

Tackling gambling harm to improve health equity in New South Wales

Andrew Reid

The issue

People lost a total of \$9.8 bn to the gambling industry in New South Wales (NSW) in 2017-18. Between June to November 2020, poker machine losses in NSW from clubs alone were \$2.2 bn, up 7% from the same period in 2019. Despite this demonstrative harm, current policy approaches have been unable to reduce the risks and impact of gambling-related harm in NSW. Gambling exacerbates financial hardship, domestic violence, and other addictive behaviours; all detrimental determinants of health.

What we already knew

Gambling-related harm is unfairly distributed among economically and socially disadvantaged groups that are commonly associated with a range of mental and physical health comorbidities¹. The established 'Responsible Gambling' (RG) approach is increasingly inadequate in preventing or minimising gambling-related harm². RG is a voluntary expression of concern developed by the gambling industry in the 1990s.

New evidence suggests...

Recent research found little evidence suggesting RG measures are effective in Australia and overseas. For example, self-exclusion, the use of RG signage (e.g., 'gamble responsibly'), and the removal of automatic teller machines (ATMs) from gambling rooms or venues².

A public health (PH) approach is considered far more effective, feasible, and practical despite opposition from invested interests². A PH approach looks at the effects of an issue on the whole population. It recognises

that prevention is better than cure and that external and internal factors influence people's behaviour. A PH approach to gambling acknowledges that a successful strategy cannot focus solely on individual gamblers but also needs to encompass products, environments, marketing, and the wider context in which gambling occurs. Identified strategies here include legislative or regulatory measures that tackle the availability, licensing, advertising, and price of products.

KNOWN INTERVENTIONS

POPULATION			INDIVIDUAL	
DEMAND REDUCTION e.g., educational programmes and workshops for non-gamblers	SUPPLY REDUCTION e.g., industry regulation, industry responsible gambling strategies	UPSTREAM HARM REDUCTION e.g., screening and intervention for individuals identified as at risk of harm	DOWNSTREAM HARM REDUCTION e.g., intervention for individuals with a diagnosed gambling problem (including self-diagnosed)	RELAPSE PREVENTION e.g., intervention for individuals who have been treated for/recovering from a gambling problem

Figure 1: Gambling interventions - Population-level vs Individual-level³

The strength of the evidence in practice

Several governments worldwide have adopted a PH approach as a framework to minimise, reduce or prevent gambling-related harm⁴. This is based on the success of PH approaches in other areas of society, including disease control, nutrition, physical exercise, and reductions in smoking⁴. Yet, more evidence and evaluation are required to show the efficacy of the 'whole of population' approaches over individual-focused or RG approaches to reduce gambling-related harm.

Putting it into policy and action

Gambling-related harm arises from a complex interplay of factors at multiple levels. At an organisational level, there needs to be increased funding for early prevention. More community awareness campaigns should dispel common misconceptions and correct faulty cognitions about gambling products at a population level. Finally, at the industry level, no victim-blaming (e.g., problem gamblers) and changes to hours of operations, location and density of venues, and available type of gambling formats.

References

- ¹ Wardle, H., Reith, G., Langham, E., & Rogers, R. D. (2019). Gambling and public health: we need policy action to prevent harm. *BMJ (Clinical research ed.)*, 365, 11807.
² Livingstone, C., & Rintoul, A. (2020). Moving on from responsible gambling: a new discourse is needed to prevent and minimise harm from gambling. *Public Health*, 184, 107–112.

- ³ Blank, L., Baxter, S., Woods, H., & Goyder, E. (2021). Interventions to reduce the public health burden of gambling-related harms: a mapping review. *The Lancet Public Health*, 6(1), e50-e63.
⁴ Delfabbro, P., King, D.L. (2020). On the limits and challenges of public health approaches in addressing gambling-related problems. *Int J Ment Health Addiction* 18, 844–859.

Suggested citation: Reid, A. Tackling gambling harm to improve health equity in New South Wales, *The Briefing Equity Evidence Report (Issue 2021-no.5)*, Centre for Health Equity Training, Research & Evaluation (CHETRE), Sydney, June 2021. DOI: [10.53714/igoo2131](https://doi.org/10.53714/igoo2131)