



**Submission to the
Joint Select Committee
on Gambling Reform
Inquiry into the Prevention and
Treatment of Problem Gambling**

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About Anglicare

Anglicare Tasmania welcomes the opportunity to provide a submission to the Joint Select Committee on Gambling Reform Inquiry into the Prevention and Treatment of Problem Gambling.

Anglicare Tasmania is the largest community service organisation in Tasmania, with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie and a range of outreach programs in rural areas. Anglicare provides emergency relief and crisis services, counselling and family support, accommodation support, employment services, mental health services, acquired injury, disability and aged care services and alcohol and other drug services. In addition, Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with a focus on the needs and concerns of Tasmanians on a low income.

Our counselling and family support program runs the Gamblers Help program, which is funded by the Tasmanian Department of Health and Human Services through the Community Support Levy, to provide personal and financial counselling to people with a gambling problem and their families. Our workers frequently report their frustrations in trying to provide support in a regulatory environment that fails to provide adequate protection to their clients. Gamblers Help clients tell our workers that advertising, inducements, player loyalty schemes and non-gaming venue-inducements encourage them to gamble. We also hear that clients do not trust the Tasmanian Gambling Exclusion Scheme because breaches often remain undetected or are not acted upon by venues.

In addition to our gambling-specific program, most of our services experience the impacts of gambling problems. We see families break down, individuals in crisis and people unable to afford to eat or heat their homes because of a gambling problem in the family.

Anglicare's research work on gambling includes *House of Cards: problem gambling and low income earners in Tasmania* (Law 2005), which looked at the impacts on low income Tasmanians who have a gambling problem in the family, and *Nothing Left to Lose* (Law 2010), which looked at cases in the Supreme Court where the defendant had a gambling problem. Neither of these studies focussed on poker machines; however the majority of people whose stories were reported in *House of Cards* had difficulties with poker machines, which is consistent with the fact that the majority of gambling losses go through poker machines.

Participants in *House of Cards* told of trying to control their gambling on poker machines but tragically failing.

I probably realised [I had a problem] when I would go in and I could say I can afford to lose \$20 that's fine but then I would stay and keep waiting to regain what I lost. Then leaving, feeling really bad. It's the light, the music, the jingles, the free drinks, et cetera. It was one day when I put in \$100, \$129, and I thought 'oh no what am I doing?' Why didn't I stop myself?

(Maureen, poker machine user quoted in *House of Cards*)

Significantly, half of the cases in *Nothing Left to Lose* involved defendants with no prior convictions who committed their first crimes because of gambling problems.

The catalyst for your offending was your gambling. You began with having just a social bet ... you were feeling pressure at work and became depressed. Your rate of gambling increased. You were using it as a stress reliever ... Your gambling spiralled out of control and you began to steal to cover the addiction. The stealing escalated over time. You used significant parts of your income on gambling and additionally borrowed large amounts which were also lost.

(Supreme Court Judge, Tasmania quoted in *Nothing Left to Lose*)

Anglicare supports the intent of the Joint Select Committee to gather information and comments from around the nation about gambling reform. This submission builds on our previous submission to this Committee for its Inquiry into Pre-commitments Scheme (Anglicare 2011a).

It is our hope that these federal inquiries will build on the in-depth review of gambling by the Productivity Commission and will result in a strengthened regulatory system that reduces the likelihood of harm being caused to individuals, their families, friends and the wider community by people who have been unable to control their gambling in the current regulatory environment.

Gambling in Tasmania

When the Tasmanian Parliament decided to introduce poker machines to hotels and clubs and change the type of machine permitted in the state to allow those with a faster turnover, the nature of Tasmania's gambling and our gambling problems changed. In 2010-11, when a total of \$290 million was lost to gambling in Tasmania, 74% was lost to poker machines. Thus, while people can experience problems with any form of gambling, the majority of money is lost because of using poker machines.

The majority of Tasmanians think that poker machines are a serious social problem (Department of Treasury and Finance 2008, p. 53). People lose large amounts of money to poker machines because the machines are designed for high intensity play at a high hourly cost (Productivity Commission 2010, p. 11.1).

Public policy can intervene in this issue with little impact on the majority of the population: most Tasmanians never use a poker machine. Tasmania's Social and Economic Impact Study (SEIS) reported that only 29% of respondents had gambled on poker machines in the past year; nearly all respondents gambled less than once a month; and 28% of respondents who did use poker machines usually gambled for less than 10 minutes (Department of Treasury and Finance 2008). Despite the amount of attention being paid to the rights of recreational gamblers, the majority of Tasmanians are not spending much time gambling on poker machines. This means that measures can be introduced to reduce harm to those with, or at risk of developing, a gambling problem without having a large impact on the broader Tasmanian community.

Anglicare believes that gambling problems are a public health issue that should be treated in the same way as other public health issues, with consumer protection at the forefront.

Terms of Reference of the Joint Select Committee on Gambling Reform

The prevention and treatment of problem gambling, with particular reference to:

- (a) Measures to prevent problem gambling, including:**
 - (i) use and display of responsible gambling messages,**
 - (ii) use, access and effectiveness of other information on risky or problem gambling, including campaigns,**
 - (iii) ease of access to assistance for problem gambling;**

Anglicare supports measures that reduce the likelihood of harm being caused by gambling. We support measures such as displaying responsible gambling messages, campaigns to explain risky or problem gambling and advertising and assistance for people experiencing gambling problems.

With State Government funding, Anglicare and the Glenorchy City Council have developed a mental health and gambling intervention program to help prevent problem gambling and increase mental health resilience of young people. Called *Against the Odds*, this resource provides information and action points for young people to explore emotions, risk-taking and decision making (Anglicare 2011b). We hope that *Against the Odds* will be rolled out to all Tasmanian schools and that it will help young people build their confidence and resilience.

Current measures to prevent gambling problems are not effective. Many people who gamble do so to escape problems such as their home life or other stress and they find solace in the games and rituals offered by gambling and especially poker machines. Effective measures to prevent problem gambling therefore need to slow down the rate of losses while also offering the person an alternative to spending their money on gambling.

Anglicare's research into gambling problems for people on low incomes in Tasmania has found there are a number of factors that cause people to lose control in a gaming venue, including the design of the poker machine, patrons' misunderstanding of how poker machines work, their desperation to get money and the consumption of alcohol.

I don't know why I gamble, I can't win. There's something that draws me to the machines. There's always that chance you can get that big jackpot ... I know I can't beat the machines but something keeps drawing me back, I don't know what it is. The jackpot has to come my way sometime ... I can't stop. I know I am doing the wrong thing every time I go in to the machines. Maybe it is the noise or the hope I will get the big jackpot.

(Mark, poker machines)

I just try not to go there. With me it is hard because I think it will make me feel better just to go and press those buttons ... I just can't seem to fight it. It is harder to fight than alcohol ... It is like a ritual. I don't really know why I want to go.

(Anna, mixed gambling)

I like the little sounds of the machines. I like visual things. I feel that they are friendly. The free games are a genius to keeping you there playing because it is like Christmas, opening a package wondering what you are going to get.

(Kathy, poker machines)

from *House of Cards*

While we have found that people do try to control their gambling, Anglicare believes that people at risk of a gambling problem usually need help to control their gambling. We recommend the following measures to help people control their gambling:

- pop-up signage on poker machines and on racing screens that remind people of the time and that frequent gambling is more likely to lead to problems;
- television, radio, newspaper, social networking and search engine advertisements that change regularly and describe risky behaviour, suggest alternatives to gambling and provide contact details for seeking help;
- similar advertisements as pop-ups on online gambling pages;
- advertising targeted to specific age groups and demographics;
- printed gambling messages (on paper or screens) in a font size that is large enough to easily read: too often text is in 8 point and barely legible;
- business card holders attached to each poker machine and on payment desks in betting shops that contain Gamblers Help cards to make it easier for people to contact Gamblers Help; and
- emerging technologies such as smartphone applications and QR codes to be used for quick and easy access to gambling counselling and information.

Messages and campaigns about responsible gambling must be backed up with effective action in a gambling or online venue when risky behaviour presents itself. This requires training and education for staff and commitment by operators to identify and deal with risky behaviour.

There are many other measures that Anglicare believes would be effective in preventing gambling problems, such as:

- removing chairs from poker machines;
- recording turnover on a poker machine in dollars not credits;
- significantly reducing the hours that gambling venues are open; and
- reducing the volatility of poker machines by reducing the maximum bet limit, spin speed and the size of jackpots.

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

(i) marketing strategies,

(ii) use of inducements/incentives to gamble;

The Tasmanian Gaming Commission recently introduced a Mandatory Code of Practice for Tasmania that includes rules on marketing and inducements to gamble. While the new code is a vast improvement on the voluntary code that had been in place for many years, Anglicare believes the mandatory code still falls short in a number of areas, including allowing gambling advertising at times when children are likely to be watching television, failing to acknowledge that even inducements of \$10 can encourage people to gamble (especially people on a low income), permitting access to cash in venues, allowing cash payments of 'winnings' up to \$1000, and only restricting the service of food and alcohol to a person while using a poker machine after 6pm.

Further, while Anglicare acknowledges that Tasmania is ahead of other states in not permitting ATMs in gambling venues other than casinos, the permitted use of EFTPOS and cashing of cheques allows access to cash that we believe venues cannot monitor and can cause serious problems to people at risk of developing a problem.

Anglicare will recommend to the Tasmanian Gaming Commission that these issues be rectified so that the Code is as strong as possible and recommends to the Joint Select Committee that all such codes are strengthened to help protect those at risk.

(c) Early intervention strategies and training of staff;

Participants in Anglicare's research felt that venues were well aware of their problems but failed to help.

Well I usually drink when I am playing the machines and then I can sometimes lose track of how much I am spending and the staff keep serving drinks. However if someone is at the bar and they are drunk then they will be asked to leave, it's different ... The employees that work at the places, they can see how much money people spend but they are not allowed to go up and say to someone "Do you think you have spent too much money?"

(Douglas, mixed gambling)

[Venue staff] will chat to you either at the machine or at the bar... They know that you are overdoing it.

(Kevin, mixed gambling)

There needs to be more awareness. They need to have people in the hotel tapping people on the shoulder and checking on them. They need to have people to go and sit in these venues for several hours and watch what people are doing and how many times they are using the ATMs or going to their purse.

(Ben, mixed gambling)

Some participants felt that venue staff sometimes enticed people to gamble.

I've walked into a poker machine room with [my ex-wife] and the guy behind the bar's said, "Oh, we've had 3 big wins today, 3 people here won over \$2,000, so it's a payout day you'll probably get lucky" and so she's gone in thinking ... But the whole thing is a con, a sham.

(Jeffrey, ex-partner, poker machines)

And yet, Gamblers Help counsellors have provided input and participated in venue staff training through the Responsible Conduct of Gaming courses for many years. Our Gamblers Help community educators help venue staff learn how to identify people with gambling problems and provide information about intervention practices and referrals to Gamblers Help services. Anglicare believes that many staff are in a difficult position when it come to responsible service of gambling. For example, in small towns staff are often young and feel uncomfortable approaching people who are gambling, especially if they are the elders of their local community.

We hope that a recent increase in Tasmanian Government funding for Gamblers Help to provide venue visits, venue support and venue staff training to all gaming venues in Tasmania will improve intervention strategies.

Anglicare recommends that the Committee consider ways to strengthen the ability of venues to intervene when faced with risky gambling behaviour.

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

(i) counselling, including issues for counsellors

In partnership with Relationships Australia, Anglicare provides Gamblers Help services state-wide as follows:

- free and confidential counselling for anyone affected by gambling problems;
- individual and family counselling;
- financial counselling and financial assistance;
- self exclusions from gambling;
- venue visits, venue support and venue staff training;
- facilitated group support;
- outreach;
- collaboration with stakeholders and government and non-government organisations;
- and
- community education and community development.

Anglicare uses widely recognised methods of professional counselling in its Gamblers Help practice. These approaches include family therapy, solution-focussed therapy, cognitive behaviour therapy, strength-based therapy and motivational therapy with an overall focus on a strengths-based, solutions-focussed approach that is tailored to each client's needs. Counsellors use a case management approach and work in close collaboration with related services. Outreach is provided to 'at risk' locations in Tasmania.

Our counsellors undergo regular supervision as well as having access to courses and sessions to improve their skills. We encourage counsellors to attend the annual National Association of Gambling Studies (NAGS) conference.

Of concern is that a state-wide survey held in 2005 and 2007 by the Tasmanian Government found that awareness of help services had reduced between 2005 and 2007 (Department of Treasury and Finance 2008). While awareness of Anglicare services almost held steady, it is

of concern that other services became less well known in a space of just two years. We have found that often people will feel more comfortable talking about family problems or alcohol and drug problems but that it might take quite a few sessions before a person feels comfortable enough to overcome the shame and stigma of gambling problems.

Anglicare recommends that information about risky gambling behaviour (and its links to many other health problems) is provided more broadly across different health services to help practitioners identify people who are experiencing, or are at risk of, a gambling problem.

(ii) Education

As part of our Gamblers Help services, Anglicare works with stakeholders such as industry and government departments and other community organisations to educate them about the risks and harms of gambling and how to identify risky behaviour. We also work with community groups to build their capacity to develop healthy alternatives to gambling in their communities. For example, we recently commenced work in collaboration with Neighbourhood Houses to provide a range of interventions such as a 'chance to talk' and parenting courses. These programs aim to build the resilience and self-esteem of individuals so they are less likely to go for a game on the poker machines, help the Neighbourhood Houses develop activities that are meaningful and interesting and help them with referral pathways. Our educational work is particularly focussed on at-risk groups and communities such as those with mental health issues, those utilising DHHS family and disability services, CALD groups, young people, Indigenous people, seniors, people with intellectual disability or cognitive impairments, and people on community services or corrective orders.

Anglicare recommends that funding for work such as the examples above be continued.

(iii) Self-exclusion

Anglicare has been involved in the Tasmanian Gambling Exclusion Scheme since it started. A recent development that we welcome is that the Liquor and Gaming Branch now informs us of clients who have breached their self-exclusion so that a Gamblers Help counsellor can phone the person with the aim of encouraging them back into counselling.

(e) Data collection and evaluation issues;

Anglicare has a new database for collecting comprehensive case management information about each client. While in its early stages, we expect this new system to improve our service delivery because it will be easier to track the client's history, goals and progress made. Anglicare incorporates evaluation into each of its sessions using 'outcome measurement' questions and checking on goals and expectations. Anglicare also conducts regular client feedback surveys.

Gambling policy research and evaluation;

Anglicare is involved in policy research relating to gambling, including the prevention and treatment of problems. All of our research focuses on providing recommendations to all levels of government to improve their policies on gambling in order to reduce harm to people who gamble.

Anglicare recommends that all government-funded research should be focussed on policy outcomes.

Conclusions

Anglicare commends the Australian Parliament for looking into gambling as a major social problem for the nation. We sincerely hope that this Committee brings forward recommendations for action that will reduce harm to those at risk of developing a gambling problem.

References

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