

## Solitary Confinement: Community Consultation into Online Gambling 2018

Prepared by Relationships Australia South Australia Ltd



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## 1. Executive summary

Relationships Australia South Australia (RASA) welcomes the announcement of the Independent Gambling Authority's *Community Consultation into Online Gambling*, and recognises the importance of greater community understanding about minimising gambling harm.

RASA's services are based on an understanding of the social determinants of health, and operate within a public health framework. We have been providing Gambling Help Services (GHS) for 20 years, and our submission draws heavily on a substantial body of knowledge and experience arising from this service provision, placing us in a strong and informed position to provide input.

At RASA, individuals who primarily gamble online currently represent a small, but growing cohort among those seeking services.

Fueled by the rapid nature of technological innovation, the accessibility of online gambling has been heightened in many ways, and so too have the means in which it is marketed (namely, aggressively) to the community. Young people and other vulnerable populations are at particular risk, as they are increasingly exposed to messages from a broad range of media that endorse, promote, and normalise online gambling.

We know that there are many impacts common to online and offline gambling but, in our experience, online gambling appears to increase the scope and intensity of problems for gamblers, and their families. What is most evident is the ubiquitous and relentless nature of online gambling opportunities, which can virtually imprison them, making it more difficult than in other forms of gambling to overcome.

We are concerned that unregulated expansion of online gambling is not consistent with the public health goal of reducing harm from gambling. Regulation of online gambling needs to be anchored to a more nuanced understanding of the nature of online gambling including clear definition of when it is a problem behaviour, accurate understanding of prevalence, and clear evidence about effective interventions, including appropriate regulation, are in place. It is also imperative to form guidelines regarding the digital collection and storage of personal data - not just by online gambling operators, but also by social media sites such as Facebook.

RASA believes a well-coordinated suite of primary, secondary, and tertiary health services are required to achieve the public health goal of preventing and minimising online gambling-related harm. This belief forms the basis for our recommendations.

RASA's key recommendations are for the IGA to facilitate action at all levels (e.g. from individuals, community groups, businesses, corporations and governments) to:

- Provide funding for research on online gambling and online problem gambling
- Deliver evidence-based online gambling and online problem gambling-related prevention programs, harm minimisation strategies, and treatment services
- Develop guidelines for responsible online gambling
- Create awareness campaigns about online gambling and online problem gambling
- Ban gambling advertising and inducements for online gambling in all platforms including social media
- Modify online gambling environments (e.g. demand pre-commitments and self-exclusion, and implement breaks)

- Implement legislation for financial institutions to monitor, detect, and respond to indicators of online problem gambling
- Develop guidelines regarding digital property rights, with a focus on data consent and strengthening protection for individuals' private information online.

## 2. Introduction

RASA welcomes the announcement of the Independent Gambling Authority's *Community Consultation into Online Gambling*.

We recognise the importance of understanding the implications and consequences of online gambling in developing and promoting strategies for reducing the incidence of online problem gambling and for preventing or minimising the harm caused by online gambling.

RASA is an independent, non-profit community organisation with over 60 years' experience improving the emotional health and wellbeing of vulnerable and disadvantaged children, youth, adults and families. We provide a broad range of support services to over 27,000 clients per year, in the areas of family relationships, children's services, problem gambling, mental health issues, domestic and family violence, and HIV and blood borne viruses. Our services are based on an understanding of the social determinants of health and operate within a public health framework. They are designed to reduce risks to individual and family safety and strengthen protective factors, enabling improved wellbeing and social cohesion. Adhering to the World Health Organisation's (WHO) Ottawa Charter principles which highlight action areas for health promotion (WHO, 1986), RASA's services support change by:

- Developing people's personal skills to conduct positive individual, family and community relationships and improve health and wellbeing;
- Creating supportive environments that encourage individuals and communities to address conflicts and solve problems;
- Strengthening community action using education that enables the wisdom gained from lived experience to positively impact individual and community wellbeing;
- Delivering collaborative services that build genuine multidisciplinary networks and ensure coordinated service delivery; and
- Contributing to the development of public policy and service initiatives that are evidence-informed and client-focused.

Our Strategic Plan 2016-2021 articulates the organisational values of respect, diversity, belonging and learning and strategic goals, with Strategic Goal 1 'Improve individual, family and community wellbeing' delineating target actions including supporting individuals and families to overcome gambling-related harm. RASA has been providing GHS for 20 years, including financial counselling for the past seven years. Over this time, our GHS services have grown, adapted and improved in response to (1) the changing community and policy environment in which problem gambling has emerged, (2) the latest research, and (3) the needs of clients. RASA's professional staff, organisational infrastructure, and established service partnerships and networks have provided a solid platform for our multiple GHS programs to flourish. We currently provide GHS in eight regions as well as Multicultural GHS, Cambodian GHS, and Lived Experience GHS (including a Peer Support Program and a Consumer Voice Program).

Our submission draws heavily on a substantial body of knowledge and experience arising from this service provision, and is significantly enhanced by the valuable insights provided by our client groups into the effects of online gambling. This places us in a strong and informed position to provide input to the Consultation.

In our experience, one of the most significant changes to the gambling environment in the past 15 years has been the increased availability of online gambling. This submission provides: our

understanding of online gambling as a public health issue (Section 3); a profile of our clients who gamble online (Section 4); an account of our clients' experience in and our perspective on the accessibility of online gambling, the advertising and promotion of online gambling, and the impacts of online gambling on gamblers and their families (Section 5); and, recommendations on harm minimisation (Section 6).

### 3. Online gambling as a public health issue

#### 3.1. Definition of online gambling

Online gambling is largely synonymous with internet, remote, and interactive gambling. It refers to the range of gambling activities offered through interactive technology, including computers, mobile and smart phones, tablets, and digital televisions. While this mode of technologically supported gambling shares most hallmarks of other gambling activities, differences arise from gambling in person at land-based retail outlets and venues and placing wagers over the telephone mainly in terms of unbridled accessibility. (Gainsbury, 2015b)

#### 3.2. Prevalence of online gambling

Online gambling is growing rapidly in terms of popularity, market share and products offered, and was predicted to account for 9% of the total global gambling market between 2015 and 2017 (Global Betting and Gaming Consultants [GBGC], 2014). Globally, wagering is the most popular online gambling product, accounting for 53% of the market, followed by casino games (25%), poker (14%), and bingo (7%) (H2 Capital, 2013). Australia is estimated to account for 5% of the global online gambling market (Gainsbury, 2012). The rate of Australians gambling online has increased from under 1% in 1998-99 to 8% in 2011 (Gainsbury, Russell, Hing, Wood, Lubman et al., 2013).

#### 3.3. Online problem gambling

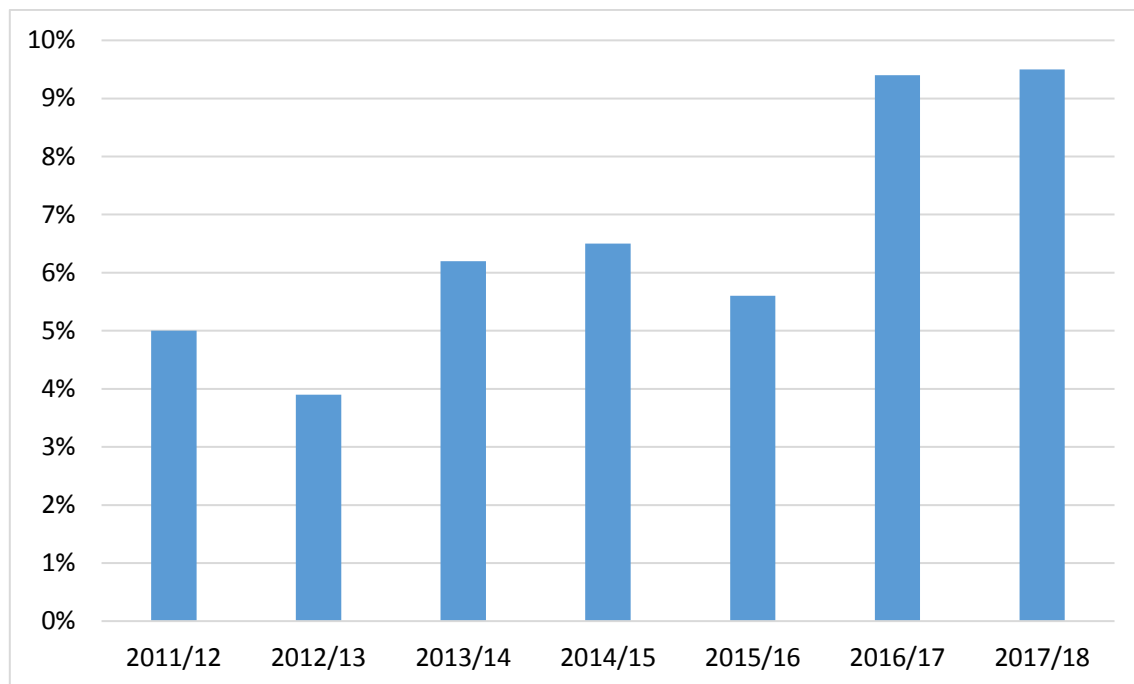
Problem gambling is defined as “difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community” (Neal, Delfabbro, & O’Neil, 2005). In this sense, problem gambling is a significant public health issue in Australia that not only affects people with a gambling problem, but also their families, the community and governments. A number of studies have found greater levels of problem gambling severity among online compared to offline gamblers (Gainsbury, Russell, Wood, Hing, & Blaszczynski, 2014; Griffiths et al., 2009; Wood & Williams, 2011). In 2011, the problem gambling rate among online gamblers was three times higher than for offline gamblers (Gainsbury, Russell, Hing et al., 2014).

Notably, it is difficult to determine when online gambling becomes problematic. Existing studies fail to define characteristics (e.g. personal or behavioural) of online and offline problem gamblers (Gainsbury, 2015b). While there is some evidence that online and offline problem gamblers do represent somewhat different cohorts, the heterogeneity in each group makes it difficult to distinguish. This represents an under-researched area suggesting that longitudinal studies to clarify variables/mechanisms of action would be of benefit.

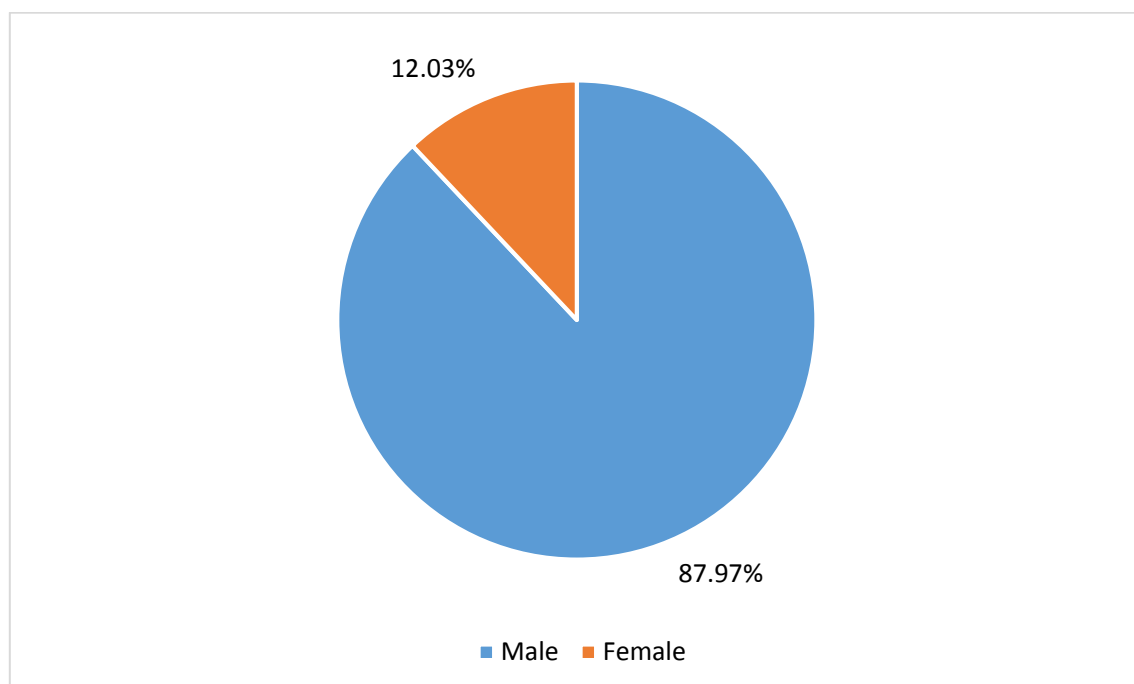


#### 4. A profile of RASA's clients who gamble online

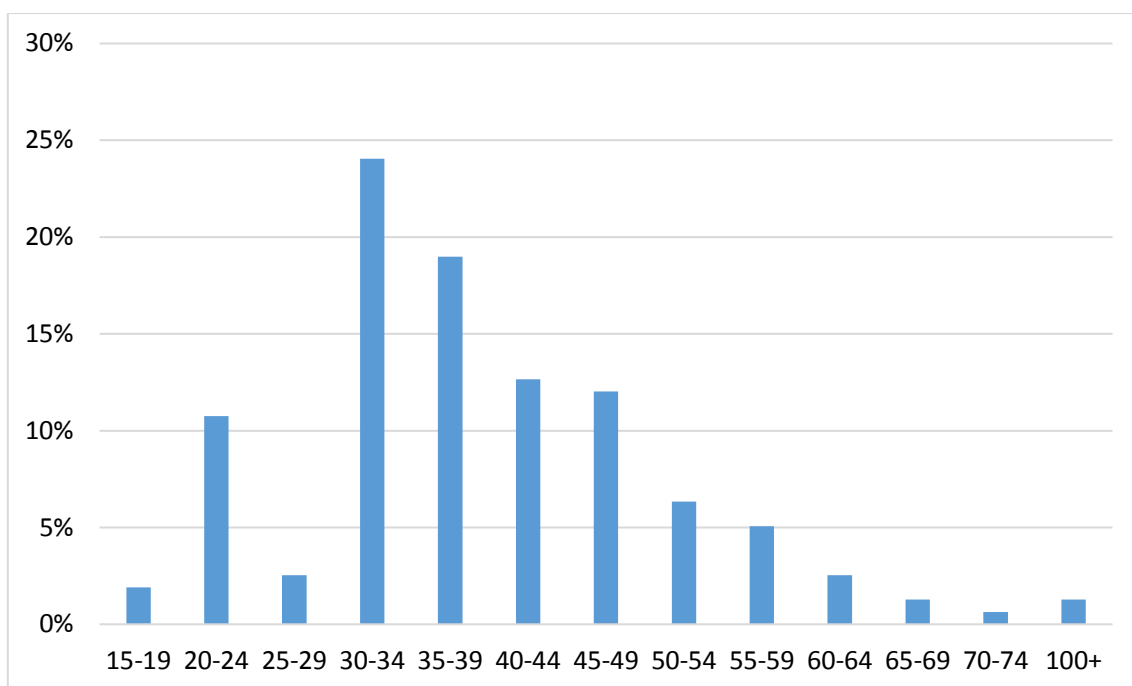
At RASA, individuals who primarily gamble online currently represent a small, but growing cohort among those seeking our help (see *Figure 1*). Analysis of their demographics reveals that many of these clients are male (see *Figure 2*) and the majority (55%) aged 30-45 years (see *Figure 3*). The majority of those from Culturally and Linguistically Diverse backgrounds (16% in total) identify as Indian (14%).



*Figure 1.* Percentage of RASA's GHS clients for the past 7 years who identified as primarily gambling online.



*Figure 2.* Gender distribution among RASA's GHS clients for the past 7 years who identified as primarily gambling online.



*Figure 3. Age distribution among RASA's GHS clients for the past 7 years who identified as primarily gambling online.*

## 5. The nature of online gambling problems

### 5.1. Accessibility of online gambling

#### 5.1.1. Client story #1: “The self-barring processes are unmanageable”

Our client was a young man in his early twenties who was studying at University. He was engaged in online sports betting, mainly horse racing. He had decided to stop gambling, and his first step was to bar himself from all the betting companies with whom he had registered. In his experience, the barring processes were convoluted and complicated to the point of being unmanageable. Specifically with regard to a commonly used online betting website, the client could not find a withdrawal or barring option. The client’s recovery was significantly undermined by these circumstances.

#### 5.1.2. Client story #2: “They wouldn’t release her money for 24 hours”

Our client was a woman in her forties who had recently lost her highly paid fly in/fly out mining job. When working, she gambled at a high level because she had an income that could maintain it. The client told us she gambled on a site that offered mostly casino games. After losing her job, she had difficulties in containing her gambling activity. She said that, when she did have a win, the site refused to payout for twenty-four hours, by which time she had always gambled again. She said that if she had received the money immediately, she might not have. The counsellor looked at the web site, discovered that it was run overseas, and inferred that the site was not subject to Australian Law.

#### 5.1.3. RASA’s perspective on accessibility

##### 5.1.3.1. 24/7 availability

Our clients most commonly report accessibility as the main appeal of online gambling. The rapid technological advancement in iPads, smartphones, tablet computers and computers means gamblers have easy access to their game of choice. Combined with Wi-Fi, they can theoretically gamble anywhere, at any time of day, all day. We can see that the increased accessibility of online gambling activities removes anchoring limitations, such as occupational and social commitments, from gambling, and makes it possible to accommodate gambling activities within every aspect of their lives, be it in lunch breaks, while out with friends, or watching television at home with their children (etc.).

##### 5.1.3.2. Countless options

Both the vast number of gambling sites and the resulting enormous range of gambling products increase the occurrence of gambling difficulties within the population. More than 2500 online gambling sites (Gainsbury, 2017) offer access to a very high number of gambling products. Gaming companies have also come up with new and increasingly arcane things to bet on – from the number of corners in a football game to the number of times a politician may cough during a speech – which attracts people who would not otherwise gamble. Since research suggests that prevalence of behaviours is strongly correlated with increased access to the activity (Griffiths, 2003), we do not find the increase in online gambling among our clients surprising. In addition, the huge number of products available results in gambling diversity in our clients, which is known to be a common marker of gambling problems (Gainsbury, 2015a).

##### 5.1.3.3. Virtual currency

Many of our clients do not feel like they are playing with actual money. They say that it’s “just a figure”, and amounts become “unreal”, and they easily lose track of what they have spent. Credit cards and internet transfers are not as tangible as real cash, causing less reflection on amounts spent. The problem is aggravated by extensive lines of credit made available to many of our clients,

who have used them to fund further gambling activity, often trying to then recover losses with escalating amounts of money. Due to online banking, transferring money into gambling accounts is easy as mobile phones are frequently used for both banking and gambling activities.

#### *5.1.3.4. Account issues*

Our clients report that while opening an account to gamble is easy and requires no identification documents, processes for closing accounts are complex and opaque. Few gambling sites provide a facility for account deletion and, in the rare cases where account closure is possible, personal data is not deleted from the sites. This poses questions about the data protection practices employed by the online gambling industry.

#### *5.1.3.5. Difficulty self-excluding*

Multi-operator self-exclusion schemes are currently run across the industry for hotels and other venues. However, to our knowledge, no such scheme exists for online operators providing gambling services to consumers in Australia. This means that individuals wishing to self-exclude entirely from online gambling need to contact and self-exclude separately with each operator, rendering the process laborious and time consuming for individuals who would benefit greatly from a streamlined and user-friendly system.

#### *5.1.3.6. Greater privacy*

Our clients report that the ability to gamble in the physical comfort of their home, providing greater privacy and anonymity, is an attraction of online gambling. At home, they are able to gamble without the fear of stigma or judgement, as occurs in face-to-face interactions. Furthermore, gambling in solitude removes all need for the social etiquette required when engaging in skill-based gambling activities such as poker. Together, these factors support unbridled gambling behaviours, including at antisocial hours and resulting in excessive expenditure.

#### *5.1.3.7. No monitoring*

Online gambling strips away all barriers for those with gambling problems. Clients are removed from limitations such as venue opening hours and venue staff monitoring. They have access to online gambling while they are under the influence of alcohol or other intoxicating substances. This renders clients vulnerable to gambling sessions of great length and with extensive financial losses.

#### *5.1.3.9. Payment delay*

Refusal to pay out is a significant issue for our clients. Many report that winnings are received with a delay of 3-5 days, with the delay from overseas sites being even lengthier. Moreover, when clients wish to withdraw funds from their account, photo ID is required and the processing of this alone takes several days. Importantly, many clients report that if they had immediate access to the money, they might be in a better position to use it otherwise.

#### *5.1.3.10. Young people*

In our experience, young people are particularly vulnerable to online gambling. Games that simulate a gambling activity are easily accessible to these digital natives through sites such as Facebook, Twitter, and YouTube, as well as via free apps. Even children are increasingly exposed to and interact with gambling themes, brands, and games because of the difficulties in age-gating social networking sites. Social, non-monetary casino games have proven among the most popular with young people. Although these games are largely free to play, money can be used to further their play. In addition, the accurate simulation of gambling activities grooms young people for future engagement with the money driven counterparts.

## 5.2. Advertising and promotion of online gambling

### 5.2.1. Client story #3: “She was continuously bombarded with offers”

Our client was a female in her mid-thirties who was seeking assistance with her husband’s gambling. She had just discovered that he had lost \$200,000 of the savings they had accumulated for their “dream home”. Her husband received numerous emails from an online casino gambling site with offers of \$300 of “free” money to play with. He eventually accepted the offer and played the games to the point where his “winnings” had accumulated to \$1200. At that point, he decided to stop and take the money, believing he had just made \$1200 from nothing. The site would not make the payout telling him he could not withdraw until his winnings were \$3,000. He decided to add \$1800 of his own money to build the balance to \$3,000 and then ask for the payout. The site told him he could not withdraw because he had not won the money. He decided to continue playing until he had won his \$1800 back. After 18 months he was still trying, and in the process lost their savings.

### 5.2.2. RASA’s perspective on advertising and promotion

#### 5.2.2.1. *Meta-tags*

We know that embedding certain words on various online gambling sites using meta-tags, that is, key words used by the public to enter into internet searches, is a common strategy designed to increase traffic flow through web pages (Griffiths, 2002). Our clients report gambling sites popping up in front of them when they search for help, suggesting that some online gambling sites have words such as ‘problem gambling’ embedded in their web page.

#### 5.2.2.2. *Customer tracking*

Perhaps the most worrying concern regarding online gambling is the way websites can collect other sorts of data about the gambler. We know that gambling companies use very sophisticated software to collect a vast reserve of sensitive information. They have information relating to patterns and finances, and they have many personal details of customers. They can tailor their service to the customer’s known interests, and many entice them with unsolicited offers (Zangeneh, Griffiths, & Parke, 2008). We believe that there is a very fine line between providing what the customer wants and exploitation, and customer tracking raises serious questions about the gradual erosion of privacy.

#### 5.2.2.3. *Unsolicited offers*

Many of our clients report that once they are on one gambling website they are continuously inundated with marketing material and offers from other gambling websites, and do not know how these sites got their details. Many have found that a few weeks after having closed an account, they receive offers of “free” money (in one instance \$2,000) or offers to match the amount the client spends to renew gambling activity. This is experienced as oppressive and overwhelming and can make adherence to recovery goals very difficult. Additionally, for some of our clients, their foray into online gambling was through their mobile phone’s app centre, wherein they came across several gambling apps with various offers - despite not having searched for them specifically – simply because they were ‘trending’.

#### 5.2.2.4. *Young people*

We believe that online gambling is normalised for young people through the plethora of advertisements. Many of our younger clients tell us that they have seen advertising or branding for gambling operators on social networking sites, including content shared by other users. Social casino games incorporate components such as leaderboards and competitions, linking to social media accounts. Users are encouraged to share updates and invite their online connections to play, increasing the promotion of gambling-themed games on social media. In our experience, gambling-

themed games increase our clients' confidence in winning at gambling and alter perceptions of skill and risk-taking. Many of our younger clients report game operators encourage them to try real-money gambling, and many have gone on to gamble as a result of using social casino games.

### 5.3. Impact on online gamblers and their families

#### 5.3.1. Client story #4: "He was glad they took his computer. He was nearly homeless"

Our client was a man in his thirties who had just bought his own home and was casually employed. He had recently experienced the loss of his mother after a long illness. During her last years, he reported feeling furious with her for being unwell, and at the same time utterly confused and angry with himself for feeling this way. He gambled to escape the pain of her nearing death. He attended his first session in distress, claiming the retailer was about to "repossess his life" as his mother's entire household (furniture, computer, appliances etc.) were on rental plans and he was behind on payments to the point of repossession. The client said the one good thing was that, when they took his computer, he could not gamble anymore. The stresses in his life and the ease of gambling online, coupled with the inducements from the operators all contributed to his difficulties in stopping. The client was financially overextended to the point of being at risk of homelessness.

#### 5.3.2. Client story #5: "He couldn't spend time with his kids"

Our client was an ex-sportsperson of some note and constantly watched games on TV. When watching the AFL, he placed bets on things such as who would kick the first goal and who might place the next tackle or how many disposals a particular player may get. Upon losing, he became angry and aggressive. He sought help and stopped watching sports on television in order to avoid gambling triggers. This meant that, in support of the gambler and his recovery, his partner and children were no longer able to watch sports at home, either. The problem was so overwhelming for the client that going to his children's sports events prompted urges to gamble that ultimately led him to abstain from attending. Online gambling essentially posed restrictions on family choices and activities, and ultimately limited the degree to which the client was able to share his children's lives.

#### 5.3.3. Client story #6: "It consumed him, and he felt like he had no future"

Our client noticed that his attention to work and other domains of his life had decreased, while his time thinking or accessing online gambling had become a preoccupation - bordering on obsession - that was literally at his fingertips. While initially his interest lay with specific games or teams, he soon found himself betting online at any opportunity: while on a work break, in between driving to appointments, and at the end of the day to seek relief if it had been particularly slow or there had been tensions. The impact of his increased gambling activity manifested in his finances where he, despite working hard, was left with no savings at all. On further reflection, the client realised that online gambling had become all-consuming, and prevented him from spending time with friends whose company he once enjoyed and valued. It also meant less opportunity to invest his money in activities future planning. He found this most upsetting, and started to think and feel that he "had no future".

#### 5.3.4. RASA's perspective on the impact on clients and their families

##### 5.3.4.1. *Escapism*

For some of our clients, online gambling is an escapist activity. We know that the pursuit of mood modifying experiences is characteristic of addictions and in our clients suggests that online gambling may well provide an emotional or mental escape. Our clients also tell us that having immediate access is particularly problematic when they are feeling emotionally vulnerable (e.g. stressed, depressed, anxious), as they find it especially difficult to regulate and make constructive decisions at such times, with the stress of losses posing an even greater challenge.

#### *5.3.4.2. Dissociation and immersion*

The medium of the internet seems to provide our clients with feelings of dissociation and immersion. Clients describe experiences of losing track of time, feeling like they are someone else and blacking out. They often cannot recall how they got somewhere or what they did or describe being in a trance. Research reveals that such experiences are wilfully induced by the structural characteristics of online games (Griffiths & Nuyens, 2017; Griffiths & Wood, 2000). As online gambling utilises the same technology, its facilitate dissociative experiences may actually be far greater than it has been for offline forms of gambling.

#### *5.3.4.3. Young people*

We know that teenage years are a confusing time of intense emotions, and young people are vulnerable to anything that numbs feelings they might experience as overwhelming. As with adults, online gambling is addictive for young people because it provides distraction from stress, depression, and anxiety. This is particularly concerning, considering more young people than ever suffer mental health problems. Self-soothing with online gambling can lead to a disengagement from school and peers and cause conflict in the relationships with parents, with the difficulties themselves supporting a self-perpetuating cycle of problematic stress management.

#### *5.3.4.4. Family system breakdown*

Another factor relating to internet gambling is the changing nature of family entertainment. We know that the increase in, and development of, home entertainment systems is changing the pattern of many families' leisure activities. The need to seek entertainment leisure outside the home is greatly reduced, as digital television and home cinema systems offer a multitude of interactive entertainment services and information. Rather than going out, the entertainment comes to them directly via digital television and internet services. As families concentrate their leisure time around in-house entertainment systems and these systems are used by online gamblers, entire family systems are vulnerable.

## 6. Strengthening the public health approach to online gambling

### 6.1. Why favour a public health response?

Public health approaches have been widely adopted with other population health issues such as drug, alcohol and tobacco use. More recently, several international researchers have identified this approach as having likely benefits for gambling (Korn & Shaffer, 1999; Shaffer & Korn, 2002; Korn, Gibbons, & Azmeier, 2003; Messerlain, Deverensky, & Gupta, 2004). There are several key reasons why a public health approach is favoured as the most promising means to address, that is, prevent and minimise, online gambling related harm. Namely, a public health approach: is distinguished from approaches which focus solely on the treatment of online problem gamblers; allows for consideration of the broad range of factors that influence individual online problem gambling behaviour (i.e. social, cultural, political, environmental); accommodates actions which address the risks of online gambling; takes into account the possible consequences of online problem gambling for the individual, their families and the wider community; and, addresses online problem gambling related issues on all levels of public health.

### 6.2. Levels of prevention

In the context of public health, prevention is defined as action to reduce or eliminate onset, causes, complications or recurrence of disease (NPHP, 2006). In the case of online gambling, prevention refers to actions that prevent or delay the onset of online gambling harm and minimise the risks and harms associated with online problem gambling.

#### 6.2.1. Primary prevention

Primary prevention strategies aim to prevent harm before it occurs. The focus is on preventing movement to the 'at risk' group. Primary prevention action targets the community as a whole, that is, all gamblers and non-gamblers, through the utilisation of universal approaches. It is also directed at specific sub population groups that possess characteristics known to place them at increased risk of gambling-related harm, such as young people. Key settings include the local community, sporting clubs, schools, workplaces.

#### 6.2.2. Secondary prevention

Secondary prevention aims to reduce online gambling-related harm in the early stages, through early identification of at-risk online gamblers. The focus is on preventing progression to online problem gambling and escalation to severe online gambling-related harm. Secondary prevention targets groups where risk of harm is high, such as people who play regularly on online gambling. Key settings include online gambling websites.

#### 6.2.3. Tertiary prevention

Tertiary prevention strategies aim to minimise the impact of online gambling-related harm through increasing access and availability of treatment, services and support. The focus here is on addressing online gambling-related harm and preventing relapse. Tertiary prevention targets people experiencing harm from online gambling, that is, people experiencing multiple serious online gambling-related problems as a result of their own online gambling or the online gambling of another. When people present to other services, online problem gambling might go unrecognised or untreated. This underlines the need for a high degree of cross sector collaboration amongst human services, and suggests that they may be a key setting.



### 6.3. RASA's recommendations

The expansion in exposure to, and availability of, online gambling has been rapid and sustained. The place of online gambling in our society is a contentious, emotive issue. The regulation of online gambling could be considered on a continuum from maximum consumer choice to prohibition, largely with a moral dimension to arguments.

In preventing and minimising online gambling-related harm, we recognise that no single strategy could ever be held to be totally comprehensive. However much is achieved, there is always more that can be attempted. As such, we believe that a public health approach is important as it involves many features that can be implemented simultaneously and, hopefully, in a co-ordinated fashion. It rests on shared responsibility for population health. From individuals and community groups to businesses, corporations and governments at all levels, we all have a role to play.

Transposed in **TABLE 1**, are levels at which a range of structured primary, secondary and tertiary prevention interventions, aligned with the key intentions of the Ottawa Charter, can be applied. Notably, while four of the principles are interdependent, the fifth principle – building public policy – is crucial as it establishes the environment that makes the other four principles and their corresponding strategies and interventions possible (WHO, 1998 as cited in Scriven & Garman, 2007). That said, the evidence base to underpin policy development is currently clearly lacking. At present, there is no agreed level of participation at which online gambling is considered harmful or problematic. The level at which one person might experience online gambling as a fun leisure activity may for another person result in significant harm. Relatedly, there is a lack of evidence base around which interventions are effective in preventing and minimising online gambling-related harm. This highlights the necessity of undertaking more research in this area.

Importantly, the absence of evidence does not negate action, rather necessitates reasonable inference and adaptive learning, for instance, from public health strategies in relation to other unhealthy commodities such as tobacco and alcohol, and the corresponding actions that have achieved change. Our framework identifies areas of potential action that warrant further exploration. In general, our recommendations adopt a harm minimisation approach, accommodating what we believe to be personal and socially responsible online gambling practice and policy that balances the rights of individuals to safely access legal online gambling opportunities against the need to prevent, minimise and mitigate harms associated with online gambling. Of note, it is also imperative to form guidelines regarding the collection and storage of personal data - not just by online gambling operators, but also by social media sites such as Facebook - including increased emphasis on being able to demonstrate compliance, identify and react to security breaches, and respond when people request a report of the information a company has on them.

RASA's key recommendations are for the IGA to facilitate action at all levels (e.g. from individuals, community groups, businesses, corporations and governments) to:

- Provide funding for research on online gambling and online problem gambling
- Deliver evidence-based online gambling and online problem gambling-related prevention programs, harm minimisation strategies, and treatment services
- Develop guidelines for responsible online gambling
- Create awareness campaigns about online gambling and online problem gambling
- Ban gambling advertising and inducements for online gambling in all platforms including social media

- Modify online gambling environments (e.g. demand pre-commitments and self-exclusion, and implement breaks)
- Implement legislation for financial institutions to monitor, detect, and respond to indicators of online problem gambling
- Develop guidelines regarding digital property rights, with a focus on data consent and strengthening protection for individuals' private information online.

TABLE 1.

*Adoption of a public health framework to guide efforts directed at preventing and minimising online gambling-related harm forms the basis for RASA's recommendations.*

| <b>Levels of prevention</b>   | <b>Primary/universal</b>  | <b>Secondary/selective</b>  | <b>Tertiary/indicated</b>  |
|---|---|---|--|
| <b>Target group</b>   | <b>the community</b>  | <b>those 'at risk' of harm, via online gambling websites</b>                                      | <b>those for whom online gambling is problematic</b>   |
| <b>Developing people's personal skills</b>                                      | Provide information about recognising signs of online problem gambling  | Demand pre-commitments to prevent chasing losses  | Demand self-exclusion from online gambling <sup>3</sup>  |
| <b>Creating supportive environments</b>   | Provide information about available online problem gambling treatment services  | Provide information about available online problem gambling treatment services                    | Implement breaks/block access, and play video about available online problem gambling treatment services |
| <b>Strengthening community action using education</b>                           | Create awareness campaigns about online gambling and online problem gambling <sup>1</sup>                                 | Create awareness campaigns about online gambling and online problem gambling <sup>1</sup>         | Implement breaks/block access, and play awareness raising video  |
| <b>Delivering collaborative services</b>  | Deliver evidence-based prevention programs  | Deliver evidence-based harm minimisation strategies <sup>2</sup>                                  | Evidence-based treatment/services and routine follow-up for online problem gambling                      |
| <b>Contributing to the development of public policy and service initiatives</b> | Develop guidelines for responsible online gambling  | Develop guidelines for responsible online gambling  | Responsible online gambling guidelines available to those who have had treatment                         |
|   | Ban gambling advertising in line with alcohol and tobacco public health initiatives                                       | Ban gambling inducements/offers/credit in line with alcohol and tobacco public health initiatives | N/A  |
|   | Implement legislation for financial institutions to monitor, detect, and respond to indicators of online problem gambling | Ensure gambler is able to track their expenditure in real time online                             | Make online winnings immediately and automatically available to gambler                                  |
|   | Provide funding for research to define the determinants of online problem gambling, understand prevalence                 | Provide funding for research to develop effective clinical practice methodologies                 | Provide funding for research to develop effective clinical practice methodologies                        |

<sup>1</sup>Disseminating information and research to, for example: increase recognition of signs of online problem gambling; promote help seeking; tackle stigma by influencing attitudes and social norms (e.g. to counter attempts to normalise sports betting or online gaming); garner the support of family and friends of problem gamblers; and, empower participation in debate and decision making at the local level (e.g. support for enforcement of laws); <sup>2</sup>For example, prompts at regular intervals to set appropriate limits; <sup>3</sup> including from/across multiple sites to assist those with gambling problems.

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