

## INQUIRY INTO IMPACT OF GAMBLING

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## **INTRODUCTION**

Firstly, the authors of this paper congratulate the Revd the Hon Fred Nile MLC, Committee Chair, and Parliament NSW Legislative Council Select Committee on Gambling for their work in this area.

Our response is focused squarely on community education and harm minimisation. Our paper will address the attributes and community benefits of the development, management and evaluation of a safety-net program for at-risk problem gamblers and problem gamblers for review by the Select Committee on Gambling.

make recommendations in response to the priority areas identified by the Select Committee on Gambling:

1. The effectiveness of public health measures to reduce risk of gambling harm to the individual, families and the NSW Community, including prevention and early intervention strategies,
2. The effectiveness of strategies and models for consumer protection and responses to problem gambling in other jurisdictions in Australia and overseas.

The recommendations are supported by cited peer-reviewed, evidenced-based research. The following recommendations are within public health principles and use the platform of the Ottawa Charter (1986) and Jakarta Declaration (1997) in the design, development, implementation, management and evaluation phases.

## **BACKGROUND**

According to the Productivity Commission Final Report into Gambling in 2010, 600,000 Australians play EGMs at least once a week and 95,000 EGM players are problem gamblers. It is estimated that annual gaming machine losses per player average about \$3,700 in New South Wales, \$3,100 in Victoria and \$1,800 in Queensland.<sup>1</sup>

The Department of Trade and Investment (NSW) estimates there are approximately 2,980 registered clubs and hotels in New South Wales operating more than 95,000 EGMs.<sup>2</sup>

Over the past three decades has worked with Victorian, Queensland, Tasmania, ACT and New South Wales State Governments in various aspects of the development, design, focus proving, implementation and management of specific in-venue information and

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<sup>1</sup> Australian Government, Productivity Commission (2010), Gambling: Productivity Commission Inquiry Report, vol. 1 No. 50, 26 February 2010.

<sup>2</sup> Ibid.

education programs targeting people who use EGM's, their families and significant others as well as people who work in venues with EGM's. The focus of this work has been to measurably reduce the harms associated with problem gambling, and to reduce the number of people who may move from recreational gaming into problem gambling.

developed, pioneered and manages the strategic placement and ongoing management of appropriate messages within the washroom environment. This allows for the independently managed responsible gambling messages to be placed within a gender, demographic, geographic and culturally stronger context, acting as a safety-net for the affected communities including at-risk problem gamblers, problem gamblers and their significant others.

The messages include an A4 poster format displayed principally behind cubicle doors, at hand-dryer locations, urinal areas, and the entry and exit locations of all washrooms, with particular emphasis on the washrooms closest to the gaming area of the venue. Importantly, the messages at the hand-dryer location are accompanied by take-away card material enabling patrons to leave a venue with the 'message' and its signposted information including web addresses and hotline information.

### **BENEFITS OF NARROWCAST AWARENESS AND INTERVENTION STRATEGIES FOR HARM MINIMISATION**

The narrowcast strategy has been found by the Productivity Commission to be a crucial communications strategy to raise awareness of responsible gambling to engage those at-risk as well as problem gamblers and create trust in the message delivered in the non-gaming floor area.

The Productivity Commission Report states "given the social stigma associated with having a problem with gambling, to encourage gamblers to pick up or read material about problem gambling and available help services, material should be placed in areas of relative privacy, such as bathrooms. Evaluations of gambling warning signage recently undertaken in Queensland highlight the importance of placing gambling warnings and help materials in areas away from the gambling floor. A high proportion of survey participants recalled seeing help posters in bathrooms at gambling venues, and a sample of problem gamblers thought that they would be more likely to respond to material placed in bathrooms than those in gaming venues."<sup>3</sup>

The Productivity Commission also source ACNielsen research stating, "gamblers recognise the value of having messages in bathrooms when gamblers are taken away from the

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<sup>3</sup> *ibid.*

gambling environment. They believe it is a good place for gamblers to reassess their gambling situation".<sup>4</sup>

Emphasis on the placement and availability of take-away information in the washroom is also recommended strongly by the Productivity Commission who state "warning notices and pamphlets should also be displayed in parts of the venue where patrons are likely to take a break from gambling, as people may be more receptive to information when they are not actively gambling."<sup>5</sup>

The strategy of placing materials in the washroom environment allow for messages to reach the intended target audience in these private confines where dwell times are high and messages are more likely to be comprehended by the audience. The success and relevance of the narrowcast method are also based on the following factors:

- More than 100 independent evaluations on the narrowcast (washroom) message placement strategy shows more than 70 percent of respondents surveyed recalled seeing the messages on display in the washroom environment,<sup>6</sup>
- Behavioural and attitudinal change;<sup>7</sup>
- Cost effectiveness through minimising message wastage on those not in the target audience. This is evidenced in the placement strategy reaching problem gamblers within their environment of risk;
- Increased relevance through effective localised or gender-specific design and placement;
- Venue and community advocacy to increase awareness of policy and increase community stakeholder participation and understanding;
- Intervention taking place in locus of risk and/or engagement, increasing the potential for behavioural change i.e. the venue at which risk is occurring or the target audiences engages with peers;
- Recognising the importance of partnerships with at-risk groups and individuals (target groups) and broad collaboration with stakeholders in health care and non-health care settings;
- Focus-testing and running pilot programs to ensure suitability and effectiveness before broader application;
- Interventions are evidence-based and are monitored throughout the program and evaluated upon completion to ensure improvements were achieved.

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Prostate Cancer Foundation of Australia. Prostate Cancer Foundation of Australia Support Group Promotion Campaign Evaluation. Washroom Advertising program, 2013 (see appendix).

<sup>7</sup> Chen, M et al. (2007), Evidence for the Effectiveness of a Chlamydia Awareness Campaign: Increased Population Rates of Chlamydia Testing and Detection. (see appendix).

Narrowcast employs several principles well-recognised as best practice in public health promotion for behavioural change and quality improvement including the Ottawa Charter and Jakarta Declaration principles.

#### *The Ottawa Charter for Health Promotion*

The basic strategies for health promotion include:

**Advocate:** Health is a resource for social and developmental means, thus the dimensions that affect these factors must be changed to encourage health.

**Enable:** health equity must be reached where individuals must become empowered to control the determinants that affect their health, such that they are able to reach the highest attainable quality of life.

**Mediate:** Health promotion cannot be achieved by the health sector alone; rather its success will depend on the collaboration of all sectors of government (social, economic, etc.) as well as independent organizations (media, industry, etc.).

#### *Jakarta Declaration*

The Jakarta Declaration included the following five priorities for health promotion:

- Promote social responsibility for health
- Increase investments for health development
- Consolidate and expand partnerships for health
- Increase community capacity and empower the individual
- Secure an infrastructure for health promotion

The declaration recognizes that participation is necessary for change and health literacy is essential for participation - emphasizes the need for access to education and information and hence, the empowerment of individuals and communities.

## **DEVELOPMENT OF THE NARROWCAST PROGRAM**

The development of a narrowcast program in the public health context constitutes a grass-roots creative development process, again in the workings of the Ottawa Charter and Jakarta Declaration involving the affected community in each part of the process.

The creative development of the messages includes focus testing to ensure the themes, the visual style and the delivery of the messages are resonating with the key audience. Focus testing would typically involve a small number of at-risk or problem gamblers (depending on the theme of the message), to have input into the development of the creative execution and to respond to the messages on completion.

The development of the narrowcast program may involve a pilot program to test the narrowcast concept. Pilot programs are ideally run in high-need, vulnerable communities such as those in low-socio economic areas or CALD communities. For instance a pilot program reaching the Vietnamese community in Sydney may be concentrated in the areas of Cabramatta and Canley Vale in Sydney's western suburbs.

## **MANAGEMENT OF THE NARROWCAST PROGRAM**

The independent maintenance and management of the in-venue narrowcast strategy is important to ensure the program is supported by venues and the display of messages and take-away card material is consistent, therefore creating and enabling a safety-net program.

The management of the program involves three key responsibilities: (i) advocacy and venue liaison, (ii) fortnightly maintenance and stock replenishment and (iii) reporting.

### *Advocacy and Venue Liaison*

Working collaboratively and gaining the support of EGM venues for the narrowcast program will ensure the program is sustained long-term. Creative changes and message placement involves the consultation of each venue participating in the program.

### *Fortnightly Maintenance and Stock Replenishment*

manages its narrowcast program by having dedicated officers assigned to each venue to ensure the messages and accompanying material is kept at an optimum and any incidents arising in-venue can be addressed each fortnight. Importantly, the take-away card consumption is quantified and card holders are replenished to ensure cards are available for patrons consistently.

### *Reporting*

Quarterly reports ensure decisions about creative executions in-venue, message placement and other details are managed long-term to ensure the program stays relevant and the desired impact of the strategy is achieved.

## **EVALUATION OF THE NARROWCAST PROGRAM**

The evaluation phase of the program is essential to the future development of the program in-venue and its ability to achieve the desired program objectives.

Conducted independently through a research organisation or university, the evaluation of the narrowcast program is structured to measure the recall, relevance, persuasion, and intention to act on the message. The following responsible gambling narrowcast strategies employed in the states of Victoria and Tasmania were evaluated using intercept interview methods in the locus of engagement and risk (in-venue). A summary of the program in each state is also described in some detail.

### *Victoria*

The Victorian Government, through the Victorian Responsible Gambling Foundation (and previously the Department of Human Services and Department of Justice), have run the responsible gambling narrowcast program since 1999.

The Victorian campaign involves the fortnightly maintenance of more than 2,300 A4 signs and 2,500 card holders that supply the take away information in more than 500 gaming venues across the state.

Three evaluations conducted on the program have supported the Productivity Commission findings that the messages are most relevant and noticed in the bathrooms of gaming venues. Some key findings from these evaluations are outlined below:

The 1999 evaluation found:

- 63% unprompted recall of the message;
- Two thirds of the respondents were frequent visitors of the gaming venues (several times a month); one third of respondents were very frequent visitors of the gaming venues (several times a week);
- The greatest impact was measured amongst the male respondents;
- 90% of respondents thought the bathrooms were an appropriate way to reach problem gamblers.

The 2003 evaluation found:



- 55% unprompted recall of the message;
- Use of the BDB scale measured the extent of problem gambling activity through a gambling index. Unprompted recall amongst those who scored highly on the problem gambling index reached 80% meaning the messages were most relevant to problem gamblers;
- There was a clear fit between problem gambling scores and several aspects of the messages. Overall, the higher the problem gambling score:
  - the more likely a person was to recall seeing the message
  - the more likely s/he was to recall the key themes of the message
  - the more likely a person was to say the message was relevant.

The 2005 evaluation found:

- 88% unprompted recall of the message;
- Only 8% of respondents had not seen the poster;
- 45% of the sample recalled seeing the take away cards and of those, 73% identified the key issue on the card as being "who to call for help";
- 66% said they would pass on information to a friend or family member they believed to be a problem gambler, an 8% increase from 2003;
- 79% of respondents used the poker machines over 16% who used the TAB.

A key element of the Victorian campaign was to provide counselling cards through bathroom displays.

### *Tasmania*

Focus tested messages employing an animation theme and adaptation of the Victorian Government messaging were featured in the venues for the pilot program. The campaign was installed into gaming and community venues to reach problem gamblers, at-risk gamblers and the significant others of problem gamblers for a 6-month period.

The pilot program employed the Victorian narrowcast model to convey the harm-minimisation messages to venue patrons. The Tasmanian program was evaluated by the Centre for Health Initiatives at the University of Wollongong. The research concluded:

"Overall, this campaign was very well received by the public, who had excellent levels of recall, in excess of what would be expected from a campaign such as this, based on previous campaign evaluations. In addition, almost all adults surveyed were able to recall more than one main message from within the poster(s)."

Several questions based on the HBM were included in this survey in order to predict the likelihood of an individual (or the target group – problem gamblers) changing health-related behaviours based on the interaction between perceived benefits of and barriers to seeking help for problem gambling, as well as talking to friends and family about getting help. In line with this, having seen the posters, a sizeable proportion of respondents reportedly that they themselves would talk to their friend(s) or family member(s) about gambling. Those surveyed were generally very aware of problem gambling support services in Tasmania, indicating that they have the information and resources required to follow through with this.

Interviewees were very likely to have remembered and described the posters in a positive fashion, with less than 10 percent of the sample having a negative opinion of them, although men were found to be significantly more likely to have ambivalent feelings about the posters (although they very rarely actively disliked them). Given that young males were least receptive to the posters, an alternate method and/or venue could be investigated to target this group, although it is very positive that young males were equally likely to have seen, understood, and remembered both the posters themselves, and the information within them.

Crucial, however, was the finding that nearly half of those surveyed found these posters relevant to them or someone that they know, which is particularly interesting given the significantly smaller estimated proportion of Tasmanian residents directly or indirectly affected by problem gambling. These findings could, therefore, reinforce our understanding that, among this sample, problem gambling is a more prominent issue than it is among the remainder of the Tasmanian population or, considerably more likely, that a significant proportion of people who saw the poster(s) believed that they were relevant to them *despite* not being a moderate risk or problem gambler, as well as not knowing anybody who fits into either of these categories. In addition, over one-third of the respondents believed that this campaign was targeted at the community in general, rather than only at gamblers or even problem gamblers. Together, these results strongly indicate community support for a campaign such as this – even from people who are not, themselves, problem gamblers.”<sup>i</sup>

## **FURTHER DISCUSSION**

In its findings the Productivity Commission stresses that in addressing the issue of problem gaming “warnings and notices within venues are important referral sources for gambling help lines”<sup>8</sup> which are themselves a vital element in minimising the harm associated with problem gaming.

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<sup>8</sup> Australian Government, Productivity Commission (2010), *Gambling: Productivity Commission Inquiry Report*, vol. 2 No. 50, 26 February 2010.

Harm minimisation is the crucial element which links all programs which are designed to modify risky personal behaviour, whether that is in relation to gaming, drug or alcohol use or sexual activity. The only health-based social marketing program in which harm minimisation is not a relevant consideration relates to tobacco use.

Independent Senator Nick Xenophon noted the significance of this approach 3.21 of his Minority Report attached to the Report of the Senate Community Affairs Committee on the Poker Machine Harm Reduction Tax (Administration) Bill 2008.<sup>9</sup> The approach was subsequently endorsed by the Productivity Commission.<sup>10</sup>

In its Report, the Productivity Commission drew attention to several aspects of advertising associated with this harm minimisation approach. Specifically it:

- noted that interventions could be low cost but effective and
- recommended that "material should be placed in areas of relative privacy such as bathrooms".<sup>11</sup>

In order to achieve maximum results, the Commission recommended, among other things:

- that steps be taken to "improve (messages) performance by using visual images and improving the messages";
- that "dynamic" warnings be employed;
- that "more effective language" be used and
- that a strategy of "changing messages" be used "as their effectiveness wains."<sup>12</sup>

Finally the Commission noted that a key measure of any successful outcome of such strategy should be "an increase in people seeking assistance from gambling help services."<sup>iii</sup> It recognised "gambling counselling contact cards and are a valuable source of information and that there was advantage in having such cards "available in the bathrooms (where they) could quickly and discretely be accessed by gamblers."<sup>13</sup>

In other words, the Commission recommended that the most effective way to address one issue of problem gambling was through the use of what is called narrowcast communications and with some emphasis on placing this material and making it accessible in more private venues such as washrooms. It also commented that such interventions were effective and that costs were "relatively low compared to other policy interventions."<sup>iii</sup>

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<sup>9</sup> Senate Community Affairs Committee Report: Poker Machine Harm Reduction Tax (Administration) Bill 2008 (November 2008) Minority Report at 3.21

<sup>10</sup> Australian Government, Productivity Commission (2010), Gambling: Productivity Commission Inquiry Report, vol. 2 No. 50, 26 February 2010.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

In the absence of legislation which provides for the direct banning or outlawing of specific forms of gambling, a key element of public policy must be to promote harm minimisation as a strategy to deal, in part, with the negative consequences of problem gambling.

Most Australians either do not gamble or when they do, they do so responsibly. It is only a small proportion of gamblers who have “problems” – although those problems are very real and have potentially disastrous consequences.

Previous public health programs started to achieve maximum effect when they:

- Targeted behaviours not people,
- Used words and images directly relevant to the target group;
- Provided flexibility in message delivery;
- Delivered messages in relevant places – loci of risk;
- Were linked with other sources of advice/help/counselling which were potentially beneficial for the individuals concerned.

The Productivity Commission in its Gambling Report has already recognised this and endorsed a preferred strategy for implementation. Any community education strategy aimed to assist problem gamblers must combine elements of:

- Acceptance by the target group,
- Support of the broader public (especially families of problem gamblers);
- Support of gaming authorities or organisations;
- Acceptance by venues and each locus of risk;
- Good design and product development;
- A proven communications strategy and;
- Linkages with counselling or referral services.

Problem gamblers leave their comfort zones primarily to obtain more money, obtain food and drink, or visit the bathroom. It is primarily in the privacy of the last of these situations that an opportunity exists to maximise the chances that responsible gambling messages will be seen, and the call-to-action acted upon by the affected community.

## **APPENDICES**

Available overleaf

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