



## **The use of public health models for gambling help services**

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## **Purpose**

The purpose of this paper is to provide a brief description of the public health model as well as illustrate how the model has been utilised in other jurisdictions to plan for and provide gambling help services. This information is intended to motivate debate regarding their possible application in the South Australian context. This paper has been written to provide a starting point for further discussion as well as the basis of the development of strategic government advice for future funding and model development for the gambling help services.

## **Introduction**

Governments worldwide have been enjoying the income that the explosion of gambling has delivered them. Alongside this marked increase in revenue has been growing concern over the sociological effects of greater access to gambling products and services, particularly on the vulnerable and disadvantaged. In South Australia, the government has focused upon a medical model of individualised treatment for problem gambling rather than population based approaches. Unfortunately this steely focus upon the medical model, and a funding model that only provides funding for frontline services, has been to the detriment of community education and other prevention and early intervention strategies.

Internationally the reverse is true, with concern over increasing incidences of problem gambling leading to many governments viewing problem gambling and public policy development within the context of the public health model (Wynn 1997, cited in Messerlian and Deverensky 2005).

Much of the discussion of gambling as a public health issue began with the formative work from Korn and Shaffer (1999). They highlighted that the growth in gambling revenue was joined by a simultaneous rise in problem gambling behaviour and gambling harm. Korn and Shaffer re-conceptualised gambling by viewing the effects of gambling through a public health policy lens. They argued that if policy makers examined gambling from a population health, health promotion and human ecology perspective then this would provide the necessary data and knowledge to strengthen policy, research and practice in their response to gambling harm. Korn and Shaffer further argued that governments need to commit to a greater focus on examining and recording the social costs of gambling, and not just the perceived benefits (Messerlian and Deverensky 2005).

## **What is a public health model?**

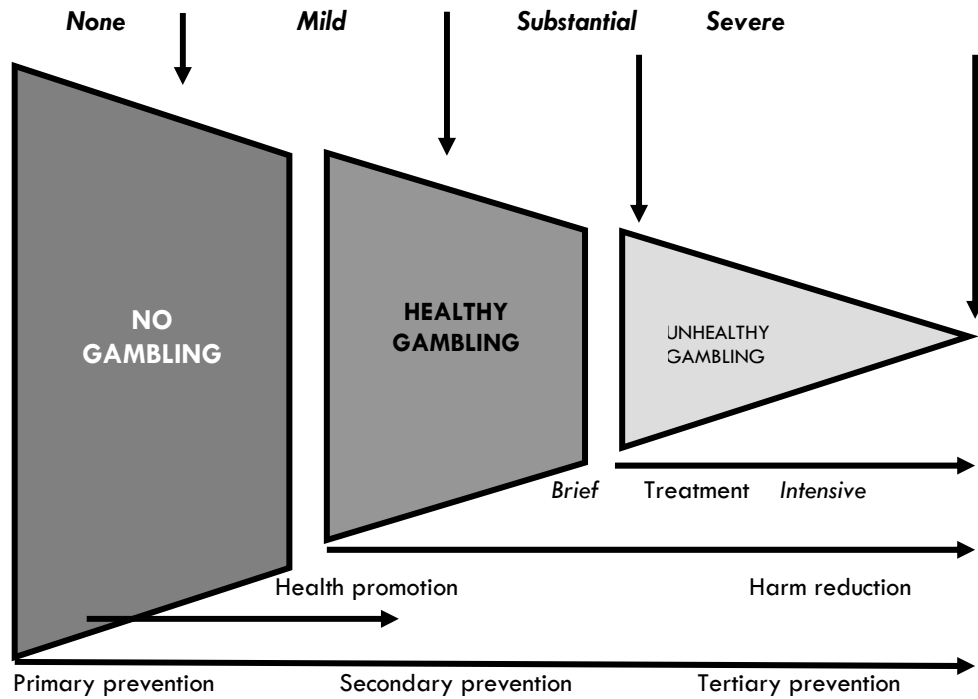
The public health model is a framework from which an integrated, whole-of-community (which includes government) response can be delivered on particular issues that affect the health of a community. The public health model is gaining acceptance within many governments and service agencies worldwide as a theoretical framework with which to respond to issues such as drug and alcohol use, and recently child abuse. Until recently, the effects of gambling addiction or problem gambling behaviour were not thought of in the same way as drug and alcohol addiction. Governments such as the New Zealand government have recognised the effects that problem gambling is having on the health of not only individuals and families but also on communities, and have acted to respond to gambling within a public health framework (Shaffer 2003).

Moreover, public health perspectives allow not only an exploration of the biological and behavioural elements of problem gambling (the medical model), but can also explore and address the social and economic determinants of problem gambling behaviour such as poverty, unemployment, co-morbid elements and disadvantage (Shaffer 2003).

The key difference between the treatment or medical model (the preferred model of operation for many years) and the public health model is the renewed focus upon prevention and early intervention viewed as part of a continuum. The public health model recognises that there are deficits and benefits to gambling for a society. If governments recognise the health, environmental, social and economic impacts of gambling then they will be able to develop informed strategies that seek to minimise the negative effects of gambling whilst fostering the positive effects (Korn 2002).

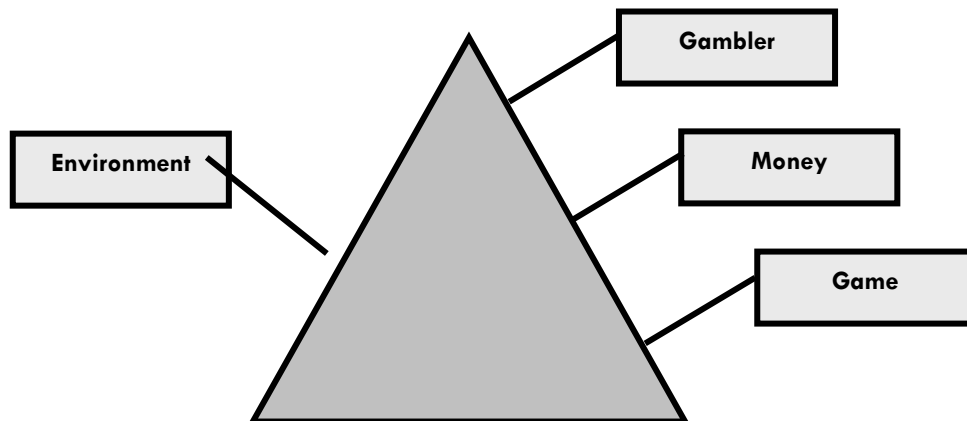
A public health approach can be implemented through existing structures. Already, public health agencies exist at community, local council, state and federal levels and are well suited, particularly at grass roots community levels, to detect and track changes in pathological gambling behaviour as well as the other social and community impacts of problem gambling (Korn 2002).

**Figure 1: The Korn and Shaffer 'Public Health Framework for Gambling' 1999**



The Korn and Shafer 'public health framework for gambling model' seen above effectively illustrates that the use of primary, secondary and tertiary prevention can be used over a continuum that begins before people present as problem gamblers while also being responsive to people who are experiencing severe problems from their gambling behaviour. Contemporaneously, the treatment/medical model has only sought to address the thin end of the wedge.

Within the public health model, the individual is conceptualised as being only one element in a much larger and complex system, demonstrated in Figure 2. The gambler is seen as being affected by opportunity, means, the gambling method and their environment.



**Figure 2: A Public Health Model of Gambling**

This straightforward model (derived from a public health model of communicable disease) is able to articulate the multiple determinants that contribute to problem

gambling behaviour. There is not simply a biological or pathological reason why someone will gamble or gamble to excess but problem gambling is caused by a complex series of factors ranging from the environment, access to money, access to gambling as well as individual psychological and social factors (Korn 2003).

## Principles of the public health model

In 2003, Shaffer argued that the public health perspective for gambling had four guiding principles. These principles are:

1. **Scientific research is the foundation of public knowledge**  
*A public health perspective requires that policy and action are based upon sound scientific research.*
2. **Public health knowledge comes from population based observations**  
*The public health approach explores the distribution and determinants of gambling and gambling harm across a population.*
3. **Health initiatives are proactive (for example, health promotion and prevention are primary while treatment is secondary)**  
*Population based research has demonstrated that certain groups in society are more susceptible to problem gambling behaviour and gambling harm. As such, Korn and Shaffer (1999) suggested that the public health perspective protects and advances health by:*
  - **Preventing** gambling related harm in individuals and groups who are most susceptible.
  - **Promoting** balanced and informed policies towards gambling and people who gamble.
  - **Protecting** vulnerable groups from gambling harm.
4. **Public health is balanced and considers both the costs and benefits of gambling**  
*The public health approach to gambling encourages the balance of many different perspectives, research methodologies and considerations and gives a broad perspective on gambling and not just a focus on the costs.*

## Why use a public health model?

The public health model provides a useful framework with which policy makers can view gambling-related issues more broadly rather than just at an individual level. The model provides the ability to conceptualise gambling-related behaviours and issues and assign them to various points across a health-related continuum which (as stated earlier) is a similar approach previously taken by governments to address alcohol and drug addiction responses. The public health model goes further than treatment and medical models (that seek to ameliorate the end results of a particular issue) by re-conceptualising the issue, investigating sociological determinants and contributors while working across departments and communities to prevent problems from occurring.

Concurrent with opportunities for informing appropriate and meaningful public policy, when governments adopt the public health approach to health promotion significant opportunities arise to promote public health within existing social and institutional environments, such as schools, workplaces, community centres, other public spaces and within the gaming environment (McCabe, 2008). This public health model focus upon prevention and early intervention as the first steps in reducing gambling-related harm is vitally important to reduce problem gambling in areas characterised by low incomes and a proliferation of electronic gaming machines. A whole of government approach will involve partnerships and collaboration across the three tiers of government who have a positive role to play in primary, secondary and tertiary prevention (Ministry of Health 2004).

## New Zealand's adoption of the public health model

In July of 2001 the New Zealand government publicly acknowledged that problem gambling *is* a public health issue. As a result of this acknowledgement the New Zealand government pledged to involve the New Zealand Ministry of Health in the development of a national response to problem gambling. Six months after this landmark announcement, the Ministry of Health handed down a report entitled *An Integrated National Plan for Minimising Gambling Harm*. This plan incorporated harm minimisation measures, health promotion/education/prevention/early intervention and client service interventions into an integrated approach. This integrated approach was the first effort of the New Zealand government responding in a holistic way to the issue of problem gambling (Adams 2004).

The major motivation behind the New Zealand government beginning to view gambling as a public health issue was the sheer proliferation of electronic gaming machines across the country, in addition to other diverse forms of gambling. This proliferation in gambling accessibility lead to immense pressure on a gambling help system that was not designed for such demand (Adams 2004).

## **Oregon's adoption of the public health model**

According to Marotta (2003) Oregon's Problem Gambling Services are broken down into three broad areas which follow the framework recommended by the Institute of Medicine's 'continuum of care'. These areas are:

1. Prevention
2. Outreach
3. Treatment

*Prevention* – Prevention programs are delivered in Oregon by three separate yet related departments. The Department of Human Services coordinates the problem gambling services. County governments (equivalent to Australia's local councils) are provided with \$400,000 each to empower their communities. They also develop and implement regionally specific prevention plans. The Oregon Lottery allocates \$700,000 annually for community awareness campaigns, which are designed to highlight messages about the difference between healthy and unhealthy gambling. These prevention programs are targeted to reduce the emotional, physical, economic and social impacts of problem gambling.

*Outreach* – The prevention funds that each county receives can be used on either prevention activities or outreach activities. Outreach programs can consist of screening for gambling problems in 'at risk' groups such as people living with a mental illness, or programs for youth at risk of developing problem gambling behaviours.

*Treatment delivery* – Treatment is provided in Oregon through a stepped care approach. The stepped care approach means that treatment intensity increases with negative outcomes in and between programs in the system.

According to Marotta (2003) evaluations of the Oregon system of gambling services has seen a decrease in problem and pathological gambling rates from 3.3% in 1997 to 2.3% in 2000.

## **Similar public health strategies in use in Australia**

The National Tobacco Campaign began in Australia in 1997 and was broadly supported by health ministers from each state. The anti-smoking initiative has been a sustained strategy that has been relentless in its undertaking to demonstrate the negative health effects of smoking on individuals, families and communities. This has been achieved through advertising blitzes, education campaigns in schools, cigarette packaging warnings and deterrent images, and legislative change to make cigarette advertising unlawful. With its sustained education and attention-grabbing messages, this campaign has contributed to a reduction in smoking over the last decade (Commonwealth of Australia 2004).

According to the Australian National Tobacco Campaign Evaluation Report (2004), due to the psychological and physiological addiction associated with smoking many smokers find it difficult to quit without significant and sustained reminders about the damage that is actually being done by their addiction. In the absence of thought-provoking education campaigns many smokers procrastinate quitting, citing that they

will quit sometime in the future before it does any real damage. Drawing problem gambling under the public health umbrella and undertaking a long term education and early intervention campaign has the potential to contribute to decreases in problem gambling and problem gamblers seeking help.

## **Are there any studies that support the efficacy of the public health model for problem gambling?**

An evaluation of Oregon's gambling help service system took place in 2002 to gauge the effectiveness of the system to respond to the needs of people who have problem gambling behaviours, while also gauging whether public awareness campaigns and outreach services have been effective. During the reporting period (at which time the gambling treatment and prevention programs had been significantly changed and bolstered by a comprehensive outreach program) the enrollment of gambling clients in services increased by 40% and family clients increased by 66% over the previous year. This is a significant increase of clients over a 12 month period and is due in part to the concerted efforts of public awareness programs and outreach programs (Oregon Department of Human Services 2002).

## **Difficulties in implementing this model**

Korn and Shaffer admit that while the public health model offers much in the way of a more comprehensive and considered response to social issues such as gambling harm, in reality it may be difficult to implement. There are a number of barriers to governments embracing this perspective mainly due to established frameworks that rest within traditional political and corporate interests (Shaffer 2005).

Government is also less likely to embrace a model that demands a commitment with the potential to run longer than normal political terms. The challenge for the gambling help services and the community sector more broadly is how do we influence a cultural shift within government to embrace problem gambling as a public health issue, as well as engage them in the development of strategies that may outlive their political terms?

## Conclusion

Utilising a public health model that focuses more on prevention and early intervention rather than simply treating people in the most severe cases has the potential to address problem gambling at the grass roots level. This type of model, which is able to more fully explore prevention and early intervention as well as respond in a whole of government manner, could potentially create a gambling help service in which a reduction in gambling harm is achievable through primary, secondary and tertiary responses. The public health model is currently being utilised within other jurisdictions and the limited evaluation evidence available suggests that campaigns initiated from the public health model have led to increased awareness of problem gambling issues and increased enrolment in gambling help services.

Unfortunately the challenge for the gambling help sector, and more broadly the community services sector, is to influence the present government to embrace the notion of gambling as a public health issue and to undertake a sustained and prolonged early intervention campaign that is designed to last longer than a political term.

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