

# Executive Summary

As acknowledged in the committee's first report there is no one solution to address problem gambling.<sup>1</sup> It requires a range of measures along the gambling continuum (low to high risk) including health promotion, harm reduction and treatment.

Although this inquiry focused on prevention and treatment, which are areas the committee has not covered before, it heard again of issues raised in previous reports such as the importance of a public health approach to gambling, the concentration of Electronic Gaming Machines (EGMs) in low socio-economic areas, the need to focus more on machine design and features to make them safer and the need for a new approach to research and data collection. The need for a public health approach, including through reforms to research funding and highlighting governance arrangements, is covered in chapter two, as is the concentration of EGMs in disadvantaged areas and the rising level of community concern about this, particularly in Victoria. Research and data is highlighted again in chapter 11 along with aspects specific to prevention and treatment.

The fact that these issues keep being raised with the committee means that little or no progress has been seen by those involved in these areas. This is profoundly disappointing, particularly as these areas have already been highlighted by the Productivity Commission in its two reports on gambling (1999 and 2010) which were completed well before this committee's work.

## Prevention

Chapter three introduces approaches to prevention. The prevention of problem gambling should be inclusive: to prevent people from developing gambling problems; to limit harm and treat any problems early with early intervention; and to treat and reverse the effects should a problem develop. Increasing the focus on the prevention side of the spectrum is required to balance the current emphasis on 'downstream' activities such as providing counselling services. The numbers of people who seek treatment are small, around 8-17 per cent.<sup>2</sup> To increase these numbers the committee heard that the public perception of gambling, problem gambling and problem gamblers needs to be addressed by looking at the messages being sent into the community.

The committee heard about the mixed messages around gambling. It is promoted by the industry as a harmless form of entertainment but this is not balanced by clear messages about the possible risks. The amount of positive advertising overwhelms harm minimisation messages. Recognising problem gambling as an important public health issue will assist to facilitate a change in public attitude which would see a shift to more people seeking help as it would be seen as acceptable to do so.

---

1 Joint Select Committee on Gambling Reform, First Report, The design and implementation of a mandatory pre-commitment system for electronic gaming machines, May 2011, p. 97.

2 Productivity Commission, *Gambling*, vol 1, Commonwealth of Australia, Canberra, 2010, p. 7.3.

---

To facilitate this change in public attitude the right messages are important. One of the key messages to the committee was that the shame and stigma associated with a gambling problem is one of the main barriers to an individual seeking help. The focus on personal responsibility, conveyed in the variations of 'responsible gambling' messages used in public information campaigns, contributed to feelings of shame and stigma for individuals who developed a problem with gambling. The committee heard that this message reinforces the view that it is up to the individual to gamble responsibly. If they don't there must be something wrong with them, the problem is their fault, and they are personally to blame. This approach of placing an overwhelming responsibility on the individual for gambling problems can shame them into silence and create a barrier to help seeking. Consequently, the personal responsibility approach and the stigmatising effect of this approach may be one reason why very few people seek help. Rather, they may seek help only as a last resort, and feel discouraged from seeking help early.

The committee heard that there is greater stigma around seeking help for problem gambling than for illicit drug use. As seen with other public health issues such as obesity, alcohol and tobacco, the framing of problem gambling as an issue of personal responsibility advantages the gambling industry and governments as it takes the responsibility from them and places it solely with the individual. The committee heard of the limits to the personal responsibility approach for people with vulnerabilities.

Witnesses provided a number of suggestions to improve the messages used in social marketing initiatives (including campaigns, education initiatives and professional training) to address stigma and stereotypes and these are discussed in chapter four.

Chapter five covers other suggestions for more effective social marketing campaigns which include the need to understand why people gamble, to promote alternatives and the need for a range of messages to better target 'at-risk' groups such as those at moderate risk (e.g. young men who engage in sports betting) who may quickly develop risky gambling behaviour. There is also a need to include messages targeting growing gambling opportunities such as online gambling, and the need to raise awareness in adults of the effects of gambling on children and young people as well as to provide information to young people.

## **Industry measures**

Industry measures are covered in chapter six. It was disappointing that industry groups (Clubs Australia, the Australian Hotels Association and the Australasian Casino Association) declined to appear at a public hearing to discuss measures beyond information provided in their submissions, respond to evidence received by the committee and discuss what improvements might be possible. To provide industry with the opportunity to respond to evidence the committee asked them to answer questions on notice. Responses have been made public on the committee website.<sup>3</sup>

---

3 See Clubs Australia, answers to questions on notice, received 27 July 2012; Australasian Casino Association, answers to questions on notice, received 5 September 2012; and Australian Hotels Association, answers to questions on notice, received 17 September 2012.

---

However, the committee notes with concern the refusal and/or reluctance of these organisations to engage in a meaningful way with the inquiry by discussion at public hearings.

The committee heard about the need for the industry to take greater responsibility for the dangers of gambling products. For example, the Productivity Commission made clear that EGMs are the riskiest form of gambling with the likelihood of harm rising steeply and continuously with the frequency of EGM gambling and expenditure levels. The committee was concerned to hear that despite showing obvious signs of problematic gambling in venues, none of the former problem gamblers who spoke to the committee had been approached by staff. Improving training for staff has been mentioned by government and the industry. This appears to be an admission that the current training focused on staff intervention is not working as well as it could, as evidenced by the personal stories told to the committee. While the intention to address training may equip staff with better skills to address problematic gambling behaviour, it does not address the other limitations such as conflict of interest, the practical difficulties of staff approaching people who may be showing signs of distress and the makeup of the venue workforce. The committee suggests some measures to improve the ability of staff to assist problem gamblers.

Strengthening self-exclusion programs has also been mentioned by government and industry. Self-exclusion can be helpful for some gamblers but it also has a number of limitations and should not be used as a stand-alone intervention. The committee heard that some programs are complex, require photos to be taken and there may be a need to reapply after a period of time. People can't self-exclude from all venues at one time. They may only have to travel a short distance to be able to gamble at another venue. The committee sees merit in investigating state-wide self-exclusion programs to make it simpler for those wishing to self-exclude. The committee also supports legislation for the forfeiture of prizes by those who are self-excluded as recommended by the Productivity Commission to act as a deterrent to breaching self-exclusion agreements.

## **Treatment**

The reasons why some people develop a gambling problem and what can trigger a gambling problem are covered in chapter seven. This provides the context for the following chapters which cover various models of treatment and issues raised with the committee in relation to treatment. Chapter eight provides an overview of current treatment methods and refers to some existing treatment services across Australia which provided evidence to the committee. It also examines referrals to treatment, the factors for success in treatment and some measures to complement treatment services, such as what can be done by financial institutions to assist people with gambling problems.

Chapter nine considers the low rate of help-seeking among problem gamblers and examines barriers to treatment. Improving treatment services and systems is covered in chapter 10. It looks at a range of possible improvements to the current system from the perspective of those working in the sector, in particular the concept of integrated treatment services to deal with the complications of treating people with comorbid

---

conditions. This chapter also covers the need to integrate awareness of gambling addiction across the wider health profession to ensure better referral pathways and looks at ways to improve qualifications and training.

As well as addressing gambling research and data collection, chapter 11 also covers issues about the independence of research and transparency of funding sources. The chapter also details the evidence base for treatment and the evaluation of treatment services.

Additional comments have been provided by the Chair, Senators Xenophon, Di Natale and Madigan and these follow the committee report.