

GAMBLING AND HEALTH POLICY

The Public Health Association of Australia notes that:

1. From the early 1990s, there was a rapid increase in the availability of commercial gambling throughout Australia, accompanied by an increasing reliance by state governments on revenue derived from gambling taxes. These increases have been particularly associated with the ready availability of electronic gaming machines (EGMs, or poker machines, or 'pokies') in social venues such as local clubs and hotels, which has occurred in all Australian states and territories other than Western Australia. Between 1991-92 and 2004-05, annual gambling expenditure (player losses) rose from \$7.3 billion to \$16.9 billion in real terms (2004-05 dollars).¹ Of this, expenditure on EGMs other than in casinos increased from \$2.4 billion in 1991-92 to \$10.1 billion in 2004-05, or an increase from 32.9% to 59.8% of total gambling expenditure over that period.

2. Australian gaming expenditure rose from 1.8% of household disposable income in 1991-92 to 3.05% in 2004-05.² A considerable proportion of EGM gambling revenue derives from people experiencing problems because of their gambling. The Productivity Commission estimated in 1999 that 33% of total gambling expenditure came from such problem gamblers, and that 42.3% of EGM expenditure was from problem gamblers.³ More recent estimates put the proportion of expenditure derived from problem gamblers at as high as 53%.⁴

3. Gambling products are not necessarily unhealthy, in that they may be delivered responsibly for the purpose of providing leisure opportunities. Gambling provides some employment and recreational opportunities (although within a diverse economy such as Australia's probably creates few net employment opportunities)⁵ and provides a substantial stream of revenue to states and territories, amounting to \$4.3 billion in 2004-05, amounting to about 10.3% of total state tax revenues in that year.⁶

¹ OESR (2006), Table 187

² OESR (2006), Table 135

³ Productivity Commission (1999), 7.46

⁴ Livingstone & Woolley (2007), 365

⁵ Productivity Commission (1999), 5.2

⁶ Australian Bureau of Statistics, (2008), 20

4. However, gambling can cause mental, social, legal, and physical health problems. About 2.1% of the adult Australian population experience a spectrum of mild to severe gambling problems, as defined by the South Oaks Gambling Screen utilised in the Productivity Commission's 1998 Australia wide survey.⁷ People with severe gambling problems suffer from a wide range of mental and physical health problems, including suicide attempts,⁸ depression, relationships and marital breakdown, criminal activity and imprisonment, as well as severe financial difficulties.⁹

5. The effects of problem gambling are not confined to the individual. It has been estimated that one compulsive gambler affects on average 5-10 other people. The spouses and children of problem gamblers also suffer serious consequences including emotional distress such as grief, stress, and the breakdown of family relationships, as well as financial difficulties such as loss of household income. The spouses of problem gamblers often report similar emotional and physical symptoms to those of the gambler. Problem gambling may also impact on the community, in terms of lost productivity, increased pressures on financial, legal, and social services, and the costs of criminal behaviour.¹⁰

6. Until recently, gambling has been a predominantly male-only activity in Australia. The Schilling Report (1994) on the introduction of EGMs into Victoria (for example) contained little discussion of the impact of these devices on gambling by women, or the likely social impacts of gambling, or indeed on problem gambling generally.¹¹ However, EGMs have attracted a new market of women, including a substantial proportion of problem gamblers, as evidenced by the high proportions of women (49%) who sought help from the Victorian Break Even Problem Gambling Counselling Services during 1995/96.¹² By 2003, women constituted 46.7% of all gamblers and 34.1% of regular gamblers,¹³ as well as 38.8% of problem gamblers.¹⁴ EGMs are also the preferred gambling mode of around 80% or more of problem gamblers.¹⁵

7. There is increasing concern about underage gambling, as studies in the USA suggest that the prevalence of problem gambling among teenagers is over three times that of adults.¹⁶ In the UK, 50% of referrals to Gamblers Anonymous in the late 1980s were fruit machine gamblers, with about half of these being children and the other half young people in their late teens or early twenties.¹⁷ A 2003 study of gambling amongst South Australian

⁷ Productivity Commission (1999), 6.1

⁸ Blaszczynski & MacCallum (1999); MacCallum et al (1999)

⁹ Productivity Commission (1999), Chapter 7.

¹⁰ Productivity Commission (1999), Chapter 7.

¹¹ Schilling (1994)

¹² Jackson et al (1997)

¹³ McMillen et al (2004), 59

¹⁴ McMillen et al (2004), 91

¹⁵ McMillen et al (2004), 92

¹⁶ Haubrich-Casperson & Van Nispen (1993), 33

¹⁷ Griffiths (1993)

adolescents (people aged 15 to 17 years) revealed that more than 43% had used instant or scratch lottery products (5.1% using them regularly) and more than 12% had used EGMs.¹⁸

8. The State governments of Australia have contributed different levels of funding to service State-specific programs related to problem gambling. These have included one, more, or all of the following: counselling services, community education programs, and research programs investigating the social/economic impact of gambling.¹⁹ In general, there has been little community input on the decision-making processes for allocations from these funds. Some studies of the health effects of gambling have been undertaken in recent years pointing to links between gambling problems and suicidal ideation and in some cases suicide attempts, anxiety, depression, dissociation, and a likelihood of dependency on alcohol or other drugs. There is also some evidence to suggest that problem gamblers also experience somewhat worse physical health than the general population, although there have been only limited studies focused on the association between problem gambling and physical health.²⁰

9. The general response of industry and most state and territory regulators to concerns about the harmful effects of gambling has been a form of self-regulation focused on 'responsible gambling'. All Australian states and territories now require gambling providers to adhere to responsible gambling codes of practice, but this approach has been subject to criticism on the basis of its lack of specificity, its inherent bias towards the pathologisation of those with gambling problems, and its lack of attention to product safety and harm minimisation principles.²¹

The Public Health Association of Australia recognises that:

10. There are political, economic, and cultural obstacles to promoting responsible gambling, in that increased gambling facilities create more opportunities for problem gambling to occur. State and territory governments in Australia derive an average of 10% or more of their taxation revenue from legalised gambling.²²

The Public Health Association of Australia recommends that:

11. The PHAA and other professional bodies adopt a public health model for problem gambling, which emphasises the general protection and promotion of well-being in the community, and includes the central premise of harm minimisation. This model would take into account the interaction of the

¹⁸ Delfabbro & Thrupp (2003)

¹⁹ Volberg et al (1996)

²⁰ Delfabbro (2008), 79-90

²¹ Livingstone & Woolley (2007)

²² Australian Bureau of Statistics, (2008), 20

individual, gaming opportunity, gaming environment and the community. Harm minimisation allows for a range of interventions to be developed along a continuum of gambling activity and behaviours.

12. The Commonwealth government plays a lead role in partnership with state and territory governments, in ensuring that harm minimisation strategies are adopted, with specific focus on development of product safety guidelines and reviews, development and enforcement of responsible gambling practices, and comprehensive and continuing assessment of the costs and benefits of specific gambling modes and practices.

Research be supported through the auspices of the Australian Research Council and the National Health and Medical Research Council to explore the impact of increased gaming opportunities on the overall health of families and communities.

13. The various community support or like funds derived from gaming revenue:

- Commit 20% per annum of their funds to provide direct support to those experiencing harm as a result of problem gambling.
- Provide support to welfare organizations to meet demands placed on their services due to problem gambling.
- Have their funds disbursed by independent boards which include community representatives.
- Continue to fund health and social research independent of government and gaming interest groups, and regularly communicate the results of this research to the public.

The Public Health Association of Australia resolves to:

14. Collaborate with other professional bodies in promoting the principles of harm minimization to reduce the social and economic costs associated with commercial gambling.

15. Lobby for funding to be allocated specifically for the purposes of health research related to the impact of gambling.

16. Lobby Government and gaming interests to develop a mutually agreed code of conduct for all gambling venues in Australia, and to require state regulators to adopt uniform technical and other standards which emphasise product safety and consumer protection as priorities for regulatory activity.

17. Oppose further increases in gambling outlets or the installation of further electronic gaming machines until the extent of the harms generated from current gaming practices has been established.

ADOPTED 2008

The PHAA's Gambling and Health policy was developed and adopted as part of the 2008 policy review process, building on the foundations of a policy document that had previously been archived.

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