

Chapter 3

Approaches to prevention

3.1 This chapter looks at prevention and the challenges of developing effective measures to assist people wherever they may be on the 'gambling continuum' from low to high risk. The committee's first report noted the 'gambling continuum' or that the severity of gambling problems is a dynamic process.¹ Gamblers and problem gamblers are not a static group as they move in and out of levels of risky gambling behaviour and can do so quite quickly.

3.2 This chapter and the next three will focus on primary and secondary prevention measures and related issues. Primary prevention aims to avoid the occurrence of a problem. The chapters will look at primary initiatives such as public information campaigns, communication strategies and education programs aimed at influencing individuals away from risky gambling behaviour. In this area the committee heard that there is no 'one size fits all' message that would be meaningful for all places on the gambling continuum. Serious concerns with the current key message of 'gamble responsibly' were also highlighted to the committee.

3.3 The following chapters will also cover secondary prevention measures which seek to diagnose and treat a problem early before it worsens and causes significant additional problems. With secondary prevention there is a degree of overlap across the chapters that address treatment issues, particularly in relation to getting people to seek help earlier. The treatment chapters will cover tertiary prevention measures, such as counselling, which seek to reduce the impact of a problem when already embedded, to restore functioning and reduce harm. This continuum of prevention measures is described below.

A public health approach to prevention

3.4 The public health approach assists not just those experiencing harms but also aims to prevent or minimise the risk of future harm, and uses an inclusive notion of prevention:

Primary prevention activities are aimed at preventing individuals in the general population from developing gambling problems (such as public awareness raising campaigns promoting responsible gambling).

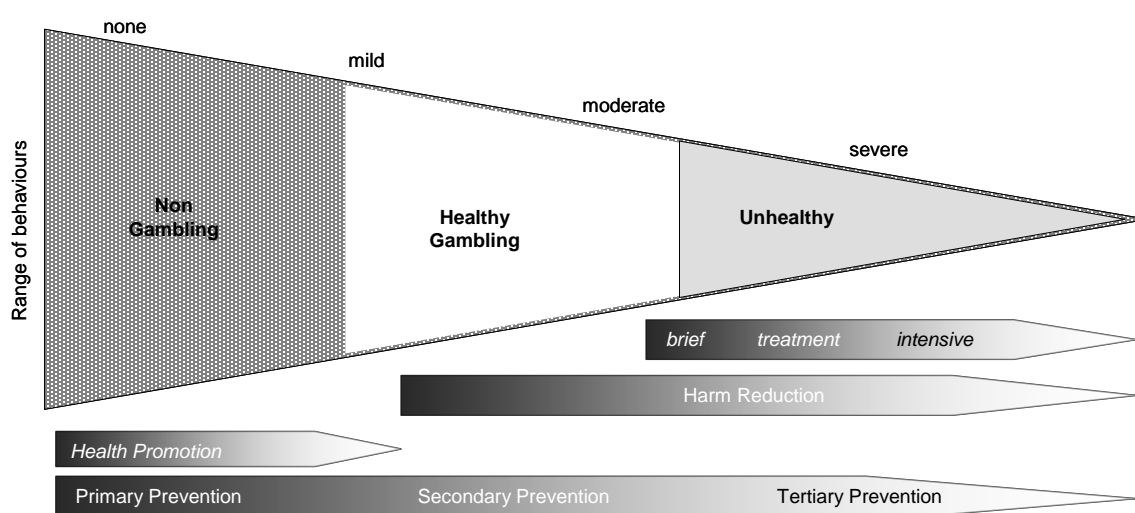
1 Parliamentary Joint Select Committee on Gambling Reform, *First report: The design and implementation of a mandatory pre-commitment system for electronic gaming machines*, May 2011, pp 49–57. Nancy M. Petry, *Pathological Gambling: Etiology, Comorbidity, and Treatment*, American Psychological Association, 2005, p. 13; The Royal Australian and New Zealand College of Psychiatrists, *Submission 27*, p. 5.

Secondary prevention activities seek to limit harm in the early stages of problem development (such as through intervening early), with a focus on at-risk groups.

Tertiary prevention activities are about treating or reversing the effects of problem gambling.²

3.5 These stages correspond to the following diagram:³

Figure 7.1 **Gambling problems lie on a continuum**



Source: Korn and Shaffer (1999).

Advantages of public information campaigns

3.6 The Productivity Commission (PC) emphasised that 'interventions need to cover the full continuum of gambling problems and not just focus on 'treatment':

Governments should place greater emphasis on community awareness, to dispel common myths about gambling, tell people how to gamble safely and encourage earlier help-seeking and interventions by family and friends.⁴

3.7 Public information campaigns can have a number of advantages which include: raising community awareness; increasing knowledge; encouraging people to

2 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.7.

3 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.8.

4 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.1.

recognise risky behaviour for themselves and others; and providing information on where and how to access help.⁵

Difficulties with measuring behavioural change

3.8 However, the PC pointed out that in order to reduce the harms associated with gambling, campaigns need to result in behavioural change which is difficult to achieve and to measure.⁶ Ms Penny Wilson, Chief Executive Officer, Responsible Gambling Advocacy Centre,⁷ pointed out that there is usually a spike in contact with treatment services after a public campaign but it is difficult to know whether this help-seeking continues and leads to ongoing behavioural change.⁸

3.9 The difficulty of assessing the effectiveness of such campaigns was confirmed by Dr Samantha Thomas, a public health sociologist from Monash University, who emphasised that while prevention is an important component of the problem gambling equation, it is difficult to measure:

How do you show that x number of people did not engage in behaviour? It is much easier to show that x number of people sought help, and gambled a lot less as the result of interventions.⁹

3.10 Despite the difficulty, Dr Thomas stated that as with many other health and social issues such as road safety, tobacco, obesity and alcohol use, 'prevention is a vital component of the health and wellbeing of individuals, communities and populations'.¹⁰

3.11 It is also difficult to assess the effectiveness of these campaigns as any effect on awareness and attitude may only be evident over the long term.¹¹ In order to change behaviour in other areas such as smoking, 'sustained campaigning over an extended period of time is generally required before population-wide changes in

5 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.9.

6 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.9.

7 The Responsible Gambling Advocacy Centre (RGAC) ceased operations on 30 June 2012. Many of the functions of the RGAC, including providing information to the public about responsible gambling and its regulation in Victoria, will continue to be provided by the Gambling Information Resource Office, which is part of the newly established Victorian Responsible Gambling Foundation.

8 Ms Penny Wilson, *Committee Hansard*, 3 May 2012, p. 28.

9 Dr Samantha Thomas, *Submission 52*, p. 2.

10 Dr Samantha Thomas, *Submission 52*, p. 2.

11 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.9.

behaviour become evident. In the case of tobacco, behavioural changes took over 40 years to occur'.¹²

Campaigns can assist with connecting people and treatment services

3.12 An objective of campaigns which is much easier to measure is connecting people with treatment services. Dr Ralph Lattimore, Assistant Commissioner, Productivity Commission, explained to the committee that new awareness campaigns appear to have at least a temporary effect of attracting new clients to treatment services and this was shown by evaluations of campaigns in NSW, Tasmania and Victoria.¹³

3.13 Ms Abigail Kazal, Senior Clinical Psychologist and Program Manager, Gambling Treatment Program, St Vincent's Hospital, recalled a television advertising campaign from 2002 for the gambling helpline which seemed to raise awareness as the Program experienced an increase in referrals to treatment. While there have been other mediums such as radio used since then she could not recall a similar campaign using television.¹⁴

3.14 Dr Katy O'Neill, Clinical Psychologist, Gambling Treatment Program, St Vincent's Hospital, emphasised that:

We know those programs have an effect because one of the groups which they say do not seek treatment is young men. Eighty per cent of the people we see are men and most of them are young. In their common parlance among themselves they say, 'I had a gambling hangover,' which is the remorse which drives them to treatment and that is a phrase which came from a media campaign.¹⁵

3.15 However, the University of Sydney Gambling Treatment Clinic (GTC) indicated that a basic analysis of their referral calls and information requests did not show a change in numbers following initiatives from the NSW Responsible Gambling Fund such as the 'Gambling Hangover' campaign, rebranding of services under the 'Gambling Help' banner, the 'Counsellor Sam' Facebook page and Responsible Gambling Awareness Week. In contrast, numbers of clients seeking treatment increased following GTC media releases to local and metropolitan print media which focused on new and evidence-based treatments on offer. The GTC explained:

These new callers typically reported high levels of dissatisfaction with their previous treatments and various services and had intentionally avoided treatment for many years. Our impression is therefore, that public awareness can be raised by providing newsworthy releases to media outlets

12 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.9.

13 Dr Ralph Lattimore, *Committee Hansard*, 14 May 2012, p. 41.

14 Ms Abigail Kazal, *Committee Hansard*, 2 May 2012, p. 19.

15 Dr Katy O'Neill, *Committee Hansard*, 2 May 2012, p. 19.

on the latest research on gambling, innovations in industry and research on gambling treatments, rather than simply highlighting the harms associated with excessive gambling.¹⁶

Issues concerning 'responsible gambling' messages

3.16 Witnesses raised concerns about the effectiveness of the key message in most campaigns which is a version of 'responsible gambling'. The concern centred on the almost exclusive focus on personal responsibility.

Focus on personal responsibility

3.17 Witnesses stressed to the committee that responsible gambling messages which leave all responsibility with the individual are largely ineffective, particularly for those already at increased risk or with a problem. This message focuses on individuals taking personal responsibility and seeking help if they experience problems. The key criticism was that the message heard by gamblers is that if someone can't gamble responsibly then something is wrong with them. The effects of this message can be seen in the level of stigma attached to admitting a gambling problem, which is in turn reflected in the low rates of people seeking assistance. The committee heard that this approach can shame people into silence through casting blame on the individual. Witnesses also felt that this message advantages the industry as it takes the responsibility from the industry and the product and places it solely with the individual.

3.18 Ms Julia Karpathakis, Manager, Pokies Anonymous, explained how this message can make people who have a gambling problem feel:

Firstly "Gamble Responsibly" makes absolutely no sense to a person who has become addicted to the pokies, it's too late! Also it is confusing to the person as it may make them think they are the only one with a problem that other people can gamble responsibly and that they can't. This phrase may cause them to never reach out for help with feelings of shame for being out of control.¹⁷

3.19 Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists and Director, Turning Point Alcohol and Drug Centre, explained how this message feeds into the low numbers of people seeking help:

So we have a huge issue here with normalisation and certainly the messages that are promoted around alcohol and gambling are of individual responsibility, that is up to you and that basically if you have problems with alcohol or gambling then essentially there is something flawed in you as a person. I think that creates huge stigma. It means that, unlike other health disorders where we say to people that there are a whole range of reasons

16 University of Sydney, Gambling Treatment Clinic, *Submission 10*, pp 2–3.

17 Pokies Anonymous, *Submission 31*, p. 2.

people are vulnerable to developing problems and come to a health practitioner to get help, we are essentially saying that people with addictions have some sort of moral failure within them in controlling their behaviour. People then fear that in presenting to health professionals they are going to be similarly discriminated against and ostracised. I think there is a failure in the lack of understanding that there are effective treatments available for people in the community.¹⁸

3.20 Dr Samantha Thomas explained that this approach puts responsibility on the individual for:

...voluntarily listening to the message, and changing their behaviour to interact with the product 'responsibly'. It also is used repeatedly by industry (including alcohol, junk food, soda and gambling) as a reason not to change their practice—if people engaged 'responsibly' with our products there wouldn't be a problem.¹⁹

3.21 While noting that at a basic level there is nothing wrong with asking people to take responsibility for their interaction with a product, Dr Thomas emphasised that 'some individuals may be more able to take 'responsibility' than others'. She also pointed out that it is important for industry to take equal responsibility for the potential harms their product may cause. Dr Thomas also cautioned that as has been shown for other health and social issues, people will continue to enter 'at risk' groups unless 'upstream' prevention initiatives²⁰ effectively address why there is a problem in the first place.²¹ Work undertaken by Dr Thomas on how gambling is valued by different groups is covered briefly in chapter five.²²

3.22 The Productivity Commission recognised the limits of the personal responsibility approach and listed the groups who would be ignored by this model:

- the general vulnerabilities of consumers, which may be accentuated by particular aspects of the gaming environment and its technologies. Consumers who are misled by a supplier cannot be called 'irresponsible'
- the vulnerabilities of groups suffering from mental health problems. For example, people with depression and bipolar disorder have a much higher likelihood of developing gambling problems. Overall, around 35 per cent of problem gamblers have a severe mental disorder compared with around 2 per cent of non-problem gamblers (Jackson 2008). These people suffer a

18 Professor Dan Lubman, *Committee Hansard*, 3 May 2012, p. 38.

19 Dr Samantha Thomas, *Submission 52*, p. 3.

20 Changing the environment through policies and regulation.

21 Dr Samantha Thomas, *Submission 52*, p. 3.

22 See Dr Samantha Thomas, Ms Sophie Lewis, *Conceptualisation of gambling risks and benefits: A socio-cultural study of 100 Victorian gamblers*, 22 May 2012, report prepared for the Office of Gaming and Racing, Department of Justice, Victoria.
[http://www.justice.vic.gov.au/home/liquor+gaming+and+racing/research+and+statistics/report+-+conceptualisations+of+gambling+risks+and+benefits+\(pdf\)](http://www.justice.vic.gov.au/home/liquor+gaming+and+racing/research+and+statistics/report+-+conceptualisations+of+gambling+risks+and+benefits+(pdf)).

particular disadvantage that makes them susceptible to some of the risky features of some gambling technologies, such as the capacity to gamble in a trance for long periods of time or to ramp up spending from very small to very large amounts

- the large number of people who may be regarded as ‘irresponsible’ and their economic importance...problem gamblers are a significant proportion of the relevant group of gamblers and they account for a large share of spending
- the fact that apparently ‘irresponsible’ behaviour may have damaging consequences for many people beyond the actual gambler and even for society as a whole (for example, through fraud, domestic violence and work-related costs associated with problem gambling)
- groups where the strong incentives posed by the adverse personal consequences of their actions (gambling, but also binge drinking and dangerous driving) appear to have few effects on their subsequent behaviour. These groups — particularly poorly educated and disadvantaged young men — have systematically higher risks of persistent harmful behaviours. Merely asserting the value of self-responsibility does not necessarily address the costs to themselves (or others). In the case of motor vehicle safety, many of the gains in reduced accidents have in fact been based on modifications to the environment (roads, vehicle safety), not the behaviour of the driver...
- circumstances where people do not know what behaviours would equate with self-responsibility until it is too late. For example, people who believe that gambling losses today can readily be made up by wins tomorrow, next week or next month (a common faulty cognition), may not see current excesses in their gambling behaviour as irresponsible
- the potential for regulation to reinforce, rather than undermine, self-responsibility. In particular, pre-commitment and self-exclusion measures provide all gamblers with the option to exercise self-responsibility, not to undermine it
- the capacity for regulation to be targeted at those with problems, or at risk of experiencing substantial harm, without much effect on recreational gamblers. The need to uphold the principle of self-responsibility is reduced if ‘responsible’ people can still freely undertake an activity without burdensome constraints. For instance, it is hard to see what degree of freedom is lost by a capacity to insert no more than \$20 of cash into a gaming machine while the credit balance is above \$20, as recommended by the Commission. Nothing stops a gambler inserting more money when the balance falls below \$20, and given their usual intensity of play, this will occur only rarely for ‘responsible’ gamblers. Indeed, it even increases the demand on them to behave responsibly by actively requiring them to think about the personal consequences of investing more. Where such a measure would act most would be on impulsive people spending continuously at very rapid rates.²³

23 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, pp 3.13—3.14.

3.23 The committee notes that this focus on personal responsibility creates shame and stigma for those who develop gambling problems as it suggests there is something wrong with them if they cannot control their gambling. These feelings of shame and stigma contribute to the low rates of people who seek help. Suggestions to address this issue are covered in the next chapter.

Mixed messages

3.24 Apart from the focus on personal responsibility, witnesses discussed the lack of balance in gambling messages in a number of areas. The committee heard that gambling messages are overwhelmingly positive, they lack information on risk, possible negative effects and the amount of positive advertising completely overwhelms any other messages. Witnesses also put forward the view that a change in public attitude towards gambling is necessary to result in any significant improvement in help-seeking behaviour.

Is the message 'responsible gambling' really an ad to gamble?

3.25 It was pointed out that the focus of the 'gamble responsibly' message was still a message to gamble and the only choice was to do so responsibly or irresponsibly, rather than the message being about a choice to gamble or not. Mr Tom Cummings, former poker machine addict and gambling reform advocate, described this situation:

So I think we need to look at what is being offered and how it is being offered—the messages that are being put forward. Even something as simple as 'gamble responsibly'; whether it is responsible or irresponsible, the message that is being put forward is 'gamble'. Rather than it being a choice either to gamble or not to gamble, it is a choice to gamble either responsibly or irresponsibly. There is a third choice. Some people do not want to gamble. So why not change the message? I am not sure what to change it to. I am sure we could debate that for a long time.²⁴

Lack of balance in content of messages

3.26 Witnesses indicated the overwhelming message that people receive about gambling is positive. Ms Kate Roberts, Chairperson, Gambling Impact Society NSW, spoke about the need for more balanced messages:

The marketing of the win and the marketing of the dream is not balanced. What that means is when we come to talk to people who are dealing with a gambling problem, part of their distortion is built on what they are fed, which is that this product can give you a wonderful life. But there is little balance. Actually the reality is that it is very unlikely you are going to have any sort of outcome other than losing. The longer you play, the more you are going to lose.²⁵

24 Mr Tom Cummings, *Committee Hansard*, 3 May 2012, p. 5.

25 Ms Kate Roberts, *Committee Hansard*, 2 May 2012, p. 38.

3.27 The committee discussed with Dr Enrico Cementon, Fellow, Royal Australian and New Zealand College of Psychiatrists, how gambling is promoted as glamorous and the effects of this. He stressed that one of the first things to address in the treatment of addiction is to reduce the positive aspects associated with the behaviour and increase the negative to achieve a balance 'which is one of the core drivers of the person's decision-making and the behaviours they engage in'. He added:

When the negative effect associated with gambling outweighs the positive effect, the person seeks to do something about it—to change their behaviour in some way. They either seek treatment or do something else.²⁶

3.28 Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists, also spoke about this imbalance:

I would go further to say that there is a current imbalance in the way that gambling is portrayed in the community. There is very strong marketing of and emphasis on the positive aspects of gambling and really a very small amount of information about the harms and the costs associated with gambling.²⁷

Lack of balance in amount of advertising

3.29 Witnesses also emphasised the lack of balance in the amount of gambling advertising which overwhelms responsible gambling messages. This is particularly evident for sports betting which has a notable amount of 'in-your-face' advertising and live odds commentary. The amount of this advertising is not in any way balanced by a comparable number of responsible or effective gambling messages to minimise risk. This view was supported by Professor Alex Blaszczynski who told the committee that the sports betting advertising should not just be constrained but that it should be abolished.²⁸ The committee addressed this issue in its second report covering interactive and online gambling and gambling advertising.²⁹

Lack of information on risk

3.30 Another element of the 'responsible gambling' message criticised was the lack of information on the element of danger or risk with the gambling product, instead leaving the responsibility for potential harm with the individual. Dr Jennifer Borrell, Adviser, Australian Churches Gambling Taskforce, explained that the responsible gambling message emphasises that gambling is a benign activity, when there is solid research to indicate that regular use of poker machines in particular can be harmful for some:

26 Dr Enrico Cementon, *Committee Hansard*, 3 May 2012, p. 41.

27 Professor Dan Lubman, *Committee Hansard*, 3 May 2012, p. 42.

28 Professor Alex Blaszczynski, *Committee Hansard*, 2 May 2012, p. 17.

29 Joint Select Committee on Gambling Reform, *Second Report: Interactive and Online Gambling and Gambling Advertising and the Interactive Gambling and Broadcasting Amendment (Online Transactions and Other Measures) Bill 2011*, December 2011.

Many current public information messages about problem gambling actually provide misinformation. I think that public information or education is irresponsible in itself. I think it is dangerous. They speak of 'responsible gambling', which puts the onus of being responsible on the gambler. While people play with that phrase grammatically, that is what it means. It tells people to keep gambling and it is up to the gambler to be responsible. This contrasts with alcohol, where we use the term 'responsible serving of alcohol', so maybe we should talk about responsible serving of gambling. Most seriously, the message implies that gambling on EGMs is a benign activity as long as you act responsibly. I think that is quite serious misinformation, because it flies in the face of a solid body of research, including that by the Productivity Commission, that regular gambling on pokie machines is the main risk factor—that is, a large proportion of regular gamblers on the machines become hooked.³⁰

3.31 Dr Borrell further explained that the danger associated with regular use of poker machines is not part of any public education campaign:

This is the advice I give to people close to me. If I hear that they are idly putting a few coins in a machine while they are meeting family or friends at a pub, I tell them: 'You shouldn't do that, because that's dangerous. You don't know. You may get hooked; you may not. You don't know. But that's not a safe practice, to regularly put money in those machines.' If I say that to my family and friends, that is what I would want in a public education campaign: 'These machines are a dangerous product and should not be played on a regular basis.' I do not know why that should be so controversial, because the research for that is very, very solid and we all know it.³¹

3.32 Ms Kate Roberts, Gambling Impact Society NSW, added:

What we generally know is that people do not tend to see the messages that are out there at the moment. The information that is out there about the odds on winning et cetera do not mean anything. The information we have discussed before is about making the fact [known] that these products, electronic gaming machines, are highly addictive and we know that. Fifty per cent of people who play them as they are meant to be played will lose control.³²

Negative effects of gambling are not shown

3.33 Witnesses contrasted responsible gambling information campaigns with campaigns for other products such as smoking where possible negative effects are shown. Professor Malcolm Battersby, Head of Department, Human Behaviour and Health Research Unit, Flinders University, stated:

30 Dr Jennifer Borrell, *Committee Hansard*, 14 May 2012, p. 21.

31 Dr Jennifer Borrell, *Committee Hansard*, 14 May 2012, p. 21.

32 Ms Kate Roberts, *Committee Hansard*, 2 May 2012, p. 38.

An example is the big smoking campaign. I was walking past the university the other day and almost the whole side of a bus showed a guy coughing blood into his handkerchief. 'That is not all you're coughing up, mate.' I thought, 'You could say exactly the same for the pokies but rather than blood you would have something else.' You do not see any ads like that.³³

3.34 Ms Julia Karpathakis also supported stronger advertising:

Instead of this namby-pamby 'responsible gambling' soft stuff, we need some really gutsy activity. On my fence at home, I have a billboard—a friend donated a billboard type thing to me—that says: 'Are the pokies ruining your life? Need help?' and then our phone number. We have made stickers for cars just to get the message out there: they are ruining lives. That is real. It is not 'responsible gambling' making you feel, 'Is there something wrong with me?' No, there is nothing wrong with you. If the pokies were not here, these people would not have problems. And the mental problems come after they have been playing.³⁴

Change in public attitude is required

3.35 Dr Sally Gainsbury commented on the mixed messages sent to the public being 'bombarded on television with all the odds of winning, and it is in venues, clubs, community halls, bars and restaurants'. Then there are occasional public information campaigns telling people to 'gamble responsibly'. She argued that problem gambling being recognised as an important public health issue is necessary to see a shift towards more people seeking help as it would be seen as acceptable to do so:

...generally what needs to happen before any kind of intervention can actually work is a systematic program to attempt to modify the public attitudes towards the behaviour and get it to the point where people can recognise gambling problems and are aware of what to look for.³⁵

3.36 Professor Alex Blaszczynski also commented on the mixed messages received by the public regarding gambling and agreed with the need to focus on changing public attitudes:

I think from a public health approach the key issue is not necessarily one of providing information but one of attitude change, and I think this is the difficulty. If you look at drink-driving, if you look at alcohol, if you look at bicycle helmets, all of those have been mandated by legislation and then there has been a shift in public attitude towards it, to the point where, for instance, smoking was acceptable in the past then legislation was introduced to prevent smoking indoors and now you are a pariah if you smoke, so public attitudes have significantly changed. With gambling we have the mixed messages, essentially, of James Bond type portrayals of

33 Professor Malcolm Battersby, *Committee Hansard*, 14 May 2012, p. 6.

34 Ms Julia Karpathakis, *Committee Hansard*, 14 May 2012, p. 15.

35 Dr Sally Gainsbury, *Committee Hansard*, 2 May 2012, p. 13.

gambling; we have the media; we have the large—\$650 million—American lottery promotions et cetera and you have got the promotions within Australia, in particular through the media and sports betting.³⁶

3.37 Professor Dan Lubman also spoke about the need for a cultural change around the role of gambling in society:

As I spoke about before, I think that is about a cultural change. That is not just about presenting services; it is about a cultural change about the role of gambling in society. It is a broader discussion and a community engagement about the harms it causes. It is a recognition that it is a real disorder that needs treatment and it is about hearing visible voices of people who have gambled who have recovered and who have good stories to tell about success stories about how recovery is possible. It is a concerted effort and it speaks to my comments before around the role of an organisation like beyondblue.³⁷

What about the product?

3.38 Mr Tom Cummings highlighted that responsibility has to involve more than just the individual and must include the industry:

Things can be done to tighten up the industry and place a greater onus of responsibility on the industry that offers these products, whether it is poker machines, sports gambling or online gambling. Responsibility has to work in every direction. People do need to be responsible, and that is the message that is coming through very responsibly from the industry, but the industry needs to be responsible as well. They are offering this product and providing it for people to use, so they need to have a responsibility to do so ethically and with a minimum of harm. I think there is also a legislative responsibility. Industry will do what they can within the rules that apply. So it is almost a three way street, though I hate to say it that way. It is certainly something that needs to be looked at by all corners.³⁸

3.39 Dr Samantha Thomas agreed that along with the individual it is important for industry to take equal responsibility for the potential harms that a product may cause, particularly with vulnerable individuals or communities.³⁹ The adequacy of venue and product measures is covered in chapter six.

Contending with messages on machines

3.40 The committee notes that advertising for poker machines is banned. However, Dr Jennifer Borrell, Adviser, Australian Churches Gambling Taskforce, pointed out

36 Professor Alex Blaszczynski, *Committee Hansard*, 2 May 2012, p. 14.

37 Professor Dan Lubman, *Committee Hansard*, 3 May 2012, p. 49.

38 Mr Tom Cummings, *Committee Hansard*, 3 May 2012, p. 5.

39 Dr Samantha Thomas, *Submission 52*, p. 3.

other messages on the poker machines themselves which occur as part of the play that any public information messages and campaigns have to contend with:

So you need to look at the information and inducements to buy more products within the play itself, and often when people have lost control over their own reasoning processes. Examples of the information are: 'You just missed by a whisker,' 'You nearly won,' 'You just missed,' 'Keep playing and you will win soon,' 'If you keep playing, you will eventually win the jackpot,' or, worse, 'Congratulations, you are winning,' even though they are losing overall. So there is lots of information happening as part of the play. Any public information is weighed against that, as well as intermittent reinforcement, which is the devastating aspect of the machine—that you are being reinforced all the time. You are actually being given little bits of marketing and information to keep you there all the time. I think that is why there is a limit to how much public information messages can do, like telling people the odds, weighed against the hundreds or thousands of messages they are getting to the contrary.⁴⁰

3.41 Dynamic messages on poker machines are discussed further in chapter six.

Some campaigns to date

3.42 All states and territories have in place strategies for raising community awareness about gambling and help services. The committee wrote to all states and territories to ask about gambling campaigns over the last 10 years and their effectiveness. It received responses from South Australia, Western Australia, Queensland and the Australian Capital Territory. Below are the main campaigns including evaluations.

South Australia

3.43 In South Australia the Gamblers Rehabilitation Fund (GRF) is administered by the Office for Problem Gambling, Department for Families and Communities. It funds agencies to provide services to problem gamblers. Over the past 10 years there have been four campaigns: 'Think of What You're Really Gambling With' ran periodically from 2003 to 2006; 'Win back your life' ran periodically during April-June in 2011; Responsible Gambling Awareness Week 2009 and Responsible Gambling Awareness Week 2012. An evaluation of the 2003–2006 campaign showed a high recall rate from the TV advertising, an increased awareness of and use of gambling help services and increased awareness of gambling awareness week. An evaluation of the 2009 Responsible Gambling Awareness Week campaign showed the number of calls to the Gambling Helpline during that week increased but there was no increase in hits to the website.⁴¹

40 Dr Jennifer Borrell, *Committee Hansard*, 14 May 2012, p. 21.

41 Correspondence from the South Australian Department for Communities and Social Inclusion, received 21 May 2012.

Western Australia

3.44 In Western Australia the gambling awareness campaigns are funded by the Problem Gambling Support Services Committee. Over the past 10 years there have been three campaigns: a metropolitan problem gambling awareness for six weeks in 2005; a regional problem gambling awareness campaign for five months in 2007; and a 12 month problem gambling awareness campaign over 2011–12. In-house evaluations of the campaigns have indicated increases to problem gambling helpline calls during the advertising periods.⁴²

Queensland

3.45 In Queensland there have been four phases of a responsible gambling community awareness campaign over 2005 to 2007 using an early intervention approach, with the target group being low to moderate risk gamblers. Evaluation looked at recall, understanding and behavioural shift. With recall of the message dropping off, the campaign was refreshed and run in two month blocks over October 2009 and January 2010. Recall and behaviour change increased. 42 per cent of the low and moderate risk gamblers indicated that they had taken action as a result of the campaign; for example, thinking about their gambling and reducing gambling activities. In 2006 the 'Wanna Bet' campaign targeting problem gamblers and promoting help services was rolled out. Phase one included an 'out-of-venue' component of press advertisements. Phase two involved continued display of posters in gambling venues combined with press advertisements during 2008. An evaluation of phase one found recall and understanding was high. Phase two aimed to achieve greater community awareness and awareness of services and the helpline. Results indicated that awareness increased with the level of problem gambling risk. It concluded that message fatigue was occurring and the campaign materials should be refreshed. The 'Odds of Winning' was launched in 2009. Again recall increased with gambling risk. The committee notes advice that specific campaigns targeted to each 'at-risk' group are more effective than broad-based community awareness campaigns.⁴³

Australian Capital Territory

3.46 The ACT Gambling Counselling and Support Service is funded by the Problem Gambling Assistance Fund largely made up from a levy on gaming machine revenue. The fund is administered by the ACT Gambling and Racing Commission. Mission Australia has responsibility and funding to promote its services and raise awareness of problem gambling in the ACT. Over the past 10 years the Commission has conducted four responsible gambling awareness campaigns which usually

42 Correspondence from the Department of Racing, Gaming and Liquor (WA), received 24 May 2012.

43 Correspondence from the Office of Regulatory Policy, Liquor, Gaming and Fair Trading, Department of Justice and Attorney-General (QLD), received 4 June 2012.

coincide with Responsible Gambling Awareness Week.⁴⁴ In 2001 the Commission conducted a two month TV campaign to raise awareness of the mandatory code of practice which provides key harm minimisation measures for gambling. From 2009 to 2011 the Commission conducted campaigns featuring TV and print advertisements that coincided with the awareness weeks. To evaluate the campaigns, the Commission monitors traffic on its problem gambling websites as well as referrals to help services. Referrals to gambling help services generally increase during campaigns and the website receives more traffic. The ACT advised that while the campaigns to date have been successful in raising awareness, the Commission is currently undertaking research to help better target messages to key risk groups.⁴⁵

Committee view

3.47 The committee notes the view advanced by the industry that gambling is a harmless form of entertainment for most individuals.⁴⁶ Advertising reinforces this view by promoting gambling as glamorous and harmless fun. The committee heard that this message is not balanced by clear messages about possible risks and the amount of positive advertising overwhelms harm minimisation messages. The committee agrees that recognising problem gambling as an important public health issue will assist to facilitate a change in public attitude. This change in attitude would see a shift to more people seeking help as it would be seen as acceptable to do so.

3.48 To facilitate this change in attitude it is important to have the right messages. A major concern from witnesses was about the key message in many campaigns of 'responsible gambling'. The committee heard that this message reinforces the view that it is up to the individual to gamble responsibly. If they don't, there must be something wrong with them. This creates feelings of stigma and shame and contributes to the small numbers of people seeking help. People are so reluctant to seek help that they are usually involved in some crisis, for example, financial or relationships, before they do so. Suggestions on how to address this stigma and negative stereotypes of problem gamblers are covered in the next chapter.

3.49 Governments run occasional responsible gambling campaigns usually during the National Responsible Gambling Awareness Week. Many of these campaigns appear to be targeted at connecting people with gambling help services. While this is important and relatively easy to measure, it is focussed mainly on people who already

44 A national campaign run by each state and territory held in May each year since 2006.

45 Correspondence from the ACT Gambling and Racing Commission, received 8 June 2012.

46 Australasian Gaming Council, *A database on Australia's gambling industry 2009-10*, 2010, Chapter 4, p. 20; Australian Government, *The Facts, Gambling in Australia*, <http://www.problemgambling.gov.au/facts/> (accessed 5 June 2012); Thomas, A, Moore, S, Kyrios, M, Bates, G, Meredyth, D, Jessop, G, *Problem Gambling vulnerability: The interaction between access, individual cognitions and group beliefs/preferences*, Final Report prepared for the Victorian Government, Office and Gaming and Racing, Department of Justice, August 2012, p xiv.

have a problem. It is difficult to measure whether the increase in help-seeking that usually follows a campaign translates into ongoing behavioural change. There appears to be less focus on prevention campaigns although the committee did hear of examples in some states which are attempting to focus on this aspect. Improving the prevention aspect of information campaigns to better target messages and increase their effectiveness is the focus of chapter five.