

REDUCING GAMBLING HARM IN VICTORIA

OUTCOMES FRAMEWORK BASELINE REPORT 2022



Victorian
Responsible
Gambling
Foundation



CONTENTS

Introduction	3
Factors that influence gambling harm	3
How to read this report	4
Summary of findings	5
Findings in detail	8
Outcome 1 – Decrease access to potentially harmful gambling environments, products and characteristics	8
Outcome 2 – Decrease exposure to potentially harmful marketing of gambling products	11
Outcome 3 – Increase community understanding of gambling harm	14
Outcome 4 – Decrease stigma of people who experience gambling harm	19
Outcome 5 – Prevent uptake of underage gambling	21
Outcome 6 – Increase capability of people to prevent gambling harm	23
Outcome 7 – Decrease gambling harm experienced by people who access Foundation-funded services	28
Data sources	32
Abbreviations and acronyms	34
Reducing gambling harm in Victoria: Outcomes framework	35

INTRODUCTION

The purpose of the Victorian Responsible Gambling Foundation is to prevent and reduce gambling harm for all Victorians.

Together with our partners and stakeholders, we are working towards:

- reducing the number of Victorians who experience harm from gambling
- reducing the social, health and economic costs of gambling harm in Victoria.

No individual factor or influence leads to gambling harm. The availability and accessibility of gambling products is shaped by commercial, legislative, regulatory and cultural factors. Together, these factors influence participation in gambling.

In March 2022, the Foundation released our [Reducing gambling harm in Victoria: Outcomes framework](#). The purpose of the framework is to monitor the progress of the Foundation and others towards achieving the outcomes required to prevent and reduce gambling harm in Victoria.




Factors that influence gambling harm

A range of key factors, and their convergence and interplay, influence gambling harm. These factors are reflected in the framework outcomes. The factors include:

- the availability of, and people's exposure and access to, gambling products, which encompasses the physical environment, infrastructure, type, number and distribution of gambling options
- people's exposure to gambling promotions, including the marketing of specific products
- the structural characteristics of gambling products in combination with a person's interest in products based on these characteristics
- normalisation of gambling participation, including use of specific gambling products, which can lead to increased uptake of gambling and exposure to risk
- other socio-cultural factors, such as ethnicity, attitudes and gender
- stigmatisation of people who experience gambling harm, which can delay and deter help seeking
- uptake of gambling by minors, putting them at higher risk of gambling harm in adulthood
- people's knowledge, resilience, desire, and capacity to change behaviour and sustain behaviour change.

The causes of gambling harm are complex, as are the solutions. Progress towards achieving the outcomes in the framework requires the collective efforts of the Foundation and others. Accordingly, we work with partners and stakeholders across policy, regulation and the community, as well as the gambling industry to prevent and reduce gambling harm.

While our role involves monitoring the gambling environment, the achievement of some framework outcomes is beyond the accountability, control or influence of the Foundation. Accordingly, the framework measures are grouped into three categories:

	context	change is not within the Foundation's control or scope of influence, but important to monitor to fully understand gambling harm
	influence	change is partly influenced by the Foundation
	control	change is under the Foundation's control, though causation is difficult to prove.

How to read this report

This is the first report using the framework and, as such, its purpose is to set a baseline from which future reports will measure progress. The framework comprises seven outcomes. Against each outcome are indicators, which are further described in terms of desired changes. The measures for each indicator are monitored to determine progress. Where robust data are available, demographic information is also included.

The report provides a summary analysis of all outcomes, as well as a comprehensive analysis of each outcome area. An overview of data sources and limitations is provided later in the report. The table on pages 35–38 provides a summary of all the outcomes, indicators and measures, including those for which appropriate data sources have not yet been identified and are therefore not part of this baseline report.

The Foundation will continue to work to identify robust and appropriate data sources for those indicators and measures that currently have no reporting data.

The baseline year for most measures in the framework is 2021. Where earlier data are available, this has been included for context. As this is the first time the data have been drawn together in this way, the focus is on establishing a baseline year. Future reports will consider trends and changes over time and the factors contributing to change.

Where a year is referenced against data within the report, this represents that the data was collected at a point in time within that year, throughout a calendar year or throughout a financial year as noted in the measures.

The data in this report should be considered holistically. This is because achieving the ultimate goal of preventing and reducing gambling harm for all Victorians will require progress across all outcome areas and the contribution of many stakeholders.

The available data is provided within this report. Some information may change over time, for example, due to reconciliation. This may result in discrepancies between the data in this report and future reports or original data sources. The data comes from a variety of sources in different time spans and as such links between items and any implied causality is ill-advised. The information and figures are based on the sources from which they are derived and users are encouraged to access those original sources where they are available.

SUMMARY OF FINDINGS










This first report against the Foundation's *Reducing gambling harm in Victoria: Outcomes framework* sets the baseline for monitoring the impact of the actions of the Foundation and others on addressing gambling harm in Victoria.

The report shows that there is a base upon which to build further actions in response to gambling harm. This includes high levels of awareness and intention stemming from prevention activities. Furthermore, the majority of those seeking help through Gambler's Help services find this support to be beneficial.

The report highlights some challenges and areas for continued focus in addressing gambling-related harm, particularly in relation to the gambling environment, behaviour and attitudes.

The findings demonstrate the importance of addressing the normalisation of gambling, particularly its effect on young people. They also indicate a need to increase population and personal knowledge of the risks associated with gambling.

SUMMARY OF EACH OUTCOME

PURPOSE		OUTCOMES	CURRENT STATE	
<p>The Foundation's purpose is to prevent and reduce gambling harm for all Victorians.</p>	<p>Together with other partners and stakeholders, we are working towards a:</p>  <p>reduction in the number of Victorians experiencing harm from gambling, and</p>  <p>reduction in the social, health and economic cost of gambling harm across Victoria.</p>	<p>1 ACCESS </p>	<p>Decrease access to potentially harmful gambling environments, products and characteristics</p>	<p>Accessibility is high, especially in lower socio-economic areas of metropolitan Melbourne. Spending across land-based and online gambling is increasing.</p>
		<p>2 EXPOSURE </p>	<p>Decrease exposure to potentially harmful marketing of gambling products</p>	<p>Exposure to advertising is increasing. Advertising spend is high, children are recalling gambling advertising, but there are positive trends in the proportion of elite sporting clubs with no gambling industry associations.</p>
		<p>3 UNDERSTANDING </p>	<p>Increase community understanding of gambling harm</p>	<p>There is a reasonable level of general community and parental awareness of gambling harm and risk. Understanding of non-financial gambling harms is relatively low among those who gamble.</p>
		<p>4 STIGMA </p>	<p>Decrease stigma of people who experience gambling harm</p>	<p>Those who gamble regularly are relatively comfortable talking about their gambling. However, research shows that for people experiencing harm, an expectation or fear of stigma is a strong deterrent to disclosure and seeking help for gambling harm.</p>
		<p>5 UNDERAGE </p>	<p>Prevent uptake of underage gambling</p>	<p>A small but concerning proportion of young people are gambling under age, with the majority of parents believing it is not okay to gamble in front of children.</p>
		<p>6 CAPABILITY </p>	<p>Increase capability of people to prevent gambling harm</p>	<p>One in five (approx.) people who gambles would like to reduce their gambling, yet actual formal help seeking is relatively low.</p>
		<p>7 GAMBLING HARM </p>	<p>Decrease gambling harm experienced by people who access Foundation-funded services</p>	<p>The majority of people who access Gambler's Help show improved outcomes at three months following access to services.</p>

FINDINGS IN DETAIL

1

OUTCOME 1

DECREASE ACCESS TO POTENTIALLY HARMFUL GAMBLING ENVIRONMENTS, PRODUCTS AND CHARACTERISTICS

The use of readily available and accessible gambling products is associated with an increased potential for harm.

Research shows that people who live closer to an electronic gaming machine (EGM) venue lose more money than people who live further away. In addition, in areas of socio-economic disadvantage, the likelihood of experiencing harm from gambling is increased.¹

Availability and accessibility to gambling relate to both online and land-based gambling products. Technology increases these risks by allowing people to gamble 24/7 using online betting and gambling apps.

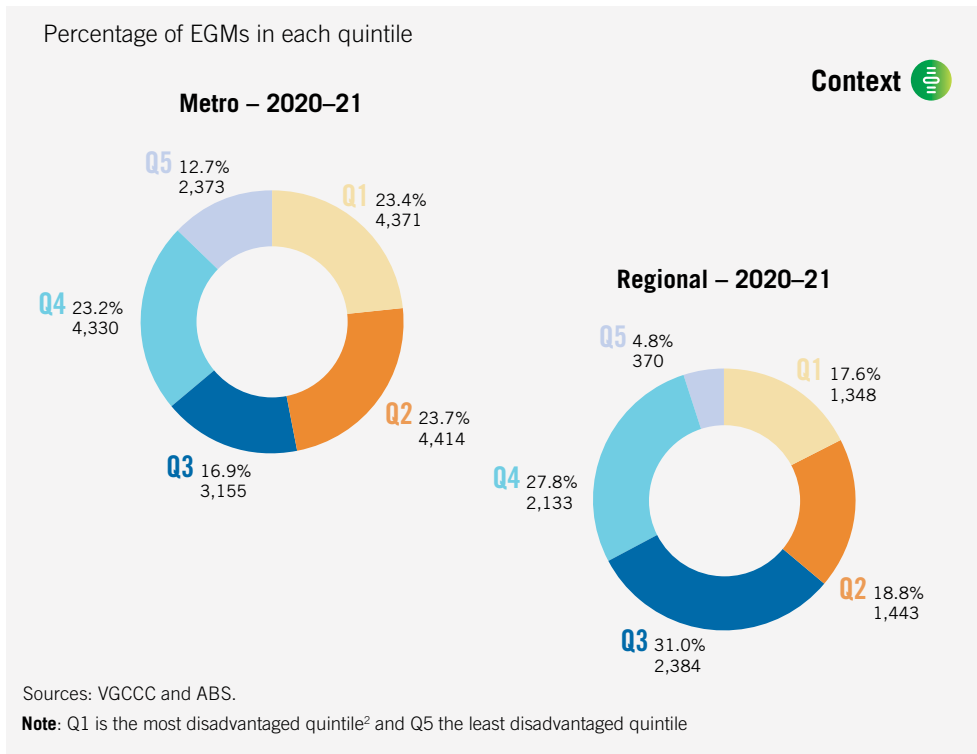
Assessing achievements in Outcome 1 includes monitoring the accessibility to EGM venues in areas of high socio-economic disadvantage across Victoria and spending on EGMs, online sports betting and wagering platforms. This accessibility monitoring provides measures of the environments and opportunities to gamble that cause harm, and of gambling product features that may induce or intensify gambling.

The outcome associated with achievements in protection within gambling environments also monitors the safety of land-based environments as measured by industry referrals to Gambler's Help services. The Foundation will seek to monitor the safety of online environments when the National Consumer Protection Framework is fully operational and appropriate measures have been identified.

¹ Blaszczyński, A. et al. (2001). *The assessment of the impact of the reconfiguration on electronic gaming machines as harm minimisation strategies for problem gambling*. Sydney: University of Sydney Gambling Research Unit; Marshall D. et al. (2004). *Gaming Machine Accessibility and Use in Suburban Canberra: A Detailed Analysis of The Tuggeranong Valley*, ACT Gambling and Racing Commission, pp. 11, 105; Young, M. et al (2012). *Too close to home? The relationships between residential distance to venue and gambling outcomes*, International Gambling Studies, 12:2, 257-273; Badji, S. et al (2019). *Personal insolvencies and the availability of neighbourhood gaming venues*, Victorian Responsible Gambling Foundation, Melbourne.

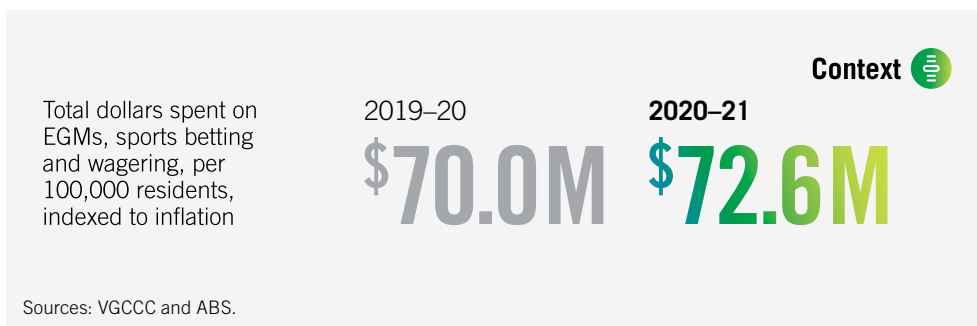
1.1 Indicator: Decrease environments and opportunities to gamble that cause harm

1.1.1 Measure: Percentage of EGMs in most disadvantaged local government areas (LGAs)



1.2 Indicator: Decrease features within gambling products that potentially induce or encourage intensive gambling

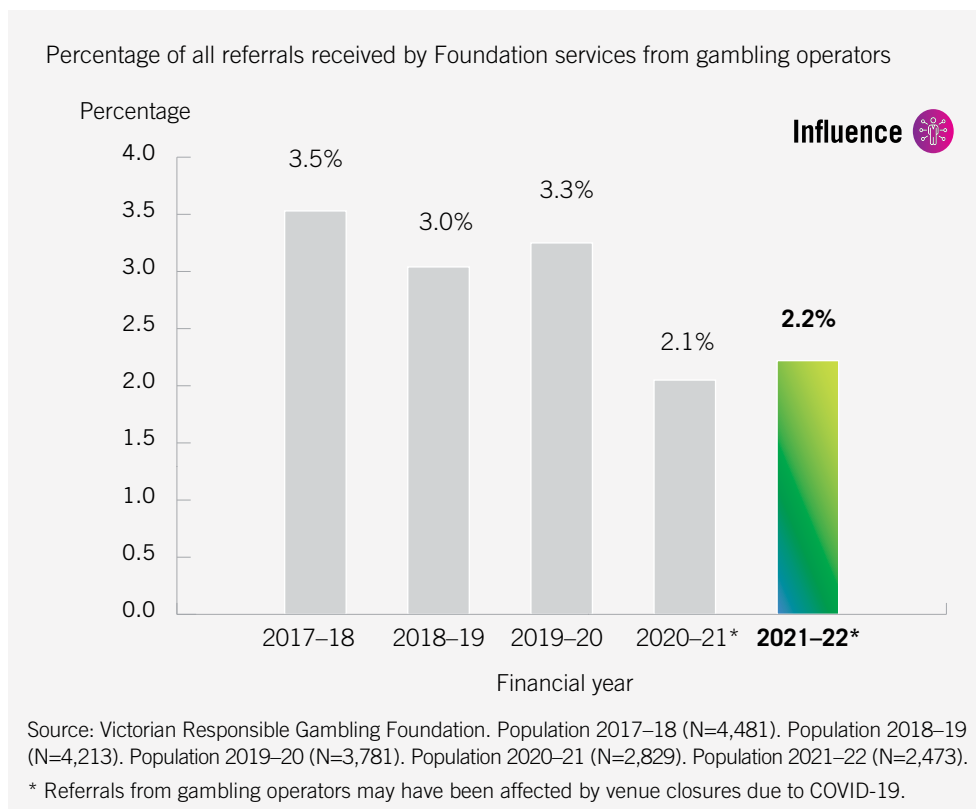
1.2.1 Measure: Total dollars spent on EGMs, sports betting and wagering, per 100,000 residents, indexed to inflation



² A quintile is a division into five equal groups into which a population or geographic area can be divided. In this case each quintile represents the local government areas grouped by disadvantage. For example, quintile 1 contains the 20% of LGAs that are most disadvantaged, while quintile 5 contains the 20% of LGAs that are most advantaged.

1.3 Indicator: Increase protections within gambling environments

1.3.1 Measure: Percentage of all referrals received by Foundation services from gambling operators



Analysis

Almost half of all EGMs in metropolitan Victoria are in proportionally disadvantaged areas. In metropolitan areas, almost 50 per cent of EGMs are located in LGAs in the two most disadvantaged quintiles, as categorised by the Index of Relative Socio-economic Disadvantage (measure 1.1.1).³

In regional areas, there is not an excess number of EGMs in disadvantaged areas compared with other areas. This is in part because there are no EGM venues in several regional LGAs.

The distribution of EGMs across Victoria is mostly stable over time, due to the cap on EGM licences and entitlements, and processes for allocating licenses and entitlements.

In 2021, combined spending on EGMs, sports betting and wagering was \$72.6 million per 100,000 Victorian residents (measure 1.2.1). This equates to an annual spend of about \$700 per adult.

It should be noted that opportunities to gamble were markedly reduced during the COVID-19 pandemic years due to venue closures and a reduction in racing and sporting events.

In 2021–22, about two per cent of referrals to Gambler’s Help services were from gambling operators (measure 1.3.1).

³ This is one of four indexes used by the Australian Bureau of Statistics (ABS) to identify and rank relative socio-economic advantage and disadvantage in geographical areas across Australia. Disadvantaged areas include many households with low income, many people with no qualifications and/or many people in low-skilled occupations (ABS, 2022). <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IRSD~19>

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- raising community and stakeholder awareness of gambling harms
- funding and undertaking research to examine and address potentially harmful gambling environments, products and characteristics
- working with the Victorian community and industry, through initiatives such as the Venue Support Program, to encourage help seeking and referral.

2

OUTCOME 2

DECREASE EXPOSURE TO POTENTIALLY HARMFUL MARKETING OF GAMBLING PRODUCTS

The aim of marketing any product is to increase its uptake. It follows, therefore, that exposure to gambling promotions may well increase gambling participation and, consequently, the risk of harm.

Nielsen data purchased by the Foundation shows that in 2021 an average of 948 gambling ads were broadcast daily on Victorian free-to-air TV, of which 148 were shown during the prime weekday family viewing slot of 6–8.30pm.⁴ This is more than double Monash University's finding that in 2016 an average of 374 ads were aired daily.⁵

Young people are exposed to saturation levels of gambling advertising.⁶ This has a normalising effect⁷ and flow-on implications relating to their risk of experiencing gambling harm as adults.⁸

Assessing achievement in Outcome 2 includes monitoring the money spent on advertising by the gambling industry. A measure of the money spent on inducements by the gambling industry is to be determined.

Outcome 2 includes assessing children's exposure to gambling advertising. This is monitored by trends in secondary school students' recall of advertising to gauge the exposure of young people to gambling promotions.

The third indicator of Outcome 2 is measured by gambling industry sponsorship of sport. This is monitored by trends in the number of Victorian elite sporting clubs with no gambling industry association.

4 (Advertising spend estimates and spot counts) Nielsen Ad Intel, Jan 3, 2021 – Jan 1 2022

5 O'Brien, K & Iqbal, M, (2019), *Extent of, and children and young people's exposure to, gambling advertising in sport and non-sport TV*, Victorian Responsible Gambling Foundation, October 2019

6 Ibid.

7 Noble N, Freund M, Hill D, White V, Leigh L, Lambkin D, Scully M, Sanson-Fisher R. *Exposure to gambling promotions and gambling behaviours in Australian secondary school students*. Addict Behav Rep. 2022 Jun 13;16:100439. Volume 16, December 2022

8 Hare, S 2009, *A study of gambling in Victoria: problem gambling from a public health perspective*, Department of Justice, Melbourne.

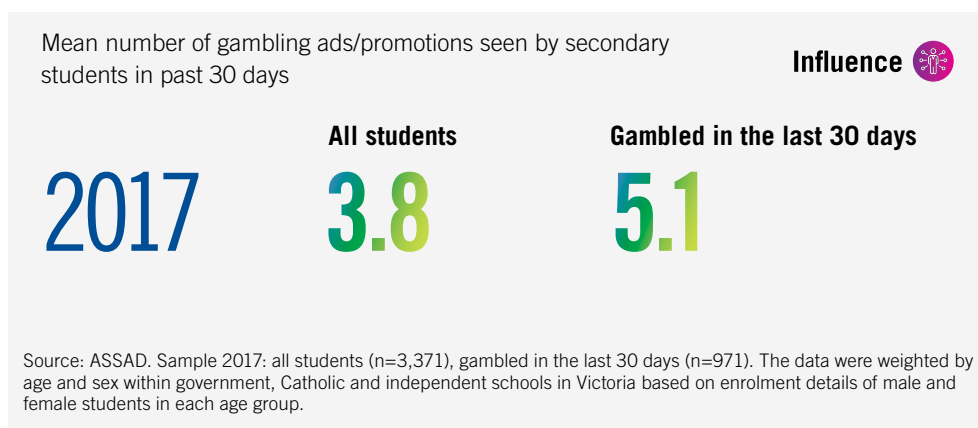
2.1 Indicator: Decrease advertisements and inducements by the gambling industry

2.1.1 Measure: Total dollars spent on advertising by the gambling industry in Victoria*



2.2 Indicator: Decrease exposure of children to gambling advertising

2.2.1 Measure: Mean number of gambling advertisements or promotion types that secondary school students were aware of in the past 30 days⁹



⁹ The most recent data for this measure are from 2017. Please consider this difference in timing when looking at more recent data in this document. The Foundation will update this data when more data are available.

2.3 Indicator: Decrease gambling industry sponsorship of sport

2.3.1 Measure: Percentage of elite sports clubs with no gambling industry associations



Analysis

In 2021, the gambling industry spent \$61.4 million on media placement of gambling ads in Victoria covering metro and regional TV, metro and regional press, cinema, out of home, radio and magazines (measure 2.1.1).

Spend on broadcast advertising did not markedly decline during the COVID-19 pandemic, likely because sport and race betting remained mostly available through this time and is largely conducted online. About 85 per cent of sports betting and wagering now occurs online.¹⁰

Expenditure on digital and social media advertising is only available at a national level. In 2021 the total national spend on advertising by the gambling industry, including digital and social, was \$287 million.¹¹

The Foundation's Love the Game Sporting Club Program seeks to de-normalise the association between betting and sport. One element of the program encourages sporting clubs to refuse gambling sponsorships and, where relevant, divest themselves of any EGM interests. Among elite sporting clubs in Victoria, 58 per cent had no association with gambling in 2020–21 (measure 2.3.1). The Foundation expects this figure to rise in coming years as more clubs exit from EGMs.

The most recent data show that secondary school students recall seeing around four gambling ads in the past 30 days, indicating that children and young people are exposed to gambling promotions on a regular basis (measure 2.2.1). Recall increases to five ads among those who have gambled in the past 30 days. Potentially, young people who are already participating in gambling are more receptive, or exposed, to gambling industry advertising than their peers.

¹⁰ Based on analysis of sports betting company reports and the [Racing Victoria Annual Report 2021](#) which notes "...retail closures continued to amplify customer adoption of digital wagering, with digital share of turnover growing considerably to account for 88% of total turnover – up from 62% in the corresponding period in FY19."

¹¹ Nielsen Ad Intel.

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- funding gambling harm prevention and awareness programs, such as Love the Game
- commissioning communication campaigns that raise awareness of gambling harm and the harmful effect on young people of combining gambling promotion with sport.

3

OUTCOME 3

INCREASE COMMUNITY UNDERSTANDING OF GAMBLING HARM

More than half-a-million Victorians experience harm from gambling. This includes people who gamble and others in their life such as family members, friends and work colleagues. Typical harms include financial problems, relationship difficulties, health concerns, emotional distress and issues with work or study.

According to the 2016 Foundation-funded study *Assessing gambling-related harm in Victoria: a public health perspective*, the most common harm is relationship difficulties (25 per cent), followed by health problems (21 per cent), with financial problems accounting for slightly more than 15 per cent of gambling harm in the state.¹²

Through the Foundation's research program we gain insights into, and a greater understanding of, the complexities of gambling harm. These inform our prevention and early intervention activities, treatment and support programs, awareness and behaviour change campaigns, and policy advice to governments.

Raising community awareness of the risks and harms associated with gambling, as well as the available support options, is fundamental. One of the main goals is to ensure that Victorians who are negatively affected by their own or someone else's gambling can recognise the signs of harm and access support as early as possible.

Increased community understanding of gambling harm through information and open conversations helps to alleviate stigma, which is a barrier to help seeking.

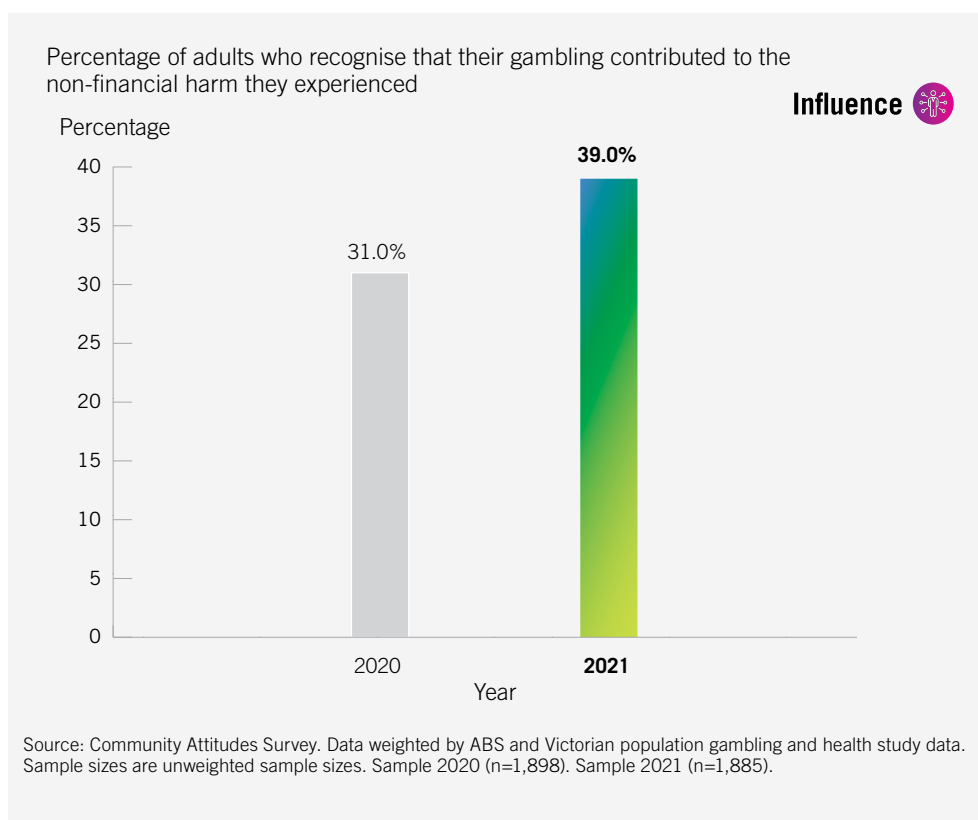
Assessing achievements in Outcome 3 has four indicators. The first indicator – increasing concern about the risk and potential harms associated with gambling – has three measures: adult recognition of non-financial harms associated with their gambling; parent concern about the effects of normalisation of gambling; and awareness among Foundation program attendees that gambling can cause harm.

¹² Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, *Assessing gambling-related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, Melbourne.

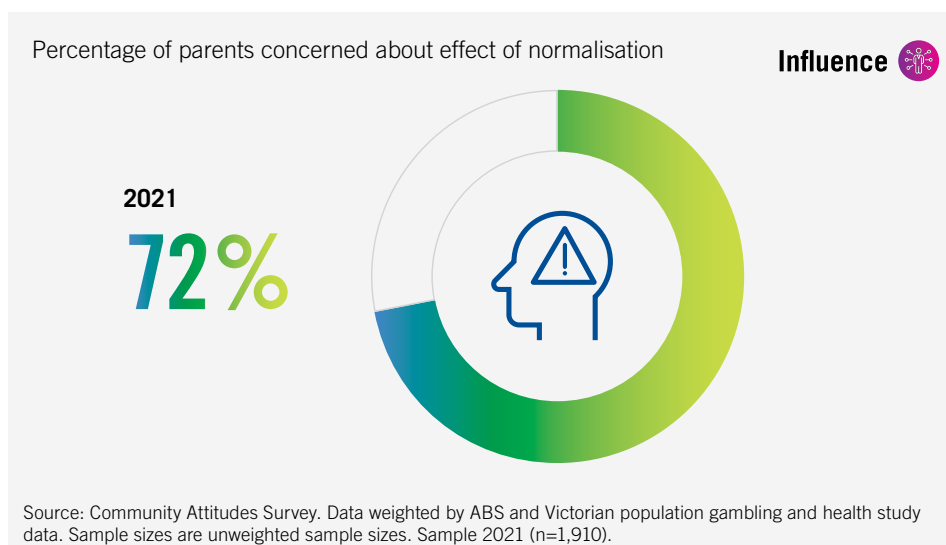
The other three indicators of Outcome 3 measure knowledge and confidence of people to talk about gambling risk, acceptance of gambling in sport as normal, and awareness of factors that limit gambling harm.

3.1 Indicator: Increase concern about the risks and potential harms associated with gambling

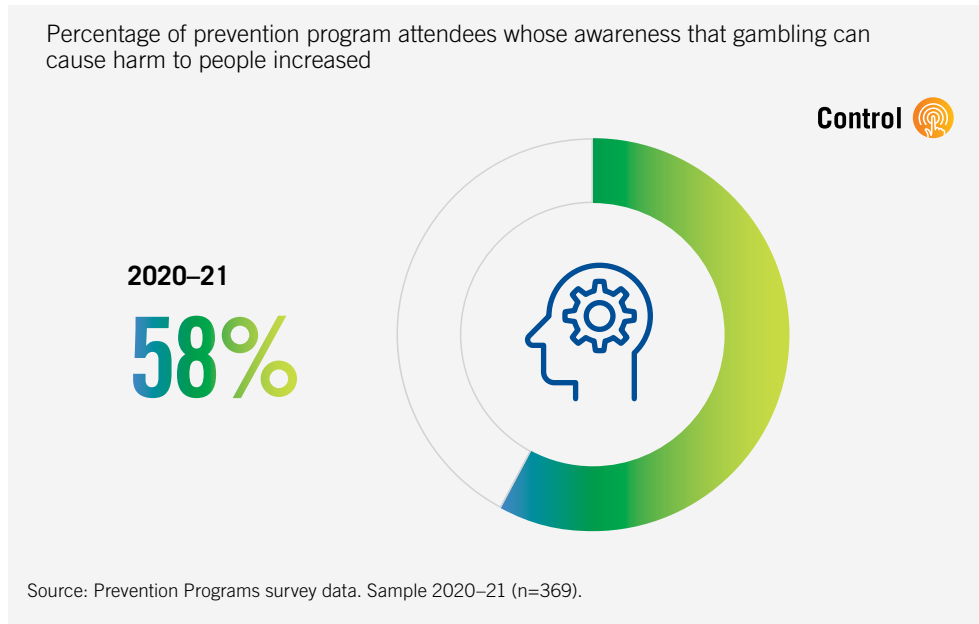
3.1.1 Measure: Percentage of adults who recognise that their gambling contributed to the non-financial harm they experienced



3.1.2 Measure: Percentage of parents of children aged up to 18 years who are concerned about the effect of normalisation of gambling on them when they become adults

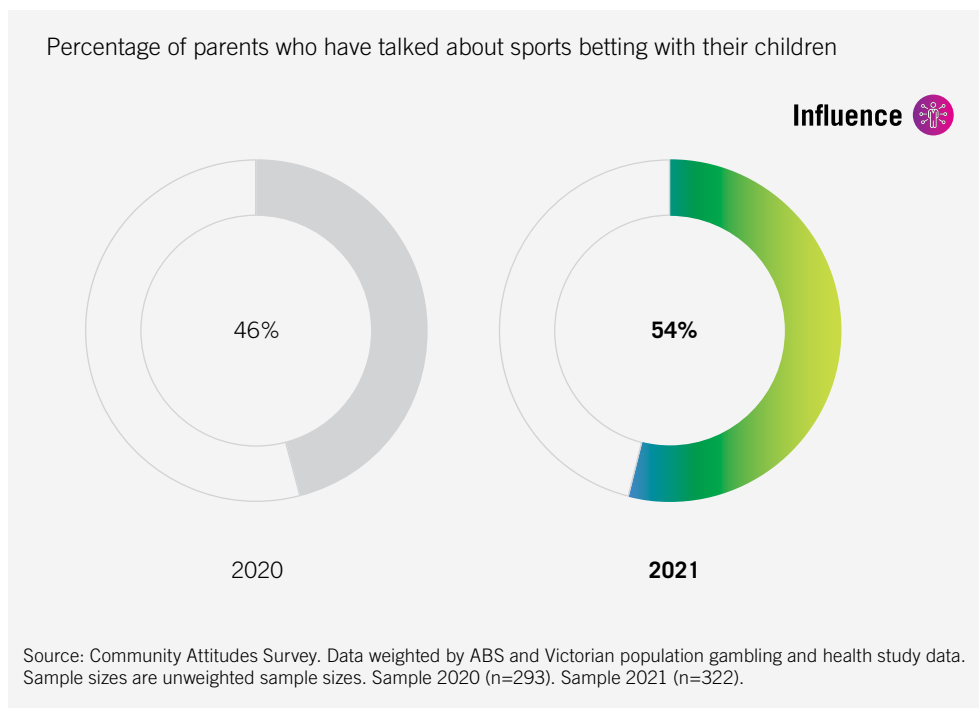


3.1.3 Measure: Percentage of prevention program attendees whose awareness that gambling can cause harm to people has increased



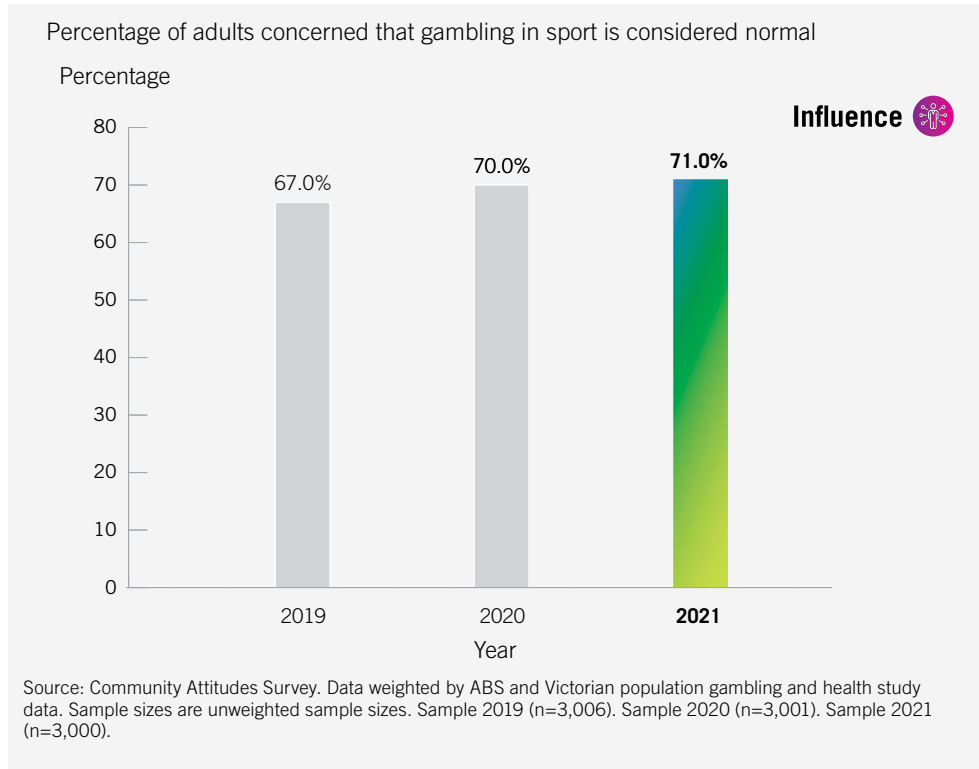
3.2 Indicator: Increase knowledge and confidence of people to talk to family and friends about gambling risks

3.2.1 Measure: Percentage of parents with children aged 12–17 years who have talked to them about the risks and potential harms associated with sports betting



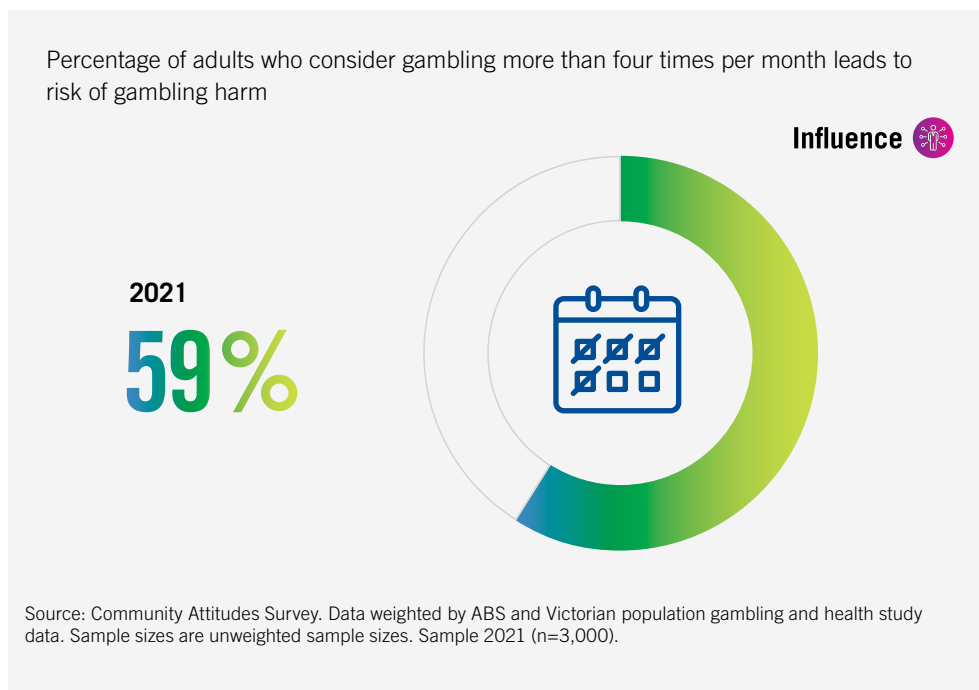
3.3 Indicator: Decrease acceptance of gambling in sport as normal

3.3.1 Measure: Percentage of adults who are concerned that gambling in sport is considered normal



3.4 Indicator: Increase awareness of factors that limit gambling harm

3.4.1 Measure: Percentage of adults who agree that people who gamble more than four times a month (excluding lotto and social bingo) are at risk of harm from their gambling



Analysis

The Foundation aims to build community understanding that the adverse effects of gambling are not limited to financial issues, and that the impact on other aspects of a person's life, such as emotional wellbeing, can be substantial. The Foundation's 2021 Community Attitudes Survey showed that 39 per cent of Victorian adults who gambled recognised that their gambling activities contributed to the non-financial harm they experienced (measure 3.1.1).

The Foundation funds community organisations to raise awareness of gambling harm among specific target groups. This work is effective, with more than half of all community program attendees (58 per cent) in 2020–21 reporting an increase in their awareness of gambling-related harm after attending an event or activity (measure 3.1.3).

The frequency, and the amount of money and time a person spends on gambling can be important factors in assessing the likelihood that they will experience negative consequences. While there is limited guidance on the level at which a person's gambling will have adverse effects, in 2021 the Community Attitudes Survey found 59 per cent of Victorian adults recognised that gambling more than four times a month could lead to harm (measure 3.4.1).

The survey further demonstrated that more than half (54 per cent) of parents of children aged 12–17 years had discussed with them the risks associated with sports betting (measure 3.2.1). It also showed that 72 per cent were concerned about the effects normalised gambling would have on their children as adults (measure 3.1.2).

About 70 per cent of adults are concerned that gambling in sport is considered normal (measure 3.3.1).

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

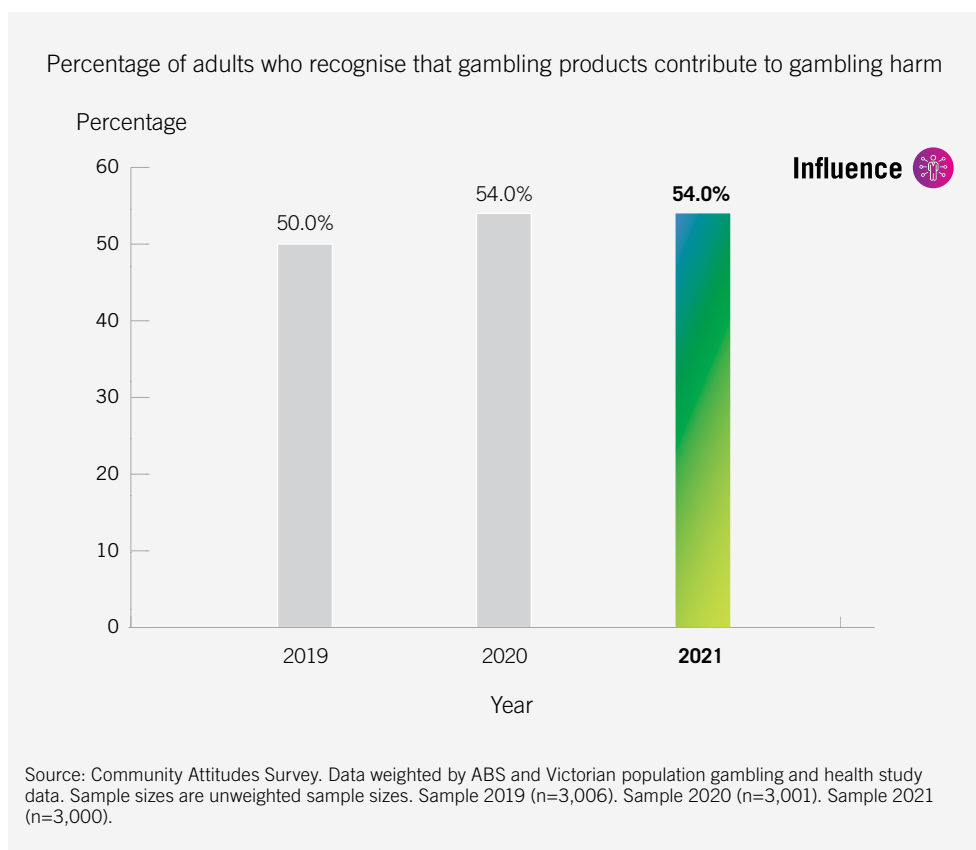
- commissioning communication campaigns to raise awareness of gambling harm and provide advice on how to mitigate the risks, for example by setting limits and encouraging parents to discuss the issue with their children
- funding prevention program activities that directly engage the Victorian community.

4

OUTCOME 4**DECREASE STIGMA OF PEOPLE WHO EXPERIENCE GAMBLING HARM**

Gambling harm is a highly stigmatised issue that frequently leads to feelings of embarrassment, shame, low self-esteem and guilt. Gambling-related stigma is driven by the perpetuation of stereotypes and the simplistic characterisation of people who experience gambling harm as irresponsible and lacking willpower or self-control.¹³

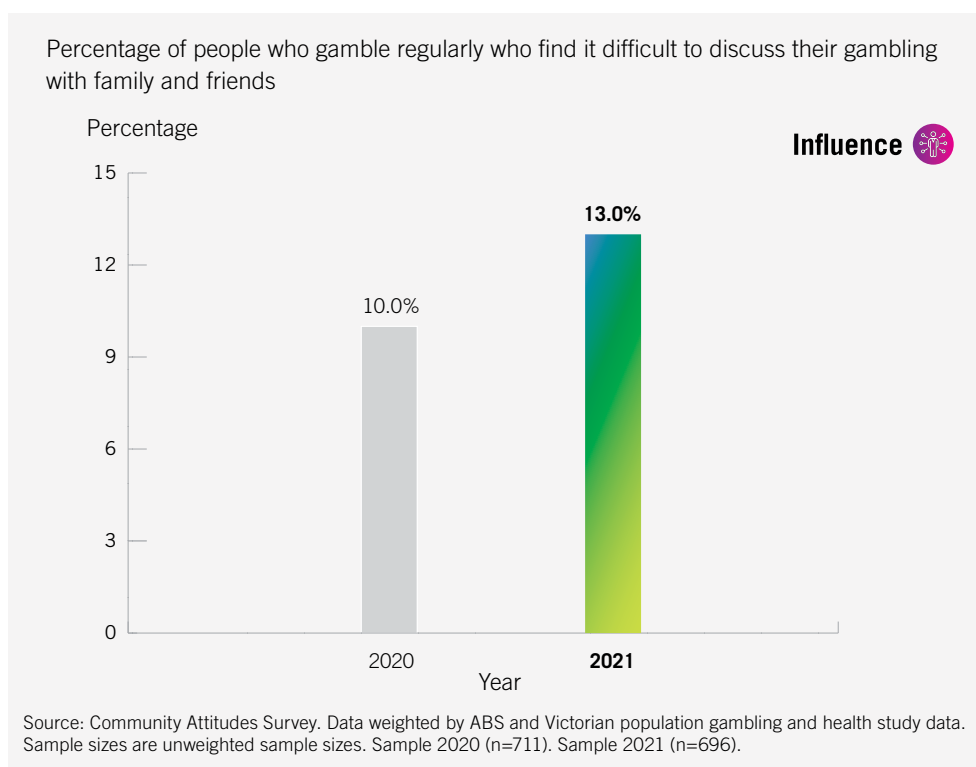
In assessing achievements in Outcome 4, the Foundation is monitoring self-stigma (that is, how people who have experienced gambling harm feel about themselves), negative attitudes held by professionals who respond to people who have experienced gambling harm, and the general community.

4.1. Indicator: Decrease stigma towards people who experience gambling harm**4.1.1 Measure: Percentage of adults who strongly agree that gambling products contribute to gambling harm**

¹³ Hing, N, Russell, A, Nuske, E & Gainsbury, S 2015, *The stigma of problem gambling: Causes, characteristics and consequences*, Victorian Responsible Gambling Foundation, Melbourne.

4.2 Indicator: Decrease self-stigma by people who experience gambling harm

4.2.1 Measure: Percentage of people who gamble regularly who find it difficult to talk to family or close friends about their gambling



Analysis

Stigma is a barrier to help seeking. Foundation research¹⁴ shows that more than 80 per cent of Victorians who experience harm from gambling keep it secret, including from loved ones, due to shame and fear of rejection and judgement. Stigma can also make it difficult for a person to recognise they are experiencing harm.

About one-in-eight adults who gambled regularly (13 per cent) had difficulty talking to family and close friends about it (measure 4.2.1). This measure is designed to indicate the willingness of a person who gambles monthly or more often to talk openly about their gambling.

While the prevalence is low in comparison to the prevalence derived from research, it is important to note that the data assessed in this measure is inclusive of all people who gamble regularly rather than those who experience harm. Research shows that an expectation or fear of stigma is a strong deterrent to disclosure and seeking help for gambling harm.¹⁵

About half of adults (54 per cent) strongly agreed gambling products contribute to gambling harm (measure 4.1.1).

This measure is designed to examine the extent to which there has been a shift in the community's attitude towards people who experience gambling harm. Increases in the proportion of those who say gambling products play a role in harm indicate a reduction in the blame and stigma assigned to people who gamble.

¹⁴ Hing, N, Russell, A, Nuske, E & Gainsbury, S 2015, *The stigma of problem gambling: Causes, characteristics and consequences*, Victorian Responsible Gambling Foundation, Melbourne.

¹⁵ Ibid.

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- commissioning communication campaigns and programs to destigmatise gambling harm
- funding research into the stigma-related challenges faced by people who experience gambling harm, as well as the effects of harmful gambling environments, products and characteristics.

5

OUTCOME 5 PREVENT UPTAKE OF UNDERAGE GAMBLING

It is illegal in Victoria for anyone under the age of 18 years to gamble. However, some young people do and this can have a negative impact on their school performance, family and peer relationships, and mental health.

For those under 18 years of age, participation in gambling correlates with participation in other risky behaviours such as consuming alcohol and other drugs.¹⁶ People who begin gambling while under age are at greater risk of experiencing harm as an adult than those who start at 25 years and older.¹⁷

It is well understood that the behaviour of parents influences the future behaviour of their children. Accordingly, the Foundation monitors the normalising effect of parental gambling on their children's attitudes and behaviour.

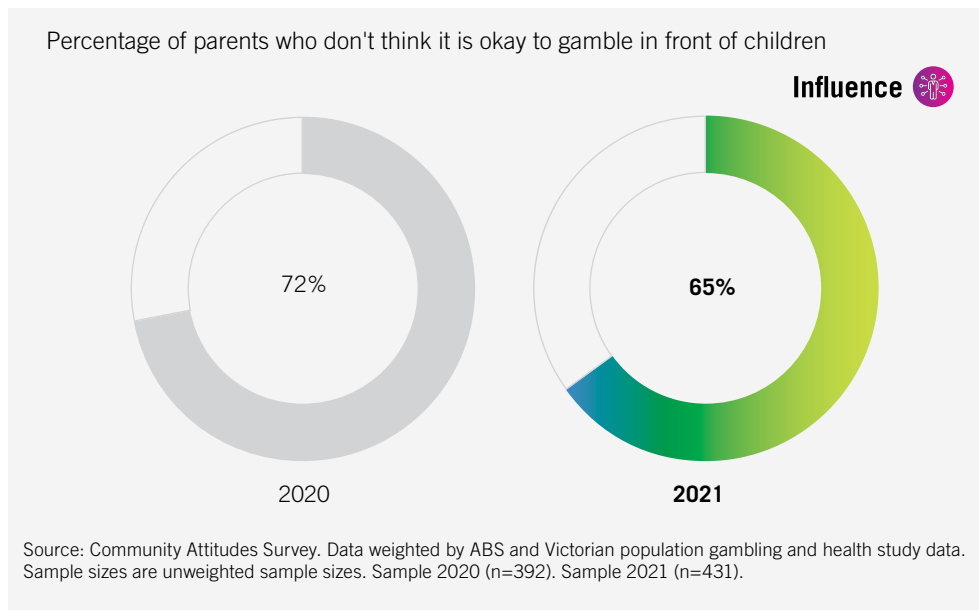
Assessing achievements in Outcome 5 includes monitoring parental disagreement with the notion that it is okay to gamble or bet regularly around their children, and reporting of gambling by secondary school students. These measures illustrate the exposure to role modelling that normalises gambling, and participation of underage people in gambling.

¹⁶ Freund, M, Noble, N, Hill, D, White, V, Evans, T, Oldmeadow, C & Sanson-Fisher, R 2019, *The prevalence and correlates of gambling in secondary school students in Victoria, Australia*, 2017, Victorian Responsible Gambling Foundation, Melbourne

¹⁷ Hare, S 2009, *A study of gambling in Victoria: problem gambling from a public health perspective*, Department of Justice, Melbourne

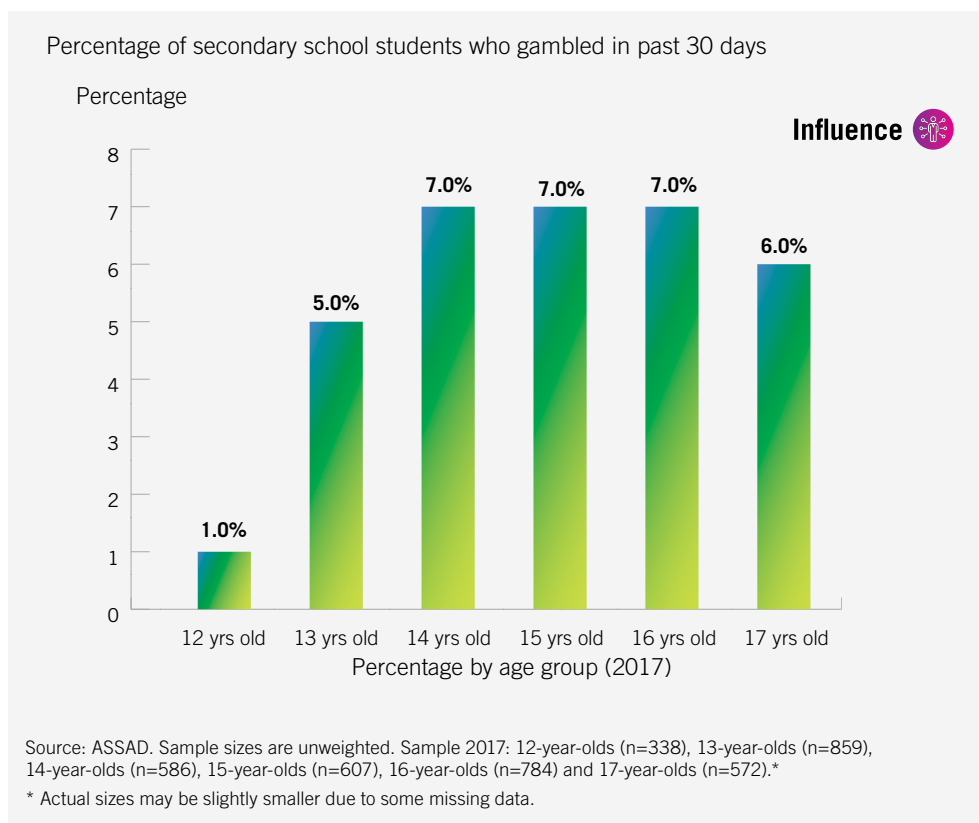
5.1 Indicator: Decrease exposure to role modelling that normalises gambling to underage people

5.1.1 Measure: Percentage of parents with children aged up to 18 years who disagree that it is okay to gamble or bet regularly around their children



5.2 Indicator: Decrease participation of underage people in gambling

5.2.1 Measure: Percentage of secondary school students who reported that they had gambled in the past 30 days



Analysis

Six per cent of surveyed Victorian secondary school students reported that they had gambled in the past 30 days in 2017. Participation was highest among those aged 14 to 16 years (measure 5.2.1).

Two-thirds of parents of children aged under 18 years (65 per cent) did not think they should gamble in front of their children (measure 5.1.1).

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- continuing to commission communication campaigns and programs that challenge the normalisation of gambling
- supporting educational programs and activities that target school-aged children to challenge the normalisation of gambling
- funding prevention program activities that directly engage members of the Victorian community in learning about the connection between underage gambling and future harmful gambling.

6

OUTCOME 6

INCREASE CAPABILITY OF PEOPLE TO PREVENT GAMBLING HARM

One of the Foundation's three strategic priorities for 2021–24 is to foster community understanding of gambling harm to lay the groundwork for the attitudinal changes required to prevent and reduce gambling harm.

The effectiveness of this work is measured in terms of community capacity to make choices that are informed, and that prevent and reduce gambling harm. The Foundation supports people who gamble to develop this capacity as well as other members of the community and professionals who participate in our training programs and events.

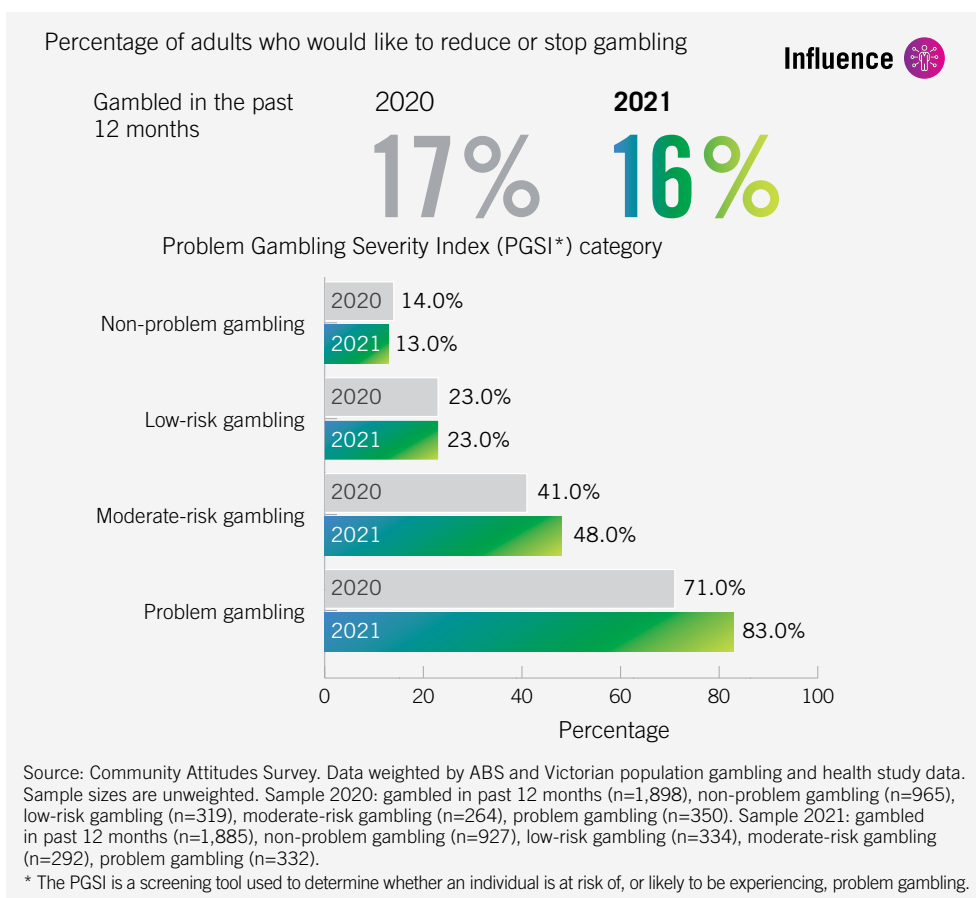
An indication of the appropriateness and accessibility of treatment and support services comes from understanding why people do or do not follow through on an intention to seek help. This information can then be used to make improvements that will increase the uptake of services by people experiencing gambling harm and affected others.

Assessing achievements in Outcome 6 includes monitoring changes in community capability to make informed choices that prevent and minimise gambling harm. Measures assess whether adults would like to reduce or stop gambling and Foundation program attendees' likelihood that they will put into practice what they have learned to prevent harm.

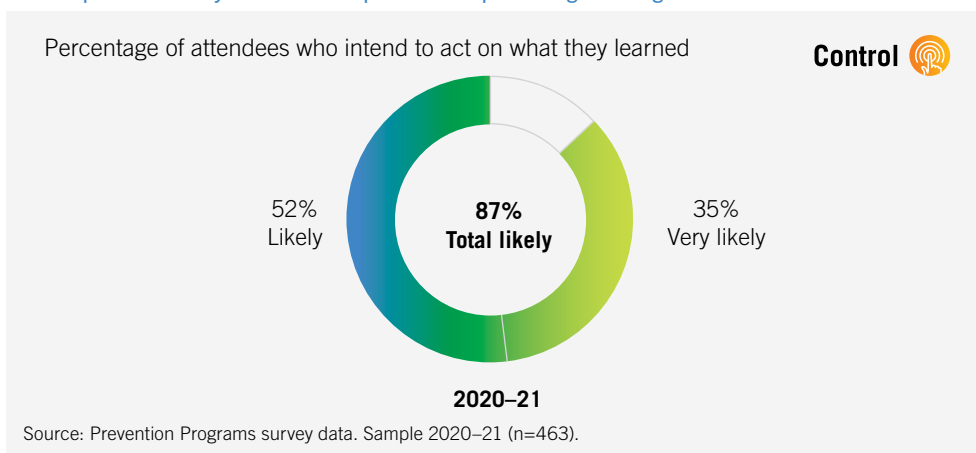
An increase in help seeking also indicates achievements in Outcome 6. Change in the prevalence of taking action to address their gambling and use of a help service for their own or someone else’s gambling will measure success.

6.1 Indicator: Increase community capability to make informed choices that prevent and minimise gambling harm

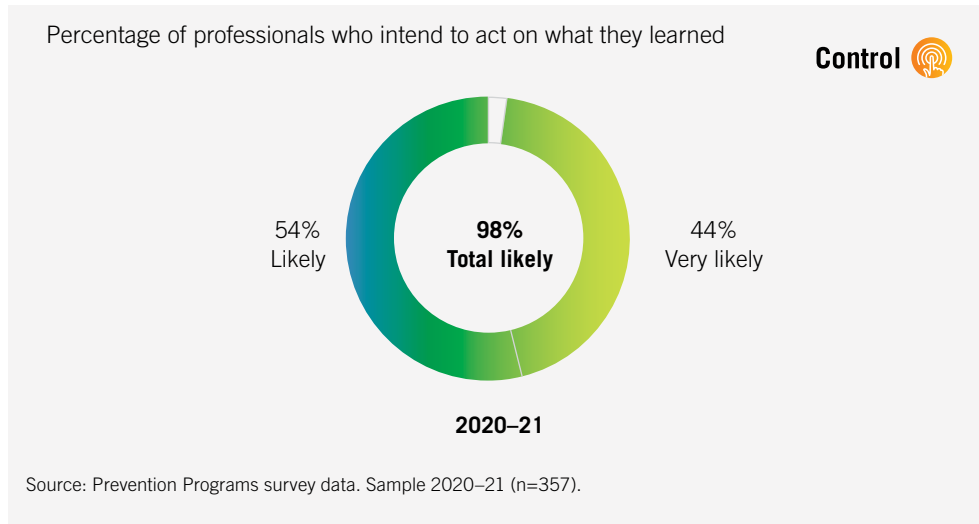
6.1.2 Measure: Percentage of adults who agree they would really like to reduce or stop gambling



6.1.3 Measure: Percentage of prevention program/event attendees who say they are likely to put what they learned into practice to prevent gambling harm

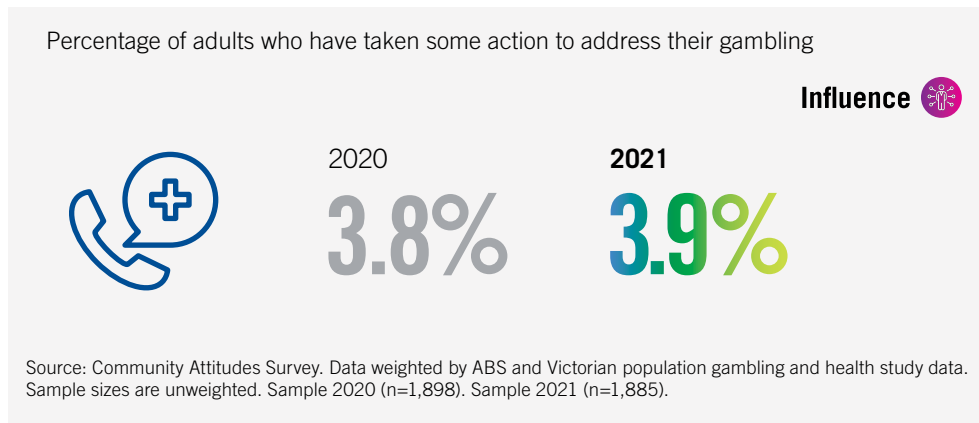


6.1.4 Measure: Percentage of professionals who attend prevention programs/events who say they are likely to put what they learned into practice to prevent gambling harm

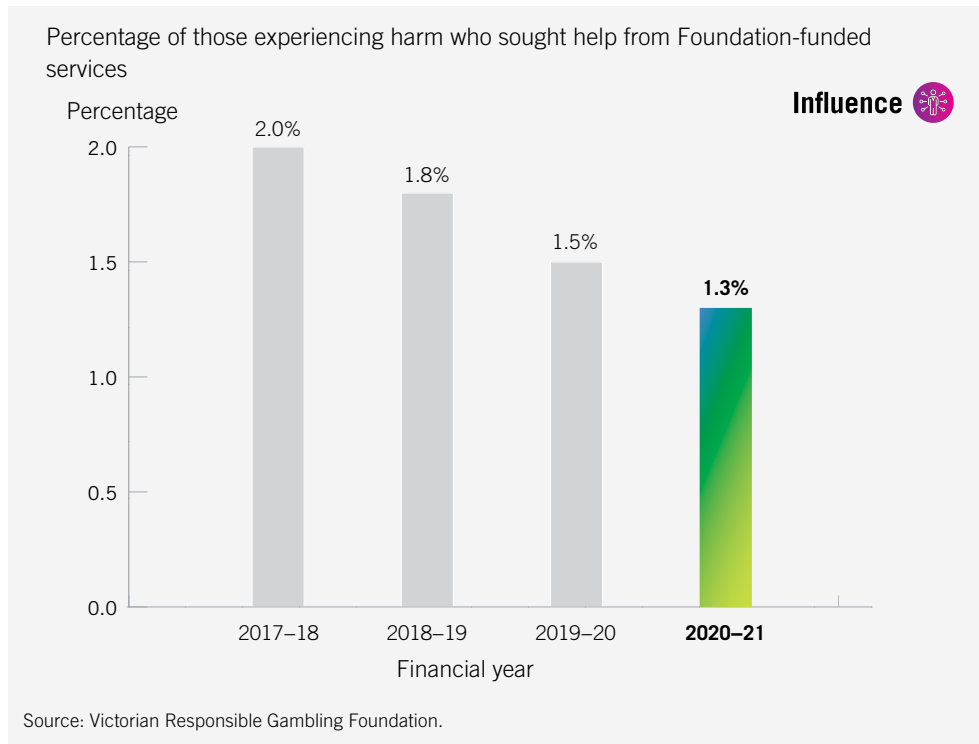


6.2 Indicator: Increase help seeking

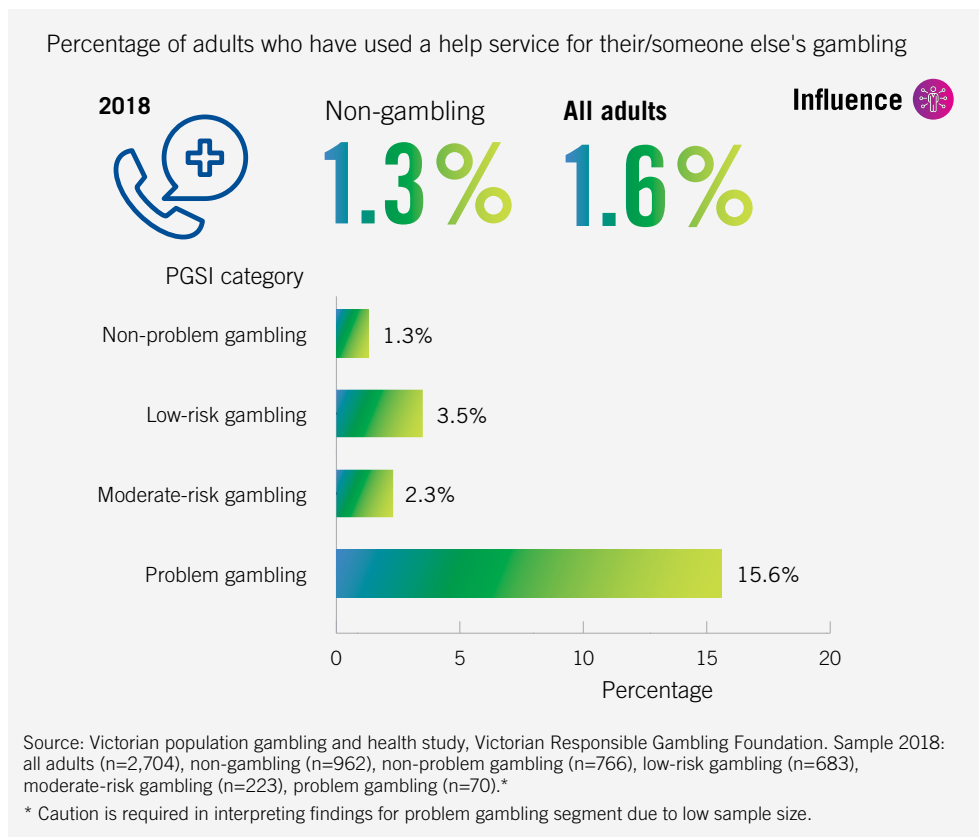
6.2.1 Measure: Percentage of adults who have taken some action to address their gambling



6.2.2 Measure: Percentage of people experiencing some form of harm from gambling who seek help from Foundation-funded therapeutic and/or financial counselling services



6.2.3 Measure: Percentage of adults who have used a help service for their own or someone else's gambling



Analysis

In 2021, almost one-in-five Victorians who gambled in the previous 12 months stated they wanted to reduce or stop gambling (measure 6.1.2). Those at higher risk of problem gambling were more likely to feel this way – 83 per cent of people in the problem gambling category of the Problem Gambling Severity Index¹⁸ (PGSI) compared to only 13 per cent of those in the non-problem gambling category.

However, only about four per cent of those who gambled in the past 12 months took action to reduce their gambling (measure 6.2.1). This included looking for support online, talking about gambling with a health professional or someone else, or using an app.

One-to-two per cent of adults in the Victorian community who experienced gambling harm sought help from Foundation-funded Gambler's Help services (measure 6.2.2).

Victorian adults classified in the problem gambling category of the PGSI were most likely to seek help from any service or agency, with about 16 per cent of those classified in the problem gambling category stating they sought help for their own or someone else's gambling compared to about one per cent of those in the non-problem gambling category (measure 6.2.3).

Evidence suggests that the majority of those experiencing gambling harm have not sought professional treatment. This is consistent across many studies throughout the world. Existing studies show that treatment is received by 10–20 per cent of people with defined gambling disorders. The reasons that people with gambling disorders do not initiate treatment are complex and include social, cultural, individual and structural factors.¹⁹

The Foundation offers training and other development opportunities to professionals, such as therapeutic counsellors, and others working to reduce gambling harm in Victoria. These programs are effective as:

- 44 per cent of professionals reported they were 'very likely' to put what they learned into practice (measure 6.1.4), while a further 54 per cent stated they were 'likely' to do so
- 35 per cent of community members stated they were 'very likely' to act on what they learned and a further 52 per cent said they were 'likely' to act on it (measure 6.1.3).

It should be noted that professionals have more opportunity and a greater sense of obligation to put their learning into practice, so it is not surprising they had a higher intention to do so. Opportunities and the confidence to act on new information and skills was not as high for community members, but the intention to act was still high.

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- raising awareness of gambling harm treatment services and encouraging those experiencing gambling-related harm to seek help

¹⁸ The PGSI is a screening tool used to determine whether an individual is at risk of, or likely to be experiencing, problem gambling.

¹⁹ Dąbrowska, K. et al (2017), Barriers in Access to the Treatment for People with Gambling Disorders. Are They Different from Those Experienced by People with Alcohol and/or Drug Dependence? *Journal of Gambling Studies*, 2017.

- providing community members with the knowledge and skills to act to address the gambling harm they or others experience
- providing development opportunities to professionals to increase their knowledge and skills to identify and respond to gambling-related harm.

7

OUTCOME 7

DECREASE GAMBLING HARM EXPERIENCED BY PEOPLE WHO ACCESS FOUNDATION-FUNDED SERVICES

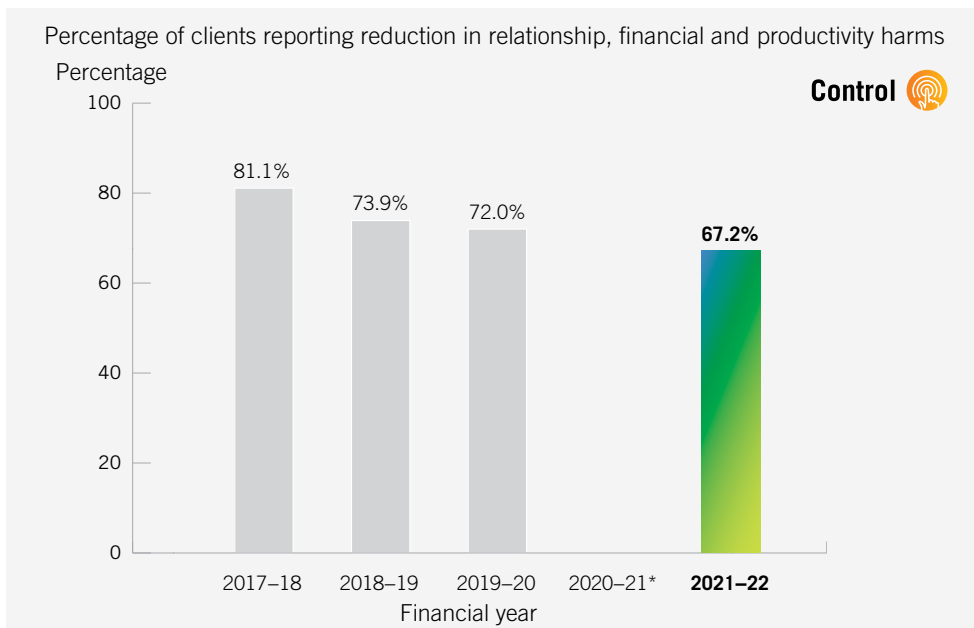
Strengthening the funded services system to provide accessible, integrated, relevant and visible options for the delivery of effective treatment and support to people seeking help for gambling harm is one of the Foundation’s strategic priorities for 2021–24.

Assessing achievements in Outcome 7 means measuring the number of participants who reduce or stop gambling and their experience of relationship, financial and productivity harms after treatment. In future, the proportion of clients who are more hopeful about the future as a result of accessing a support program will be monitored.

Increasing the resilience of people who access Foundation services is the second indicator of achievement of Outcome 7. Measures relate to clients who decrease the time they spend thinking about gambling and psychological distress.

7.1 Indicator: Decrease gambling harm experienced by people who access Foundation-funded services

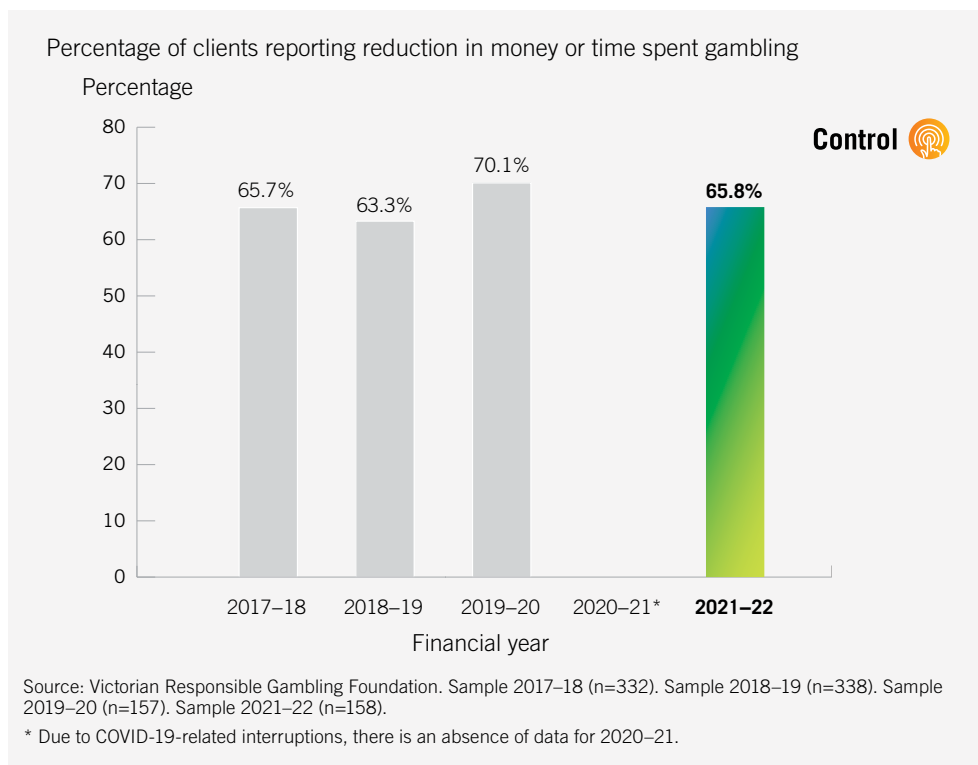
7.1.2 Measure: Percentage of clients whose experience of relationship, financial and productivity harms due to their own or someone else’s gambling, is reduced three months after starting treatment with a Foundation-funded service



Source: Victorian Responsible Gambling Foundation. Sample 2017–18 (n=396). Sample 2018–19 (n=395). Sample 2019–20 (n=182). Sample 2021–22 (n=189).

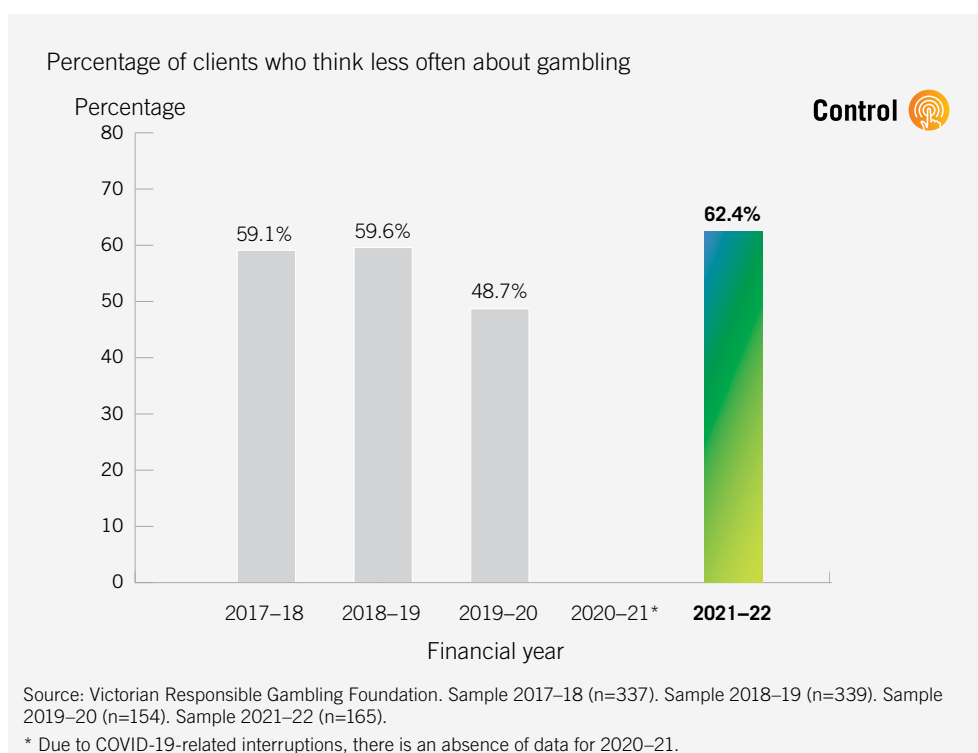
* Due to COVID-19-related interruptions, there is an absence of data for 2020–21.

7.1.3 Measure: Percentage of clients who decrease the amount of money or time they spend gambling three months after starting treatment with a Foundation-funded service

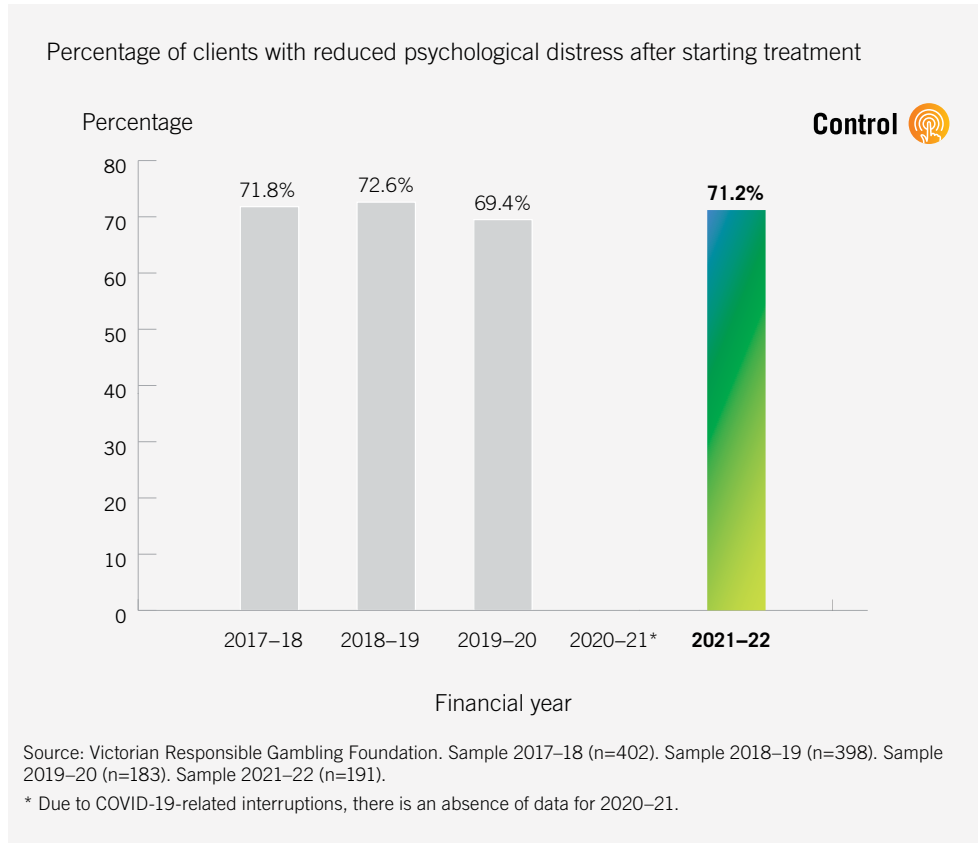


7.2 Indicator: Increase resilience of people who access Foundation-funded services to minimise the negative effects of relapse of gambling

7.2.1 Measure: Percentage of clients who decrease the amount of time they spend thinking about gambling three months after starting treatment with a Foundation-funded service



7.2.2 Measure: Percentage of clients whose psychological distress is reduced three months after starting treatment with a Foundation-funded service



Analysis

The Foundation's therapeutic and financial counselling services provide benefit to the majority of people who access them for help in relation to their own or someone else's gambling as measured three months after the support begins.

In 2021–22, across all metrics, 62 to 71 per cent of those accessing services reported positive outcomes from counselling.

In the 2021–22 financial year, among all clients (people who had experienced gambling harm and affected others), after three months:

- 67.2 per cent decreased relationship, financial and productivity harms (measure 7.1.2)
- 71.2 per cent decreased psychological distress (measure 7.2.2).

Among those who experienced gambling harm:

- 65.8 per cent decreased time or money spent gambling (measure 7.1.3)
- 62.4 per cent decreased the amount of time spent thinking about gambling (measure 7.2.1).

This demonstrates the benefits of counselling to those who experience harm and highlights the importance of encouraging those who intend to seek help to do so.

Role of the Foundation

In seeking to make progress towards this outcome, the Foundation's strategic approach includes:

- ensuring free and accessible support services are available for Victorians to address gambling harm by whatever method, means and timeframe is most appropriate for them
- providing professionals and Gambler's Help services with the training, knowledge and skills required to optimise positive outcomes for those experiencing gambling harm.

DATA SOURCES

Australian Bureau of Statistics (ABS)

ABS data include the Census estimated resident population, which is calculated annually, and the Consumer Price Index, calculated quarterly.

Australian secondary school students alcohol and drug (ASSAD) survey

The ASSAD survey is a triennial national survey of a random selection of secondary school students aged between 12 and 17 years. The survey is funded by the Australian government and conducted by Cancer Council Victoria. In the 2017 survey, the Foundation and the Hunter Medical Research Institute jointly funded the inclusion and analysis of questions relating to gambling and exposure to others' gambling for the Victorian sample.

Limitations: Some students did not complete all of the essential gambling questions. It is not known how this may have influenced the overall gambling prevalence rates reported.

It is well known that survey respondents have a tendency to 'telescope' responses to questions about behaviours in a specific time period. The telescoping effect refers to inaccurate perceptions regarding time, where people see recent events as more remote than they are (backward telescoping), and remote events as more recent (forward telescoping). This may have inflated estimates of gambling-related behaviours and exposures in 'the past 30 days'.

The use of a modified binary response scale (yes/no) for the DSM-IV-[MR]-J²⁰ criteria to classify students as problem gamblers in this study limits comparability with estimates of youth problem gambling reported in other studies using multiple response options.

Prevention programs survey

This survey, funded by the Foundation but administered by an independent evaluator, assesses high-level outcomes across the Prevention Partnerships Program, Community Engagement Program and Strategic Partnership Funding.

The survey is undertaken continuously via survey instruments provided to program participants, who are community members (adults and young people) and professionals who support people experiencing gambling harm.

²⁰ DSM-IV-MR-J screen is a revised version of the adult DSM-IV screening instrument as developed by Dr S. Fisher, 2000. Using the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM)-IV-MR-J screen, a child who confirms that they had undertaken four or more of the behaviours/actions (from the overall screen of nine components) is considered a problem gambler, a score of two or three is used to identify an 'at-risk' gambler and a score of zero or one indicates a non-problem gambler.

The amount of data for any given metric varies depending on how widely each metric is used. In general, the survey data is supplied in aggregate as part of periodic evaluation reports.

Limitations: The survey is different for each program, which means the context in which questions are asked varies. This may, in turn, affect responses (position bias) and thus assessment of trends over time.

Community attitudes survey

This Foundation-funded annual survey is undertaken by a commercial survey provider. The survey is conducted online with a sample supplied by a consumer panel as well as via intercept interviews at venues that focus on people experiencing problem gambling or at moderate risk of doing so.

The survey has been conducted in 2019, 2020 and 2021.

Limitations: The mixed method of interviewing may reduce comparability between the data collected, and thus trends over time assessment.

The research intentionally over-samples people experiencing problem gambling and those at moderate risk of experiencing problem gambling, per the PGSI. This is corrected via weighting, but the sample is non-probabilistic and, as such, the population representativeness of the data may be limited.

Point of consumption tax dataset

Victoria's Department of Treasury and Finance (DTF) publishes Victorian point of consumption tax for sports betting and wagering on an annual basis.

Limitations: The point of consumption tax data provided by DTF currently combines sports betting and wagering, which precludes the ability to differentiate expenditure and losses on those products separately.

Gambler's Help Connect dataset

Gambler's Help Connect is a case-based client management system used by Foundation-funded agencies to manage service activities and enable performance and outcome reporting. It is used continuously to record financial and therapeutic counselling activities as well as those that form part of the Venue Support Program and the Foundation's Be Ahead of the Game School Education Program.

The Client Outcomes Survey (COS) is recorded in Gambler's Help Connect to generate information about the effectiveness of therapeutic and financial counselling in the treatment and support of people experiencing gambling harm. The COS is provided to each client three times over a six-month period as COS1 (at commencement or as close as possible to commencement), COS2 (three months post-completion of COS1), and COS3 (six months post-completion of COS1).

Limitations: The response rate for the COS is low. This may be due to some clients preferring not to revisit potentially distressing memories or because they are reluctant to disclose personal information to the third-party organisation that conducts the survey due to privacy concerns. This represents some self-selection bias in the data.

The efficacy of this method of collecting client outcome information will be considered as part of a comprehensive review of Foundation-funded services to be undertaken in 2022 and 2023.

Nielsen research (sport and entertainment)

Nielsen collects marketing, media and sponsorship information across most Australian sporting codes, mainstream media networks and commercial sponsorship arrangements. The Foundation purchases data from Nielsen about gambling industry advertising and has commissioned research on sport-based sponsorship to estimate the level being blocked by the Love the Game Sporting Club Program.

Victorian population gambling and health study

This survey has been conducted three times since 2008 at irregular intervals. It was most recently conducted in 2018–19 by CQUniversity’s Experimental Gambling Research Laboratory. The random digit dialled telephone survey of Victorians comprised approximately equal numbers of mobile telephone and landline contacts. For landline contacts, the survey was conducted with the person in the household who had most recently had a birthday. It is proposed the survey be conducted triennially in the future.

Limitations: The use of telephone contacts, inclusive of mobiles, excludes participation in the survey by populations without access to a personal telephone service. This includes people who are incarcerated and those living in group-home situations, such as assisted care living.

Non-response to telephone surveys can present a source of bias limiting the population representativeness of the data. There is no way of knowing if those who participate in a survey provide responses similar to those that might be given by people who either cannot be contacted or who refuse to participate.

As with all surveys, the study also presumes that respondents provide full and honest answers to the questions, which are about a sensitive topic.

EGM expenditure statistics

The Victorian Gambling and Casino Control Commission (VGCCC) is the statutory authority tasked with regulating Victoria’s gambling industry. The VGCCC publishes population density and gambling expenditure statistics.

Abbreviations and acronyms

ABS	Australian Bureau of Statistics
ASSAD	Australian secondary school students alcohol and drug (survey)
COS	Client Outcomes Survey
EGM	electronic gaming machine
LGAs	local government areas
PGSI	Problem Gambling Severity Index
VGCCC	Victorian Gambling and Casino Control Commission

REDUCING GAMBLING HARM IN VICTORIA: OUTCOMES FRAMEWORK

Detailed outcomes framework, itemises the outcomes, indicators and measures (current and future) that comprise the framework.

OUTCOMES	INDICATOR	MEASURE/S (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)	
① Decrease access to potentially harmful gambling environments, products and characteristics	1.1 Decrease environments and opportunities to gamble that cause harm	1.1.1 Proportion of electronic gaming machines (EGMs) in most disadvantaged local government areas (LGAs)	
	1.2 Decrease features within gambling products that potentially induce or encourage intensive gambling	1.2.1 Total dollars spent on EGMs, sports betting and wagering, per 100,000 residents, indexed to inflation	
	1.3 Increase protections within gambling environments	1.3.1 A: Proportion of all referrals received by Foundation services from gambling operators B: Proportion of Foundation clients referred from gambling operators	
		1.3.2 Measure of people registered with the National Self-Exclusion Register (TBC)	
		1.3.3 Number of people registered with a self-exclusion program by major gambling providers licensed for gambling in Victoria	
② Decrease exposure to potentially harmful marketing of gambling products	2.1 Decrease advertisements and inducements by the gambling industry	2.1.1 Total dollars spent on advertising by the gambling industry in Victoria	
	2.2 Decrease exposure of children to gambling advertising	2.1.2 Measure of dollars spent on inducements by the gambling industry in Victoria (TBD)	
		2.2.1 Mean number of gambling advertisements or promotion types that secondary school students were aware of in the past 30 days	
	2.3 Decrease gambling industry sponsorship of sport	2.3.1 Proportion of elite sporting clubs with no gambling industry associations	
	③ Increase community understanding of gambling harm	3.1 Increase concern about the risks and potential harms associated with gambling	3.1.1 Proportion of adults who recognise that their gambling contributed to the non-financial harm they experienced
3.1.2 Proportion of parents of children aged up to 18 years who are concerned about the effect of normalisation of gambling on them when they become adults			
3.1.3 Proportion of prevention program attendees whose awareness that gambling can cause harm to people has increased			
3.2 Increase knowledge and confidence of people to talk to family and friends about gambling risks		3.2.1 Proportion of parents with children aged 12–17 years who have talked to them about the risks and potential harms associated with sports betting	
3.3 Decrease acceptance of gambling in sport as normal		3.3.1 Proportion of adults who are concerned that gambling in sport is considered normal, excluding racing	
3.4 Increase awareness of factors that limit gambling harm		3.4.1 A: Proportion of adults who agree that people who gamble more than four times a month (excluding lotto and social bingo) are at risk of harm from their gambling B: Proportion of adults who are aware of the lower risk gambling guidelines	
④ Decrease stigma of people who experience gambling harm		4.1 Decrease stigma towards people who experience gambling harm	4.1.1 Proportion of adults who strongly agree that gambling products contribute to gambling harm
			4.1.2 Proportion of people who, after attending a prevention event or program, hold stigmatising views of people who experience gambling harm (TBC)
	4.2 Decrease self-stigma by people who experience gambling harm	4.2.1 Proportion of people who gamble regularly who find it difficult to talk to family or close friends about their gambling	

OUTCOMES	INDICATOR	MEASURE/S (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)
5 Prevent uptake of underage gambling	5.1 Decrease exposure to role modelling that normalises gambling to underage people	5.1.1 Proportion of parents with children aged up to 18 years who disagree that it is okay to gamble or bet regularly around their children
	5.2 Decrease participation of underage people in gambling	5.2.1 Proportion of secondary school students who reported that they had gambled in past 30 days
6 Increase capability of people to prevent gambling harm	6.1 Increase community capability to make informed choices that prevent and minimise gambling harm	6.1.1 Proportion of adults whose gambling is within the lower risk gambling guidelines (TBC)
		6.1.2 Proportion of adults who agree they would really like to reduce or stop gambling
		6.1.3 Proportion of prevention program/event attendees who say they are likely to put what they learned into practice to prevent gambling harm
		6.1.4 Proportion of professionals who attend prevention programs/events who say they are likely to put what they learned into practice to prevent gambling harm
	6.2 Increase help seeking	6.2.1 Proportion of adults who have taken some action to address their gambling
		6.2.2 A: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded counselling and/or financial services B: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded services (TBD)
6.2.3 Proportion of adults who used a help service for their own or someone else's gambling		
7 Decrease gambling harm experienced by people who access Foundation-funded services	7.1 Decrease gambling harm experienced by people who access Foundation-funded services	7.1.1 Proportion of participants who stopped or reduced their gambling after engaging with a Foundation-developed support tool
		7.1.2 A: Proportion of clients whose experience of relationship, financial and productivity harms due to their own or someone else's gambling, is reduced three months after starting treatment with a Foundation-funded service B: Proportion of clients whose experience of gambling-related social, financial, and work harms is reduced three months after starting treatment with a Foundation-funded service (TBC)
		7.1.3 Proportion of clients who gamble who decrease the amount of money or time they spend gambling three months after starting treatment with a Foundation-funded service
		7.1.4 Proportion of clients who are more hopeful about the future as a result of accessing an integrated peer support program (TBC)
	7.2 Increase resilience of people who access Foundation-funded services to minimise the negative effects of relapse of gambling	7.2.1 A: Proportion of clients who decrease the amount of time they spend thinking about gambling three months after starting treatment with a Foundation-funded service B: Proportion of clients who build resilience to gambling triggers 12 months after starting treatment with a Foundation-funded service (TBC)
		7.2.2 Proportion of clients whose psychological distress is reduced three months after starting treatment with a Foundation-funded service



OUTCOMES FRAMEWORK BASELINE REPORT 2022



Victorian
Responsible
Gambling
Foundation

