



# Submission

Joint Select Committee on Gambling Reform

Enquiry into the Prevention and Treatment of Problem Gambling

15 March 2012

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## **I. Introduction**

The Department of Health and Human Services, Tasmania (DHHS) welcomes the opportunity to provide a submission to the Joint Select Committee on Gambling Reform inquiry into the prevention and treatment of problem gambling.

### **I.1. Structural arrangements in Tasmania**

In Tasmania, services for problem gamblers are specifically provided for through the Community Support Levy (CSL), raised from the gross profits of Electronic Gaming Machines (EGMs) in hotels and clubs, but excluding Casinos. Section 151 of the *Gaming Control Act 1993* (the Act) determines that in addition to the CSL raised from the operation of EGMs in hotels and clubs, the Treasurer must add to the CSL each month, an amount equivalent to 4 per cent of the Commission paid by Tasmanian players of betting exchange operators. A four per cent commission levied on the Tasmanian players of betting exchanges (Betfair) also contributes to the CSL. The Act requires the Treasurer to distribute the CSL in the following manner:

- 25 per cent for the benefit of sport and recreation clubs
- 25 per cent for the benefit of charitable organisations
- 50 per cent for the provision of-
  - research into gambling
  - services for the prevention of compulsive gambling
  - treatment for the rehabilitation of compulsive gamblers
  - community education concerning gambling
  - other health services.

DHHS has lead responsibility for provision of services funded through the 50 per cent component. The exceptions are commissioning of the three yearly Social and Economic Impact Study (SEIS) and activities relating to the Responsible Gambling Mandatory Code of Practice which are the remit of the Treasurer and Tasmanian Gaming Commission.

DHHS administers its responsibilities through the Gambling Support Program (GSP), which is part of the Disability and Community Services (DCS) business unit. The Community Services programs in this unit include Gateway and Family Support Services, Personal and Family Counselling, Financial Counselling (both gambling related and general), the Neighbourhood House program, Sexual Assault Support Services and Gamblers Help which includes:

- the national online service <http://www.gamblinghelponline.org.au>
- 24/7 access information, telephone and e-counselling through the 1800 858 858 Helpline, contracted through Eastern Health's Turning Point Alcohol and Drug Centre service
- Face to face and financial counselling through a funding agreement with Anglicare Tasmania, in partnership with Relationships Australia. This service includes community educators who work within communities including venues, neighbourhood houses and other local focus points to provide better engagement in relation to community education, local issues, and referrals to Gamblers Help services.

In addition, GSP manages local research into gambling (except for the Social and Economic Impact Study (SEIS)) including community education strategy and initiatives at a state-wide level such as major media campaigns.

With policy and programs to address problem gambling being imbedded in a human services environment, DHHS Tasmania is uniquely placed to develop an integrated understanding of the at risk individuals, families and communities most affected by problem gambling and the other issues of concern that Government should consider in responding to, and providing services for problem gamblers and those affected by problem gambling. DHHS does not though control the supply of gambling which in Tasmania is regulated by the Tasmanian Gaming Commission and the Treasurer.

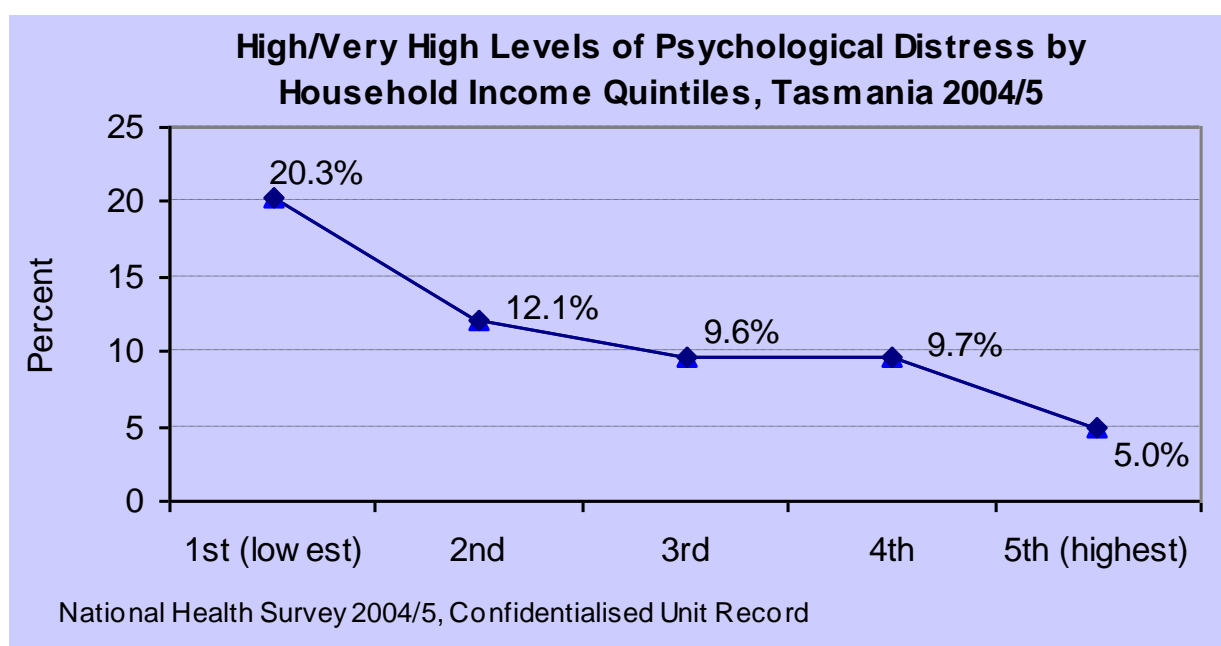
## 1.2. Socio-economic Perspectives

Various policy and program areas in Tasmania have undertaken work to better understand spatial and location based perspectives on risk factors and key health and well being indicators at a community level.

Population measures for a range of health and wellbeing outcomes such as smoking during pregnancy, child abuse and neglect, teenage pregnancy, and problem gambling reveal associations between socioeconomic disadvantage and poor outcomes.

The causal relationship between these complex issues is difficult to analyse, however these various risk factors appear to walk in step with each other, resulting in poorer outcomes for individuals, families and communities.

- People in lower socio-economic (SE) communities have lower average incomes – with limited discretionary expenditure capacity. They also have lower employment rates.
- There is an established link between SE status and reduced health and wellbeing outcomes. Data from Tasmania indicates psychological distress; sedentary activity; overweight and obesity; and poor dental health as being highest amongst those with the lowest income and improving as household income increases.



- Research also shows there is a clear socioeconomic gradient to child protection registrations.
- EGMs earn higher per capita revenue in disadvantaged areas, while revenue per machine generally falls as the level of disadvantage declines. This pattern is found in regions in other states.
- People in lower SE communities have lower education levels and lower than average levels of health literacy – with implications for public health promotion and targeted dynamic warnings.
- The most at risk communities are relatively resistant to health promotion messages – as the sustained high rates of alcohol consumption, smoking, and smoking during pregnancy attest.

These perspectives are factored into the following commentary.

The SEIS 2012<sup>1</sup> has added further detail to our understanding. It has shown an increased state-wide problem gambling prevalence rate. The reason for the increase is not more gambling, but better measuring, where the SEIS authors argue that the 2008 figures were under-reported due to the methodology then employed. The increase is mostly in the ‘moderate risk gamblers’ group.

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<sup>1</sup> The Second study is available on the Department of Treasury and Finance website at <http://www.treasury.tas.gov.au/domino/df/df.nsf/6044ee0c1cf958a2ca256f2500108bba/a9304f82bfd5b678ca2579a700056c91?OpenDocument#Second%20impact%20study%20>

Survey	Moderate risk gamblers	Problem gamblers	Prevalence rate
Tasmania 2008 statewide	0.9 per cent	0.5 per cent	<b>1.4 per cent</b>
Tasmania 2011 statewide	1.8 per cent	0.7 per cent	<b>2.5 per cent</b>
Tasmania 2011 low SES LGA's	Not defined	Not defined	<b>3.9 per cent</b>

The prevalence rate for lower socio-economic communities – the first time this had been measured – was 3.9 per cent.

The SEIS also showed declining gambling participation (generally, and with gaming machines):

Year	Gambling participation rate	EGM Gambling participation rate
2005	85.0 per cent	N/A
2008	71.7 per cent	28.5 per cent
2011	65.2 per cent	20.5 per cent

However the decline may be coming from non-gamblers and recreational gamblers rather than regular gamblers in lower SES communities.

## 2. Measures to Prevent Problem Gambling

In Tasmania, there are three broad approaches to harm minimisation:

- community Education prevention campaigns
- counselling and support services, the self-exclusion program and self-help material – supported by intervention messages and campaigns aimed at regular/problem gamblers, encouraging them to seek help, whether self-help or with a professional counsellor
- regulatory mechanisms aimed at putting controls on excessive gambling and making gambling environments safe in the consumer protection sense - including Responsible Conduct of Gaming training for venue staff.

There is some cross-over within the three approaches – prevention messages carry the Gamblers Help 1800 858 858 number for example, and Gamblers Help counsellors are often involved in community education prevention activities at the community level.

### 2.1. Use and display of responsible gambling messages

Most jurisdictions do have programs in place to provide clear messages in venues.

As the venues are very close to the high risk/problem gambler group, they should provide an ideal situation for a combination of responsible gambling messages and promotion of the Gamblers Help services (including self-help).

Tasmania's new Mandatory Code of Practice which commenced on 1 March 2012 requires display of messages in venues. GSP and Liquor and Gaming Branch in Department of Treasury and Finance, jointly ensuring style, branding etc is consistent.

In addition GSP contracted Convenience Advertising to place posters in the bathrooms of the most at risk venues – evaluations show good identification and retention of messages – and a good flow of take-away cards containing the Helpline number and website. Messages are a mix of prevention/intervention. These posters and cards will soon become an element of the Mandatory Code – GSP will provide the material but the venues will be responsible, after the initial installation, for their display.



An issue for Governments is that the messages – and indeed the campaigns of which they are a part – are up against well resourced, sophisticated marketing strategies and for EGM users, a false reality environment in which the gambler is in their ‘player’ state. Other major factors are that many EGM problem gamblers patronise the venue and gamble to ‘escape’; many have anxiety problems; and many are reluctant to admit their loss of control/problems due to shame or the wish to escape reality. It is difficult to promote prevention in this situation. All too often heavy gamblers address their problematic behaviour only after considerable harm is done.

In spite of good coverage, high recall and ongoing take-up of help cards the prevalence rate of problem gamblers and indeed the flow of calls to the Helpline and attendance at counselling services remains relatively unaffected.

Some fine tuning of the messages might assist. Emotional messages are one approach, another is a better understanding of the where and how to appeal to the rational state. Some youth drinking and sexual education campaigns have been effective in ‘morning after’ strategies but this is obviously a difficult thing for the gambling demographic.

Tasmania's current campaigns and the messages in venues focus on:

- How gambling works, emphasising the effect of the house edge ‘The longer you play, the more you lose’. This is consistent with the recommendations around communicating losses and the reality of loss over time suggested in the 2010 Productivity Commission Report. See Prevention Campaign details below.
- Erroneous perceptions will be addressed in the 2012 campaign material.
- We do note for instance, that NSW has a broader focus in their messages on machines about the impact of playing the machine on the family (emotional appeal).

As proposed in the national reform agenda, display of interactive messages that are directly linked to the player experience and the pattern of play are more likely to penetrate the player's consciousness in a way that leads to self-reflection and acknowledgment that there may be a problem or that control is being affected.

This is an element of the reform agenda that should be pursued.

We believe interactive messages will help reduce intensity of EGM play, and these messages should be coordinated with in-venue posters and material, creating a much more considered and responsible gambling environment than at present. While display of messages is a needed component of the harm minimisation strategies it is not an incisive intervention. The frontiers for effective approaches to intervene with problem gambling and deal with the irrational, addictive and self-destructive behaviour are probably in the consumer/EGM interplay, maybe in 'de-tuning' the addictive, in-the-zone, nature of EGMS - and in limiting supply.

## **2.2. Use, access and effectiveness of other information on risky or problem gambling, including campaigns**

Our paper specifically looks at a media prevention campaign in Appendix 2.

In the submission we propose the Commonwealth should take a role in funding and development of the provision of prevention information through media campaigns and we present a recent Tasmanian campaign as a successful example of such material. The forms of gambling are common across the Australian states and territories, perhaps with the exception of Western Australia, and thus the prevention elements are also common. Online gambling is obviously growing rapidly and we are beginning to see the first internet driven problem gamblers in the services. New prevention material aimed at this market will be needed. Meanwhile electronic gaming machine gambling continues to produce a regular flow of problem gamblers.

The Commonwealth might take on a key role as a repository for the different campaigns already available, allowing the states to view and consider which tested items they may choose for their social marketing. Alternatively the States can agree to set up a clearing house. The Gambling Help Online service provides a good model of cross-jurisdiction cooperation. Either way, a collective approach is desirable.

The Tasmania Government has established a strong harm minimisation framework with the regulation of gambling, the provision of treatment and support services for those adversely affected by gambling, and with community education.

As mentioned, gambling community education has two main themes: intervention, that is messages to those having difficulties with gambling, and prevention, which aims to steer the public away from dangerous or risky gambling.

For the smaller states such as Tasmania, the cost of both developing quality campaign material and placing it in the media with enough regularity to ensure it has an impact, is a limitation. It is pleasing that Victoria have generously extended their items to Tasmania to place, with minor adjustment, on television, radio and online, allowing us to avoid most of the development cost for those particular campaigns. Queensland and South Australia have been helpful on smaller items.

A model which allows sharing of material between the jurisdictions would be most welcome.



We found there was no suitable prevention material covering luck, loss, probability and the house edge available in 2010, and guided by the Productivity Commission report we set about designing a campaign aimed at teaching how gambling works. The *Know Your Odds* campaign is the most effective media awareness campaign the Department has run since the inception of the DHHS Tasmanian gambling services in 1999.

Conveying how the house edge works in commercial gambling such as gaming machines, was a considerable challenge. The campaign was launched in early 2011 and utilised three related television commercials – one focused on the house edge, another highlighted financial losses and a third focused on the perils of online gambling. Research showed that these were particularly effective, and in 2012 a fourth commercial will be added, this one exploring common misunderstandings and erroneous perceptions around gambling.

We offer the content and details of our prevention campaign as a suitable example for a national approach that might assist the states to address the ongoing suffering that is, an intractable component (thus far) of the Australian gambling culture in the electronic age.

Help seeking behaviour is a frontier of considerable interest. While there is considerable literature on problem gamblers' barriers to help seeking<sup>2</sup> there has not been market research to ascertain what messages might work to:

- de-stigmatise problem gambling
- encourage more support from family
- encourage gamblers in how to keep in control of expenditure
- encourage knowledge and utilisation of self-help material.

Our focus on lower SE communities identifies the major target population for such research.

### **2.3. Ease of access to assistance for problem gambling**

The self-help and counseling/support services for problem gamblers (and those affected) are well established and well promoted. Clients can access services by phone, online, email, chat or in person. The range of support extends from simple advice through to multi-session face-to-face counseling.

There are areas for which could be better developed.

Families and loved ones can provide real guidance as well as emotional support. While the work of researcher Dr Janet Patford<sup>3</sup> is acknowledged, the family has not been a focus of community education. In the lower socio-economic communities with work to be done on the prevention of ill-health on a more general level, we see partnerships with councils, schools and community level involvement as a potential way forward. Arguably Community Support Levy funds spend on programs that practically address anxiety and lower level indulgences (tobacco, food, alcohol) would be a good investment in problem gambling prevention and social well-being alike.

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<sup>2</sup> For example, *Gamblers at Risk and their Help Seeking Behaviour*. Gambling Research Australia. 2011.

<sup>3</sup> Dr Patford has published a number of papers on gambling and the role of the partner and family, see for example *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, Vol 7, Number 1 (2008).

For those affected by another's problem gambling the emotional and financial results can be devastating. The Australian culture of preferring not to get involved in other people's (emotional) business does not help the situation.

For the socially isolated, without even the benefit of spouse or family to provide emotional support let alone steer the loved one away from unhealthy behavior, increasing gambling can go un-noticed. The concept of the 'third place' as an alternative entertainment to gaming venues is an attractive solution. However getting social groups to engage those who are more or less actively avoiding social engagement is challenging to say the least. In Tasmania there have been some notable successes – National Heart Foundation walking clubs for example. At current count there are 84 walking groups around Tasmania and one Glenorchy group is named 'The Anti-pokie Plodders'.

Are there other underlying causes of ill health including problem gambling? In an article on public health messages citing the work of epidemiologist Michael Marmot<sup>4</sup>, the Economist<sup>5</sup> wrote:

[The] stridency [of messages] may be pointless, even counter-productive. There is no reason to believe that those who ignore measured voices will listen to shouting. It irritates the majority who are already behaving responsibly, and it may also undermine all government pronouncements on health by convincing people that they have an ultra-cautious margin of error built in.

Such hectoring may also be missing the root cause of the problem. According to Mr Marmot, who cites research on groups as diverse as baboons in captivity, British civil servants and Oscar nominees, the higher rates of ill health among those in more modest walks of life can be attributed to what he calls the "status syndrome". People in privileged positions think they are worth the effort of behaving healthily, and find the will-power to do so. More directly, higher status itself protects people's health, he argues, not just by reducing their propensity to behave riskily, but also by changing their body chemistry in ways that protect them against disease.

The implication is that it is easier to improve a person's health by weakening the connection between social position and health than by targeting behaviour directly. Some public-health experts talk of changing an environment where the worst choices are the easiest to make, especially for those without the time and money to seek out better ones—supermarkets crammed with ready meals, happy hours in pubs, roads too dangerous for children to walk to school. Others speak of social cohesion, support for families and better education for all. These are bigger undertakings than a bossy ad campaign; but more effective, and quieter.

### 3. Measures which can encourage risky gambling behaviour

#### 3.1. Marketing strategies

As mentioned below, the objective of our community education prevention campaign is partly to counter industry marketing. The key elements of the industry marketing mix with EGMs are instructive:

- **Product.** Poker and gaming machines have had more than 100 years of development to provide an entertainment where many feel they are being rewarded even when they are in the process of heavily losing money

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<sup>4</sup> Professor of Epidemiology and Public Health at University College London.

<sup>5</sup> *None so deaf as those that will not hear. The government's health messages are becoming increasingly strident. That doesn't make them any more effective.* Economist print edition Jun 21st 2007

- **Price.** The low entry level of the EGMs has made gambling attractive for the less affluent.
- **Promotion.** Interestingly, EGMs are not directly promoted on the mass media. Rather, the mix of inducements and incentives and an environmental feel of good value/something-for-nothing relaxed entertainment is employed.
- **Distribution.** Outside of the casinos, the hotel environments are particularly attractive to the lonely and those seeking to escape. Women find them safe. The highest concentration is in lower socio-economic communities where people have time on their hands. One problem gambler described why he didn't get help sooner<sup>6</sup>: [There might have been] "More understanding of my situation with a disability, dog and cat and son visiting. It is not enough support on \$130 a week. I was winning and getting free coffee and sometimes food, so socially I did not have anywhere else to go. I'm very isolated."

The marketing of gaming machines makes gambling a potent attraction for a certain section of the society, particularly those who, as the Economist puts it, make the worst choices because they are easy. The alignment of that section with lower-socioeconomic communities makes the situation particularly unfortunate. In health terms, EGM gambling adds to an already burdened community.

The Tasmanian Mandatory Code of Practice does address marketing practices that are considered to be strongly correlated with problem gambling, but these interventions are not differentially applied to lower SE communities. Given the SEIS 2012 found higher levels of gambling, higher concentration of EGMs and higher problem and moderate risk gambling in selected low SE status areas, the Tasmanian Government will monitor the effectiveness of the Code provisions and national reforms before considering whether there should be more directly linked regulatory arrangements for lower SE communities. This is clearly an area for broader consideration across jurisdictions.

### 3.2. Use of inducements/incentives to gamble

Our submission to the Mandatory Code covered these issues and provides examples of 2010 inducements and incentives, along with comments from Gamblers Help counselors. See Department of Health and Human Services link on

<http://www.treasury.tas.gov.au/domino/DTF/DTF.nsf/ALLS-V/9486D8C95E3802D4CA25786900013E2B>

## 4. Early intervention strategies and training of staff

In the same submission to the Mandatory Code, we examined staff training in recognising problem gambling, see p 9 onwards. Much of the identification information is included in the latest Responsible Conduct of Gaming training, see pp 27-29 of the Responsible Conduct of Gambling workbook available on the Treasury website at:

<http://www.tenders.tas.gov.au/domino/DTF/DTF.nsf/V-LIQ-AND-GAMING/39990A01398DE19CCA257610000412C8>

The suggested interventions are not as strong as with the Swiss casinos, but the enhanced training is most welcome and we look forward to it being put into effective practice. DHHS has supported these new initiatives by providing for counsellors and educators to make visits to venues, including the casinos, to assist in training and guiding venue staff on problem gambling matters. These initiatives, allied with the Mandatory Code, are making it clear to industry that a more highly structured response to problem gambling is underway. Industry's demonstrated limitations in

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<sup>6</sup> quoted in *Gamblers at Risk and Their Help Seeking Behaviour*, page 52. Gambling Research Australia 2011

effectively supporting harm minimisation outside a mandated model will be tested with the new Mandatory Code. The Self-Exclusion study (see Section 5.3) found that some 60% of excluded clients breached their exclusion but the majority were not detected in venues. Particular attention needs to be paid to EGM venues in lower SE communities in relation to industry concerted attention to actually intervening where problem gambling is observed.

## **5. Methods currently used to treat problem gamblers and the level of knowledge and use of them**

### **5.1. Counselling, including issues for counsellors**

The current model of service delivery for face-to-face counselling is based on community organisations (Anglicare Tasmania in partnership with Relationships Australia Tasmania) providing services. The service agreement provides face-to-face counselling, financial counselling, and group and family counselling services to those with gambling problems. The agreement also provides community based community education and community engagement in addressing the underlying causes of gambling.

A review of the face-to-face counselling services was conducted in 2010. The report 'Evaluation of Therapeutic Counselling; Break Even Gambling Support Services in Tasmania' is on our website at [http://www.dhhs.tas.gov.au/gambling/research/tasmanian\\_research](http://www.dhhs.tas.gov.au/gambling/research/tasmanian_research).

While it was difficult to survey enough clients to definitively be able to claim that the service is effective in its counselling outcomes, the study did show that the methods being employed by the Anglicare and Relationships Australia counsellors were at a high standard and in line with Australian best practice.

The effectiveness of the services can be studied at various levels:

- At the client level, with outcome indicators which were designed to measure such things as changes in gambling activity and expenditure. Our outcome indicators were introduced a year back and initial reports are being prepared
- At the organisational level in terms of value for money, compared with other models. Tasmania will undertake a review of the model later this year
- At the strategic level, considering the linkage between community education, problem gambling prevalence rates and the proportion of problem gamblers accessing the services. Aspects of this are explored above.

A further agreement with Turning Point Alcohol and Drug Centre, Eastern Health provides for an open access, free and confidential 24 hours, seven days a week telephone counselling, information and referral service. Turning Point also provides a sessional counselling program entitled 'Ready to Change?'

A fairly comprehensive and independent review of the Gambling Helpline Tasmania was published in 2010 and is available on the same website mentioned above.

This review highlighted the need to have a clear marketing strategy around the helpline and the face-to-face counselling services. On the operational level it highlighted the need for an effective method

of referring clients from the helpline to the other components of the service – something DHHS, Anglicare and Turning Point have been working on for the past two years.

A review of the Gamblers Help services will be undertaken later in 2012. Part of this will study these operational matters with a focus on providing optimum access for clients in lower SE communities.

## **5.2. Education**

We are aware of the Productivity Commission (PC) recommendation on training problem gambling counsellors:

*Governments should work together to establish a national minimum standard of training for problem gambling counsellors.*

--Productivity Commission Report 2010 Recommendation 7.2

The PC report has a good discussion on the topic in the PC Report at section 7.3. We noted the comment on page 7.36, “it would seem essential that counsellors understand how gambling works”.

Most jurisdictions, including Tasmania, have highly qualified counselling staff.

From the current Anglicare Service Agreement:

Those being treated will have:

- therapies and interventions that align with their social background, their capacity, their needs and expectations, and those of their partners and families
- therapies and interventions which are shown to be effective
- sessional services provided by tertiary qualified counsellors for Personal and Family Counselling or Facilitated Group Sessions. These counsellors will hold at least a degree level in social work, psychology or equivalent, and will be eligible for registration with the relevant professional body. All Gamblers Help counsellors employed by the Organisation will participate in offered Gamblers Help training events including data management training. Counsellors will receive regular supervision and have a performance review each year. Counselling approaches will be conducted in a manner that includes or promotes social justice, dignity, confidentiality, empowerment, and client self-determination.

As an added comment, we understand that in some states there have been difficulties in recruiting counsellors to work in rural towns. Some of the counsellors employed have qualifications in counselling but not at a degree level. Given that this is an acceptable situation, the minimum standard would be below the common degree level standard for Tasmania.

Rather than a common minimum, it might be more realistic to establish both a minimum and preferred (higher) standard of training.

Also there is a difference between qualification and training. In our situation we have well-established organisations with a skill base, i.e. there are counsellors with many years experience in gambling who can pass skills on to general counsellors. New South Wales has provided training videos to quickly convert general counsellors to gambling counsellors - this is another approach.

Having a first rate resource base, such as the video training, so as to be quickly able to convert general counsellors to gambling counsellors is of real interest. It would provide a practical and useful

platform for a minimum standard of training and allow states, including ours, greater flexibility for provision of counselling in rural and remote areas.

We believe training material should be included in the implementation of the PC recommendation. Once again, the States are capable of providing for this but have not at this stage, done so. The Commonwealth equally could take on the work.

### **5.3. Self-exclusion**

The Tasmanian Gambling Exclusion Scheme commenced in 2003 and is legislated under the *Gaming Control Act 1993*. The types of exclusion in Tasmania are self imposed, venue imposed, police imposed, and exclusions imposed through the intervention of a third party. Self-exclusion is the major form. Over the years, approximately 300 people are self-excluded at any one time.

In 2010 DHHS published *A study investigating the use and effectiveness of the Tasmanian Self-Exclusion Program*. This is available on the GSP website at:

[http://www.dhhs.tas.gov.au/gambling/research/tasmanian\\_research](http://www.dhhs.tas.gov.au/gambling/research/tasmanian_research)

The findings on breaches and detection was of interest:

Gambling behaviour while self-excluded and detection

- Just over half (52%) of the cross-sectional sample gambled at non self-excluded venues while self-excluded.
- Approximately 60% of the cross-sectional sample (17/29) breached their self-exclusion and gambled at self-excluded venues.
- The majority of breaches were undetected. Most self-excluders were detected only after having already breached multiple times.
- Although 12/17 individuals were detected breaching at some point in the life of their exclusions, seven of these individuals were detected only once when they breached multiple times.
- On the occasions when self-excluders were detected breaching, most were detected relatively quickly (10-20 mins) after entering the venue.
- All participants in the longitudinal sample except one, reported not gambling at all (in both self-excluded and non self-excluded venues) in the three months since they had self-excluded.
- The one participant who gambled, did so at a self-excluded venue on one occasion. She was not detected.

--From the Executive Summary, P2, 3

The significant majority of excluded people sampled reported self-exclusion to be *of much or some help*. Most found it to be helpful in reducing their gambling, even if they did gamble while self-excluded.

## **6. Data collection and evaluation issues**

Major data sources are:

- For gambling, the Tasmanian Gaming Commission annual reports<sup>7</sup>; and
- For services, DHHS's series of analysis of the face-to-face counselling from the Client Information System<sup>8</sup> – a database for collecting client demographic, gambling behaviour and treatment information.

The Helpline and Gamblers Help Online also provide regular comprehensive reports on client activity and treatment.

We are fortunate in that the SEIS evaluates the impact of this and other information on a regular basis. While our DHHS client data has shown that certain SE communities were producing the major flows of problem gamblers to the services, the first SEIS took this further and compared the client demographics with the SEIFA index of the various local government areas to clearly focus the issue.

The second SEIS compared selected lower SE LGAs with higher and more average SE areas. It also provided a problem gambler prevalence rate for these lower SE LGAs to enable comparison to the State average, see Section 1.2 above. The at-risk communities had a considerably higher prevalence.

A policy response around where the harm from gambling is greatest will come mostly from these SEIS reports.

As mentioned, the services Client Information System is a long term data collection database. It is also a comprehensive study of the behaviour and treatment of problem gamblers. From 2011 outcome indicators were integrated into the data collection. The database also allows access to clients who have agreed to take part in research.

The Client Information System was updated in term of the National Data Dictionary and national meta-data definitions in 2010.

## **7. Gambling policy research and evaluation**

As mentioned the SEIS is the major Tasmanian research from which policy is developed. The PC reports of 1999 and 2010 have also provided authoritative direction to policy development.

In bringing focus to where the harm is, we have identified the lower SE communities as the priority for policy development, and also for research into what works in terms of prevention and intervention activities and messages.

The issues in lower SE communities discussed at Section 3.1 and the intersection with Gamblers Help services in Tasmania with other Government funded services in those communities is raising some areas of policy and program gap that might benefit from research, and which are not peculiar to Tasmania. The focus of legislation and programs in relation to problem gambling is very much on the problem gambler, with those affected by the problem gambling as an adjunct issue.

There is a blind spot in understanding the extent to which problem gambling is affecting, for instance, child development in the domains identified in the Tasmanian Early Years Foundation strategic framework, that a child is safe, healthy, learning, developing, and achieving well-being. There is also

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<sup>7</sup> Available from the Department of Treasury and Finance website under publications.

<sup>8</sup> See [http://www.dhhs.tas.gov.au/gambling/research/tasmanian\\_research](http://www.dhhs.tas.gov.au/gambling/research/tasmanian_research) Break Even Gambling Services - Client Information

considerable contemporary understanding of the importance of families that provide positive family functioning, healthy parental lifestyle, ability to pay for essentials, adequate family housing and freedom from abuse or neglect. This framework is available at:

[http://www.earlyyears.org.au/publications/outcome\\_in\\_the\\_early\\_years\\_the\\_state\\_of\\_tasmanias\\_young\\_children\\_2009](http://www.earlyyears.org.au/publications/outcome_in_the_early_years_the_state_of_tasmanias_young_children_2009).

Disability and Community Services within DHHS Tasmania is currently considering the best approach to understand the extent to which problem gambling is adversely affecting household budgets for essentials, the emotional impact of gambling related stress and distress, and the impact on children and parenting ranging from family violence, child protection concerns, the potential cumulative harm impact on child development.

These areas for further research should be of direct interest to governments and human services agencies faced with current and emerging pressures on family functioning and capacity.

## **8. Other related matters**

N/A



## Appendix I: Community Education Strategy

Tasmania's approach to community education has five main components:

- an intervention campaign to promote the services through mass media
- a mass media prevention campaign (detailed below)
- a poster campaign handled by Convenience Advertising which places intervention messages in the conveniences (toilets) of venues in high risk localities
- community-based activities and promotions focused on the high-risk localities
- school-based material.

The communications strategy and associated health promotion projects are a major component of the work of the GSP within the Department. For campaigns, GSP designs or otherwise sources programs and resources in response to research findings.

The components of the strategy add up to a broad set of media initiatives. These have included:

- television commercials
- convenience advertising in targeted gaming venues
- letter box drops of 'newsletter' style publications in targeted local government areas
- radio ads
- cartoon style print ads
- distribution of leaflets and promotional merchandise through community organisations, events and gaming venues
- self-help information on the national website [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)
- education and creative arts activities with schools and youth networks.

GSP is guided by a public health model.

'Community education is one of a range of strategies within a public health approach to addressing gambling related problems, heightening community awareness about the risks of unsafe gambling, warning signs, self-help strategies and promoting the use of tertiary treatment services for those adversely affected by gambling'. (Shaffer H., and Korn, D. 'Gambling and related mental disorders: A public health analysis', *Annual Review of Public Health*, 23 2002, p. 204).

The GSP's combination of community education initiatives, including media campaigns, is based on an understanding of gambling derived from research including Gamblers Help services client data, past prevalence studies, the SEIS into Gambling in Tasmania 2008 and 2012, and the Productivity Commission Report into Gambling 2010.

The intervention campaign to promote Gamblers Help services through the mass media has been adapted from a campaign that proved successful in Victoria. This is a good example of cooperation between jurisdictions and leveraging efficiencies through cross-jurisdiction application of campaigns that work.

A specific initiative developed in Tasmania in the community education area, the *Know your odds* prevention campaign has been focused on dispelling myths and misconceptions about gambling, and explaining concepts such as the house edge and loss over time. A comprehensive brief of this campaign is included in Appendix 2

## Appendix 2: Know Your Odds Prevention Media Campaign

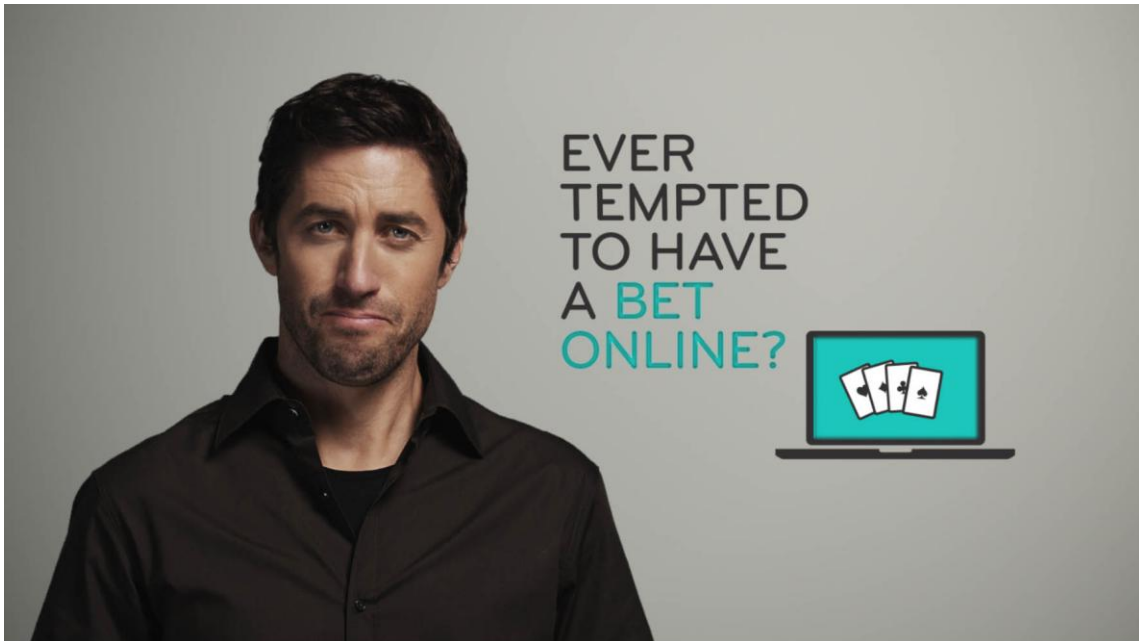
Focus for this campaign comes from the 2010 PC Report into Gambling. Also, recent local research into online gambling indicates emerging high levels of problem gambling (see below – Target audiences).

Poker machine gamblers constitute a large proportion of the problem gambler population in Tasmania. Many of these gamblers hold false beliefs and poor understandings of how poker machines work. This contributes significantly to their continued problem gambling behaviours such as chasing losses and betting more than they can afford. In particular many gamblers hold the false belief that if they keep playing on a particular poker machine it will be more likely to pay out. The opposite is true: the longer they play the more likely they will end up losing. The same anomaly and risk is associated with online poker machines and other online casino games of chance.



International gambling is heavily promoted on the internet, with advertisements on Facebook being particularly prominent. Many international sites have very poor consumer protection. Initial studies are showing that problem gambling prevalence rates are higher with online gambling than with venue based gambling.

The PC Report into Gambling 2010 suggested a focus on financial losses and poker machines is appropriate for prevention. This theme was the basis of the third commercial. The fourth commercial is in production and focuses on gamblers' false beliefs.



The advertisements can be viewed on the blog website <http://knowyouodds.net.au>

They comprise:

### **STAGE 1**

- *House Edge*
- *Online Gambling*
- *Losses*

Production of the first two commercials was completed in March 2011 and they were immediately launched. *Losses* (a 15 second Television Commercial (TVC)) followed mid-year.

### **STAGE 2** (in production)

- *People believe...*

Other material, from radio ads to posters, are based on these television advertisements.

### **Rationale**

GSP was guided by the 2010 PC Report, particularly sections dealing with the erroneous perceptions, false beliefs and cognitions. That Commission identified a need “to tailor informed choice information to common misconceptions”. Vol I p8.17.

Other Australian and international jurisdictions had adopted similar approaches in response to these issues: Queensland’s responsible gambling resources included information about how poker machines work:

(<http://www.olgr.qld.gov.au/resources/responsibleGamblingDocuments/theTruthAboutGamingMachines.pdf>)

and their in venue campaign, *Odds of Winning* displays information on odds in brochures, drink coasters, and venue LCD screens.

Victoria’s recent *Gambling Aware – Know the Odds Campaign* included a TVC highlighting the odds of winning on a poker machine. <http://www.problemgambling.vic.gov.au/gamble-aware/know-odds/know-odds-tvc>

Online information concerning the workings of poker machine was available from the Victorian Government website. <http://www.problemgambling.vic.gov.au/taking-control/playing-pokies>.

The (NSW) DVD *Gaming Machines: Facts and Myths*, provided comprehensive information on how poker machines work.

### **Objectives**

- Raise awareness and knowledge about the numerical odds of losing at poker machines and online commercial gambling games over time. This produced the campaign's major message: *The longer you play the more you lose*.
- Communicate messages that will contribute to the reduction and prevention of problematic gambling behaviours and the consequent harms to gamblers, their significant others, and the community.

Promoting the Gamblers Help services for people affected by gambling is included as a secondary objective.

### **Target audiences**

- General public, at risk and problem gamblers.
- Poker machine players and online gamblers playing games of chance<sup>9</sup>.

The *Social and Economic Impact Study into Gambling in Tasmania 2008* (see Fact Sheets [http://www.dhhs.tas.gov.au/gambling/research/tasmanian\\_research/fact\\_sheets](http://www.dhhs.tas.gov.au/gambling/research/tasmanian_research/fact_sheets)) indicated that younger males 18-24, are at significantly higher risk of developing or experiencing gambling problems using poker machines than other adult gamblers.

The profile of online gamblers suggested younger people, internet users and females are well represented (46 per cent in Britain). Also well represented were middle-aged men, the well-educated and people from high-earning households.

Recent GSP research, *An Exploratory Investigation of Online Gambling Amongst University Students in Tasmania* indicates that online gambling is a relatively popular activity for university students. Of those surveyed, a worrying 27.5 per cent were gambling problematically - moderate-risk gambling measured 16.3 per cent and problem gambling 11.2 per cent as measured by the Canadian Problem Gambling Index. There was a strong positive correlation between venue gambling severity and online gambling severity, meaning that individuals with higher levels of severity of one form of gambling tended to also have higher severity levels of the other form of gambling. Venue gambling frequency also shared positive correlations with online gambling severity.

### **Key messages**

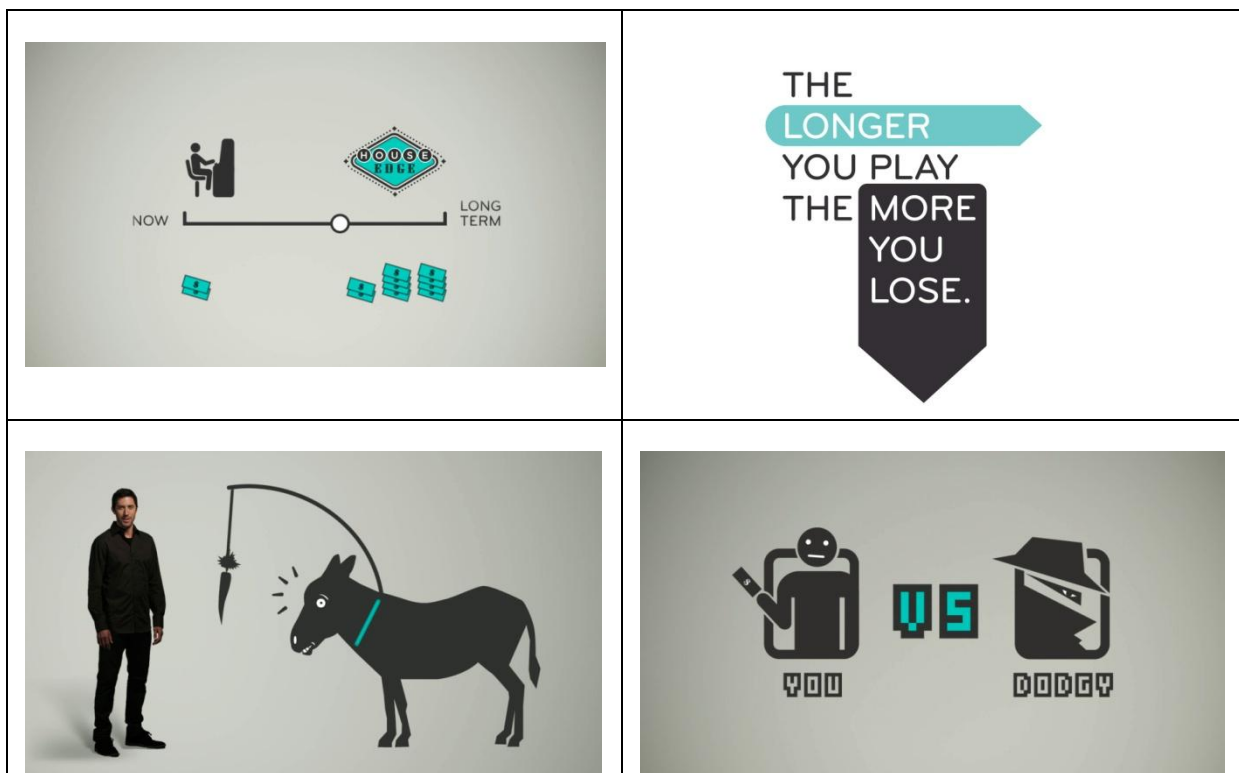
- For regular players, the longer you play poker machines and other commercial gambling games with a built in house edge, the more you will lose.
- Gaming machines pay out a little bit every now and then, but are programmed to keep, on average 10 per cent of every bet (button push) over time.

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<sup>9</sup> This doesn't include games requiring some skill, such as sports betting.

- You may get lucky in the short term, but over time the computer program in the poker machine and online games overrides any good luck.
- The lights, sounds and gimmicks of each machine may be entertaining at first, but over time they can make you forget how long you've spent at the machine and how much you're losing.
- No matter what you do using lucky charms, lucky numbers, superstitions etc, you cannot influence your chances of winning.
- Every form of commercial gambling has a house edge. You always have a disadvantage. You pay to play. Gambling providers are in business, and their profits are your losses.
- Many online gambling sites are registered off shore where consumer protection and regulation measures are not in place. There are authenticated reports of some sites not paying out winnings.
- If you want to have a good time gambling it will help if you understand how gambling works.

The fourth TVC, *People believe...*, goes further into the psychology of problem gambling and is currently being filmed. It looks at false beliefs and superstitions which help maintain problematic gambling. Jack takes on an entertaining, non-judgemental examination of these beliefs, see script at Appendix 2.



**Communication methods/tools/strategies**

The campaign is centred around the TV ads. These are supported by radio ads, posters, brochures, cinema ads, online advertising. A social media component, using a blog and Facebook is used to engage target audiences less likely to access off line media (younger age groups, online gamblers). The blog [www.knowyourodds.org.au](http://www.knowyourodds.org.au) also carries more technical detail, allows interaction and positions 'Jack' as an authority on the subject. Even if the majority of the public don't go to the blog, it helps build the credibility of the campaign.

## **Communication considerations / health literacy**

Teaching probability is notoriously difficult. Concepts of odds, randomness, and the role of luck can be complex. Ignoring or not understanding these concepts is a factor influencing gamblers' behaviour. There are also compelling psychological factors motivating and influencing their behaviours. Reasons people gamble excessively include:

- escapism
- belief that 'the world owes me'
- anxiety that someone else might be lucky with what the gambler has 'invested in the machine'
- belief that patterns are more important than the mathematical reality of odds. Eg 'the machine is bound to pay out a big prize soon because it has given several free spins and a small pay out recently'
- risk taking behaviour as part of personal identity (particularly younger males).

Due to shame, low self esteem and mental health factors affecting some people with gambling problems is important also to use a respectful tone so as to not alienate target audiences. It is advisable not to overly emphasise the complexity of mathematical concepts – but the house edge/probability issue must be communicated in a clear and engaging manner.

### **Did it work? Reach and Recall**

The Tasmanian Department of Treasury and Finance's SEIS into Gambling 2012<sup>10</sup>, utilised statewide focus group research with stakeholder representatives to survey gambling community awareness advertisements. (Vol 3 S 5.3.)

Participants were asked to recall any advertisements relating to problem gambling, in any media. The 'House edge' advertisement featuring 'Jack' (a component of the Know Your Odds Campaign) showed almost universal reach to the participants and extremely high levels of unprompted recall. Participants were able to describe the content well:

- The longer you play the more the odds are that you are going to lose. So if you have a big win and if you keep on playing it's all going to go back to the house. (Male, 50-54)
- TV campaign going on now – talks about problem gambling in percentage rates and look me up on this website and stuff like that – playing for the last three months. (Female, 60-64)
- A new one just rolled out, Jack, and he is basically saying know your odds – and that the odds are against you winning sort of thing and talking about how much money you spend – better spend it with your family going fishing. (Male, 50-54)
- That advertising that is going on now as one of the better ones. It shows that eventually you will lose. (Male, 50-54)
- Statistics-being promoted to the public to make more aware of their returns to gambling and that's one of the important things is that I am pleased to see. (Male, 60-64)
- That is the best I have seen. (Male, 35-39)

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<sup>10</sup> The 2008 SEIS is available at <http://www.treasury.tas.gov.au/domino/df/df.nsf/v-liq-and-gaming/7695DF4E70ED3A7BCA25784700066FDC>. The 2012 SEIS will be available from the same site shortly.

- The part of the ad that got me was – that the house will always win – it starts off small and gradually the house wins. (Male, 55-59)

In response to a question on what the key messages of any campaign or educational initiative should be, participants identified priorities for advertising content and strongly endorsed this campaign:

- That you can't win, that's why there are so many machines because it means that the people operating machines – or that have the machines – they are the winners, not the public. We just help them to make them wealthy. (Female, 70-74)
- That's the first thing you have to tell people – that the system is set up so that the business wins. Then you come in to test your luck – you got a percentage that you can win – now whether you can get significant percentage is the issue. (Male, 60-64)
- Just the way the industry works – they spend hundreds of millions of dollars to get the machines to do what they do. (Male, 45 – 49).

### ***Did it work? Problem Gambling***

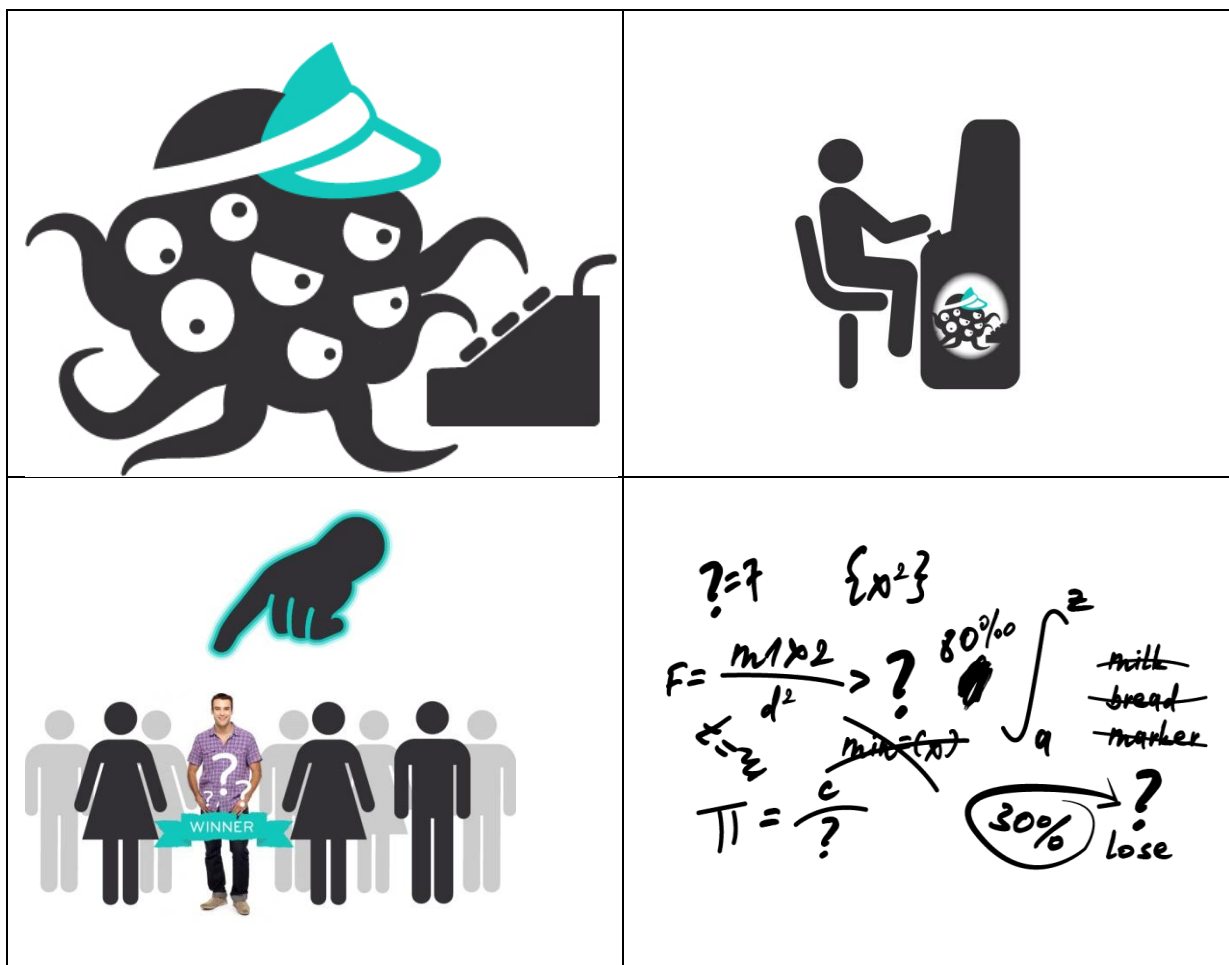
A simplistic view would suggest that the objective of a prevention campaign is to reduce the number of problem gamblers, by less people starting gambling on problematic forms, or by making sure recreational gamblers don't escalate their gambling.

Achieving that objective is possible only if the agency has control over the externals, particularly the huge power of industry marketing. Our Department has no such control. Also, prevention campaigns of this nature will take some time to change entrenched behaviour and in some communities, a gambling culture.

A more appropriate objective is to 'provide the information component of consumer protection and a countervailing message to industry promotion of gambling'. A combination of community education and regulatory reforms should comprise a higher level strategy if harm minimisation is to be realistically achieved.

The problem gambling prevalence rate cannot be linked to the campaign for a number of reasons. The *Know Your Odds* campaign had been running only a few months when the SEIS surveys were done. Also, any change to the 2012 problem gambling prevalence rate, and gambling participation rate, are linked to the complex set of factors which influence gambling - and were forces at work in the years before the survey. Departmental campaigns, industry promotion, the media effect of the PC Report 2010 and local politician Andrew Wilkie's agreement with the Prime Minister, regulatory changes and a maturing attitude to gaming machines are some of the forces at work. More importantly, problem gambling usually takes years to manifest, and being an addiction, does not readily respond to prevention messages (hence the need for intervention campaigns).





### Gambling to Escape

GSP is also mindful that there are all too often elements of escape in the motivations of gaming machine problem gamblers. Two recent papers highlight this:

*Only the lonely: An analysis of women's experiences of poker machine gambling*, by Louise Holdsworth, Elaine Nuske and Helen Breen *Journal of the National Association for Gambling Studies* Vol 23(2): pp17-37 2011. "For the group of gamblers who have received gambling help, the primary motivation to gamble was to fill some emptiness in their lives, whereas recreational gamblers principally gambled for enjoyment."

*Electronic Gaming Machine Gambling: Measuring Motivation* Anna C. Thomas, Felicity C. Allen and James Phillips *Journal of Gambling Studies*. 2009 Sep;25(3):343-55. The researchers suggest that people go to EGM venues to escape, because they are accessible and for the social environment. People who gambled on EGMs to escape and for its accessibility tended to gamble more frequently and experience more gambling problems than those who do not gamble for these reasons.

While the three advertisements do not attempt to directly address this issue, it has been in the background of all of them. This is partly the reason the advertisements keep a light and humorous edge. Our positioning is that many people like to gamble and for all sorts of reasons, which is fine. But players should know how it all works – it's in their interests.

## Expenditure

STAGE 1 (three TVCs development and placement, radio, online ads, brochures distributed to at risk communities, posters, blog and Facebook site) April – December 2011.

Development <i>House Edge, Online Gambling and Losses</i>	\$117 000
Placement	\$257 000
Evaluation (part of Social and Economic Impact Study 2012)	N/A
<b>TOTAL</b>	<b>\$374 000</b>

STAGE 2 (fourth TVC development, radio, online and mobile ads, blog and Facebook site). Budget 2012 calendar year.

Development	\$62 000
Placement, including <i>House Edge</i> and <i>People Believe...</i> TVCs in rotation	\$120 000
Evaluation	\$5 000
<b>TOTAL</b>	<b>\$187 000</b>

The online gambling TVC will not be run in 2012, being replaced by a Victorian sourced online gambling TVC as part of an intervention campaign.

## Conclusion

The first two TVCs were very effective in communicating the difficult notion of probability and the house edge and for providing a warning about online gambling. With the *House Edge* and *People Believe...* TVCs continuing through 2012 we expect all three will make a strong contribution in problem gambling prevention. Development costs were very acceptable considering the quality and innovation of the productions.

The campaign cannot be expected to address the 'in the zone' behaviour of those already in an addicted phase with gaming machine gambling. The Department's Gamblers Help Services data shows that for the majority of clients, gambling had been causing problems from two to ten years or more before they sought help. For regular gamblers, problems take a long time to be realised and perhaps longer again till the gamblers takes action by seeing a counsellor, if they ever do - only 10-15 per cent ever see a professional for help. Intervention as opposed to prevention messages are much more appropriate for heavy gamblers.

In Tasmania, the prevention campaign had excellent reach and recall, but so equally did industry advertising according to the SEIS.

"There was a high level of reach and recall of industry advertisements, with group interview participants able to describe in detail advertisements relating to a large range of products, including sports betting, Keno, horseracing, online gaming and lotteries. Many of the advertisements, particularly those relating to the Tote and to the sports betting companies, were seen to be exposing the audience to information about new gambling products of which they were previously unaware." (Vol 3 p60).

The objective of a prevention campaign is not to stop problem gambling in its tracks, it is something more limited: *to provide the information component of consumer protection and a countervailing message to industry promotion of gambling.*

To address problem gambling, higher level strategies are needed and these would combine community education with regulatory harm minimisation.

The states came together to provide a national service and resource with the [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au) online counselling and self-help site. There continues to be an interest in providing national approaches to common issues. Online counselling is one, gambling prevention may be another.

The Commonwealth's involvement, we believe, would be welcome.

Even without that, Tasmania is keen to return the favours done by other jurisdictions in sharing proven material to address problem gambling.

### Appendix 3: Script for *People believe...TVC*

Script of fourth advertisement *People believe...* currently in production

Audio	Vision
<p>Jack:</p> <p>“People believe all sorts of things of how to win at gambling....”</p>	<p>Open on a mid shot of Jack, graphics of different gambling types appear next to him. Pokies, online casinos, roulette etc...</p>
<p>Regular Player 1:</p> <p>“Just think Positive...”</p>	<p>C/U: Player 1</p> <p>Graphic:</p> <p>A thought bubble appears next to Player 1 with “winners are grinners” inside...</p>
<p>Regular Player 2:</p> <p>“The machines run hot and cold. You’ve gotta move around.”</p>	<p>Wide Shot: Player 2</p> <p>Graphic:</p> <p>Player 2 stands between an Iced over blue machine and red hot machine (steam coming out).</p>
<p>Regular Player 3:</p> <p>“I get a feeling... I look for the signs.”</p>	<p>Mid Shot: Player 3</p> <p>Graphic:</p> <p>3 green traffic lights turn into 3 signs saying free credits.</p>

<p>Regular Player 4:</p> <p>“I deserve a big win...”</p>	<p>Wide shot: Player 4</p> <p>Graphic:</p> <p>3 or 4 rows of people icons appear around Player 4, like they are getting a school photo, from above a hand of god icon (ala Monty Python) descends from above to point at player 1...</p>
<p>Regular Player 5:</p> <p>“Gamblers aren’t quitters...”</p>	<p>C/U: Player 5</p> <p>Graphic:</p> <p>In the back ground a mountain climber is only just hanging on by finger nails to a ledge...</p>
<p>Regular Player 6:</p> <p>“I’ve got a system...”</p>	<p>Mid Shot: Player 6</p> <p>Graphic:</p> <p>A whiteboard of ‘slightly flawed and wobbly’ mathematical equations appear on the screen next to Player 6...</p>
<p>Jack:</p> <p>“And regular players may believe they’re nearly winning, even when they’re really losing....</p> <p>Random number generators control poker machines, keno and online casinos.</p>	<p>Wide of Jack, in background are our regular players standing in a group.</p> <p>Graphic:</p> <p>Fanciful RNG inside a pokie and online casino...</p>

<p>Their job is to make sure that over time the house wins and you lose.</p> <p>So whatever you might believe,</p>	<p>Jack walks behind the House Edge chart graphic pointing towards the loss line as he reaches the other side.</p> <p>Close Up of Jack</p>
<p>The longer you play, the more you lose.</p> <p>Join me in the discussion at know your odds dot net dot au.”</p>	<p>Text graphic:</p> <p>The Longer You Play The More You Lose.</p> <p>knowyouodds.net.au</p> <p>facebook.com/knowyouodds</p>
	<p>Cut to solo Government Logo on white screen (2 seconds)</p>
<p>Female V/O:</p> <p>Written and authorised by the Tasmanian Government, Hobart.</p>	<p>Graphic:</p> <p>Written and authorised by the Tasmanian Government, Hobart. Spoken by J Blogs, C Resident, C Brown, T White, H Black, M Left, L Right</p>