

## **HARM MINIMISATION DISCUSSION PAPER**

### **PREAMBLE & KEY PRINCIPLES**

For most people, gambling is an enjoyable recreational activity which they participate in without causing harm to themselves, their families or their friends. However, for some people gambling can become addictive and have harmful and dangerous consequences. The challenge therefore for Governments and organisations that offer gambling products is to achieve an appropriate balance between implementing initiatives which seek to minimise problem gambling but at the same time do not detract from or diminish the enjoyment gambling provides for the majority of recreational gamblers.

In seeking this balance, Canberra Community Clubs suggests that the following key principles should guide the approach taken;

1. Evidence based - decisions should be based on a rigorous analysis of available evidence on the relative effectiveness of initiatives under consideration.
2. Proportionality - care needs to be exercised to ensure that harm minimisation initiatives directly and effectively address the problem but at the same time are not disproportionately cost prohibitive for Clubs; do not adversely impact the majority of players who do not have a gambling problem; and do not materially and unnecessarily reduce Club revenues to the detriment of the business.
3. Pervasiveness – initiatives should to the greatest possible extent apply across all gambling activities, venues and platforms. For example, initiatives which discourage an individual with a gambling problem from playing a poker machine in a particular Club will not be effective in addressing the gambling addiction if the individual is able to continue to gamble in other Clubs, the casino, other gambling venues or on-line.
4. Multifaceted – gambling addiction is a complex issue. Addressing it effectively requires a multifaceted approach and collaboration between Clubs, Governments and regulators, professional counselling service providers, other experts and the individuals concerned.
5. Personal responsibility - effectively responding to a problem gambling addiction requires individuals to take a level of personal responsibility and to initiate actions themselves to help address the problem. Clubs and other gaming venues certainly have a duty of care and must take on a responsibility and accountability to help individuals with a problem gambling. However, in the absence of a commitment to personal responsibility, actions by Clubs and other gaming venues will by themselves be largely ineffective.

### **BACKGROUND DATA**

In framing policy and developing program initiatives, it is important that it be done against the background of a clear understanding of relevant data and trends. This section outlines and summarises relevant data as it applies to gambling activity in the ACT.

#### **A National Perspective**

In terms of gambling levels and trends in the ACT vis a vis other jurisdictions, the latest comparative data<sup>1</sup> produced by the Queensland Government Treasury shows the following:

- Per capita gambling expenditure in the ACT in 2014/15 was \$762 compared to the national figure of \$1241. This is the lowest per capita figure in the country.
- Total gambling turnover between 2013/14 and 2014/15 reduced in the ACT by 6.6% compared to a national increase of 6.2%. The ACT reduction was the largest of any jurisdiction in Australia.

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<sup>1</sup> Australian Gambling Statistics, 1989–90 to 2014–15, 32nd edition Table E August 2016  
<http://www.qgso.qld.gov.au/products/reports/aus-gambling-stats/aus-gambling-stats-32nd-edn-summary-tables.pdf>

- Gaming expenditure as a percentage of household disposable income in 2014/15 was 0.67%, compared to 1.74% nationally. The ACT percentage is the lowest in Australia and it has declined consistently year on year since the early 2000s.

This data demonstrates that the ACT has a relatively low incidence of gambling compared to the rest of Australia.

### Gaming Spend & Patterns Within the ACT

Some years ago, The ACT Gambling and Racing Commission contracted The Australian National University's (ANU) Centre for Gambling Research to undertake a comprehensive study of gambling and problem gambling in the ACT. The subsequent ANU 2014 Survey on Gambling, Health and Wellbeing<sup>2</sup> was published in June 2016.

In terms of gambling participation in the ACT, major findings were as follows:

- participation in gambling activities has continued to fall over the last decade;
- total gambling expenditure fell by 19% from 2009 to 2014;
- around 45% of adults had not gambled in the previous 12 months, up from 30% in 2009; and
- 20% of adults gambled on gaming machines at least once in the last year (cf 30% in 2009), and less than 2% gambled on them once a week or more (cf 3% in 2009)

In terms of gambling harm, the level of problem gambling in the ACT, as measured by the widely used Problem Gambling Severity Index (PGSI), was 0.4% (0.5% in 2009) which compared to 0.8% in New South Wales, 0.5% in Queensland, 0.6% in South Australia and 1.0% in Victoria.

Comparisons between the 2009 and 2014 surveys in terms of problem gambling are summarised in the following table.

Category	2009 Survey	2014 Survey (adjusted by ANU to allow statistically valid survey comparisons)	2014 Survey	Number of ACT Adults
<b>Problem Gambling</b>				
Problem gamblers	0.5%	0.4%	0.4%	1110
Moderate risk problem gamblers	1.5%	0.8%	1.1%	3053
Low risk problem gamblers	3.4%	2.1%	3.9%	10,825
<b>Total reporting symptoms of problem gambling</b>	5.3%	3.3%	5.4%	14,988
Non-problem gamblers	62.1%	50.9%	48.7%	135,171
Non-gamblers	30.2%	45%	45%	124,901

Other statistics of note from the ANU report are as follows:

<sup>2</sup> [http://sociology.cass.anu.edu.au/sites/default/files/documents/2014\\_Gambling\\_Expenditure.pdf](http://sociology.cass.anu.edu.au/sites/default/files/documents/2014_Gambling_Expenditure.pdf)

- compared to the rest of the population, a problem gambler is more likely to be an older male and/or less well educated (eg people without a year 12 education);
- poor physical and mental health, smoking, and alcohol consumption were associated with problem gambling;
- less than 10% of people who have had gambling problems have ever received professional help for issues related to their gambling;
- people with gambling problems typically do not seek help until the consequences of their gambling are serious, with the most common predictor of help seeking was feeling suicidal;
- 15.8% of ACT adults have had a close family member with gambling issues;
- The largest problem gambling expenditure shares were for;
  - Sports betting – 42.2%
  - EGMs (ie poker machines)– 28.2%
  - Horses & greyhounds – 23.9%

In summary, CCC suggests that the key takeouts from the above data about gambling activity and behaviours in the ACT are as follows;

- total gaming expenditure, per capita gaming expenditure and gaming expenditure as a percentage of household disposable income are each in steady decline and are lower than any other jurisdiction in Australia;
- the number of adults gambling is in decline as is the number of adults playing gaming machines;
- the level of problem gambling is in decline, and is lower than any other jurisdiction;
- the typical profile of a problem gambler is older males and/or people that are less well educated;
- less than 10% of people who have had gambling problems have ever received professional help;
- sports betting is emerging as the platform of most concern in relation to problem gambling.

### **SUGGESTED APPROACH**

A review of the literature<sup>3</sup> suggests a useful framework for designing effective interventions for individuals with gambling problems involves applying strategies across five key areas:

1. **Direct Action** – this includes interventions (by Club staff, family, friends), self-assessment, individuals seeking out help.
2. **Cognitive Approaches** – this focusses on education and awareness initiatives both within Club venues and in the broader community.
3. **Social Inclusion & Engagement** – stresses the importance of gambling in a social environment and avoiding gambling in isolation where the risk of harm is considerably higher.
4. **Setting Limits** – involves initiatives and mechanisms for limiting time on the machine and money spent.
5. **Avoidance of Gaming Venues** – involves assisting individuals with a gambling problem develop strategies to help them avoid attending gambling venues.

### **SPECIFIC INITIATIVES**

Canberra Community Clubs has used this five-point framework to propose a potential set of initiatives outlined below.

#### **1. Direct Action**

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<sup>3</sup> “Facilitating Player Control in Gambling” Blasczynski, Parke, Harris, Parke, April 2015

CCC believes that, within the five-point framework, this should be the priority area of focus for Clubs. It is the area that we believe offers the most effective way for Clubs to make a material difference to the lives of people who have, or are developing, a problem with gambling. The intent is to put in place initiatives that not only improve the ability of Clubs to identify relevant individuals, but also to engage with them and work with them to help address their addiction problem. The interventions would involve a mix of interventions by a third party – for example, Club staff, other patrons, family and/or friends – as well as direct actions that the individual themselves can initiate (for example, self-assessment, reaching out for help and advice).

Currently within the ACT, the principal direct-action initiatives are;

- A Gaming Contact Officer in each Club whose role is to engage with patrons considered to be problem gamblers or potential problem gamblers, encourage them to seek assistance, and guide them through the options available to them.
- Gaming Contact Officers and any other staff directly engaged with patrons on gaming activities in a Club (ie EGMs, Keno, TAB) must do Responsible Conduct of Gaming (RCG) training which is delivered via an online platform.
- A self-exclusion program which provides a means for people to exclude themselves from gambling venues in the ACT.

CCC suggests a significant upgrade of direct-action initiatives across four areas;

1. The RCG training;
2. The self-exclusion program;
3. Introduction of a new self-assessment tool;
4. Introduction of a comprehensive Responsible Gaming Code of Conduct which is mandatory for all Clubs with EGMs. CCC suggests the model used in Victoria is a useful template.

In relation to the RCG training, CCC suggests the following:

- All Club customer facing staff – not just those engaging with patrons on gambling activities – must receive appropriate training.
- Club CEOs, Club Presidents and at least one other Board member must also undertake the training.
- The RCG training must be more rigorous than the current program. CCC recommends;
  - The training must be conducted via face-to-face modules;
  - There must be an annual refresher course for all staff;
  - The training must be delivered by an appropriately accredited expert body (eg Lifeline, Relationships Australia etc)
  - The training program should be at two levels – a base level course for all staff, and a more advanced program for the Gaming Contact Office, Duty & Floor Managers, CEOs, Presidents and relevant Board members.
    - The base level course focusses on skills for identifying individuals showing signs of problem gambling and on how to deal with people in difficult situations. Key outcomes will be an ability to identify individuals in need of crisis support; active listening skills; crisis support skills; effective communication skills; and self-care and reflection.
    - The advanced course builds on the base level course and includes increased awareness of suicidality and a knowledge of key elements of an effective suicide safety plan.

CCC suggests that, if the above initiatives are pursued, they be mandatory for all Clubs except those Clubs with less than 20 EGMs who could choose to participate voluntarily. In these small Clubs, EGM spend is very low and as such they are venues that do not generally attract potential problem gamblers.

These proposed initiatives are driven by two important considerations.

The first is coverage. We must ensure that all staff (not just a subset of staff) in a venue are equipped with the skills and knowledge to identify individuals who are, or potentially are, problem gamblers. The more staff who are trained to be alert to the issue and how to respond, the better the chances of effectively addressing the problem gambling issue in Clubs.

The second consideration is culture. This is very important. We need to strengthen the culture within Clubs around the commitment to the problem gambling issue and the important role Clubs can play in helping address that issue. And changing culture starts at the top. Hence, we need Clubs Presidents, Board Members and CEOs to be part of the annual training so they have a clear understanding of the issue and its potential consequences. This cultural change at the top will then percolate through the organisation and help empower staff to take action to intervene when they believe it is required.

In relation to the self-exclusion program, CCC suggests exploring options for upgrading to a self-exclusion model that is technology based. The current program relies on the venue receptionist or other Club staff recognising a person as they enter the venue or are in the venue. This is difficult at any time, and particularly so at peak times when multiple patrons will be entering the Club at any one time.

In this context, CCC is currently in discussions with a gaming machine manufacturer who is developing a phone app and associated technology that would alert Club staff to a self-excluded person being in a gaming machine room. Aside from removing the human identification element from the program - and in so doing make the program more effective - this technology would also have the additional advantage of allowing a self-excluded patron to enter a Club for a meal or a drink with friends. They would just not be permitted to enter the gaming room. Currently the self-exclusion program prevents the person from entering the venue at all.

In relation to self-assessment, CCC proposes consideration be given to trialling a recently developed self-assessment tool. The development of this tool – which comes as web site and/or phone app – has been a collaboration between investors related to the Club industry working with the expert advice from clinical psychologist specialising in the treatment of gambling disorders. The ability to be able to self-assess is very important for many people who are a reluctant to share their concerns about their gambling behaviour with others. As well as providing an assessment of gambling risk, the tool also provides extensive information on symptoms of problem gambling, tips for addressing gambling addiction, and lists counselling services available within certain distances of the person's residential post code.

In relation to a Code of Conduct, CCC proposes consideration of a Responsible Gaming Code of Conduct which is mandatory for all Clubs with EGMs. In Victoria, it is a condition of licence holders in the gambling industry to have a Responsible Gambling Code of Conduct. The Victorian Commission for Gambling and Liquor Regulation approves and monitors compliance with the Codes which are designed to;

- (i) reinforce and strengthen Clubs commitment to the principle of responsible gambling;

- (ii) increase awareness amongst patrons about gambling products and the importance of gambling responsibly; and
- (iii) alert patrons to the help and advice which is available to them if they are concerned about their gambling behaviours.<sup>4</sup>

CCC believes consideration of a similar Code in the ACT could help reinforce and promote a stronger culture of responsible gambling across Club venues.

## **2. Cognitive Approaches**

Education and awareness is an important element in helping address the problem gambling issue. Fundamentally it is about two things. Firstly, educating people - be they gamblers, other Club patrons, family members or friends - on the signs and symptoms that suggest an individual may be developing a gambling problem. And secondly it is about ensuring individuals who are at risk are aware of what advice and help is available to help them combat a gambling addiction problem.

Currently within the ACT, the principal education and awareness tools are Gambling & Racing Commission literature and signage in Clubs, additional literature and signage provided by individual Clubs, and messages on the poker machines themselves warning of the potential for problem gambling.

CCC suggests the following:

- Additional, more prominent and more “creative” signage and messaging in Clubs;
- A broader community education & awareness campaign targeted at two key levels;
  - (i) young people via schools, youth groups, sporting bodies etc
  - (ii) mature age people (eg 50+) who, based on the evidence, are the high-risk group for poker machine gambling.
- A community communications campaign aimed at promoting a more balanced and fact base public debate around problem gambling. The hoped-for outcome is a more constructive and informed public discussion of the issues and ways these might be addressed. The campaign should include the use of relevant case studies, empirical studies and academic literature.

## **3. Social Inclusion & Engagement**

All the expert advice and evidence indicates that people gambling in isolation is high risk. This is primarily because in these situations no-one can observe the gambling behaviour of the individual and therefore potentially intervene if there is evidence of a gambling addiction. This is a very important but often overlooked issue in the current debate around the role of Clubs in promoting responsible gambling. Clubs are social hubs and as such promote social inclusion and interaction between patrons and between patrons and staff. So for an individual who shows signs of having a gambling problem, being inside a Club increases the prospects that a staff member or another patron may intervene and encourage them to take appropriate action. If however the regulatory arrangements being applied to those playing poker machines in Clubs are so restrictive and interventionist that the individual with the gambling problem opts to gamble outside Clubs, and potentially in isolation (eg via an online platform), then the opportunity for that Club to help that gambler is lost. And of even more concern in this scenario it that it is likely to result in an escalation of the gambling problem to even higher risk levels.

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<sup>4</sup> <https://www.vcglr.vic.gov.au/gambling/manufacture-supplier-or-tester/understand-your-permit/responsible-gambling-code-conduct>

CCC therefore urges Government, regulators and relevant community groups to be sensitive to this issue in discussions around problem gambling initiatives. It is important that we strike the right balance between initiatives which can be taken within Clubs to address the problem gambling but which do not impose a regime that serves to move the individual with the gambling problem to other gambling platforms or channels that can be pursued privately and in isolation.

CCC suggests this is a key message which needs to be built in to the communications campaign and other initiatives recommended in Section 2 above on Cognitive approaches.

#### **4. Setting Limits**

Whilst the conclusions from the evidence globally are mixed, there does seem to be a consensus that initiatives which limit time and/or money spent or accessed can be beneficial for some individuals with a gambling problem. CCC accepts this, but has a strong view that any limits set will have a far greater prospect of being effective if they are linked to other initiatives such as those listed above. In particular, we believe that the staff training initiatives outlined in Section 1 above are key. Individuals with a gambling addiction will find ways to circumvent a regulation which is aimed at restricting access to the item that feeds the addiction. If however the limits are accompanied by a comprehensive training program such as we have suggested above, then staff will be observing individuals circumventing the limits and will recognise this as a problem gambling symptom. And then, if they are appropriately trained and are empowered by management to address the issue, they are much more likely to take appropriate action to intervene. So in this way the potency of an initiative such as limiting access to cash is significantly increased. Without the staff training and the management empowerment, staff intervention is less likely to occur and therefore the intended effect of the limit will be diluted.

Within the ACT, the two principal “limits” provisions up until recently have been;

- ATM withdrawal limits in Clubs – no more than \$250 can be withdrawn in a 24-hour period.
- EGM note limits in Clubs– a \$20 note is the maximum note that can be inserted into an EGM.

More recently, the Government has introduced an EFTPOS cash withdrawal limit in Clubs of \$200 per transaction. CCC supports this initiative. It is a good example of striking a balance between seeking to potentially reduce problem gambling through limiting access to cash but doing so without adversely impacting on all Club patrons and the health of Club businesses.

#### **5. Avoidance**

For an individual with a gambling problem, one of the strategies they need assistance with is how to avoid attending gambling venues. It sounds quite obvious and simplistic, but the advice from the counselling practitioners in the field is that it is often a very helpful strategy to work through with the problem gambler. Potential strategies could include avoid driving past the venue travelling to and from work; arrange to meet friends for drinks at venues that don't offer gaming; get involved in another social activity on the nights/days you normally attend a gaming venue.

CCC suggests this issue and strategies for addressing it need to be incorporated in to the communications campaign and other initiatives recommended in section 2 above on Cognitive approaches.

#### **CONCLUDING COMMENTS**

CCC believes that Clubs should and can do more to assist individuals in their venues who have, or potentially have, a problem with gambling. It is part of our duty care towards our members and their guests. The consequences of



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inaction are too high. However, CCC believes that actions and initiatives to be undertaken must be developed in collaboration with experts in the field and in accordance with the principles outlined at the start of this document.

CCC Clubs are committed to making a material difference in addressing this important community issue. Based on the very considerable research we have done and on discussions with experts in gambling addictions, we believe a comprehensive suite of initiatives such as those outlined above – if introduced as part of an integrated package – will improve the ability of Clubs to assist individuals in our venues who are battling gambling addiction.

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