

# **The determinants of gambling normalisation: causes, consequences and public health responses**

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# The determinants of gambling normalisation: causes, consequences and public health responses

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# Executive summary

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## Study design

There have been many debates and discussions about the normalisation of gambling in Australia [Thomas and Lewis, 2012; Deans et al., 2016b; Sygall, 2013]. However, there have been very few attempts to define and understand the range of processes that may contribute to this normalisation.

This report comprises two studies, each of which aims to investigate factors within our working definition of gambling:

- Qualitative telephone interviews with 50 Australian and international expert stakeholders in gambling reform, to understand the *interplay of socio-cultural, environmental, commercial and political processes* which influence the normalisation of gambling products and services. We specifically sought to understand the key thematic areas across stakeholders, and where there may be differences between Australia and other countries.
- An online panel study with 1000 adolescents and adults (aged 16-88 years) who were residents in Victoria and New South Wales to understand the extent to which *different gambling activities and products, specifically electronic gambling machines (EGMs), sports betting, horse betting and casino gambling, are considered as being an accepted part of everyday activities*.

Specifically, the two studies aimed to understand the factors that may influence normalisation in a gambling context using the five dimensions of normalisation described by Parker and colleagues [2002]: the accessibility and availability of gambling; perceptions of the percentage of adults who had tried gambling; perceptions of recent and regular use of gambling products; attitudes about the social accommodation of gambling, and whether this varies between different types of gambling products; and factors that may contribute to different types of gambling being a culturally accepted part of everyday life.

Finally, the research team conducted a stakeholder engagement workshop with public health and gambling experts to discuss key recommendations and future directions from the study findings, to inform the development of recommendations at the conclusion of the report.

## Study aims and research questions

This report had two key aims:

1. To explore, from expert and community perspectives, the key dimensions of normalisation (access and availability; perceptions of trying rates; perceptions of recent and regular use; social accommodation; cultural accommodation).
2. To propose a set of 'markers for denormalisation', that is, strategies which may be used to monitor and challenge the normalisation of gambling products and behaviours.

This research was guided by three key research questions:

1. What are the range of factors that may contribute to the normalisation of gambling products?
2. To what extent are some gambling products perceived to be normalised in community settings?
3. Are there strategies that may be used to respond to the normalisation of gambling and gambling products in different communities?

## Key findings

### Defining the normalisation of gambling

This study developed a definition of the process of the normalisation of gambling to guide future research, public health practice and policy:

*“The interplay of socio-cultural, environmental, commercial and political processes which influence how different gambling activities and products are made available and accessible, encourage recent and regular use, and become an accepted part of everyday life for individuals, their families, and communities.”*

This definition is a starting point for guiding a new focus on the processes that contribute to the normalisation of gambling activities and products, and strategies to respond to these.



## What are the range of factors that may contribute to the normalisation of gambling products?

Experts described different factors that may lead to the normalisation of gambling, and which support Parker and colleagues' [2002] dimensions of normalisation. These included, but were not restricted to:

- The development of online gambling platforms, which increased the ability of individuals to gamble 24 hours a day, 7 days a week.
- The diversification of gambling products, which contributed to an increased range of gambling product choices, and higher intensity products.
- The endorsement of gambling by socially and culturally valued agencies within communities, such as community clubs, and sporting teams and codes.
- The promotion of gambling products and services that may create an appearance that gambling is a regular activity.
- The framing of gambling as an activity associated with responsibility, that by and large is fun and entertaining, and which does not recognise the specific harms associated with gambling products.
- The ability of the gambling industry to influence research, policy, and decision making.
- Factors, including government regulatory decisions, which have contributed to embedding and increasing gambling venues and products within suburban and community settings.

## To what extent are some gambling products perceived to be normalised in community settings?

### *Availability of gambling products*

This study demonstrated that, community members perceived gambling products to be very or extremely available in the Australian community. Notably:

- Just under three quarters of participants perceived that EGMs, sports betting, and horse betting were very or extremely available in communities.
- The key qualitative reasons for these perceptions included that some forms of gambling were “everywhere”, and were embedded in local suburban areas and communities.

### *Trying rates*

- Community members perceived that EGMs were the product that the most amount of adults would have tried.

### *Regular and recent use*

This study demonstrated that there is evidence that some groups of participants engage in gambling regularly; however there was a perception among participants that most adults engaged in recent or regular gambling.

- The majority of participants (four in five) reported gambling in the previous 12 months, which is considerably higher than other prevalence data.
- Regular gambling was associated with two specific gambling products – EGMs and sports betting.
- There was an exaggerated perception (as compared to community prevalence data) amongst some participants that the majority of adults in Victoria and New South Wales had gambled recently and regularly, particularly on EGMs.

#### *Social and cultural accommodation*

Some products were more socially and culturally accepted than others. Importantly, perceptions of the availability of products did not necessarily mean that the products were accepted.

- While EGMs were considered the product that was most available and that people gambled on regularly, this was not the product that was perceived as the most socially or culturally accepted.
- Horse and sports betting were perceived as the most socially and culturally accepted products.
- Qualitative data indicated that perceptions of socio-cultural acceptance were linked with historical traditions, alignment with socially valued institutions (such as sporting codes), and the promotion of gambling.

#### *Normalisation*

Sports betting received the second highest rating of 'normal' behind horse racing, with approximately a quarter of participants perceiving that sports betting was very or extremely normal. This is particularly concerning given that sports betting is a relatively new form of gambling as compared to the other products considered.

### **Are there strategies that may be used to respond to the normalisation of gambling and gambling products in different communities?**

At the completion of Study One and Two, a workshop with public health experts was conducted to discuss key findings and to identify key strategies to denormalise gambling. Experts agreed that denormalisation strategies should comprise:

- Strategies aimed at denormalising the gambling industry and its tactics.
- Strategies aimed at denormalising the use of gambling products.

Four key priority areas emerged from expert interviews and the stakeholder workshop:

1. The development of a priority driven research agenda for gambling harm prevention.
2. The development of 'industry free' coalitions and 'safe spaces' for consultation about gambling policy and harm prevention.
3. The dissemination of clear, independent evidence-based information.
4. The development of carefully researched messaging strategies which shift the public debate away from 'problem people' and towards 'problem products'. This includes reframing messages away from 'responsibility' messages.

# 1. Background

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## 1.1 The normalisation of gambling products in Australia

Australia has arguably one of the most intensive gambling environments in the world, with the highest per capita losses on gambling globally [The Economist, 2017], and approximately \$22.7 billion spent on gambling in Australia in 2014/15 [Queensland Government Statistician's Office and Queensland Treasury, 2016]. There have been many debates and discussions about the normalisation of gambling in Australia. However, there have been very few attempts to understand the range of processes that may contribute to this normalisation. This section aims to outline some of the factors that may have contributed to gambling products becoming accessible and available in Australian communities, and that have influenced the socio-cultural acceptance of gambling.

### *The diversification and concentration of high intensity and high risk forms of gambling*

First are policies that have led to the concentration of high intensity and high risk forms of gambling in Australian communities. Until the 1950s, most opportunities to gamble in Australia were restricted to the racing industry and lotteries [Australian Institute for Gambling Research, 1999]. In 1956, regulation permitting the first electronic gambling machines (EGMs) in community venues in New South Wales, led to the liberalisation of gambling in other Australian states and territories. By the end of the 1990s, most states and territories had allowed EGMs in suburban areas [Woolley, 2009], with casinos approved and established in Victoria, Western Australia, New South Wales, and Tasmania [Australian Institute for Gambling Research, 1999].

Gambling products and venues are available, accessible, and socially embedded in many communities throughout Australian states and territories. In Australia there are 196,661 EGMs [Queensland Government Statistician's Office and Queensland Treasury, 2016]. With the exception of Western Australia which only have EGMs in the casino, EGMs are located in community settings [Australian Productivity Commission, 2010]. About half of these machines are located in New South Wales [Queensland Government Statistician's Office and Queensland Treasury, 2016]. Many EGMs are located in 'not for profit' community based clubs [Australian Productivity Commission, 2010], and are concentrated in areas of social-deprivation [Rintoul et al., 2012; Young and Tyler, 2008]. Compounding the accessibility of EGMs is extended trading hours. For example, in New South Wales the operating hours of most venues are from 10am until 4am, with venues required to close for 6 hours per day [Liquor and Gaming NSW, 2016].

There are also thirteen casinos in Australia, all of which are open 24 hours a day, seven days a week. There is one casino in Western Australia, Victoria, South Australia, the Australian Capital Territory and New South Wales, two casinos in the Northern Territory, and Tasmania, and three casinos in Queensland. There is currently approval for a further casino in New South Wales, and another is being considered in Queensland (after the recent dismissal of one proposal) [Kinsella, 2017].

Gambling products have also diversified since the 1950s. Since 2008, there has been a significant increase in the number of corporate bookmakers registered and providing gambling services in Australia. There are currently 27 registered bookmakers offering an array of online mobile betting markets on weekly sporting matches, lotteries, horse and dog racing events, and novelty markets such as The Bachelor. There are 21 bookmakers and betting exchanges registered in the Northern Territory of Australia [Department of the Attorney-General and Justice, 2017], where there are fewer restrictions on the provision and promotion of bookmaker services, but bookmakers are still able to promote their products throughout Australia [Hickman and Bennett, 2016].

#### *The accessibility and availability of gambling products*

The second group of factors that has contributed to the accessibility and availability of gambling products in Australian communities is the development of new technology which has increased the intensity of gambling products in community based settings. For example, on 'Australian style' EGMs, it is possible to lose \$1500 per hour on community based EGMs [Australian Productivity Commission, 2010]. While the Australian Productivity Commission [2010] recommended that gamblers should not be able to insert more than \$20 into an EGM cash acceptor, Victoria allows a 'load up' of \$1000, while New South Wales has a \$7500 load up limit [Dixon, 2017; Victorian Commission for Gambling and Liquor Reform, 2017]. Recent reports have highlighted that Victorian regulators are also considering a cashless gambling system for EGMs [White, 2017]. Australian gaming operators have also indicated an interest in a new generation of skill based machines which combine 'gaming' and gambling [Toscano, 2017].

As technology has developed there has also been a shift from land based betting such as at TABs to other online and mobile gambling platforms. In 1996, Centrebet was the first registered online bookmaker: this allowed the expansion of sports betting [Williams and Wood, 2007], and the ability to provide opportunities for gambling in any location (with access to smart devices). As this segment of the market grows there have been multiple tactics that may encourage people to sign up and use different features of sports betting applications, for example risk reducing promotions such as "cash back", "cash out" and "multi" options [Deans et al., 2017; Hing et al., 2015; Pitt et al., 2017].

#### *The promotion of gambling products*

Third is the change in the promotion of gambling products, which occurs through a range of different marketing channels. In Australia, the regulations associated with the promotion of gambling vary by product, and jurisdiction. For example, some states and territories prohibit EGMs from being advertised [Liquor and Gaming NSW, 2017]. However, gambling venues are allowed to advertise the range of other activities that are available in the venue, and which may ultimately create a pathway to gambling venues and products. A study by Bestman and colleagues [2016] found that clubs in a regional location promoted a range of different gambling and non-gambling activities, with many directed at families. The study hypothesized that the marketing of these activities ultimately created a pathway to gambling products within the venue.

Sports betting is not only promoted during traditional commercial breaks but also around stadiums, on big screens, through sponsorship relationships including on jerseys, on social media and through celebrity endorsements [Lindsay et al., 2013; Thomas et al., 2015; Thomas et al., 2012]. There are concerns about the impact of sports betting advertising on younger adults and children, especially the alignment of gambling providers with sporting events, teams and codes [Pitt et al., 2016b]. The prominence of sports betting advertising in different environments has been of particular concern due to the impact on children. Pitt and colleagues [2016b] found that children could recall sports betting brand names, the places they had seen betting advertising and the plot details of the advertisements they had seen. Another study by Pitt and colleagues [2017], found that advertising may be a factor contributing to children's desire to try sports betting when they are older. Sports betting advertising is not only a concern in relation to children, with studies finding that gambling marketing may be having a direct influence on young males' engagement in sports betting, and evidence suggesting that sports betting is embedded in the peer groups of young men [Deans et al., 2016a; Deans et al., 2017].

#### *The alignment of gambling with socially and culturally valued activities*

Finally is the alignment of gambling with socially and culturally valued activities. A regular narrative is that gambling is part of Australia's culture, intertwined with the socio-cultural fabric of our communities [Thomas and Lewis, 2012]. Thomas and Lewis [2012] discuss the symbolic significance of gambling in Australian culture in their report investigating the conceptualisation of gambling risks and benefits in 100 Victorians. They found a range of factors influenced perceptions that gambling was part of Australia's culture, including Australia's wartime gambling traditions, the link between Australia's drinking culture and gambling, the traditional importance of racing and sport, and the public holiday associated with the Melbourne Cup horse race in the state of Victoria [Thomas and Lewis, 2012].

More recently, researchers have investigated how the alignment of gambling with culturally valued agencies, such as sporting codes, may influence the social acceptance of gambling amongst some population sub-groups. For example, researchers have noted that gambling products aligned with sport may have a friendly familiarity for young people, who observe their promotion via their sporting heroes and teams, and in their everyday environments [Thomas, 2014]. Positive attitudes towards sports betting products in particular have influenced young people to think gambling can add to the excitement and fun of watching sport [Pitt et al., 2017; Pitt et al., 2016a]. Research has also found that due to the alignment of gambling with sport, children are beginning to believe that gambling is a normal or common part of the sporting experience [Pitt et al., 2016b]. Finally there is also some research which shows that the alignment of EGMs with community activities and organisations may create a perception that the harms associated with EGMs are outweighed by the social and community benefit of the machines [Bestman et al., 2017; Greenslade, 2013]. This includes perceptions of community contributions from EGMs to local sporting groups and charities, and that the non-gambling activities in EGM venues are an important part of the social fabric of regional communities.

*Community support for the regulation of gambling*

While high intensity products have become increasingly accessible and available in communities, attitudinal surveys since the 1990s have also demonstrated community support for a range of regulatory measures which are designed to restrict and reduce gambling in community settings. The most recent of these studies conducted by Thomas et al. [2017] found that the Victorian community strongly supported a range of regulatory mechanisms to reduce the number of EGMs in community settings, restrict the promotion of gambling, reduce potential harms associated with gambling (such as credit card betting), and restrict approval for new gambling venues (such as casinos). This paper concluded that there was a clear tension between the boundaries that the community expected should be placed around gambling, and government regulations which have taken a liberalised approach to gambling.

What is less clear is how individual, community and industry determinants may combine to normalise gambling for the community. While the normalisation of gambling is frequently mentioned as a factor that may be contributing to harmful gambling [Thomas and Lewis, 2012; Deans et al., 2016b; Sygall, 2013], there has been very limited research exploring how normalisation occurs and the dimensions that may be contributing to the normalisation of gambling in Australia. In order to clearly identify the factors that may contribute to this normalisation process, it is first important to define the concept of normalisation.

## 2. Theoretical framework

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### 2.1 A working definition of the normalisation of gambling

For the purposes of this report, we created a working definition of the normalisation of gambling. We based this definition on our review of the literature, and existing theories relating to normalisation. The proposed working definition of the normalisation of gambling was:

*“The interplay of socio-cultural, environmental, commercial and political processes which influence how different gambling activities and products are considered as being an accepted part of everyday activities.”*

There are three important factors to consider in this definition. First, that normalisation of gambling is the consequence of an interplay of different socio-cultural, environmental, commercial and political factors. Second is the focus on gambling products, rather than gambling in general. This is important in highlighting the role of the gambling industry and its products as the key vector in gambling behaviours. Third is whether gambling is considered to be a socially accepted part of everyday life by the community. This part of the definition recognises that different forms of gambling may be normalised within the population in different ways.

### 2.2 Normalisation theory

Parker and colleagues [2002] described the concept of normalisation as “a multi-dimensional tool, a barometer of changes in social behaviour and cultural perspectives” [p. 943]. They described the normalisation process through five different dimensions that indicate changes in “social behaviour and cultural acceptance” [p. 943], and developed a framework consisting of five dimensions to determine whether recreational drug use in England had become normalised. The dimensions they proposed included; 1) access and availability; 2) trying rates; 3) recent and regular use; 4) social accommodation; and 5) cultural accommodation [Parker et al., 2002]. While Parker and colleagues [2002] were interested in factors contributing to the normalisation of drug use, we have provided examples from other areas of public health as further evidence in relation to these processes and to highlight how we have used these dimensions in our research to explore the normalisation of gambling.

1. Access and availability: access and availability is one of the core factors that may lead to the normalisation of products, as it makes it easier for individuals to engage in a specific behaviour. For example, the increased number of alcohol and tobacco outlets within communities contributes to normalisation of products by making them easily accessible [Campbell et al., 2009; Novak et al., 2006]. Similarly, research has demonstrated that living



close to EGM venues may lead to increased use of those venues and subsequent harm [Young et al., 2012a; Young et al., 2012b]. Research from Deans and colleagues [2016b] found that young males identify the accessibility and availability of gambling as being a key factor in their gambling behaviours, both in online and land based environments.

2. Trying rates: Parker et al [2002] refer to the rates of adolescent drug use in the UK. Trends in participation, or intent to participate, is one way in which normalisation can be mapped over time. In the current study, we have chosen to apply this dimension by exploring how communities perceive the amount of adults who have tried the given behaviour. Research has shown that an increase in appeal for a brand or product may also increase children's desire to experiment with products, and encourage increased consumption of the product in the future [Collins et al., 2007; Jernigan, 2010; Unger et al., 2003]. The development of alcohol products such as 'alco-pops' which appeal to younger demographics has been shown to influence trying rates [Bond et al., 2010]. Tobacco marketing has used cartoon characters which inherently appealed to a younger market [Bond et al., 2010; Difranza et al., 1991; Mizerski, 1997; Pierce et al., 1998]. We are now beginning to see this tactic used by the gambling industry where cartoon characters are being applied to sports betting marketing associated with the National Rugby League and Australian Football League [Thomas et al., 2015], with limited public regulation to address advertising practices on social media which may be particularly influential in encouraging children's gambling consumption intentions. Research has also indicated that children who visit EGM venues wanted to try gambling on some products when they were older [Bestman et al., 2017].
3. Recent and regular use: this documents how many people currently engage with products [Parker et al., 2002]. We believe this also includes the perception that the use of a product or engagement in the behaviour is normal within populations. We would argue that this is influenced by promotions that increase perceptions that significant numbers of people are engaging in a behaviour. This can be seen in product placement by tobacco and alcohol companies in settings which were culturally valued by young people increased young people's estimation of the number of people who drink and smoke, and contributed to a 'misleading positive conception' of the number of people who use these products [Tobacco in Australia, 2012]. In relation to gambling, Thomas [2014] also found that young people overestimated the number of people who gambled, and identified that marketing played a role in increasing the perception that gambling was a regular behaviour for sports fans.

4. Social accommodation: this refers to the extent to which the product or behaviours have become personally and socially accommodated in different population groups, including the acceptance of product use for specific members of the community by non-users [Parker et al., 2002]. Research has documented that dangerous consumption industries seek to create the perception that the consumption of 'risky' products is a desirable behaviour in society. They portray their products as increasing 'social acceptance', 'masculinity' and 'sophistication or glamour' [Difranza et al., 1991; Hastings et al., 2010]. Gambling industry discourses also create a perception that gambling is a normal part of leisure and entertainment in Australia, that gambling is entertaining and fun for the majority of people, and that problem gambling is an issue associated with a minority of individuals who lack responsibility and control [Miller et al., 2014].
5. Cultural accommodation: the final dimension of normalisation, and the most difficult to measure is cultural accommodation [Parker et al., 2002]. This refers to the extent to which society (as well as socio-cultural agencies) is prepared to accept the product or behaviour as part of everyday life. The alcohol and tobacco industries have used a number of different mechanisms to embed their brands into the everyday life of communities. This includes using a variety of marketing channels to promote their products, such as sports sponsorship, product placements in movies and television shows [Dalton et al., 2002; Sargent et al., 2001], and celebrity endorsements [Sterling et al., 2013]. These practices increase community perceptions of the acceptability of alcohol and tobacco within society. Gambling industry corporate social responsibility strategies may be one way in which gambling is seen as contributing positively to society via the perception that the industry 'gives back' to communities [Jones et al., 2009].

What is less clear – and acknowledged by Parker and colleagues [2002] – is the range of mechanisms that may contribute to each of the five dimensions of normalisation. Furthermore, there has been very limited research seeking to understand community attitudes towards these factors, and the range of strategies that may be used to respond to the five dimensions of normalisation.

## 3. Study design and aims

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### 3.1 Study design

This report comprises two studies each of which aims to investigate factors within our working definition of gambling:

- Qualitative telephone interviews with 50 Australian and international expert stakeholders in gambling reform, to understand the *interplay of socio-cultural, environmental, commercial, and political processes which influence* the normalisation of gambling products and services. We specifically sought to understand the key thematic areas across stakeholders, and where there may be differences between Australia and other countries.
- An online panel study with 1000 adolescents and adults (aged 16-88 years) who were residents in Victoria and New South Wales, to understand the extent to which *different gambling activities and products, specifically EGMs, sports betting, horse betting, and casino gambling, are considered as being an accepted part of everyday activities*.

Specifically, the two studies aimed to understand the factors that may influence normalisation in a gambling context using aspects of the five dimensions of normalisation described by Parker and colleagues [2002]. The factors that we aimed to explore included: the accessibility and availability of gambling; perceptions of the percentage of adults who had tried gambling; perceptions of the percentage of adults who had recent and regular use of gambling products; attitudes about the social accommodation of gambling, and whether this varies between different types of gambling products; and factors that may contribute to different types of gambling being a culturally accepted part of everyday life.

Finally, the research team conducted a stakeholder engagement workshop with public health and gambling experts to discuss key recommendations and future directions from the study findings, to inform the development of recommendations at the conclusion of the report.

### 3.2 Study aims

This study had two key aims:

1. To explore, from expert and community perspectives, the key dimensions of normalisation (access and availability; perceptions of trying rates; perceptions of recent and regular use; social accommodation; cultural accommodation).

2. To propose a set of 'markers for denormalisation', that is, strategies which may be used to monitor and challenge the normalisation of gambling products and behaviours (denormalisation strategies).

This research was guided by three key research questions:

1. What are the range of factors that may contribute to the normalisation of gambling products?
2. To what extent are some gambling products perceived to be normalised in community settings?
3. Are there strategies that may be used to respond to the normalisation of gambling and gambling products in different communities?

## 4. Study One: Expert stakeholder interviews

The specific aim of this study was to understand the range of factors that expert stakeholders perceived were contributing to the normalisation of different gambling products and environments, and the potential range of strategies that could be used to de-normalise gambling.

### 4.1 Methods

#### 4.1.1 Approach

The exploratory study design followed a Constructivist Grounded Theory approach [Miles and Huberman, 1994]. This approach involves researchers analysing the data consistently whilst it is being collected [Glasser and Strauss, 1967]. Codes were developed using a comparative method based on the themes that emerge from the data, rather than developing themes based on predeveloped hypotheses [Charmaz, 2015]. This approach recognises the role that the researcher plays in the construction and interpretation of the data, including the subjective nature of data collection and analysis [Charmaz, 2015].

#### 4.1.2 Sample and recruitment strategy

To guide the sample for this study we sought participants according to stakeholder groups identified in the Australian National Preventive Health Agency Stakeholder Engagement Strategy [Australian National Public Health Agency, 2012]. According to this framework, we identified participants from four stakeholder groups. The aim was not to gain equal representation from the groups, but to ensure that a diverse range of groups were represented.

Stakeholder group one	Health promotion foundations, public health advocacy bodies and peak health organisations, health professionals and researchers.
Stakeholder group two	Local council representatives and associated government stakeholders.
Stakeholder group three	Non-Government and community-based organisations, including representatives from entities not specifically focused on health, such as sporting clubs, schools, unions, special interest groups.
Stakeholder group four	Consumers and consumer advocacy and representative bodies

Participants were asked about their specific job title and role during the interview to guide the stakeholder group that they were allocated to. Participants were convenience sampled, identified through the research team's existing contacts in the gambling field, and snowballing techniques were used whereby participants were asked to refer other participants to the study. An initial database was established, and participants were contacted through email and were provided with information about the study. If they gave consent to participate, a time was arranged to conduct a phone interview. If

participants did not respond to the original email, a follow up email was sent. Participants were also asked during the interview if there was anyone in their extended networks that the research team could contact about the study.

A total of 98 individuals were contacted to participate in the study between February and November 2016, with sample recruitment stopping once we had interviewed 50 participants. Twelve individuals specifically declined to participate in the study, predominantly because a) they no longer worked in gambling, b) the funding for their gambling service no longer existed, or c) they were too busy to participate. A further 36 individuals did not respond to a request for an interview, or agreed to be interviewed but did not respond to subsequent emails arranging a time for the interview. These participants were mostly academic researchers.

#### 4.1.3 Data collection

A telephone interview was conducted with each participant and one researcher. In the initial phases of the data collection, interviews were conducted by one researcher, with two other researchers listening and taking notes with the participant's permission. This helped to adjust the interview schedule as the interviews progressed. Interviews lasted between 45 and 90 minutes and were audio recorded with the participant's permission. The interview schedule included a range of open ended questions that allowed participants to interpret and answer in a way they felt was appropriate. The questions focused on four main themes consistent with our working definition of normalisation, and the theoretical framework proposed by Parker and colleagues [2002].

*Theme One:* Factors contributing to a changing gambling environment.

*Theme Two:* Factors which may influence the normalisation of gambling.

*Theme Three:* The role of the gambling industry on gambling attitudes and behaviours.

*Theme Four:* Strategies to respond to the normalisation of gambling.

The qualitative, semi-structured nature of the interview resulted in the interview schedule being adapted and modified as new areas of interest arose.

#### 4.1.4 Data analysis

Interviews were transcribed by a professional transcription company and data were managed using QSR NVivo (QSR International version 10.2). Data were analysed using a thematic analysis approach whereby the data were coded and the main themes were recorded. Interviews were analysed in groups of five whilst data were being collected and data were categorised into themes and sub-themes. This was done to ensure that as new themes emerged during interviews, the interview schedule could be amended to explore these new themes in subsequent interviews. The research

team met regularly to discuss the themes that emerged; this was also to ensure that researchers could conceptualise the findings in relation to the study research questions and conceptual framework.

## 4.2 Results

### 4.2.1 Sample characteristics

The general characteristics of the sample are contained in [Table One](#). We interviewed 50 Australian and International stakeholders. Almost two thirds of participants were Australian, with the majority of these participants from Victoria (68.9%). International participants came from a range of countries including, Europe/United Kingdom (UK), New Zealand and North America. The majority of participants across the sample were from stakeholder group one (n=30, 60.0%), 11 participants (22.0%) were from stakeholder group four, six participants (12.0%) were from stakeholder group two, and three participants (6.0%) were from stakeholder group three.

**Table One: Sample characteristics**

<b>Australian Participants</b>	<b>32 (64.0%)</b>
Australian Capital Territory	3 (9.4%)
New South Wales	1 (3.1%)
Northern Territory	1 (3.1%)
Queensland	3 (9.4%)
South Australia	2 (6.3%)
Victoria	22 (68.9%)
<b>International Participants</b>	<b>18 (36.0%)</b>
Canada	1 (5.6%)
England	2 (11.1%)
Finland	1 (5.6%)
Ireland	1 (5.6%)
New Zealand	6 (33.3%)
Sweden	1 (5.6%)
USA	6 (33.3%)
<b>Gender</b>	
Female	24 (48.0%)
Male	26 (52.0%)
<b>Stakeholder groups</b>	
Group One: Health promotion and public health organisations, and researchers	30 (60.0%)
Group Two: Local council representatives and government stakeholders	6 (12.0%)
Group Three: Non-governmental and community organisations	3 (6.0%)
Group Four: Consumer advocates and advocacy organisations	11 (22.0%)

## 4.2.2 Factors contributing to the normalisation of gambling.

Participants' narratives highlighted that the factors contributing to the normalisation of gambling are complex. There were diverse and varying opinions across the group, and there were varying opinions about the normalisation of different types of gambling products. Six main themes emerged from the data as factors that participants perceived had contributed to normalisation.

### Theme One: Access and availability of gambling products

Although participants often referred to different types of gambling products, the access and availability of gambling products was a theme that was consistent across participants from the different stakeholder groups, and from different countries. The first theme related to the perception that different gambling products were available “*everywhere*” in community environments. Participants described changing regulatory frameworks which had allowed concentrations of gambling venues in local communities or high streets. Some described that these venues had become embedded in communities, with limited regulation to prevent clustering of gambling venues in areas of socio-economic deprivation or vulnerability, or to restrict the number of venues in community settings. Some stated that the presence of multiple venues changed and softened attitudes within local communities towards gambling; some described that gambling venues had a strong presence in communities and that this led to an increased social acceptance that venues were positive for communities, a good place to visit, and a relatively harmless form of entertainment.

*I think just the fact that ...the poker machines are everywhere, and have been everywhere for a long time. ...there tends to be a bit of an assumption that if they are everywhere then they're okay, a lot of people want to do it, and that it's a normal thing to do.* – Participant 13, Australia, Stakeholder group four.

One participant described the lack of venues without EGMs in their area:

*We were trying to think of a pub here that doesn't have pokies and the only one we could think of was one up in [location in Northern Queensland] which is miles from us so there's no venues that don't have pokies.* – Participant 44, Australia, Stakeholder group one.

Second, and related to the above point, was the ability of individuals to access local venues. Many participants described how easy it was for individuals in some communities to access venues because of their proximity. For example, participants described that community members living close to a gambling venue were more likely to use gambling venues, and perceive that this was a normal activity.

*Well pokie machines clearly, so with the proliferation of venues over the years now Victoria has reached a point where there aren't so many new venues coming in but if you're looking at this over a 20 year time scale then certainly it's become much more accessible.* – Participant 50, Australia, Stakeholder group four.



However, they also described that those who regularly visited venues were more likely to experience harm. For example, Australian participants described that the concentration of EGM venues in local communities encouraged individuals to visit venues, and had become “such a big part of everyday life” for those who lived near venues. A similar example was given from a North American participant:

*If I were going to go to Las Vegas to gamble, I want to go there - maybe I go there twice a year. If a casino is 10 minutes away, I might go there 100 times a year. – Participant 5, USA, Stakeholder group four.*

Similarly, participants described the visibility of gambling products in local communities, and how this visibility also reinforced how easily accessible they were:

*You’ve then got your TAB outlets in a lot of pubs and clubs; I think there’s about 700 or 800 in Victoria. Then, you’ve got machines as well spread out fairly broadly with hotels and clubs. So, they’re fairly accessible and people either walk past them or drive past them. They’re easy to see what they are. It’s not as if the one casino in Melbourne is the only gambling place in the whole of Victoria; it is fairly spread out right throughout the state, and in fairly general locations as well. It’s not as if they’re grouped separately out of town, they’re right in the middle of the town, in the shops – not always pubs and clubs, its other outlets as well. – Participant 49, Australia, Stakeholder group two.*

Third were new gambling environments, including online, which had contributed to the increased accessibility of gambling. Participants particularly discussed the access to gambling in online environments that had created an opportunity for individuals to gamble anywhere at any time, particularly via smartphone devices.

*Accessibility is very fundamental to their [gamblers] decisions to gamble and now with the accessibility of gambling online and the promotion of that where marketing is pushed to the person so, ‘Why don’t you put this bet on? Hey, this bet could be really good.’ That’s quite concerning because it’s not only in your pocket, which we’ve had for quite a long time and it hasn’t led to such an explosion, but the promotions that are pushed to you all the time and then it’s there in your hand ready to go. So it’s not even there’s a promotion and, ‘Oh, I might go to the venue tonight or go to the casino this weekend’. The promotion is there and the ability to just push the button, one click and you put the bet on right now. That’s a real concern in terms of the next 10 years. – Participant 35, Australia, Stakeholder group one.*

The expansion of online sports betting was also used as an example by many participants. Participants spoke about the expansion of sports betting or fantasy sports games, and the ease with which individuals were able to gamble. However, participants expressed views that online platforms were one of a range of gambling products and venues that had created increased pathways to gambling, and that there should not be a reduction in focus taken off physical venues:

*There's been a lot more ways of accessing gambling. So apart from the increase in the gaming machines, of course, they're everywhere, casinos springing up everywhere - you've got the different forms of access of gambling. So internet gambling, and then things like sports betting which has become more prevalent with the ease of using the internet. –*

Participant 11, New Zealand, Stakeholder group one.

## **Theme Two: The diversification of gambling products**

Theme two related to the diversification of gambling products, and how the vast range of gambling options had contributed to the normalisation of these products. Many participants described the role of technology, and new technological developments, in contributing to the development of new products, or in enhancing existing products. One participant attributed this diversification of products and “modes of gambling” to online and land based opportunities:

*The increasing diversity of the ways in which people can gamble, both the things they can gamble on and the modes of gambling, the different ways in which you can gamble remotely and in betting shops and so on, casinos and so on. –* Participant 16, England, Stakeholder group one.

Participants described that the diversification of products, plus the promotion for these products, had created “a 24/7 industry”.

*Certainly, the range of gambling products has increased. So, just the wider choice in products or things that people gamble on has certainly increased. Certainly, the marketing and promotion and advertising has increased, and just the opportunities. Instead of being quite limited and restrictive, it's really opened up both in the products people can bet on, how they can bet and when they can bet as well. It's become, to a degree, a 24/7 industry. You've got that broader range of new products come in. In the last ten years, it's been the online sports betting. –* Participant 49, Australia, Stakeholder group two.

## **Theme Three: The embedding of gambling in socio-cultural rituals**

The third theme to emerge was the embedding of gambling in socio-cultural rituals. This was discussed in particular by participants from Australia and New Zealand. Australian participants described the historical traditions associated with gambling in Australia, including wartime gambling rituals like “two up”, and events such as the Melbourne Cup horse race (which is associated with a public holiday in the state of Victoria). Australian participants perceived that government and gambling industry commentary promoted gambling as an important and valued part of Australian culture. For example, one participant described the gambling industry discourse that it was “*unAustralian not to gamble*” with government emphasising the positive benefits of gambling to the economy. This

dominant framing of gambling as a positive and valued part of Australian cultural and social rituals contributed to the normalisation of gambling by “*linking it to our culture as an Australian thing to do*”.

Part of the cultural acceptance of gambling related to the embedding of gambling venues in local communities. Some described that gambling venues had been positioned as an integral part of local communities, because of their perceived ability to use gambling revenue to give back to local communities. For example, participants described that local community clubs had a “*social licence*” whereby the venues were accepted into the community for the positive aspects that they contributed, including cheap meals, children’s activities, and sponsorship of local community events. One point made by a few participants was that the gambling industry was “*leveraging off spaces that are already accepted in the community*”, and was able to align gambling with the perceived needs of the community, while “*ripping money out of those communities and families*”. One participant described how the gambling industry presented themselves as having significant community benefits:

*The other thing that they do is to say that there are considerable community benefits involved in having the pokie machines or other gambling outlets. That they provide jobs, they provide assistance to sporting clubs or other community groups in the community and that you receive these community benefits as a result of their activities... We look at examples like Western Australia which has no pokie machines outside the casino and so there's plenty going on in terms of sporting and cultural and community life in those communities. So it's untrue to say that there's a whole lot of community benefit accrued from having the pokie machines and the sports betting.* – Participant 50, Australia, Stakeholder group four.

One particularly influential cultural agency involved in the normalisation of gambling was sport. Many participants described the role of sport, and major sporting teams and codes, in encouraging the normalisation and social acceptance of gambling.

*There was a push by all the codes the AFL and the NRL to embrace sports betting, and have official partners.... You know the drive to get their product out there is actually having an impact on the sports that we like to watch, but I think the marketing is the biggest thing. It really is, because without the marketing, the products would still be there, but it wouldn't be shoved into the faces of everybody. If they really wanted to have a bet, they'd know how to find it. If certain people didn't want to have a bet, they wouldn't be confronted with it all the time.* – Participant 32, Australia, Stakeholder group four.

Some experts described the use of sporting codes, teams, and athletes to encourage and normalise gambling through saturated promotions, and to align gambling with the socio-cultural rituals associated with sport. Australia was used as a cautionary tale by participants in other countries, with participants noticing the start of a normalisation process of gambling within sport. For example, a participant from New Zealand stated that he was concerned that betting options and gambling terminology were starting to infiltrate national sports:

*On the other hand, it's nowhere near as bad as in Australia, but it is sneaking into our thoughts. So now part of the commentary before major rugby league and soccer games here, they have somebody from the TAB, which does the sports betting, talking about the odds. And that it's amazing how to bet on this particular player to score the first try, and 'get in now you'll get some good odds on that'... So there's a bit of normalisation happening with respect to sports betting. – Participant 7, New Zealand, Stakeholder group one.*

#### **Theme Four: The role of the promotion of gambling**

The fourth theme linked to the normalisation of gambling was the role of advertising and promotions for gambling. Participants regularly discussed the presence of gambling advertisements, and that advertising strategies had changed to be more “aggressive” and “prevalent”. Some described that there was a saturation of advertising in different online and land-based environments, and that exposure to and visibility of gambling advertising had significantly contributed to shaping social norms about gambling.

*If you listen to commercial radio stations or watch commercial TV, there is an avalanche of advertising of gambling products and all sorts of incentives and inducements and the advertisements are entertaining and all of that. I think that is definitely having the effect of normalising gambling both through its volume and through its association with sport. – Participant 50, Australia, Stakeholder group four.*

Participants described that they were particularly concerned that gambling advertising was positively shaping community attitudes towards gambling, with people accepting that gambling, and the promotion of gambling, was normalising gambling:

*I think that just the saturation of gambling ads, betting, wagering ads just means that you can't escape it. So eventually you just accept it into your life, because it's just there. – Participant 28, Australia, Stakeholder group one.*

#### **Theme Five: The ability of the gambling industry to influence gambling policy and research**

Participants described some of the less transparent, but equally powerful factors that contributed to the normalisation of gambling. This included the ability of the gambling industry to influence policy and politicians through lobbying and political donations. Some participants stated that these mechanisms prevented meaningful reform and harm reduction measures that would help to de-normalise gambling, for example reducing the number of gambling venues in communities.

*Political donations, they are literally pay cheques for doing the right or the wrong thing on legislative reform. – Participant 13, Australia, Stakeholder group four.*

Some stated that the financial might of industries created power by allowing them to have a seat at the policy-making table, where their key objectives were accommodated by governments. This also included funding research that supported their position, which helped shape the gambling industry's agenda. Some participants described that the gambling industry 'cherry picked' research to back their own agenda associated with personal responsibility, rather than examining the harms associated with products and the promotion of those products:

*They [the gambling industry] do it through promoting research which keeps using that same language, of individual responsibility, by not acknowledging, ever, that their products are harmful, or that there's any problem with their products. – Participant 28, Australia, Stakeholder group one.*

Another participant described the vested interests associated with industry funding of research:

*I think industry funding and research, I have real concerns with that, because, obviously, they've got a vested interest in the outcome of that research, particularly if it's not going to be beneficial to them or positive for them. So, you wonder about any research organisation accepting funding from industry. I think there's always a doubt about any findings from that. – Participant 49, Australia, Stakeholder group two.*

This also allowed the gambling industry to shape messages about gambling harm, including 'responsible gambling' framing. One participant described the three dominant frames from the gambling industry to deflect attention from harm, and place the responsibility on the individual:

*So that's something that the gambling industry... I suppose they're the kind of three main ways that they frame it – there's the personal responsibility framework; there's the fun, leisure framework; and then there's the harm framework. They're coming at it from the other side of the harm fence. They're saying, "Well, most people don't experience harm, so if you are experiencing harm, you're probably not doing it [gambling] right." – Participant 47, Australia, Stakeholder group two.*

One participant described the intertwined role between gambling industry donations to local communities, and engaging politicians in endorsing those donations:

*Donations are influential and important. A thing that I've noticed particularly in New South Wales is that clubs will not only make grants to community groups in order to, I think....purchase goodwill. But they'll also get members of parliament and mayors and so on along to hand over the cheque. So if you're giving \$5,000 to the local basketball club or something and you get the Member of Parliament to stand there handing the cheque over with the inference that the Member of Parliament in some way has contributed to this bounty. That helps you in terms of goodwill with those members of parliament. – Participant 50, Australia, Stakeholder group four.*

## Theme Six: The role of government in policies which have contributed to normalisation

The final theme related to the role of governments, and policy decisions, which enabled the expansion of gambling products in community settings. Participants from multiple stakeholder groups described the role of governments in developing policies that led to the accessibility and availability of gambling products in communities. These policies included the granting of new licenses to increase the number of venues within a geographic area, or the development of policies that had been difficult to 'roll back' even when there was evidence that the policy had led to harm. A participant from the United Kingdom commented:

*Set up a betting shop and it's a question of competition, you know. It's a free market, this is an ordinary business and people should be free to compete with each other. The local authorities really can't do anything really about that because the law doesn't allow them to say, you know, 'we've got three already, we don't want a fourth!' – Participant 16, England, Stakeholder group one.*

Another participant commented that the lack of regulation from government had contributed to the normalisation of gambling by creating a "wild west" scenario, particularly relating to new gambling products:

*Well I mean, governments have allowed it to happen. Government have been asleep at the wheel here for a long time in relation to this.... It's government's job to legislate and it's government's job to regulate. In an unregulated, unlegislated market, you're going to have Wild West, which is what we currently have. It's unrealistic to expect purely capitalistic organisations or for profit organisations who are operating in an unregulated, unlegislated base to behave themselves. – Participant 48, Ireland, Stakeholder group one.*

Some commented that governments had significant conflicts of interests in the development of gambling policy because of the taxation revenue that was raised through gambling products. Participants from around the world identified that this revenue stream for governments limited their willingness to implement comprehensive measures to reduce harm. One participant stated governments were complicit in the expansion, and normalisation of gambling:

*Because government get quite a lot of revenue from gambling, particularly poker machine gambling, they're complicit in the expansion of gambling. They're very much complicit in that and they benefit financially from tax revenue through gambling, which stops them actually legislating or regulating the gambling environment as effectively as they might. – Participant 18, Australia, Stakeholder group four.*

Participants commented that existing government policies and regulations meant that it was extremely difficult to prevent the expansion of gambling and the harm that was associated with this expansion.



Some perceived that policy was designed to favour the gambling industry, and made it difficult for those seeking to prevent and reduce harm.

Finally, participants described that the ‘responsible gambling’ discourse that was employed by governments had contributed to the normalisation of gambling by creating a perception that gambling harm was linked with personal irresponsibility. One theme was that a focus on ‘responsible gambling’ had legitimised gambling in communities, by creating a perception that ‘only a few individuals develop problems’. Some stated that government policies associated with gambling, were at odds with their policies associated with other key public health issues:

*And when we look at the other [public health issues] - you look at smoking, you look at the tobacco industry, you look at the seatbelts - the government has taken responsibility to keep our community safe. But here, all the responsibility is put on the individual. –*

Participant 12, Australia, Stakeholder group four.

### 4.2.3 Strategies to respond to the normalisation of gambling

Participants were asked to discuss the strategies they believed to be most effective in ‘denormalising’ or responding to the normalisation of gambling. While participants discussed a broad range of strategies, for the purposes of this report we have synthesised these into four broad themes.

#### Theme One: Reframing discourses from ‘problem people’ to ‘problem products’

The first theme to emerge from the data related to the reframing of conversations about gambling away from responsibility, and problem gamblers, and towards the problems associated with gambling industry tactics and products. The majority of participants believed that the most effective way to reframe the messaging around gambling was to change the focus of gambling harm away from individual problem gamblers, towards messaging around product harms and the role of the industry in creating gambling harm. Speaking about EGMs one participant stated:

*We’re trying to crack open this industry sponsored focus on responsible gambling, and say that this is not about individuals becoming irresponsible. It’s about many people in the community becoming addicted and sucked in by the manipulative design of these machines. –*

Participant 20, Australia, Stakeholder group two.

As part of this reframing, participants discussed the importance of campaigns and prevention programs that aimed to educate communities about the harms associated with gambling products. Some participants stated that this approach would increase community understanding that gambling addiction was not about irresponsible behaviours, and would help to overcome the “*shame and stigma attached to gambling*” within communities. Increased understanding of these harms within the community was perceived to be an effective response to reduce the normalisation of gambling:

*The interesting thing I find that the community only really responds badly when it's like really in your face. So the sports advertising and stuff like that, the sports betting advertising, they've responded really strongly to. But I find when it's sort of hidden a little bit more and in the clubs and stuff like that they tend to focus on the person rather than the products more. So I think yeah there's still a little way to go around communities actually understanding why and how people become addicted to poker machines and the role that the product and the venue actually have in promoting that. – Participant 30, Australia, Stakeholder group four.*

Some participants stated that a public health approach to gambling harm reduction, rather than addiction models aimed at minimising harm at the individual level, would be instrumental in helping communities, including local councils and stakeholders, to reframe their approach to gambling:

*If you train community members who have never had, you know, quite simple training, who have never had public health training, they start to see things through a public health lens, it actually shifts their entire perception. – Participant 19, Australia, Stakeholder group one.*

Participants described the important role of the media and journalists in reframing this community discussion, and in denormalising gambling as an everyday part of life for some communities. This included shifting the framing of media reports away from reporting on extreme individual cases, towards constructive stories about policy reform, exposing industry tactics, and reporting on initiatives aimed at reducing harm. Participants described the powerful influence of the media:

*Governments and industry are much more sensitive and responsive to things that are said in the media than anything that occurs in any academic journal.... So it's really making people aware of the underhanded nature of the industry be it in approaches like being transparent [about] what's going on so the consumer and the general public is a little more enlightened about some of these practices. – Participant 4, Canada, Stakeholder group one.*

## **Theme Two: Engaging the community in creating change**

Participants noted that it was important to involve local communities, and those who had a lived experience of gambling harm, to bring an awareness about the potential harms associated with gambling to local communities. Participants described the role of consumer voices, including the “children of gamblers, and family members” who had experienced the harms associated with gambling. This also included the role of consumer advocacy groups and consumer advocates in “putting pressure on government” to engage in regulatory reform. Participants stressed the role of everyday members of the community in helping to create policy change:



*It's community - its community groups. Its normal citizens. It can be civic groups, it can be religious groups, it can be neighbourhood groups, it can be individual citizens, it can be anybody in the community.* – Participant 5, USA, Stakeholder group four.

Participants provided the researchers with many examples of community push-back towards the gambling industry, in which the community argued for government implementation of strong regulatory boundaries around gambling. These included “a citizens’ movement to repeal gambling in America”, the increasing role of local communities in “pushing back over more pokie licences”, and the community push back around gambling advertising. However, participants were realistic that this was a “David and Goliath” battle because of the power of groups with a vested interest in gambling profits:

*We try to do our best but I mean you're up against giant companies, like massive companies, you know, and it's a little bit of a David and Goliath thing.* – Participant 15, USA, Stakeholder group one.

One participant described the influence of different types of communities over gambling policy. Participants described that the community has been “galvanised” to argue for reform for some gambling products such as sports betting:

*I think gambling on sport and the intensity of ads, galvanised the community to really, really get angry. Every time we have conversations they want something to be done about it. They want changes. They don't want to be bombarded. They don't want their kids to feel as though to watch sport, having gambling as part of that is normal, and that's what you do.* – Participant 25, Australia, Stakeholder group one.

### **Theme Three: Policy transparency and the importance of strong regulatory frameworks**

The final theme related to the role of governments in denormalising gambling, and in reducing and preventing gambling harm. This included policies to reduce the accessibility and availability of gambling, restrictions on product design, including reducing the intensity of gambling products, and reducing the promotion of gambling products. While many examples were given by participants, the majority of participants in Australia commented on the urgent need to develop strong regulatory policies to reduce the harms associated with EGMs. This included general regulatory measures such as making “poker machines safer”, and stricter regulations on the amount of money that could be lost on machines:

*The minimum that you can put in, that has to be changed. That's the basic need that we have right now- you can lose a lot more just because you can play even, you know, put in so much money but then every 5 seconds, so having that minimum bet.* – Participant 26, Australia, Stakeholder group one.

However, one participant stated that strong regulatory frameworks would be driven by creating community awareness to create pressure for political change:

*I think the top of my list would be regulation. Because I think that the more effective your regulatory framework, the more control you can exert over, particularly advertising and accessibility and inaccessibility. And I think that's very important. The second one is, and part of driving regulatory change, because that becomes political debate, is raising community awareness of the issue. Finding those levers which people react to and are prepared to say to their politicians 'this is unacceptable.' And I think you've done that in Australia extremely effectively with the whole sports betting advertising targeting children angle, because I think that has really struck a chord with Australians to say, 'hang on a second, that shouldn't be.' And so that raising community awareness that translates to political action that gives you regulatory change is critical. – Participant 6, New Zealand, Stakeholder group one.*

Participants also recommended that governments should implement measures to reduce the accessibility of gambling products. This included reducing the number of venues in local community settings:

*Certainly remove the community-based nature of the gambling that we've got here. Like the clubs and pubs model is unique in the world really. It is certainly not a health promoting model for the community. So reducing the number of venues and accessibility in local suburbs would be another. – Participant 27, Australia, Stakeholder group one.*

Participants also argued for strict controls on the ability of the industry to promote gambling products. Particular reference was made to the promotion of newer forms of online gambling. These restrictions related not only to the volume of advertising, but also the content of gambling advertising. This included the implementation of strict regulations rather than being reliant on industry voluntary codes of practice:

*I think if you had, not just a code because those are voluntary, but advertising requirements, regulation of advertising and every advertisement has to be reviewed by a group of experts or something where basically you have more control over what the operators were able to say about their products and about their offers. – Participant 17, USA, Stakeholder group one.*

Finally participants described that ultimately government policy aimed at denormalising gambling and preventing harm could only be created if governments did not have conflicted interests relating to the gambling industry. Some stated that in Australia, there was an urgent need for regulation at the federal level:

*The states I think are fundamentally flawed in that they are dependent on gambling taxation so it therefore makes reform very hard. If the federal government got involved I think it'd need to be a mix of short, medium and long term strategies to actually investigate what might be effective in terms of reducing our dependence on gambling, so what are the other options, that's never raised. Western Australia never comes into these debates. There's pubs and clubs in communities that have no pokies for the whole state. And those clubs and pubs are still viable so why, why are pokies so central in other places? – Participant 36, Australia, Stakeholder group one.*

## 5. Study Two: Community survey

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One of the key themes to emerge in the interviews with expert stakeholders was listening to, and engaging with, communities to create mechanisms for change. The second study aimed to understand community perceptions of the key dimensions associated with normalisation (accessibility and availability, trying rates, recent and regular use, and social and cultural accommodation) in relation to four types of gambling products: EGMs, sports betting, horse betting and gambling at casinos. We aimed to understand, from the perspective of adolescents and adults in Victoria and New South Wales, the extent to which gambling products were perceived to be normalised or accepted within communities, and to explore the processes associated with the normalisation of such products.

### 5.1 Methods

#### 5.1.1 Approach

An online panel survey of 1000 Australian residents (representative of the Victorian and New South Wales populations by age and sex) was conducted to explore the dimensions associated with the normalisation of gambling. Approval for the study was obtained from Deakin University Human Research Ethics Committee.

#### 5.1.2 Sample and recruitment strategy

Quota-based sampling was used based on population figures for Victoria and New South Wales by age and sex [Australian Bureau of Statistics, 2017]. To be eligible for the study participants needed to be aged 16 years or over, have a postcode that indicated that they were residents of Victoria or New South Wales, and have consented to participate in the survey after reading a Participant Information Sheet. Individuals aged 16-17 years were included in the survey as research suggests that adolescents often start thinking about gambling and plan to gamble once they reach the legalised age for gambling of 18 years [Pitt et al., 2017; Pitt et al., 2016a]. Recruitment of participants was conducted through an online panel recruitment company, which recruited participants according to the specified quotas. Once quotas were filled by age and sex, individuals with those characteristics were unable to participate in the study. The survey was programmed and hosted using Qualtrics survey software.

#### 5.1.1 Data collection

The study was pilot tested with people who had and had not experienced harms from gambling to check the content validity of measures. It was also tested in the online environment to check for technical errors. Data were collected between March-May 2017. A total of 5792 people accessed the survey; this number included those participants who were screened out because they did not meet the

eligibility criteria or because the sample quotas had been filled. We carefully examined the quality of the data, and excluded 80 participants that provided missing or nonsensical answers.

### **5.1.2 Measures**

#### **Sociodemographic characteristics**

Participants provided socio-demographic information including age, sex, postcode, education and employment status. Education and employment categories were derived from Australian Bureau of Statistics census questions. Postcode data was used to calculate an area-level measure of relative socio-economic advantage and disadvantage. The Socio-Economic Indexes for Areas (SEIFA) provides socioeconomic scores for different geographic areas between 1-10, where 1 reflects the lowest decile and 10 represents the highest decile [Australian Bureau of Statistics, 2013a; Australian Bureau of Statistics, 2013b].

#### **Gambling behaviour**

One of the key dimensions of Parker et al's [2002] normalisation model is the extent to which individuals engage in gambling on a recent or regular basis. For the purposes of this study this construct was measured in terms of the participants' own gambling behaviours and also their perceptions of the gambling behaviours of others.

In terms of their own gambling behaviours, participants were asked how often in the past 12 months they had gambled. This was asked in the context of four different gambling activities: EGMs, sports betting, horse betting, and casino gambling. These products were chosen as they have the highest expenditure rates (except for lotteries) in Australia [Queensland Government Statistician's Office and Queensland Treasury, 2016]. The language used to describe gambling activities was particularly important, especially for EGMs. Following an initial descriptive definition ("Pokies are also known as poker machines, electronic gaming machines or slots"), EGMs were referred to in all questions as 'pokies' because this is the typical terminology used within the community. Frequency of gambling for each of the four gambling activities was measured by asking "In the past 12 months, how often have you...?". Participants were also asked if they had participated in any other forms of gambling such as lotteries, buying scratch tickets (scratchies), Keno, raffles, bingo or dog racing. We did not specify whether participation in gambling products occurred in land based venues or online. Answers were provided on a five-point scale labelled "Never", "Less than once a month", "1-3 times per month", "Weekly" and "More than once a week".

Participants also completed the Problem Gambling Severity Index (PGSI), which is a nine item measure of problematic gambling [Ferris and Wynne, 2001]. The PGSI classifies people into one of five categories: non-gamblers (have not gambled in the past 12 months), non-problem gambling (PGSI = 0), low risk gambling (PGSI = 1-2), moderate risk gambling (PGSI = 3-7), or problem gambling (PGSI = 8-27).

## Perceptions of normalisation

The following items were used to measure the five dimensions of normalisation: availability, trying rates, recent and regular use, social accommodation and cultural accommodation. Importantly, we sought to understand normalisation according to four specific gambling activities/products. Participants were therefore presented with a list of four gambling activities – casino gambling, EGMs, horse betting and sports betting - and were asked to answer questions for each. All participants (including individuals who reported no gambling behaviours) were asked about each of the normalisation dimensions. Participants were presented with questions relating specifically to the normalisation of gambling products in their state.

### *Availability*

Researchers chose to focus on availability when exploring the first dimension of Parker's normalisation theory, due to the nuanced differences between access and availability. Participants were asked "How available are each of the following activities to people in Victoria/New South Wales who want to gamble?" Answers were indicated by sliding a marker along a sliding scale with the far left end labelled "Not at all available" and the far right end labelled "Extremely available". Depending on where on the line the marker was placed, Qualtrics software converted the answer to a score out of 100 where 0 = "Not at all available" to 100 = "Extremely available".

### *Trying rates*

To explore the dimension of trying rates we were interested in participants' perceptions of the extent to which adults had ever tried the four specific gambling products. This was measured by asking "What percentage (%) of adults in Victoria/New South Wales do you think have ever tried the following activities?" Answers for the four types of gambling were recorded by sliding a marker along a sliding scale labelled 0% on the far left side and 100% on the far right side. Again, Qualtrics software converted the answer to a score between 0-100.

### *Recent and regular use*

To explore the dimension of recent and regular use we were interested in participants' perceptions of the extent to which adults had recently or regularly gambled on the four specific gambling products. Recent use was measured by asking "Thinking about people in Victoria/New South Wales, what percentage of adults do you think have participated in these activities in the last month?" They again slid a marker along a sliding scale labelled 0% on the far left side and 100% on the far right side. Depending on where on the line the marker was placed, Qualtrics software converted the answer to a percentage point.

Regular use was measured by asking participants "Thinking about people in Victoria/New South Wales, what percentage of adults participate in these activities regularly, for example use these

products every month?” Answers were indicated by sliding a marker along a 100-point sliding scale. Depending on where on the line the marker was placed, Qualtrics software converted the answer to a percentage point.

#### *Social accommodation*

Participants were asked “To what extent do you think participating in the following activities is socially accepted in Victoria/New South Wales?” Answers for the four types of gambling products were recorded by sliding a marker along a sliding scale labelled “Not at all socially acceptable” on the far left hand side and “Completely socially acceptable” on the far right hand side. Depending on where on the line the marker was placed, Qualtrics software converted the answer to a score out of 100 where 0 = “Not at all socially accepted” to 100 = “Completely socially accepted”.

#### *Cultural accommodation*

Participants were asked “To what extent do you think participating in the following activities is part of Victoria’s/New South Wales’ culture?” Answers for the four gambling activities were recorded by sliding a marker along a scale labelled “Not at all part of the culture” on the far left hand side and “Completely part of the culture” on the far right hand side. Depending on where on the line the marker was placed, Qualtrics software converted the answer to a score out of 100 where 0 = “Not at all part of the culture” to 100 = “Completely part of the culture”.

Following the quantitative social and cultural accommodation questions, we also asked qualitative questions about these dimensions of normalisation: “Thinking about the product you think is most socially accepted/culturally accepted, why do you think this product is the most socially accepted/culturally accepted?” Participants also had the opportunity to provide further qualitative responses in a final question: “Do you have anything else you would like to say about gambling, the gambling industry, or the way in which gambling is promoted?”

#### *Normalisation*

Finally, participants were asked “To what extent do you think the following are a normal part of life in Victoria/New South Wales?” Answers for the four gambling activities were recorded by sliding a marker along a sliding scale labelled “Not at all normal” on the far left hand side and “Completely normal” on the far right hand side. Depending on the position of the marker, Qualtrics software converted the answer to a score out of 100 where 0 = “Not at all normal” to 100 = “Completely normal”.

### **5.1.3 Data analysis**

Quantitative data were analysed using IBM Statistical Program for Social Sciences 22.0 (SPSS). Basic descriptive statistics were used to analyse data relating to socio-demographic factors and gambling

characteristics. Postcodes were used to identify the SEIFA score for Relative Advantage and Disadvantage. These SEIFA scores were then collapsed into three categories (1-3, 4-7, and 8-10) representing scores of low, medium and high socioeconomic area respectively. In regard to gambling status, participants' scores on the PGSI were clustered into five categories: non-gamblers (haven't gambled in the past 12 months), non-problem gambling (PGSI = 0), low risk gambling (PGSI = 1-2), moderate risk gambling (PGSI = 3-7), or problem gambling (PGSI = 8-27). As the gambling status (PGSI) measure was completed by all participants (not only those who had gambled in the past 12 months), researchers checked whether any participants who reported being non-gamblers (i.e. had not gambled in the last 12 months) also indicated levels of harm by receiving scores above zero on the PGSI. There were 14 non-gamblers who indicated a score of 1 or above on the PGSI (low risk gambling = 3, moderate risk gambling = 4, problem gambling = 7). These participants were re-classified into the appropriate PGSI categories.

We determined the percentage of participants who gave scores of 75% or more and 90% or more for each of the four gambling activities. For each dimension of normalisation, means, standard error and 95% confidence intervals were also calculated. We used arbitrary cut-off scores to categorise perceptions of accessibility, socially acceptance, or cultural acceptance of products. Ratings of 50-74 out of 100 were considered to perceive the product as 'somewhat' accessible, socially accepted, culturally accepted or normal, scores of 75-89 as 'very' accessible, socially accepted, culturally accepted, or normal, and ratings of 90-100 were used to indicate perceptions that products were 'extremely' accessible, socially accepted, culturally accepted or normal.

For the qualitative responses to the open-ended questions we used a constant comparative method to interpret the data. This included identifying responses that described Parker and colleagues' [2002] dimensions of normalisation, and the reasons provided to explain these dimensions. Data were then read and re-read to identify new or emerging themes. We corrected minor typographical errors in participants' responses when reporting the data.

## 5.2 Results

### 5.2.1 Sample characteristics

Table Two summarises the socio-demographic and gambling characteristics of the sample. The sample was equally distributed across the Victorian and New South Wales populations, and was representative for each state by age and gender. Just over half of participants were women (n=509, 50.9%), with a mean age of 45.01 years (17.6 SD) (range 16-88 years). Over half were employed in full-time, part-time or casual work (n=592, 59.2%), with approximately one in five participants retired (n=210, 21.0%). The majority of the sample had completed at least the final year of high school (n=881, 88.1%). Most participants were from medium to high socio-economic areas (n=827, 82.7%). The sample contained both gamblers and non-gamblers with the majority of participants (n=802, 80.2%) reported having gambled in the previous 12 months. There were significant levels of gambling



harm in the sample, with 400 (40.0%) participants reporting some harm associated with gambling (scores of one or above on the PGSI), and 167 (16.7%) being problem gamblers (PGSI  $\geq$  8). Of those aged under 18 (n=35), 15 (42.9%) had participated in some form of gambling in the previous 12 months. Eight adolescents under 18 reported some degree of harm associated with gambling (scores of at least a 1 on the PGSI), one (2.9%) scored as a low risk gambler, three (8.6%) scored as moderate risk gamblers and four (11.4%) scored as problem gamblers.

**Table Two: Sample characteristics by gambling status**

	<b>No-gambling</b> <b>N=198</b> <b>(19.8%)</b>	<b>Non-problem gambling</b> <b>N=402</b> <b>(40.2%)</b>	<b>Low risk gambling</b> <b>N=126</b> <b>(12.6%)</b>	<b>Moderate risk gambling</b> <b>N=107</b> <b>(10.7%)</b>	<b>Problem gambling</b> <b>N=167</b> <b>(16.7%)</b>	<b>Total</b> <b>N=1000</b> <b>(100.0%)</b>
<b>State</b>						
NSW	102 (51.5)	199 (49.5)	67 (53.2)	48 (44.9)	84 (50.3)	500 (50.0)
Victoria	96 (48.5)	203 (50.5)	59 (46.8)	59 (55.1)	83 (49.7)	500 (50.0)
<b>Age</b>						
16-17	20 (10.1)	7 (1.7)	1 (0.8)	3 (2.8)	4 (2.4)	35 (3.5)
18-24	31 (15.7)	28 (7.0)	19 (15.1)	18 (16.8)	31 (18.6)	127 (12.7)
25-34	28 (14.1)	44 (10.9)	18 (14.3)	19 (17.8)	75 (44.9)	184 (18.4)
35-44	30 (15.2)	59 (14.7)	27 (21.4)	24 (22.4)	28 (16.8)	168 (16.8)
45-54	25 (12.6)	77 (19.2)	25 (19.8)	18 (16.8)	14 (8.4)	159 (15.9)
55-64	31 (15.7)	65 (16.2)	18 (14.3)	13 (12.1)	13 (7.8)	140 (14.0)
65 or older	33 (16.7)	122 (30.3)	18 (14.3)	12 (11.2)	2 (1.2)	187 (18.7)
<b>Gender</b>						
Male	94 (47.5)	167 (41.5)	66 (52.4)	59 (55.1)	105 (62.9)	491 (49.1)
Female	104 (52.5)	235 (58.5)	60 (47.6)	48 (44.9)	62 (37.1)	509 (50.9)
<b>Years lived in state</b>						
<1	5 (2.5)	8 (2.0)	6 (4.8)	4 (3.7)	5 (3.0)	28 (2.8)
1-2	3 (1.5)	4 (1.0)	3 (2.4)	4 (3.7)	14 (8.4)	28 (2.8)
3-5	11 (5.6)	6 (1.5)	5 (4.0)	8 (7.5)	28 (16.8)	58 (5.8)
6-10	12 (6.1)	20 (5.0)	9 (7.1)	8 (7.5)	18 (10.8)	67 (6.7)
Over 10	167 (84.3)	364 (90.5)	103 (81.7)	83 (77.6)	102 (61.1)	819 (81.9)
<b>Education level</b>						
< Year 10	7 (3.5)	10 (2.5)	1 (0.8)	2 (1.9)	1 (0.6)	21 (2.1)
Year 10	24 (12.1)	40 (10.0)	13 (10.3)	11 (10.3)	10 (6.0)	98 (9.8)
Year 12	44 (22.2)	63 (15.7)	29 (23.0)	23 (21.5)	19 (11.4)	178 (17.8)
Cert I, II, III, IV	22 (11.1)	71 (17.7)	14 (11.1)	15 (14.0)	13 (7.8)	135 (13.5)
Diploma/Advanced	17 (8.6)	67 (16.7)	17 (13.5)	17 (15.9)	18 (10.8)	136 (13.6)
Bachelor's Degree	50 (25.3)	97 (24.1)	37 (29.4)	25 (23.4)	66 (39.5)	275 (27.5)
Grad Dip./Cert.	10 (5.1)	19 (4.7)	3 (2.4)	1 (0.9)	13 (7.8)	46 (4.6)
Post Graduate	24 (12.1)	35 (8.7)	12 (9.5)	13 (12.1)	27 (16.2)	111 (11.1)

<b>Employment</b>						
Working full time	53 (26.8)	125 (31.1)	44 (34.9)	44 (41.1)	111 (66.5)	377 (37.7)
Part time/ Casually	44 (22.2)	91 (22.6)	30 (23.8)	26 (24.3)	24 (14.4)	215 (21.5)
Unemployed	10 (5.1)	9 (2.2)	12 (9.5)	3 (2.8)	5 (3.0)	39 (3.9)
Homemaker	19 (9.6)	24 (6.0)	10 (7.9)	5 (4.7)	7 (4.2)	65 (6.5)
Retired	36 (18.2)	133 (33.1)	20 (15.9)	15 (14.0)	6 (3.6)	210 (21.0)
Full time student	32 (16.2)	14 (3.5)	8 (6.3)	13 (12.1)	12 (7.2)	79 (7.9)
Other	4 (2.0)	6 (1.5)	2 (1.6)	1 (0.9)	2 (1.2)	15 (1.5)
<b>Socio-economic status</b>						
Low (1-3)	32 (16.2)	70 (17.4)	26 (20.6)	17 (15.9)	26 (15.6)	171 (17.1)
Medium (4-7)	77 (38.9)	151 (37.6)	54 (42.9)	41 (38.3)	79 (47.3)	402 (40.2)
High (8-10)	89 (44.9)	180 (44.8)	46 (36.5)	48 (44.9)	62 (37.1)	425 (42.5)
Not available	0	1 (0.2)	0	1 (0.9)	0	2 (0.2)

Note: Numbers in parentheses represent column percentages.

Information about participants' gambling behaviour in the past 12 months according to gambling status is provided in [Table Three](#). In terms of frequency, over half of the sample had gambled on EGMs (n=525, 52.5%), with over one in five gambling on EGMs at least once a month (n=211, 21.1%). Just under half had placed a bet on horses (n=409, 46.9%), two fifths had gambled at casinos (n=392, 39.2%), and one third had bet on sports (n=335, 33.5%) in the past 12 months. Those who bet on sports did so frequently. Just over half of people who bet on sports stated that they did so at least once a month (n=188, 53.3%). Most participants had also participated in some form of 'other' gambling in the previous 12 months (n=664, 66.4%), with the majority of participants reporting having gambled on lotteries, scratch cards, or keno.

Table Three: Gambling characteristics by gambling status

	No- gambling  N=198 (19.8%)	Non- problem gambling  N=402 (40.2%)	Low risk gambling  N=126 (12.6%)	Moderate risk gambling  N=107 (10.7%)	Problem gambling  N=167 (16.7%)	Total*  N=1000 (100.0%)
<b>Gambling on EGMs</b>						
Never	198 (100.0)	193 (48.0)	39 (31.0)	20 (18.7)	25 (15.0)	475 (47.5)
< Once per month	0	182 (45.3)	54 (42.9)	46 (43.0)	32 (19.2)	314 (31.4)
1-3 times per month	0	22 (5.5)	23 (18.3)	25 (23.4)	43 (25.7)	113 (11.3)
Weekly	0	5 (1.2)	6 (4.8)	15 (14.0)	45 (26.9)	71 (7.1)
> Once per week	0	0	4 (3.2)	1 (0.9)	22 (13.2)	27 (2.7)
<b>Betting on sports</b>						
Never	198 (100.0)	318 (79.1)	64 (50.8)	43 (40.2)	24 (14.4)	647 (64.7)
< Once per month	0	57 (14.2)	41 (32.5)	32 (29.9)	35 (21.0)	165 (16.5)
1-3 times per month	0	15 (3.7)	11 (8.7)	15 (14.0)	46 (27.5)	87 (8.7)
Weekly	0	10 (2.5)	7 (5.6)	12 (11.2)	36 (21.6)	65 (6.5)
> Once per week	0	2 (0.5)	3 (2.4)	5 (4.7)	26 (15.6)	36 (3.6)
<b>Betting on horses</b>						
Never	198 (100.0)	213 (53.0)	58 (46.0)	39 (36.4)	23 (13.8)	531 (53.1)
< Once per month	0	160 (39.8)	51 (40.5)	38 (35.5)	44 (26.3)	293 (29.3)
1-3 times per month	0	15 (3.7)	9 (7.1)	13 (12.1)	44 (26.3)	81 (8.1)
Weekly	0	9 (2.2)	1 (0.8)	10 (9.3)	36 (21.6)	56 (5.6)
> Once per week	0	5 (1.2)	7 (5.6)	7 (6.5)	20 (12.0)	39 (3.9)
<b>Gambling at the casino</b>						
Never	198 (100.0)	281 (69.9)	67 (53.2)	40 (37.4)	22 (13.2)	608 (60.8)
< Once per month	0	115 (28.6)	49 (38.9)	48 (44.9)	45 (26.9)	257 (25.7)
1-3 times per month	0	5 (1.2)	7 (5.6)	15 (14.0)	46 (27.5)	73 (7.3)
Weekly	0	1 (0.2)	2 (1.6)	4 (3.7)	34 (20.4)	41 (4.1)
> Once per week	0	0	1 (0.8)	0	20 (12.0)	21 (2.1)
<b>Other</b>						
Never	198 (100.0)	76 (18.9)	29 (23.0)	14 (13.1)	19 (11.4)	336 (33.6)
< Once per month	0	156 (38.8)	47 (37.3)	34 (31.8)	28 (16.8)	265 (26.5)
1-3 times per month	0	68 (16.8)	21 (16.7)	26 (24.3)	40 (24.0)	155 (15.5)
Weekly	0	89 (22.1)	26 (20.6)	27 (25.2)	58 (34.7)	200 (20.0)
> Once per week	0	13 (3.2)	3 (2.4)	6 (5.6)	22 (13.2)	44 (4.4)
<b>Number of products used at least once in last 12 months (excludes 'other')</b>						
0	198 (100.0)	106 (26.4)	8 (6.3)	9 (8.4)	9 (5.4)	330 (33.0)
1	0	121 (30.1)	30 (23.8)	14 (13.1)	5 (3.0)	170 (17.0)
2	0	80 (19.9)	45 (35.7)	20 (18.7)	14 (8.4)	159 (15.9)
3	0	58 (14.4)	16 (12.7)	24 (22.4)	15 (9.0)	113 (11.3)
4	0	37 (9.2)	27 (21.4)	40 (37.4)	124 (74.3)	228 (22.8)

## 5.2.2 Perceptions of normalisation

### Availability of gambling products

Perceptions of the availability of gambling products is detailed in [Table Four](#). Nearly three quarters of participants perceived that gambling on EGMs (73.8%), betting on sports (71.7%), and betting on horses (70.8%), were either very or extremely available in Australia. While casino gambling was not seen as available as other products, over half (51.7%) perceived that this form of gambling was very or extremely available.

**Table Four: Perceptions of the availability of gambling activities**  
(0= not at all available – 100 = extremely available)

	Mean (0-100)	Standard error	95% CI	Very available (scores 75-89) n (%)	Extremely available (scores 90-100) n (%)
Gambling on EGMs	83.9	0.7	(82.6, 85.2)	175 (17.5)	563 (56.3)
Betting on sports	83.2	0.7	(81.9, 84.5)	171 (17.1)	546 (54.6)
Betting on horses	82.3	0.7	(80.9, 83.6)	186 (18.6)	522 (52.2)
Casino gambling	70.4	0.8	(68.8, 72.0)	198 (19.8)	319 (31.9)

In participants' qualitative responses about the factors that contributed to the social and cultural accommodation of gambling, participants described the accessibility and availability of gambling as a key reason, using terms such as “*always*”, “*everywhere*”, “*common*” and “*easy*” to describe the availability of gambling products. Participants specifically described the availability and accessibility of three of the four products - EGMs, sports betting and horse betting. Participants described the availability of EGMs in local communities, and in specific community venues, as contributing to a perception that these products were normalised for communities. For example, EGMs were described as being “*on every corner*”, in “*every club and pub*”, “*easily accessible in suburbs and country towns*”, and “*no matter where you are there are machines*”. Participants explained that the accessibility of EGMs meant that they were essentially a ‘social norm’ in many communities:

*I don't think pokies are socially acceptable, but as they are everywhere they have become the social norm.* – 51 year old female, non-problem gambling, New South Wales.

Similarly, participants perceived that sports and horse betting were normalised because of their round-the-clock availability on mobile betting platforms. For example, some participants felt that you could bet on sporting events and horse races “*every day*”, and that individuals had grown up in environments where betting was promoted and “*available*”. Some believed that this availability had significantly changed attitudes toward gambling, and they had become “*so common that people have learned just to accept it*”. In contrast, participants perceived that casino gambling was less accessible and as such was an occasional activity. Some participants directly compared casino gambling to the accessibility of mobile betting which was perceived to be more accessible.

*Gambling at a casino seems more like something people would do occasionally, rather than something they'd do all the time. Because there are few casinos available, most people in NSW would have to go out of their way to gamble at that type of establishment, and it would be unlikely for most people to be easily acceptable. Unlike sports betting, which people can do from their mobile devices. – 36 year old female, non-gambler, New South Wales.*

### Trying rates

Participants were asked to estimate the percentage of adults in the community who had ever participated in the four gambling activities (trying rates) (Table Five). The activity participants' believed most people had tried was gambling on EGMs, with more than half believing that over 75% of adults had ever tried EGMs (58.0%). In contrast, only one third of participants believed that over 75% of adults had ever tried betting on sports (33.4%), or gambled at the casino (34.5%).

**Table Five: Perceptions of percentage of adults who had tried gambling (0% – 100%)**

	Mean Rating (0-100)	Standard error	95% CI	Believe 75- 89% of adults gamble n (%)	Believe 90- 100% of adults gamble n (%)
Gambling on EGMs	71.7	0.6	(70.5, 72.9)	391 (39.1)	189 (18.9)
Betting on sports	68.4	0.7	(67.2, 69.7)	251 (25.1)	83 (8.3)
Betting on horses	61.5	0.7	(60.3, 62.8)	298 (29.8)	167 (16.7)
Gambling at the casino	60.4	0.7	(59.0, 51.8)	240 (24.0)	105 (10.5)

### Recent and regular use

Participants were asked to estimate the percentage of adults in the community who had gambled on each of the four products in the last month (recent use), or who gambled on each of the four products monthly (regular use) (Table Six). About a quarter of participants perceived that at least 75% of adults had gambled on EGMs (26.8%), or gambled on horses (22.4%), in the previous month, with one in five participants perceiving that at least 75% of adults had gambled at the casino (21.8%), or bet on sports (22.6%), in the last month. Participants perceived that the product that adults gambled on the most regularly was EGMs, with one in five participants (21.8%) perceiving that at least 75% of adults regularly gambled on this product.

**Table Six: Perceptions of percentage of adults who had recently gambled, and had regularly gambled (0% – 100%)**

	Mean Rating (0-100)	Standard error	95% CI	Believe 75- 89% of adults gamble n (%)	Believe 90- 100% of adults gamble n (%)
<b>Perception of the percentage of adults who have participated in gambling activities in the last month</b>					
Gambling on EGMs	58.6	0.7	(57.2, 59.9)	197 (19.7)	71 (7.1)
Betting on sports	55.3	0.7	(53.9, 56.7)	167 (16.7)	59 (5.9)
Betting on horses	54.1	0.7	(52.7, 55.6)	160 (16.0)	64 (6.4)
Gambling at the casino	50.7	0.8	(49.1, 52.3)	158 (15.8)	60 (6.0)
<b>Perception of the percentage of adults who regularly participate in gambling activities</b>					
Gambling on EGMs	54.5	0.7	(53.1, 55.9)	140 (14.0)	48 (4.8)
Betting on sports	51.3	0.7	(49.8, 52.7)	140 (14.0)	42 (4.2)
Betting on horses	50.3	0.8	(48.8, 51.9)	136 (13.6)	41 (4.1)
Gambling at the casino	46.2	0.8	(44.6, 47.9)	128 (12.8)	40 (4.0)

### Social and cultural accommodation

Table Seven shows the extent to which participants believed that the different gambling activities were socially or culturally accommodated in Australia. While participants perceived that EGMs were the type of product that adults gambled on the most regularly, they perceived that horse betting was the most socially accepted. Over 40% of participants perceived that horse betting was either very or extremely socially accepted, compared to about a third of participants who perceived that EGMs (31.5%), sports betting (35.8%), and casino gambling (30.6%) were socially accepted gambling products. Just under a third perceived that sports betting was very or extremely culturally accepted (30.4%). Horse betting was also perceived to be the most culturally accepted form of gambling with over 40% perceiving that this was very or extremely culturally accepted. A quarter of participants perceived that EGMs (25.3%) were very or extremely culturally accepted, with casino gambling the least culturally accepted (21.1%).

**Table Seven: Perceptions of the social/cultural acceptance of gambling activities**

(0 = Not at all socially accepted/part of the culture – 100 = Completely socially accepted/part of the culture)

	Mean Rating (0-100)	Standard error	95% CI	Very acceptable (scores 75-89) n (%)	Extremely acceptable (scores 90-100) n (%)
<b>Social acceptance</b>					
Gambling on EGMs	59.3	0.8	(57.7, 60.9)	190 (19.0)	125 (12.5)
Betting on sports	63.3	0.8	(61.8, 64.7)	205 (20.5)	153 (15.3)
Betting on horses	66.6	0.7	(65.2, 68.1)	229 (22.9)	194 (19.4)
Gambling at the casino	59.8	0.8	(58.3, 61.3)	192 (19.2)	114 (11.4)
<b>Cultural acceptance</b>					
Gambling on EGMs	57.0	0.7	(55.6, 58.5)	182 (18.2)	71 (7.1)
Betting on sports	59.8	0.7	(58.4, 61.3)	201 (20.1)	103 (10.3)
Betting on horses	65.8	0.7	(64.4, 67.2)	246 (24.6)	166 (16.6)
Gambling at the casino	52.3	0.8	(50.7, 53.9)	136 (13.6)	75 (7.5)

Participant's qualitative comments provided more in-depth insight into why different gambling products were socially and culturally accepted.

The qualitative findings in relation to social and cultural accommodations provided more detailed information about why gambling products were becoming socially and culturally accepted.

Many participants, and particularly those who had gambled, perceived that EGMs were socially accepted because they were present at venues where people went to have a meal or a coffee, went for a night out, or to socialise with friends:

*Poker machines - because people see this activity as a regular night out (part of dinner etc.) - 59 year old, male, problem gambler, Victoria.*

Similarly, sports betting, horse betting, and casinos were perceived to be socially accepted because of their links with other forms of socially valued entertainment. For example, some described that non- gambling events (such as fashion shows, or family activities) that were associated with horse racing carnivals made them culturally valued in many communities:

*I think betting on horses is most socially accepted because it's become part of Australian tradition due to the Spring Racing Carnival and the winning and losing of money is so surrounded by the fashion, food and glamour of going to the races that it doesn't seem as bad as other forms of gambling. – 34 year old, female, non-problem gambler, Victoria.*

Participants described the role of advertising and promotions in creating a perception that gambling was socially accepted and valued. This was most commonly associated with sports betting. For example, participants described the role of advertising in linking betting with sport, and in encouraging individuals to gamble as a way of being involved in sports and supporting their team:

*Accepted as a part of being involved in sports these days is to gamble on it. Betting on games is promoted during all the matches which further normalises and encourages it. – 28 year old, female, non-problem gambler, New South Wales.*

While participants perceived that advertising was contributing to social acceptance, there were also highly negative attitudes towards promotions, describing them as “intrusive” or “excessive” or a “barrage”. Participants were particularly concerned at the role of saturation advertising in creating social acceptance of gambling amongst children:

*The recent influx of TV advertisements for sports betting is likely to also normalise the activity, particularly since these ads are usually screened during sports telecasts. These ads fit seamlessly within the sports broadcast, and people will be interacting with their betting Apps as the game progresses. Sports events are then likely to be more of a trigger for the urge to bet. It also makes betting seem more normal to children from a younger age. – 36 year old, female, non-gambler, New South Wales.*

Participants perceived that some forms of gambling were intrinsically linked to Australian history and traditions, and the Australian ‘way of life’. This was particularly the case for products that participants perceived had a lengthy history within different communities. For example, participants in New South Wales commented that EGMs had been available since the 1950s, and had become a social hub for, in particular, older adults. Some believed this to be facilitated by social agencies such as retirement villages and seniors’ clubs, which provided pathways to local EGM venues as a form of entertainment.

Similarly, participants described the historical traditions associated with the horse racing industry. Participants from both Victoria and New South Wales mentioned the public holiday associated with the Melbourne Cup horse race. For example, one 16 year old described the public holiday associated with horse racing, and that a lot of people gambled on this event, and another participant stated that Australia was a country where “we stop for a horse race”. Others stated that it was perceived to be socially unacceptable not to gamble on the Melbourne Cup horse race:

*Betting on racehorses has a very long history in Australia and our culture makes it almost unacceptable not to bet on the Melbourne Cup in some manner. – 67 year old, male, non-gambler, Victoria.*

Despite sports betting being a relatively new gambling activity in Australia, some participants described that sports betting was becoming embedded in the Australian way of life because of



Australians' love of sport, the excessive promotion of gambling, and the endorsement of betting by sporting codes such as the Australian Football League and National Rugby League. Younger people in particular perceived that it was quite logical that this form of gambling would be a part of Australian culture. For example, a 17 year old participant stated that it "*makes sense*" for sports betting to be the most culturally accepted form of gambling because of "*how much we as a nation are into our sports*".

### Overall perception that gambling activities were 'normal'

Table Eight summarises participants' perceptions of how 'normal' each gambling activity is. Horse (28.8%) and sports betting (26.8%) were perceived as the most normalised, with over one in four participants perceiving these products to be either very or extremely normal. Responses in relation to this question received the lowest mean score. This was the only question that had product mean scores below 50; EGMs (47.9), and casino gambling (45.1).

**Table Eight: Perceptions of the degree to which gambling activities are normal (0 = not at all normal – 100 = extremely normal)**

	Mean (0-100)	Standard error	95% CI	Very normal (scores 75-89) n (%)	Extremely normal (scores 90-100) n (%)
Gambling on EGMs	47.9	0.9	(46.2, 49.6)	165 (16.5)	53 (5.3)
Betting on sports	51.9	0.9	(50.2, 53.7)	196 (19.6)	72 (7.2)
Betting on horses	54.4	0.9	(52.7, 56.1)	187 (18.7)	101 (10.1)
Casino gambling	45.1	0.9	(43.4, 46.8)	112 (11.2)	60 (6.0)

## 6. Key findings and markers of denormalisation

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### 6.1 Stakeholder workshop

To develop the key discussion points and recommendations from this research report we held a workshop with eight independent experts in public health and gambling from national and community organisations.

Participants had expertise in research and policy advocacy from tobacco, alcohol, food, and gambling reform. The role of this workshop was to discuss the key findings from the first two studies, and to provide a range of suggestions about a set of markers for the denormalisation of gambling consistent with the approach taken for tobacco by Malone et al [2012], Joossens and Raw [2006], and Chapman and Freedman [2008]. Consistent with Malone et al [2012] in relation to tobacco control, we sought to identify strategies that would contribute to the denormalisation of gambling product use, and the gambling industry.

We sought to identify strategies across three key domains: policy, practice (including public health prevention strategies) and research. It is important to note that the workshop did not aim to provide recommendations on clinical approaches as these were considered to be outside of the expertise of the group.

The workshop was conducted in September 2017. Participants were sent a summary of each of the studies, the key findings of the studies, and the key overall discussion points. Participants were asked to consider the range of strategies that could be used to respond to two clusters of denormalisation strategies: 1) strategies aimed at denormalising the gambling industry and its tactics; and 2) strategies to denormalise the use of gambling products.

### 6.2 Key findings

This study aimed to understand the range of factors that may contribute to the normalisation of gambling products, and strategies that may contribute to reduce the normalisation of gambling products and behaviours. The study had two specific aims:

1. To explore, from expert and community perspectives, the key dimensions of normalisation (access and availability; trying rates; perceptions of recent and regular use; social accommodation; cultural accommodation).

2. To propose a set of 'markers for denormalisation', that is, strategies which may be used to monitor and challenge the normalisation of gambling products and behaviours.

The three research questions for this study provide the discussion points for this report.

## **RQ1: What are the range of factors that may contribute to the normalisation of gambling products?**

Parker and colleagues [2002] proposed that there are five key dimensions to normalisation: the access and availability of those products, the willingness of people to try those products, whether products have been recently or regularly used, whether products are socially accepted, and whether products are culturally accommodated.

Study one found evidence that each of these dimensions occur in relation to gambling products, and the behaviours associated with some gambling products in both in expert stakeholder interviews, and in the study of community gambling behaviours and perceptions.

Parker and colleagues [2002] note that there has been very limited research seeking to understand the factors that may contribute to these dimensions. In this study the stakeholder interviews identified a number of factors that may be contributing to the process of normalisation of gambling products.

These included, but were not restricted to:

- The development of online gambling platforms, which increased the ability of individuals to gamble 24 hours a day, 7 days a week.
- The diversification of gambling products, which contributed to an increased range of gambling product choices, and higher intensity products.
- The endorsement of gambling by socially and culturally valued agencies within communities, such as community clubs, and sporting teams and codes.
- The promotion of gambling products and services that may create an appearance that gambling is a regular activity.
- The framing of gambling as an activity associated with responsibility, that by-and-large is fun and entertaining, and which does not recognise the specific harms associated with gambling products.
- The ability of the gambling industry to influence research, policy and decision-making.
- Factors, including government regulatory decisions, which contributed to embedding and increasing gambling venues and products within suburban and community settings.

## **RQ2: To what extent are some gambling products perceived to be normalised in community settings?**

Study two showed that there are different perceptions of normalisation associated with different gambling products. In particular, the following findings related to each of the dimensions of normalisation.

- This study demonstrated that some participants perceived that gambling products are very or extremely available.
  - Just under three quarters of participants perceived that EGMs, sports betting, and horse betting were very or extremely available in communities.
  - The key qualitative reasons for these perceptions included that some forms of gambling were “everywhere”, and were embedded in local suburban areas and communities.
- This study demonstrated that there is evidence that some groups of participants engaged in gambling regularly, with an exaggerated perception across the sample that most adults engaged in recent or regular gambling.
  - The majority of participants (four in five) reported gambling in the previous 12 months.
  - Regular gambling was associated with two specific gambling products – EGMs, and sports betting.
  - There was an exaggerated perception amongst some participants that the majority of adults in Victoria and New South Wales had gambled recently and regularly on each of the products, particularly on EGMs.
- This study found that there were differences in perceptions associated with the socio-cultural acceptance of gambling products.
  - While EGMs were considered as the product that was most easily accessible and that people gambled on regularly, this was not the product that was perceived as the most socially or culturally accepted.
  - Horse and sports betting were perceived as the most socially and culturally accepted products.
  - Qualitative data indicated that perceptions of socio-cultural acceptance were linked with historical traditions, alignment with socially valued institutions, and the promotion of gambling.

- Sports betting is a relatively new form of gambling, however it was concerning that this was the product that received the second highest rating of 'normal' behind horse racing, with approximately a quarter of participants perceiving that sports betting was very or extremely normal. Given the accessibility of sports betting products, their alignment with a culturally valued activity such as sport, and the significant amount of promotion for these products, this finding, while concerning, is perhaps not surprising. There is an urgent need for research, prevention, and policy initiatives seeking to identify how to reduce each of these factors to ensure that sports betting does not become further embedded as a frequent, and socially and culturally accepted form of gambling.
- It is important to note that just because the community perceived that some products are normalised, this does not mean that they agree that these products *should be* normalised. A related study using this same data set indicates that individuals support clear regulatory frameworks being placed around gambling products to restrict and reduce the availability and accessibility of gambling products, and how they are promoted within communities via a range of marketing channels [Thomas et al., 2017].

### **RQ3: Are there strategies that may be used to respond to factors that contribute to the normalisation of gambling and gambling products in different communities?**

The factors that contribute to the normalisation of gambling are complex and vary across different gambling products that were specifically examined in this research – pokies, casino games, horse betting, and sports betting. A range of 'denormalisation' strategies will be necessary as part of a comprehensive public health approach to reducing and preventing gambling harm, and a number of such strategies were identified by expert stakeholders. It is important to note that this is not an exclusive list, but some initial points for consideration by researchers, public health practitioners and policy makers.

Denormalisation strategies should comprise:

- Strategies aimed at denormalising the gambling industry and its tactics.
- Strategies aimed at denormalising the use of gambling products.

Strategies aimed at denormalising the tactics of the tobacco, alcohol and junk food industries, and the use of these products, have been central to developing effective public policies to reduce and prevent the harms associated with smoking, obesity, and harmful alcohol consumption [for further discussion see Malone et al, 2012; Thomas et al, in press]. They have also been central pillars in recommendations of public health reports in Australia – such as the roadmap for action recommended in the Australian National Preventative Health Strategy to reduce the burden of disease from tobacco, alcohol and obesity [National Preventative Health Taskforce, 2009].

While there are undoubtedly a range of specific strategies that could be implemented to denormalise the tactics and strategies entailed in the gambling industry's attempts to promote and increase the consumption of its products, the workshop generated three key starting points.

### **1. Develop a priority driven research agenda for gambling harm prevention.**

This agenda would be aimed at enhancing the capacity of independent researchers (i.e. not funded by or linked with the gambling industry) to undertake strategic research to guide effective policy interventions. As with other priority driven research exercises in public health [Department of Health, 2012], the Research Priority Agenda should “pose the most important and relevant research questions” for the reduction and prevention of gambling harm. This would include the development of strategies aimed at:

- a) Reducing and restricting the accessibility and availability of gambling products
- b) Addressing aspects of the design and promotion of gambling products that may cause harm
- c) Developing effective strategies to protect consumers (including individuals, their families and communities) from the harms associated with gambling products
- d) Increasing public awareness about the harms associated with gambling products
- e) Developing community based approaches aimed at reducing and preventing gambling harm, including uptake and regular engagement with gambling products.

It was noted that those with potential conflicts of interest, such as the gambling industry and organisations associated with it, and industry funded researchers, should not be involved in setting the research agenda, in line with the approach set out in Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) and its Guidelines [World Health Organisation, 2005]. Importantly, there should also be clear strategies for the timely and appropriate dissemination of research, and clear declaration of interest statements associated with all publications.

### **2. Developing ‘industry free’ coalitions and ‘safe spaces’ for consultation about gambling policy and harm prevention.**

There is good national and international evidence from areas such as tobacco, alcohol and obesity about the importance of coalitions in promoting community awareness and concern, generating action by key health, social and community groups, countering the influence of the relevant industries and influencing policy.

Approaches include:

- a) Development and co-ordination of coalitions at local, state and national levels.
- b) Involvement of a wide range of relevant organisations.
- c) Agreed consensus policy positions and objectives.
- d) Public role for coalitions, in concert with member organisations.

- e) Support for coalition members (e.g. through regular information).
- f) Appropriate engagement of coalition members both on a continuing basis and at keytimes.

### **3. The dissemination of clear, independent evidence-based information.**

There were three important strategies in ensuring that independent evidence is disseminated to inform gambling harm reduction and prevention initiatives. These included:

- a) The development of platforms to enable the sharing of information.
- b) The use of evidence to develop consistent messaging strategies about gambling harm that can be used by different groups. This includes the development of information materials that use evidence to address industry 'myths'.
- c) Rapid policy briefs to guide decision making at the community, state and federal levels. Importantly, policy briefs should aim to shape the decision making agenda, and empower local communities to make change.
- d) The dissemination of information to local communities, with regular opportunities for local communities to share and discuss information.

### **4. The development of carefully researched messaging strategies which shift the public debate away from 'problem people' and towards 'problem products'. This included reframing messages away from 'responsibility' messages.**

Research from other areas of public health has stressed the importance of carefully researched and well-crafted messages which aim to:

- a) Provide clear information about the realities of products, and the expected outcomes of consuming products.
- b) Dispel any myths associated with products and the use of products that may be put forward by industry.
- c) Counter the perception that the engagement with these products is a normal and valued part of socio-cultural identities.

Appropriate forms of research will enable those who are creating message sets to determine which types of messages are most effective in reaching different audience segments, including what resonates with individuals in the community and will influence attitudes and behaviour change. It is important that these messages should be developed independently of industry (or others with vested interests) and independently evaluated, and that the information gained is used to develop and improve messaging strategies.

## 6.3 A revised definition of the normalisation of gambling.

Finally, in understanding the implications of this study it is important to reconsider the working definition of the normalisation of gambling that we proposed at the beginning of this report:

*The interplay of socio-cultural, environmental, commercial and political processes which influence how different gambling activities and products are considered as being an accepted part of everyday activities.*

The results of this study indicates that while this definition is adequate, it does not capture the key dimensions of normalisation identified by Parker and colleagues [2002]. We would therefore propose a revised and more comprehensive definition of the normalisation of gambling to guide future research, public health practice and policy making decisions:

*The interplay of socio-cultural, environmental, commercial and political processes which influence how different gambling activities and products are made available and accessible, encourage recent and regular use, and become an accepted part of everyday life for individuals, their families, and communities.*

This definition is a starting point for guiding a new focus on the processes that contribute to the normalisation of gambling activities and products, and the strategies to respond to these.

## 6.4 Limitations

It is important to acknowledge the limitations of these studies. First, Study One collected data using convenience sampling techniques. While we tried to sample a range of experts working in the gambling field, many experts were unable to be contacted to participate in the study. It is also important to note that we specifically sought to exclude potential participants we believed had associations with the gambling industry. The sample for Study Two of this report contained high numbers of individuals who participated in or who were experiencing harm from gambling, compared to prevalence rates in other population based studies [Hare, 2015, Sproston et al., 2012]. It has been suggested that the use of online surveys may provide a way of accessing individuals with higher rates of gambling [Mishra and Carleton, 2017]. It may be that online surveys offer a way of accessing participants who may not respond to land-based questionnaires. While it is important to collect data on individuals most at risk of gambling harm, these findings may not be generalizable to the general population. It should also be acknowledged that the survey did not differentiate between online and land-based gambling, and it may be that the high gambling participation rates seen in this study were associated with online gambling participation.



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