

Chapter 4

Improving prevention measures: addressing stigma and negative stereotypes

4.1 As outlined in the previous chapter, one of the key messages to the committee was that the shame and stigma associated with a gambling problem is one of the main barriers to an individual seeking help. The committee heard how the focus on personal responsibility, conveyed in the variations of 'responsible gambling' messages used in public information campaigns, contributed to feelings of shame and stigma for individuals who had developed a problem with gambling. The key criticism was that the message heard by gamblers is that if they can't gamble responsibly then something is wrong with them, that the problem is their fault, and they are personally to blame. The committee heard that this approach of placing an overwhelming responsibility on the individual for gambling problems can shame them into silence, and create a barrier to help seeking. Consequently the personal responsibility approach and the stigmatising effect of this approach may be one reason why very few people seek help. Rather, they may seek help only as a last resort, and feel discouraged from seeking help early. Disturbingly, the committee heard that there is greater stigma around seeking help for problem gambling than with illicit drug use. As seen with other public health issues such as obesity, alcohol and tobacco, the framing of problem gambling as an issue of personal responsibility advantages the gambling industry and government as it takes the responsibility from them and places it solely with the individual.

4.2 The committee would encourage readers to take the time to read the personal stories provided to the committee from those who have been and are going through an addiction to poker machines. These personal stories clearly convey the shame and stigma.¹

4.3 Addressing the stigma associated with problem gambling will go a long way to facilitating a necessary shift in public attitudes towards gambling and problem gamblers mentioned in the previous chapter. Witnesses provided a number of suggestions to improve the messages used in social marketing initiatives (including campaigns, education initiatives and professional training) to address stigma and stereotypes.

1 See for example, James, *Submission 19*; Mr Tom Cummings, *Submission 22*; Pokies Anonymous, *Submission 31*; Name Withheld, *Submission 38*; Name Withheld, *Submission 56*; Name withheld, *Submission 57*. See also personal submissions from previous inquiries.

The need to address and reduce stigma and stereotypes

4.4 As described by Mr Tom Cummings, former poker machine addict and gambling reform advocate:

It is a brutal addiction, one that bears the weight of a darker stigma than almost any other addiction or affliction in Australian society; there was a time when I would rather have died than admit that I had a problem.²

Stigma is a barrier to seeking help and seeking it earlier

4.5 Problem gambling is a stigmatised behaviour.³ Witnesses pointed out that the stigma and shame associated with a gambling problem is the main barrier to people seeking help and early intervention.⁴ Ms Christine Sanchez, Team Leader, Mission Australia, told the committee stigma is a huge barrier to seeking help:

It concerns me that gambling has more of a stigma attached to it than illicit drug use. People say, 'I use illicit drugs' or 'I'm a recovering alcoholic', and everyone gets congratulated and patted on the back and 'It's great that you're so strong'. Yet, when people say, 'I have a gambling problem', there is still all this stigma and guilt attached to it. When you think about it, illicit drug use, for example, comes along with a whole heap of breaking of society's rules and legalities and it is still seen as a better option than admitting to a gambling problem.⁵

4.6 UnitingCare Community emphasised that the stigma and embarrassment means that people keep their problems secret rather than seek help:

Avoid stigmatising or shaming problem gamblers. The shame and guilt drives the secrecy to gamble and this then drives the gambling behaviour to continue.⁶

4.7 Dr Katy O'Neill, Clinical Psychologist, Gambling Treatment Program, St Vincent's Hospital, explained how the stigma attached to gambling problems makes them feel:

To put it really bluntly, I think gamblers feel stupid and a lot of the public rhetoric is about the problem being located purely inside the gambler. Once someone is in treatment...one of the things we spend a lot of time doing is saying that the reason they have a problem with gambling is the interaction between the human mind and typically for most of our clients the poker

2 Mr Tom Cummings, *Submission 22*, p. 1.

3 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 5.14.

4 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 24.

5 Ms Christina Sanchez, *Committee Hansard*, 14 May 2012, p. 39. See also Mr David Pigott, *Committee Hansard*, 2 May 2012, p. 2.

6 UnitingCare Community, *Submission 59*, p. 3.

machine, but that is not generally appreciated out in the public. You hear people saying gambling is a tax on the stupid, which we definitely do not agree with. We see a lot of very intelligent people, we see professionals, we have seen doctors, lawyers and engineers, and they all come in saying, 'I don't know what's wrong with me; I'm not a stupid person.' That relates to the stigma. A drug addict knows and can understand why they are doing it even if they think they should not be.⁷

Stigma contributes to low numbers of people seeking help

4.8 Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists, explained how the stigma feeds into the low numbers of people seeking help:

It means that, unlike other health disorders where we say to people that there are a whole range of reasons 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.⁸

The 'responsible gambling' message contributes to stigma for problem gamblers

4.9 All those who spoke to the committee from personal experience or from dealing with people with gambling problems expressed the view that the current key message of 'responsible gambling' contributed to the amount of stigma around gambling problems and was ineffective, particularly for those who have already developed a problem. Dr Samantha Thomas, a public health sociologist from Monash University, indicated that one of the unintended consequences of the focus on personal responsibility is the stigmatisation of individuals. This discourages people with problems and those developing risky gambling behaviour from seeking help earlier.⁹

4.10 The limits of the 'personal responsibility' approach were emphasised by the Productivity Commission (PC):

...while there are reasonable social expectations that people take responsibility for their own behaviour, that does not limit the need for significant regulation of gambling. Moreover, to the extent that people face gambling problems because of co-morbid conditions or unsafe features of gambling technologies and venue environments, labelling them as

7 Dr Katy O'Neill, *Committee Hansard*, 2 May 2012, p. 18.

8 Professor Dan Lubman, *Committee Hansard*, 3 May 2012, p. 38. See also Professor Nerilee Hing, Dr Elaine Nuske, Dr Sally Gainsbury, *Gamblers at risk and their help seeking behaviour*, Centre for Gambling Education and Research, Southern Cross University, final report for Gambling Research Australia, September 2011, Executive summary, p.xxiii.

9 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 24.

‘irresponsible’, as some industry groups have done, risks stigmatising people who need help, while deflecting attention away from product safety issues. A problem gambler wishing to self-exclude or to otherwise approach a venue or some outside body for help, may be less likely to do so if their behaviour is labelled as ‘irresponsible’.¹⁰

The need for de-stigmatisation

4.11 Witnesses emphasised that in order to encourage people to seek help and particularly to seek it earlier, the stigma associated with problem gambling needs to be addressed.¹¹ Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists, agreed that addressing stigma would be the key to more people seeking help and seeking it earlier. He compared willingness to seek help for gambling with other mental health issues:

One of the issues we have with gambling is that it is very difficult for people to acknowledge, because of the stigma, that the gambling is an issue. They are much happier to come forward and acknowledge, for example, the mental health issues, on which, over the last 10 years there has been an immense amount of work in terms of destigmatisation. Ten years ago people probably would not have come for a mental health issue; they would have come for a physical disorder and then we might have broached mental health.

So this just emphasises that people do seek help but they seek help in ways that they are comfortable with. And they seek the help in ways that they feel are less stigmatised, be that for a physical or a mental health issue. We need to seize those opportunities then to address the underlying substance use or gambling issue.¹²

4.12 Dr Samantha Thomas also spoke about the need to address stigma in order to encourage more people to seek help. Dr Thomas explained that most current social marketing campaigns are based on people seeking help if they have a problem and that this focus on the individual creates stigma and negative stereotypes. Instead of targeting the individual, preventative messages and preventative campaigns would target the risks associated with the product or the industry:

I think the main barrier is stigma. So, if we seriously want to encourage help-seeking behaviour, not just from problem gamblers but from the huge number of individuals who may have moderate-risk gambling behaviours, who may bounce in and out of that category, we have to tackle stigma. That

10 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 3.14.

11 See Professor Nerilee Hing, Dr Elaine Nuske, Dr Sally Gainsbury, *Gamblers at risk and their help seeking behaviour*, Centre for Gambling Education and Research, Southern Cross University, final report for Gambling Research Australia, September 2011, Executive summary, p.xxiii.

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

needs to happen at a whole bunch of different levels. We need to learn a lot from mental health and from other highly stigmatised conditions. We may need to think about running antistigma campaigns in gambling. We also need to encourage a clearer community discussion around the issue of stigma which takes the emphasis off individual irresponsibility and puts it onto the problems with the industry and the products.¹³

4.13 Dr Thomas spoke about negative stereotypes created around problem gambling:

We have created a whole range of stereotypes around what a problem gambler looks like—that they are someone who has lost their house, they are in jail, their relationship has broken up and they have not taken responsibility for making correct choices with the product. In many ways we have created this unintended consequence which is stigmatising people and discouraging them from seeking help early.¹⁴

4.14 Ms Kate Roberts, Gambling Impact Society NSW, also spoke on the need to address stereotypes:

...there is also the need for families and the community generally to understand and reduce the kinds of stereotypes we have about problem gamblers or people who are dealing with problem gambling in their lives so that it is seen as a health issue. At the moment, both the industry and to some extent government messages stigmatise and add in. Even the concept of responsible gambling, by the alternative, suggests that someone is irresponsible.¹⁵

4.15 Ms Penny Wilson, Chief Executive Officer, Responsible Gambling Advocacy Centre, agreed and also spoke about the changes needed:

We know that messages that are negative and identify people as problem gamblers do not drive people to seek help. The advertisements often do not work effectively for the target audience they are seeking to engage with because people in a problem-gambling phase do not identify themselves as problem gamblers. The committee knows from previous inquiries that there is a lot of fluidity between problem gamblers, high risk gamblers and moderate gamblers—there is a lot of movement. Campaigns which encourage seeking help, but in a much more positive way, and campaigns that locate the issue not just with the individual but also in a wider context to make people feel more comfortable about seeking help would probably be the No. 1 change. The No. 2 change would be about better preventative education so that people are aware of issues and are not so frightened to seek help by the time they get to a situation in which they need to do it.¹⁶

13 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 24.

14 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 23.

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

16 Ms Penny Wilson, *Committee Hansard*, 3 May 2012, pp 29–30.

4.16 The PC acknowledged that community awareness campaigns can reduce the shame and stigma associated with a gambling problem.¹⁷ Witnesses suggested a focus on reducing stigma using other successful campaigns in areas such as mental health as a guide.

Example of beyondblue and depression

4.17 The *beyondblue* work with mental health was highlighted as an example of a public health campaign which attempts to de-stigmatise seeking help for a mental illness. Mr Mark Henley, Member, Australian Churches Gambling Taskforce, explained how this would work for gambling to de-stigmatise help-seeking:

...the work that *beyondblue*, for example, has done with mental health is an example of public health advertising which tries to de-stigmatise. So, as applied to gambling, it is: 'If you're having a bit of a problem with your gambling, there's no shame in looking for help. Talk to friends, talk to family go to a help service.' I think that that is the sort of fairly simple mass media message that can be really effective.¹⁸

4.18 Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists, also spoke about lessons that can be taken from *beyondblue* and the area of depression:

I think there is a lot of lessons to be learnt here from our experience with, for example, *beyondblue*. Ten years ago the whole area of depression was seen as being highly stigmatised. There was not a visible face of depression, so it was a very silent disorder where people suffered in silence and the general view was that people who had depression got it because they were weak in some way and just could not cope with the everyday stresses of life. What *beyondblue* has successfully done over the last 10 years through a range of activities is educated the community around the normalisation of depression—the successes of depression and how people can be helped—and what it has made is a visible community of people who have recovered and are successful.

The key learnings there for the gambling area are that for the moment the people who suffer with gambling suffer in silence and are not visible and the people who successfully overcome the gambling do not talk about it—it is a shameful part of their pasts and they put it behind them—so the only message that goes to the community is that there are winners and only a small number of losers and that in some ways they deserve it because of their moral make-up.

So I think there is a lot of work we can do in terms of community awareness, and I would certainly be urging the committee to look at the positive outcomes from initiatives such as *beyondblue* and to think about

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

18 Mr Mark Henley, *Committee Hansard*, 3 May 2012, p. 14.

how that sort of approach could increase community awareness and community engagement and understanding of a condition that is very poorly understood and treated.¹⁹

4.19 Professor Malcolm Battersby, Head of Department, Human Behaviour and Health Research Unit, Flinders University, agreed that efforts by *beyondblue* and governments in the area of depression have been successful and that the targeted marketing using all forms of media with a systematic funding cycle has also played a part in the success.²⁰

4.20 The committee discussed using the benchmarks of help-seeking for other mental disorders such as anxiety and depression as a target. Currently in the area of anxiety and depression around 35 per cent of people seek support. This compares with around 8 to 17 per cent for problem gamblers.²¹

Other campaigns to draw from

4.21 The Queensland Government is running the 'Change our Minds' campaign addressing mental illness. It includes personal stories and 'change champions' which in this case are sporting clubs joining the campaign to help reduce the stigma of mental illness.²² It has been running since October 2011. The Queensland Government committed \$8 million over four years to the campaign to get the message to the community. The government will provide a further \$600,000 over three years to the Queensland Alliance for Mental Health to change attitudes and behaviours at a grassroots level.²³

4.22 Following the release of the Queensland campaign in 2011, the former South Australian Greens spokesperson for Mental Health, Ms Tammy Franks MLC, called on the state government to fund a similar campaign and highlighted the benefits:

Anti-stigma mental health campaigns are proven to reduce the costs to society of mental illness. Research from the London School of Economics based on the Scottish See Me initiative identified that for every £1 spent on that anti-stigma social campaign there was an economy-wide saving of more than £8. Research on the Like Minds, Like Mine campaign in New Zealand identified a similar return on investment. Reducing discriminatory attitudes towards mental illness would mean people would be much more likely to talk about their mental health needs and seek support and treatment earlier. We know that when that treatment is sought early there are

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

20 Professor Malcolm Battersby, *Committee Hansard*, 14 May 2012, p. 3.

21 Productivity Commission, *Gambling*, vol.1, Commonwealth of Australia, Canberra, 2010, p. 7.3.

22 See <http://www.changeourminds.qld.gov.au/> (accessed 4 July 2012).

23 Information from: <https://d2dl.groupsie.com/post/change-our-minds-new-qld-anti-stigma-campaign-announced> (accessed 5 July 2012).

significant benefits in reduced demand on crisis point services and productivity loss. That is why New Zealand, Scotland, England, Canada, the USA and Ireland have all seen the value in ending the stigma and discrimination of mental ill-health with anti-stigma campaigns.²⁴

4.23 The Stigma Project is a grassroots organisation in the USA that aims to lower the HIV infection rate and neutralise stigma associated with HIV/AIDS through education and awareness via social media and advertising.²⁵

4.24 Ms Penny Wilson, Chief Executive Officer, Responsible Gambling Advocacy Centre, spoke about a gambling example in Canada. The problem gambling treatment agencies in Ontario co-fund the Public Health Gambling Project.²⁶ It is a long established partnership between the University of Toronto, the Ontario Centre and the YMCA to deliver preventative gambling education to students, parents, schools and communities and de-stigmatise the issue.²⁷

Developing a social marketing campaign to address the stigma associated with problem gambling

4.25 Drawing largely from the area of mental health, the committee supports the development of social marketing campaigns that include addressing the stigma associated with a gambling problem. The messages would be embedded in areas such as public information campaigns, communication strategies, education programs and staff training and could include the following areas.

Anti-stigma campaigns

4.26 It is important to have anti-stigma campaigns targeting individuals. Instead of emphasising personal responsibility the messages for individuals experiencing problem gambling would encourage them to overcome the stigma and shame and seek help. This could be achieved by using social marketing strategies and messages which emphasise that this problem happens, it can happen to anyone and they should not be ashamed to seek help. The committee heard how it would be effective to use personal stories from people who have sought help as well as stories from high profile people who have experienced problem gambling, sought help and recovered.

Positive messages from individuals are needed

4.27 Witnesses advocated having more personal stories from people who have been through the experience of problem gambling as part of advertisements and

24 Information from: <http://www.tammyfranks.org.au/2011/10/12/time-to-change-our-minds-sa-needs-anti-stigma-mental-health-campaign/> (accessed 4 July 2012).

25 See <http://www.thestigmaproject.org/#!home/mainPage> (accessed 4 July 2012).

26 See <http://www.phgp.org/> (accessed 6 July 2012).

27 Ms Penny Wilson, *Committee Hansard*, 3 May 2012, p. 30.

information on gambling. Associate Professor Peter Harvey, Manager, Statewide Gambling Therapy Service, noted:

We were recently on a radio program, not as good as a television program in terms of coverage, with one of our volunteer recovered gamblers. She spoke very honestly about how that process affected her and how shameful it was and all that sort of thing. I think having more people who have been through that experience and getting the message out into the community and connecting with other people saying, 'Well, there is a person who has got the same sort of background or problem I have got. They have been able to challenge it and cope with it. They have gone to get help.' It is having them talking like that in public, more information out there about what the risks are and what sort of damage it does to families and the community. That is all about promotion, about communication. We are not doing that very effectively.²⁸

4.28 Ms Penny Wilson, Responsible Gambling Advocacy Centre, agreed that it is important for individuals to hear from people who have been through a gambling addiction:

I think the committee started out by hearing from people like Mr Tom Cummings this morning. I have heard Tom's story in many different ways many different times and it never fails to affect me and it is similar when I talk to other people who are self-identified problem gamblers about what they have gone through and what they experience. Learning from people who have faced the problem is certainly an important thing. Then you have to apply that to measures, policy settings, availability and access to Gamblers Help services.²⁹

4.29 In addition to individuals, anti-stigma campaigns targeted towards the public would address negative stereotypes of problem gamblers with messages that indicate anyone can be affected by problem gambling. Again the committee heard that using role models and people of influence for this message could be effective.

4.30 These campaigns should be supported by education and professional training programs which ensure stigma is a key component.

The use of de-stigmatising language

4.31 Using negative language to describe problem gamblers such as calling them irresponsible³⁰ contributes to the feelings of shame and embarrassment they already feel. Drawing from the area of mental health, the committee notes that sane Australia runs sane Stigma Watch which is a service where stigmatising language in the media

28 Associate Professor Peter Harvey, *Committee Hansard*, 14 May 2012, p. 7.

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

30 Clubs Australia, 'Clubs Express Concern at Gambling Report', *Media Release*, 21 October 2009.

or elsewhere concerning mental health can be reported.³¹ As part of an overall strategy it would be effective to challenge the use of stigmatising language around problem gambling in the media and elsewhere problem gamblers are given negative labels such as irresponsible.

Addressing any unintended consequences of campaigns

4.32 It is also important to ensure any campaigns don't have any unintended consequences by causing stigma—for example, putting blame on the individual which, as explained above, makes people feel more ashamed and less inclined to seek help. The committee heard repeatedly that the 'responsible gambling' message has created this unintended consequence by stigmatising people and discouraging them from seeking help, particularly discouraging earlier help-seeking.

Including new information formats

4.33 The committee heard how it would be useful to incorporate new information formats such as social media into campaigns.³²

Recent attempts at anti-stigma campaigns

4.34 In June 2012, the Queensland Government launched a campaign which asks people to consider whether they or someone they know are 'Gambling too much'. The messages will be available in venues and target problem gamblers. The Queensland Government claims that it is one of the first campaigns to seek to remove the stigma associated with problem gambling and counter negative stereotypes. It also aims to drive behaviour change through encouraging people to seek counselling assistance, explore self-help options or undertake self-exclusion measures.³³

4.35 During the inquiry a new advertising campaign was launched in the ACT coinciding with Responsible Gambling Awareness Week, with the tagline 'Gambling. If you have to lie, we need to talk'.³⁴ It was also accompanied by an image of lips sewn together. Ms Christina Sanchez, Team Leader, Mission Australia explained that the campaign is about getting people to talk so that gambling is no longer a secret.

It is about having those discussions that people are too scared or have felt too much shame and guilt to discuss and to talk about. When we discussed

31 See <http://www.sane.org/stigmawatch/how-stigmawatch-works> (accessed 5 July 2012).

32 Professor Malcolm Battersby, *Committee Hansard*, 14 May 2012, p. 7.

33 Attorney-General and Minister for Justice, The Hon. Jarrod Bleijie, 'Government campaign launched to help problem gamblers', *Media release*, 26 June 2012; Queensland Government, Office of Liquor and Gaming Regulation, <http://www.olgr.qld.gov.au/responsibleGambling/awareness/InvenuePGcampaign/index.shtml> (accessed 2 July 2012).

34 See <http://www.missionaustralia.com.au/daily-news/2587-gambling-if-you-have-to-lie-we-need-to-talk> (accessed 9 July 2012).

the ad, we had a limited amount of funds and we have such a wide demographic of people that are in trouble with gambling that we thought: how can we target everyone, and what is the common theme that goes over gambling? And it was lying: lying to yourself as well as to loved ones. The lies are: 'I can just walk away at any time' or 'I'll just put another \$20 and then I will never gamble again in my life.' It was about once you feel that you have to lie about a situation, then perhaps it is time you talked about it. Because people do not lie because something good is happening; they lie because they are ashamed or guilty about something, or there is someone they are trying to protect. It was about: let's talk, we need to talk; it is time that we talk about this issue.³⁵

4.36 Ms Sanchez said that Mission Australia did some market research with gamblers. While they found the image confronting they said it was how they felt: they were scared to talk, they didn't know who to talk to or whether they would be judged as bad people.³⁶

Committee view

4.37 The committee notes the contradiction that despite the growing normalisation of gambling in some areas such as sports wagering, stigma remains a considerable barrier to individuals seeking help for a gambling problem and particularly to seeking help before they reach a crisis point. The committee heard that to a person experiencing gambling problems, the current imbalance in social marketing campaigns which focus responsibility on the individual may be unintentionally increasing stigma. The committee believes that more research is needed on this issue to develop appropriate and effective messages for social marketing campaigns.

4.38 The committee heard that campaigns and broader social marketing initiatives need to address stigma head on with strong messages to encourage community awareness and discussion. While recent attempts to address stigma are well intentioned and it is encouraging to see this issue being thought about, the committee notes it will be important to evaluate the campaigns to see how effective they are and determine any unintended effects.

Recommendation 3

4.39 The committee recommends that the Department of Families, Housing, Community Services and Indigenous Affairs Problem Gambling Taskforce commission research on the complex causes and consequences of stigma and the most effective way to address and reduce the stigma associated with problem gambling. States could then draw on this work to develop strategies to address stigma and include appropriate messages in their own social marketing campaigns.

35 Ms Christina Sanchez, *Committee Hansard*, 14 May 2012, pp 38–39.

36 Ms Christina Sanchez, *Committee Hansard*, 14 May 2012, p. 39.

Recommendation 4

4.40 The committee recommends that gambling social marketing strategies, particularly those claiming to address stigma, are thoroughly market researched prior to launch and evaluated to determine effectiveness and any unintended consequences.

4.41 The next chapter discusses other suggestions on how to address the current imbalance in social marketing campaigns.