



## Public Health Association of Australia:

### Policy-at-a-glance – Gambling Industry Funding Policy

- Key message:**
1. PHAA believes that public health agencies, researchers, health services and sporting organisations should not accept gambling industry funding. Accordingly, the PHAA will:
    - a) not accept funding from the gambling industry;
    - b) strenuously advocate to ensure that public sector universities, research institutes or affiliated organisations do not accept funding support from gambling industries for research, or for any other purpose; and
    - c) strenuously advocate to ensure that health services or sporting bodies in receipt of health promotion funding do not accept gambling industry money for promotions of gambling.

**Summary:** This policy seeks to outline a series of principles and tangible actions in line with achieving the above-mentioned goals.

**Audience:** Public health agencies, research institutions, health services and sporting organisations. Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA's Primary Health Care Special Interest Group (SIG)

**Date policy adopted:** September 2010

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## **GAMBLING INDUSTRY FUNDING POLICY**

### ***Preamble***

Public health interventions aim to stem the rises in consumption that are driving harm by attending to the context and environment in which harmful consumption is occurring. The development of public health interventions also requires an examination of the organizational and political behaviour that influences public policy, asking whether the policy fosters or discourages health. This policy is the position of the Public Health Association of Australia on the receipt of research or sponsorship funding from the gambling industry or agencies that are substantially controlled by or acting on behalf of such entities.

### ***The Public Health Association of Australia recognises that:***

1. Gambling continues to be largely understood as an individual pathology and for a significant number of people, gambling is a dangerous consumption.
2. Primary, secondary and tertiary prevention strategies currently operate most commonly at the level of individuals.<sup>i</sup>
3. Harms associated with gambling consumption are well documented<sup>ii</sup>.
4. The lack of appropriate regulation of the gambling industry has seen exponential growth in gambling losses particularly in states and territories where electronic gaming machines are allowed in hotels and clubs.
5. There is a need for effective population measures to prevent harms.
6. Healthy public policy in relation to gambling is a public population health priority.<sup>iii</sup>
7. The goals of a public health approach to gambling include -
  - a. upstream, harm reducing interventions, particularly those focused on consumer protection;
  - b. restrictions on advertising and promotion; and
  - c. adoption of a national system of appropriate regulation and enforcement to reduce the harm-creating propensity of electronic gambling technologies.
8. Governments have committed to reducing the harm caused to people experiencing the effects of problem gambling.<sup>iv</sup> Yet, despite this commitment, little is being done to adopt a public health approach to manage the gambling industry's access to current and potential consumers of gambling products.

9. Marketing and promotion of gambling products has increased significantly in recent years and increasingly gambling marketing includes the marketing of venues as 'child-friendly' using incentives including children's playgrounds, children's amusement machines emulating gambling machines, and discounted or free children's meals offered at gambling venues.
10. There is also an exponential increase in gambling promotion at sporting venues, through sports sponsorship and in all forms of media where sport, sport scores and sport information are available.
11. Research activity has not generally been focused on harm reduction, health promotion or consumer safety issues and has been substantially funded by organisations with a vested interest in research outcomes. In many such cases the orientation of research appears to have been affected by the funding source.

***The Public Health Association of Australia believes that:***

12. Public health agencies, researchers, health services and sporting organisations should not accept gambling industry funding. Accordingly, the PHAA:
  - a. will not accept funding from the gambling industry;
  - b. will strenuously advocate to ensure that public sector universities, research institutes or affiliated organisations do not accept funding support from gambling industries for research, or for any other purpose; and
  - c. will strenuously advocate to ensure that health services or sporting bodies in receipt of health promotion funding do not accept gambling industry money for promotions of gambling.

***The Public Health Association of Australia resolves to:***

13. Actively seek to have Universities and research institutions sign a charter of gambling research integrity;
14. Consolidate existing state government gambling research programs into an independent, transparent, and competitive national research funding program to support high quality gambling research in Australia;
15. Increase the pool of gambling research funds provided by government, in particular that focused on research investigating gambling as a public health issue;
16. Implement rigorous legislated controls to protect children and young people from exposure to the advertising and promotion of gambling;
17. Strengthen guidelines to ensure that sport and recreation programs and clubs in receipt of public health and health promotion funding for healthy lifestyle activities are not also accepting gambling industry funding; and
18. Ensure that public health and gambling research journals require full disclosure of all funding sources as a pre-condition of publication of articles reporting gambling or related research.

**ADOPTED 2010**

***This policy was developed and endorsed as part of the 2010 policy revision process.***

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**REFERENCES:**

- <sup>i</sup> Korn D, Reynolds J, Skinner H. , *The Reno Model – A Public Health Discussion*. 2006; presentation to the 13<sup>th</sup> International Conference on Gambling and Risk Taking, Lake Tahoe, Nevada
- <sup>ii</sup> Productivity Commission. *Gambling*. Report No. 50. 2010. Canberra.
- <sup>iii</sup> Korn D, Shaffer H. Gambling and the Health of the Public: Adopting a Public Health Perspective. *Journal of Gambling Studies* 1999; 15,(4):289-365
- <sup>iv</sup> Victoria, Submission to the Productivity Commission Inquiry into Gambling in Australia. 2009 (submission no 205). Available from [http://www.pc.gov.au/\\_data/assets/pdf\\_file/0011/87869/sub205.pdf](http://www.pc.gov.au/_data/assets/pdf_file/0011/87869/sub205.pdf); Queensland, Office of Liquor Gambling and Racing. Submission to the Productivity Commission in response to the December 2008 Issues Paper on Gambling (submission no 234). 2009. Available from [http://www.pc.gov.au/\\_data/assets/pdf\\_file/0011/88517/sub234.pdf](http://www.pc.gov.au/_data/assets/pdf_file/0011/88517/sub234.pdf)