

Australian Churches Gambling Taskforce

SUBMISSION

Joint Select Committee on Gambling Reform

Inquiry into the prevention and treatment of problem gambling

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SECTION 1

INTRODUCTION

About the Australian Churches Gambling Taskforce

The Australian Churches Gambling Taskforce (the Taskforce) brings together leaders of the major Christian churches in Australia and the heads of their social services arms nationally. Established in 2011, the Taskforce is united by a commitment to reduce the harms caused by poker machine gambling. Australian churches have a long, proud history of social services provision. Our members are ongoing contributors to the debate on gambling reform, notably through the Productivity Commission reports of 1999 and 2010. This is well trodden ground for us all.

Objectives

The Australian Churches Gambling Taskforce supports:

- the adoption of a national mandatory pre commitment scheme that requires gamblers in all electronic gaming venues to set spending limits on high impact (high loss) poker machines
- \$1 maximum bets on all machines which limit losses to \$120 an hour
- reduced access to cash in gambling venues as a measure to reduce the opportunity for unplanned expenditure on gambling
- restrictions on online gambling, including wagering and gaming
- improving other consumer protection measures as agreed by the Taskforce

People who provide counselling for problem gamblers rightly focus on the individuals they are working with. The priority is to help individuals and families turn their lives around. There are very few voices focusing on the broader public policy issues such as consumer protection. Poker machine gambling is a risk for around a third of regular users. Prevention is the focus of good public policy with measures in place to help people who fall through the safety net.

Membership of the Australian Churches Gambling Taskforce

Chair: Rev Tim Costello, Baptist Union of Australia and CEO of World Vision.

Members: Anglican Church of Australia, Anglicare Australia, Australian Christian Churches, Australian Christian Lobby, Baptist Union of Australia, Baptist Care Australia, the Catholic Church in Australia, Catholic Social Services Australia, Churches of Christ, Lutheran Church, Lutheran Community Care, Presbyterian Church, St Vincent de Paul Society, The Salvation Army, the Uniting Church in Australia, UnitingCare Australia, National Council of Churches in Australia, South Australian Heads of Christian Churches Gambling Taskforce, Tasmanian InterChurch Gambling Taskforce, Victoria InterChurch Gambling Taskforce, NSW Churches Gambling Taskforce.

The work of the taskforce is also supported by a number of advisers and academics.

PRODUCTIVITY COMMISSION REPORT ON GAMBLING 2010

The Productivity Commission is the Australian Government's independent research and advisory body. Its role is to help governments make better policies in the long-term interest of the Australian community. The Productivity Commission's Report on Gambling was released in June 2010 following a public inquiry. It is the Taskforce's primary source of information about the gambling industry and activity in Australia today.

Facts about Poker Machine Gambling

- 600,000 Australians (4% of the adult population) play poker machines at least weekly (page 5.1)
- Around 95,000 people in this group of weekly players are ‘problem gamblers’ and a further 95,000 are at risk (page 5.1)
- There could be up to 160,000 Australian adults suffering significant problems from their gambling and up to a further 350,000 who are vulnerable (page 5.1)
- Problem gamblers account for around 40% of total poker machine spending (page 5.36)
- Weekly players spend on average around \$8,000 a year, a sizeable share of household incomes, and this is a primary source of harm (page 13)
- Poker machine players routinely underestimate their spending (page 14)
- For each problem gambler, several others are affected – family members, friends, employers and colleagues (page 16)
- The social costs of problem gambling are serious and include suicide, depression, relationship breakdown, lower work productivity, job losses, bankruptcy and crime (page 16)
- The social cost of problem gambling is around \$4.7 billion a year (page 16 and page 6.36)

Facts about poker machines

- Players can lose up to \$1,200 an hour on high intensity machines (page 25)
- Poker machines account for around 75–80% of ‘problem gamblers’ (page 13)
- In some venues it is possible to feed \$10,000 into machines at a time (page 11.31)
- Random and intermittent payouts and the rapid repetition of games encourage sustained gambling (page 14)
- There are almost 200,000 poker machines in Australia – around half in NSW (page 6)
- Average revenue per machine is around \$60,000 a year and average revenue per venue around \$2.1 million a year (page 6)¹

POSITION OF THE AUSTRALIAN CHURCHES GAMBLING TASKFORCE

The Taskforce confirms that it remains deeply concerned about the consumer risk from poker machines and the associated harm caused for individual gamblers and their families and communities. Taskforce members recognise that poker machines are a dangerous product and that the Commonwealth government has a role in ensuring that their harm is reduced for all consumers.

We support mandatory pre-commitment for all gambling in Australia, starting with Electronic Gaming Machines, (EGMs) which are currently the form of gambling responsible for the most harm. We also support the introduction of \$1 maximum bets in line with Productivity Commission recommendations.

We acknowledge that gambling reform must focus on preventive as well as treatment options. We believe that as part of a raft of measures, mandatory pre commitment and \$1 maximum bets will help those people addicted to poker machines who are ready to help themselves, and prevent significant numbers of individuals from developing a problem in the first place. For those who fall through public policy safety nets, a range of services, including counselling, are essential.

¹ Facts from the Productivity Commission 2010, *Gambling*, Report no. 50, Canberra.

SECTION 2

RECOMMENDATIONS

1. The Commonwealth continue to move towards a system where gamblers will be able to set themselves enforceable limits on EGM gambling.
2. Introduce a \$1 bet limit per button push on EGMS.
3. Prohibit the promotion of live odds during the broadcast of sporting events.
4. Ban all gambling advertising on television and radio before 9:30 pm.
5. Ban linked jackpots on EGMS as they encourage risky and problem gambling behaviour.
6. Legislate “duty of care” obligations for EGM venues that cover taking reasonable steps to prevent problem gambling, including intervention when a person is displaying clear signs of a gambling problem. This is already the case in Switzerland.
7. Implement recommendation 9.1 of the Productivity Commission regarding problem gambling education – that is: Given the risk of adverse outcomes, governments should not extend or renew school-based gambling education programs without first assessing the impacts of existing programs.
8. Involve problem gambling counsellors in interviews with individuals seeking self-exclusion. Further, funding for counselling and treatment services should allow for counsellors/community educators to take a proactive role in venues in conjunction with venue management, including being involved in interviews with gamblers seeking self-exclusion, as this could facilitate earlier help seeking.
9. The Australian government formally adopt a public health framework for dealing with gambling harm, recognising the importance of primary and secondary prevention and early intervention measures as well as treatment for addiction.
10. Commonwealth funds are allocated to a recurring, national gambling harm awareness campaign, to direct people concerned about gambling harm to help services.
11. The Commonwealth creates a national fund to target priority communities with higher prevalence and risks associated with gambling, to deliver prevention and treatment services. The focus to be augment existing public health and community support programs, that are not necessarily gambling focussed. Indigenous communities, new arrivals and rural / remote locations are some examples.
12. Establish a national level fund, akin to some existing state programs, from which local communities can seek seed funding to develop alternative, affordable recreational activities to gambling. (At least 60% for non metro locations).
13. Develop national prevention and treatment effectiveness measures.
14. Establish a national gambling data base for research and community access that provides up to date information about gambling activity, responses and program effectiveness, as well as flagging high or emerging risk areas for problem gambling, to better target prevention and treatment measures.
15. Establish a joint gambling research and data collection service (refer 5 and 6 above) with New Zealand (the Problem Gambling Foundation of NZ would be a good partner/co-host).
16. Australia should initiate international collaboration to develop multilateral regulation / protocols regarding on-line and interactive gambling. Both the Commonwealth, through CHoGM and the G20, as well as the World Health Organisation provide potential for shared research, leading to policy and regulation opportunities multilaterally.

APPROACH

The Australian Churches Gambling Taskforce (the Taskforce) is convinced that an overarching philosophy and approach is necessary for sound public policy. We strongly endorse an approach summarised by a public health approach, represented below. This is the approach to public health developed by Korn and Schaffer and widely used as a basis for applying a public health approach to gambling services.

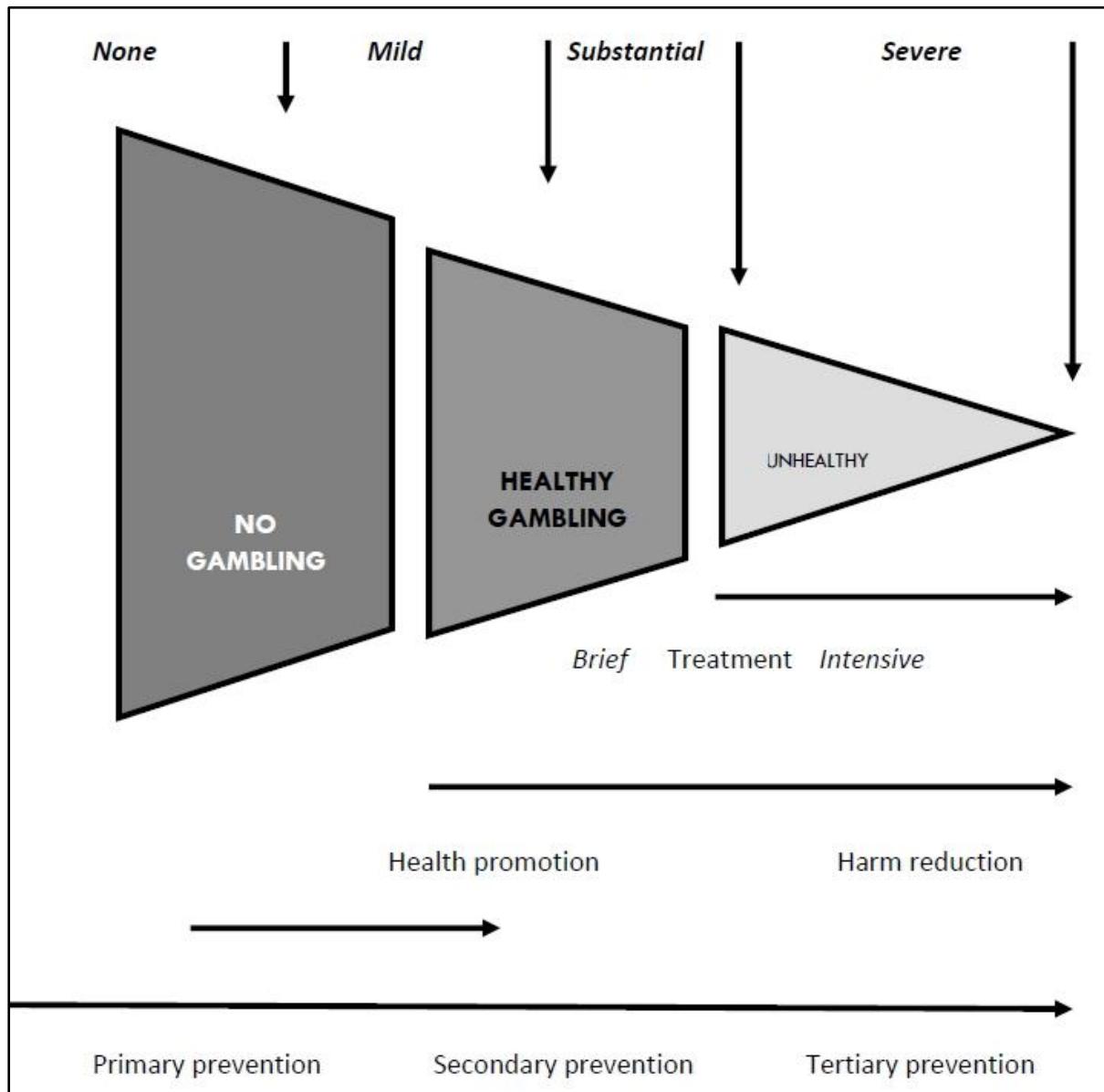


Figure 1: The Korn and Shaffer 'Public Health Framework for Gambling' 1999

Note that the model requires primary prevention, secondary prevention and tertiary prevention as core and integrated elements in reducing harm. We observe that in the gambling field, there is currently a tendency to concentrate specifically at the intensive treatment end of the harm spectrum. Scant attention is paid to consumer protection and prevention strategies that are part of primary prevention. Little attention is given to the health promotion and brief treatment interventions that are associated with secondary prevention. Understanding gambling as a dangerous product, at least for some, that requires a 'consumer protection' focus is an integral part of applying a public health framework to gambling harm.

The public health approach also takes a system-wide approach to dealing with a public health issue, in this instance, gambling harm.

The Taskforce notes that the New Zealand government has taken a public health approach to understanding and responding to the range of risks associated with all forms of gambling activity.

The Taskforce believes that a public health approach needs to be applied to all gambling forms, increasingly to online interactive gambling as well as electronic gaming machines, traditional wagering, sports betting and lotteries. However, Electronic Gaming Machines (EGMs), or pokies, remain the key form of gambling that cause harm. Therefore, the greatest regulatory effort by governments should be directed at reducing harm from EGMs. The Productivity Commission found that EGMs account for around 75 – 80% of people with gambling problems.² They found that the problem gambling prevalence rate for all EGM gamblers was three times higher than the general adult prevalence rate.³ They stated that problem gambling rates among regular EGM gamblers lay between 7 and 31 per cent with an average of over 15 per cent. Of approximately 600,000 regular EGM gamblers, 95,000 have a gambling problem and a further 95,000 engage in risky gambling behaviour.⁴

Taking into account the drop in the number of gamblers using EGMs, while losses have grown over 4.5 fold in the last decade, there is legitimate concern that the EGM industry is growingly dependent on problem gambling and risky gambling to sustain their current levels of revenue. The Productivity Commission noted that people with gambling problems lost an average of \$21,000 a year and accounted for around 40 per cent of total EGM losses.⁵

The following provides responses to the terms of reference specified by the inquiry

(A) Measures to prevent problem gambling, including:

(i) use and display of responsible gambling messages;

Responsible gambling messages are an aspect of prevention, as understood within a public health framework, however they should never be regarded as a response to gambling harm that will be effective if applied in isolation to other strategies.

We believe that the emerging evidence is that gaming venues in particular, have been the focus of extensive signage requirements, by legislators and regulators, but that the effectiveness of signage is inversely proportional to the volume of signage. Venues, whether terrestrial or online should be required to display prominent problem gambling messages, a small number of messages and in prominent locations, pertinent to the gambling form. Fewer messages, better focused and well located is the basis of appropriate use of messaging.

(ii) use, access and effectiveness of other information on risky or problem gambling, including campaigns;

Well-developed and targeted public gambling campaigns are an essential element of a public health approach, and are effective at both encouraging people with risky behaviours to seek support and assistance and also to encourage concerned relatives and friends to also take appropriate action. The Taskforce observes that Victorian problem gambling campaigns, over recent years have been

² Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 13.

³ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 5.29.

⁴ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 5.25.

⁵ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, pp. 5.33, 5.36.

effective in providing clear and simple messages to the gambling public from a range of media. Other jurisdictions have generally been less inclined to budget adequately for public campaigns.

The Taskforce acknowledges there is a downward trend in problem gambling prevalence in Australia. However, this should not be overstated, as State and Territory Governments have varied the way they measure problem gambling prevalence.

Further, it is difficult to determine the exact reason for this drop in problem gambling prevalence. However, the Taskforce notes, given the significant role EGMs play in problem gambling prevalence, the drop in participation in EGM gambling is likely to be a significant factor in the drop in problem gambling prevalence. Some of this drop in participation may be due to State and Territory problem gambling programs, but it is also likely this is a feature of a maturing gambling product market.

(iii) ease of access to assistance for problem gambling;

Access to assistance for problem gambling at the treatment end of the gambling risk spectrum, is highly variable. The Productivity Commission estimated between 8% and 17% of people with gambling problems seek help from counselling services.⁶ Services in regional and rural locations tend to be under-provided as do services to high-risk communities, including remote indigenous, some Asian communities, people with mental health needs, young males etc.

The Taskforce continues to be particularly concerned about the well-being of indigenous people; in this instance we are apprehensive about the lack of services for indigenous people with gambling issues. The current specialist indigenous services do well for the resources available, but cannot reasonably service the needs of indigenous people across remote locations.

Services for other cultural groups, including Asian communities, are also of continuing importance.

The Taskforce also notes other High Need Groups, including:

- people who are in prison where gambling is widespread but rehabilitation services are limited
- people with mental health needs, arguably the area of greatest need for gambling rehabilitation services as well as other public health and support services
- people who are homeless or at risk of homelessness
- the availability of counselling outside normal office hours. Out of hours services need to be provided in high need areas and must be provided in a manner that is safe for both worker and client.

Noting the importance of families and friends in helping people with gambling problems, community education programs need to further promoted to target these people for information and support.

⁶ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.3.

(B) Measures which can encourage risky gambling behaviour, including:

(i) marketing strategies,

A greater pro-active effort is needed to deter off-shore internet gaming and casino providers from actively marketing to Australian customers. For example, the “Australian Marketing Team” of an internet gaming and casino provider has sent letters to Australian citizens at their home addresses offering up to \$3,500 in free credits to induce Australians to gamble at their sites. The Australian Marketing Team has even been able to register a 1800 number in Australia that allows Australians to get in touch with a call centre in South Africa to facilitate getting Australians to gamble on their sites. A CD ROM was provided with the letter, which allows access to the on-line casino and gambling sites. The person who reported this marketing activity was not aware they had consented to this direct marketing by online gambling providers. The Taskforce believes that at the very least the IGA should be amended to allow the Australian phone numbers of internet gaming and casino providers to be disconnected and to require telecommunication providers to do so.

A complaint about the site was made to the ACMA and about the marketing activities of the provider to the Cyber-safety and Trade Branch, Department of Broadband, Communications, and the Digital Economy. In its investigation, the ACMA concluded that although the website provides links to other sites that offer internet gambling services, the access to games were not provided directly by the site itself. The ACMA stated that it was not possible to deposit money on the website and therefore the website is not a gambling service as defined under section 4 of the IGA, and as such it is not prohibited internet gambling service as defined under section 6 of the IGA. Further, as this website is not a prohibited internet gambling service, the unsolicited letter does not constitute a prohibited internet gambling service advertisement under Part 7A of the IGA.⁷

This conclusion would appear to point to the current inadequacy of the IGA. Based on the above case, if you wish to be able to market an online casino under the IGA all you need to do is set up a website to which the online casino is linked. Thus you can legally market the website with the link to the online casino and get your potential customers to then click through to the online casino site.

The Taskforce has been concerned for some time about the growth in advertising related to betting on sport. Watching sport is a popular Australian pastime and we acknowledge that people will occasionally want to have a bet on a game. However the ubiquitous advertising has seen a push for betting on sport to become ‘the norm’ rather than an ‘occasional’ activity. The sport of horse racing has obviously always been synonymous with betting, but there is no doubt that popular sports such as AFL, rugby, tennis and cricket have been “hijacked” by betting agencies.

The Taskforce strongly supports prohibiting the promotion of live odds during the broadcast of sporting events.

Of particular concern for the Taskforce is:

- Odds being flashed up on scoreboards at games
- Odds being quoted and promoted by commentators during and after games on television and radio.
- Odds being telecast on Friday news bulletins
- Odds being promoted to help with ‘tipping’ on online sport tipping sites and sporting variety programs.
- AFL clubs promoting their “own brand” betting agencies.

⁷ E-mail from Seaton Cairns, Online Content and Research Section, Cyber-Safety and Trade Branch, Department of Broadband, Communications and the Digital Economy, 31 March 2010.

The Taskforce would also urge greater limits over advertising for gambling during sporting events. Some of the latest advertising campaigns are explicitly promoting the notion that ordinary (non-betting) fans are not really involved in the game if they are not putting their money on the line. This sort of encouragement sends a terrible message to young impressionable adolescents questioning their commitment to a team.

All gambling advertising should be banned before 9:30 p.m.

Since regulation and consumer protection measures, as applied to EGM gambling, have overwhelmingly lagged the growth of the industry, there is a significant number of established practices that seek to encourage gamblers to keep gambling, that have become generally set as entrenched practice for the industry.

Such methods include

- the provision of ‘free’ tea coffee and refreshments in or near gaming rooms
- in-venue jackpots /free draws
- personalised greetings
- the provision of birthday cakes and other similar offerings for ‘special’ events for the customer
- having staff congratulate gamblers who ‘have a win’
- having staff talk up a particular gamblers ‘luck’ or other venue personalised messaging to create a false sense of a particular individuals innate propensity to ‘win’ as long as they keep on gambling.
- low cost meals and beverages in venues with high gambling turnover
- promotion that dramatically overstates the benefits to the community that come from venues with active gambling provision - this particularly applies to parts of the Club's industry
- close political affiliations and donations to political parties, that are utilised to promote pro gambling messaging from the political processes.
- Sports betting companies in particular, are using advertising in association with sporting activity to promote gambling, particularly to young males, so that gambling and sport income are integrated in the minds of spectators of elite sports

National codes are needed to limit gambling advertising and promotion, or ban advertising altogether.

(ii) use of inducements/incentives to gamble;

The Taskforce is also concerned about EGM loyalty programs. The Taskforce notes the usual commercial purpose of loyalty programs is to get customers to spend more, as well as trying to keep their spending with one provider. Thus any loyalty program that rewards increased EGM expenditure is a risk to increasing problem gambling. We note that in some states, community group activism has been needed to de-couple gambling loyalty program links with acquiring household staples - an insidious strategy that the gambling industry was willing to try to get away with.

We believe loyalty programs with pre-commitment sends two competing messages, i.e. “keep gambling” and “stick to your budget”. This sort of mixed message means that gamblers who are gambling are much less likely to ‘hear’ the message of keeping to limits.

The Taskforce believes there is a need to address the marketing activities of online wagering providers, which are currently subject to limited regulation by the *Interactive Gambling Act 2001*. At a minimum, online wagering providers should be prohibited from offering free money in accounts to induce people

to start gambling with the provider and offering payment to people for signing up others to gamble with the provider (both marketing techniques being used by providers such as Betstar).

Linked jackpots are also an insidious inducement to keep gamblers gambling well beyond their means, on the false belief that a jackpot is imminent and that they are well placed to ‘win.’ Nationally regulated codes of practice and industry standards are needed to codify limits to gambling inducements.

(C) Early intervention strategies and training of staff;

Early intervention and prevention strategies are crucial in applying a public health approach to harm reduction. National advertising campaigns to direct people to help services, need to be repeated on a regular cycle. There is well established evidence of higher call volumes to help lines as a direct result of TV and radio promotion campaigns, where state governments have delivered awareness campaigns in the past.

While there is value in training of venue staff to be able to identify clear signs that a patron is engaging in problematic gambling and that they are skilled to deal with such patrons, such skills will count for little if venue owners and managers do not authorise such assistance being given. Research with venue staff has shown that in some venues staff is unwilling to intervene with a patron displaying problem gambling behaviour out of fear of disciplinary action by the venue owner for causing a loss in revenue for the venue.⁸ The Taskforce therefore believes there should be a legislated “duty of care” for EGM venues to take reasonable steps to prevent problem gambling, including intervention when a person is displaying clear signs of a gambling problem. This is already the case in Switzerland.⁹

(D) Methods currently used to treat problem gamblers and the level of knowledge and use of them, including:

(i) counselling, including issues for counsellors,

We note the following conclusion from the SA IGA 2005 Inquiry into service effectiveness:

3. CONCLUSIONS

3.1 Effectiveness generally

The Parliament has asked that the Authority inquire into and report upon the effectiveness of each rehabilitation agency whether fully or partly funded, bearing in mind the provisions of section 91 of the Gaming Machines Act.

The submissions which have been received in writing from the Break Even Network Agencies and the other agencies which seek to provide gambling rehabilitation support and assistance and the submissions made to us at the hearing reveal that much important work is done by these agencies in seeking to provide relief to those affected by problem gambling.

There is no doubt that numbers of problem gamblers are provided with assistance and it can reasonably be assumed that some do resolve their problems as a result of the assistance which is provided.

The submissions made to us evidence that each of the service providers satisfied us that they take their work seriously and that they are committed to achieving real and measurable

⁸Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, pp. 12.4 – 12.5.

⁹ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 12.38

success in their programs. It was also clear that in each agency there are skills, experience and understanding of a high order.

Understandably there are some strongly held views as to the most appropriate and effective way of providing these services and who will benefit from what. For example there is a small number of agencies taking the view that total abstinence and rigorous monitoring are ultimately the only really effective means of banishing addiction from the sufferer's life, while others suggest that education aimed at building insight and immunity together with mutual support will be better.

There is a range of views and emphases. Most seem to accept that different approaches will suit different dispositions and different types of problem.

At that level it may be concluded that each of the agencies is effective.

We conclude from these comments that most reasonably based approaches to gambling help provided by people of goodwill and with a commitment to developing rapport with the people with problem gambling behaviours are successful. We suggest that in Australia there has been an over-emphasis on pathologising gambling harm.

The South Australian IGA also said "The Authority suggests that as a matter of high priority the Department should seek to establish, in consultation with the funded service providers and ideally with their clients, some consistent outcome measures by which the effectiveness of interventions can be measured."

We draw from this comment the value in seeking to develop consistent outcome measures that can be utilised nationally, recognising that close collaboration will be needed with help service providers

The SA 2005 Inquiry also commented on resourcing for gambling help services:

"However, almost all of the agencies accepted that insufficient funding and staff, difficulties in collecting or accessing data about outcomes, lack of a uniformly accepted training protocol and standards, limited availability of some specialist services, and the absence of enforceable early intervention processes had tended to hamper them in getting to more than a minority of the target population and being able to verify the effectiveness of their endeavours for individual cases."

Evidence reviewed more recently by the Productivity Commission found people usually only seek help once they are in crisis.¹⁰ The Taskforce believes greater emphasis should be directed to measures preventing gamblers from reaching crisis point in the first place.

The Taskforce is deeply concerned that the preference for treatment and counselling is a preferred option of industry bodies like Clubs Australia.¹¹ In the Taskforce's opinion this is a self-serving position. People seeking treatment and counselling are more likely to have already lost large amounts of money to the poker machine industry. Once they are in crisis their behaviour in venues, expressing distress, anger or crying, is likely to be disturbing to other patrons. Thus it is in the interest of venues to see these people directed to counselling services where they will not put off other patrons in the venue.

¹⁰ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.4.

¹¹ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.7.

(ii) education,

Community education programs are a very important component of programs intended to reduce gambling harm. However, Community education can never be a substitute for industry and regulator action to make gambling products safe. We suggest that a public health approach be applied to teaching these education and information strategies. Strategies need to be developed independently of the gambling industry to ensure that proactive, and not just reactive, approaches are taken.

Community education approaches need to include the provision of information to community and professional groups who are likely to see people with problem gambling and may be limited in their capacity to recognise such problems. Information should also be provided to those who may not know where to refer people who request assistance. The following professional groups and networks would all be appropriate targets for specific information about identifying possible gambling harm:

- mental health services
- community and neighbourhood houses
- accountants
- lawyers
- banks and other financial institutions
- general practitioners

Promotional and advertising campaigns could move beyond simply highlighting problem gambling behaviours to pointing to sources of help, including self-help guides.

The Productivity Commission noted brochures and notices at gambling venues were nominated by people seeking help for gambling as an important referral source. For example, almost a third of people calling G-line in NSW in 2007-2008 nominated gambling venue notices as the main referral source.¹² Of gamblers in counselling surveyed by the Commission, 12% said in-venue warnings changed their behaviour.¹³

The Taskforce notes the Productivity Commission did conclude there is some evidence that campaigns to raise awareness of problem gambling issues and help services lead to increases in the number of calls to gambling help lines and in the number of clients accessing counselling services.¹⁴ It also reviewed research showing gamblers did use self-help methods to recover from milder gambling problems.¹⁵ The Commission concluded the relatively low cost interventions have the capacity to increase self-recovery.¹⁶

The Taskforce notes recommendation 8.1 of the Productivity Commission that governments should draw on the Victorian and Queensland models for gambling warnings:

- Making them conspicuous on machines and in other areas of venues;
- Using imagery that has been demonstrated to be effective;
- Highlighting the behaviours that are indicative of problem gambling and the benefits of altering these;
- Including contact details for help services.

¹² Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 8.7.

¹³ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 8.8.

¹⁴ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.13.

¹⁵ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, pp. 7.24 – 7.25.

¹⁶ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.27.

New warnings should be market-tested for effectiveness prior to their introduction, and their impacts assessed, including by monitoring help-line services before and after implementation. They should be periodically changed to maintain their effect.¹⁷

(iii) self-exclusion;

There is no doubt that well-constructed and run self-exclusion programs have a role to play in minimising problem gambling and its impacts upon the problem gambler, his or her family, employers and the broader community. The experience in Victoria is that the self-exclusion programs run in conjunction with hotels and clubs has a positive impact and are expanding. These programs, however, should not be over emphasised when considering a suite of services and measures to reduce problem gambling. They are used by a minority of gamblers with gambling problems with the Productivity Commission estimating that between 9% and 17% of people with gambling problems use them.¹⁸

The Productivity Commission assessment found the majority of people who self-exclude benefit from the self-exclusion arrangement. However, a substantial minority of self-excluded gamblers breach their agreements and continue to gamble.¹⁹ Further, it is unclear for those who report positive benefits that the self-exclusion program itself is causal of benefits or if the willingness to enter a self-exclusion program is indicative the person is already self-motivated to address their gambling problem.²⁰

The Productivity Commission formed the view there would be value in involving problem gambling counsellors in interviews with individuals seeking self-exclusion.²¹ Further, funding for counselling and treatment services should allow for counsellors/community educators to take a proactive role in venues in conjunction with venue management, including being involved in interviews with gamblers seeking self-exclusion, as this could facilitate earlier help seeking. Counsellors could also provide brief interventions and self-help material to people in venues who do not want to engage in formal help services.²²

There is also merit in carefully constructed third party intervention programs to enable concerned family members to initiate some attempts to help a gambler who is not yet prepared to accept responsibility for the impacts of their behaviour on people close to them, including children. The South Australian scheme is an example of a useful 3rd party program.

(E) Data collection and evaluation issues;

There is a large amount of helpful data collected in Australia that is not available to inform public policy development, because it is controlled by the gambling industry through loyalty schemes and industry controlled monitoring systems. This data needs to be held by regulators and made available, in de-identified form, to policy makers and researchers.

Gambling providers know who spends how much, on which machines and when, data that is used to effectively target individual gamblers to extend their gambling. This sort of information, even in basic form is not available outside of the industry, an unsatisfactory situation.

¹⁷ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 8.16.

¹⁸ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. E.4.

¹⁹ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. E.6.

²⁰ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. E.6.

²¹ Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.21

²² Productivity Commission 2010, *Gambling*, Report no. 50, Canberra, p. 7.22.

(F) Gambling policy research and evaluation.

The Taskforce strongly supports adequate funding for research into gambling and related issues and believes a national appropriate to be preferable to a state based approach. We highlight the recommendations made by the Productive Commission regarding structures for funding and managing gambling research. We also note the Productive Commissions view that it be worthwhile to liaise with New Zealand with view to a shared Australian and New Zealand gambling research fund. We would strongly support this collaboration having considerable respect for the work of the New Zealand Government, researchers and help service in dealing with gambling. The gambling research work of New Zealand is well establish and of a high calibre and would benefit we believe from collaboration with Australia. We also note that there is potential for shared research with partners beyond Australia and New Zealand an option that we believe is worth exploring for example Uniting Care employee was invited by the Korean Government to speak to an international gambling conference in that country in 2010 and Uniting Care is aware that there is considerable interest in gambling research in Korea and we are also aware of some growing interest gambling research particular around consumer protect measures in a growing number South Pacific nations.

Linking Australian and New Zealand gambling researchers strongly recommended. Then the option of further international collaborate is also worth exploring, particularly in relation to multilateral regulation / protocols regarding on-line and interactive gambling. Both the Commonwealth, through CHoGM and the G20, as well as the World Health Organisation provide potential for shared research, leading to policy and regulation opportunities multilaterally.