A Public Health Approach To Problem Gambling It's Not Rocket Science But It Does Take A Commitment It was extremely validating to hear on 8 May 2006 at the launch of Responsible Gambling Awareness Week, Professor Jan McMillen (Director -Centre for Gambling Research, ANU) outline her commitment to public health approaches to problem gambling with a call for more National and State-wide interventions aimed at health promotion and early intervention.

As a former health promotion worker, and senior social worker of some 25 years with a passion for community development and early intervention, I physically felt my heart lift. Here was a well respected academic in the gambling field clearly identifying the current gaps in both service and policy development.

It was particularly timely given my recent resignation from an RGF funded Problem Gambling Counselling position due to the frustrations of trying to work within a health service committed to primary interventions in conjunction with counselling, but in a position funded by a department (DGR) with a clearly medical model of intervention. Having witnessed 18- months of increasing micromanagement by an organisation with little background in human service delivery and no framework for primary intervention or health promotion but with a an increasingly "bums on seats" approach to working with the issue - my time had come. It is also a lot easier to be a protagonist for change when not in the payroll of the potential "agents of social control".

What was increasingly challenging was the direct erosion of the models of gambling service development we had developed for the Shoalhaven over an 9 year period in collaboration with a number of agencies. These were firmly rooted in the paradigm of public health approaches , health promotion and community development-often now referred to as Community Capacity building.

The following is an overview of that model based on a pre-conference workshop presentation I gave at the NAGS Conference in November 2005.

What Do We Mean By A Public Health Approach?

The "Public Health Approach" began as a new paradigm of public heath developed in the late 1980's and early 1990's as a model of working to improve the health of communities. It is based on the philosophies of Primary Health Care & Health Promotion which emphasise social justice, equity, community participation and responsiveness to the needs of local populations. The concept of "health" is not just the absence of disease. It is a framework which enables health, welfare workers, policy makers and members of the wider community to work together.

The guiding commitment of this movement was the development in 1986 of the Ottawa Charter for Health Promotion-an action framework endorsed by the World Health Organisation. Its key principles are to:

Build healthy public policy

Create supportive environments

Strengthen community action

Develop personal skills

Reorient health services

So for example under "Building Healthy Public Policy" individual change may be brought about by counselling and self-help programs but in the areas of smoking, drug, alcohol these are accompanied by healthy public policy to change/moderate/regulate industry, advertising and access.

We are now seeing similar initiatives in gambling.

Fundamental to this approach is the belief that communities have expertise to offer in the way services are developed to meet their needs and change community health outcomes. This partnership approach:

Assumes that members of the community have a great deal of expertise regarding their own lives and the issues of concern to them.

Workers therefore involve community members actively in decision-making and implementation process, so that instead of merely being consulted, community members become joint decision makers.

Workers who use this approach believe that the process of involving people in the decision-making is just as important as the actual decision made.
Because of the involvement of the people themselves in the process the decision is more valued.

Workers are regarded as having expertise in their particular field, rather than expertise in all aspects of their clients lives. (Wass, 1994)

In 1997, I was involved in forming a small working group under the umbrella of the Shoalhaven Interagency to research problem gambling issues in the region. As a result of community consultations a model for the development of gambling services in the Shoalhaven was developed. This formed the basis of an application by Mission Australia for the first problem gambling service in the area. In 1999 the area health service developed a program which also worked in collaboration with this model successfully for over five years. The initial working group went on to form the Gambling Impact Society (NSW) in 2000.

The GIS is committed to the principles of a public health approach through the following examples:

Create Supportive Environments
Quarterly Community Newsletter - Impact News

Self-help website updated quarterly

Community Ed/Support Groups - piloted in the Shoalhaven

Successful grant submissions 2003 -2004 - $74,000 Dept. Women - More To Life Program & $52,000 CCBF - Multi-Media Project - Video, Youth CD and Website

Community Education Resources - Video, CD, Women & Gambling Resource Manual, Information kits, ongoing website development

Strengthen Community Action
Increase Community Awareness - Inaugural Hosts of Responsible Gambling Awareness Week (NSW)- "Pause Off the Pokies" -Public Information Day, Community Information Packs, Media Releases etc

Increase Consumer Participation at all levels of decision making with regards gambling policy development and program initiatives - work in partnership on community projects, create opportunities for advocacy, respond to consumer consultations and advocate for a community voice

Consumer Advocacy - IPART Inquiry, lobbying activities, letter writing, newsletter articles, workplace gambling etc

Develop Personal Skills
"Don't get angry get active"

Work with consumers in partnership to assist them to develop skills in advocacy, awareness raising, health promotion, community development and community organisation

Reorient Health Services
Work in partnership with Health and Community Services projects

Develop relationships with Gambling Counselling services

Support gambling venues with Responsible Gambling practices

Build Healthy Public Policy
Lobby the NSW DGR & CCBF for a health promotion and early intervention approach current focus is mainly on treatment

Advocacy work with Shoalhaven City Council following a staff gambling incident

Pursued this issue through Mayor, GM and Human Resources to address issue of workplace gambling within a harm minimisation approach

Developed and delivered "frontline supervisor" training for staff and Human Resources team in collaboration with Illawarra health service

Worked with the Council to develop an Addiction Policy & Procedures to include problem gambling

In Summary:
A public health approach to problem gambling is one of inclusion. It considers all stakeholders to have an equal, relevant and necessary voice in the development of building community capacity to address problem gambling issues in the community. However, we have yet to see a full commitment to this approach by our State government. Currently the portfolio for the development of problem gambling focused services and programs lies with the Department of Gaming and Racing (DGR) To date we have seen little movement away from what one would consider the old culture of pathologising problem gambling with its clear origins in the traditional medical model

Despite calls through the IPART inquiry 2004 for more involvement by the Department of Health who uphold this new paradigm, we have yet to see the proposed Advisory Council on Problem Gambling Treatment Services actually meet. Neither, have we seen any policy planning, advisory group or council actively include consumers (those affected by problem gambling) as decision making partners in the planning of services for people affected by problem gambling. There is still no formal commitment from the Departement of Gaming and Racing to health promotion or early intervention. It is noticeable across the nation that New South Wales is sadly lacking in a commitment to this well validated approach.

It is unlikely that we will see much change in direction whilst public policy on problem gambling lies in the hands of what is primarily a regulatory body for the gambling industry with minimal experience in the development of public health initiatives. IPART 2004 recommendations were to clearly include the Department of Health actively in the development of problem gambling policy and programs. Instead of placing the program specifically within Health the DGR has opted to work collaboratively, yet 12 months after the release of IPART we are still waiting. Meanwhile policy development by the DGR continues. It's time this recommendation was taken seriously-it's not rocket science but it does take a commitment.