

Submission to the Joint Select Committee on Gambling Reform

Inquiry into the prevention and
treatment of problem gambling

About UnitingCare Community

UnitingCare Community (UCC) is an agency of UnitingCare Queensland, the health and community service arm of the Uniting Church in Queensland. Our mission is to improve the health and wellbeing of individuals, families and communities as we reach out to people in need, speak out for fairness and justice, and care with compassion, innovation and wisdom.

UnitingCare Community employs 2504 staff and 5600 volunteers, who assist over 371,000 Queenslanders annually through services including telephone and face-to-face counselling, disability lifestyle support, out of home care, childcare and financial counselling. Around 44% of our revenue is derived from our own fundraising and business enterprises, including 130 retail shops, day care and recycling activities. The depth and breadth of our services around the state also means that our staff can draw on a wide pool of experience to respond flexibly and promptly to adverse community events.

UnitingCare Community has a long history of providing support to families in regional Queensland and is concerned about the impact of problem gambling. Through our work around the state, UCC understands the pressures that individuals face, including emotional and financial, and the strain on relationships that these pressures bring.

Gambling education and counselling are part of the services we offer in the Wide Bay Burnett, North Queensland and Toowoomba. The counsellors and educators provide individual and group counselling, venue information sessions and community awareness activities. We acknowledge that most adults are responsible gamblers, however we see first hand the impact that problem gambling has on individuals and families. This submission takes into account the experience of the gambling counsellors and educators.

UnitingCare Community counsellors and educators have seen an increase in problem gambling as a whole across the entire population.

The Gambling Counsellors are seeing an increase in gambling issues for:

1. Co-morbidity clients with other disorders.
2. Carers and disability clients, particularly around intellectual disability as a result of drug use.
3. Mining industry workers and their partners who have expressed that they enter the sector to address their financial issues but due to isolation, limited recreational access and excess money they develop a gambling problem
4. Incarcerated prisoners accruing gambling debt during their sentence.
5. Indigenous clients due to safe places being the clubs and pubs:
Local community card games, which have created gambling problems, also now take the winnings to the poker machines.
6. Clients presenting with trauma issues, such as trans-generational trauma.
7. Seniors due to isolation and grief and loss.

The Gambling Educator for the Wide Bay Burnett has been presenting in school for over five years and has seen gambling move up into one of the top three issues that schools are dealing with, in particular the school students using internet gambling. Sports betting has also increased exponentially due to the ease of access, which has recently been acknowledged by the biggest sporting body in Australia, the AFL commission.

Terms of Reference A

Measures to prevent problem gambling

UnitingCare Community supports the implementation of the pre-commitment recommendations made in the Productivity Commission's Report into Gambling provided adequate evidence is sought around its effectiveness. This evidence has been questionable to date and other harm minimisation measures must be considered also. We emphasise the importance of the trial being based on "mandatory" pre-commitment, not "voluntary" pre-commitment which we believe would be ineffective. UnitingCare Community also supports the implementation of a national mandatory pre-commitment policy.

Harm Minimisation

UnitingCare Community supports the harm minimisation strategies proposed in the Productivity Commission Report. In relation to the specific measures proposed, UCC supports:

1. Lowering the bet limits on poker machines to one dollar per button push. At the moment you can lose up to \$1200 per hour as opposed to \$120 per hour.
2. Implementing the pre-commitment system. This is a preventative strategy to decreases the risk of developing a gambling problem and this ensures supportive measures are in place from the beginning.
3. Regulated shutdowns for gaming rooms. This gives people a chance to disconnect and think about what they doing.

Removing ATMs from gaming areas. This reduces the temptation of accessing easy cash. A high percentage of gambling help clients reported getting all their money from the ATM at the venue. If the client needs to leave the venue it creates another break to allow the client to re-evaluate their situation.

In addition, UCC recommends:

1. Avoid stigmatising or shaming problem gamblers. The shame and guilt drives the secrecy to gamble and this then drives the gambling behaviour to continue.
2. Raising awareness of the effects of gambling on children and young people. With increasing online issues it is noticeable that young people are becoming more involved. Within the Wide Bay Burnett the team have worked with a teenage girl who, using her father credit card, lost a significant amount of money in one week. Children are being groomed by witnessing the actions of their parents who normalise gambling behaviour.
3. Raising awareness on how to control gambling. Early intervention for gambling educates people that gambling can be addictive.

i) Use and display of responsible gambling messages

This statement alone “responsible gambling” receives many comments from our clients. It makes no sense to someone who has a gambling problem. It can make them feel worthless and/or that they are not responsible.

Most of the clients cannot pinpoint when gambling stopped being entertainment and became harmful. There needs to be a simple question displayed to alert people that their gambling may progress from low to high risk and problem gambling, for example, “I am only going to play until I win it back”. There also needs to be visual displays of the consequences of problem gambling similar to tobacco packets. There is a need for a national advertising campaign outlining the risks of gambling and the myths of gambling, such as beating the system. These campaigns should be linked to other initiatives about responsible gambling and also that gambling help is available for family members.

ii) Use, access and effectiveness of other information on risky or problem gambling, including campaigns.

It is recommended that a national or state media campaign be developed to ensure a consistent message is being delivered to the community. Also, it is recommended that the Gambling Awareness Week for Queensland to be driven at a state level.

iii) Ease of access to assistance for problem gambling

There is a need to improve the access of face to face counselling for remote areas. Many of these communities are already vulnerable and disadvantaged. As many of these communities also have a high indigenous population the services provided need to be culturally sensitive to the stigma of shame and encourage individuals to seek assistance. UCC recommends using messages like “Play for fun, don’t come undone” and ‘Play safe, our way’. Many of our clients are playing on the hope they will recover their rent money or car registration. Resources specifically aimed at tackling Indigenous gambling have been developed by the Far North Queensland team and can be incorporated in culturally appropriate awareness and information sessions. An understanding of the gambling culture and its place in Indigenous societies is imperative to opening up services to these communities.

Term of Reference B

Measures which can encourage risky gambling behaviour

In relation to measures which can encourage risky gambling behaviour, UCC’s gambling counsellors and educators have identified the following:

i) Marketing Strategies

- Monitor and reduce the promotion of gambling advertising. For example, sports teams should not be sponsored by gambling businesses.
- Monitor and reduce the commentators mentioning the gambling odds during sporting events.
- Gambling advertising should warn of the consequences of gambling. This includes addressing the facts that gambling is addictive but is disguised as entertainment and fun. Also no more “everyone is a winner” advertisements, and Implementing “pop up’s” on the poker machines asking you personal questions that are thought provoking like “You have spent \$xx in the past hour of play, do you need a break?”
- Use real people and real stories, e.g.: the poker machine warrior.
- Online “pop ups” need to be controlled or removed.

ii) **Use of inducements/incentives to gamble**

In relation to inducements and incentives to encourage gambling behaviour, UCC’s gambling counsellors and educators recommend reviewing the following:

- Nil incentives to get started in betting, for example, free bets.
- Nil food or drink provisions and regulate prizes.
- Lower the winnings on poker machines.
- Mandatory breaks in play.
- Near misses sounds on the poker machines should stop as it gives false hope.
- Venue rooms need to have sunlight and clocks need to have numbers on them.
- No free childcare.
- Line of credits need to be enforced.
- Entrances to the poker machine venue are separate to the bar. They should be out of view and sound.
- The removal of ‘linked’ jackpots from gaming machines. Clients report these can be one of the biggest incentives to continue gambling after reaching their intended limits.

Terms of Reference C

Early intervention strategies and training of staff

Early intervention community awareness and school presentations have proven to be successful. For example, the Gambling Educator presented at a primary school in Murgon and was surprised that some of the students already knew some of the gambling statistics. Upon enquiry he discovered that the children’s older sibling attended the presentation the day before and their family had discussed the presentation the same night.

The Gambling Counsellor also complete venue visits to educate the staff on gambling. They have found that venue staff who have completed the online Responsible Service of Gambling (RSG) training are ineffective in the areas of

completing self exclusions and understanding how to assist a problem gambler. This process needs to be reviewed and monitored. Also they are not aware that they are at greater risk of developing a gambling problem than the rest of the population. As a result, some clients can play for up to eight hours and not be approached by venue staff. UCC staff report a reluctance by venue staff to approach clients about their gambling behaviour due to perceived privacy issues. Additional training is provided to staff, which has been developed by UCC counsellors, and addresses “looking and listening” to the harm that gambling is causing. This training is based on the information from the Responsible Gambling Industry Training Kit (page 36).

Term of Reference D

Methods currently used to treat problem gamblers and the level of knowledge and use of them

i) Counselling, including issues for counsellors

Getting clients to come to counselling has historically been difficult. One of the reasons for this is that people do not recognise that there is a problem. Referrals for gambling counselling from venues and GPs are even smaller. More training needs to be invested in venue staff and GPs to ask one question, “Do you or someone you know have a gambling problem?” The Two question screen (Lie/Bet) has been used to some effect by Far North Queensland GPs. Clients usually present for gambling help counselling when in crisis and the issue is not always financial crisis. It is usually for relationship breakdown. More information is needed for families to support and understand problem gambling. Unless the question is asked it will remain unseen. For example, UCC counsellors will work with clients on various issues over a period of time and it is not until a home visit is completed that they find out they have a hoarding problem.

UnitingCare Community recognises the need for gambling counselling to be standardised and research based as the counsellor is often working with multiple and complex issues. A clear analysis of what forms of treatment work for which groups of people, for how long, and for what cost would be beneficial to the gambling help services. While we support the specialisation of gambling counselling, we do not see a need for this to become the sole domain of clinical psychologists. Also by including gambling as standardised questions on the ABS and other government surveys we will be able to access reliable statistics.

ii) Education

UnitingCare Community is of the view that programs in schools which promote early intervention such as alcohol awareness and driver safety should be established into the curriculum. This ensures young people are informed and can make an educated choice about the use of their money. In the Wide Bay Burnett the UCC educator delivers gambling education to 36 schools (17 000 students each year). The schools acknowledge that this is a

relevant program that needs to continue. As per the productivity report, consideration should be given to the potential that problem gambling prevention programs may have an adverse impact, thus these programs should be subject to evaluation.

UnitingCare Community Far North Queensland and James Cook University attempted to evaluate the effectiveness of a school based prevention program in 2009. This proved difficult due to the limited uptake of schools agreeing to participate in the research and the consequently small sample size. Nevertheless, this preliminary study did indicate that problem gambling prevention programs in schools appear loosely structured. It is unclear to the extent that the gambling prevention resources are being used in schools, and what independent evaluation have taken place to assess for their effectiveness. Similarly, personal resilience is currently spoken about and promoted in Queensland schools although it is not clear to what extent this prevents young people from developing gambling problems.

iii) Self Exclusion

UnitingCare Community would like to see multiple exclusions and email exclusions made simpler for problem gamblers. They need to be reliable and efficient promoting collaborative partnerships between the venues and Gambling Help Services.

Terms of Reference E

Data Collection and Evaluation Issues

There is a growing worldwide movement to involve consumers in mental health and substance abuse care and to also improve the outcome or value of the rendered service. UnitingCare Community utilise the Client Directed Outcome Informed (CDOI) practice which proactively partners with consumers to improve the value of support they receive. This is the only system that by design includes clients in all aspects of outcome management. UCC utilises this practice for every gambling counselling client. However, there is insufficient data collected in other health and community services. Further action research should also be conducted specifically for Culturally And Linguistically Diverse (CALD) clients and a national study to measure the impact of gambling on children and families, specifically in the mining sector would be beneficial to the gambling help services.

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Gambling policy research and evaluation

As also recommended by the Productivity Commission, further research is needed around the actual levels of problem gambling which compares like measurements to get an accurate trend.

UCC recently conducted research into the gambling habits within the South Burnett region of Queensland as part of the Gambling Help program. The survey was designed to sample the population on demographics, gambling behaviour (including

preferred activities, access to gambling activities, frequency of gambling and access to gambling information), problem gambling severity index (an International Problem Gambling Index) and the impacts of gambling, both personally and beliefs about impacts of gambling at a community level.

Terms of Reference G

Other related matters

UnitingCare Community has a number of financial counsellors who work with problem gamblers. The issues which arise are the ready access to cash and credit. For people who gamble this contributes significantly to their financial stress. Regulations need to be introduced to reduce the access of these funds.

The “third place” is a concept explored by sociologist Ray Oldenburg (1999) and is defined as “the core setting of informal public life” which facilitates the possibility of interaction with the “full spectrum of local humanity”. For Oldenburg it is assumed that the first place is home and the second place is work. He characterises the third place as a “generic designation for a great variety of public places that host the regular, voluntary, informal and happily anticipated gatherings of individuals beyond the realms of home and work”. The “third place” venue becomes a substitute for the local electronic gaming machine venues. It has also been observed that women expressed a need for “time out” from their usual roles and responsibilities, had limited opportunity to access recreational outlets and, participation in electronic gaming machines playing gave them access to social interaction in a world where they had previously felt excluded. Interestingly, gaming venues were perceived by women to be “safe” and this was an incentive for them to seek this form of entertainment. This concept of the “third place” could be explored through community planning projects that develop inclusionary spaces.