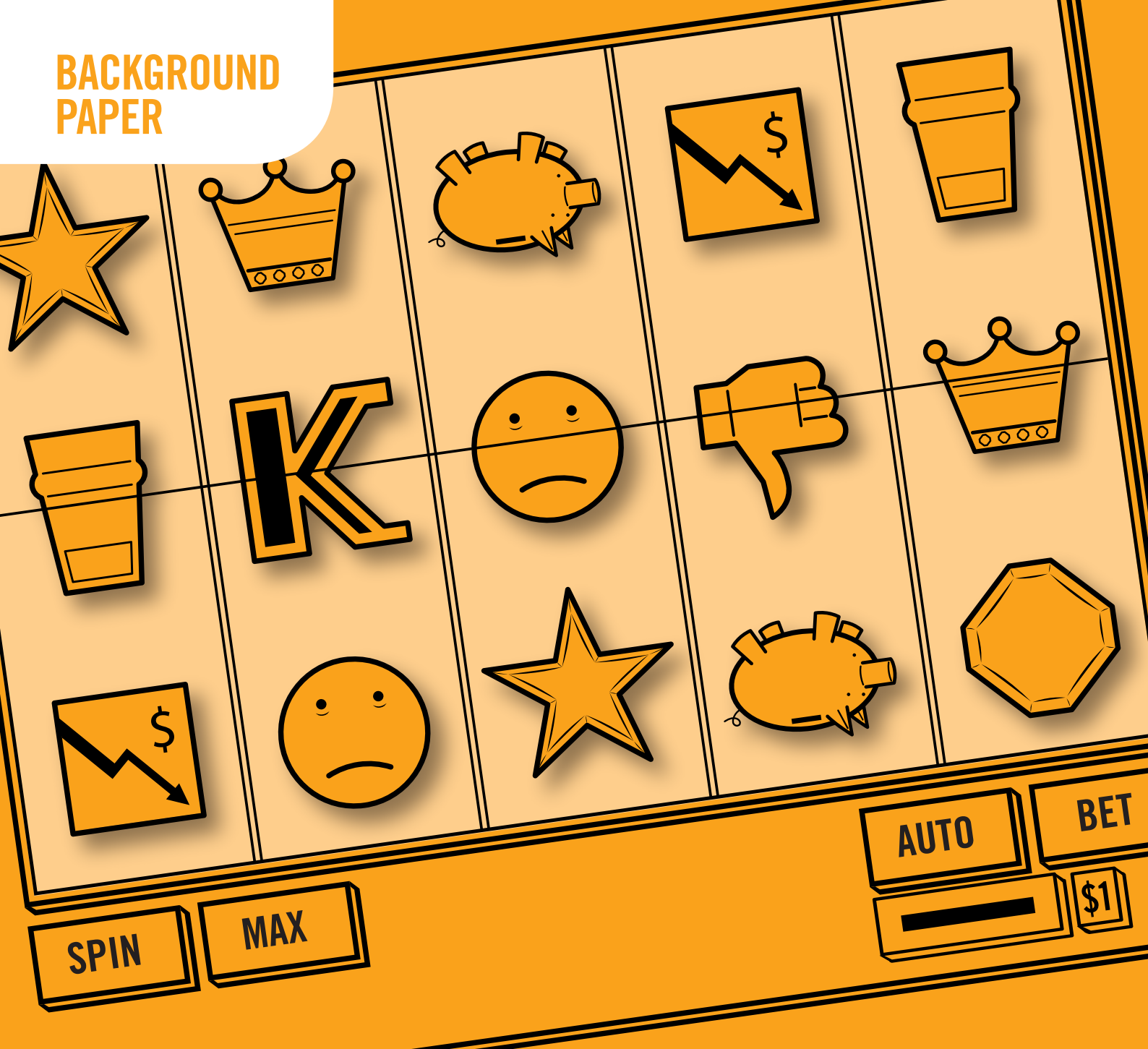


BACKGROUND  
PAPER



# Hidden harm: Low-risk and moderate-risk gambling

July 2017

[responsiblegambling.vic.gov.au](http://responsiblegambling.vic.gov.au)



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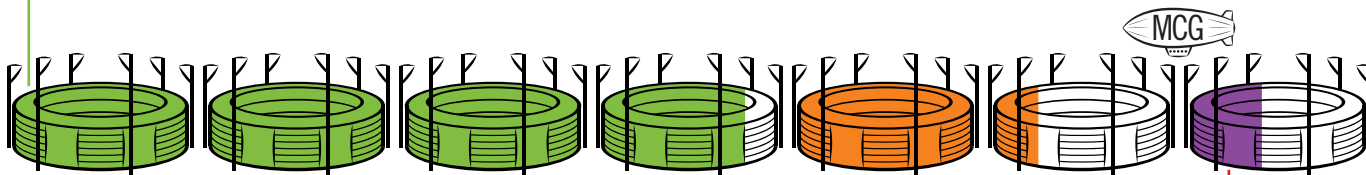
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# The facts

8.91% or 391,188 of Victorian adults are low-risk gamblers – they would fill the Melbourne Cricket Ground nearly 4 times.



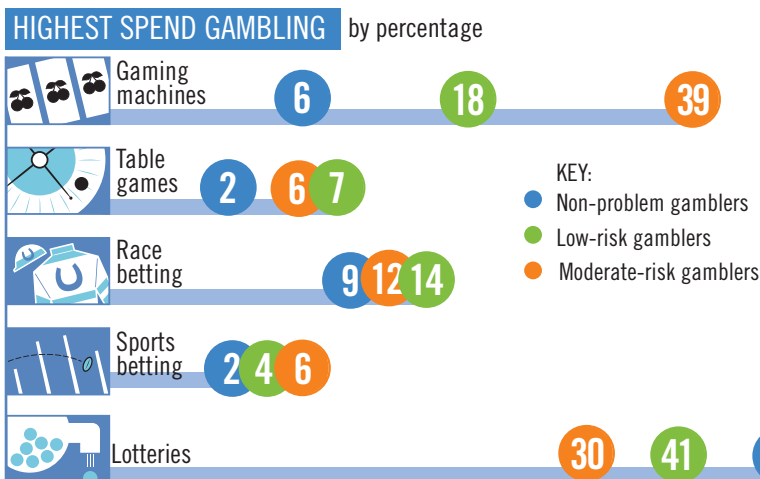
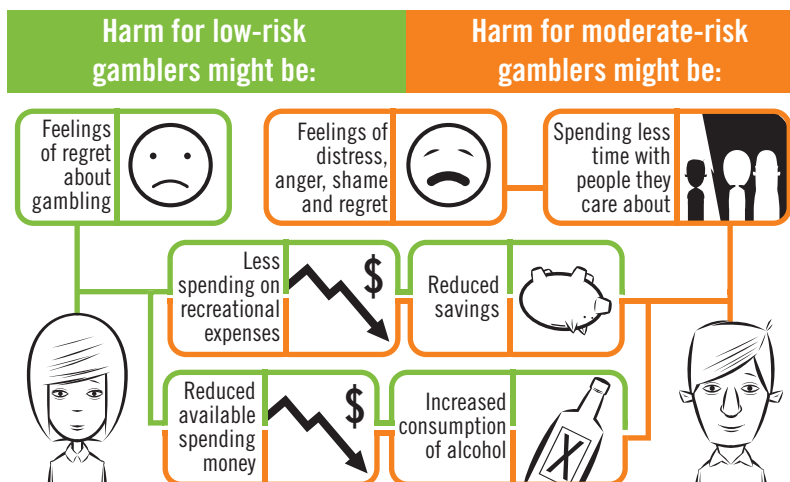
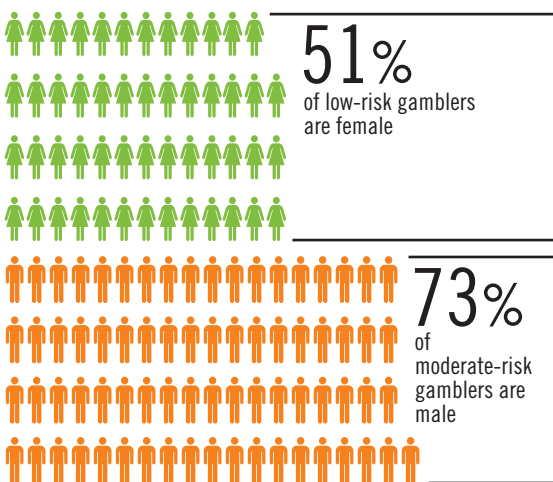
2.79% or 122,493 are moderate-risk gamblers

0.81% or 36,000 have serious gambling problems

Low-risk gambling increased 56% from 2008 to 2014



Harm from gambling in Victoria is comprised of:



# Introduction

Research shows many people who gamble consider themselves to be in one or the other of two very distinct camps: you are either in control and gambling 'responsibly' or you have a problem – there is nothing in-between. Attitudes towards alcohol were once similar, but this has changed, with a wide spectrum of alcohol-related harm acknowledged outside addiction, from long-term health issues from drinking too much, too often over time, to short-term harm from binge drinking.

Policies and programs related to gambling harm have also tended to focus on the severe end, with little emphasis placed on gamblers at risk of developing serious problems. These people were seen as at risk of harm, rather than already experiencing it.

A recent foundation-funded study, which looked at gambling harm from a public health perspective, found that low-risk\* and moderate-risk\* gamblers do experience harm. In fact, they account for 85 per cent of gambling harm in Victoria.

Levels of harm for low-risk gambling are similar to living with moderate anxiety disorder, and levels of harm from moderate-risk gambling are similar to living with moderate alcohol use disorder. While people with severe gambling problems will be suffering significantly more individually than those with fewer gambling problems, the number experiencing less serious harm is much greater.

If most harm from gambling in Victoria occurs in low-risk and moderate-risk gamblers, it is vital we fully understand the characteristics and gambling behaviour of these groups.

This paper finds that low-risk and moderate-risk gambling exist on a continuum between non-problem gamblers and people with gambling problems. It appears problematic behaviour, harm and other health conditions (comorbidities) increase gradually as gambling risk increases. They are seen more frequently in moderate-risk gamblers than in low-risk gamblers, and are most prominent among people with gambling problems.

The evidence suggests that for the purpose of addressing harm, the categories of problem gambling, moderate-risk gambling and low-risk gambling are arbitrary. It may be more beneficial to focus on all gamblers who are harmed, which may include some non-problem gamblers.

In other ways, however, low-risk and moderate-risk gamblers need to be approached quite separately from people with severe gambling problems. Many or most in these groups do not identify with stereotypes of problem gambling. People experiencing less harm are less likely to believe they need to make changes to their gambling behaviour. Social marketing to these groups needs to avoid any link to problem gambling. Messages based on responsible gambling also tend to be dismissed, as in general these groups believe their gambling already is responsible (even though they may engage in risky behaviour, such as exceeding their intended limits).

There is a significant need for more research on all those gamblers who experience harm, but are not experiencing problem gambling. Much of the information in this paper comes from studies which have collected data on these gamblers only incidentally, as part of a general population approach. Research should investigate the kinds of messages that may motivate low-risk and moderate-risk gamblers to change their behaviour, as well as the policy interventions that may be effective for these groups.

\* The categories for risk of gambling harm used in this paper are based on the Problem Gambling Severity Index. This is a questionnaire that helps us estimate a person's risk of gambling problems and therefore harm resulting from them. The categories are: non-problem gambler, low-risk gambler, moderate-risk gambler and problem gambler. Read more about the PGSI on page 4 of this paper.

Low-risk\* and moderate-risk\* gamblers do experience harm. In fact, they account for 85 per cent of gambling harm in Victoria.

While people with severe gambling problems will be suffering significantly more individually than those with fewer gambling problems, the number experiencing less serious harm is much greater.

People experiencing less harm are less likely to believe they need to make changes to their gambling behaviour.

# Defining low-risk and moderate-risk gambling

In this paper, we discuss the characteristics, attitudes and beliefs, and gambling behaviour of low-risk and moderate-risk gamblers. For the purposes of this paper, we have used the Problem Gambling Severity Index (PGSI) to define these groups (Ferris & Wynne 2001). Low-risk gamblers score between one and two on the PGSI, and moderate-risk gamblers score between three and seven.

It is important to note that the categories of low-risk and moderate-risk gamblers have not been validated, and are not theoretically defined. There is no agreed definition of what characterises a low-risk or moderate-risk gambler. Likewise, there is no clear reason why these two groups should be distinguished from each other, as there is no theoretical or statistical basis for a PGSI score cut-off of two for low-risk gamblers. Harmful gambling behaviours exist on a continuum, and any cut-off point selected must be somewhat arbitrary. However, Browne et al. (2016) did find some support for the current categories.

The PGSI is also calibrated to identify problem gambling, not lower levels of harm. While we can be confident that some low-risk and moderate-risk gamblers are harmed as a result of their gambling, it seems likely that the PGSI does not capture all harm to lower risk gamblers. These gamblers may not relate to questions designed to screen for addiction rather than lower levels of harm. Browne et al. (2016) suggest that the PGSI categorises some gamblers who experience harm as non-problem gamblers.

Ideally, this paper would examine all gamblers who experience harm, but not problem gambling. However, there is currently no systematic and succinct way to collect data about harm to lower risk gamblers, so this has not been attempted. This paper therefore relies upon the PGSI's categories of low-risk and moderate-risk gamblers, despite their limitations.

## More research is needed

It is common to have limited research available on a particular gambling topic, and, in this case, the evidence base is particularly thin. Very few articles address low-risk and moderate-risk gamblers specifically. Much of the evidence comes from large studies, such as prevalence studies, where findings about low-risk and moderate-risk gamblers are reported incidentally, as part of reporting on all gambling groups. Further research and analysis of existing data on low-risk and moderate-risk gambling is urgently needed, given the harm they generate.

# The scale of low-risk and moderate-risk gambling

## Prevalence

Low-risk and moderate-risk gambling are much more common than problem gambling. A foundation-funded study into the prevalence of gambling in Victoria (Hare 2015) found that 8.91 per cent of the adult population (391,000) were low-risk gamblers and 2.97 per cent (122,000) were moderate-risk gamblers. In comparison, the prevalence of problem gambling was only 0.81 per cent (36,000 adult Victorians).

Another reason for concern is that the prevalence of low-risk gambling is increasing. Between 2008 and 2014, the prevalence of low-risk gambling increased from 5.70 per cent (Hare 2009) to 8.91 per cent (Hare 2015). This is a 56 per cent increase in the proportion of Victorians who are at risk of or experiencing gambling harm.

## Comparable harm

Recent foundation-funded research on assessing gambling harm from a public health perspective (Browne et al. 2016) found that low-risk gambling is comparable in its effect on quality of life to moderate anxiety disorders. Moderate-risk gambling is comparable to moderate alcohol use disorder.

These impacts on quality of life are substantial enough to be relevant to developing policy. Before this recent harm study, there was little evidence that low-risk and moderate-risk gamblers experienced significant harm, and the assumption was frequently made that gambling had limited impact on these groups. Interest in these groups focused on preventing the transition to problem gambling. However, the study has shown that these groups experience harm that may have a significant impact on their lives, although this harm is less severe than for problem gambling.

## Impact on the Victorian community

A 'burden of disease' approach has determined the amount of harm associated with each PGSI risk category in the Victorian community (Browne et al. 2016). This analysis shows that 50 per cent of the total harm from gambling arises from low-risk gambling, 35 per cent from moderate-risk gambling and 15 per cent from problem gambling. The large proportion of harm associated with low-risk gambling is because of its much greater prevalence. There are eleven times more low-risk gamblers than there are people with gambling problems in Victoria.

The focus of harm reduction activities needs to be broadened to include low-risk and moderate-risk gamblers (Browne et al. 2016). This is consistent with a public health approach, which conceptualises gambling as a continuum from no harm through to very high levels of harm.

Low-risk and moderate-risk gambling are much more common than problem gambling.

Moderate-risk gambling is comparable to moderate alcohol use disorder.

There are eleven times more low-risk gamblers than there are people with gambling problems in Victoria.

## Preventing problem gambling

Low-risk and moderate-risk gamblers are of interest because of their significant levels of harm. They are also the groups most likely to transition to problem gambling. A foundation-funded longitudinal study into gambling and health (Billi et al. 2014) found that after four years, 2.7 per cent of low-risk gamblers and 14 per cent of moderate-risk gamblers transitioned to problem gambling. Although these proportions are low, the number of non-problem gamblers who transitioned to problem gambling was negligible. As such, low-risk and moderate-risk gamblers are key target groups in preventing problem gambling and the harm associated with it.

Low-risk and moderate-risk gamblers are key target groups in preventing problem gambling and the harm associated with it.

# Who are low-risk and moderate-risk gamblers?

## Gender

Historically, prevalence studies have found that men are more likely to be low-risk gamblers than women. In 2009, 60 per cent of low-risk gamblers were found to be male (Hare 2009). However, the most recent Victorian prevalence survey found that women now account for 51 per cent of low-risk gamblers (Hare 2015). Further analysis showed that this increase in low-risk gambling was particularly observed in women aged 35 to 44\*. This suggests a broader range of people are now low-risk gamblers.

Women now account for 51 per cent of low-risk gamblers.

However, moderate-risk gamblers have been consistently shown to be more likely to be male (Hare 2009; Hare 2015; Queensland Government 2012; Office for Problem Gambling 2013). In the 2014 Victorian prevalence study (Hare 2015), almost three-quarters (73 per cent) of moderate-risk gamblers were male.

## Age

Low-risk gamblers are spread reasonably evenly across the general population (Hare 2009; Hare 2015), although some studies have shown higher rates of low-risk gambling in young adults (18 to 34) (Queensland Government 2012). Several studies have found that moderate-risk gamblers are more likely to be aged 18 to 24 (Hare 2009; Sproston, Hing & Palankay 2012). Moderate-risk gamblers are more likely to be outside the age ranges of 25 to 34 and 55 to 64 (Hare 2015).

Moderate-risk gamblers have been consistently shown to be more likely to be male.

\* This may be due to the inclusion of Melbourne Cup betting in the question on race betting in the prevalence study.



## Socioeconomic factors

Low-risk gamblers may be of lower socioeconomic status than other Victorians (Hare 2015). They are less likely to have a gross personal income over \$1000 per week or to own a home with a mortgage. In 2009, Hare found that low-risk gamblers were less likely to be tertiary educated and less likely to be employed as a professional.

Moderate-risk gamblers have a similar profile. In 2015, Hare found they were less likely than other Victorians to have a gross personal income of over \$1500 per week. Similarly, moderate-risk gamblers were less likely to be tertiary educated, more likely to have a Year 10 or below education, and less likely to be employed as managers or professionals (Hare 2009). Research has also found an association between being unemployed and moderate-risk gambling (Sproston, Hing and Palankay 2012).

## Social connection

Moderate-risk gamblers may be less likely to get help from friends, family or neighbours when needed and less likely to enjoy living in their community (Hare (2009). However, this lack of social capital is much less severe than for people with gambling problems. Low-risk gamblers had similar levels of social capital to non-problem gamblers in this study.

## Cultural characteristics

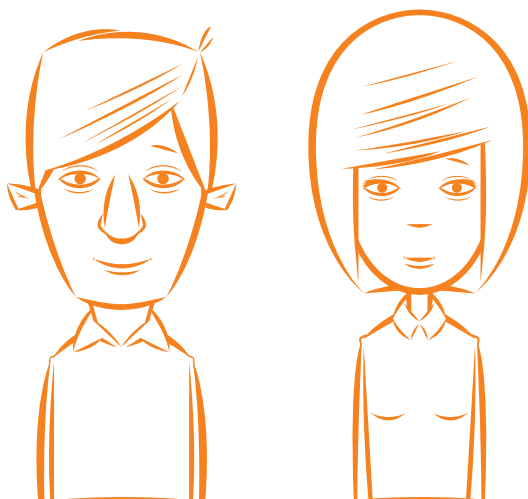
There appears to be no significant relationship between low-risk or moderate-risk status and being Aboriginal, speaking a language other than English or having migrated to Australia in the past five years (Hare 2009 and 2015). The finding on Aboriginality is particularly interesting, given that Aboriginal people are more likely to have a gambling problem. It suggests that the gambling profile for Aboriginal people is distinct and warrants more attention.

## Region

The prevalence of low-risk and moderate-risk gamblers is similar in regional and metropolitan locations (Miller 2015) and there are no significant differences in the proportion of low-risk gamblers between the Victorian Department of Human Services regions (Hare 2015). However, Hare found there were higher proportions of moderate-risk gamblers in Gippsland and the Northern and Western Metropolitan regions.

Moderate-risk gamblers may be less likely to get help from friends, family or neighbours when needed.

The prevalence of low-risk and moderate-risk gamblers is similar in regional and metropolitan locations.



# Harm linked to low-risk and moderate-risk gambling

The types of harm associated with low-risk and moderate-risk gambling are qualitatively different from the harm experienced by people with gambling problems (Browne et al. 2016). Common types of harm affecting more than 10 per cent of low-risk gamblers surveyed include financial impacts like less spending on recreational expenses, and reduction in savings and available spending money. Low-risk gamblers also reported drinking more as a result of their gambling, and feeling regretful about gambling.

Moderate-risk gamblers experience similar types of financial harm and more frequently than low-risk gamblers (more than 20 per cent of moderate-risk gamblers surveyed). However, moderate-risk gamblers also experience emotional harm, such as feelings of distress, anger, shame and regret. They also consume more alcohol and spend less time with people they care about.

Some moderate-risk gamblers reported more severe harm because of gambling. For example, 8.7 per cent of moderate-risk gamblers in the survey said they spent less on essential items, and 10.5 per cent sometimes felt isolated.

The family and friends (affected others) of moderate-risk gamblers suffer patterns of harm similar to moderate-risk gamblers. More than 30 per cent of affected others surveyed reported financial harm such as reduced spending on recreational expenses and feelings of anger, hopelessness and distress. Affected others were more likely than gamblers to report conflict or tension in the relationship as a harm from gambling.

While family and friends of low-risk gamblers reported less harm, more than 10 per cent reported less spending on recreational expenses, a reduction of available spending money, and loss of sleep due to worry about gambling. A similar proportion reported negative emotions such as shame, distress, hopelessness and anger. Low-risk gambling also affected families, with respondents reporting they spent less time at social events and with people they cared about. Conflict in their relationships also increased.

Common types of harm include financial impacts like less spending on recreational expenses, and reduction in savings and available spending money.

Affected others were more likely than gamblers to report conflict or tension in the relationship as a harm from gambling.

## Co-occurrence of disease

Research on comorbidities, or the co-occurrence of diseases or disorders, in low-risk and moderate-risk gamblers is limited. However, most of the available evidence suggests there is an increase in comorbidity as problem gambling risk increases. In most cases, low-risk gamblers have higher rates of comorbidity than non-problem gamblers, and moderate-risk gamblers have higher rates than low-risk gamblers. While people with gambling problems generally have the highest rates of comorbidity, low-risk and moderate-risk gamblers appear more likely to have a variety of comorbid conditions than non-problem gamblers.

Evidence suggests there is an increase in comorbidity as problem gambling risk increases.

## Mental health

There appear to be higher rates of common mental health conditions such as depression and anxiety among low-risk and moderate-risk gamblers. In a study using the Kessler Psychological Distress Scale (K10) measure of psychological distress, low-risk and moderate-risk gamblers were less likely than non-problem gamblers to be rated as 'likely to be well' (Hare 2009). About one-fifth (20 per cent) of moderate-risk gamblers and 10 per cent of low-risk gamblers reported experiencing depression, compared with 8 per cent of non-problem gamblers. Seventeen per cent of moderate-risk gamblers also reported anxiety disorders significantly more frequently than both low-risk gamblers (9 per cent) and non-problem gamblers (7 per cent).

## Substance use

Research indicates that low-risk and moderate-risk gamblers are more likely to smoke and drink more alcohol than non-problem gamblers.

In one study, almost half (49 per cent) of moderate-risk gamblers and 36 per cent of low-risk gamblers smoked, compared with 22 per cent of non-problem gamblers (Hare 2009). The mean standard alcoholic drinks consumed by low-risk gamblers per week was 9.61; for moderate-risk gamblers it was 11.06 (Hare 2009). This compares with 6.88 for non-problem gamblers. Low-risk and moderate-risk gamblers were also more likely to show signs of clinical alcohol abuse (Hare 2009).

There is limited research on the use of other drugs in low-risk and moderate-risk gamblers. In 2012, Allen Consulting Group found that moderate-risk gamblers, but not low-risk gamblers, were significantly more likely to use drugs. In this study, 36.9 per cent of moderate-risk gamblers used drugs, compared with 14.9 per cent of non-problem gamblers.

## Overall health

Moderate-risk gamblers may have lower overall health (as measured by the World Health Organisation Quality of Life scale) than non-problem gamblers. A study on gambling in Tasmania reported that moderate-risk gamblers had lower overall health and lower scores in physical and psychological health, social relationships and environment than non-problem gamblers (Allen Consulting Group 2012). Interestingly, moderate-risk gamblers may not recognise this impact on their quality of life. They were as likely to self-report good or very good health as the general population. Low-risk gamblers did not report lower overall health across any of the domains.

There appear to be higher rates of common mental health conditions such as depression and anxiety among low-risk and moderate-risk gamblers.

Low-risk and moderate-risk gamblers are more likely to smoke and drink more alcohol than non-problem gamblers.

Moderate-risk gamblers had lower overall health and lower scores in physical and psychological health, social relationships and environment than non-problem gamblers.

# Choice and gambling behaviour

The following tables, drawn from a study on the prevalence of gambling in Victoria (Hare 2015), compare the gambling behaviour of low-risk and moderate-risk gamblers with non-problem gamblers.

## Gambling participation

Low-risk and moderate-risk gamblers were significantly more likely to participate in gambling activities than non-problem gamblers. As shown in Table 1, participation in key gambling activities was significantly higher for both low-risk and moderate-risk gamblers. Particularly notable is the increase in gaming machine use, which was more than twice as common in low-risk gamblers as non-problem gamblers, and three times as common in moderate-risk gamblers.

Gaming machine use was more than twice as common in low-risk gamblers and three times as common in moderate-risk gamblers.

**Table 1: Participation by activity**

Activity	Non-problem gamblers (%)	Low-risk gamblers (%)	Moderate-risk gamblers (%)
Gaming machines	18	42	59
Table games	5	14	29
Race betting	27	43	31
Sports betting	6	12	19

## Highest spend activity

As shown in Table 2, low-risk and moderate-risk gamblers were more likely than non-problem gamblers to spend the most money on risky products, particularly on gaming machines, and less likely to spend money on lotteries and other activities like raffles and sweeps.

Low-risk and moderate-risk gamblers were more likely than non-problem gamblers to spend the most money on risky products, particularly on gaming machines.

**Table 2: Highest spend activities**

Activity	Non-problem gamblers (%)	Low-risk gamblers (%)	Moderate-risk gamblers (%)
Gaming machines	6	18	39
Table games	2	7	6
Race betting	9	14	12
Sports betting	2	4	6
Lotteries	50	41	30
Other	31	16	7

## Frequency of gambling

Table 3 shows frequency of gambling among risk groups. Low-risk and moderate-risk gamblers gambled much more frequently than non-problem gamblers on gaming machines, race betting and sports betting. Average frequency of gambling for moderate-risk gamblers was particularly high for gaming machines.

**Table 3: Frequency of gambling by type of activity (number of times per year for those participating in these activities)**

Activity	Non-problem gamblers	Low-risk gamblers	Moderate-risk gamblers
Gaming machines	7	12	86
Table games	4	4	15
Race betting	9	14	33
Sports betting	13	18	40

Low-risk and moderate-risk gamblers gambled much more frequently than non-problem gamblers on gaming machines, race betting and sports betting.

## Types of gambling

Table 4 shows the number of types of gambling activities that each risk category participated in over the previous 12 months. Low-risk and particularly moderate-risk gamblers were likely to participate in more activities than non-problem gamblers.

**Table 4: Number of gambling activities participated in over the previous 12 months**

Number of activities	Non-problem gamblers (%)	Low-risk gamblers (%)	Moderate-risk gamblers (%)
1	37	17	23
2	32	28	14
3	18	23	16
4	8	14	13
5	3	11	22
6+	1	7	12

## Online gambling

Except for sports betting, where a majority of gamblers have played online, internet gambling is still relatively uncommon (Hare 2015). However, there is evidence of an increased prevalence of low-risk and moderate-risk gambling in online gamblers. A study into interactive gambling found that 25 per cent of online gamblers are low-risk gamblers (compared to 12 per cent of non-online gamblers) and 14 per cent are moderate-risk gamblers (compared to 6 per cent of non-online gamblers) (Hing et al. 2014).

These differences may be confined to particular products. Compared to non-problem gamblers, low-risk and moderate-risk gamblers are more likely to play pokies online, and moderate-risk gamblers are more likely to bet on sports online (Hare 2015). However, participation in online pokies remains low, with only 1 per cent of low-risk gamblers and 7 per cent of moderate-risk gamblers who played pokies on at least one channel playing pokies online.

There is evidence of an increased prevalence of low-risk and moderate-risk gambling in online gamblers.

Social casino games are a non-gambling activity played through social media, such as Facebook, and share many of the characteristics of gambling. While people may pay to play social casino games, gamers do not win real money. One study found that participation in social casino games was higher for low-risk and moderate-risk gamblers than for non-problem gamblers (Gainsbury 2015). In this study, 65 per cent of moderate-risk gamblers and 49 per cent of low-risk gamblers played social casino games.

## The effect of marketing

Concerns have been raised about the effects of widespread advertising of sports betting products, and its potential for normalising gambling (Thomas 2014). Moderate-risk gamblers may be particularly vulnerable to this marketing. A study of attitudes to gambling industry marketing found that moderate-risk gamblers were likely to be influenced by incentives (inducements) to gamble (Thomas et al. 2012). Given their increased participation in gambling activities, it could be expected that low-risk and moderate-risk gamblers will be exposed to more gambling advertising and promotions than other groups.

## Strategies to self-regulate gambling behaviour

Low-risk and moderate-risk gamblers use a number of strategies to keep their gambling at what they consider reasonable levels. However, there have been few studies exploring these strategies. One study found that, similar to non-problem gamblers, 68 per cent of low-risk gamblers and 67 per cent of moderate-risk gamblers sometimes, often or always set a limit on their gambling (Hare 2015). However, both low-risk (47 per cent) and moderate-risk (70 per cent) gamblers were significantly more likely than non-problem gamblers (28 per cent) to rarely, sometimes, often or always exceed their spending limit.

Low-risk and moderate-risk gamblers will be exposed to more gambling advertising and promotions than other groups.

# Attitudes and motivations

## Motivations for gambling

Low-risk and moderate-risk gamblers may have different motivations to gamble from non-problem gamblers. Further analysis of a study into gambling responsibly found that 54 per cent of non-problem gamblers gamble to win money, compared with 63 per cent of low-risk gamblers and 76 per cent of moderate-risk gamblers (Hing 2016). Similarly, 33 per cent of moderate-risk gamblers said they gambled to forget about their worries and stressors, compared with 11 per cent of low-risk gamblers. These motivations were also more common in people with gambling problems, suggesting that motivations to gamble also exist on a continuum from low to high risk.

33 per cent of moderate-risk gamblers said they gambled to forget about their worries and stressors.

## Attitudes about their own gambling

There is limited research on how low-risk gamblers perceive their gambling behaviour. However, one detailed study, using qualitative interviews with 35 moderate-risk gamblers, found they contrasted their own 'responsible' and 'controlled' gambling with a stereotyped view of problem gambling (Thomas et al. 2013). Table 5 shows how moderate-risk gamblers perceived their own gambling, compared with their perceptions of problem gambling.

**Table 5: Moderate-risk gamblers' perceptions of their own gambling behaviour, and the gambling behaviour of 'problem gamblers'\***

Perceptions of their own gambling	Perceptions of problem gamblers' gambling
Spent only what they could afford	Spent more than they could afford (particularly chasing losses)
Responsible	Irresponsible
Gambled for leisure	Gambled every day
Used gambling to enhance friendships and other leisure activities.	Used gambling to escape their lives
Gambled to socialise	Gambled alone
Motivated by the thrill of the win	Motivated by the need to win
Winnings would buy luxuries	Winnings would buy necessities
Smart, skilled and sensible	Uneducated and unintelligent
Able to stop gambling if they wanted or needed	Unable to stop gambling
Don't expect to win	Think that eventually they will win

\* Reproduced from Thomas et al. 2013

Thomas, Lewis and Westberg (2015) found that low-risk and moderate-risk gamblers find it easy to dismiss social marketing campaigns on problem gambling, because they do not identify with the people presented in these campaigns. They perceive their gambling as different to the stereotype of 'problem gambling'.

Previous research has shown there is significant stigma associated with problem gambling (Hing et al. 2015). Even though low-risk and moderate-risk gamblers are not part of the stigmatised group, it is not necessarily true that these groups are unaffected by stigma. Moderate-risk gamblers are even more likely than people with gambling problems to report that people get judged negatively for having a gambling problem and that it is embarrassing to admit to a gambling problem (analysis of Hing 2016). This suggests that moderate-risk gamblers are particularly conscious of the stigma associated with problem gambling, and may avoid identifying with people with gambling problems. Miller and Thomas (2017) found similar results in their study, showing that moderate-risk gamblers were more likely to view problem gamblers as 'lazy', 'stupid' or 'uncontrolled', and contrasted their own 'controlled' behaviour with this stereotype.

## Behaviour change

Very few moderate-risk or low-risk gamblers seek formal help for gambling problems (analysis of Hing 2016; Hare 2015). This may be because most low-risk and moderate-risk gamblers report they would only seek help if their gambling problem was severe (analysis of Hing 2016). Awareness of services is not a barrier for this group, with more than 90 per cent aware of Gambler's Help services (analysis of Hing 2016).

Low-risk and moderate-risk gamblers perceive their gambling as different to the stereotype of 'problem gambling'.

Moderate-risk gamblers are particularly conscious of the stigma associated with problem gambling, and may avoid identifying with people with gambling problems.

Very few moderate-risk or low-risk gamblers seek formal help for gambling problems.

Some moderate-risk gamblers do identify as having gambling problems. Analysis of Hing (2016) found that while only 9 per cent of low-risk gamblers said they had slight or moderate gambling problems in the past year, 37 per cent of moderate-risk gamblers said they had a slight gambling problem and 9 per cent said they had a moderate gambling problem. It seems likely that moderate-risk gamblers do recognise that their behaviour may be harmful, but do not identify with campaigns and help services focusing on problem gambling. Targeted early-intervention campaigns need to focus on modifying behaviour, which would not require moderate-risk gamblers to seek external help.

## Conclusion

This paper has highlighted that gambling problems exist on a continuum, which extends from no harm through to very severe harm. Using the categories of low-risk and moderate-risk gamblers is unhelpful for overall harm reduction. It would be better to focus on people who are experiencing harm to varying degrees of severity (which may include some non-problem gamblers). This would require more knowledge of the population segments of gamblers than currently exists.

Despite the limitations, there is enough evidence to justify directing resources to reducing harm to those falling into the low-risk and moderate-risk categories. At the same time, low-risk and moderate-risk gamblers need to be seen as a separate group from people with gambling problems.

Engaging with low-risk and moderate-risk gamblers is challenging, because they will reject interventions that appear to be targeted at people with gambling problems. It may be difficult to overcome the strong perception that it is only appropriate to seek help when problems are very severe. Even promoting self-help options to these groups is unlikely to be successful. A better approach would be to encourage low-risk and moderate-risk gamblers to change their behaviour without seeking external help.

Responsible gambling messaging may also be ineffective because these groups think their behaviour is responsible. Focusing on harm and behaviour (such as exceeding monetary limits) more common in these groups may encourage low-risk and moderate-risk gamblers to recognise and change harmful behaviour.

There is a need for more research focusing on low-risk and moderate-risk gamblers, as much of the information for this paper was captured incidentally, as part of larger studies. Systematic data collection with these groups is required.

Gambling problems exist on a continuum, which extends from no harm through to very severe harm.

There is enough evidence to justify directing resources to reducing harm to those falling into the low-risk and moderate-risk categories.



## The foundation's social marketing approach

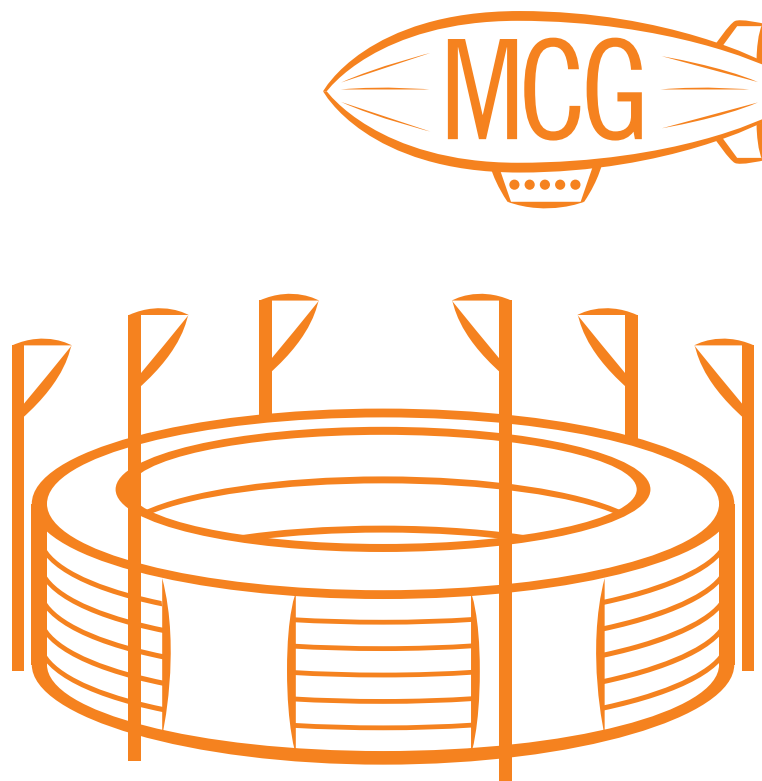
The foundation directs separate social marketing campaigns to low-risk and moderate-risk gamblers. This is a key part of working towards our strategic priority of reducing the level of harm experienced by at-risk gamblers and within the wider Victorian community.

For moderate-risk gamblers, the approach is to increase their knowledge of the earlier signs of gambling harm and to connect these with harm they may already be experiencing. Our aim is to encourage them to reflect on and modify their gambling behaviour.

Our approach for low-risk gamblers and the general community is to increase their knowledge of ways to avoid gambling harm and practical ways to gamble responsibly. We encourage low-risk gamblers to reflect on their behaviour as they are gambling, and to make appropriate and healthy decisions regarding their gambling behaviour.

This communication strategy will continue to evolve as further information, audience insights and research become available.

Focusing on harm and behaviour (such as exceeding monetary limits) more common in these groups may encourage low-risk and moderate-risk gamblers to recognise and change harmful behaviour.



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BACKGROUND PAPER

# Hidden harm: Low-risk and moderate-risk gambling

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