Article

The lived experience of financial harm from gambling in Australia

Sarah Marko^{1,*,}, Samantha L. Thomas^{1,}, Hannah Pitt¹, and Mike Daube²

¹Institute for Health Transformation, Faculty of Health, Deakin University, Geelong, Australia ²Faculty of Health Sciences, Curtin University, Perth, Australia

*Corresponding author. E-mail: s.marko@deakin.edu.au

Abstract

The financial consequences associated with harmful gambling create significant health and social stressors for individuals, their families, and communities. However, there has been limited research exploring how people impacted by gambling harm conceptualise and experience the financial impacts on their lives. To help fill this gap, this study used in-depth qualitative interviews with gamblers harmed by their own gambling and affected others harmed by someone else's gambling. Reflexive thematic analysis was used to interpret the data. The study had three key findings. First, prior to experiencing harm, gamblers and affected others did not consider the financial risks associated with gambling and affected others managed the day-to-day financial losses negatively impacted other areas of their lives. Second, gamblers and affected others managed the day-to-day financial impacts of gambling and the associated financial management strategies led to broader and long-term problems for gamblers and affected others. This study demonstrates that financial harms from gambling are complex and contribute to the stigmatisation of people who experience harm. Current educational messages and tools simplify this complex issue and may legitimise gambling as a leisure activity which can be managed by making 'responsible' financial decisions. Public health and health promotion initiatives must recognise this complexity, developing approaches that are independent from the gambling industry and informed by lived experience.

Keywords: gambling, affected others, financial harm, commercial determinants of health, lived experience

INTRODUCTION

Gambling has been linked with a range of health and social harms that impact gamblers, their family members, and the broader community (van Schalkwyk *et al.*, 2021; McCarthy *et al.*, 2022). As McHardy (2021) argues, harmful corporate industries attempt to grow their customer base and influence choices which may directly or indirectly harm their customers' own health, or the health of others. In Australia, researchers have demonstrated that gambling has been culturally constructed by the gambling industry and governments as being a socially acceptable activity that is culturally relevant to the nation's history and identity, and that most Australian love to participate in (Bestman *et al.*, 2020; Marko *et al.*, 2022a). They have also shown how gambling is becoming increasingly normalised and embedded in everyday life, with new technologies contributing to routine gambling behaviours (Thomas *et al.*, 2022). On average, Australian adults lost AU\$1277 to gambling in 2018/19 (Queensland Government Statistician's Office, 2021). However, the majority of Australian adults do not gamble regularly, with only 35% gambling at least once in a typical month (Australian Institute of Health Welfare, 2021). Based on these figures, O'Sullivan (2023) estimated that regular gamblers lose approximately AU\$3066 each per year, with the overall socio-economic burden of gambling estimated to be AU\$10.7 billion per year (Rethink Addiction and KPMG Australia, 2022).

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Contribution to Health Promotion

- This study explored how people who have experienced gambling harm recognised and managed the financial harms associated with gambling.
- Government and industry encourage gamblers to take responsibility for managing the financial risks and harms associated with their gambling.
- Simplistic messages reinforce that there is a 'right' way to gamble, contribute to stigma, and overlook the complexity of gambling harm.
- Messages should not simplify gambling harm as being an issue that can be managed by making 'responsible' personal financial decisions.
- Health promotion initiatives must recognise that the financial harms associated with gambling are complex.

The harms experienced by gamblers and affected others can last for many years (Paterson et al., 2020), including after high-risk gambling behaviours have ceased (Rockloff et al., 2022). While gambling harm frameworks acknowledge a range of negative impacts associated with gambling, including relationship, psychological, health and wellbeing, work, and crime impacts (Langham et al., 2016; Latvala et al., 2019), financial harms are typically recognised as the most common or central form of harm. Financial harms occur at three levels: the loss of surplus income (for example, the inability to purchase luxury or discretionary items, and the erosion of savings), activities to manage short-term cash flow (for example, selling items and borrowing money), and reduced ability to meet day-to-day expenditure (for example, inability to pay for housing or food) (Langham et al., 2016). Research has shown a range of negative financial impacts for the individual associated with their gambling, including a 'higher rate of using an unplanned bank overdraft, missing a credit card, loan or mortgage payment, and taking a payday loan', with gambling also associated with a 'higher likelihood of the individual being subject to debt collection by bailiffs' (Muggleton et al., 2021, p. 320). A recent survey of financial counsellors in Australia found that clients who were impacted by their own gambling presented with multiple forms of debt, and an inability to afford essential rent, mortgage and food living expenses (Financial Counselling Australia, 2022). Financial harms may also have indirect consequences such as creating emotional distress for affected others or reducing a person's ability to engage in education or work due to lack of food or transport (Langham et al., 2016). It is important to note that while men experience higher rates of problems with gambling, women experience more financial stress as a result of gambling (Koomson et al., 2022). Affected others can also experience financial harms as they may be dependent on or share finances with the gambler, use personal funds to repay the gambler's debts, or buy the gambler essentials such as food (Patford 2007; Davies et al., 2022; McCarthy et al., 2022; Suomi et al., 2022). Gambling education strategies often focus on the financial or monetary management aspects of gambling as a way to encourage responsibility when engaging with gambling products [see GambleAware NSW. (2021) for an example]. Recommendations for addressing gambling harm have often focussed on the need to ensure that gambling is 'affordable' for individuals, and that they are gambling within their means, with recommendations that gambling operators or financial providers should intervene to prevent people from gambling with money that they cannot afford to lose (Nyemcsok et al., 2021; Select Committee on the Social and Economic Impact of the Gambling Industry, 2021; Thomas et al., 2023c).

While many in industry and government frame gambling as a legitimate form of enjoyable entertainment and an important part of the socio-cultural fabric of societies (Marko et al., 2022a; Thomas et al., 2023c), researchers have shown that the gambling industry is a commercial industry which manufactures its environment and products to influence the choices individuals make in order to increase its own profits (Cassidy et al., 2013). Technological advancements have created increasingly risky online gambling environments by removing the temporal, spatial and physical limits that influence how people consume gambling products (McGee, 2020; Thomas et al., 2023a). The virtual nature of online gambling and banking have made it easy to deposit money into gambling accounts (Thomas *et al.*, 2022; Pitt et al., 2023) and create the perception that the money that is won and lost is not 'real' (Deans et al., 2016). This may be particularly relevant in shaping the perceptions of young people who have grown up using digital technology and are more likely to gamble online. While physical or land-based gambling products and venues may have spatial and physical limits, they have been engineered to keep people in a 'zone' in which they do not think about their gambling and maximise the time spent gambling (Dow Schüll, 2012). This may prevent people from being able to think rationally about how they engage with gambling products and assess the impact of financial losses while gambling. Gamblers' perceptions of the potential risks and harms may also be influenced by socio-cultural factors. Different cultures place different values on gambling with some viewing it as an acceptable source of quick money or an acceptable social activity while others are less accepting or view gambling as 'sin' (Dickins and Thomas, 2016). When gambling is perceived as having social or cultural benefits, these may outweigh the potential risks or harms (McCarthy *et al.*, 2021b).

Despite these structural factors that clearly influence gambling behaviours, the gambling industry, governments, and some researchers have framed gambling as an issue of personal responsibility (van Schalkwyk et al., 2019; Marko et al., 2022b). Reflecting a rationality approach to understanding gambling risk and assuming that people make choices in order to manage a predefined risk (Heidenstrøm, 2022), personal responsibility places the onus on individuals to make informed and rational decisions about their gambling (Hodgins, 2020; Marko et al., 2022a,b). The dominance of this approach has contributed to the development of individualised harm minimisation strategies which provide gamblers with information about limiting the time and money spent on gambling, including providing low-risk gambling guidelines (Young et al., 2021; Dowling et al., 2022). These approaches are likely favoured by the gambling industry and governments because it enables them to promote discrete responsibility behaviours that are easy to communicate. Resources have been made available by the gambling industry (Sportsbet, 2018; Entain Group, n.d.), and government-funded bodies (GambleAware NSW, n.d.; Gambler's Help, 2020) which align with the personal responsibility perspective and assist gamblers in calculating how much time and money they use when gambling and identify what is affordable for them.

The personal responsibility theme is reinforced through public messaging which has largely focussed on the promotion of 'responsible gambling' or 'safer gambling' strategies. These typically encourage gamblers to make informed financial decisions about gambling, and include messages about setting deposit limits (GambleAware NSW, 2021), not gambling to make money (Gambling Commission, 2022), and only gambling money they can afford to lose (Alberta Gaming, Liquor and Cannabis, 2021). Similar messaging has been included in school-based education in which students learn personal budgeting skills, including suggestions that 'gambling could be considered an expense under entertainment' (Victorian Responsible Gambling Foundation, 2022, p. 25). While the Australian Government recently replaced the 'gamble responsibly' tagline that had previously been mandated to be included in all gambling marketing; the new taglines continue to place a large focus on individual decision-making related to financial choices: 'Imagine what you could be buying instead' and 'What are you prepared to lose today? Set a deposit limit' (Department of Social Services, 2023). However, there is limited evidence that such messages are effective in preventing or reducing gambling harms, particularly when they are not part of a comprehensive approach that also focuses on changes to the accessibility, availability and promotion of gambling (Thomas et al., 2022). Aligning with the Ottawa Charter for Health Promotion (World Health Organization, 1986), advocacy is needed to shift public policy towards addressing these broader environmental, commercial, and political factors that contribute to gambling and away from discrete personal responsibility strategies.

Personal responsibility messages reflect broader societal expectations in which people are framed as being responsible for their financial outcomes including financial problems such as debt or bankruptcy (Sparkes, 2020). Experiencing financial problems is stigmatised because it represents a deeper personal failing within societies in which financial responsibility is valued (Tach and Greene, 2014; Sweet et al., 2018). While there is evidence that some affected others feel pressured to repay the debts of their family members in order to avoid stigmatisation and social exclusion (Takiguchi et al., 2022), there is limited research in relation to how and why gamblers and affected others conceptualise the risk of financial harm and their decision-making in relation to gambling. Researchers have demonstrated that gamblers view gambling as harmful when financial losses mean that they are unable to meet their financial responsibilities (Marko et al., 2022b), and that gamblers rarely seek help from financial advisors until their debts become unmanageable (Davies *et al.*, 2022). Affected others also play a role in helping gamblers manage their finances (including covering debts) as they feel pressured to help the gambler (Davies et al., 2022; McCarthy et al., 2022). There are various socio-cultural factors that influence how gamblers and affected others perceive the risks and harms associated with gambling.

Improving policy responses to gambling harm prevention requires a greater understanding of the complexities of how financial risk and harm is conceptualised and managed by gamblers and affected others. This study aimed to address these gaps by exploring how people who have been negatively impacted by gambling (including both gamblers and affected others) recognise and manage the financial risks and harms that gambling may create in their lives. The study was guided by three research questions:

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- 2. How do they manage the financial harms gambling creates within their daily lives?
- 3. What are the long-term impacts of financial harms?

The study then considers the implications of the findings in the public health context, and proposes public health approaches to preventing and reducing gambling risk and harm.

METHODS

Approach

This study was part of a broader project which sought to understand how people with lived experience of gambling harm conceptualise gambling risk and harm. One article has been published from this study (Marko et al., 2023). Two approaches to inquiry were used in this study. First was a public health approach which recognises that there are a range of harms of varying severity that can impact gamblers and their families (Govder et al., 2020; Thomas et al., 2023b). This also acknowledges that gambling harm is the result of an interaction between socio-cultural, environmental, commercial, and political factors rather than simply individual behaviour (Thomas et al., 2018). Given that vulnerable communities who are exploited by the gambling industry are disproportionately impacted by gambling harm, public health responses must focus on the broader drivers of harm rather than individual interventions in order to be equitable (World Health Organization, 1986; Rae and Fell, 2022). The second approach was critical qualitative inquiry which complements the public health approach because it seeks to study power and inequality in order to advance social justice (Charmaz, 2017). Critical researchers conduct studies which critique powerful institutions and the injustices which occur within neoliberalism; by doing so they seek to identify opportunities to advocate for change (Denzin, 2017). As there is a need to eliminate structural injustices by developing healthy public policy (World Health Organization, 2021), these approaches were relevant because the gambling industry and governments have the power to influence how people think about and respond to gambling harm.

Sample and recruitment

One focus of the broader project was to look specifically at housing problems as a specific experience through which harm could be discussed. Participants in the broader project needed to reside in Australia, be 18 years or older, and have experienced housing-related problems due to their own ('gamblers') or someone else's gambling ('affected others'). Gamblers and affected others were included because both groups can experience gambling-related financial harm (Goodwin *et al.*, 2017).

The broader project also involved an Experts by Experience (EbyE) Advisory Group that included four individuals who had previously been harmed by their own or someone else's gambling and who were known to the authors. They provided feedback on the study, such as changes to the words and phrases used to ensure these reflected the language preferred by people with lived experience. Participants from this group were compensated with an AU\$50 grocery voucher as a token of appreciation for their time.

The study aimed to recruit between 15 and 20 participants, which reflects the sample size of past gambling research studies that have used a critical qualitative approach to inquiry (McCarthy et al., 2021a; Nyemcsok et al., 2022a). Convenience, purposive and snowball sampling methods were used. The study advertisement flyer was shared by the authors, the EbyE Advisory Group, and others who had experienced gambling harm who were known to the authors. It was shared with their professional and personal networks including peer support and advocacy groups, and on social media sites. Participants were also asked to share the study flyer with people in their social network who might have been eligible to participate. The authors also asked service providers such as therapeutic counsellors and financial counsellors to share the study flyer to their clients who may have experienced harm from someone else's gambling in an effort to recruit more affected others. Informed consent was received from all participants, and they were also offered an AU\$50 grocery voucher. Deakin University Human Ethics Research Committee (2021-003) provided ethical approval for this study.

Data collection

Authors One and Two conducted in-depth semi-structured interviews via Zoom or telephone. These were audio-recorded and lasted approximately 60 min. Gamblers were asked about their own history with gambling, and affected others were asked about the gambling history of the gambler in their lives. The interviews also involved discussions about the participants' experiences of gambling harm including when they first noticed that the gambling was having negative impacts, and whether this impacted how they spent money. The questions centred more on key topics and ideas that came from discussions with previous participants as data collection progressed (Hennink *et al.*, 2020). The decision to end data collection was guided by (Malterud *et al.*'s, 2016) recommendations regarding information power. It was determined that a larger sample was not necessary because the research questions narrowly focussed on participants' experiences and perspectives relating to gambling-related financial harms. The interviews had also produced strong dialogue between the participants and researchers which provided detailed information to allow for an in-depth analysis in relation to the aims and research questions.

Data interpretation

The software that is associated with Zoom generated automated transcriptions which were checked and amended for accuracy by Author One. Where these were not available. Author One transcribed the audio-recordings of the interviews. Braun and Clarke's (2021) six-phase approach to reflexive thematic analysis was used to interpret the data. The analysis was led by Author One. The transcripts were read multiple times to ensure familiarisation and critical engagement with the data. The researchers met regularly to discuss the deeper meaning in the data, thinking about how the meanings in the data could be interpreted in different ways, and challenging our own assumptions about what might be contributing to those meanings. Initial notes were taken about the patterns within and across the transcripts, which were discussed with the other authors. Each transcript was coded individually, with a focus on the research questions and the surface level (semantic) and more nuanced (latent) meanings within the data. Patterns across the interviews were identified by grouping codes together, and these groupings were used to construct preliminary themes. It is important to note that the analysis was not linear, with Author One constantly revisiting the transcripts, and revising codes and themes when developing the analytic narrative from the data. The data for each preliminary theme were collated to determine whether they were relevant across the dataset and within individual transcripts. The themes were refined with specific attention being paid to the differences and similarities between the responses from gamblers and affected others. The interpretation of data, construction of themes, and the implications of the findings were discussed and reflected on by the authors at regular meetings.

RESULTS

The study included a total of 21 participants, including 15 gamblers and 6 affected others. Most of the gamblers were male (n = 11) and all of the affected others were female. Participants' ages ranged from 25 to 73 years, with a mean age of 48.05 years (SD = 15.19). For a detailed overview of the socio-demographic and gambling characteristics, see Marko *et al.*, (2023).

Before reporting the qualitative themes, it is important to note the diverse experiences among the participants in relation to gambling and gambling harm. Some gamblers had not gambled for many years, while others currently gambled at the time of the interview or had recently ceased gambling. Some gamblers and affected others were experiencing ongoing financial harms while others had regained stability. The participants had experienced a range of harms as a result of gambling, such as relationship problems and breakdowns, loss of housing or employment, legal problems, and mental health issues. Several participants discussed how they or a family member had contemplated or attempted suicide as a direct result of gambling, including two affected others who had a sibling die by suicide.

Theme One: Recognising financial risk and harm in their own life

Prior to experiencing harm, most gamblers and affected others had a narrow conceptualisation of the risks and harms associated with gambling. For example, some stated that they did not initially think about the potential financial impact of their own or their family member's gambling because it was viewed as a social and leisure activity. This perspective masked the early harms experienced by some gamblers because the financial losses were justified as the cost of engaging in an entertainment activity. For example, the following participant described how her gambling escalated after she had justified her losses because she did not spend money on other entertainment or luxury things:

I used to tell myself initially, um, 'you don't smoke, you don't drink, you don't go to restaurants, you don't buy expensive clothes'. This was my form of entertainment and if you lose \$100 sort of thing, that's a night out. But oh gosh, if it was only \$100. I mean I was betting thousands of dollars a night in the end.—71-year-old female gambler

Many participants recognised that they or their family member were experiencing gambling-related financial harms when the monetary losses began impacting other areas of their lives. This included their ability to meet their essential financial responsibilities such as paying their rent, mortgage, or bills. For example, a few gamblers recalled specific instances in which they realised they were not able to make an essential payment for the first time due to their gambling. The following participant recognised that his gambling had become harmful when he was not able to pay the rates bill issued to homeowners by the local municipality:

...the rates bill actually arrived at home and I was the bill payer. And generally, prior to that I would pay the rates upfront, the full amount, and I didn't even have enough money to pay the quarterly component which was the other option. So, I knew at that stage that things were sort of starting to take a turn for the worst.—56-year-old male gambler

A few gamblers commented that they became stressed or angry due to the money they had lost, and this negatively impacted how they interacted with their friends and family. This included emotional outbursts and withdrawing from those around them. As some of the affected others were not aware of their family member's financial situation, these types of emotional reactions were often the first sign of harm. For example, the following participant recognised her siblings were engaging in harmful gambling because they did not make eye contact or relax around her:

The indications generally are [that] they won't look you in the eye. They're pretty shifty. They've got nothing much to talk about, but they also don't feel comfortable around you. You know, there are times just before I found out my brother's been again, it's like oh that's right, he couldn't be relaxed and talk to you. He couldn't keep eye contact.—56-year-old female impacted by her siblings' gambling

Theme Two: Managing the financial impacts of gambling

Gamblers and affected others attempted to maintain the illusion of financial stability as they did not want people to know the extent of their gambling losses. They did this by managing the financial impacts that gambling had in their daily lives and preserving the outward appearance that gambling was not harming them or their household. This was in part motivated by the perception that some people viewed gambling as a *'waste'* of money, and that there was shame associated with losing money to gambling:

...gambling has a really bad stigma associated to it. There's a lot of shame and embarrassment that goes along with losing large amounts of money.—56year-old male gambler

In order to manage the financial impact gambling had on their daily lives, many gamblers adjusted their financial priorities to ensure their essential payments were made before they gambled. Some affected others also adjusted their financial priorities to mitigate the losses or protect their own financial security. Each participant had their own opinions regarding what payments were 'essential', such as housing payments, bills, childcare, and debt repayments. There was an understanding among both gamblers and affected others that the impacts of gambling were manageable or less harmful as long as these payments were met. For example, the following participant recognised that his gambling was harmful, however perceived that he had a 'good month' if he paid his essentials and had some money left over after gambling:

Every free bit of money goes to gambling. And when I say free money, it's literally pay rent, pay child support, pay my phone, pay my internet. I haven't paid my electricity or gas for over 12 months. To me that's free money. That's not right... I'm 2 weeks in the pay and I've got \$150 left. So, and to me losing two and a bit grand this month was a good month.—40-year-old male gambler

When gambling losses were too expensive to cover daily bills and essential payments, gamblers and affected others reduced spending in other areas. While a few limited spending in discretionary areas such as holidays and gifts, others explained how they limited spending money on day-to-day expenses such as petrol, healthcare costs, social events, and house maintenance. Affected others who were dependent on or shared finances with the gambler were also impacted by a reduction in spending, with both women who were harmed by their current or former husband's gambling using their own wages to ensure the bills were paid and going without non-essential purchases. There was a sense of shame surrounding the inability to pay for day-to-day expenses. For example, the following participant explained how she stopped attending social events and that she was embarrassed that she could not afford to attend without lying or having someone else pay:

I wasn't doing many things at all. Stopping all your social stuff. You'd have to think about if you're going out were you going to be able to pay for it? Would there be someone else there that might pay for you? Would you get there and lie and say you've left your wallet at home? They're all pretty embarrassing things.—64-year-old female gambler

Acquiring debt was a common strategy used by gamblers and affected others to make ends meet. This included borrowing from members of their social networks, payday loans, personal loans, credit cards, and refinancing their mortgage. Some gamblers explained that borrowing money was initially a way to cover their expenses and making it to their next payday. Borrowed money was used for daily expenses such as buying groceries, repaying debts, and catching up on bills, with some also gambling with borrowed money. Gamblers and affected others who acquired debts were focussed on the immediate situation they faced and did not consider the broader risks associated with borrowing money. For example, the following participant eventually filed for bankruptcy, however, at the time he did not perceive his growing debts as being risky because he felt he could afford it:

All of a sudden you're taking out loans to fill the gaps because you're spending money you needed for something else. Then you started taking out loans with payday lenders. So, I think at one stage there I was probably juggling between nine and 12 or 13 loans at any one time. But, again, I was on a reasonably good salary, so I should have been in a better financial position than where I was, but at least I could fund it at that time.—57-year-old male gambler

There was a sense of shame apparent in gamblers' accounts when they spoke about borrowing money; this shame was also recognised by some affected others. This was particularly relevant when they borrowed money from family or friends, and when this money had been used to continue gambling. Part of the stigma and shame that was experienced by gamblers related directly to having to ask for or borrow money:

Interviewer: What do you think makes him feel that shame?

Participant: I think knowing that he's had to borrow money from us. Knowing that people that he's borrowed money from had then found out that what he did with that money and that even though he has paid it back, it has come through us or he's had to set up a little payment plan with them so they've known that something strange has gone on.—49year-old female impacted by her son's gambling

Some gamblers' efforts to manage the financial impacts became overwhelmed by their compulsion to gamble. A few gamblers stated that this occurred relatively quickly after they began gambling, however for others it was after several years. These gamblers reached a point where they could not manage the broader impacts and they shifted their efforts to maintaining their gambling. They were no longer able to prioritise what had once been viewed as an essential payment, and instead redirected money towards gambling. A few participants stated that they or their family member had engaged in criminal activity in order to fund their gambling, while others took out personal loans, refinanced their mortgage, or redirected money from other things such as rent as a way to continue gambling:

...I used to care more about money and prioritising, you know, paying the rent, food, et cetera and then eventually I just wouldn't really care about where I would end up. Wouldn't care about paying rent. Just start playing and keep playing with no intention of anything really.—31-year-old male gambler

ThemeThree:The long-term impact of financial harm

Gamblers and affected others explained how the financial impacts of gambling contributed to broader and long-term impacts in their lives over time. This included the long-term effect their financial management strategies had on their spending behaviour and relationship with money. As previous spending patterns were ingrained, some participants including gamblers and affected others needed to adjust how they managed money and were working with financial advisors. A common example was how some gamblers and affected others were unable to save money because they were used to spending all available money. A few gamblers commented that they were scared to have money in their bank account because it would tempt them to gamble, while the following affected other had previously loaned money to her siblings who gambled and now felt uneasy having access to money because she might feel pressured to lend it to others:

...almost too scared to have money because then you might be able to not say no to give that money away. Like, you know, I've had other friends ask me for money and I said, 'please don't ask me'. I freeze. It's so damaging. And that's why I'm glad my payout went into my super so I couldn't access it. And so, if they came to me, I could say I don't have any money.—56-year-old female impacted by her siblings' gambling

Another broader impact was the need to leave their housing. While a few gamblers left their home following the breakdown of their marriage, the primary reason for leaving housing was due to the cumulative effects of missing payments and falling behind on their rent or mortgage. It was acknowledged by some that they had previously been able to repay what was owed or negotiated with the bank or landlord to remain housed, however that became increasingly difficult over time. This led to some participants selling their house, leaving voluntarily as they recognised they were unable to pay, or being evicted:

I've missed mortgage payments for my house but it's easy to smooth the bank over when you're fulltime employed and had equity anyway. Later on, I ended up—I got evicted for not paying rent.—37year-old male gambler

When their housing was disrupted, many of these participants experienced problems with accessing secure and long-term accommodation. Accessing a private rental property was not possible for some because of bad rental histories due to non-payment, bad credit reports, and not having enough savings to pay a bond. This contributed to a few gamblers, and an affected other who was a child at the time, experiencing homelessness. These participants reported couch surfing, staying in motels, sleeping in their car or in the bush, or staying in crisis accommodation. Others relied on shared accommodation because they could not afford a rental property by themselves or were able to rent a property from someone in their social network. These pathways to housing were more accessible than traditional private rentals because they did not necessarily require the submission of paperwork such as bank statements or credit checks that estate agents typically require:

We're renting off my wife's sister at the moment and we're moving out but we're moving into another, someone else's that we know house. But we've got like plenty of money in the bank and I've got a good income history that I could show people. But if someone did a credit check on me, it would be terrible. It would show all these unpaid bills and unpaid everything. So, you know, I've said to my wife, if we have to rent somewhere, we'll stick [the lease] under her name, and just her name and not mine.—55-year-old male gambler

The ongoing problems associated with the financial impacts of gambling meant that some gamblers and affected others had to reconcile that their lifestyle had changed and the future they had expected was no longer possible. There was a sense of grief among both gamblers and affected others for the life they hoped they or their family members would have had if it was not for gambling. A few gamblers, particularly those who were younger, suggested they were not able to become financially independent as they relied either on shared accommodation or remained in the family home. Other participants reflected on losing the potential to purchase their own home. While there was a particular concern for older participants who were uncertain about their security as they got older, there was also an acknowledgment that there is an expectation that people eventually become homeowners and that this was unachievable for some participants. For example, the following participant commented on how she was '*dealing with*' knowing that she was the only person in her friendship group who did not own a house because of her gambling:

If I never gambled, I would definitely own a house. I know that for a fact... And my life would have been quite different. And I wouldn't have to be dealing with what I deal with every single weekend when I catch up with every one of my friends and all they're talking about is their renovation and their investment property.—64-year-old female gambler

DISCUSSION

This study explored how people who have been negatively impacted by gambling harm recognise and manage the financial harms gambling created in their lives. Three themes were constructed from the data relating to how gamblers and affected others conceptualised and managed financial harm in their lives, and the broader impacts of these financial harms. There are three points of discussion that are particularly relevant to these findings within the context of public health approaches to addressing gambling risk and harm.

First, this study demonstrated that participants generally did not initially conceptualise their own or their family member's gambling as being risky or potentially harmful. While public messages about gambling assume that individuals make conscious choices about minimising the impact of their gambling behaviours, this study shows that gamblers did not necessarily think about the financial impact of their gambling. When they did, their perceptions were influenced by the social contexts in which gambling occurred as they viewed it as an entertainment activity that can be engaged in socially without harm. This finding is consistent with research conducted with older women (Pattinson and Parke, 2017; McCarthy et al., 2021b) and young men (McGee, 2020; Nyemcsok et al., 2022b) which has found that the social contexts in which gambling occurs influence how gamblers perceive and engage in gambling behaviours. The study also demonstrated that gamblers and affected others did not initially manage the risk of harm until the financial harms had

already occurred, with the early indications of harm at times being masked by the perspective that gambling was a form of entertainment. This raises questions about the usefulness of educational messages that frame gambling as a form of entertainment and suggest that the harms can be prevented or minimised through personal budgeting and money management (GambleAware NSW, 2021, n.d.). Such messages reinforce the perception that gambling is a normal entertainment activity and may not be perceived as being relevant as many gamblers and affected others do not recognise the risk until harm occurs. Providing people with guidelines to continue gambling in a 'responsible' or 'safe' manner ultimately legitimises gambling as a leisure or entertainment activity and encourages people to gamble. Governments need to move away from such messaging and disassociate themselves from educational approaches that benefit the gambling industry. Reflecting approaches previously used in tobacco control (World Health Organization, 2008), public health initiatives must place the health and wellbeing of communities first and be developed independently from the gambling industry in order to be protected from vested interests.

Second, this study demonstrated that gamblers managed the financial impacts of gambling by maintaining the illusion they were meeting the social expectations of financial responsibility. Gamblers initially tried to cover up the losses and maintain their existing lifestyle by prioritising specific payments that would outwardly appear as though they were meeting the expectations of financial responsibility. Previous research has suggested that individuals with gambling problems took out loans as a way to continue gambling (Oakes et al., 2020; Davies et al., 2022). While this was reflected in some participants' experiences, the current study demonstrated that for many gamblers debt was initially a way to manage and cover up the financial impact of gambling. However, this created more problems as they juggled debt with their existing expenses, and affected others stepped in to ensure essential expenses and debt repayments were met. Gamblers' debts and other financial problems had long-term consequences such as impacting access to housing. Within neoliberal societies people generally aspire to be financially responsible (Tach and Greene, 2014) and being in debt and unable to repay debts is highly stigmatised (Sweet, 2018; Sparkes, 2020). Researchers have previously recognised the shame and stigma felt by people harmed by gambling (Miller and Thomas, 2017), however, this study suggests that it may not only be the shame of addiction that causes stigma but that they experience debt stigma as a result of their attempts to manage the impact gambling has on their day-to-day lives. This study shows that the way in which people manage the harms associated with gambling in their lives is complex. Simplistic messages and tools reinforcing that there is a 'right' way to gamble and be financially responsible, including low-risk guidelines (Young *et al.*, 2021; Dowling *et al.*, 2022) and budgeting calculators (Gambler's Help, 2020), may not be a useful educational tool as they overlook this complexity. This may contribute to the stigmatisation of people who experience harm by simplifying a complex issue and strengthening the perspective that harm could easily be avoided if the gambler took minimal preventive steps.

A final point for discussion arising from this research relates to how financial harm has long-term impacts for gamblers and affected others. Much of the research into gambling-related harm has focussed on identifying and measuring harm. While there has been some qualitative research into the experience of gambling harm, this has primarily focussed on the short-term harms that occur as a direct result of gambling (Patford, 2009; Gupta and Stevens, 2021) or considered harm within the context of seeking professional support (Järvinen-Tassopoulos, 2020). This is the first qualitative study to our knowledge which has comprehensively considered the experience of financial harms and the long-term impact this had in the lives of gamblers and affected others. The study showed the longevity of financial harms and the ongoing impact even after gambling behaviours ceased. This included not only how gamblers' relationship with money and their spending behaviours were impacted but how this also impacted some affected others. The financial harms spanned other areas of life including access to housing, housing security, and changing lifestyles due to ongoing financial problems. Considering the lived experience of harm is important in order to inform research, education, and treatment (Nyemcsok et al., 2021). Public health responses to other areas such as tobacco have utilised public messaging which portray the lived experiences of harm that were personally relevant (Bayly *et al.*, 2022). Similar portrayals have not been adopted within messages about gambling. When governments have developed harm-related messaging, it has typically been 'soft' approaches that do not clearly depict what harm looks like in people's lives (Victorian Responsible Gambling Foundation, 2017) or describe harm in relation to identifying harmful gambling behaviours (GambleAware NSW, 2022). This study demonstrates that there are a range of financial harms that may be experienced from gambling. Governments and health organisations should draw on lived experience and evidence from other areas of health to developed stronger and realistic messages about gambling harm.

There were three limitations associated with this study. First, as the majority of participants in this study were over 40 years old, there are limitations relating to understanding how different age groups may think about or experience financial harms associated with gambling. Second, the study included a relatively small number of affected others despite efforts to recruit more. Third, all of the affected others included in the study were women. Addressing these limitations in future research by including a more diverse group of affected others will provide a more nuanced understanding of how affected others identify and manage financial impacts of gambling. Affected others are not a homogenous group and their perspectives and experiences may differ based on their relationship to the gambler (for example, child, spouse, or co-worker). Best practices for recruiting affected others need to be identified and applied in future research.

CONCLUSION

This study demonstrated how the perception that gambling is an entertainment activity contributed to gamblers and affected others not recognising the risk of financial harm that gambling created in their lives. Once this harm occurred, they used a range of strategies to manage the financial impacts of gambling. However, these attempts often created more financial problems and contributed to long-term consequences, including the stigma of being in debt. Public health initiatives must not reinforce the notion that managing the financial harms from gambling is simply a matter of making 'responsible' financial decisions, and should be informed by the lived experience of gamblers and affected others.

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CONFLICT OF INTEREST

SM has received an Australian Government Research Training Program stipend from Deakin University for her PhD related to gambling. She has received funding for gambling research from Deakin University. ST has received funding for gambling research from the Australian Research Council Discovery Grant Scheme, the Victorian Responsible Gambling Foundation, and the New South Wales Office of Responsible Gambling, Deakin University, and Healthway. She has received travel expenses for gambling speaking engagements from the European Union, Beat the Odds Wales, the Office of Gaming and Racing ACT, and the Royal College of Psychiatrists Wales. She has received payment for peer review from the New South Wales Responsible Gambling Fund, and Gambling Research Australia. She is a member of the Gambling Harm Prevention Advisory Group for LotteryWest, and a board member of the International Confederation of Alcohol and Other Drugs Research Associations. She does not receive any financial compensation for these roles. Prof Samantha Thomas holds the position of Editor-in-Chief for Health Promotion International and is involved neither in the review process nor in any decision-making on the manuscript. HP has received funding for gambling research from the Australian Research Council Discovery Grant Scheme, the Victorian Responsible Gambling Foundation, the New South Wales Office of Responsible Gambling, VicHealth, and Deakin University. Dr Hannah Pitt holds the position of Editorial Board Member for Health Promotion International and is involved neither in the review process nor in any decision-making on the manuscript. MD has received funding for gambling research from the Australian Research Council Discovery Grant Scheme, the Victorian Responsible Gambling Foundation Grants Scheme, and Healthway. He is currently Chair of the Editorial Board for Health Promotion International. Emeritus Professor Mike Daube holds the position of Chair of the Editorial Board for Health Promotion International and is involved neither in the review process nor in any decision-making on the manuscript.

ETHICS INFORMATION

Deakin University Human Ethics Research Committee (2021-003) provided ethical approval for this study.

REFERENCES

- Alberta Gaming, Liquor and Cannabis. (2021) Too much of a good thing is not always a good thing. AGLC. https://cul-tureofmoderation.ca/ (last accessed 25 August 2022).
- Australian Institute of Health Welfare. (2021) Gambling in Australia, AIHW, Australian Government. https://www. aihw.gov.au/reports/australias-welfare/gambling (last accessed 9 November 2022).

- Bayly, M., Carroll, T., Cotter, T. and Purcell, K. (2022) 14.3 Public education campaigns to discourage smoking: The Australian experience. In Greenhalgh, E., Scollo, M. and Winstanley, M. (eds), *Tobacco in Australia: Facts and Issues*. Cancer Council Victoria, Melbourne, Australia.
- Bestman, A., Thomas, S. L., Randle, M., Pitt, H., Cassidy, R. and Daube, M. (2020) 'Everyone knows grandma'. Pathways to gambling venues in regional Australia. *Health Promotion International*, 35, 1273–1282. doi:10.1093/ heapro/daz120.
- Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide*. SAGE Publications, London, England.
- Cassidy, R., Loussouarn, C. and Pisac, A. (2013) Fair Game: Producing Gambling Research—The Goldsmiths Report. Goldsmiths, University of London, London, England.
- Charmaz, K. (2017) The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23, 34–45. doi:10.1177/1077800416657105.
- Davies, S., Evans, J. and Collard, S. (2022) Exploring the Links Between Gambling and Problem Debt. Personal Finance Research Centre, University of Bristol, Bristol, England.
- Deans, E. G., Thomas, S. L., Daube, M. and Derevensky, J. (2016) "I can sit on the beach and punt through my mobile phone": the influence of physical and online environments on the gambling risk behaviours of young men. *Social Science & Medicine*, 166, 110–119. doi:10.1016/j. socscimed.2016.08.017.
- Denzin, N. K. (2017) Critical qualitative inquiry. Qualitative Inquiry, 23, 8–16. doi:10.1177/1077800416681864.
- Department of Social Services. (2023) National consumer protection framework for online wagering: Consistent gambling messaging implementation plan. Australian Government. https://www.dss.gov.au/sites/default/files/ documents/02_2023/consistent-gambling-messaging-implementation-factsheet_0.pdf (last accessed 7 June 2023).
- Dickins, M. and Thomas, A. (2016) *Gambling in Culturally and Linguistically Diverse Communities in Australia*. Australian Gambling Research Centre, Australian Institute of Family Studies, Melbourne, Australia.
- Dow Schüll, N. (2012) Engineering experience: the productive economy of player-centric design. In Dow Schüll, N. (ed), Addiction by Design: Machine Gambling in Las Vegas. Princeton University Press, Princeton, New Jersey.
- Dowling, N. A., Youssef, G. J., Greenwood, C., Merkouris, S. S., Suomi, A. and Room, R. (2022) The identification of low-risk gambling limits for specific gambling activities. *Journal of Gambling Studies*, 38, 559–590. doi:10.1007/s10899-021-10036-z.
- Entain Group. (n.d.) Punter assist. Entain Group Pty Ltd. https://responsiblegambling.entaingroup.com.au/punter-assist/ (last accessed 25 January 2023).
- Financial Counselling Australia. (2022) The explosion of gambling harm and the need for urgent training for financial counsellors. Financial Counselling Australia. https:// www.financialcounsellingaustralia.org.au/docs/gambling-harm-and-training-for-financial-counsellors/ (last accessed 31 March 2023).
- GambleAware NSW. (2021) Betiquette. New South Wales Government. https://www.responsiblegambling.nsw.gov. au/betiquette (last accessed 21 January 2022).

- GambleAware NSW. (2022) Understanding gambling harm. New South Wales Government. https://www.gambleaware. nsw.gov.au/learn-about-gambling/understanding-gambling-harm (last accessed 12 July 2022).
- GambleAware NSW. (n.d.) Gamble more safely. New South Wales Government. https://www.gambleaware.nsw.gov.au/ learn-about-gambling/gamble-more-safely (last accessed 25 January 2023).
- Gambling Commission. (2022) Think about why you are gambling. Gambling Commission, Government of the United Kingdom. https://www.gamblingcommission.gov.uk/public-and-players/guide/page/think-about-why-you-are-gambling (last accessed 17 November 2022).
- Gambler's Help. (2020) Gambling calculator. Victorian Responsible Gambling Foundation and Victorian State Government. https://gamblershelp.com.au/get-help/ help-yourself/gambling-calculator/ (last accessed 7 June 2023).
- Goodwin, B. C., Browne, M., Rockloff, M. and Rose, J. (2017) A typical problem gambler affects six others. *International Gambling Studies*, 17, 276–289. doi:10.1080/14459795.2 017.1331252.
- Goyder, E., Blank, L., Baxter, S. and van Schalkwyk, M. C. I. (2020) Tackling gambling related harms as a public health issue. *The Lancet Public Health*, 5, e14–e15. doi:10.1016/ S2468-2667(19)30243-9.
- Gupta, H. and Stevens, M. (2021) "It started 30 years ago, and it still haunts me": an exploratory investigation of Territorians' gambling behaviours, harm, and help-seeking for gambling issues in an Australian jurisdiction. BMC Public Health, 21, 1–16. doi:10.1186/s12889-020-10141-5.
- Heidenstrøm, N. (2022) The utility of social practice theory in risk research. *Journal of Risk Research*, 25, 236–251. doi:1 0.1080/13669877.2021.1936608.
- Hennink, M., Hutter, I. and Bailey, A. (2020) *Qualitative Research Methods*, 2nd edition. SAGE Publications, London, England.
- Hodgins, D. C. (2020) Personal choice is a nuanced concept Lessons learned from the gambling field. *Journal of Behavioral Addictions*, 9, 876–878. doi:10.1556/2006.2020.00086.
- Järvinen-Tassopoulos, J. (2020) The impact of problem gambling: are there enough services available for families with children?. *Public Health*, 184, 28–32. doi:10.1016/j. puhe.2020.03.020.
- Koomson, I., Churchill, S. A. and Munyanyi, M. E. (2022) Gambling and financial stress. Social Indicators Research, 163, 473–503. doi:10.1007/s11205-022-02898-6.
- Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J. and Rockloff, M. (2016) Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16, 1–23. doi:10.1186/s12889-016-2747-0.
- Latvala, T., Lintonen, T. and Konu, A. (2019) Public health effects of gambling—debate on a conceptual model. BMC Public Health, 19, 1077. doi:10.1186/s12889-019-7391-z.
- Malterud, K., Siersma, V. D. and Guassora, A. D. (2016) Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research*, 26, 1753–1760. doi:10.1177/1049732315617444.
- Marko, S., Thomas, S., Pitt, H. and Daube, M. (2022a) "Aussies love a bet": Gamblers discuss the social acceptance

and cultural accommodation of gambling in Australia. *Australian and New Zealand Journal of Public Health*, **46**, 829–834. doi:10.1111/1753-6405.13298

- Marko, S., Thomas, S. L., Robinson, K. and Daube, M. (2022b) 'Gamblers' perceptions of responsibility for gambling harm: a critical qualitative inquiry. *BMC Public Health*, 22, 725. doi:10.1186/s12889-022-13109-9.
- Marko, S., Thomas, S. L., Pitt, H. and Daube, M. (2023) The impact of responsible gambling framing on people with lived experience of gambling harm. *Frontiers in Sociology*, 8, 1074773, doi:10.3389/fsoc.2023.1074773.
- McCarthy, S., Pitt, H., Bellringer, M. E. and Thomas, S. L. (2021a) Electronic gambling machine harm in older women: a public health determinants perspective. *Addiction Research and Theory*, **30**, 1–10. doi:10.1080/16066359.20 21.1906864.
- McCarthy, S., Thomas, S. L., Pitt, H. and Bellringer, M. E. (2021b) "You don't really see the dangers of it at the time." Risk perceptions and behaviours of older female gamblers'. *Social Science and Medicine*, **272**, 113674. doi:10.1016/j. socscimed.2021.113674.
- McCarthy, S., Thomas, S. L., Pitt, H., Warner, E., Roderique-Davies, G., Rintoul, A. et al. (2022) "They loved gambling more than me." Women's experiences of gambling related harm as an affected other. Health Promotion Journal of Australia, 34, 284–293. doi:10.1002/hpja.608.
- McGee, D. (2020) On the normalisation of online sports gambling among young adult men in the UK: a public health perspective. *Public Health*, 184, 89–94. doi:10.1016/j. puhe.2020.04.018.
- McHardy, J. (2021) The WHO FCTC's lessons for addressing the commercial determinants of health. *Health Promotion International*, **36**(Supplement 1), i39–i52. doi:10.1093/ heapro/daab143.
- Miller, H. E. and Thomas, S. (2017) The "walk of shame": a qualitative study of the influences of negative stereotyping of problem gambling on gambling attitudes and behaviours. *International Journal of Mental Health and Addiction*, 15, 1284–1300. doi:10.1007/s11469-017-9749-8.
- Muggleton, N., Parpart, P., Newall, P., Leake, D., Gathergood, J. and Stewart, N. (2021) The association between gambling and financial, social and health outcomes in big financial data. *Nature Human Behaviour*, 5, 319–326. doi:10.1038/ s41562-020-01045-w.
- Nyemcsok, C., Pitt, H., Kremer, P. and Thomas, S. L. (2021) Expert by experience engagement in gambling reform: qualitative study of gamblers in the United Kingdom. *Health Promotion International*, 37, daab077. doi:10.1093/ heapro/daab077.
- Nyemcsok, C., Pitt, H., Kremer, P. and Thomas, S. L. (2022a) "Drugs and alcohol get talked about, wy not betting?" Young men's qualitative insights about strategies to prevent gambling harm. *Health Promotion Journal of Australia*, 34, 276–283. doi:10.1002/hpja.637.
- Nyemcsok, C., Pitt, H., Kremer, P. and Thomas, S. L. (2022b) Young men's perceptions about the risks associated with sports betting: a critical qualitative inquiry. *BMC Public Health*, 22, 867. doi:10.1186/s12889-022-13164-2.
- Oakes, J., Pols, R. and Lawn, S. (2020) The frantic seeking of credit during poker machine problem gambling: a public

health perspective. *International Journal of Environmental Research and Public Health*, **17**, 5216. doi:10.3390/ ijerph17145216.

- O'Sullivan, H. (2023) How much do Australians lose on gambling?. Savings.com.au. https://www.savings.com.au/savings-accounts/gambling-statistics-australia (last accessed 27 March 2023).
- Paterson, M., Taylor, M. and Gray, M. (2020) Trajectories of social and economic outcomes and problem gambling risk in Australia. *Social Indicators Research*, 148, 297–321. doi:10.1007/s11205-019-02194-w.
- Patford, J. (2007) The yoke of care: how parents and parentsin-law experience, understand and respond to adult children's gambling problems. *Australian Journal of Primary Health*, 13, 59–68. doi:10.1071/PY07039.
- Patford, J. (2009) For worse, for poorer and in ill health: how women experience, understand and respond to a partner's gambling problems. *International Journal of Mental Health and Addiction*, 7, 177–189. doi:10.1007/ s11469-008-9173-1.
- Pattinson, J. and Parke, A. (2017) The experience of high-frequency gambling behavior of older adult females in the United Kingdom: an interpretative phenomenological analysis. *Journal of Women and Aging*, 29, 243–253. doi:10.10 80/08952841.2015.1138047.
- Pitt, H., McCarthy, S., Thomas, S. L., Randle, M., Marko, S., Cowlishaw, S. *et al.* (2023) Older adults' perceptions of the risks associated with contemporary gambling environments: implications for public health policy and practice. *Frontiers in Sociology*, 8, 1061872. doi:10.3389/ fsoc.2023.1061872.
- Queensland Government Statistician's Office (Office QGSs). (2021) Australian gambling statistics 36th edition, 1993– 94 to 2018–19. Office QGSs, The State of Queensland (Queensland Treasury), Queensland. https://www.qgso. qld.gov.au/issues/2646/australian-gambling-statistics-36th-edn-1993-94-2018-19.pdf (last accessed 30 April 2021).
- Rae, M. and Fell, G. (2022) Protecting the public from being harmed or exploited by gambling and the gambling industry. The Association of Directors of Public Health. https:// www.fph.org.uk/news-events/fph-news/protecting-thepublic-from-being-harmed-or-exploited-by-gambling-andthe-gambling-industry/ (last accessed 10 October 2022).
- Rethink Addiction and KPMG Australia. (2022) Understanding the cost of addiction in Australia. Rethink Addiction, Richmond, Victoria.
- Rockloff, M., Bellringer, M., Lowe, G., Armstrong, T., Browne, M., Palmer du Preez, K. *et al.* (2022) Life course and legacy gambling harms in New Zealand. New Zealand Ministry of Health. https://www.health.govt.nz/system/files/documents/ publications/final-legacy-harms-report-180821.pdf (last accessed 14 November 2022).
- Select Committee on the Social and Economic Impact of the Gambling Industry. (2021) Gambling harm—time for action. House of Lords, London, England. https://publications.parliament.uk/pa/ld5801/ldselect/ldgamb/79/79.pdf (last accessed 15 July 2021).
- Sparkes, M. (2020) "I just felt responsible for my debts": debt stigma and class(ificatory). In Gardner, J., Gray, M.

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and Moser, K. (eds), *Debt and Austerity: Implications of the Financial Crisis*. Edward Elgar Publishing Limited, Cheltenham, UK.

- Sportsbet. (2018) Tools and strategies. Sportsbet. https:// responsiblegambling.sportsbet.com.au/hc/en-us/sections /4403516873485-Tools-And-Strategies (last accessed 25 January 2023).
- Suomi, A., Lucas, N., Dowling, N. and Delfabbro, P. (2022) Gambling Harm Experienced by Children of Parents Who Gamble. Victorian Responsible Gambling Foundation, Melbourne, Australia.
- Sweet, E. (2018) "Like you failed at life": debt, health and neoliberal subjectivity. *Social Science and Medicine*, 212, 86–93. doi:10.1016/j.socscimed.2018.07.017.
- Sweet, E., Stanley, F. and DuBois, L. Z. (2018) Embodied neoliberalism: epidemiology and the lived experience of consumer debt. *International Journal of Health Services*, 48, 495–511. doi:10.1177/0020731418776580.
- Tach, L. M. and Greene, S. S. (2014) "Robbing Peter to pay Paul": economic and cultural explanations for how lower-income families manage debt. *Social Problems*, 61, 1–21. doi:10.1525/sp.2013.11262.
- Takiguchi, N., Kawanishi, Y. and Samuelsson, E. (2022) Secrecy, self-blame and risks for social exclusion—family members' experiences of gambling problems in Japan. Frontiers in Psychiatry, 13, 940397. doi:10.3389/ fpsyt.2022.940397.
- Thomas, S., Pitt, H., Bestman, A., Randle, M., McCarthy, S. and Daube, M. (2018) *The Determinants of Gambling Normalisation: Causes, Consequences and Public Health Responses.* Victorian Responsible Gambling Foundation, Melbourne, Australia.
- Thomas, S., van Schalkwyk, MCI., Daube, M., Pitt, H., McGee, D. and McKee, M. (2023a) Protecting children and young people from contemporary marketing for gambling. *Health Promotion International*, 38, daac194. doi:10.1093/ heapro/daac194.
- Thomas, S. L., Crawford, G., Daube, M., Pitt, H., Hallett, J., McCarthy, S. *et al.* (2023b) Time for policies on gambling to benefit health—not the gambling industry. *Health Promotion Journal of Australia*, 34, 267–271. doi:10.1002/ hpja.721.

- Thomas, S. L., McKee, M. and Daube, M. (2023c) Gambling reform in the UK. *BMJ*, 381, 1026. doi:10.1136/bmj.p1026.
- Thomas, S. L., Pitt, H., Randle, M., Cowlishaw, S., Rintoul, A., Kairouz, S. *et al.* (2022) Convenient consumption: a critical qualitative inquiry into the gambling practices of younger women in Australia. *Health Promotion International*, 37, daac153. doi:10.1093/heapro/daac153.
- van Schalkwyk, M. C. I., Cassidy, R., McKee, M. and Petticrew, M. (2019) Gambling control: in support of a public health response to gambling. *The Lancet*, **393**, 1680–1681. doi:10.1016/S0140-6736(19)30704-4.
- van Schalkwyk, M. C. I., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J. *et al.* (2021) A public health approach to gambling regulation: countering powerful influences. *The Lancet Public Health*, 6, e614–e619. doi:10.1016/S2468-2667(21)00098-0.
- Victorian Responsible Gambling Foundation. (26 April 2017) New campaign highlights that harm from gambling starts earlier than you think [media release]. Victorian Responsible Gambling Foundation. https://responsiblegambling.vic.gov. au/about-us/news-and-media/new-campaign-highlightsharm-gambling-starts-earlier-you-think/ (last accessed 30 June 2021).
- Victorian Responsible Gambling Foundation. (2022) VCAL numeracy unit: budgeting, losses and probability, VRGF. https://responsiblegambling.vic.gov.au/reducing-harm/ schools/resources-teachers/ (last accessed 17 November 2022).
- World Health Organization. (1986) The 1st International Conference on Health Promotion. WHO, Ottawa. https:// www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference (last accessed 15 February 2021).
- World Health Organization. (2008) Guidelines for Implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control. WHO, Geneva.
- World Health Organization. (2021) Geneva Charter for Wellbeing. WHO, Geneva.
- Young, M., Hodgins, D. C., Currie, S., Brunelle, N., Dufour, M., Flores-Pajot, M.-C. *et al.* (2021) *Developing Lower-Risk Gambling Guidelines*. Canadian Centre on Substance Use and Addiction, Ottawa, Ontario.