound wagering and particularly sports and special events wagering. However the total losses on poker machines by Canberrans reporting harm in the ACT is more than twice their losses on any other form of gambling.

[#] All figures based on 2011 ACT ABS Census data of 277,558 persons over 18 years of age

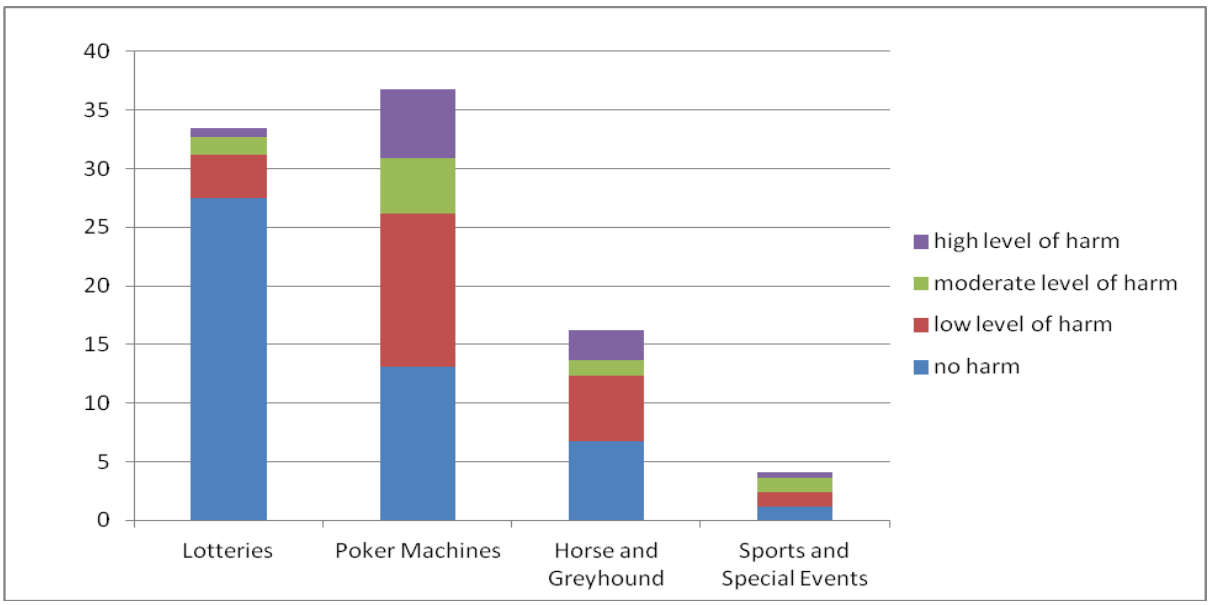

Figure 1 Share of 2014 ACT gambling losses (million $) by level of reported harm

Of particular relevance to a public health approach are the losses by Canberrans experiencing low or moderate levels of harm on poker machines and horse and greyhound racing, which when combined, total losses greater than those Canberrans experiencing high levels of harm. This effectively demonstrates the need for an approach which addresses the community as a whole rather than focussing solely on those individuals for whom gambling has become problematic.

Will a public health approach to gambling in the ACT work?

In 2012, the ACT Gambling and Racing Commission (the Commission) began funding research by the ANU Centre for Gambling Research (the Centre) to explore the application of a public health approach to problem gambling. The Centre's *Preventive Interventions for Problem Gambling: A Public Health Perspective* report, published in February 2015, found a public health framework is an appropriate and useful approach. [41]

Next steps: 2017-18

As stated above, a fundamental aspect of a public health approach is that interventions are delivered in a co-ordinated manner, addressing needs along the full continuum of gambling harm, and developed, supported and delivered collaboratively. The adoption of a public health approach to the prevention and minimisation of gambling harm in the ACT will require a significant degree of planning, and the involvement of a broad range of stakeholders, if it is to be effective.

The Commission will undertake activities in 2017- 2018 and into the future that address the five key objectives adopted in relation to the prevention and minimisation of gambling harm. These objectives are:

1. ACT Government policy prevents and minimises gambling harm
   A public health model seeks to promote the adoption of policies and initiatives to minimise gambling harm across a range of sectors, including government, industry, local communities and gambling support services.
2. Government, the gambling industry, communities, families and individuals understand and acknowledge the range of harms from gambling that affect individuals, families and communities
   A communication campaign highlighting the harms that individuals may suffer as a result of their own, or someone else's, gambling will not only raise the awareness of the ACT community but may also help reduce the stigma associated with gambling, and encourage those individuals who may require assistance to seek it. Highlighting the role the gambling industry can play in preventing and minimising gambling harm will assist the ACT community in making conscious decisions.

3. Accessible, responsive and effective interventions continue to be developed, maintained and evaluated
   For individuals affected by gambling harm as a result of their own, or someone else's, gambling, a range of services are required, including: screening and early intervention; assessment; self-help tools; short-course interventions for individuals affected by mild gambling harm, and more specialist interventions for individuals experiencing substantial or severe gambling harm.
4. Gambling environments are designed to prevent and minimise gambling harm
   The Gambling and Racing Control (Code of Practice) Regulation 2002 (Code of Practice), made pursuant to section 18 of the Gambling and Racing Control Act 1999, sets out the minimum standards that gambling providers or venues must meet when providing gambling products in the ACT. The Code of Practice provides a consistent approach to gambling in the ACT that provides protection for individuals by ensuring a minimum level of consumer information is available, including: advertising and promotions; provision of information; training of staff, and harm minimisation measures. It also provides additional protection for individuals who may be at risk of substantial or severe gambling harm. The Commission will work with gambling providers and venues to continue to develop policies providing direction on the prevention and minimisation of gambling harm.
5. A program of research and evaluation establishes an evidence base, which underpins all activities designed to prevent and minimise gambling harm
   Recognising the key role research and evaluation plays to the implementation of a public health approach to prevent and minimise gambling harm, the Commission will continue to support research relating to the prevalence, incidence and causes of gambling harm. It is recognised however the need to build a stronger evidence base on the prevention and minimisation of gambling harm, and its effect on the ACT community.

This Gambling Harm Prevention Plan 2017-18 is the first adopted by the Commission based on a public health approach. As such, activities will reflect the need to develop the understanding of the ACT community and those involved in not only the gambling and racing industry, but in the provision of support services associated with gambling, and across government, of a public health approach.

A public health approach requires flexibility and responsiveness to emerging issues and improved understanding of the effectiveness of various strategies. As such, the Commission's Harm Prevention will be reviewed regularly to ensure it continues to be effective into the future.

The Commission looks forward to working with all stakeholders to achieve our vision of Canberra free of gambling harm.

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