

# Gambling – A public health approach

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# Overview

- What is a public health approach?
  - Stewardship and the social determinants of health
  - Approaches to prevention of harm
- Gambling as a public health issue
  - Harms and the rationale for action
  - Lessons from harm minimisation – tobacco and alcohol
- Strengthening the public health approach to gambling
- Conclusions

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# What is a public health approach?

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946)
- Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society (Acheson, 1988)
- Historical success controlling infectious disease, now combatting chronic diseases
- VicHealth established in 1987 as a part of tobacco control

# The stewardship model of public health

## Legitimate goals

- promoting the health of children and other vulnerable people
- helping people to overcome addictions and other unhealthy behaviours
- ensuring that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise

## But recognise the need to

- not attempt to coerce adults to lead healthy lives
- minimise interventions that are introduced without individual consent of those affected, or without a just mandate, such as democratic decision-making
- seek to minimise interventions that are perceived as unduly intrusive and in conflict with important personal values

## The intervention ladder

- Eliminate choice, e.g. banning sale of sugary drinks in health services
- Restrict choice, e.g. restrictions on sizes of sugary drinks than can be sold
- Guide choice through disincentives, e.g. taxing sugary drinks
- Guide choices through incentives, e.g. rewards for swapping sugary drinks for water
- Guide choices through changing the default policy, e.g. meal deals including water rather than sugary drinks
- Enable choice, e.g. providing free water
- Provide information, e.g. dietary guidelines
- Do nothing or simply monitor the current situation

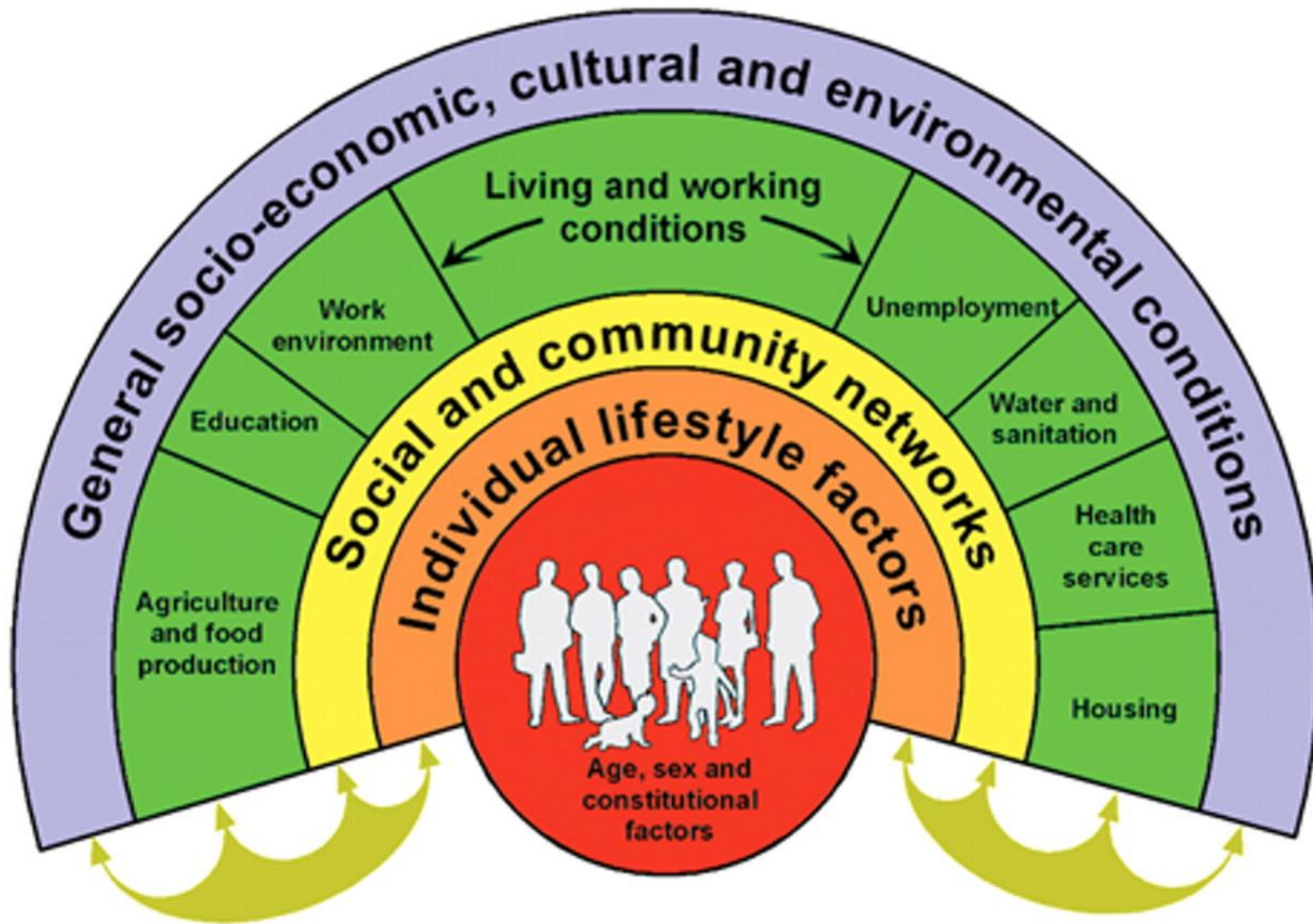
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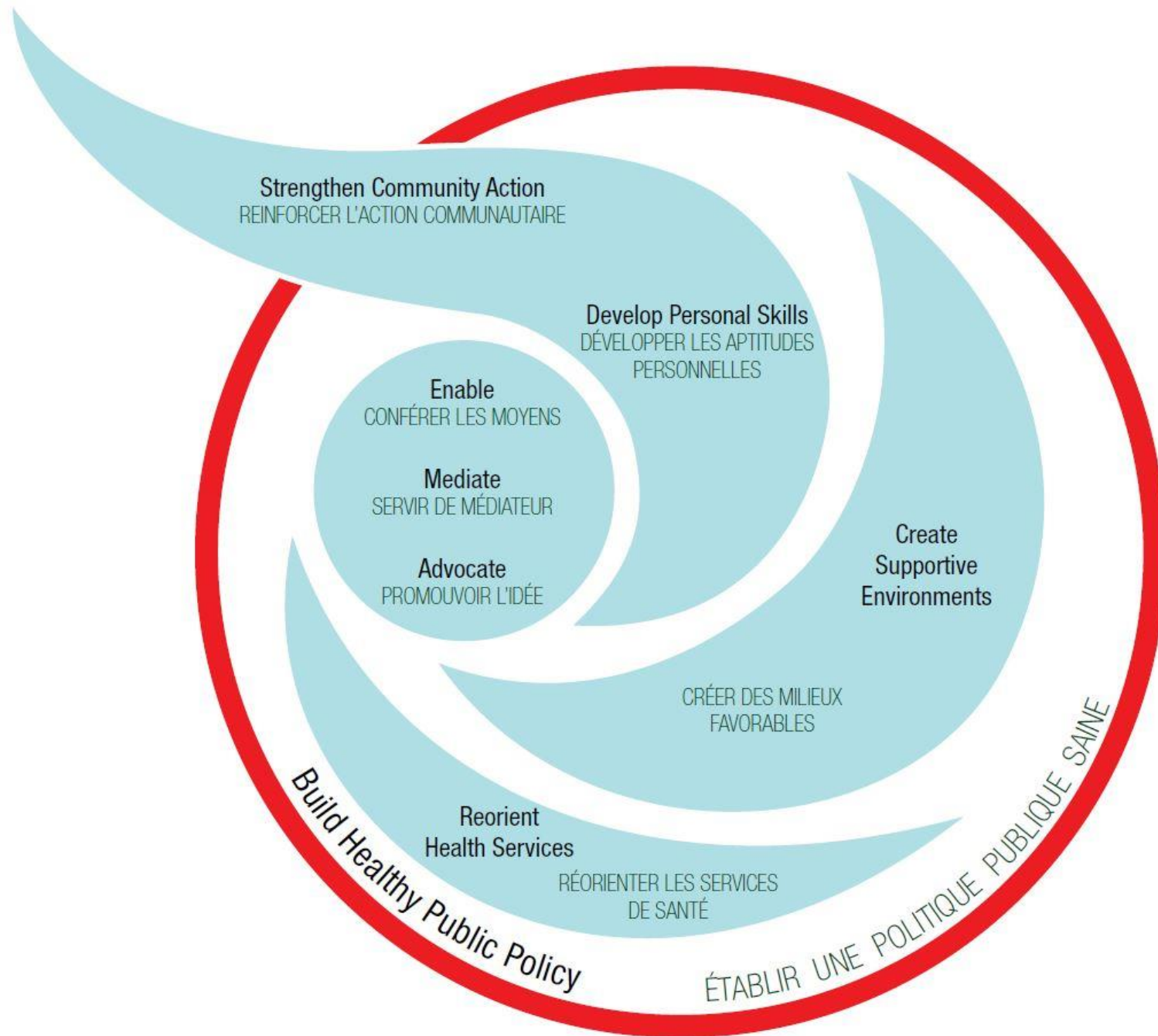
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# Action up and downstream



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# Gambling as a public health issue

- **Gambling-related harms affect individuals, families, communities and society as a whole**
  - Total burden comparable to 2/3 major depressive disorder, x5 diabetes mellitus or chronic obstructive pulmonary disorder
- **Problem gambling is as harmful as bipolar disorder or migraine**
  - 15% total burden of harm in the population
- **Moderate risk gambling is as harmful as mild alcohol misuse disorder**
  - 35% total burden
- **Low-risk gambling is as harmful as hearing loss or moderate anxiety disorder**
  - 50% total burden



## Gambling as a public health issue

- Gambling causes widespread, significant direct and indirect harm to individuals and non-gamblers – particularly through electronic gaming machines
- Action to reduce these harms is ethically warranted, particularly as an addictive behaviour impacting vulnerable individuals and communities
- Environmental, geographic, social, cultural, demographic, socio-economic, family and household factors increase the risk of problem gambling
- Early intervention and harm reduction among established problem gamblers is critical, but neither the most effective nor most efficient means to reduce these harms

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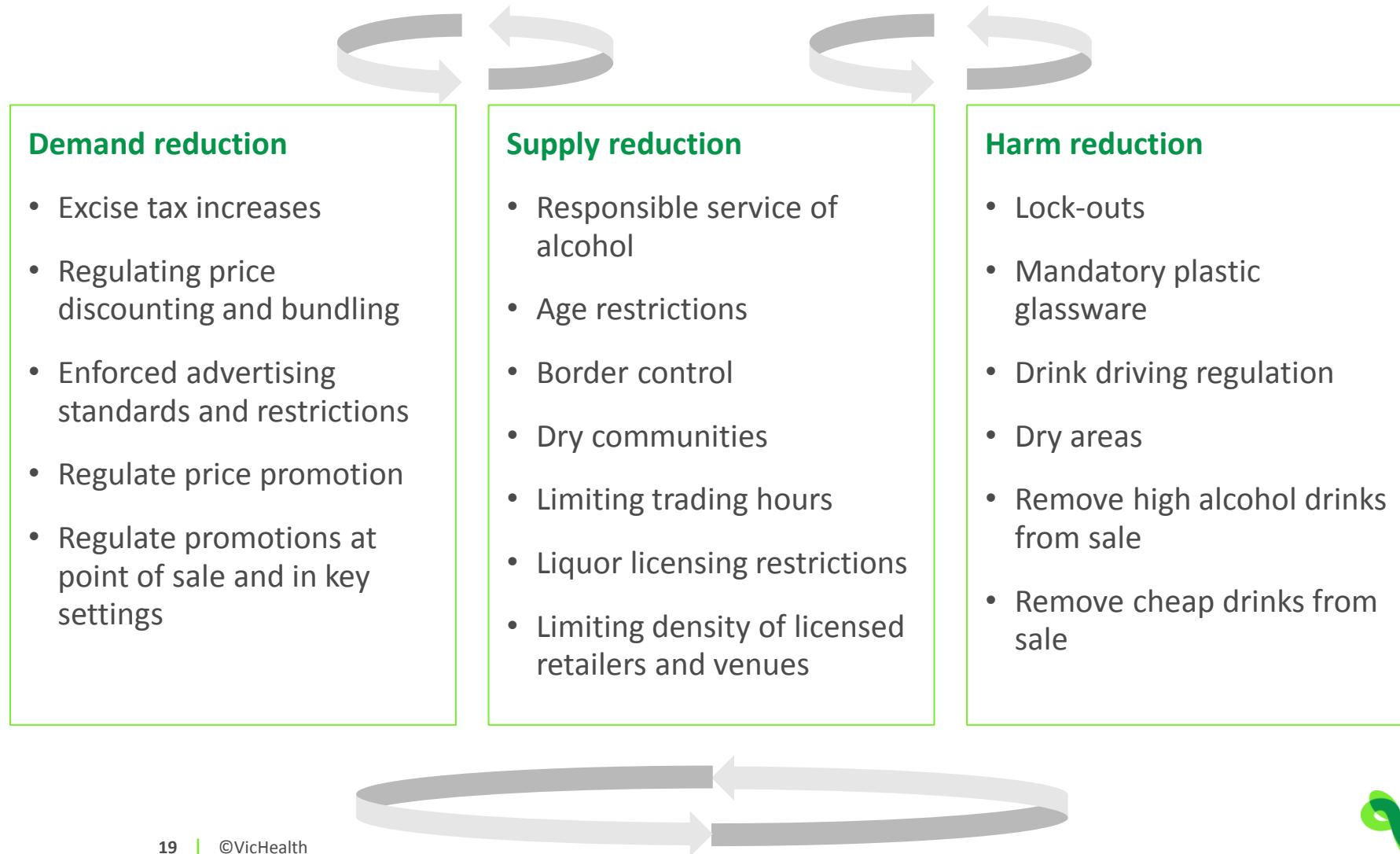
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## Drug strategy

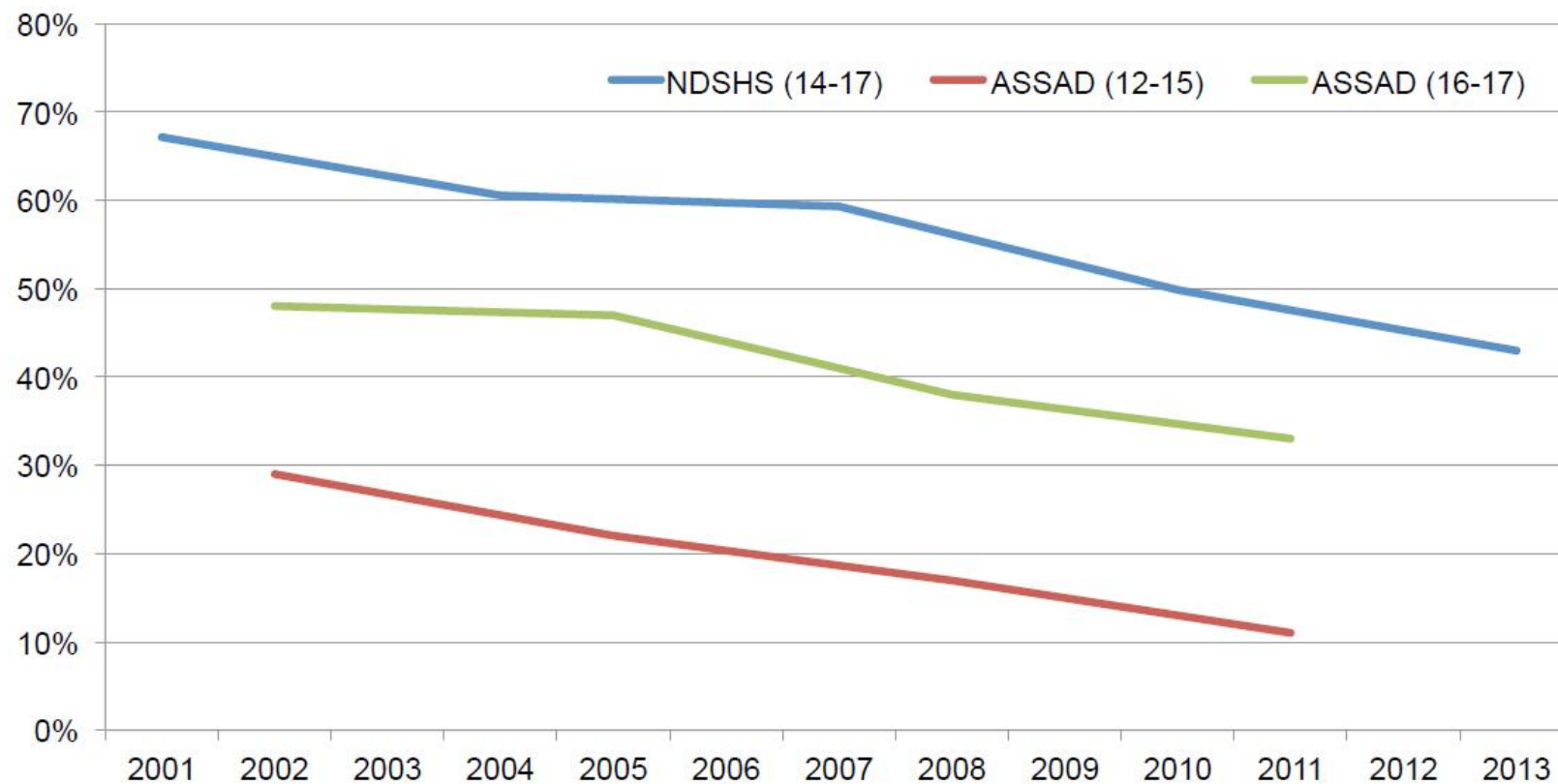
- Demand reduction to prevent misuse and support recovery
- Supply reduction to prevent production and supply of illegal drugs and control the availability of legal drugs
- Harm reduction to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs

# Alcohol harm minimisation through regulation: general examples



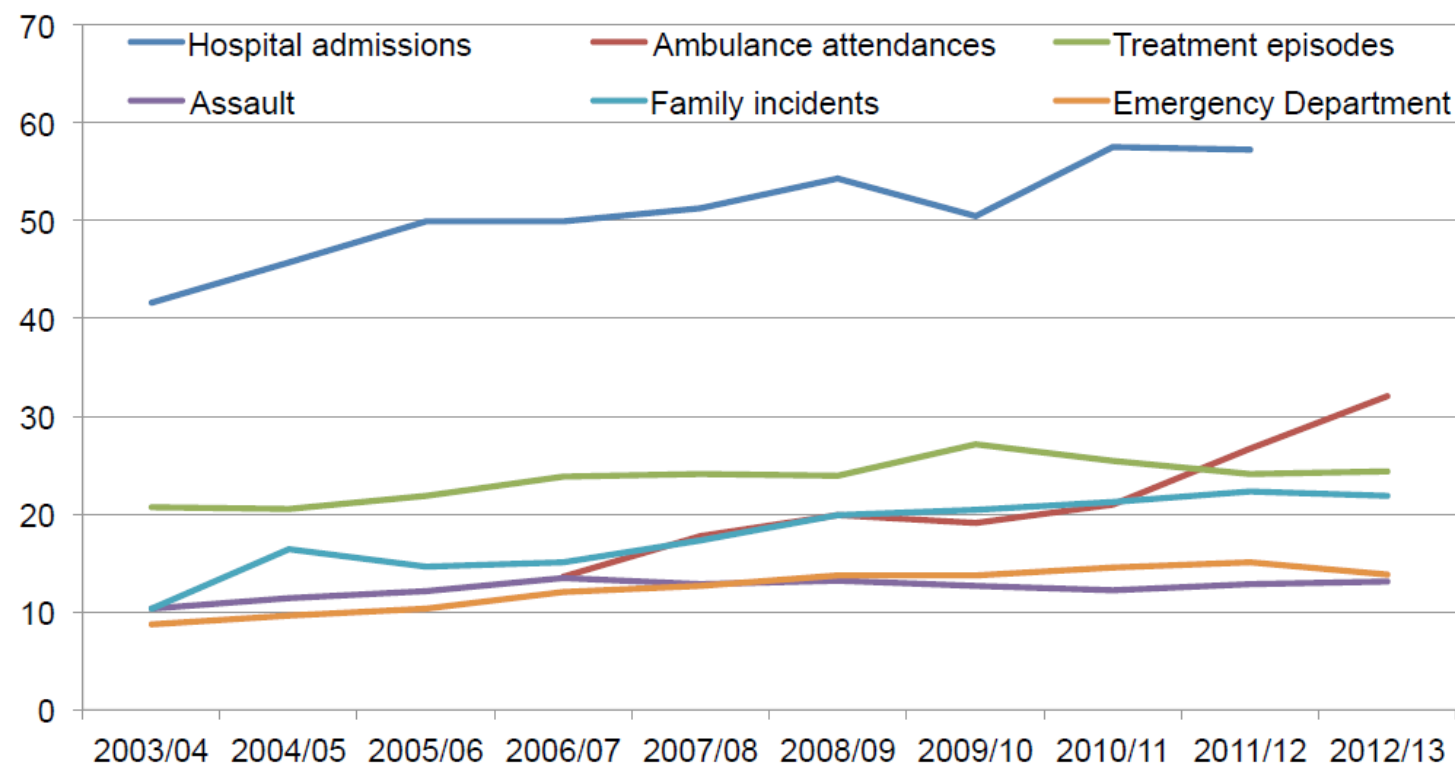
# Consumption

## Underage drinking



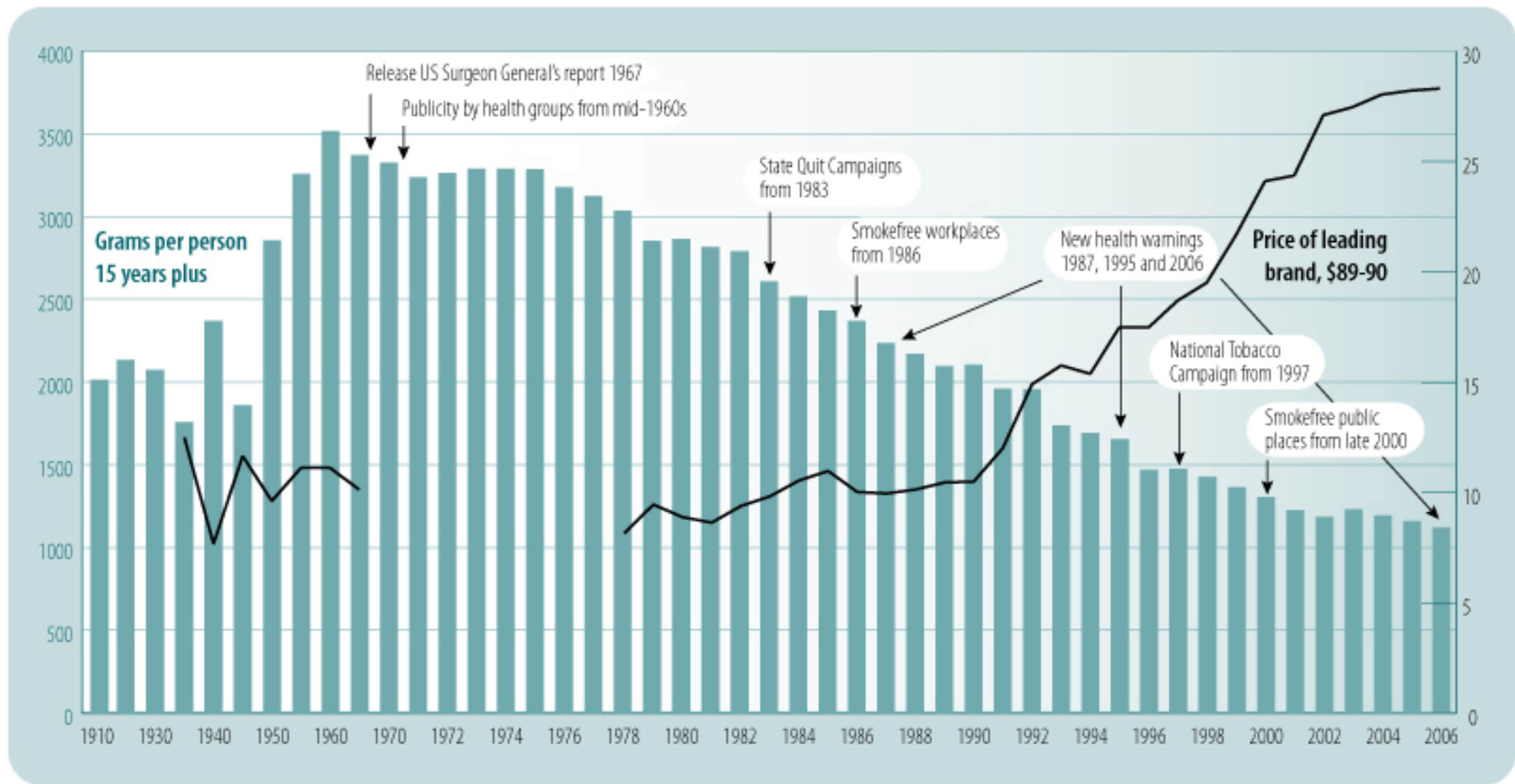
# Harm trends

Generally increasing harm rates over the past decade  
(although road injuries and deaths are steady)



## Tobacco control – WHO MPOWER framework

- **M**onitor tobacco use and prevention policies
- **P**rotect people from second-hand tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, improvement and sponsorship
- **R**aise taxes on tobacco



Source: Scollo VCTC 200346

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## Strengthening the public health approach

- Better public policy – through legislation, regulation, fiscal measures and taxation responsive to community concern
- More supportive environments – building evidence-based harm minimisation strategies in communities and gambling environments
- Strengthening community action – tackling stigma, building awareness and community support for change
- Developing personal skills – building evidence-based prevention programs for the whole community and those at risk of harm
- Reorienting health services – strengthening evidence-based early intervention, treatment and rehabilitation pathways for problem gamblers

## Moving upstream

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## Conclusions

- Gambling is a whole of population public health problem
- We need to strengthen our approach to prevention of harm and move upstream
- Evidence from harm minimisation in drug strategy shows change is possible, but takes time, leadership and attention to detail
- The clinical community can play a key role in organising and advocating to empower the community for change