

Chapter 11

Gambling research and data collection

Introduction

11.1 This chapter will cover issues relating to gambling research and data collection. It will consider areas for improvement, including subjects for further gambling research and the need for a more strategic national research agenda. The chapter will then deal with the independence of research and transparency of funding sources as well as matters relating to standardised data collection. The evidence base for treatment will also be covered, as well as evaluation of treatment services and ways to incorporate benchmarking practices into clinical services.

11.2 Dr Katy O'Neill, Clinical Psychologist, St Vincent's Hospital Gambling Treatment Program, provided an interesting perspective on the gambling knowledge and research base which is still relatively unexplored, telling the committee:

So would more research on gambling help? Yes. But gambling is really quite a mystery. I worked in the drug and alcohol area for years and the amount of literature in drug and alcohol abuse is huge compared to the amount of literature on gambling. One thing I noted—and I sometimes show this to students—in 1957 someone wrote a book *The Psychology of Gambling* and basically said, 'I don't understand it.' Then in 1995 someone wrote another book *The Psychology of Gambling* and he also said, words to the effect, 'I don't understand it.' In 2003 someone wrote: 'There are Skinnerian principles, there is conditioning, there is reinforcement, but we do not quite understand it.'...

Sometimes I think to myself that if we understand gambling we will practically understand human nature.¹

The current state of gambling research and data collection

11.3 As covered in the committee's last two reports, Australia's knowledge base on gambling needs considerable development. During the committee's three inquiries into gambling reform, the need for better, more targeted research and data collection is a theme that has been emphasised repeatedly.

View of the Productivity Commission

11.4 The Productivity Commission's (PC) 2010 report on gambling identified significant shortcomings in data collection that constrained research capacity and meaningful policy development. Data shortages were also compounded by differences in the ways that jurisdictions specified, measured, recorded and reported gambling

1 Dr Katy O'Neill, *Committee Hansard*, 2 May 2012, p. 23.

data. Better coordination of data collection would 'obtain more comprehensive coverage and greater consistency across jurisdictions'.²

11.5 The PC also proposed that improvements to gambling research and data could be pursued by increasing transparency of data (e.g. allowing greater public access to datasets, research methodologies and results) and 'refocusing research agendas' to ensure greater attention is placed on ways to reduce harm arising from gambling.³

11.6 During the current inquiry, the PC confirmed that little had changed with regard to advancements in systemic data collection since 1999 when the PC first looked closely at the issue, although Dr Ralph Lattimore acknowledged there had been some progress in assessing effectiveness of treatment methods such as cognitive behavioural therapy. Overall, however, the policy framework recommended by the PC to address research deficiencies had not been progressed.⁴

Areas for improvement

11.7 The committee heard confirmation of the PC's observations about the need for substantial improvement of gambling research and data collection. Submitters and witnesses raised a number of research methods and priorities for further investigation which are summarised below. These include:

- types of research (the value of longitudinal and prevalence studies);
- greater international cooperation;
- more research on 'responsible gambling'; and
- further research on gambling harm (including the impact of gambling on families and children).

11.8 Dr Sally Gainsbury summarised the vision for improvement in the gambling research landscape, telling the committee:

We do need empirical research on prevention and on intervention, at every stage of gambling, and also to look at things like evaluating policies which are put in place, so that when we have public health campaigns, educational campaigns or mass media campaigns put out to the general public not just the gamblers and not just problem gamblers, we can see how effective they are, whether this is money well spent or whether these resources should be directed elsewhere. The idea is to invest resources, time, money and research to ensure that the larger pool of funding is directed into appropriate

2 Productivity Commission, *Gambling*, vol.2, Commonwealth of Australia, Canberra, 2010, p. 18.4.

3 Productivity Commission, *Gambling*, vol.2, Commonwealth of Australia, Canberra, 2010, p. 18.1.

4 Dr Ralph Lattimore, *Committee Hansard*, 14 May 2012, p. 42.

interventions which are effective and modified where required, and that they are having the intended effect.⁵

Types of research

11.9 Several suggestions about types of research methodologies were put to the committee, relating to longitudinal studies as well as the value of prevalence and incidence studies.

Longitudinal research

11.10 The Australian Psychological Society (APS) emphasised the need for 'longitudinal studies of developmental trends in gambling participation' to identify risk and protective factors and to better understand the links between exposure and harm.⁶ Dr Jeffrey Derevensky, a Canadian youth gambling researcher, stated:

...longitudinal research to examine the natural history of pathological gambling from childhood to adolescence through later adulthood is required and will add substantially to our knowledge.⁷

Prevalence studies

11.11 A number of submitters were supportive of gambling prevalence studies. For example, Sportsbet called for a 'comprehensive and robust Annual National Problem Gambling Prevalence Survey'.⁸ The NSW Government's submission described a study currently underway on prevalence of problem gambling 'to inform gambling policy and program activity by assessing the extent of problem gambling, its geographic spread and the profile of problem gamblers'.⁹

11.12 Noting that different jurisdictions undertook their own prevalence studies, the Social Issues Executive, Anglican Diocese of Sydney, also suggested an evaluation of gambling prevalence in Australia be established on the Council of Australian Governments (COAG) agenda to ensure consistent information sharing between all jurisdictions:

To support the co-ordination and monitoring of these measures, we suggest a gambling policy research and evaluation function be established in the Department of Prime Minister and Cabinet, possibly connected to the Social Inclusion Unit.

5 Dr Sally Gainsbury, *Committee Hansard*, 2 May 2012, p. 10.

6 Australian Psychological Society, *Submission 49*, p. 12.

7 Dr Jeffrey Derevensky, *Submission 7*, Attachment 1, p. 13.

8 Sportsbet, *Submission 40*, p. 2.

9 NSW Government, *Submission 51*, p. 8.

Further we suggest that every second year COAG deliver a publicly available report on the progress of anti-gambling measures and the prevalence of gambling in Australia.¹⁰

11.13 However, Ms Kate Roberts, Chairperson, Gambling Impact Society NSW, observed that studying gambling prevalence only 'captures one point of time' and must be interpreted in light of people's denial of existing gambling problems. She argued strongly for more incidence studies:

Incidence is looking at the fact that people come in and out of this phenomenon and we need to be capturing that. We need to be looking at what the precursors to that are, what the volatilities are and what the things that we need to be measuring are, and what we need to seek to change. Prevalence does not give us any of that.¹¹

11.14 The Gambling Impact Society's submission emphasised that 'prevalence studies do little to capture the lived experience of problem gambling' and called for the balance between prevalence and incidence studies to be redressed.¹²

11.15 BetSafe also criticised the tendency to fund prevalence studies and other generalised research:

Research should focus on the development and evaluation of detailed practical measures to combat problem gambling...Often research projects conclude with a comment that they provide preliminary results but more research is required to provide practical answers.¹³

11.16 Dr Sally Gainsbury similarly observed:

There is currently a lot of money going into things like public opinion polls which survey quite small, non-representative samples and do not give answers we need to inform policy, to inform interventions. I recognise that the long-term nature of research sometimes is not consistent with the need to put policies in place in a more timely basis, but really Australia has the opportunity to be at the forefront of gambling research internationally.¹⁴

11.17 Dr Jennifer Borrell, Adviser, Australian Churches Gambling Taskforce, mentioned the limitations of current research which focused on 'counting heads' and instead called for greater focus on harms from gambling:

We also need to stop counting heads of those identified as being problem gamblers as a measure of the problem. This can only ever indicate the pointy end of the problem. Identification of people who can be

10 Anglican Church, Diocese of Sydney, Social Issues Executive, *Submission 26*, pp 3–4.

11 Ms Kate Roberts, *Committee Hansard*, 2 May 2012, p. 40.

12 Gambling Impact Society NSW, *Submission 30*, p. 13.

13 BetSafe, *Submission 32*, p. 17.

14 Dr Sally Gainsbury, *Committee Hansard*, 2 May 2012, p. 9.

unequivocally diagnosed as having a gambling problem at a clinical level is only the pointy end of the problem. That is like if you were trying to look at the impact of alcohol on car accidents and you only counted people if they were clinically diagnosed as an alcoholic. You would be missing all the times that alcohol is actually affecting people's driving because you are not counting them unless they are an alcoholic, but also you are not looking at harm.¹⁵

Greater international cooperation

11.18 Collaboration with New Zealand and greater multilateral cooperation on gambling research and data collection were proposed during the inquiry. The PC's 2010 report already proposed the involvement of New Zealand in any national gambling research framework, noting the country's considerable research expertise and opportunities for shared learning between Australia and New Zealand given the different regulatory regimes in place.¹⁶

11.19 The Australian Churches Gambling Taskforce expressed strong support for this idea, noting that the Problem Gambling Foundation of New Zealand would be a good partner,¹⁷ and stating that:

We think there is real merit in working collaboratively with the New Zealanders. The New Zealand government and industry and help services are world leaders in a number of aspects of gambling policy and gambling treatment. We believe that a partnership between Australia and New Zealand on independent research and data collection would add value to both countries.¹⁸

11.20 The Taskforce also believed that such cross-Tasman cooperation could also lead to opportunities for more extensive multilateral efforts on problem gambling research:

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 [a] UnitingCare employee was invited by the Korean Government to speak to an international gambling conference in that country in 2010 and UnitingCare is aware that there is considerable interest in gambling research in Korea and we are also aware of some growing interest [in] gambling research particularly around consumer protection measures in a growing number [of] South Pacific nations.

Linking Australian and New Zealand gambling researchers [is] strongly recommended. Then the option of further international collaborat[ion] is

15 Dr Jennifer Borrell, *Committee Hansard*, 14 May 2012, p. 22.

16 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.21.

17 Australian Churches Gambling Taskforce, *Submission 50*, p. 4.

18 Mr Mark Henley, *Committee Hansard*, 3 May 2012, p. 10.

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.¹⁹

More research on 'responsible gambling'

11.21 The committee also heard calls for more research on 'responsible gambling' measures, largely from industry participants. For example, Clubs Australia supported research to investigate 'the benefits of community awareness campaigns that have a direct emphasis on prevention through the promotion tips and strategies to assist consumers to gamble responsibly'.²⁰

11.22 BetSafe emphasised the need for more research into ways individuals could be helped to control their gambling activity:

What the Commonwealth should be doing is funding research into ways in which recreational gamblers can be better equipped to make decisions and keep control of their gambling. BetSafe and others have tried a number of strategies to provide information and responsible gambling strategies, but the cost of independent evaluation is high, so much of the available material is based on anecdotal information.²¹

Further research on gambling harm

11.23 In contrast to calls for more research on ways for individuals to 'gamble responsibly', a key theme that emerged in this inquiry was for research to be more focused on harm reduction measures. This view was held by a number of submitters to the inquiry, such as the Victorian Local Governance Association, which said:

More research is needed to look at examining the impact on individuals, families and the community generally and what preventative work can be done to limit harm.²²

11.24 Professor Dan Lubman, Fellow, Royal Australian and New Zealand College of Psychiatrists (RANZCP), also made an observation about the threshold for regulatory action in other areas such as drug addiction, despite gaps in the evidence base:

It is of interest to me that, as soon as a drug comes along that is identified as potentially addictive, the Commonwealth, before gaining any evidence of its potential harm, seeks to ban it because it recognises that that is in the public's interest. In the area of gambling we are allowed to actually produce

19 Australian Churches Gambling Taskforce, *Submission 50*, p. 14.

20 Clubs Australia, *Submission 29*, p. 4.

21 BetSafe, *Submission 32*, p. 10.

22 Victorian Local Governance Association, *Submission 25*, p. 6.

machinery that is known to be addictive and to cause significant harm to individuals, yet we do not have the equivalent of the TGA, an overriding body, looking at the addictive nature of certain equipment and how we might minimise harm in that regard.²³

11.25 Dr Jennifer Borrell, Adviser, Australian Churches Gambling Taskforce, put forward the argument for adjusting the research agenda to focus on harm, as well as practical ways to reduce harm:

We really need to shift the attention away from that pathological model and start doing really good research on harm and look at monitoring and the connection between poker machine design—or any gambling design and supply features—with the harm that has been caused. And monitor that—have a feedback loop; do not have a big research project that trots on for three years, then at the end of that three years we find out that in the last three years this was really harmful and 1,000 people killed themselves and 2,000 families broke down. We need to have research set up so we are looking at the information that is coming in on a regular basis and being able to respond to that.²⁴

11.26 Calls for a clear focus on research about gambling harm, which can then be translated into practical policy measures, were heard from a number of witnesses, including Anglicare²⁵ and the Australian Psychological Society (APS), which urged:

...prioritising further independent evaluation and research into the impact of policies designed to reduce gambling related harm and, in the absence of a sound evidence base, urges governments to exercise their social responsibility to protect the public from exposure to gambling products that cause harm.²⁶

11.27 Ms Heather Gridley, Manager, Public Interest, APS, questioned why research was not currently focused on product safety and risks of harm:

We do need to come back to that question of why aren't we researching product safety and what is the resistance to that—and it is fairly obvious where the resistance would come from. Often calls for more research can be ways of slowing down our response while more people are suffering in between. We just need to be a bit careful about our own industries that we build around a problem as well as the industry itself.²⁷

11.28 The APS submission posited that there was tension for governments in terms of balancing the goal of preventing and reducing harm against potential restrictions to gambling as entertainment for consumers, as well as revenues to government. Harm

23 Professor Dan Lubman, *Committee Hansard*, 3 May 2012, p. 40.

24 Dr Jennifer Borrell, *Committee Hansard*, 14 May 2012, p. 22.

25 Anglicare, *Submission 12*, p. 10.

26 Australian Psychological Society, *Submission 49*, p. 3.

27 Ms Heather Gridley, *Committee Hansard*, 14 May 2012, p. 31.

minimisation and public health approaches were also acknowledged by the APS as quite difficult to evaluate:

This is partly due to the fact that although a broad range of potential strategies have been identified and discussed world-wide, few initiatives have been implemented in any consistent or organised manner (Dickson-Gillespie, Rugle, Rosenthal, & Fong, 2008) and initiatives of this scale are unlikely to be measurable at the population level (Council of Gamblers Help Services, 2009).²⁸

11.29 Similarly, the Statewide Gambling Therapy Service advocated an extension of the research enterprise into 'the arena of public policy and the wider social determinants of health and wellbeing in relation to the impact of gambling upon individuals, families and communities'.²⁹

11.30 As already covered in chapter two, the social cost to communities of poker machine gambling can be significant, although there is little firm research to quantify these costs. St Luke's Anglicare described in its submission the burdens placed on local communities which object to the introduction of more poker machines, yet are asked to prove the harm the machines will have on their communities. Without well-targeted research on harms, such proof is difficult to present and this places local communities in an unfair position:

St Luke's Anglicare feels that EGMs have now become a highly politicised issue with governments reluctant to cut off a funding stream which contributes significantly to their finances. Consequently research which shows the real costs to business, communities, families and problem gamblers directly needs to be modelled. Communities when surveyed consistently say they do not want machines and yet they are approved. Perhaps if research was able to quantify the real costs to our communities, this would not seem like such an attractive funding stream for governments.³⁰

11.31 The RANZCP also favoured research which would 'inform the generation of risk benefit analysis of the costs to the community associated with problem gambling versus the revenue generated'.³¹

Effect of gambling on families and children

11.32 Another area for further research work was the effect of gambling on children and families. For example, the RANZCP highlighted that little research into the emotional effect of problem gambling on families and the community had been undertaken to date and that a national study on the effect of gambling on children and

28 Australian Psychological Society, *Submission 49*, pp 12–13.

29 Flinders University, *Submission 8*, p. 3.

30 St Luke's Anglicare, *Submission 13*, p. 7.

31 Royal Australian and New Zealand College of Psychiatrists, *Submission 27*, p. 4.

families should be done. This would also be able to inform future responsible gambling campaigns.³² The Gambling Impact Society NSW also supported further research in this area,³³ as did UnitingCare Community, which noted that specific focus on children and families in the mining sector would be very beneficial for gambling help services.³⁴

11.33 The Tasmanian Department of Health and Human Services also cited a 'blind spot' in understanding how problem gambling affects child development. This is a key area identified for further research:

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.³⁵

11.34 Specific research to understand the influence of gambling marketing strategies in sporting matches, with specific reference to children and young people, was also suggested by the Australian Psychological Society.³⁶

Other research priorities

11.35 A range of other priorities for further research were put to the committee, including:

- rates of suicide attributable to gambling problems;³⁷
- the impact of poker machines on vulnerable groups such as culturally and linguistically diverse communities and among international students;³⁸ and
- technology-based solutions to address problem gambling.³⁹

32 Royal Australian and New Zealand College of Psychiatrists, *Submission 27*, p. 9.

33 Gambling Impact Society NSW, *Submission 30*, p. 13.

34 UnitingCare Community, *Submission 59*, p. 7.

35 Tasmanian Department of Health and Human Services, *Submission 47*, p. 16.

36 Australian Psychological Society, *Submission 49*, p. 2.

37 Mr Tim Falkiner, *Submission 4*, p. 10.

38 Victorian Local Governance Association, *Submission 25*, p. 6.

39 AMC Convergent IT, *Submission 34*, p. 10.

Committee view

11.36 The committee takes the view that further research into problem gambling should be undertaken in order to enrich the evidence base and provide a firm grounding for policy and regulatory decisions about gambling. The committee heard suggestions about a range of priority areas for further research, including longitudinal and prevalence studies. Greater trans-Tasman collaboration and multilateral opportunities for cooperation should also be pursued in an effort to share information more widely on gambling research and data collection. The committee also strongly supports a greater research focus on gambling-related harms on communities, including product safety and practical harm reduction measures.

11.37 The committee supports further research on the effects of gambling on families and children and reiterates its recommendation from its last report that the COAG Select Council on Gambling Reform commission further research on the longer-term effects of gambling advertising on children, particularly in relation to the 'normalisation' of gambling during sport. The committee notes that the government response to this recommendation was that it was a 'matter for jurisdictional consultation' with 'specific research into the impact of advertising on children [to] be discussed with state and territory governments' through the COAG Select Council on Gambling Reform.⁴⁰

11.38 While the committee supports further research being conducted on the areas outlined above, it also recognises that a more strategic, targeted and relevant research agenda must be developed. This is discussed in the following section.

A national research agenda is needed

11.39 The goal of a national research program to strategically drive an enhanced research agenda into gambling was supported by a broad cross-section of witnesses.⁴¹

11.40 Professor Alex Blaszczynski highlighted the 'dearth of effective long-term treatment outcome studies' which he attributed to the 'lack of an effective long-term research plan':

What we require is some degree of effective, systematic research and the longer term prospective studies that will address many of these particular issues. No doubt the committee will be informed of the lack of research and the extent to which people's opinions and ideology influence some of their interventions with treatment.⁴²

40 Government Response to the Parliamentary Joint Select Committee on Gambling Reform – Second Report: Interactive and Online Gambling and Gambling Advertising and Interactive Gambling and Broadcasting Amendment (Online Transactions and Other Measures) Bill 2011, p. 5.

41 For example see University of Sydney, Gambling Treatment Clinic, *Submission 10*, p. 9.

42 Professor Alex Blaszczynski, *Committee Hansard*, 2 May 2012, p. 9.

11.41 A more strategic approach would start to address the current research landscape, which Professor Blaszczynski saw as generally 'reactive and designed with policies in mind in essence either to block policies or to implement policies, with no attempt to systematically evaluate it all'.⁴³ Dr Sally Gainsbury agreed, stating that:

Very short time frames are put in place for researchers and very large scope, so it is very difficult to conduct methodologically rigorous scientific research. What is really needed is a program that is independently run that looks at putting together a long-term research strategy that hires independent academic researchers who are interested in doing research to put in the public domain to publish in scientific peer reviewed journals that will hold it up to a very high standard of accountability. The current situation is such that the research projects are very reactive and are looking to fill gaps.⁴⁴

11.42 Dr Samantha Thomas, a public health sociologist from Monash University, saw possibilities for gambling researchers to work with existing bodies like the National Preventative Health Taskforce which include gambling under a broader remit in terms of prevention:

I think, as researchers, we need to lobby hard to have gambling included on the agenda. I do not know whether we need a whole separate task force or organisation for gambling because many of the issues that we have seen in gambling are very similar to other issues and are probably interrelated in many ways. I guess at the core of this are issues around social class and health inequalities.

...I have only been working in this area for two or three years, but I bring my skills and experiences from other health conditions into this. I think it is still heavily concentrated in psychiatry and psychology and addiction frameworks. But those of us in public health are starting to notice it and that is really a lot to do with the work of this committee, issues that have been raised around gambling...We are starting to see the capacity grow and that is a really important and positive thing.⁴⁵

11.43 Clubs Australia also described Australia's gambling research landscape as 'ad hoc', noting that 'conflicting findings' made it difficult to discern what evidence was credible for the purposes of designing policy:

Moreover, much of the research is aimed at gaining publication in academic journals and lacks relevance to contemporary gambling policy. Where research has been initiated by governments it has typically involved a protracted process, taking several years to commission and complete, further inhibiting the development of evidence-based policy.⁴⁶

43 Professor Alex Blaszczynski, *Committee Hansard*, 2 May 2012, p. 10.

44 Dr Sally Gainsbury, *Committee Hansard*, 2 May 2012, p. 9.

45 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 25.

46 Clubs Australia, *Submission 29*, p. 11.

11.44 The Gaming Technologies Association Ltd (GTA) called for a national fund for research oversight, stating that current gambling research 'suffers from jurisdictional inconsistencies' and that research outcomes are 'piecemeal and of questionable motives'. The GTA and the Australasian Casino Association both suggested that national oversight could be provided by the National Health and Medical Research Council (NHMRC).⁴⁷

11.45 The Australasian Gaming Council (AGC) also raised a number of problems with the research environment, including: integrating research findings from different jurisdictions when variations exist in methodologies; currently funded gambling studies being small and stand-alone ventures; lack of a data-set of reliable statistics and information; and an absence of appropriate benchmarking and peer review against established guidelines. To address these shortcomings, the AGC put forward the following suggestions:

The AGC believes that there is potential benefit in combining gambling studies with other studies, (such as those in health and education), in order to be able to study larger and better samples and provide a comprehensive foundation to inform public health initiatives.

A solid empirical evidence base, one that is nationally co-ordinated, clearly structured, appropriately funded and that evidences the highest level of academic rigour while demonstrating clear policy relevance is an urgent requirement if gambling research in Australia is to keep a proper pulse on the outcomes of initiatives and policies already undertaken - while adequately informing policy makers of any likely best 'next steps'.⁴⁸

11.46 The AGC endorsed the idea of a national research institute which, at a minimum, would:

- Coordinate a research store/agenda of direct national policy relevance;
- Formulate clear guidelines, methodologies and processes to ensure all Australian gambling research is nationally consistent and of the highest academic standard;
- Maintain up to date national data and statistics regarding gambling and problem gambling that is easily accessible to the public;
- Collaborate with other public health research centres; and
- Integrate knowledge and resources via a stakeholder advisory panel.⁴⁹

47 Gaming Technologies Association Ltd, *Submission 23*, p. 5; Australasian Casino Association, *Submission 46*, p. 10.

48 Australasian Gaming Council, *Submission 33*, p. 28.

49 Australasian Gaming Council, *Submission 33*, p. 28.

11.47 The Clubs Australia submission argued for a 'national gambling research program' to ensure that 'all government funded research into gambling is consistent with best practice research standards'. Such a coordinated national approach would prevent duplication across states and territories and also facilitate national surveys.⁵⁰

11.48 Clubs Australia also suggested setting up a gambling research advisory board which would be responsible for developing and overseeing the national program. This board should:

- have representation from both the industry and the state and territory government agencies responsible for regulating gambling;
- be responsible for setting the research agenda and establishing funding priorities;
- establish guidelines, methodologies and processes for government funded research;
- where appropriate coordinate evaluations, surveys and reviews on a national basis;
- maintain a nationally consistent data set on gambling and problem gambling;
- review the quality and usefulness of research with respect to developing gambling policy; [and]
- disseminate concise summaries of research that is both valid and policy relevant to all stakeholders.⁵¹

Gambling Research Australia

11.49 Gambling Research Australia (GRA) is the current national research body, established in 2001 as an initiative of the Council of Australian Governments' (COAG) former Ministerial Council on Gambling. In its 1999 report, the Productivity Commission (PC) had proposed that 'a properly constituted national research facility' be set up 'to facilitate national cooperation and coordination in data collection and research'⁵² and the establishment of GRA was a response to this recommendation.

11.50 However, the committee notes the PC's criticism in 2010 of GRA on a number of grounds, particularly:

- its lack of independence;
- lack of research capacity and limited capacity to assess research it commissions;

50 Clubs Australia, *Submission 29*, p. 11.

51 Clubs Australia, *Submission 29*, p. 11.

52 Productivity Commission, *Australia's Gambling Industries*, vol. 2, Commonwealth of Australia, Canberra, 1999, p. 23.16.

- failure to incorporate stakeholder input; and
- lack of transparency and accountability.⁵³

11.51 During this inquiry, the Australasian Casino Association commented that a review of the current arrangements overseeing GRA was warranted because 'there has been overlap and duplication of research projects with little consideration given to coordination at the national level'.⁵⁴

11.52 Dr Sally Gainsbury also noted the less than ideal situation for research funding in Australia where the majority of funds came from 'government-related organisations for prescribed projects, often with unrealistic timeframes and expected outputs'. She was critical also of certain organisations, including GRA:

...which receive funds from the gambling industry, demand that they jointly own copyright, and in some cases are able to restrict publication of results, leaving very little incentive for universities to permit their researchers from accepting such grants. In the case of Gambling Research Australia, who encourages publication of results in scientific journals, this organisation also demands the right to place full copies of research reports online, which generally happens before researchers would be able to publish results in scientific journals, subsequently dramatically hindering the publication process.⁵⁵

Committee view

11.53 In recognition of significant gaps in research, data collection and coordination, the committee sees the need for a more strategic approach to the national research effort around gambling. A greater focus on the risks of gambling harm and a less 'ad hoc', more systematic and directed research agenda is required. The committee also notes shortcomings in relation to the capacity and independence of the current research body, Gambling Research Australia. Both of the committee's previous reports recommended the establishment of a national, accountable and fully independent research institute on gambling.⁵⁶ The committee notes that the government response to this recommendation has been that future research arrangements are a matter for

53 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.13.

54 Australasian Casino Association, *Submission 46*, p. 10.

55 Dr Sally Gainsbury, *Submission 37*, pp 11–12.

56 Parliamentary 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. 92; Parliamentary Joint Select Committee on Gambling Reform, *Second Report: Interactive and Online Gambling and Gambling Advertising and Interactive Gambling and Broadcasting Amendment (Online Transactions and Other Measures) Bill 2011*, December 2011, p. 42.

discussion through the COAG process.⁵⁷ The committee is not aware of any progress being made in responding to its recommendations around research. The committee remains very disappointed that little progress has been made towards instituting this or a similar body given the calls to improve research in this area over many years. Once again, the committee firmly reiterates the need for such a body to drive and coordinate gambling research in Australia.

Recommendation 9

11.54 The committee reiterates its call for a national independent research institute on gambling, as originally proposed by the Productivity Commission and recommended in the committee's previous two reports.

11.55 As already recommended in chapter two, the committee considers that a national research program could be further strengthened by designating gambling as a National Health Priority Area under the National Health and Medical Research Council (NHMRC) and as an 'associated priority goal' under the Australian Research Council (ARC). This would be consistent with the public health framework approach to gambling supported by the committee in chapter two.

Independence of research and funding sources

11.56 A contentious issue that came up during the inquiry was industry involvement and funding of research efforts into gambling. The Productivity Commission's (PC) 2010 report recognised that industry participation in or funding of research entailed both opportunities and risks. On one hand, industry involvement could improve access to data, provide assessments of compliance costs and technical and practical matters associated with policy implementation; on the other hand, there is the potential for conflicts of interest and a perception that findings based on industry data may not be reliable.⁵⁸

11.57 The PC also noted that there are 'no clear examples of other industries that generate harm being directly involved in publicly funded, policy focussed research to reduce harms associated with the use of their product'.⁵⁹

11.58 Ms Kate Roberts, Chairperson, Gambling Impact Society NSW, observed that there has been a 'long history of public health researchers looking to independence in research and not accepting industry money, because of the obvious contamination

57 Government Response to the Parliamentary Joint Select Committee on Gambling Reform – First Report: The design and implementation of a mandatory pre-commitment system for electronic gaming machines, p. 8.

58 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.23.

59 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.25.

potential there'.⁶⁰ She advocated for research funding to be overseen by a central body to ensure that funding sources for researchers are distanced from potential conflicts of interest:

If we are going to accept industry money, and as you said it is a well-funded industry, then it needs to be well and truly at arm's length. What we have at the moment is some direct funding into research for prominent researchers who are basically rolled out for the case and get picked up by the media, and I think it really skews our knowledge about this issue. There are precedents in other areas such as tobacco and alcohol where we have had to look clearly at how research is funded and put industry money at arm's length from the researchers, but we certainly have not achieved that in this area at the moment.⁶¹

11.59 Mr Tom Cummings highlighted what he viewed as 'an inherent conflict of interest' arising from gambling research and studies that are funded by industry, arguing that 'a far greater level of truly independent research into problem gambling in Australia, and an organisational structure that supports this approach [is needed]'.⁶²

11.60 The Responsible Gambling Advocacy Centre (RGAC) raised concern about researchers who did not always declare their funding sources in publicly accessible ways. Its submission noted that in other sectors, such as medicine or business, plain language professional declarations of interest are used. RGAC argued:

To ensure that the community can appreciate the basis of evidence given, interpret research in an informed manner, and invest trust in findings and evaluations, RGAC argues that clear declarations of funding sources is necessary. These should provide answer[s] to questions such as:

- Who funds your current research?
- Who has funded your past research and work?
- What third party consultancies do you receive a retainer from, or have engaged you on a 'fee for service' basis?
- Do you receive a retainer from any organisations (other than your academic institution)?
- Do you own or directly hold shares in an organisation connected with the provision of gambling services?⁶³

60 Ms Roberts also referred to the recently formed Lonsdale Coalition of Independent Researchers, which will not accept funding from the gambling industry or associated groups, *Committee Hansard*, 2 May 2012, p. 40. See also 'Gambling reformers to learn from public health campaigns past', 17 February 2012, <http://www.monash.edu.au/news/show/gambling-reformers-to-learn-from-public-health-campaigns-past> (accessed 25 July 2012).

61 Ms Kate Roberts, *Committee Hansard*, 2 May 2012, p. 40.

62 Mr Tom Cummings, *Submission 22*, p. 5.

63 Responsible Gambling Advocacy Centre, *Submission 35*, p. 11.

11.61 Dr Samantha Thomas also affirmed the importance of independence in research to support the development of social marketing campaigns to address gambling:

It is encouraging to see the funding of independent research that is able to provide policy makers and other community stakeholders with detailed information about how individuals conceptualise the risks and benefits of gambling, and how different groups make meaning of gambling within their personal and social contexts. This information is essential in tailoring messages and interventions which are able to provide an effective alternative to the messages given by the gambling industry. Evidence from other health and social issues (such as tobacco) have also highlighted the importance of independence in social marketing initiatives – that is, that they are designed with communities, and are free from industry influences in the design and promotion of the initiatives.⁶⁴

11.62 Dr Thomas observed that the issue with independence was not so much the relationship of researchers with industry but the transparency of that relationship.⁶⁵ She commented that declaring interests systematically should be the natural, common practice for all researchers and told the committee that an international code of conduct for gambling researchers would be desirable:

Then people like you and the community and so on can weigh up the evidence that we have presented in the light of those interests. I think at the moment we have a lot of shades of grey and it is all a bit murky around who funds who and who does not and what that means and so on. So clearer transparency will help that.⁶⁶

11.63 Dr Thomas gave the example of the data made available by the tobacco industry which then informed and improved tobacco regulation and policy:

One of the things I think was most valuable in the tobacco industry was when tobacco industry corporate documents were made available for researchers so that we could clearly look at their marketing strategies and we could clearly see when they were targeting different groups. For example, we could clearly see when they were targeting young people. We can start to use regulation to create more clarity and transparency in the industry so that people like me can start to look at that in more detail, and then we will start to see a cultural shift. But they do not do it willingly, obviously.⁶⁷

11.64 Associate Professor Peter Adams, a New Zealand gambling academic, provided a submission which questioned the integrity of the current knowledge base due to 'widespread conflicts of interest associated with the profits from gambling'. He

64 Dr Samantha Thomas, *Submission 52*, p. 6.

65 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 24.

66 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, p. 24.

67 Dr Samantha Thomas, *Committee Hansard*, 3 May 2012, pp 24–25.

raised caution about distortions in current gambling literature, noting that it was still commonplace for gambling researchers to accept funding from industry, whereas this was not the accepted practice in other fields (e.g. tobacco and alcohol studies). Associate Professor Adams asserted that researchers who accept industry funds will have an interest in taking on projects or presenting results 'which conform (or at least avoid challenging) industry interests' and that:

...as a result, much of the funding for research has been over-invested in two safe and convenient but overall minimally useful areas, namely large population surveys and treatment evaluation research. Little has been invested in approaches that might make a difference in reducing gambling harm.⁶⁸

11.65 However, in contrast, Dr Sally Gainsbury argued that greater cooperation between researchers and stakeholders must take place to advance gambling research.⁶⁹ She noted the views of some in the research community who 'immediately derided' colleagues that collaborated with industry for research purposes and countered these views with the following statement:

Although this argument may be highly principled, it is somewhat irrational given that actual research on gamblers cannot be conducted in isolation from the industry. Furthermore, any researchers that refuse to engage in collaborative research or accept funding through direct or indirect industry sources (including any funds coming from government bodies or organisations that receive funds from the government such as NHMRC due to taxes obtained from gambling) are unlikely to achieve any career enhancement.⁷⁰

11.66 The Australasian Gaming Council supported the concept of strengthening stakeholder partnerships, describing such links as 'integral to fostering a solid research agenda that incorporates evidence and learning about all forms of gambling, gamblers and the gambling industry'. Its submission promoted the benefits of 'tripartite' arrangements between government, community and industry:

Good examples of industry, government and research collaborative effort (for example in the pre-commitment trials and evaluations that have been held in Queensland and South Australia) already exist.

68 Associate Professor Peter Adams, *Submission 39*, pp 1–2. See also Adams, P., 'Ways in which gambling researchers receive funding from gambling industry sources', *International Gambling Studies*, Vol. 11, No. 2, August 2011, pp 145–52; Adams, P., Buetow, S. and Rossen, F., 'Poisonous partnerships: health sector buy-in to arrangements with government and addictive consumption industries', *Addiction*, 2010, 105: 585–90; and Adams, P., 'Redefining the gambling problem: The production and consumption of gambling profits', *Gambling Research*, May 2009, Vol. 21, No. 1, pp 51–4.

69 This need for cooperation was also supported by Professor Alex Blaszczynski who gave the committee an example of a lack of cooperation by industry for an evaluation of a research project on 1c gaming machines, *Committee Hansard*, 2 May 2012, p. 10.

70 Dr Sally Gainsbury, *Submission 37*, p. 13.

Advisory groups that represent tripartite stakeholder views are also evident in various jurisdictions throughout Australia and a similar stakeholder construction has provided input to the federal government on pre-commitment via the Ministerial Expert Advisory Group (MEAG).

This collaborative partnership approach should be extended to offer industry a seat at the table when determining a national research agenda.⁷¹

11.67 The Australasian Casino Association also agreed that industry stakeholders should be included in determining future research programs.⁷²

Committee view

11.68 The committee notes that declaration of conflicts of interest would be required as a condition of funding gambling research projects if gambling was designated as a National Health Priority Area under the National Health and Medical Research Council or as an associated priority goal recognised by the Australian Research Council as recommended in chapter two. The committee considers that these declarations should also be made public.

11.69 While noting that collaboration with industry can be extremely useful for gambling researchers in terms of access to data, gambling venues and even funding sources, the committee also sees merit in ensuring transparency about the nature and extent of such relationships.

11.70 The committee believes that gambling research funded by the Commonwealth Government and made public should include disclosure of any conflicts of interest and the nature and extent of any relationship with industry and the committee encourages jurisdictions to follow this approach. The research should also disclose any additional sources of funding.

Recommendation 10

11.71 The committee recommends that any gambling research funded by the Commonwealth Government and made public should include: disclosure of any conflicts of interest; details about the nature and extent of any industry involvement; and list any additional sources of funding. The committee encourages jurisdictions to follow this approach.

71 Australasian Gaming Council, *Submission 33*, p. 29. Note: the Ministerial Expert Advisory Group (MEAG) was established in 2010 and it is understood that the MEAG last met in mid-2011. See: http://www.google.com.au/url?sa=t&rct=j&q=meag%20fahscia&source=web&cd=6&ved=0CD0QFjAF&url=http%3A%2F%2Farchive.treasury.gov.au%2Fdocuments%2F1958%2FPDF%2F10_Final_MEAG_papers.pdf&ei=TMN0ULiCHYGiiGFV_IHwCQ&usg=AFQjCNHkKsZaE6-hjtxPelAeqW_NxfeAQ (accessed 9 October 2012).

72 Australasian Casino Association, *Submission 46*, p. 10.

Data collection

11.72 Evidence on data collection issues was also extensively covered during the inquiry. The following section will raise a number of these issues, including the need for a national dataset and well as greater public access to data, especially to data collected by industry. As noted by AMC Convergent IT, data collection sheds light on gambling behaviour and can be used as a resource for further research into the prevention and treatment of problem gambling.⁷³

11.73 The Productivity Commission's (PC) view, as outlined in its 1999 and 2010 reports, was that systematic data collection across Australia should be taking place so that accurate analyses of different interventions can be done:

That means that you have to collect similar sorts of outcomes data, similar sorts of data about the population and similar sorts of data about what treatments were applied. In the absence of that we are not entirely flying blind, but we are not flying entirely informed either. The studies should be undertaken in an independent fashion and peer reviewed, in the typical way that you would undertake clinical trials.⁷⁴

11.74 Ms Rosalie McLachlan, Inquiry/Research Manager, PC, told the committee that there were limitations in the gambling data compilations in the PC's own reports because it was very difficult to compare existing data across jurisdictions.⁷⁵ Mission Australia also raised this point.⁷⁶

Examples of data collection

11.75 Some submitters, including states, provided examples in their submissions of their data collection activities.

11.76 For NSW, gambling information regularly collected by the Office of Liquor, Gaming and Racing includes data about: the 24 hour gambling helpline; usage of free face to face Gambling Help counselling and treatment services; usage of the national *Gambling Help Online* service; quality of services provided; effectiveness of problem gambling awareness activities such as changes to client contacts and traffic on relevant websites. This data is used by the Office to 'evaluate and improve current programs as well as informing the development of new programs to help prevent and treat problem gambling'.⁷⁷

73 AMC Convergent IT, *Submission 34*, p. 5.

74 Dr Ralph Lattimore, *Committee Hansard*, 14 May 2012, p. 42.

75 Ms Rosalie McLachlan, *Committee Hansard*, 14 May 2012, p. 43.

76 Mr David Pigott, *Committee Hansard*, 2 May 2012, p. 4.

77 NSW Government, *Submission 51*, p. 8.

11.77 The Tasmanian Department of Health and Human Services described its Client Information System which is a database for collecting client demographics, gambling behaviour and treatment information.⁷⁸

11.78 BetSafe's submission described the client data it kept in relation to its counselling and self-exclusion programs. This is provided to the NSW Office of Liquor, Gaming and Racing on a de-identified basis. Limitations in gaining an accurate picture of the success of BetSafe counselling services were also described in the submission:

One of the issues faced by BetSafe as well as other providers of counselling services is the difficulty in gaining an accurate picture of clients success in controlling their gambling after they have completed their counselling or been readmitted to gambling venues. It seems likely that the former counselling clients and former excluded patrons who have succeeded in overcoming their gambling problems are more willing to provide feedback on their successes than those who are still struggling or have relapsed.

We believe that there is a need for a large-scale national evaluation of counselling and self-exclusion initiatives to enable comparisons to be made between the different program elements. This would provide a basis for the development of a best practice benchmark.⁷⁹

Sample size and measurements

11.79 Dr Clive Allcock's submission noted that while it was pleasing that more research into gambling was being carried out, better 'information exchange' could occur by establishing linkages across jurisdictions in order to increase sample sizes:

...similar topics could be explored at the same time in different States and the work be joined to increase sample size and make more relevant findings. Most work that focuses on problem gamblers is hampered by small samples and it is not correct to take those scored in surveys as being at "moderate risk" and then add them to the problem gamblers to reach a conclusion. Some reports suggest these are two different groups or that the validity of the at risk groups is a dubious concept and so conclusions based on such groupings may be wrongly reached.⁸⁰

11.80 Associate Professor Peter Harvey, Manager, Statewide Gambling Therapy Service, also noted that over the last 10 to 15 years, prevalence measurements had changed, so getting accurate data was therefore more complicated.⁸¹

78 Tasmanian Department of Health and Human Services, *Submission 47*, p. 15.

79 BetSafe, *Submission 32*, p. 17.

80 Dr Clive Allcock, *Submission 6*, p. 8.

81 Associate Professor Peter Harvey, *Committee Hansard*, 14 May 2012, p. 2.

Need for a national dataset

11.81 The committee heard calls for a national gambling dataset. Mr Mark Henley, Member, Australian Churches Gambling Taskforce, noted that a national dataset 'which can be accepted as beyond reproach' was needed as a sound basis for developing good policy.⁸²

11.82 The Turning Point Alcohol and Drug Centre also pointed out that while it operated four of the eight statewide gambling helplines in Australia, each minimum dataset differed in terms of labels and values (e.g. type of gambling, ethnicity versus cultural identity):

In addition, research currently being undertaken on Gambling Help Online suggests jurisdictional differences in demographics and gambling involvement. A single national minimum dataset would lead to greater ease of comparisons between jurisdictions.⁸³

11.83 The Productivity Commission (PC) looked closely at the value of developing a national minimum dataset and concluded that there would be clear benefits to jurisdictions working collaboratively on data collection efforts 'to obtain more comprehensive coverage and greater consistency'.⁸⁴ Ideally, the PC envisaged jurisdictions conducting surveys on gambling prevalence at the same time and using the same sampling approaches. Concerns about governments collecting gambling data were also raised, with the PC acknowledging the confidentiality and privacy concerns inherent in data collection activities. However, the PC noted these concerns are managed by de-identifying and disaggregation of data.⁸⁵

11.84 Ultimately, the PC recommended that all jurisdictions should improve the usefulness and transparency of gambling survey evidence by:

- conducting prevalence surveys using a set of core questions that are common across jurisdictions;
- ensuring that surveys meet all relevant National Health and Medical Research Council standards and guidelines, so as not to limit their use by researchers; and

82 Mr Mark Henley, *Committee Hansard*, 3 May 2012, p. 15.

83 Turning Point Alcohol and Drug Centre, *Submission 42*, p. 12.

84 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.4.

85 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, pp 18.5–18.8.

- depositing all survey data into a public domain archive, subject to conditions necessary to manage confidentiality risks and other concerns about data misuse.⁸⁶

Committee view

11.85 The committee sees value in the establishment of a national minimum dataset on gambling. The committee recognises the significant gains that could be made in designing evidence-based policy if gambling data were more easily accessible and collected in a nationally consistent manner. In line with the Productivity Commission's recommendation,⁸⁷ the committee supports joint efforts by jurisdictions to improve the consistency and transparency of gambling survey data in order to create a publicly available national dataset.

Recommendation 11

11.86 The committee recommends that the COAG Select Council on Gambling Reform work to establish a national minimum dataset on gambling, in line with the Productivity Commission's recommendation. The dataset should be made publicly available.

Access to data

Access to industry data

11.87 Gaining access to industry data was also raised a key area for further development. The Australian Churches Gambling Taskforce noted that much useful data could be gained from loyalty programs run by the gambling industry:

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.⁸⁸

11.88 Mr Ross Ferrar, Chief Executive Officer, Gaming Technologies Association Ltd, was asked about the potential for release of industry data in order to assist the gambling policy research effort:

86 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.8.

87 Recommendation 18.1 in Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.8.

88 Australian Churches Gambling Taskforce, *Submission 50*, p. 13.

Senator XENOPHON: Would you have a difficulty if there were a legislative requirement through an accredited research body or, for instance, under the auspices of the Australian Research Council and if it said, 'These researchers want access to your data, how the machines work, the par sheets and the probability counting reports'? Do you think your members would have a difficulty with that if it were mandated?

Mr Ferrar: Our members compete with each other fiercely for sales, as in any other industry, I guess. Provided that their commercial confidentiality is protected, absolutely not—they would have no problem with providing access to any part of their premises. In fact, as I mentioned here earlier, a company licensed by jurisdiction—in some cases our members are licensed in over 300 jurisdictions—must provide access to appropriate regulatory and investigatory authorities for each of those jurisdictions. They have no difficulty with providing access provided their commercial confidentiality is protected.⁸⁹

Public access to data

11.89 Concerns about the extent to which useful and comparable gambling data is made available to the public were also raised. Mr Tom Cummings gave his perspective on the problem of inconsistency in data collection and varying degrees of access to this information. He advocated a 'national reporting standard', citing the Victorian approach as the template for the rest of the country to follow:

...the requirements for the collection and reporting of gambling data, especially with regards to poker machines, vary wildly from state to state. We find ourselves in a ludicrous position where venue-specific and LGA [Local Government Area]-specific financial information is freely available to the public for all Victorian poker machine venues, yet across the border in New South Wales the same information is only available on request, in a limited fashion that excludes actual revenue figures, and only after paying hundreds of dollars for the reports which are for personal use only.

...Without access to this kind of information, it is practically impossible to judge what kind of financial impact gambling is having in any given area.⁹⁰

11.90 The PC also noted the stark jurisdictional imbalances in terms of access to gaming machine data. While Victoria, South Australia and Queensland provide 'regular and locally disaggregated data' about poker machine revenue, New South Wales does not. The PC noted this was 'a major obstacle to independent analysis and community debate'.⁹¹

89 Senator Nick Xenophon and Mr Ross Ferrar, *Committee Hansard*, 2 May 2012, pp 53–54.

90 Mr Tom Cummings, *Submission 22*, pp 4–5.

91 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.9.

11.91 For example, in Victoria, the Minister has determined that access to gaming expenditure data from clubs and hotels is in the public interest and full details about gaming machine revenues for individual community gaming businesses are available online.⁹²

11.92 The PC argued that the gambling data collection and research effort would be much improved if jurisdictions agreed to:

- collect a basic level of nationally consistent industry data;
- make these data freely accessible;
- disaggregate EGM data by location (local government area) and venue type (club, hotel and casino); and
- publish more comprehensive data for casino gaming and wagering.⁹³

Committee view

11.93 The committee agrees that industry data on gambling behaviour and revenue is valuable and can contribute to strengthening the evidence base on problem gambling. The committee notes the undertaking given by Mr Ross Ferrar of the Gaming Technologies Association that there would be 'no difficulty with providing access' to data for researchers, as long as commercial confidentiality is protected.

11.94 In addition, the committee takes the view that in order to achieve greater transparency and better data on gambling, governments should agree to collect a basic level of nationally consistent industry data, as recommended by the Productivity Commission. In terms of public access to data, the committee notes the glaring inconsistencies between different jurisdictions around the presentation of gambling data for use by researchers and the public. The committee considers that the COAG Select Council on Gambling Reform should consider applying the approach taken by the Victorian Government as a possible model for data accessibility and transparency across all jurisdictions.

Recommendation 12

11.95 The committee recommends that the COAG Select Council on Gambling Reform establish agreed parameters around the collection by governments of a basic level of nationally consistent industry data on gambling.

92 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.9.

93 Productivity Commission, *Gambling*, vol. 2, Commonwealth of Australia, Canberra, 2010, p. 18.10.

Evidence base for treatment

11.96 The committee heard that there was some reliable evidence to recommend particular forms of treatment for problem gambling, although overall the evidence base for the effectiveness of treatment was not as robust as it could be.⁹⁴

11.97 According to the PC, gambling treatment outcome studies, irrespective of the type of treatment provided (behavioural, cognitive or a combination), report that the majority of people receiving treatment respond to and benefit from treatment (with abstinence or controlled gambling). In addition:

- studies generally show that the probability of relapse increases with time;
- there is a lack of evidence on treatments from randomised clinical trials with good follow-up assessments;
- the best evidence and support is for cognitive-behavioural treatment approaches;
- while limited, client outcome data collected from gambling counselling services show the majority of people who seek formal help are able to better manage their gambling problems following counselling and treatment.⁹⁵

11.98 The PC also noted, however, that there is a significant lack of evidence as to what constitutes effective treatment:

It is not surprising—there are lots of complexities in this area in gauging what works. That said, you do not have to be entirely pessimistic about what options are available. While the evidence is not as strong as would be desirable, the cognitive behavioural therapy has looked to be the better of the variety of options that are available. However, there is a range of other approaches which have some merit. General counselling has clear merit. Pharmacological interventions are sometimes suggested. Our consultations in the Australian circumstance suggested significant apprehension about those approaches, but US researchers have certainly investigated them and some work suggests that they have roughly similar efficacy to psychological interventions. However, it is an area of some complexity—especially when there are comorbidities present.⁹⁶

11.99 The Australian Psychological Society (APS) argued that much more work needed to be done to strengthen the evidence base for treatments. Professor Debra Rickwood, Professor of Psychology, University of Canberra; and Fellow, APS, drew

94 One of the key difficulties in the evaluation of problem gambling treatment is that there are few studies comparing the effectiveness of different treatment modalities. See discussion in Gonzalez-Ibanez, A., Rosel, P. and Moreno, I., 'Evaluation and Treatment of Pathological Gambling', *Journal of Gambling Studies*, Vol. 21, No. 1, Spring 2005, pp 35–42.

95 Productivity Commission, *Gambling*, vol. 1, Commonwealth of Australia, Canberra, 2010, pp 7.31–7.33.

96 Dr Ralph Lattimore, *Committee Hansard*, 14 May 2012, p. 41.

the committee's attention to existing evidence-based work on treatment guidelines done by the Problem Gambling Research and Treatment Centre at Monash University:⁹⁷

...we do have some knowledge of effective treatments in this field, although there are no studies that currently meet the highest level of efficacy standards for treatment in problem gambling. But I draw your attention to some work that has been done by the Problem Gambling Research and Treatment Centre. They put out some guidelines, which were developed in line with appropriate NHMRC procedures, for screening, assessment and treatment which trawl through all the evidence in a very thorough way and show that there is level B evidence—so the second grade of evidence for some treatments. That means that we have a body of evidence that can be trusted to guide practice in most situations but certainly not in all situations. These guidelines recommend cognitive behavioural therapies and motivational enhancement types of treatment as effective, delivered both individually and in groups.⁹⁸

11.100 Describing the evidence base for different treatments trialled at the University of Sydney Gambling Treatment Clinic, the submission from the Clinic noted several treatments trialled have 'failed to reach our minimal standards for efficacy'. These included Solution Focused Brief Therapy, which is 'popular and widely used' and focuses on client strengths but not on explicit discussion of gambling behaviour:

As such, it was a relatively simple therapy to learn that required no research or technical knowledge from therapists. In the early sessions of this therapy, both therapists and clients reported a high level of enjoyment of the therapy as there was little to no discussion of the client's difficulties and little to no resulting distress during appointments. In 2007, we were forced to discontinue the use of this treatment research due to extremely poor client outcomes and high relapse rates in even the short-term.⁹⁹

11.101 The Clinic also looked at Imaginal Desensitisation:

...a treatment modality that focuses on pairing thoughts of gambling stimuli to relaxation. Whilst this treatment has received some support in the past in trials conducted in inpatient settings, here at the outpatient setting of the Gambling Treatment Clinic, we also discontinued a trial of this treatment due to extremely poor compliance with essential components of the treatment and extremely high relapse rates in the short, medium and longer term.¹⁰⁰

97 The *Guideline for screening, assessment and treatment in problem gambling* from the Problem Gambling Research and Treatment Centre is available from: <http://www.med.monash.edu.au/sphc/pgrtc/guideline/index.html> (accessed 16 July 2012).

98 Professor Debra Rickwood, *Committee Hansard*, 14 May 2012, p. 28.

99 University of Sydney Gambling Treatment Clinic, *Submission 10*, p. 6.

100 University of Sydney Gambling Treatment Clinic, *Submission 10*, p. 6.

11.102 Professor Malcolm Battersby's submission highlighted to the committee some work that had been done in the UK (the National Health Service Improving Access to Psychological Therapy Services) in relation to clinical therapy for anxiety and depression, suggesting that such a rigorous, evidence-based program could be a model for application here in Australia for treatment of problem gambling:

The National Institute of Clinical Excellence (NICE) recommended the brief cognitive and behavioural therapy approaches for anxiety and depression in a stepped care model i.e. from low intensity to high intensity with adjunct social prescribing for social isolation and signposting to community services e.g. unemployment, marital, financial counselling. New (community members) and existing therapists were trained in a one year national curriculum to the low intensity counsellors and existing cognitive behavioural psychologists and other health professionals were trained to be high intensity therapists. i.e. when a person was too complicated for brief – 5-10 sessions they were 'escalated' to high intensity therapy. These services have been provided across the UK to over 110,000 people. A key element of the model is that all clients have outcome measures taken at each session using an electronic data management system called PC-MIS (York University). Data completion rates of over 95% have been achieved. Outcomes have been impressive with over 50% of those attending achieving recovery.¹⁰¹

Evaluation of treatment

11.103 Noting that the overall evidence base needs enhancement, gambling treatment providers also reinforced the importance of evaluation and consistent outcome measurement during the inquiry. Evidence to the committee suggested that there is a need for better benchmarking of outcomes and more consistent follow-up practices with clients who have accessed treatment services. Ways to incorporate better research and evaluation practices into clinical services were also put forward.

11.104 For example, Mission Australia noted there was a need for more research into the efficacy of different treatment methods, mentioning also its current work with the Australian National University's Centre for Gambling Research on an evaluation of Mission Australia's ACT gambling counselling services.¹⁰²

11.105 The Australian Psychological Society (APS) cited the Problem Gambling Research and Treatment Centre's (PGRTC) 2011 guideline as exemplifying best practice in Australian gambling treatment services. However, the APS also noted that insufficient evidence in these areas also led to weaknesses in making firm recommendations about treatment:

The recent PGRTC (2011) Guideline notes that 'given the current immaturity of the research literature in the problem gambling field, only a

101 Flinders University, Professor Malcolm Battersby, *Submission 8a*, pp 4–5.

102 Mission Australia, *Submission 17*, p. 7.

few evidence-based recommendations could be formulated in this guideline' (p.15). The insufficient evidence for effective screening and assessment tools and treatment approaches however does not suggest that these are ineffective or of poor quality, but that there is insufficient evidence to determine the current state of knowledge about their effectiveness.¹⁰³

11.106 The APS stated that limited pre and post evaluation of treatment had 'inhibited the evidence base' and what evidence was available was characterised by shortcomings:

While the treatment outcome literature provides some research evidence about the effectiveness of treatment with problem gamblers, this literature is characterized by a range of methodological limitations, including small sample sizes, high attrition rates, low numbers of women affected by problem gambling and heterogeneity in forms of gambling.¹⁰⁴

11.107 Improvements in research about interventions for different subtypes of problem gamblers could ideally lead to clinicians being able to 'offer more definitive and individually tailored intervention recommendations'.¹⁰⁵

Incorporating research into clinical services

11.108 One of the key ways to improve evaluation of treatment services would be to incorporate measurements of success (or benchmarking) into service delivery, which is already done to some extent by a number of treatment providers who gave evidence.

11.109 The University of Sydney Gambling Treatment Clinic suggested that a compulsory part of gambling service delivery should be a requirement for evaluation to be undertaken:

The existence of free services that are widely available across New South Wales is laudable, but it remains a contentious issue that services can continue to be funded without documenting the standards and effectiveness of their treatments.¹⁰⁶

11.110 The Clinic described its own evaluation and follow-up practices:

In following up with clients, we contact them six months, one year and two years after we have finished treatment to get a sense of how they are going. We do that by giving out formal questionnaires about the amount of money they are spending gambling at that time, the amount of time they are gambling and specific questions about any harm they are experiencing at that time which may be related to gambling. Two years after treatment is

103 Australian Psychological Society, *Submission 49*, p. 12.

104 Australian Psychological Society, *Submission 49*, p. 12.

105 Australian Psychological Society, *Submission 49*, p. 13.

106 University of Sydney Gambling Treatment Clinic, *Submission 10*, p. 8.

quite a long period but we find that, if people are going to relapse, it is at the six-month to one-year mark, so that is the time you need to have as a minimum. A lot of treatments do only the six-month follow-up option, and we find that most clients who go through treatment, regardless of the treatment, are still doing pretty well at six months, but it is that six-month to one-year mark where things may start to fall apart a bit, which is why we like to do that longer term follow-up.¹⁰⁷

11.111 Dr Clive Allcock also suggested a 'six monthly follow up at a minimum and preferably one year also' with a standardised short interview format to assist such evaluation. He added:

Many follow ups will need to be done out of normal working hours to catch those working themselves and to so maximize the number of follow-ups able to be achieved. It should be made clear to those seeking help that a reluctance to agree to follow up does not prevent their receiving help.¹⁰⁸

11.112 St Vincent's Hospital described for the committee how they conduct routine follow-up:

We do use questionnaires. We see how many criteria for problem gambling a person meets. We also do a quantity frequency analysis to see the change of our treatment. Part of this is because clinical psychologists are trained to work out, 'Did what we did work?' It is like a doctor would say, 'Is it less painful now?' I am surprised when I hear that other services are not doing follow-ups or that they are annoyed that they have to. It should just be routine, and actually it is pretty much routine practice for clinical psychologists to just measure pre and post and then at follow-ups. It helps the clients as well.¹⁰⁹

11.113 The Turning Point Alcohol and Drug Centre's submission emphasised the current work being done to embed evaluation measures into its treatment services. It described itself as uniquely placed to develop and evaluate evidence-based interventions and provided the following example of how evaluation work is undertaken:

In 2008, Turning Point undertook a quantitative and qualitative review of calls from family and friends to the Queensland and Victorian helplines. This included an internal analysis of data over three years including presenting issues and contact outcomes (such as counselling and referral interventions). In parallel, Turning Point undertook a series of interviews with helpline counsellors to identify knowledge and attitudinal factors in responding to this population.

Issues identified through this project were reviewed in the context of (limited) practice literature, resulting in a checklist to assist counsellors to

107 Mr Christopher Hunt, *Committee Hansard*, 14 May 2012, p. 61.

108 Dr Clive Allcock, *Submission 6*, pp 7–8.

109 Dr Katy O'Neill, *Committee Hansard*, 2 May 2012, p. 19.

respond to family members in Queensland. Counsellors were then engaged in a series of group exercises to promote learning outcomes and further development of the checklist. Learnings from this project were also presented to the Gambling Help network at the annual Queensland forum in 2008 and have been extended to all Gambling Helplines.

This initial investigation involving family and friends prompts further questions on how best to treat this group. Little is known on whether brief interventions are effective, the most efficient delivery of services (e.g., helpline, online, face-to-face) or key ingredients for evidence based interventions (e.g., increasing confidence, reducing distress) for concerned family or friends.¹¹⁰

11.114 Evidence from Turning Point also emphasised the importance of evaluating brief interventions, which are often excluded from research on problem gambling treatments. Its submission described the growing international evidence base for single session and brief interventions.¹¹¹

11.115 Turning Point advocated the development of evidence-based national guidelines for single session online interventions (which attract a large number of clients), as well as standardised screening and treatment guidelines for brief and short-term interventions over the phone and online.¹¹²

Example of a model—Statewide Gambling Therapy Service

11.116 Professor Malcolm Battersby promoted the work of the Statewide Gambling Therapy Service (SGTS) in South Australia as a 'national model' for such evaluation systems:

I think what we have done...should be a national model. We have asked every single patient or client who comes to our service to sign a consent form for longitudinal data collection. In other words, every patient who comes in has agreed to be followed up over the next three years to provide outcome data.¹¹³

11.117 Close collaboration between the SGTS and the Flinders Centre for Gambling Research (FCGR) is forming a more robust evidence base for the efficacy of cognitive behavioural therapy approaches to problem gambling 'as this body of work, including book chapters, treatment manuals, journal articles and presentations, chart patients' journeys through treatment and document short and longer-term treatment outcomes'.¹¹⁴ Current studies are outlined below:

110 Turning Point Alcohol and Drug Centre, *Submission 42*, p. 13.

111 Turning Point Alcohol and Drug Centre, *Submission 42*, p. 12.

112 Turning Point Alcohol and Drug Centre, *Submission 42*, p. 13.

113 Professor Malcolm Battersby, *Committee Hansard*, 14 May 2012, p. 2. See also Flinders University, Professor Malcolm Battersby, *Submission 8a*, p. 2.

114 Flinders University, *Submission 8*, p. 2.

SGTS, in collaboration with the Flinders Centre for Gambling Research [FCGR] is also exploring relapse prevention strategies and the application of peer-led, self-management programmes to assist recovered gamblers to prevent relapse to problematic gambling following treatment...The service is also diversifying its treatment options to include clients from culturally and linguistically diverse (CALD) and Aboriginal communities...with programme adaptations, bi-lingual educational materials and a new treatment manual now in place for Vietnamese people with gambling problems.

Currently the FCGR is working on a number of studies exploring the efficacy of behavioural, cognitive and cognitive behavioural therapy in the treatment of disordered gambling. An initial randomised controlled trial conducted through the FCGR is looking at the benefits of pure exposure therapy compared with pure cognitive therapy...and a larger study is being developed in collaboration with Professor Ladouceur from Laval University in Canada and Professor Abbott in Auckland, NZ, to investigate the relative merits of a number of other treatment options for people experiencing gambling disorders.¹¹⁵

11.118 Ideally, the SGTS would like evaluation to move 'beyond self-reported outcome measures in problem gambling treatment including the use of physiological measures and more direct methods for collecting data on the rates of use and impact of gaming technologies...'.¹¹⁶

Committee view

11.119 The committee supports the objective of incorporating consistent outcome measurements into gambling treatment services in order to evaluate success and contribute to the broader evidence base.¹¹⁷ It commends the work already being done by a range of service providers to integrate their own benchmarking practices to achieve this goal. However, much greater national coordination is required before robust and uniform outcome measurements are fully embedded across the treatment system.

11.120 As a first step towards this goal, the committee supports the COAG Select Council on Gambling Reform, along with treatment providers and relevant health professional bodies, working collaboratively to ensure that consistent outcome measurement practices are built into gambling treatment services (as appropriate for individual services). The committee also notes that these proposed arrangements could

115 Flinders University, Professor Malcolm Battersby, *Submission 8a*, p. 4.

116 Flinders University, *Submission 8*, p. 3.

117 For example, the Department for Communities and Social Inclusion (SA) has implemented reporting strategies across the South Australian Gambling Help Services to enable the consistent measurement of the effectiveness of gambling treatment interventions. See correspondence from the Office for Problem Gambling, Department for Communities and Social Inclusion (SA), received 24 May 2012.

be strengthened, for example, by making funding dependent on treatment services having their own benchmarking practices in place.

11.121 Better benchmarking practices will contribute to the broader effort around evaluation of the effectiveness of treatment interventions for problem gambling. The committee notes that these initial steps would also be in line with the concept of 'translational research', which attempts to create better information flows or 'translation' between basic research and practical applications of research in clinical settings.¹¹⁸

Recommendation 13

11.122 The committee recommends that the COAG Select Council on Gambling Reform work collaboratively with gambling treatment providers and relevant health professional bodies to build appropriate evaluation measures and benchmarking practices into gambling treatment services.

Mr Andrew Wilkie MP

Chair

118 Translational research encompasses a two-way information flow between research and clinical settings – i.e. it can be characterised as 'bench to bedside' but also relies on clinical observations and findings informing further research. For further information see: 'Translational Research', <http://commonfund.nih.gov/clinicalresearch/overview-translational.aspx> (accessed 24 July 2012). The new Australian National Preventative Health Agency has also been provided funding of \$13.1 million to focus on translational research in the context of preventative health; see media release from the Hon Julia Gillard MP and the Hon Nicola Roxon MP, 'Biggest investment in Australia's history to fight preventable diseases', 26 October 2010, <http://www.pm.gov.au/press-office/investment-fight-preventable-diseases> (accessed 25 July 2012).

