

WHY WE NEED A PUBLIC HEALTH MODEL FOR GAMBLING?

Since its inception in July 2000 the Gambling Impact Society (NSW) has been calling on our NSW government to adopt a public health approach to gambling similar to that already in use for alcohol and tobacco. However, to date NSW continues to focus upon an individual treatment model to the issue and has not responded to our requests. We hope you will join us on May 11th at our Public Seminar to debate this issue and lend your support to inform the 2009 Federal Productivity Commission's Inquiry into Gambling of our needs (see enclosed flyer for information and www.gisnsw.org.au).

The following information has been directly drawn from a recently released discussion paper from the South Australian Council on Social Service (SACOSS). The full document can be viewed online at our website and serves as a good background paper for our seminar.

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).

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).

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.

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 lead 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.