

# BACKGROUND PAPER

## USING A PUBLIC HEALTH APPROACH IN THE PREVENTION OF GAMBLING-RELATED HARM

[responsiblegambling.vic.gov.au](http://responsiblegambling.vic.gov.au)

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## RESPONSES TO THIS PAPER

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# SERGE SARDO



There is widespread acceptance that gambling can have negative impacts on individuals, communities and society more broadly. Research from around the world repeatedly catalogues these impacts – not only in the case of individuals experiencing gambling-related harm, but on their family and friends. In Australia, the impact on communities has been measured at a local, state and national level.

**The Whitlams’ song ‘Blow up the Pokies’ asked a generation to consider the impact of pokies on our pub culture.**

More recently, the effects of gambling, and gambling advertising on sport, have made front page news across the country.

So what do these observations mean for the foundation as the leading organisation responsible for addressing gambling-related harm and fostering responsible gambling? What do we mean when we talk about using a public health approach in the prevention of harm?

**In simple terms, a public health approach is an approach focusing on our community as a whole. It recognises there is no silver bullet to address the complex issues which contribute to problem gambling.**

And just as international researchers have documented the harm from gambling, they universally acknowledge that addressing gambling-related harm requires a comprehensive, integrated and sustained approach. It needs an evidence-based public health framework.

This paper outlines the rationale for a public health framework and how it applies to gambling.

From a public health viewpoint, the implications for the foundation and its work become evident. The paper then draws on a public health framework to align the activities of the foundation, to illustrate the comprehensive nature of our operations and the way the foundation works across the continuum of prevention of gambling-related harm to achieve its goals.

This paper outlines the foundation’s multi-faceted, multi-layered and evidence-based approach to meeting its charter.

Our commitment is to continue refining our activities and approaches as new evidence emerges, as the sector develops greater capacity and we evaluate the results of new programs introduced in the foundation’s first years.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

**Serge Sardo**  
Chief Executive Officer  
Victorian Responsible Gambling Foundation



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# VICTORIAN RESPONSIBLE GAMBLING FOUNDATION

## WHO WE ARE

The Victorian Responsible Gambling Foundation was established by the Victorian parliament under the *Victorian Responsible Gambling Foundation Act 2011* which outlines the foundation's objectives, functions and powers.

**The foundation is an independent statutory authority, charged with the objectives of:**

- **reducing the prevalence of problem gambling**
- **reducing the severity of harm related to gambling and**
- **fostering responsible gambling.**

Operating within a broad public health framework, the foundation seeks to address gambling-related harm through its core functions including delivering programs aimed at prevention, education, treatment and support, and conducting research and evaluation.

The foundation also supports community participation in the regulation of gambling by providing specific and general information to all Victorians about gambling regulation, policies and research. This occurs through the Gambling Information Resource Office (GIRO), which answers queries, provides education, and collects and creates resources for public use.

In early 2014, the foundation undertook a comprehensive review of its strategic and operating environment. This resulted in confirmation of its vision and mission statements and a renewed commitment to the four strategic objectives developed in 2013. These strategic objectives will continue to guide and underpin key programs and initiatives over the years ahead.

## OUR VISION

**'A Victoria free from gambling-related harm'**

## OUR MISSION

**'To provide education, research, treatment and support services to all Victorians to foster responsible gambling, reduce gambling-related harm and provide help to those affected.'**

# FOUNDATION STRATEGIC OBJECTIVES 2014 TO 2017

## **Preventing problem gambling and related harm, resulting in**

“A community that supports early intervention and seeking help, and where harm caused by problem gambling is minimised.”

## **Promoting safer gambling behaviours and environments, resulting in**

“A community that understands and adopts responsible gambling practices and an industry committed to creating safer gambling environments.”

## **Providing help services and support, resulting in**

“A community that has access to highly effective problem gambling services and support.”

## **Building engaged communities, resulting in**

“A community able to make educated and informed decisions about gambling-related activities.”

## GUIDING PRINCIPLES

The following principles guide the way in which the foundation works in undertaking its programs and activities:

- Fostering a whole of community approach to reducing gambling-related harm through collaboration and partnerships in research, education, prevention and treatment.
- Implementing communication, prevention and treatment approaches based on research and evaluation findings.
- Building the capacity of individuals, families, the community and allied health and welfare services to better identify and respond to the needs of problem gamblers.
- Developing targeted initiatives, programs and services that address the specific needs of at risk and vulnerable sub populations and communities.
- Engaging with the gambling industry to build on its commitment to create safer gambling environments.

# A PUBLIC HEALTH APPROACH TO THE PREVENTION OF ILLNESS AND THE PROMOTION OF HEALTH

A public health approach is, in essence, a practice which focuses on improving the health of populations - that is, population groups or subgroups - rather than the health of individuals.

It is based on the accumulation of a body of evidence demonstrating that even small improvements in health, when conferred across large numbers of people, results in substantially reduced total burden of disease, including reduced economic and social costs.

Contemporary public health approaches have evolved over time to recognise the range of social, economic and environmental factors that contribute to peoples' health – both physical and mental.

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

It requires the recognition that all have a role to play in supporting an integrated and comprehensive strategy, aimed at achieving goals for the common good.

## Public health gains over time

In the 1950s, three-quarters of Australian men smoked. Now less than one-fifth of men smoke. As a result, deaths in men from lung cancer and obstructive lung disease have plummeted from peak levels seen in the 1970s and 1980s.

Road trauma deaths on Australian roads have dropped 80 per cent since 1970, with death rates in 2005 being similar to those in the 1920s.

Deaths from SIDS have declined by almost three-quarters – dropping from an average of 195.6 per 100,000 live births between 1980 and 1990 to an average of 51.7 per 100,000 live births between 1997 and 2002.

**Extract from Australia: the healthiest country by 2020. National Preventative Health Taskforce, 2009**

## EVOLVING PUBLIC HEALTH PRACTICE

Australia has an impressive record in the implementation of comprehensive, evidence based, public health initiatives.

Australian public health practitioners have been fortunate to have observed, measured and learned from evolving and increasingly sophisticated approaches to the achievement of public health goals. This has particularly been so over the last 40 years.

Early efforts relied on the promotion of information in order to bring about lifestyle change to prevent disease. Many of these efforts were later shown to be based on a simplistic understanding of the relationship between the communication of information and behaviour change.

Analysis has shown that if change took place, it was more among the most educated and economically advantaged in the community. This meant that rather than resulting in population-wide benefit, the benefits were enjoyed by those with higher levels of education, personal skill and economic means to both receive and respond to health messages.<sup>1</sup>

These findings are consistent with our contemporary understanding of the impacts of socio-economic circumstance on health inequalities, and the need to take these into account, in the planning and delivery of public health interventions.

Health inequalities are described as “...the consequence of unequal access to the resources necessary for health”<sup>2</sup>, such as educational opportunity, healthy food, adequate income, access to services and housing.

As well as directly impacting on physical and mental health, these same factors can limit the opportunities people have to adopt healthy behaviours.

A public health approach aims to address health inequalities by tackling the range of factors that impact on health beyond the individual level of lifestyle choice. These include social, economic and environmental factors.

**Addressing socio-economic disadvantage and health inequalities is now deemed essential to the success of interventions aimed at improving the health of populations.**

## THE CASE FOR A PUBLIC HEALTH APPROACH

The World Health Organisation's Ottawa Charter for Health Promotion (1986) represented a watershed in the way public health was conceptualised and delivered. This framework for action has informed nationally organised responses to public health issues as wide ranging as:

- control of infectious disease (HIV AIDS, immunisation)
- maintaining a safe environment (Asbestos, environmental tobacco smoke)
- improved child health (immunisation, SIDS)
- preventing injury (road safety, drowning, gun control)
- reducing risk factors for disease (tobacco smoking, alcohol use, needle exchange, sun protection)
- reducing non communicable disease (heart disease and stroke, cancer)
- health and safety at work, and
- mental health and discrimination

The key success factors which characterise an effective public health approach are now widely understood.<sup>3</sup>

### The Ottawa Charter for Health Promotion

The Ottawa Charter outlines a health promotion framework which prioritises action in the following domains:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action/ capacity building
- Developing personal skills
- Reorienting health services toward prevention of illness

It was the first internationally agreed response to growing expectations for a new public health movement around the world.

**World Health Organisation, 1986**

## EVIDENCE-BASED PUBLIC HEALTH APPROACHES

Working across each of the domains outlined in the Ottawa Charter, evidence-based approaches to achieving public health goals share the following characteristics in their implementation.

They employ:

- Population-wide (universal) strategies as well as initiatives targeting groups at high risk or experiencing disadvantage (indicated).
- Interventions which are delivered across a range of settings. Settings are locations where people are routinely found in daily life, for example, young people in schools, older people in workplaces. In the last decade, the internet has been identified as a significant setting in which to engage people of differing demographics.
- Strategies which are tailored and delivered to people across their lifetime, that is, at key ages, stages and at transition points
- The planned and deliberate utilisation of a selection of multi pronged interventions, that is, a range of complementary and synergistic actions that have effect across multiple fronts. These interventions are implemented simultaneously rather than sequentially.

Such an approach recognises:

- the complex interplay between the determinants of health and our behaviours
- the need to employ the appropriate mix of actions required in order to achieve the desired change.

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

## COMPREHENSIVE, INTEGRATED PRACTICE

The actions which typically comprise effective, integrated public health approaches are as follows:

- Rigorous, population-based research as the basis for all action: including need assessment, literature review, scoping study, formal evaluation, longitudinal and prevalence studies - to inform program planning, monitor incidence and trends over time, and to contribute to the evidence base.
- Advocacy and other education activities to inform public policy and legislated structural supports: Advocacy and other efforts to influence policy and legislative initiatives can be effective levers with which to effect behaviour change on a population wide scale. Early examples include legislation to support the mandatory use of seat belts (as part of a comprehensive package of road safety interventions) and age restrictions on purchase of alcohol and tobacco products. A policy measure would include providing incentives to encourage compulsory immunisation
- Identify and promote physical environments that support health enhancing behaviours, e.g. providing shade in public places, safe routes to school, environments that support physical activity, healthy food choices at public events or in school canteens
- Campaign/communication based initiatives, sometimes termed social marketing: using a mix of media ranging from traditional (TV, radio, newspaper, cinema) to digital/internet-based channels. Use of digital communication channels is rapidly increasing given its cost effectiveness, the ability to target, the ubiquity of digital devices and ease and precision in tracking reach. Effective campaign based initiatives rely on market research, with an emphasis on awareness raising, delivery of 'key messages' and call to action
- They are often supported by information resources which reinforce key messages and offer more detailed information. Communication campaigns aim to increase knowledge and influence attitudes and are recognised as an important element in supporting behaviour change.
- Community-driven action is locally led or 'bottom up': ensures that planned activity addresses 'actual' as opposed to 'presumed' local need and empowers communities by engaging and supporting their community in the planning and delivery of initiatives designed to address community identified need
- Localised information provision, community consultation and collaboration: to ensure the relevance and tailoring of information provided, to secure buy-in from groups which may be otherwise hard to reach

- Provision of social supports (often at the local government level): interventions that enhance quality social support and social connectedness make a contribution to subjective wellbeing and facilitate increased resilience
- Skills development and capacity building at a personal level including formal or informal education and training. For example, facilitating learnings from failed behaviour change attempts, such as attempts to stop smoking
- Skills development and capacity building at an institutional level including training the training health or service professionals e.g. environmental health officers in local government, the continuing professional development of health professionals tailoring of health services.
- Partnerships and collaborative approaches recognising that large scale social change requires broad cross-sector coordination rather than isolated interventions by individual organisations.<sup>4</sup>

This list of interventions is itself built upon a robust and evolving public health evidence base.

Analysis of successful public health initiatives reveals that they share the following underpinning features:

- A consumer focus and the engagement of the wider community, including partnerships, collaborations and governments at all levels.
- A focus on quality assurance and ongoing evaluation (process, impact and cost effectiveness), ensuring accountability for health outcomes/results; and
- Dissemination of learnings, with a view to continuous improvement and workforce development.
- Sustained, coordinated efforts – in some cases, over a generation or more.

# USING A PUBLIC HEALTH APPROACH IN THE PREVENTION OF GAMBLING-RELATED HARM

The dramatic expansion of legalised gambling has seen researchers and policy analysts place gambling within a public health framework.<sup>5</sup>

Despite this, the “development, implementation and evaluation of most initiatives to prevent problem gambling to date has been somewhat haphazard”.<sup>6</sup> The evidence base is best described as emerging, with much of the scientific literature focused on addressing the harm arising from serious gambling problems rather than the more frequent and less severe difficulties affecting gamblers generally.

The most apparent contributor to harm from gambling problems is the large financial losses experienced by some gamblers.

Harm may be severe and ongoing, as in the case of a person meeting the criteria for problem gambling or harms may arise from excessive single occasion gambling on the part of a person who otherwise does not fit the definition of a problem gambler.

Documented harm from problem gambling also includes suicide, depression, relationship breakdown, lowered work productivity, job loss, bankruptcy and crime.<sup>7</sup> This harm is not evenly spread within Victorian communities.

Harm is not discrete nor time limited, whilst harm may be incurred at any given point, its consequences frequently persist over time, even as some people with gambling problems move into recovery. Further, it is known that around two thirds of problem gamblers cycle in and out of problem gambling.<sup>8</sup>

**Importantly, gambling-related harm is not limited to the gambler.**

For each person with a gambling problem, several others are affected. It is estimated that the harm experienced by each person categorised as a problem gambler in Victoria impacts between seven to 10 other people, most notably friends, families and employers.<sup>9</sup>

Research indicates gambling losses are higher in areas of relative social economic disadvantage, indicating that arising harm impacts communities and individuals who are least able to cope or to recover.<sup>10</sup>

The direct and indirect costs of problem gambling have been quantified at a state and national level. The Victorian Competition and Efficiency Commission estimates that the social and economic costs of problem gambling in Victoria were likely to be between \$1.5 billion and \$2.8 billion in 2010 – 2011. The commission further concluded that “while many of these costs are known, the full impact of problem gambling may not always be readily apparent”.<sup>11</sup>

The Productivity Commission notes that the growth of gambling can affect “...aspects of the nature and feel of community life.” The commission cites examples ranging from

- the nature and provision of entertainment venues
- recreational activities available at the local level
- the type of interaction people in the community experience, reflecting in the level of volunteerism and community mindedness in society
- the level of basic trust between people.<sup>12</sup>

**These broader social costs are not currently reflected in calculations of indirect costs.**

## Costs of Problem Gambling to the Victorian Government

The direct and indirect costs of problem gambling to the Victorian Government are estimated to fall in the range of \$74million and \$147 million in 2010 – 11, as follows:

Direct costs to the Victorian Government are estimated at approximately \$42 million in 2010 – 11. These mainly represent the costs of treatment services and expenditure on problem gambling-related policy, regulatory, research and education programs and strategies.

Indirect costs to the Victorian Government are estimated at between \$6 and \$79 million (mental health social housing and homelessness services; additional indirect costs falling on the Victorian justice system were estimated at approximately \$26 million.

**Victorian Competition and Efficiency Commission, 2010**

## IT'S A NUMBERS GAME

The Productivity Commission recommends that “the aims of any package of regulatory reforms should be to reduce the harms associated with gambling, while preserving its entertainment value as much as possible”.<sup>13</sup>

This statement acknowledges both the risks and benefits of gambling. It underlines the reality that many individuals who gamble do not experience any notable negative consequences.

### Problem Gambling compared with other issues

“Currently adult prevalence rates (for problem gambling) are 0.7 per cent and 1.7 per cent of the adult population and moderate risk gambling respectively. That looks small. . . . however, 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 do not mean small problems for society”.

**Productivity Commission 2010, Gambling, Report no. 50, Canberra.**

However, although only a small proportion of people may develop gambling problems, from a population-based perspective, the greater the number of people who gamble ‘recreationally’, the greater the potential for an increased number of people to develop an addiction or to experience gambling-related harm.<sup>14</sup>

Focusing attention solely on the small group of people who meet the criteria for problem gambling will not in itself help to reduce the overall incidence of problem gambling within the population.

Further, around 60 per cent of those who admit they are experiencing problems as a result of their gambling are not categorised as problem gamblers therefore this group does not benefit from initiatives aimed solely at those facing severe harm.<sup>15</sup>

While the rate of harm is much lower among non-problem gamblers than those who meet criteria for problem gambling, the absolute number of people experiencing some form of harm is significant. This number includes those who may usually gamble without negative consequences but who gamble, if only occasionally, in a manner that is reckless and as a consequence, fall victim to the impacts of excessive single occasion gambling.

**By operating at a population level, 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.**

## THE DETERMINANTS OF PROBLEM GAMBLING

Problem gambling is the result of the complex interplay between many different factors. These factors include

- characteristics of the individual (knowledge, attitudes, beliefs, personality traits, personal experience);
- the influence of parents, peers and family;
- social and cultural norms;
- aspects of the gambling environment, including what gambling is offered, in what setting and how it is marketed, and
- the broader policy and legislative environment which governs access to and availability of the means to gamble.

The Productivity Commission adds to this by acknowledging that “...problems experienced by gamblers are as much a consequence of the technology of the games (some forms of gambling 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.”<sup>16</sup>

**Characterised by a rapid pace of change and the ongoing introduction of new products and aggressive advertising, the gambling environment itself represents major challenges for the prevention of gambling-related harm.**

Previous efforts to address gambling-related harm (including those with a narrow emphasis on self responsibility or those based on medical models which focus on individual risk factors) have fallen short in their attempt to address the determinants of problem gambling which exist beyond the control of individuals.

Evidence suggests a public health framework offers the potential to address this. It can do so through creating a safer physical and psychological environment for individuals and reaching them before problems become entrenched.

### Levels of influence on gambling behaviour

The array of interrelating determinants of problem gambling requires that multiple levels of influence need to be addressed, in order to impact on gambling behaviour:

Intrapersonal	Knowledge, attitudes, beliefs, skills and personality traits.
Interpersonal	Social networks and support systems; family and peers that provide social identity, support and role definition
Institutional	Social institutions with formal/ informal rules, regulations, policies that constrain or promote behaviour
Community	Relationships, standards and networks that exist among individuals, groups and institutions
Public policy	Local, state, federal policies and laws that regulate, support or constrain healthy actions and practices

Messerlain et al. *Youth gambling problems: a public health perspective* 2005.

## AN INFORMED PUBLIC HEALTH RESPONSE

Empirical knowledge of the prevention of problem gambling is limited at this time due to the relative immaturity of the gambling research sector. However, much can be learned from public health approaches applied to issues sharing common features with gambling – most notably, in the Australian context, responsible use of alcohol .

The responsible use of alcohol and gambling have many parallels.

Both alcohol and gambling are

- legal for adults
- heavily regulated
- positioned as an entertainment and recreational pursuit
- widely available
- socially sanctioned

- driven by commercial interests
- prohibited to those underage
- major recreational industries and employment generators
- in many cases, joined together in terms of access
- sources of substantial tax revenue to governments

The risks and benefits of both activities are acknowledged and set them apart from issues requiring a zero tolerance stance.<sup>17</sup>

Guidelines for responsible alcohol use are well established and include a focus on personal responsibility and self control. The National Preventive Health Strategy (Alcohol) complements these with a multi-pronged prevention strategy to support a seismic cultural shift towards a healthier and more sustainable drinking culture for Australia. The strategy uses “economic levers such as taxation, legislative and regulatory measures, policing and law enforcement approaches, boosting support for local communities and individuals, as well as increasing awareness and shifting attitudes in the general community”.<sup>18</sup>

Notably, these actions rely in part on the cooperation of an industry whose financial interests are not served by a decrease in consumption, as is also the case in prevention of gambling-related harm. It is also agreed that prevention of alcohol related harm must be a responsibility shared among all levels of government, industry and communities.

## ACTION IS FACILITATED ON MULTIPLE LEVELS

Adoption of a public health framework to guide efforts directed at preventing and minimising gambling-related harm facilitates action on a number of levels:

**At the individual and the community level** (including groups identified as 'at risk' or deserving of priority), through:

- providing factual information to dispel common misconceptions and correct faulty cognitions about gambling products e.g. the costs of playing an EGM per hour, the likelihood of long term losses, the chances of winning;
- community awareness campaigns to increase recognition of signs of problem gambling, to promote help seeking, to promote services, to influence attitudes and social norms (such as support for enforcement of laws, or to counter attempts to normalise sports betting or online gaming) and significantly, to garner the support of family and friends of problem gamblers;
- dissemination of information and research to empower community participation in debate and decision making at the local level.

**In the gambling environment** through:

- collaboration with industry, for example: via training of venue staff in responsible service of gambling and awareness of behaviours of patrons experiencing problems;
- disclosure of risks through display of warnings,
- design and location of venue gambling areas

**The physical or built environment** more broadly, for example:

- informing policy and/or legislation which governs factors such as location and density of gambling venues,
- hours of operation,
- the number of available gambling formats,
- internet gambling,
- types and modes of advertising.

**The health and welfare/support system:**

- through ensuring access to the full range of treatment and counselling services delivered via multiple pathways;
- support for a skilled and resourced workforce, including in allied services;
- providing information to assist peers, friends and family members of gamblers.

This need for such a multi level approach is widely supported.<sup>19 20</sup>

## SUMMARY: CONCEPTUALISING PROBLEM GAMBLING AS A PUBLIC HEALTH ISSUE

There are several key reasons why a public health approach is favoured as the most promising means to address gambling-related harm.

A public health approach seeks to reduce risks of gambling and prevent gambling problems arising. A public health approach:

- is distinguished from approaches which focus solely on the treatment of problem gamblers
- allows for "consideration of the broad range of factors that influence individual gambling behaviour, including the range of social, cultural, political, institutional and environmental factors"
- accommodates actions which address both the risks and the benefits of the gambling, including the promotion of responsible gambling
- takes into account the possible consequences of problem gambling for the individual, their families and the wider community
- has the potential to address all levels of prevention of problem gambling (primary, secondary and tertiary), including harm minimisation, treatment and prevention of relapse, and the promotion of responsible gambling.

# A PUBLIC HEALTH FRAMEWORK FOR THE FOUNDATION

The Victorian Responsible Gambling Foundation employs a public health framework in order that it can effectively address all levels of prevention of gambling-related harm, in a manner that is evidence-based yet consistent with its objectives and functions, as outlined in the *Victorian Responsible Gambling Foundation Act, 2011*.

## SCOPE OF THE FOUNDATION'S ACTIVITIES

The foundation's core functions, outlined in the Act are:

- delivering programs aimed at preventing harm and reducing its severity
- education in relation to risks associated with gambling and sources of remedy from gambling problems
- treatment and support for those affected by gambling problems
- conducting research and evaluation in relation to gambling
- providing information, education and advice about gambling regulation and regulatory processes
- providing information that supports people wanting to participate in inquiries, public consultations and public debate relating to gambling

The second reading speech accompanying the establishment of the foundation differentiates the organisation from public advocacy bodies, stating it would not have a role in advocacy, nor be a body with a role in making or advising on policy.

Further, the foundation's remit was not seen as "taking a position in community debates about gambling". The focus was instead to provide information to individuals and organisations to enable them to participate in that public discussion in an informed way.

This same reading emphasises the role of the foundation in delivering services, providing community education, commissioning research and providing advice to government on matters related to its functions. One formal way in which it achieves this through membership of the Responsible Gambling Ministerial Advisory Committee.

The committee is the pre-eminent source of stakeholder advice on responsible gambling to the Minister for Liquor and Gaming Regulation. The committee provides advice to the Victorian government, through the Minister, to ensure the Victorian gambling industry operates responsibly and sustainably in a way that minimises the incidence of problem gambling, whilst creating an environment where those who gamble safely are permitted to do so.<sup>21</sup>

The foundation's education and research role provides for the timely and active dissemination of information related to its functions. One effect of this is equipping those participating in policy debate or decision making with the tools to do so in an informed manner. Direct beneficiaries of this function include Ministers, their advisors, those involved in drafting policy, health and welfare stakeholders, law enforcement and justice agencies, the gambling industry, the gambling regulator, local government, the media and the community at large.

## ACTIVITIES OF THE FOUNDATION

In its public health approach, the foundation recognises a continuum of potential harm from gambling. It tackles this through the performance of its core functions, tailoring its efforts to address the needs of both the population as a whole and discrete target groups. It works to address prevention of gambling-related harm at the primary, secondary and tertiary levels.

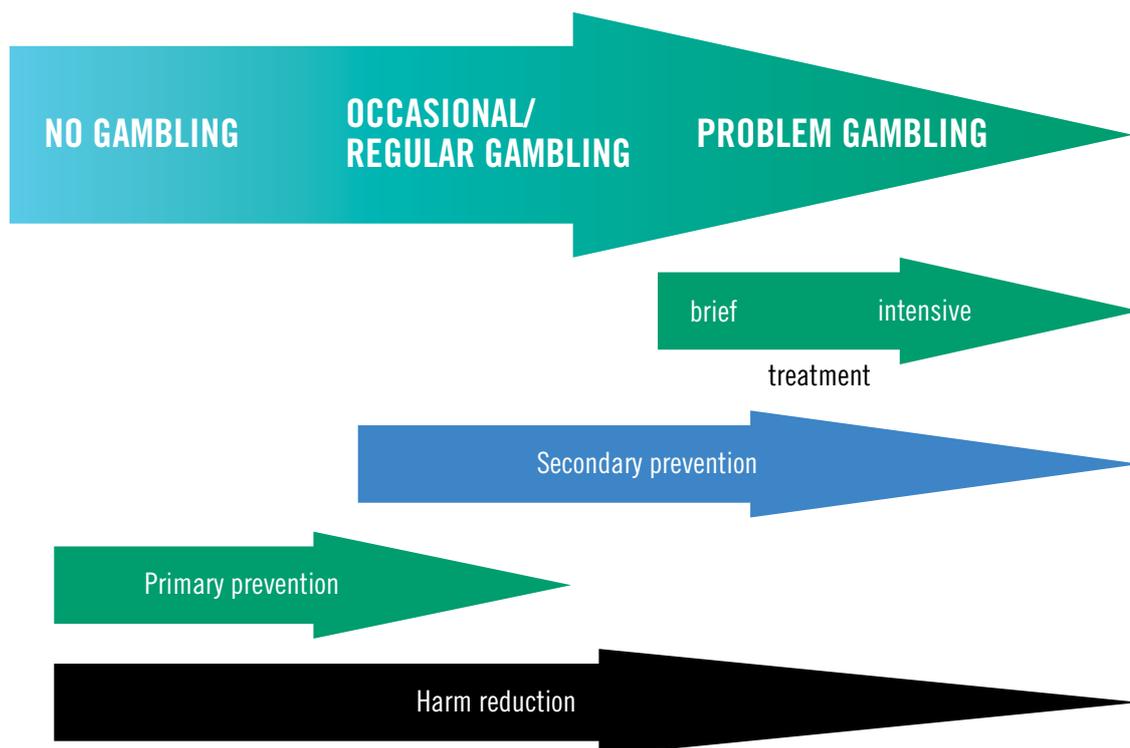
## CONTINUUM OF RISK OF GAMBLING-RELATED HARM

The degree of potential harm from gambling can be conceptualised along a continuum of gambling risk. Progress along the continuum is interrupted as a result of prevention efforts that encompass primary, secondary and tertiary prevention.

Individuals who gamble infrequently or in a low risk manner have few if any negative outcomes, enjoying some degree of pleasure or benefit. As one moves along the continuum and gambling increases in frequency and duration, the negative outcomes begin to outweigh potential benefits and gamblers begin to experience a wide array of negative personal, health and social consequences.<sup>22</sup>

To significantly reduce the overall prevalence of gambling-related problems, public health strategies must focus on shifting the continuum of risk downward, that is reduce the number of at-risk and high-risk gamblers as well as preventing low-risk gamblers from becoming at-risk.<sup>23</sup>

### CONTINUUM OF RISK



Adapted from Korn, D., Schaffer, H. (1999) Gambling and the Health of the Public: Adopting a Public Health Perspective *Journal of Gambling Studies*, 15(4)

## LEVELS OF PREVENTION

In the context of public health, prevention is defined as “action to reduce or eliminate or reduce onset, causes, complications or recurrence of disease”.<sup>24</sup>

In the case of gambling, prevention refers to “actions that prevent or delay the onset of gambling harm and minimise the risks and harms associated with problem gambling”.<sup>25</sup>

### 1. PRIMARY PREVENTION

In the case of gambling, primary prevention strategies aim to prevent the onset of at-risk gambling behaviour, that is, to prevent harm before it occurs.

Primary prevention action targets all gamblers and non gamblers, through the utilisation of universal approaches. The foundation’s prevention model deems that universal approaches are intended to be gambling specific in their focus and intended to reach the population as a whole.

Primary prevention is also directed at specific sub population groups which possess characteristics known to place them at increased risk of gambling-related harm (targeted prevention approaches). Activities target the whole sub-population regardless of individual risk.

### 2. SECONDARY PREVENTION

In relation to gambling, secondary prevention aims to reduce gambling-related harm in the early stages, through early identification of at-risk gamblers.

Secondary prevention targets settings and groups where risk of harm is high, such as people who play regularly on riskier forms of gambling and those who relapse or cycle in and out of problem gambling. Examples of secondary prevention actions include efforts to modify gambling environments, and responsible service of gambling training.

### 3. TERTIARY PREVENTION

In relation to gambling, tertiary prevention strategies aim to minimise the impact of gambling-related harm through increasing access and availability of treatment, services and support.

Tertiary prevention targets people experiencing harm from gambling, that is, people experiencing multiple serious gambling-related problems as a result of their own gambling or the gambling of another.

Most people with gambling problems experience other conditions such as health, social or family problems. When people present to other services, problem gambling can go unrecognised or untreated. This underlines the need for a high degree of cross sector collaboration amongst health and welfare services in Victoria.

Families and friends affected by those gamblers experiencing difficulty are a focus of secondary and tertiary prevention, in recognition of the significant social costs of gambling-related harm and their influence in the life of a person experiencing gambling-related harm.

Activities defined as tertiary prevention include provision of treatment and Gamblers’ Help services.

## WORKING IN COLLABORATION

**While the foundation is charged with leadership in addressing gambling-related harm and the promotion of responsible gambling in Victoria, its vision and mission can only be achieved by working collaboratively with others.**

This includes governments, the Victorian Commission for Gambling and Liquor Regulation (VCGLR), health and welfare service providers and the gambling industry.

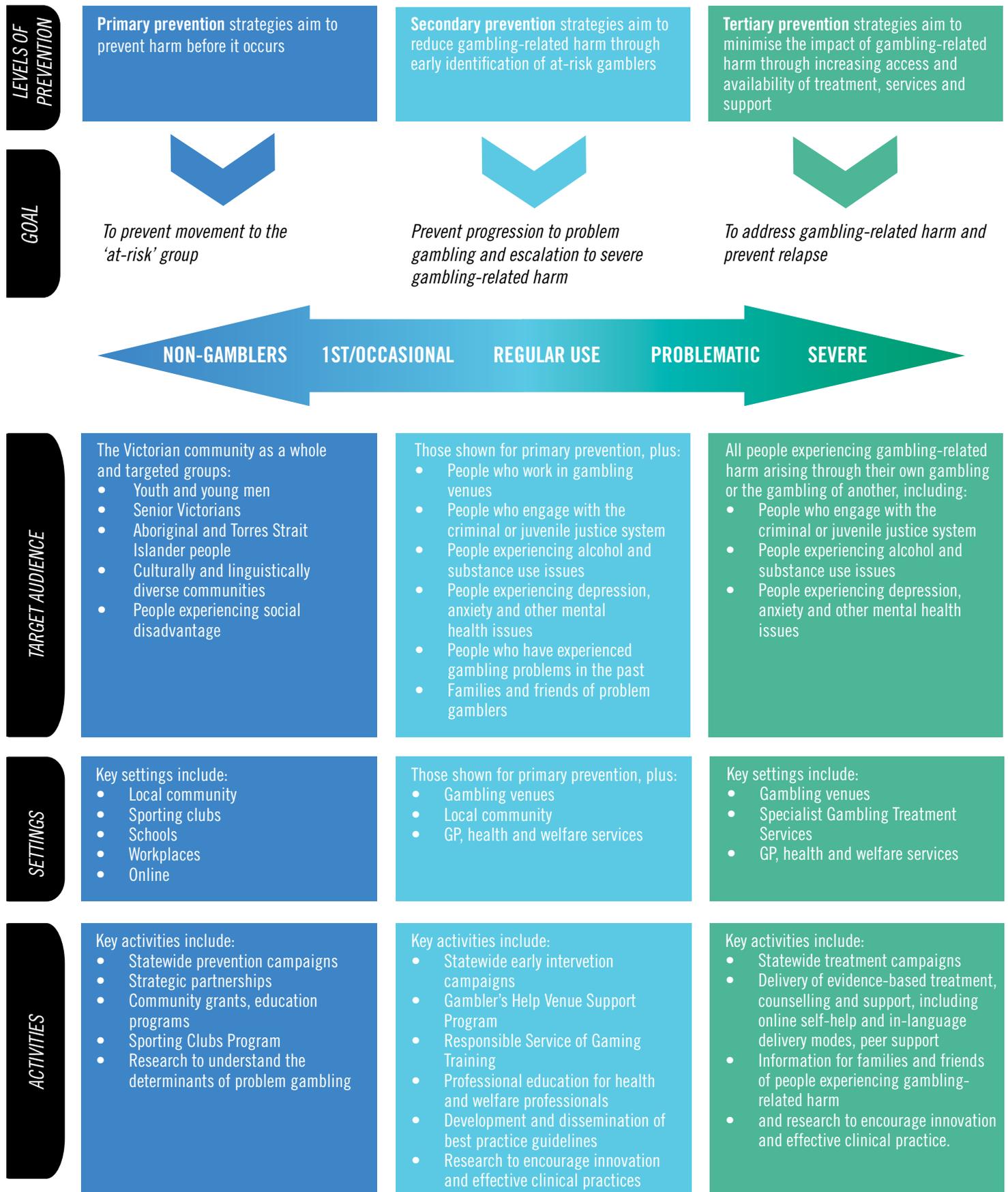
The foundation is committed to working with government at all levels in the manner that accords with this mission.

The VCGLR is the independent regulator of businesses involved in Victoria’s liquor and gambling industries. It performs its regulatory functions through licensing, educating, monitoring and enforcing gambling regulation in Victoria.

The foundation works collaboratively with health and welfare sector, recognising that most people with gambling problems experience other conditions such as health, social or family problems.

The foundation works with the gambling industry to achieve safer gambling environments, based on identification and dissemination of good practice, and provision of targeted advice and information to consumers and gambling venue operators alike.

# THE ACTIVITIES OF THE FOUNDATION ALIGNED WITH A PUBLIC HEALTH FRAMEWORK



Gambling Information Resource Office: Provision and active dissemination of information to the public, governments and the gambling industry, to support informed participation in community debate and decision-making.

## PERFORMANCE MONITORING AND REPORTING

The foundation has developed key performance measures to monitor progress toward achieving its objectives.

In addition, the introduction of two significant indices - the Community Attitudes and Perceptions Index and the Gamblers Attitudes and Perceptions Index - will form part of the robust approach to establishing baseline data to measure the foundation's contribution to the reduction of gambling-related harm and the fostering of responsible gambling in Victoria.

## OUR WAY OF WORKING

We work at a whole of community level and with groups at risk of gambling-related harm, to influence attitudes, to promote safer gambling behaviour and to offer treatment and services to people suffering harm from gambling.

We work with researchers, health professionals, people who work in gambling venues, sporting organisations, schools and governments at all levels.

We provide timely and accurate information for those wishing to participate in decision making related to the access and availability of gambling.

We use a range of approaches including multi media awareness campaigns, programs in sports clubs and schools, community driven local projects and engagement with a range of partners who can each play a role in shaping the gambling environment.

# A PUBLIC HEALTH APPROACH IN PRACTICE

The Victorian Responsible Gambling Foundation's activities demonstrate the hallmark characteristics of a public health approach in the following ways:

**The foundation works to achieve positive outcomes at a population level** –featuring both universal and targeted approaches, delivered to groups across the lifecourse and in a range of settings.

**The foundation recognises the costs and benefits of gambling and operates across the continuum of gambling risk** – that is, the foundation's work addresses primary, secondary and tertiary prevention.

**Population-based research is the basis of action and evaluation.** The foundation is a consumer and a funder of rigorous population-based scientific research. The evidence base informs its work.

**The foundation places the individual at the heart of a social model of health**, recognising the influences on individual behaviour which arise from a range of social, cultural, political, institutional, and environmental factors.

**The foundation recognises that certain groups are at higher risk of gambling-related harm** and prioritises these by ensuring its services and programs are tailored to the needs of vulnerable groups such as indigenous people, from culturally diverse backgrounds and those interacting with the criminal justice system.

**The foundation recognises that approaches which address local need** complement 'top down' or centrally coordinated initiatives and supports these via the work of community educators across the state.

**The foundation proactively works with the full range of stakeholders**, including governments at the local, state and federal level, the gambling industry, health, treatment and welfare service providers and the community.

**The foundation's approach deliberately utilises a mix of coordinated strategies**, which evolve to take account of the rapidly changing gambling environment.

**The foundation prioritises the provision and dissemination of information about gambling and gambling regulation in Victoria** – making this information available to government, industry and the public, to support informed participation in community debate and decision making at all levels

**The foundation promotes the dissemination of key learnings** to inform continuous improvement, sector development and contribute to the developing evidence base.

The foundation's strategic and annual plans detail specific activities which feature in its work plan. These can be accessed at [responsiblegambling.org.au](https://responsiblegambling.org.au)

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