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School of Public
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Public Health and Gambling – what can we learn from other fields?

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Disclosures

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The problem

- Gambling harm reduction has taken an idiosyncratic path

- Responsible gambling, and the image of the 'problem gambler', have dominated discourse
  - The measures and interventions arising from this have been largely ineffective
  - There are multiple lacunae in the gambling evidence base, and many poor quality studies

- Yet there have been multiple successes in public health – what can these teach us?

Purposes

The purposes of this project were:

1. the identification of gaps in the evidence concerning gambling harm prevention and minimisation policies; and

2. identification of strategies, policies and interventions likely to prevent or minimise harm associated with gambling

Research questions

- **RQ1.** What are the most effective evidence-based policies and initiatives to reduce harm associated with gambling, what are the gaps, and what should be the priorities?

- **RQ2.** What have been the most effective policy drivers for change in areas such as alcohol, tobacco, physical activity and HIV, and how might they be replicated in gambling?

- **RQ3.** What effective policies used or proposed in other areas of public health could be translated to gambling?

Methods

- **RQ1** was addressed by undertaking a comprehensive review of existing harm prevention and minimisation interventions and policies, in order to achieve an understanding of the state of evidence in the field.

- **RQ2** was addressed by commissioning a narrative review for four areas of public health activity from four groups of academic experts in the relevant fields. The fields chosen for this were: alcohol policy, tobacco control, obesity, overweight and physical activity, and blood borne viruses.

- **RQ3** was addressed by establishing a topical array drawn from both RQ1 and RQ2 and populating that with relevant themes, initially identified as opportunities and relevant issues for each review.

- **RQ3 also** identifies these key themes and provides a series of recommendations (105) derived from this discussion and categorised thematically.

Focus on EGMs and online

sources: (a) Wilkins 2017, (b) Hare 2015

Gambling form	Population utilisation (a)		PGSI 8+ (a)		Highest expenditure allocation – PGSI 8+ (b)	
	%	Rank	%	Rank	%	Rank
Lotto etc.	29.5	1	1.3	10	9.2	3
EGM	8.0	2	6.2	5	50.6	1
Scratch tickets	7.5	3	2.3	9	0.0	8
Racing	5.2	4	5.5	6	31.0	2
Sports	3.5	5	6.7	4	0.8	6
Keno	3.2	6	4.2	7	0.0	8
Casino table games	*1.5*	*7*	*14.7*	*2*	*3.9*	*4*
Bingo	1.5	7	3.9	8	0.6	7
Private	*1.2*	*9*	*11.5*	*3*	*3.0*	*5*
Poker	*1.0*	*10*	*21.9*	*1*	*ns*	*ns*

Priorities

- Structural characteristics - 11 recommended interventions (ri)
  - Incl. LDWs, better price information more correctly conveyed, abolition of 'game features', abolition of spot bets.

- Pre-commitment & self exclusion – 10 ri
  - Incl. universal pre-com, provision of data from pre-com for research, self-exclusion uses pre-com platform, etc

Priorities – cont.

- Pop-up messaging – 5 ri
  - Incl. messages should be interactive and reflexive, activity based, advisory and tailored to time, place and activity

- Accessibility and exposure – 5 ri
  - Incl. reduction in venue size, improved net detriment test reqs, reduced operating hours (EGMs and online), adequate id and pre-com requirements prior to online accounts

More priorities

- Id harm in venues – 4 ri
  - Id systems should be supported by algo. systems, intervention is warranted but staff need support, voluntary codes are ineffective

- Advertising & marketing – 6 ri
  - Incl. Ad ban during sport, also online and via social media, prohibit and phase out branding by gambling orgs, esp. children's sport (faster phase out)

More still …

- **Stigma reduction**
  - Incl. active and well funded de-stigma campaigns to help affected people seek help, establish user experience as a key tool to develop better research and better harm prevention, develop alliances with those affected for all aspects of harm prevention and minimisation, and:
  - stop using stigmatising terms such as 'problem gambler' and 'responsible gambling'

Still going …

- Price – 5 ri
  - Incl. tax rates should be highly progressive for the most harmful products to discourage super profit seeking, uniform national tax regime for online, improved provision of services via such taxes, and
  - Much better price information for gambling product users

We're halfway …

- Framing the issue – 10 ri
  - Incl. ditch RG and move to gambling harm prevention & reduction (GHPR), ditch the PG concept, revise legislation accordingly, expand counselling uptake, require decision making criteria to address GHPR, change nomenclature for codes of conduct, revise community benefit programs for transparency and purpose, change the VRGF's name …

OMG will it ever end?

- Affect, place and the gambler's social world – 9 ri
  - Incl. more specific info about particular gambling types, relevent price info, redesign smoking areas to allow direct egress, no 'gambling only' hours, develop an app for instant access to help for gamblers

- Product info – 4 ri
  - Incl. info on game structural characteristics, better warning info tailored to games, etc.

More, this is endless …

- Industry structure – 5 ri
  - Incl. consistent regulation across jurisdictions, end discrim. between NFP and others, review corporate tax arrangements for NFPs, dismantle monopolies and review competitive arrangements, modify donation arrangements

- Regulatory fragmentation – 4 ri
  - Remove any issue around asset impairment, etc, for corporations implementing GHPR, ANZGMNS need to become genuinely national, COAG should negotiate standard tax rates and consumer protections across all gambling forms

He's still going …

- Industry influence on research – 11 ri
  - Incl. full disclosure, no industry sponsorship of forums, independence of funding bodies, data and access should be licensing conditions, institute surveillance studies.

- Social marketing – 7 ri
  - Incl. avoidance of stigmatisation, factually based and specific messages, encourage research to be accessible to lay people, identify high risk gambling types

It must end soon …

- Standard of evidence – 3 ri
  - Interventions must be evidence based – but the standard should not be 'clinical', and 'evidence' produced by industry or their researchers must be scrutinised and re-analysed prior to being accepted.

This must be the end, surely

- Systematic interventions – 5 ri
  - Gambling is a complex problem – it requires a systematic response; population level studies are necessary, and research into all determinants of gambling harm are critical (incl. commercial determinants); thus the systematic response required may be developed by a determinants approach.

He's finished!

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