

Joint Select Committee on Gambling Reform

Questions on Notice: Submission 43 (Australian Hotels Association)

Staff intervention

1. What is your response to the suggestion that the unwritten rule at some venues is that if staff are too proactive in intervening when they see instances of problem gambling, their jobs in the venue may be at risk?¹ Do you accept that there are inherent conflicts of interest in venue staff being responsible for intervening in cases of problem gambling? If not, why not?

The AHA does not agree with this suggestion.

2. What are the mandatory training requirements (both basic and advanced) for venue staff in relation to recognising and assisting problem gamblers? Could you please provide details including: duration of training (e.g. hours, days), how training is delivered, what topics are covered, how often staff must undertake refresher training and whether the training applies to all staff, including casual employees? Could you provide any written course materials to the committee?

Training requirements vary by jurisdiction. State & Territory Governments oversee this training and are best placed to provide this detail to the Committee.

3. Would you see value in having independent professionals being present to monitor or assist problem gamblers at venues? If not, why not?

All gamblers currently have access to immediate help via the free national gambling help line 1800 858 858 which is promoted in all venues. Hotels across Australia also offer self exclusion.

4. The committee heard from BetSafe that 'it is not uncommon for a patron to threaten self-harm at a venue'² and that under its program, a counsellor is called to the venue immediately. What help is provided in such situations under the AHA's programs?

The AHA is not aware of similar reports. However, if this were to occur it would be appropriate for venue staff to immediately arrange support.

5. The committee heard that it may be difficult for casual employees – for example, university students – to be expected to have the skills and capacity to intervene appropriately with someone who they suspect may have a gambling problem.³ What is your response to this? Do you believe the training offered to staff is sufficiently rigorous to equip them to intervene when necessary?

All staff approved to perform roles in gaming area are required to undertake training, in some States the training includes specific intervention techniques training. All staff are also trained to identify problematic gambling indicators.

6. The committee heard that research by Professor Paul Delfabbro has identified combinations of observable behaviours such as sweating, abusiveness, going to ATMs frequently and kicking machines, which give clear indications of possible gambling problems. Is the AHA aware of this research and, if so, has this research informed any of your staff intervention training programs?

This 2007 research already informs training undertaken. This research forms part of training packages.

7. Is data regarding the number of staff interventions recorded? Are you able to provide numbers by state?

The AHA does not have this data.

8. The committee heard from the Productivity Commission that there could be a case for strengthening partnerships between counsellors and venues: *'...recognising that there were different incentives in place for counsellors versus venue staff. We also know that very few referrals come from venue staff. I think it is as low as three per cent in some states, and I think the highest figure is about eight per cent in Queensland'.⁵*

What is the AHA's response to the suggestion to strengthen partnerships between counsellors and venues? Why do so few referrals come from venue staff?

The AHA works closely with counsellors across Australia and is supportive of a further strengthening of partnerships between counsellors and hotels.

9. What is your response to the Productivity Commission's suggestion⁶ of a whistleblowing arrangement for venues, where staff would be given appropriate protections to identify poor practice by management (e.g. not adhering to the relevant responsible gambling codes of practice)?

Regulators undertake inspections of hotels throughout Australia. Hotels face significant penalties if they do not operate in a responsible manner.

10. Are you working at improving current processes for intervention and training? If so, what improvements are being pursued?

The AHA is constantly looking at ways to prevent gambling harm.

11. The committee heard from a former problem gambler who played poker machines for 14 years, losing around \$500 per week, who used to frequent the Flagstaff Hotel and the Tonsley Hotel in South Australia. She was asked whether any employee in those venues ever showed any interest in her welfare as she played the poker machines and she said no (apart from a staff member who gave her 'free Cokes').⁷ Another former problem gambler told the committee she had played regularly at the Cremorne, the Goodwood and the Earl of Leicester in the Unley area (SA), sometimes for five to six hours a day over a period of 10 years. She told the committee she had never been tapped on the shoulder and was 'basically encouraged to play on the machine that had not gone off'.⁸ What is the AHA's

response to this? Does the AHA believe that statements of encouragement from staff to keep playing are acceptable? If so, why? If not, what action should be put in place to address such behaviour?

Without knowing the time frame of when these events occurred it is difficult to respond specifically. However SA Code of Practice requirements have changed significantly. Obligations to develop internal reporting processes, management reviews. The Introduction of Gaming Care whose role is to assist venues with compliance, and establishing relationships with local Gambling Help Services. Venue visits with Gambling Help Services together with enhanced training of senior staff have all been implemented to enhance early intervention with problematic gambling behaviour.

Self-exclusion

12. The committee has heard that the commitment to self-exclusion programs is variable and, in many cases, self-exclusion does not work. For example, Pokies Anonymous told the committee:

We have had people who have gone into the venues they are barred from and they have never been noticed.⁹

What is your response to these claims?

Self-Exclusion is proven to be extremely effective. For supporting information please see the AHA's March 2009 submission to the Productivity Commission which includes a Macquarie University assessment of self-excluded problem gamblers.

13. Not all hotels operate self-exclusion programs, so people may be able to go from one hotel to another after self-excluding. Would you see any practical value in mandatory jurisdiction-wide self-exclusion programs? Why or why not?

The AHA is supportive of efforts to further improve the effectiveness of self-exclusion programs. Please refer to our March 2009 Submission to the Productivity Commission which discusses the preferred features of a self exclusion scheme.

14. BetSafe told the committee that when problem gamblers sign a deed of self-exclusion with BetSafe, they agree to a sanction where they forfeit any prizes won should they breach the agreement.¹⁰ However, as this policy is not supported by legislation, no one has actually handed back their prizes. What is the AHA's view of the effectiveness of such sanctions? What other sanctions, if any, are included in self-exclusion agreements at hotels?

We are not aware of any research regarding the effectiveness of such sanctions.

15. What follow-up is undertaken by hotels for problem gamblers who have signed self-exclusion agreements to see if they have received assistance or whether they have relapsed?

Different self-exclusion schemes operate in all Australian States & Territories. A feature of self-exclusion is that venues keep on hand information, such as a photograph, of the self-excluded patron. This allows venues to identify self-excluded patrons and prevent them from relapsing.

16. What is your view on 'involuntary self-exclusion' in the case of clear evidence of a problem gambler refusing to self-exclude, as described by Betsafe?¹¹ Can you provide any examples of involuntary self-exclusion across hotels and how these cases were handled?

Self exclusion is already proven to be extremely effective in helping those with a gambling problem. The AHA is supportive of efforts to further improve self-exclusion across Australia even further. Please refer to our submission to the Productivity Commission which supports the spirit of 3rd party self-exclusions.

17. Do hotels' self-exclusion programs apply to the full venue or to the gaming area only? Is this up to individual hotels?

Different self-exclusion schemes operate in all Australian States & Territories. Patrons can request to be excluded from the whole venue or one part of the venue.

18. The committee heard that in Victoria, self-exclusion contracts have a clause indemnifying the venue against having to enforce the self-exclusion contract. This was described as a deliberate attempt to avoid any judicial action by a gambler.¹² What is your response to this? How far should a hotel's duty of care extend?

Venue staff make every effort to detect and exclude all self-excluded patrons.

19. What is your response to the Australian Churches Gambling Taskforce's suggestion that 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?¹³

Venue staff are now trained in the responsible conduct of gambling. In addition harm minimisation signage is currently on display in all gaming rooms. All gamblers are also alerted to free telephone help lines.

20. When people sign deeds of self-exclusion, are counsellors present or is this only done in the presence of venue staff? Would the AHA see value in having counsellors present at the time of self-exclusion? Should this be mandatory? Why or why not?

Different self-exclusion schemes operate in all Australian States & Territories. Please refer to our March 2009 submission to the Productivity Commission which includes the results of a survey of self-excluded gamblers. Gamblers were specifically asked to rate their preferred method of self-exclusion.

21. BetSafe told the committee it had assisted the hotel industry in developing its self-exclusion program and counselling.¹⁴ Could you please provide further details of these schemes?

We are not aware of BetSafe having assisted the AHA in developing our self-exclusion program.

22. Your submission places treatment and self-exclusion under the same overall heading. Are you suggesting self-exclusion is a treatment? On p.13 of your submission, you mention self-exclusion being used as a 'recovery tool'. Could you elaborate on this?

Self-exclusion is proven to help problem gamblers. It is one of a suite of measures, such as counselling and education that can help the small percentage of the population with gambling problems.

23. Your submission mentions Gaming Care in SA (pp 10-11). Is this essentially a hotel self-exclusion program? Is it only available in SA?

Gaming Care is not a 'self-exclusion program'. Gaming Care is an industry body recognised by the Independent Gambling Authority which assists venue with compliance, undertakes staff training, establishes working relationships with Gambling Help Services. Venues that have an agreement with Gaming Care are exempted from some provisions of the Codes of Practice. In addition the Gaming Care Officers work with venue staff to intervene with patrons, assist in more complex interventions and work with Gambling Help Services to address a range of problem gambling issues.

24. How does Gaming Care program assist venue owners, licensees, managers and gaming room staff in the early identification of and support for patrons who may be at risk (p.10 of your submission)? Is this in addition to responsible gambling training courses for staff? If so, what extra information does this service provide?

As mentioned above the six Gaming Care Officers service hotels with gaming machine. It is more than just staff training, it includes reinforcement of the codes and obligations, ensuring compliance, particularly around the internal reporting processes, assisting managers to undertake the reviews and determining courses of action.

25. Your submission also mentions that Gaming Care in SA undertakes audits regarding compliance with the regulatory codes of practice regarding patron intervention (p.10). What have the findings of these audits been? Are they published anywhere? Could you please provide details?

Gaming Care reports on a quarterly basis to the Independent Gambling Authority.

General

26. What are your policies around the consumption of alcohol/responsible service of alcohol in gaming venues?

Hotel staff are trained in the responsible service of alcohol. They are not permitted to serve intoxicated patrons. Alcohol can be consumed throughout hotels.

27. Recently the Seagulls Club at Tweed Heads banned its staff from gambling activities at the club as the Board and Management's view was that 'off-duty gambling is no longer acceptable'.¹⁵ Luke Simmons from the Board of Directors was quoted as saying that 'The Board and Management at all levels actively support a culture of responsible gambling for all members and guests so they are not encouraged to develop gambling problems.' He also referred to two studies conducted by Southern Cross University which found that staff who work in gaming venues have a greater risk of developing gambling problems than the general population.¹⁶ What is the AHA's response to these studies and also the action taken by Seagulls Club? Isn't this an admission from the industry that exposure to gaming machines carries risks and dangers — not only for staff but for club patrons? What do you do to look after the pastoral care of your employees in this regard?

This is a matter for the Club. Staff working in gaming areas of hotels must have completed a responsible conduct of gaming course, which includes an educational component on gambling risks. Staff are also made aware of the free availability of help via the 24 hour help line.

28. What is the AHA's response to the following statement from the Australian Churches Gambling Taskforce?

'The Taskforce is deeply concerned about the preference for treatment and counselling as a preferred option—indeed, the only option suggested by many industry bodies. In the task force's opinion this is a self-serving position. People seeking treatment and counselling are more likely to have already lost large amounts of money, particularly in the poker machine industry. Once they are in crisis, their behaviour in venues, such as expressing distress, anger, crying, kicking machines et cetera 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. A much more holistic approach is needed'.¹⁷ 5

The AHA believes additional focus should be on education to further reduce the number of people who develop gambling problems. This was recognised in our 2009 submission to the Productivity Commission where we suggested that “Additional resources need to be allocated towards education and the provision of factual gambling related information. There is a need to target the young and those at risk.”

29. Can the AHA provide any further details on the proposed ATM self-exclusion scheme (p.4 of your submission)? How would this integrate with the government's proposed \$250 daily withdrawal limit on ATMs by 1 February 2013?

The proposed the ATM self-exclusion scheme would allow patrons who are concerned they may withdraw more money than they plan to set a maximum withdrawal limit (or prohibit withdrawals completely). This would prevent those with a problem withdrawing cash, while not unfairly penalising the overwhelming majority of patrons who don't have a problem with gambling.

Restrictions on ATMs will have the greatest impact on hotel food & beverage sales. It is noted that for pubs, taverns and bars with gambling facilities, the ABS found around 70% of income generated is from food and beverage sales, with gambling accounting for only 28% of total income. ¹

30. Your submission notes that treatment is effective for those who receive it but so few do seek treatment. You are suggesting a national strategy be developed to improve this situation (p.10). How would this work?

Based on the data included in our submission we see real merit in working with Government to promote the availability and effectiveness of free help.

Compliance with regulations

31. To what extent do hotels meet their obligations towards responsible gambling and harm minimisation requirements under:

Queensland

- Responsible Gambling Code of Practice (2002)
- Gaming Machine Act 1991

NSW

- Gaming Machines Act 2001

SA

- Gaming Machines Act 1992

Victoria

- Gambling Regulation Act 2003

Tasmania

- Gaming Control Act 1993

ACT

- Gambling and Racing Control Act 1999
- Gambling and Racing Control (Code of Practice) Regulations 2002

NT

- Northern Territory Code of Practice for Responsible Gambling
- Gaming Control Act

¹ Australian Bureau of Statistics 2004-05: 8687.0 pg 8

WA

- Gaming Commission Act 1987.

Hotels in each of these jurisdictions meet their legislative obligations towards responsible gambling and harm minimisation. State & Territory regulators ensure hotels comply with their relevant legislation.

32. If there are breaches of statutory requirements in relation to the responsible service of gambling, are these reported to the regulators or in the first instances are they dealt with internally by venues?

The AHA strongly encourages all member hotels not to breach the statutory requirements in relation to the responsible conduct of gambling.