



**ACT**  
Government



The Secretary  
Standing Committee on Public Accounts  
Legislative Assembly of the ACT  
GPO Box 1020  
CANBERRA ACT 2601

Dear Dr Cullen,

**Submission to the Inquiry into elements impacting on the future of the ACT clubs sector.**

Thank you for the opportunity to provide a submission to the Public Accounts Committee inquiry into elements impacting on the future of the ACT clubs sector.

The ACT Gambling and Racing Commission (the Commission), and the legislation that governs its regulatory operations, has the potential for significant impact on the future of ACT clubs. The regulatory policy settings in gaming legislation establish the parameters in this area while the Commission as regulator implements and enforces the relevant legislative provisions.

The attached submission supplies background information that is within the Commission's functions and responsibilities. It gives an outline of gambling and problem gambling in the ACT, details of the Commission's harm minimisation and research work, and examples of recent and future regulatory developments that may impact the clubs sector.


In particular, a number of research projects and reports have been summarised for the information of the Committee, with links provided to the full text of each.

Should the Committee require further information, please contact me

Yours sincerely

Greg Jones  
Chief Executive  
ACT Gambling and Racing Commission

13 May 2015

 A.C.T. LEGISLATIVE ASSEMBLY COMMITTEE OFFICE	
SUBMISSION NUMBER	55
DATE AUTH'D FOR PUBLICATION	15/5/15



**ACT**  
Government



GAMBLING  
AND  
RACING  
COMMISSION



## **Inquiry into elements impacting on the future of the ACT Clubs Sector**

### **Legislative Assembly**


for the Australian Capital Territory



**Standing Committee on Public Accounts**

## **ACT Gambling and Racing Commission Submission**

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# **Inquiry into elements impacting on the future of the ACT Clubs Sector**

## **Legislative Assembly**

for the Australian Capital Territory

**Standing Committee on Public Accounts**

## **ACT Gambling and Racing Commission Submission**

**13 May 2015**

## Introduction and Summary

The ACT Gambling and Racing Commission (the Commission), and the legislation that governs its regulatory operations, has the potential for significant impact on the future of ACT clubs. The regulatory policy settings in gaming legislation establish the parameters in this area while the Commission as regulator implements and enforces the relevant legislative provisions.

The Commission provides this submission to the Legislative Assembly Public Accounts Committee with a view to supplying relevant background information that is within the Commission's functions and responsibilities. It is understood that the Government will be providing a broader submission covering all terms of reference.

On the basis that gambling revenues are often a significant part of a club's revenues, gambling and problem gambling are key elements impacting on the future of the ACT club sector. On average, 50 percent of total club revenue is sourced from EGMs, although there is considerable variation in this percentage amongst individual clubs.

Gambling in its various forms in the ACT has a 70 percent adult participation rate as measured on an annual basis. Electronic gaming machines (EGMs) are one of the most popular forms of gambling in the ACT with these machines being located almost exclusively in licensed clubs. A minimum of eight percent of net gaming machine revenue is required to be contributed by clubs to the community, with 13.27 percent (or \$12.7 million) contributed in 2013-2014.

Problem gamblers as a proportion of the entire adult population of the ACT, as reported by the 2009 ACT Prevalence Survey, is 0.5 percent, with a further 1.5 percent classified as moderate risk problem gamblers. However, the study found that 27 percent of regular (at least once a week) EGM players were moderate risk or problem gamblers. Further ACT studies indicate that this group of gamblers contributed 41 percent of EGM revenue in 2009, with people experiencing moderate or higher levels of problem gambling symptoms (1.8 percent of the population) accounting for 27 percent of losses across all gambling types.

The impacts of problem gambling are difficult to measure, as most people do not seek formal help for gambling problems, and co-morbid disorders such as depression and anxiety are common. Many problem gamblers report difficulties with intimate relationships and families, lying to family members or engaging in furtive behaviour, or experiencing employment issues. In addition, it is estimated that 5-10 other people are negatively impacted for each gambler experiencing harm.

Harm minimisation is part of the Commission's statutory functions. The Commission uses a broad range of measures to minimise harm including through regulation of EGMs, a mandatory Code of Practice, providing help services for ACT residents, commissioning research, and funding assistance projects. Some of these projects are funded through the

Problem Gambling Assistance Fund, for which 0.6 percent of licensees' net gaming machine revenue is levied

Research projects, some funded directly or partially by the Commission and others from interstate or overseas jurisdictions, provide considerable knowledge and data to assist the development of policy and regulatory settings. As part of this submission the Commission has provided a number of summaries and references to relevant research reports which may be of assistance to the Committee. Further information in this area can be provided by the Commission as necessary.

In moving forward, the Commission has endorsed the use of public health principles to guide its future harm prevention initiatives, as have a number of other Australian jurisdictions. This approach involves activities targeted at different groups, including whole populations, at risk groups, and those experiencing harm from gambling.

A number of recent or future developments may also impact the club sector in the ACT. Government initiatives such as ticket-in ticket-out and cashless gaming, red tape reduction measures, risk-based compliance, the establishment of Access Canberra and a range of proposed legislative reforms will improve the efficiency of operations of the club industry. In the Commission's view, obtaining a balance between business opportunities and a proportionate regulatory approach that takes into account the potential harms caused by problem gambling is key.

The emergence of interactive and online gaming presents a challenge for regulators and the club sector, the size and extent of which is largely unknown.

## **Gambling in the ACT**

There were 49 licensed club venues in the ACT at 30 June 2014, which hold a total of 4,906 electronic gaming machines (EGMs)<sup>1</sup>. In addition, many clubs host TAB sub-agencies and Keno outlets, as well as holding Housie or bingo events. Most of the revenue for clubs from gambling comes from EGMs, with other forms of gambling contributing a minimal amount.

There are 10 hotels and taverns that are licensed to operate Class B EGMs, with a total of 68 machines allocated. These venues are not generally considered as competitors of the club sector or to be impacting on the future of the club sector mainly due to the class of EGMs they can operate, their size and patronage.

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<sup>1</sup> ACT Gambling and Racing Commission Annual Report 2013 – 2014, p21.

The *2009 Survey of the Nature and Extent of Gambling and Problem Gambling in the Australian Capital Territory*<sup>2</sup> ('2009 Prevalence Survey') gives the following information on gambling in the ACT:

- 69.8% of people reporting gambling in the past 12 months;
- 30.2% of the adult population reported having played EGMs;
- 25% had gambled on three or more activities;
- 47.7% had played lotto or any other lottery game;
- 5% (approximately) of the adult population used the internet to gamble;
- 24.5% had bet on horse or greyhound races;
- 7.9% had bet on a sporting or special event;
- 5.8% had played Keno at a club, hotel, casino or other place; and
- 2.1% had played bingo or housie at a club or hall.

These figures provide a general overview of gambling activity in the ACT in 2009. These figures indicate that gambling is a common activity for ACT adults, with the most common being lotto and EGMs. The study also notes that most gamblers reported more than one activity, with the number of activities relating to the frequency of gambling – people who gambled more than 48 times in the past year reported four or more types of activity<sup>3</sup>.

A summary of the findings of the 2009 ACT Prevalence Survey including a link to the complete report is at [Attachment A](#).

A new prevalence study for 2014 – 2015 is being prepared by the Centre for Gambling Research at the Australian National University (ANU) which will provide updated information and will enable trends in gambling behaviour to be identified.

## **Revenue from EGM gambling**

The total Gross Gaming Machine Revenue (GGMR) obtained by clubs in the ACT in 2013 - 2014 was \$170,150,096<sup>4</sup>.

A comparison of GGMR with a venue's total gross revenue figures are reported in the annual reports of licensed clubs in the ACT. These indicate that GGMR constitutes an average of 50 percent of total club revenue. However as the table at [Attachment B](#) shows there is considerable variation in this percentage amongst individual clubs ranging from as high 74 percent of total revenue to less than 10 percent for a number of smaller clubs.

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<sup>2</sup> Davidson and Rogers 2010, p4 and p19.

<sup>3</sup> Davidson and Rogers 2010, p42.

<sup>4</sup> ACT Gambling and Racing Commission 2014, p23.

Community contributions are made by licensed clubs based on their net gaming machine revenue under sections 164 and 169 of the *Gaming Machine Act 2004*. Licensees are required to contribute a minimum of 8 percent of their net gaming machine revenue for the purpose of:

- contributing to or supporting the development of the community; or
- raising the standard of living of the community or part of the community.

In 2013-14, clubs made community contributions to the value of \$12.7 million which was 13.27 percent of their net gaming machine revenue<sup>5</sup>. Of the \$12.7 million, \$8.2 million (65%) was for sport and recreation, \$1.7 million (13%) was for non-profit activities and \$1.1 million (8%) was for charitable and social welfare.

## **Prevalence of problem gambling in the ACT**

Problem gambling is defined as follows:

*Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.*<sup>6</sup>

It is measured using a questionnaire relating to the extent and frequency of harms experienced from gambling. It scores responses on a continuum of harm from non-problem gambling (a score of 0), low levels of problems with few or no identified consequences (1-2), moderate level of problems leading to some negative consequences (3-7), and problem gambling with negative consequences and possible loss of control (8 or more).

The Commission has committed to conducting an ACT problem gambling prevalence survey every five years. The ANU Centre for Gambling Research (CGR) has recently completed data collection for the next ACT prevalence report to be published later this year. A draft of the report will allow the Commission to provide preliminary ACT problem gambling prevalence data on a confidential basis to the Inquiry.

The 2009 Prevalence Survey was published in 2010 and found problem gambling prevalence rates as indicated in the table below.

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<sup>5</sup> ACT Gambling and Racing Commission 2014, p1.

<sup>6</sup> Neal et al, 2005.

Table 1: ACT Problem Gambling Prevalence Rates 2009

<b>Risk Category</b>	<b>Proportion based on survey</b>	<b>Equivalent number of adults</b>
problem gambler	0.5%	1,370
moderate risk problem gambler	1.5%	4,111
low risk problem gambler	3.4%	9,318
Total reporting symptoms of problem gambling	5.3%	14,525

It is important to note that the figures above reflect the prevalence of problem gambling in the whole adult population, including people who do not gamble or gamble infrequently. They do not reflect the prevalence of problem gambling amongst people who use gambling products regularly or the prevalence amongst users of particular gambling products. The study found that 27 percent of regular (at least once a week) EGM players were moderate risk or problem gamblers.

The prevalence survey found that the typical problem gambler is male, young and less well educated – education level had the strongest association with gambling measures.

Expenditure data collected in the 2009 ACT prevalence survey indicate that moderate risk and problem gamblers together accounted for 41 percent of EGM revenue. People experiencing moderate or higher levels of problem gambling symptoms accounted for 27 percent of losses across all gambling types but represent only 2 percent of the ACT population<sup>7</sup>.

This is consistent with the Productivity Commission's estimate that on average moderate risk and problem gamblers together accounted for 60 percent of Australian EGM revenue<sup>8</sup>. The 2013 Tasmanian prevalence survey, which is the most recent of this kind from other Australian jurisdictions, found that, for that State, this group of gamblers accounted for 36 percent of EGM expenditure<sup>9</sup>.

## Impact of problem gambling

The 2009 Prevalence survey notes that “nearly half (47.6%) of those who reported having current problems said they had had problems for five or more years”<sup>10</sup>. This indicates that gambling issues can be ongoing and persistent.

<sup>7</sup> Centre for Gambling Research, unpublished.

<sup>8</sup> Productivity Commission 2010, p5.33

<sup>9</sup> ACIL Allen Consulting 2014, p89.

<sup>10</sup> Davidson and Rogers 2010, p56.

The impact of problem gambling is difficult to measure, as most people do not seek formal help for gambling issues or may present to services for assistance with another matter such as financial, relationship or employment difficulties. In addition, a Gambling Research Australia study found that rates of alcohol dependence, smoking and other drug use appeared to be higher for problem gamblers than the general community<sup>11</sup>. The study also found a greater incidence of mental disorders in this group. While the study (summarised at [Attachment C](#)) notes that the causation path – whether a gambling problem appeared before other issues - is not clear, it did find an association between problem gambling and other co-morbid disorders.

A review paper by the Australian Psychological Society found that<sup>12</sup>:

- 40-60% of problem gamblers in treatment samples experience clinical depression, display suicidal ideation, or have significant levels of anxiety;
- 50-60% of gamblers smoke compared to 22% of the general population; and
- problem gamblers have a higher likelihood of engaging in behaviours such as substance abuse; and
- there is some evidence that problem gamblers also report employment issues related to gambling, including giving up time from work to gamble, losing jobs due to gambling, and committing crimes to fund gambling.

The paper also notes that many problem gamblers report:<sup>13</sup>

- intimate relationship and family difficulties;
- having lost or jeopardised relationships as a result of gambling;
- putting off activities or neglected their families because of gambling; and
- having lied to family members or engaged in furtive activities to conceal the extent of their gambling.

While there is less direct evidence, it can be extrapolated from the types of harms experienced by problem gamblers that these issues can impact their families, friends and local communities. It is estimated that for each gambler experiencing harm, 5-10 other people are also negatively impacted.<sup>14</sup>

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<sup>11</sup> Haw et al 2013, p177.

<sup>12</sup> Rickwood et al 2010, p7.

<sup>13</sup> Rickwood et al 2010, p7.

<sup>14</sup> Productivity Commission 1999.

## Gambling Harm Minimisation in the ACT

Harm minimisation measures are designed to reduce the likelihood that people will gamble in a way that causes harm to themselves, others or the community. Harm minimisation recognises that prohibition or abstinence is not appropriate or necessary in all circumstances, but that some protection from the effects of risky products or behaviours is necessary:

“Harm reduction aims to decrease the adverse health, social, and economic consequences of [gambling] without requiring abstinence (but without ruling out abstinence in the longer term, if this is the client’s choice). Harm reduction is pragmatic and humanistic, focussed on harms and on priority issues.”<sup>15</sup>

The minimisation of harm caused by problem gambling is a key statutory function of the Commission. Through legislative provisions enacted by the Legislative Assembly, the Commission employs a broad range of measures to minimise harm from gambling in the ACT which includes:

- restrictions on the features of EGMs and the games approved for use in the ACT such as settings for rates of play, maximum bet amounts etc;
- legislative restrictions and settings covering accessibility to gambling products and access to cash;
- the requirement that licensees comply with a mandatory Code of Practice;
- the provision of help services for ACT residents experiencing harm from gambling and for their families;
- commissioning research into the causes of and most effective prevention of problem gambling harm; and
- funding projects through the Problem Gambling Assistance Fund that inform about or reduce the impact of problem gambling.

The *ACT Gambling and Racing Control (Code of Practice) Regulation 2002* is a mandatory code with which all licensees must comply. The Code was amended in 2014 following a review of its operation including its relevance. The Code of Practice prescribes minimum standards that must be met in providing patrons with access to gambling products.

It is important to note that a harm minimisation strategy employs a range of approaches to the issue, including physical (venue) aspects, availability of gambling products, design of the product and access to cash. It is clearly important that the suite of measures used are complementary in that they work together to achieve an effective harm reduction

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<sup>15</sup> Centre for Addiction and Mental Health in Canada, cited in Blaszczyński et al, 2001, p23.

approach. This approach should be evidence based to ensure that interventions are relevant and proportionate.

The Government's approach to harm minimisation, through the Code of Practice and other legislative mechanisms, reflects this multifaceted requirement. Generally, it is difficult to measure the effectiveness of individual measures especially where a number of approaches change simultaneously or other variables (such as economic circumstances) change at the same time.

### **Gambling help services in the ACT**

People in the ACT experiencing harm from gambling, whether they be the gambler or an affected family member, have access to a range of help services provided by or funded through the Commission. These include:

- information prepared and distributed by the Commission aimed at assisting gamblers and family members identify gambling problems, access self-help strategies and the availability of help services;
- access to 24 hour telephone counselling through the National Gambling Helpline 1800 858 858;
- access to 24 hour information, online counselling, email and forum support through Gambling Help Online; and
- free of charge face to face and telephone counselling and group support through the ACT Gambling Counselling and Support Service.

From 1 July 2014 to 31 March 2015 (9 months), the ACT Gambling Counselling and Support Service worked with 128 new gambling clients, 36 affected family members and provided financial counselling to 192 clients.

Notwithstanding the availability of free help services, the 2011 Centre for Gambling Research report *Help seeking and Uptake of Services Amongst People with Gambling Problems in the ACT* found that less than ten percent of people with problem gambling symptoms in the ACT sought help from specialist gambling help services<sup>16</sup>. This is consistent with help seeking rates across Australia.

In addition, the 2013 report *Stigma and help-seeking for gambling problems*<sup>17</sup> found that:

- people with gambling problems experience high levels of stigma and shame about having gambling problems;
- stigma may be a barrier to both self-identification of and help-seeking for problems with gambling; and

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<sup>16</sup> Carroll et al 2011, p6.

<sup>17</sup> Carroll et al 2013.

- messages encouraging people to gambling responsibly may increase feelings of stigma particularly for people already experiencing gambling problems.

A summary of findings and a link to the help-seeking report is at [Attachment D](#), and a summary and link for the stigma report is at [Attachment E](#).

One response to these findings includes the Commission funding training for community sector workers not specifically involved in gambling help to be able to better identify and assist their clients who are experiencing problem with gambling. The findings have also contributed to a review of the Commission's messages about gambling harm.

## **Research into problem gambling and harm**

The Commission instigates research into the causes and most effective prevention of problem gambling harm in its own right, primarily through its partnership with the ANU through which the ANU Centre for Gambling Research (CGR) was established. The Commission also partners with other jurisdictions in research projects either directly or collectively through Gambling Research Australia. The Commission also engages with the Australian Gambling Research Centre and seeks advice directly from gambling researchers and gambling regulators in other jurisdictions as required.

CGR research projects currently underway include:

- The 2014 Survey on Gambling, Health and Wellbeing in the ACT (Prevalence Survey);
- The Client Cohort Longitudinal Study (in partnership with the NSW Responsible Gambling Fund); and
- An analysis of gambling expenditure by level of problem gambling, type of activity, and demographic and socioeconomic characteristics.

GRA research projects currently underway include:

- Marketing of Sportsbetting and Racing;
- Innovations in Traditional Gambling Products;
- Loyalty Programs;
- Casinos and Problem Gambling;
- The Use of Social Media in Gambling; and
- Efficacy of Gambler Self-Help Strategies.

Additional research projects that may be of interest to the Committee are summarised in [Attachment F](#).

## Problem Gambling Assistance Fund

The Problem Gambling Assistance Fund (PGAF) was established for the purpose of alleviating problem gambling or the disadvantages that arise from problem gambling and for providing or ascertaining information about problem gambling. Revenue for the Fund is sourced from a 0.6 per cent levy on gaming machine licensees' net gaming machine revenue and contributions on a voluntary basis from TABCORP and Casino Canberra Limited. An advisory committee comprising representatives of fund contributors advises the Commission as to the merit of applications for funding. Projects funded by the PGAF are listed in the following table.

Table 2: Problem Gambling Assistance Fund projects

<b>Gambling Help Online</b>	www.gamblinghelponline.org.au provides information and online access to qualified gambling counsellors 24 hours a day, seven days a week at no charge to users.
<b>Online Exclusion Database</b>	The database supports the exclusion from gambling scheme in the ACT , known as the ACT Online Gambling Exclusion Scheme
<b>Training for community service workers</b>	Training and support for the community sector on how to identify and respond to people who have gambling problems presenting at their service for assistance with other problems.
<b>Upgrade ACT 'Problem Gambling' website</b>	The Gambling and Racing Commission's problem gambling website
<b>ANU CGR Preventive Interventions research</b>	This project will inform policy and programs regarding the efficacy of community education campaigns for problem gambling
<b>ANU Longitudinal Client research</b>	This project, in partnership with the NSW regulator, will investigate how individuals reached problem gambling treatment services and follow them through the period of receiving help and after treatment has ended.
<b>ACT Gambling Counselling and Support Service</b>	The Service is provided through Relationships Australia and includes face-to-face and telephone counselling for problem gamblers and their family and friends.
<b>Problem gambling support signage</b>	This project has provided generic signage promoting the ACT Gambling Counselling and Support Service to all gaming machine licensees, ACTTAB venues and Casino Canberra.
<b>OzHelp gambling education</b>	This project aims to introduce a responsible gambling topic relevant to workers in the building and construction industry.

<b>Multicultural information</b>	The translation and publication of material and radio broadcasting of information aimed at promoting and assisting problem gambling help seeking behaviour within the ACT multicultural community.
<b>The Young People and Gambling Project</b>	This Youth Coalition of the ACT project aims to raise awareness of risky or harmful behaviour among young people in the ACT.

## Future strategies - A public health approach

A key theme of the *Productivity Commission Inquiry Report on Gambling*<sup>18</sup> was to understand and respond to problem gambling through the lens of a public health model. Recommendation 7.4 of the report called for Federal and State governments to “co-operate to...develop national guidelines, outcome measures and datasets for prevention and early intervention measures...”. This theme was echoed in the third report of the Parliamentary Joint Select Committee on Gambling Reform<sup>19</sup>.

The 2015 report *Preventive Interventions for Problem Gambling: A Public Health Perspective*<sup>20</sup> funded by the Commission and produced by the ANU, endorsed a public health meta-framework as an appropriate and useful approach for gambling and problem gambling and as a basis for a contemporary health promotion approach. Such an approach incorporates different levels of prevention depending on the intended target, including:

- the whole population or community;
- those at increased risk of problems with the aim of slowing or halting the development of problems; and
- those who are experiencing problems and aims to reduce the negative impacts associated with the problem.

A summary of the findings of the report and a link to the full article are at [Attachment G](#).

The Commission has endorsed the use of public health principles to guide its future harm prevention initiatives. Victoria, NSW, South Australia and Queensland also either employ or are implementing a public health approach to gambling harm prevention.

<sup>18</sup> Productivity Commission, 2010.

<sup>19</sup> Parliamentary Joint Select Committee on Gambling Reform, 2012.

<sup>20</sup> Rogers et al, 2015.

## Developments in gaming affecting the clubs sector

### Interactive gaming

Interactive gaming includes wagering and gambling on the internet, for example using a computer or a mobile device. Wagering on sports and races online is legal and regulated in Australia however there are minimal harm prevention strategies in place to protect users.

The emergence of international sites for race and sports bookmaking, as well as online 'slot machines' and casino games, has presented difficulties for regulators across Australia. While the *Interactive Gambling Act 2001* (Cth) prohibits advertising or providing interactive gambling to Australians, enforcement difficulties emerge when the website operator is not located in Australia.

A 2014 study found interactive gamblers were more likely to gamble on sports, races and poker, whereas land-based gamblers were more likely to use EGMs<sup>21</sup>, and that interactive gamblers participate in multiple forms of gambling. The study concluded that there appears to be significant differences between this group and land-based gamblers.

The popularity of gambling online, for example 'slot machines' or casino games, is increasing, particularly among younger males, although this increase is from a very low base.

A summary of the findings of the study and a link to the full report are at [Attachment H](#).

### Ticket-in ticket-out

Ticket-in ticket-out (TITO) is a form of cashless gaming where a patron uses a ticket or voucher in an EGM instead of cash.

Ticket-out has been permitted in the ACT since 2004, with patrons inserting cash into the EGM and receiving a printed slip of paper at the end of play that can be redeemed for cash. Ticket-in allows patrons to take a ticket from one machine and insert it into another to continue playing, without the need for cash redemption.

Cashless gaming such as TITO was approved under Regulation in the ACT in 2014, subject to a number of conditions. These included a limit on the value of a ticket that can be inserted into an EGM, responsible gambling messages appropriate for the ACT appearing on tickets and patrons being informed by licensees on their choices for the redemption of tickets.

The commencement of TITO in October 2014 has not to date provided any significant increase in gaming machine revenues for the club industry as a whole.

In the future, card-based cashless gaming may be possible, where patrons insert a card into the EGM rather than a ticket. This player account card would hold data on the player's activity and store gaming credits for use at a later date.

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<sup>21</sup> Hing et al, 2014, p xxiii.

The key benefit for clubs of cashless gaming is that less cash is required and handled on the premises. This means that there is a reduced requirement for staff to empty cash directly from the EGMs and there is improved security and fraud prevention.

### **Red tape reduction**

The Commission (and other agencies) provide periodic advice on red tape reduction measures that could increase the efficiency of the Government's regulatory schemes including those covering the club sector. Examples of red tape reduction undertaken by Government that are relevant to the club sector include the following:

- allowing licensees to relocate EGMs within approved gaming areas without application;
- removing the requirement for machine access registers and replacing them with computer cabinet access registers;
- increasing licensing periods for Technicians to three years rather than two;
- removing the requirements for gaming machine Attendants to be licensed; and
- enabling small clubs to pay their contribution to the Problem Gambling Assistance Fund on an annual rather than monthly basis.

### **Risk-based compliance**

The Commission reviews its risk-based compliance program to ensure its regulatory effort is focused on where the harms and risks have been identified. Planning is underway to work towards a system of co-regulation as outlined by the Australian National Audit Office, whereby the sector undertakes a certain level of self-regulation through voluntary activities and the regulator undertakes compliance monitoring and enforcement activity.

This approach will require a further focus on licensees' compliance performance and the effectiveness of the licensee's systems and procedures. The level of compliance effort by the Commission devoted to each licensee will increasingly be determined by these factors.

### **Centralised Monitoring System**

Many jurisdictions use a Centralised Monitoring System (CMS) to calculate the gaming tax payable by a venue and to collect other information about an EGM's operations through a secure computer system. A CMS provides gaming statistics to venue operators and the regulator through a secure computer network.

This eliminates the need for manually reading the meters installed on each EGM to determine revenue and turnover, and for licensees to fill in paper forms for tax and community contribution purposes.

It also allows the regulator to remotely monitor the performance of EGMs in terms of their security, integrity and ongoing operations.

The cost of installing a CMS in the ACT has in the past been prohibitive given the lack of economies of scale possible in larger jurisdictions. Some group clubs have internal monitoring systems covering their own operations however these are not linked to provide information to the Commission or vice versa. Given that technology has moved forward in this area in more recent times, the Commission, in conjunction with the club industry, will be exploring the options to pursue more efficient solutions to the collection of taxes and the monitoring of gaming machine activity. While such systems come at a cost, the long term efficiencies are likely to be positive at least for the larger venues.

### **Access Canberra**

Access Canberra is a recent Government initiative that brings together a number of regulatory agencies including the Commission, with a view to streamlining businesses' interactions with the ACT Government. Access Canberra will facilitate a more co-ordinated approach to customer service and regulation such as through co-ordinated compliance programs, sharing of commonly collected data and improved data management.

Being part of Access Canberra will accelerate the Commission's regulatory reform proposals outlined above that will improve and enhance its risk-based compliance model.

Through Access Canberra, the use of Smart Forms, an online method of completing and submitting forms that is designed to be dynamic, rapid and accurate, is currently being investigated and developed. These forms are intended to reduce the paperwork burden on customers, including the club sector, and the Commission by potentially automatically completing some information, identifying only relevant information fields, and allowing completed forms to be automatically submitted to the regulator. The Commission will be able to receive accurate data, reduce manual data entry requirements and approve applications more quickly.

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# ***ACT Gambling Prevalence Study (2010)***

## **Summary of Findings**

### **Objective:**

*The Nature and Extent of Gambling and Problem Gambling in the Australian Capital Territory* study investigated gambling participation in the ACT, and estimated the prevalence of problem gambling. It also gathered information on health and wellbeing and socio-demographic features associated with gambling.

### **Background:**

The Centre for Gambling Research interviewed over 2,000 people from the ACT for this study. The final report was published in 2010. The only previous prevalence study on gambling in the ACT was undertaken in 2001.

### **Scope:**

This report, funded by the Commission, focused on gambling participation across the ACT population.

### **Key Findings:**

#### Participation:

- around 70% of adults gambled at least once in the last 12 months;
- 30% of adults played electronic gaming machines (EGM) at least once in the last year with 3% playing at least once a week;
- on average 35.2% gambled less than once per month;
- 17.1% gambled more than monthly;
- 17.6% gambled at least weekly;
- participation in gambling activities has fallen slightly (3%) in the last decade;
- most gamblers reported gambling on more than one activity with some activities rarely reported in isolation;
- 13.1% of EGM players reported gambling on EGMs alone; and
- compared to the rest of the population, high frequency gamblers (who are not necessarily problem gamblers) are more likely to be male, in an older age group, less educated, with income derived from pensions, benefits, or superannuation, or in full time employment.

#### Expenditure:

- overall, gamblers spent 21% less than in 2000-01;
- 17.3% of the adult population reported losses of \$520 or more in the last year;
- per capita expenditure on gambling in the ACT in 2007-2008 was \$918 per adult, which is \$194 less than the national average of \$1,112;
- between 2000-01 and 2007-08, per capita gambling expenditure in the ACT fell by 4% in dollar terms and 21% in real terms; and

- there is a strong interrelation between frequency of gambling, number of gambling activities reported, amount of money lost and duration of gambling session.

Table: Prevalence of gambling in the ACT, 2009

Category	Proportion based on survey	Equivalent number of adults
Problem gamblers	0.5%	1,370
Moderate risk problem gamblers	1.5%	4,111
Low risk problem gamblers	3.4%	9,318
Total reporting symptoms of problem gambling	5.3%	14,525

High frequency gamblers	17.6%	48,234
Medium frequency gamblers	17.1%	46,863
Low frequency gamblers	35.2%	96,467
Non-gamblers	30.2%	82,764

Expenditure of less than \$103 in the last year	66.9%	183,342
Expenditure of \$103 - \$999 in the last year	22.8%	62,484
Expenditure of \$1,000 - \$9,999 in the last year	9.0%	24,665
Expenditure over \$10,000 in the last year	1.4%	3,837

High frequency gambling: 48+ times in the past year, or 4+ times per month. Medium frequency gambling: 12 to 47 times in the last year. Low frequency gambling: fewer than 12 times in the last year. Percentages have been rounded to nearest 0.1%. Numbers are estimates of the number of adults in the ACT population for each category. Findings applied to estimated June 2009 adult population of the ACT (274,054)

#### Problem gambling:

- the level of problem gambling in the entire ACT adult population, as measured by the Canadian Problem Gambling Index (CPGI), is 0.5% which compares to 0.4% in New South Wales, Queensland and South Australia, and 0.7% in Victoria;
- 7.9% of gamblers had at least one symptom of problem gambling, with 2.9% being classified as moderate risk or problem gamblers;
- of those that were identified as moderate risk or problem gamblers, 90% reported playing EGMs (but not necessarily exclusively);
- problem gamblers tend to bet on a range of products – the average being four different products;
- the typical problem gambler is male, young and less well educated – education level has the strongest association with gambling measures;

- 44.5% of people gambling weekly or more on activities other than scratch tickets or lotteries were experiencing some symptoms of problem gambling and 5.6% were identified as problem gamblers;
- 55% of those who played EGMs weekly or more were experiencing some symptoms of problem gambling and 8.9% were problem gamblers;
- smoking and harmful levels of alcohol consumption were strongly associated with higher frequency gambling; and
- problem gamblers and those at risk typically do not seek assistance such as counselling support until they are at risk of, or are contemplating, suicide.

#### Gaming machines:

- second most popular product after lotteries -
  - 30.2% of the population played EGMs in the past year; and
  - 10% of EGM users played weekly or more.
- 5% of EGM players reported losses of \$5,000 or more in the last year;
- 7% were identified as moderate risk or problem gamblers;
- 11.9% typically spent more than 2 hours on EGMs when at a venue;
- 92.2% of people identified as moderate risk/problem gamblers played EGMs and this was the most common activity reported by this group; and
- just under 27% of regular (weekly or more) EGM players in the ACT are problem gamblers or at moderate risk. Nationally, the figure is around 30%.

#### Internet gambling

- 5.2% of people reporting that they used the internet to gamble;
- internet gambling was associated with high expenditure, moderate risk/problem gambling and for those playing casino type games for money (1% of the population) long session times;
- 35.4% of people who reported playing casino type games on the internet were identified as showing some symptoms of problem gambling; and
- about 20% of all internet gamblers reported losing \$2,000 or more in the last 12 months.

#### Help seeking and service use:

- 0.7% of the general population reported receiving help for gambling problems, which is consistent with figures in other Australian jurisdictions;
- only an estimated 20% of problem gamblers ever receive help;
- feeling suicidal was the most common factor associated with help-seeking for problem gamblers;
- there was also little indication that people had tried to get help but could not access services, or that they wanted help in some way but did not know how to go about finding it; and
- when asked directly why they had not looked for help, most people said that they felt they could beat their problem on their own or that they did not need help.

Community attitudes:

- 57.8% of the ACT population thought that the number of EGMs should be decreased; and
- 70.3% did not think ATMs should be available in EGM venues.

Limitations:

- care must be exercised when assessments of risk or harm use the entire population as a base, as this includes infrequent and non-gamblers.
- a different measure of problem gambling severity was used in 2001, meaning the results are not directly comparable with 2009 data. Where the measurement components of each assessment method are comparable, there is an indication of a slight decline in gambling problems among regular gamblers.

**Reference and Internet link**

Davidson, A and Rodgers, B, *The Nature and Extent of Gambling, and Problem Gambling, in the Australian Capital Territory: Final Report*. Centre for Gambling Research, ANU, 2010.

[http://sociology.cass.anu.edu.au/sites/default/files/documents/2009\\_Survey\\_of\\_Nature\\_and\\_Extent\\_of\\_Gambling\\_ACT.pdf](http://sociology.cass.anu.edu.au/sites/default/files/documents/2009_Survey_of_Nature_and_Extent_of_Gambling_ACT.pdf)

### Share of Gross Revenue from EGMs

<b>Club</b>	<b>GGMR % of Total Revenue</b>	<b>Total Gross Revenue (\$) From Operating Activities (incl GST)</b>	<b>Total GGMR (\$) (incl GST)</b>
Club Group 8	73.97	5,213,313.60	3,856,214.84
Club Group 3	68.19	36,592,033.50	24,951,537.61
Club Group 7	67.00	15,441,514.00	10,345,878.04
Club Group 4	63.39	29,833,338.70	18,911,991.53
Club Group 2	62.85	40,338,390.40	25,351,137.61
Club 2	61.51	8,729,134.70	5,369,635.41
Club Group 5	57.45	27,436,432.10	15,761,183.27
Club 1	57.26	26,820,817.10	15,356,903.94
Club 4	54.58	4,253,425.00	2,321,672.16
Club Group 1	46.47	56,003,181.30	26,023,484.99
Club Group 6	39.78	31,181,675.80	12,402,757.02
Club Group 9	37.81	8,934,645.50	3,378,021.00
Club 6	37.31	1,629,219.90	607,831.00
Club 3	34.29	11,009,341.20	3,774,950.59
Club 5	31.77	2,139,065.50	679,635.37
Club 7	28.68	1,948,800.70	558,967.00
Club 8	21.84	1,530,029.60	334,101.00
Club 11	16.03	714,312.50	114,470.95
Club 15	14.48	430,291.52	62,325.00
Club 13	13.58	670,422.50	91,031.00
Club 17	12.17	117,343.60	14,279.00
Club 12	8.24	1,159,618.90	95,603.00
Club 10	8.14	1,970,214.40	160,430.00
Club 9	8.01	4,163,074.30	333,540.25
Club 18	3.64	380,700.10	13,858.00
Club 14	1.28	5,050,947.00	64,451.00
Club 16	0.54	3,892,956.10	20,974.00
Club 19	-0.003354	9,927,396.60	-333.00
<b>Total</b>	<b>50.65</b>	<b>337,511,636.12</b>	<b>170,956,531.58</b>

#### Notes

All gross revenue figures and Gross Gaming Machine Revenue (GGMR) figures taken from Club's constituted financial year that closest relates to the 2013-2014 financial year ending 30 June 2014.

All gross revenue figures are taken from Club's Annual Reports. GST was then added for consistency with GGMR figures, which are GST inclusive.

All GGMR figures are taken from licensee's monthly tax submissions.

## ***Gambling and Co-morbid Disorders (2009)***

### **Summary of Findings**

#### **Objective:**

The objectives of the research were to increase the understanding of the role of co-morbid disorders in problem gambling and assist in the development of effective prevention and intervention measures to avoid problem gambling.

#### **Background:**

The research sought to understand the temporal relationship between problem gambling and other co-occurring disorders whether the presence of a particular co-morbid condition or a series of co-morbidities predict the development or presence of problem gambling.

#### **Scope:**

The project, commissioned through Gambling Research Australia, included a literature review, forums and focus groups with problem gambling counsellors and mental health experts, and an online survey of problem gamblers in treatment with participants from around Australia.

#### **Findings:**

The literature review found that:

- there is ample evidence that the rates of alcohol dependence, smoking and other drug use appear to be significantly higher in the problem gambler population than in the general community;
- gambling counsellors and mental health experts identified eight disorders as the most likely to co-occur with problem gambling: depression, anxiety disorders, alcohol abuse/dependence, drug abuse/dependence, nicotine dependence and personality disorders; and
- demographic differences between those with and without co-morbid conditions were not obvious to the therapists and counsellors. Although most believe that depression and/or anxiety disorders come before problem gambling, others are of the view that this depended upon which condition was being treated. Findings were inconclusive on the temporal sequencing of problem gambling and co-morbid disorders.

The online survey of problem gamblers in treatment found that:

- only one percent of the sample of 267 indicated that they had never experienced any of the disorders tested, with the majority having experienced depression and anxiety;
- men were likely to have their first experience of problem gambling some 11 years earlier than women;
- both genders indicated gaming machines were generally the product which is associated with that experience, wagering on races was more common for men than women;

- ninety-two percent of the problem gamblers in treatment had experienced depression and 81 percent had experienced anxiety;
- men who had experienced a depressive or anxiety illness did so after the initial problem gambling experience and with women the reverse was generally the case;
- only 36 percent and 28 percent (of the sample of 267) had indicated that they had experienced alcohol abuse or had been nicotine dependant respectively; and
- when tested for impulsivity issues, this was found to be a significant predictor of problem gambling for both genders.

Suggestions from participants included:

- educating the community about the first signs of problem gambling via television campaigns were considered important.
- raising the profile of problem gambling as a public health priority to match the profiles of alcohol and other drug abuse as a priority;
- advertising restrictions on sports-betting and internet gambling.

**Reference and Internet link:**

Haw, J & Hing, N 2009, 'Gambling and co-morbid disorders', workshop presented to 19th Annual National Association for Gambling Studies (NAGS) Conference, Canberra, ACT, 18-20 November.

<http://www.gamblingresearch.org.au/home/research/gra+research+reports/gambling+and+co-morbid+disorders>

## ***Help-seeking and Uptake of Services Amongst People with Gambling Problems in the ACT (2011)***

### **Summary of Findings**

#### **Objectives:**

The purpose of this study was to better understand what encourages people to seek help for their gambling problems and the barriers encountered by those who do not receive help.

#### **Background:**

Research shows that only 1 in 5 people with gambling problems had ever received formal help for their gambling problems<sup>22</sup>. This study investigated who self-identified as having gambling problems and who accessed services, service providers' views about help-seeking pathways and barriers to receiving help and the perspectives of people with gambling problems.

#### **Scope:**

This study was undertaken by the Centre for Gambling Research at the Australian National University, focusing on the ACT population. The study was based on a small sample size of gamblers (19 participants) and service providers (35 participants).

#### **Findings:**

For those who self-identify, the findings include:

- less than 10% of people with gambling symptoms had accessed services for gambling-related problems. This group had the most severe gambling problems and symptom severity was the strongest predictor of service use;
- the above group were disproportionately more likely to have a history of divorce, not have paid work, have poor mental health and smoke;
- nearly everyone who had accessed help self-identified as having a problem;
- over two thirds of people reporting problem gambling symptoms had not accessed help or self-identified that they might have a problem with gambling; and
- Nearly a quarter of people with problem gambling symptoms self-identified as having problems but had not accessed help.

Service providers' views were as follows:

- People with gambling problems were likely to seek help for other issues, including financial, relationship and drug and alcohol matters, rather than for gambling;
- Perceived barriers to help-seeking included denial about a gambling problem, the social acceptability of gambling in general, false beliefs and hopes about gambling, and shame about having gambling problems;

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<sup>22</sup> Davidson & Rodgers, *The Nature and Extent of Gambling and Problem Gambling in the Australian Capital Territory: Final Report*. Australian National University, 2010.

- People with gambling problems delayed seeking specialist help due to denial or not having identified as having gambling problems; and
- People would prefer to receive help for their gambling problems alongside their other issues.

The study noted that while the findings of the above study are robust, their views may not represent all those in the ACT community with gambling problems.

The key implications of this study are:

- People with gambling problems are unlikely to identify as having a gambling problem or seek help until they have experienced serious impacts or harms from their gambling;
- People with gambling symptoms who do not self-identify as having problems are of public health importance in terms of early intervention, before they experience serious harm;
- People who do identify as having a problem but do not seek help are an important group as they have already recognised they have problems;
- When people do access help they are more likely to seek help for other issues rather than for gambling problems; and
- There is a need for a range of problem gambling help options including delivery within the broader health and welfare system.

**Reference and internet link:**

Carroll, A. Davidson, T. & Marsh, D. *Help-seeking and Uptake of Services Amongst People with Gambling Problems in the ACT*. Final Report October 2014. Australian National University: Canberra.

[http://www.gamblingandracetracing.act.gov.au/\\_data/assets/pdf\\_file/0010/573166/Help-seeking-and-Uptake-of-Services-Amongst-People-with-Gambling-Problems-in-the-ACT-Report-October-2011.pdf](http://www.gamblingandracetracing.act.gov.au/_data/assets/pdf_file/0010/573166/Help-seeking-and-Uptake-of-Services-Amongst-People-with-Gambling-Problems-in-the-ACT-Report-October-2011.pdf)

## ***Stigma and help-seeking for gambling problems (2013)***

### **Summary of Findings**

#### **Objective:**

This study sought to deconstruct stigma associated with gambling problems and to better understand how stigma impacts on help-seeking.

#### **Background:**

The Australian Government Parliamentary Joint Select Committee on Gambling Reform (2012) found that stigma is a significant barrier to help-seeking. However, there was little empirical or theoretical research that systematically analysed stigma associated with problem gambling.

#### **Scope:**

The study focused on the ACT and interviewed health and welfare service providers, high intensity electronic gaming machine players, clients of services who self-identified as having a gambling problem, and problem gambling and financial counsellors from around Australia. It was funded by the ACT Gambling and Racing Commission.

#### **Findings:**

Gamblers' experience of stigma:

- People with gambling problems experience stigma, however they were more likely to express this feeling as 'shame', or with words such 'embarrassed', 'guilt', 'stupid', and 'weak. Feelings of shame were a common reason given for not seeking help for gambling problems;
- People with gambling problems attempted to hide their gambling problem – even from themselves – to avoid feeling shame and stigma;
- It was found that they tended to articulate their experience of stigma through discussing their fears of exposure, and the consequences of family and friends finding out that they have a gambling problem; and
- For some people, messages like 'gamble responsibly' can contribute to feelings of stigma, especially if they are having difficulty controlling their gambling behaviour.

Service providers views:

- The general public have a negative view of people with gambling problems and this contributes to stigma;
- Societal attitudes towards problem gambling can contribute to the stigma experienced by people with gambling problems; and
- Gambling is widely promoted and encouraged despite being a potentially dangerous activity.

Combating stigma:

- Problem gambling is not properly addressed from a public health framework. While treatment of alcohol and other drug problems are now considered issues of public health rather than merely individual moral failings, this does not appear to be the case for problem gambling; and

- People with gambling problems should be encouraged to view help-seeking not as an admission of weakness or desperation, but as a 'step of strength'. Promotion of specialist problem gambling services should emphasis problem gambling as treatable.

**Reference & internet link**

Carroll, A., Rodgers, B., Davidson, T. & Sims, S. (2013), *Stigma and Help-Seeking for Gambling Problems*, Centre for Gambling Research, Canberra.

[http://www.gamblingandracetracing.act.gov.au/\\_data/assets/pdf\\_file/0008/573155/Stigma-and-help-seeking-for-gambling-problems-Report-November-2013.pdf](http://www.gamblingandracetracing.act.gov.au/_data/assets/pdf_file/0008/573155/Stigma-and-help-seeking-for-gambling-problems-Report-November-2013.pdf)

### ***Summary of Research Projects***

Additional research projects not referred to in the ACT Gambling and Racing Commission's submission are listed below and summarised for the Committee's information. Studies which focus on the ACT are noted.

<a href="#">Attachment F(a)</a> – ACT	<i>Beliefs and Knowledge About Gambling Amongst High-Intensity Players of Gaming Machines</i> by Carroll, A., Davidson, T., Marsh, D., Sims, S. & Chow, A, 2012
<a href="#">Attachment F(b)</a> – ACT	<i>Profiling problem gambling symptoms in the ACT: Socioeconomic and demographic characteristics and gambling participation</i> by Davidson, T. & Rodgers, B., 2011, Centre for Gambling Research, Canberra.
<a href="#">Attachment F(c)</a>	<i>The Influence of Venue Characteristics on a Player's Decision to Attend a Gambling Venue</i> by Hing, N. & Haw, J, 2010, Gambling Research Australia, Melbourne
<a href="#">Attachment F(d)</a>	<i>Gambling and the Impact of new and Emerging Technologies and Associated Products</i> by Phillips, J.G., and Blaszczynski, A. 2010, Gambling Research Australia, Melbourne
<a href="#">Attachment F(e)</a>	"What is the evidence for harm minimisation measures in gambling venues?" by Livingstone, C., Rintoul, A. & Francis, L., (2014), in <i>Evidence Base</i> , issue 2, 2014.
<a href="#">Attachment F(f)</a>	<i>Validation Study of In-Venue Problem Gambling Indicators</i> by Thomas, A, Delfabbro, P, and Armstrong, A.R, 2014, , Gambling Research Australia, Melbourne.
<a href="#">Attachment F(g)</a>	<i>Problem Gambling and Harm: Towards a National Definition</i> by Neal, P, Delfabbro, P and O'Neil, M, 2005, Gambling Research Australia, Melbourne.
<a href="#">Attachment F(h)</a>	<i>Third Social and Economic Impact Study of Gambling in Tasmania: Volume 2, 2013 Tasmanian Gambling Prevalence Survey</i> by ACIL Allen Consulting, The Social Research Centre and the Problem Gambling Research and Treatment Centre, 2014, Melbourne.

Further information is available from the Commission if required.

## ***Beliefs and Knowledge About Gambling Amongst High-Intensity Players of Gaming Machines***

### **Summary of Findings**

#### **Objective:**

The key objectives of this research were to investigate the knowledge and beliefs about gambling behaviour and risk, signs and symptoms of problem gambling, available support and treatment, and barriers to self-identification and help-seeking.

#### **Background:**

Previous research identified a lack of self-identification, knowledge of available services, stigma and shame in relation to problem gambling and why individuals do not seek help until problems are extreme, if they seek help at all. However, there has been no previous research investigating knowledge and beliefs about the signs and symptoms of problems gambling amongst people who gamble, and little research describing attitudes towards people with gambling problems.

#### **Scope:**

This research was based on empirical data collected from 25 adults residing in the ACT recruited via newspaper advertisement and promotional material in gaming venues, libraries, shopping centres and the internet.

#### **Key Findings:**

The findings of this report demonstrate that:

- problem gambling literacy amongst people in the ACT who play electronic gaming machines (EGMs) at high-intensities is low;
- participants' ability to describe the signs and symptoms of problem gambling was generally limited, but was greater amongst people who had experienced gambling problems themselves;
- people tended to describe problem gambling when asked about 'responsible gambling';
- while awareness of the Problem Gambling Helpline was high amongst participants, knowledge about the services it can provide was lacking, as was knowledge about the free specialist problem gambling counselling service in the ACT;
- participants were generally optimistic that problem gambling could be successfully treated but only if the person was motivated to change;
- participants were reluctant about intervening when they thought someone might have a problem with their gambling because they found it was a sensitive and uncomfortable issue to raise or discuss;
- there is a need to foster more openness in discussing signs of risky gambling behaviour, and gambling problems more generally, in order to encourage more timely self-identification and help-seeking.

#### **Reference & internet link**

Carroll, A., Davidson, T., Marsh, D., Sims, S. & Chow, A, 2012, *Beliefs and Knowledge About Gambling Amongst High-Intensity Players of Gaming Machines*, Centre for Gambling Research, Australian National University, Canberra.

[http://sociology.cass.anu.edu.au/sites/default/files/documents/2012\\_Beliefs\\_and\\_Knowledge\\_About\\_Gambling\\_Amongst\\_High-Intensity\\_Players.pdf](http://sociology.cass.anu.edu.au/sites/default/files/documents/2012_Beliefs_and_Knowledge_About_Gambling_Amongst_High-Intensity_Players.pdf)

## ***Profiling problem gambling symptoms in the ACT: Socioeconomic and demographic characteristics and gambling participation (2011)***

### **Summary of Findings**

#### **Objective:**

The key objectives were to describe problem gambling in terms of its demographic and socioeconomic profile, and associated levels and types of gambling participation.

#### **Background:**

The study builds on the analysis and findings of the ACT 2009 Prevalence survey<sup>23</sup> by considering how socioeconomic and demographic risk factors, and types of gambling activity, relative to gambling symptoms. This research was funded by the ACT Gambling and Racing Commission.

#### **Key Findings:**

- being younger, male, having a history of divorce or having never married, and lower qualifications were found to be the most important predictors of problem gambling symptoms;
- lower qualifications may reflect a predisposition or vulnerability to gambling problems;
- the ten highest-risk subgroups in the community (accounting for 14% of the adult population) all contained men with year 12 (or a lower qualification), a trade certificate or diploma, who had either never married or had a history of divorce; and
- Australian and international prevalence surveys have consistently found that a wide range of individual socioeconomic and demographic characteristics are associated with gambling problems.

#### **Additional findings on education and income factors:**

- many demographic and socioeconomic factors are correlated with one another, for example, lower levels of education and lower incomes have both been found to be individually associated with gambling problems;
- after taking into account the age and sex of survey respondents, those with a year 12 education or less were more than three times as likely as those with a degree-level qualification to report symptoms of problem gambling;
- people with lower levels of education have, on average, lower incomes than those with more education;
- it is therefore possible that people with low incomes have high levels of gambling problems *because* they have lower levels of education rather than their gambling problems being due to having a low income;

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<sup>23</sup> The report and a summary of the key findings of the Prevalence Survey can be found on the Commission's website at: [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au)

- only a small proportion (0.7%) of young women aged 18-24, with a bachelor degree or higher, who had married (but never been divorced) reported symptoms of problem gambling; and
- In contrast, 18.1% of young men aged 25-44, with a year 12 or lower qualification and who had never married reported symptoms of problem gambling.

#### **Additional findings on intensity factors:**

- As gambling intensity increased so too did the proportion of people reporting problem gambling symptoms, for example:
  - amongst people who had gambled 100 times in the last 12 months,
    - about 30% reported some problem gambling symptoms; and
    - approximately 10% met the criteria for moderate risk/problem gambling.
  - amongst people who gambled 150 times in the last 12 months the proportions were higher (approximately 40% and 15% respectively).
- Amongst highest-intensity gamblers (across all forms of gambling activities) 55% reported some problem gambling symptoms with 27% meeting the criteria for moderate risk/problem gambling;
- Around half of all people who reported losing \$100 per week reported some problem gambling symptoms with around one in five meeting the criteria for moderate risk/problem gambling;
- Findings demonstrated that intensity of playing EGMs was a better indicator of problem gambling symptoms than intensity of gambling across all activities;
- Among a group of the highest-intensity EGM players<sup>24</sup>, more than 60% reported some problem gambling symptoms and approximately one third met the criteria for moderate risk/problem gambling; and
- These highest-intensity EGM players accounted for 75% of all problem gamblers.

#### **Reference and Internet link:**

Davidson, T, & Rodgers, B, 2011, *Profiling problem gambling symptoms in the ACT: Socioeconomic and demographic characteristics and gambling participation*, Centre for Gambling Research, Australian National University, Canberra.

[http://sociology.cass.anu.edu.au/sites/default/files/documents/2011\\_Profiling\\_Problem\\_Gambling\\_Symptoms\\_in\\_the\\_ACT.pdf](http://sociology.cass.anu.edu.au/sites/default/files/documents/2011_Profiling_Problem_Gambling_Symptoms_in_the_ACT.pdf)

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<sup>24</sup> This group comprised those who gambled on EGMs more than 100 times in the last year (for example, twice a week) regardless of their losses, as well as those who lost more than \$40 per week.

## ***The Influence of Venue Characteristics on a Player's Decision to Attend a Gambling Venue***

### **Summary of Findings**

#### **Objective:**

The study analysed why gamblers choose to gamble where they do, and the venue characteristics that are more or less likely to attract and/or maintain problem gamblers.

#### **Background:**

Why people choose a particular venue for gambling activities has not been well explored. Further, linking particular venue characteristics to gambling behaviour (especially in relation to EGMs), has not been carefully examined.

#### **Scope:**

The study was undertaken nationally through a telephone survey, resulting in a sample of 501 gamblers, with 137 classified as regular and 364 as non-regular gamblers. It was commissioned by Gambling Research Australia for the Ministerial Council on Gambling.

#### **Key Findings:**

These findings focus on patrons who most frequented hotels, clubs and casinos.

High priorities of the general population of gamblers:

- good service;
- a safe and secure environment;
- low denomination machines;
- reasonable entry and membership prices; and
- opportunities to socialise with other people.

Other priorities of the general population of gamblers:

- choice of bar and dining facilities;
- choice of non-gambling entertainment facilities;
- comfortable seating; and
- free or discounted refreshments.

High priorities of problem gamblers in treatment:

- good service;
- a safe and secure environment;
- low denomination machines;
- comfortable seating;
- presence of their favourite machines;
- machines with bonus features; and
- enough machines so they do not have to wait.

Other priorities for problem gamblers in treatment:

- being able to gamble without feeling watched; and
- free refreshments.

Gamblers reported that their high priority characteristics were well catered for at their most frequented venue, while the lower priority characteristics were less likely to be present.

Venue characteristics seen to attract/maintain problem gamblers:

- easy access to the venue;
- extended opening hours;
- easy access to an ATM;
- linked jackpots;
- bonus gaming machine features;
- favourite gaming machines;
- gaming machine layout that allows privacy;
- enabling uninterrupted gambling; and
- large and glitzy gaming venues.

Venue characteristics that do not attract/maintain problem gamblers:

- provision of non-gambling activities.

Venue characteristics important to problem gamblers but not general gamblers:

- extended opening hours;
- easy access to an ATM; and
- glitzy and glamorous atmosphere.

Limitations:

- While the sample sizes were of reasonable size, some analyses could not be undertaken as the required sub-samples were too small;
- the range of venue characteristics that could be examined was limited; and
- the research was subject to the limitations of telephone and online survey techniques and the self-reported nature of the data.

#### **Reference & internet link**

Hing, N. & Haw, J, 2010, *The Influence of Venue Characteristics on a Player's Decision to Attend a Gambling Venue*, Gambling Research Australia, Melbourne.

<http://www.gamblingresearch.org.au/home/research/gra+research+reports/influence+of+venue+characteristics+on+a+players+decision+to+attend+a+gambling+venue>

# ***Gambling and the Impact of New and Emerging Technologies and Associated Products (2010)***

## **Summary of Findings**

### **Objective:**

This project analysed and assessed the uptake of technology and its impact on regulation, at-risk gamblers and on wagering behaviour.

### **Background:**

The internet and the converging capabilities of electronic devices have created a partially regulated environment where existing controls on gambling may be side-stepped and gambling is a higher-risk activity.

### **Scope:**

The project, commissioned by the Victorian Department of Justice in association with Gambling Research Australia, included a literature review, a survey of 1,012 people from across Australia, and a number of experiments.

### **Findings:**

Technology and problem gambling risks:

- people at risk of a gambling problem are more likely to use technology to make purchases, or use mobile phone technology.
- technology offers ready access to the activity of interest, without the need to visit the gambling premises to pay for the product over the counter.
- impulse control is one of the factors predicting use of interactive services
- Peoples' age is not a predictor for the use of gambling technology and interactive services.

Technology and problem gamblers:

- The percentage of population reporting using the internet to gamble were 5% on lotto, 3.8% on races, 4.3% on sport, and 6% on poker.
- gamblers do not spend more time watching television, using the internet or listening to radio. They tend to be drawn more to programs where the outcome is uncertain (e.g. sports, race, reality television programs) and where there may be prizes.
- prize shows, home shopping, reality television voting and SMS calculation services appear to attract the interest of problem gamblers and those who have problems controlling their use of technology.
- four factors could explain the use of the interactive services and gambling:
  - a tendency to respond impulsively;
  - an interest in gambling;
  - pre-occupation with technology to entertain; and
  - an interest in competitions.

- Compared to those individuals who were not at risk, problem gamblers were 17.8 times more likely to click on a link related to gambling, and 7.5 times more likely to click on a link related to counselling.

Limitations:

- The researchers noted that recruitment of participants is limited by who has access to the technology and how widespread is its use, meaning that the sample surveyed may not be completely representative of the population.
- People were encouraged to complete the survey for a chance to win a prize. This may have induced a very slight self-selection bias.

**Reference and Internet link:**

Phillips, J.G., and Blaszczynski, A. 2010, *Gambling and the Impact of new and Emerging Technologies and Associated Products*, Gambling Research Australia, Melbourne.

<http://www.gamblingresearch.org.au/home/research/gra+research+reports/gambling+and+the+impact+of+new+and+emerging+technologies+%282010%29>

## ***What is the evidence for harm minimisation measures in gambling venues? (2014)***

### **Summary of Findings**

#### **Objective:**

The article reviews the available evidence for a range of harm minimisation measures particularly those implemented in venues with Electronic Gaming Machines (EGMs) via a 'code of practice'.

#### **Background:**

Limited evidence existed to inform policy makers on the effectiveness or otherwise of harm minimisation measures implemented through codes of practice. Given the centrality of EGM gambling to issues associated with gambling harm, the review focuses on harm minimisation strategies commonly associated with this product.

#### **Scope:**

This literature review focused on Australia and New Zealand, with references to studies undertaken internationally.

#### **Key Findings:**

- There is a modest level of evidence supporting some measures, notably self-exclusion and, to a greater extent, the removal of ATMs;
- 'responsible gambling' measures have, collectively, reduced the harms associated with gambling. However, there is limited evidence available to confirm the effectiveness of most individual 'responsible gambling' measures that have been implemented in venues;
- policy measures implemented outside the control of venues (such as ATM removal, reduction in bet limits, and the prohibition of smoking) appear to be associated with more significant effects; and
- packages of measures might be more effective than single ones, and that an inability to confirm a significant effect does not mean that no effect exists. It also notes that incremental reforms may have had significant impacts on real EGM gambling expenditure.

#### **Additional findings on harm minimisation measures:**

##### Self-exclusion

- Self-exclusion programs are used by those with established gambling problems;
- modest evidence exists that self-exclusion is an effective intervention for changing individual (rather than population-wide) gambler behaviour and reducing gambling-related harms. However, the review notes that there is a high incidence of self-excluded people entering or attempting to enter gaming venues; and
- one of the main barriers to the effectiveness of self-exclusion is the difficulty venues have in identifying self-excluded people.

##### Signage

- Signage, particularly in venues, has a very limited effect as a harm minimisation measure;

- there was no evidence that venue signage was effective;
- level of awareness and recall of messages by gamblers was low, and that signs in venues competed badly with signage or displays promoting gambling; and
- venue patrons did not see signage as an effective responsible gambling measures.

#### Messages

- Messages promoting behavioural changes were found to be more effective than signage, but only modestly;
- those messages frequently involved advice about setting time or money limits, the odds of winning, and the desirability of taking a break from EGMs; and
- warning messages were also likely to reduce time spent gambling, however the review notes that there are a number of limitations to the studies examined that mean the findings cannot readily be applied to real world settings.

#### Identification of problem gamblers

- Identification of problem gambler characteristics and interaction with gamblers showed little evidence as an effective harm minimisation measure.

#### Pre-commitment

- Pre-commitment covers a range of features to support gamblers to limit their gambling losses;
- while the evidence base is somewhat limited in demonstrating the effectiveness of universal and binding pre-commitment systems, it does demonstrate that partial or optional systems are not effective population wide harm reduction strategies; and
- in the context of a public health approach, population-wide measures are likely to be more effective than an opt-in system, which is described as a 'targeted approach'.

#### ATMs

- Removal of ATMs from venues has a modest but reasonable evidence base to support its effectiveness.

#### Reduction of maximum bets

- Reduction in maximum bet value, as recommended by the Productivity Commission in 2010, is likely to be an effective harm minimisation measure, although formal evidence of this is relatively limited; and
- in NSW, a bet reduction study showed that it appeared to be effective in reducing the time and money spent by problem gamblers and did not inconvenience non-problem gamblers.

#### **Reference & internet link**

Livingstone, Charles; Rintoul, Angela; Francis, Louise, *"What is the evidence for harm minimisation measures in gambling venues?"*. *Evidence Base*, issue 2, 2014.

<https://journal.anzsog.edu.au/publications/11/EvidenceBase2014Issue2Version1.pdf>

# ***Validation Study of In-Venue Problem Gambling Indicators (2014)***

## **Summary of findings**

### **Objective:**

The study sought to validate a set of problem gambling behavioural indicators which was developed to visually identify people experiencing gambling problems and transform the checklist into a tool to be used by gaming staff to monitor and assist customers.

### **Background:**

The behavioural indicators were developed by Delfabbro et al, in their research report *Identifying Problem Gambling in Gambling Venues* (2007). This follow-up study sought to translate problem gambling theory into staff practice under real working conditions.

### **Scope:**

The Checklist of Visible Indicators from the 2007 report was validated against a 2013 sample of more than 500 regular electronic gaming machine (EGM) players across Australia.

### **Findings:**

Indicators of problem gambling behaviour:

- Almost every one of the 52 check-listed behaviours was more likely to be reported by problem gamblers;
- The indicators of observable problem gambling included:
  - asking for credit or loans from other customers or staff;
  - visible deterioration in personal appearance or hygiene;
  - concealing presence at the venue from others;
  - rudeness to staff; and
  - friends or relatives contacting the venue looking for the customer;
- The presence of 4-5 indicators successfully identified EGM problem gamblers with a high degree of probability (80%+).

Use in venues:

- The original checklist was transformed into a briefer and quicker to use *Gambling Behaviour Checklist* as a result of this study;
- The Checklist was shown to assist staff to observe, consolidate information and act on customers exhibiting multiple problem gambling behaviours before the customers asked for help;
- Integration of the checklist into gambling venues would appear to improve staff capacity to identify problem gambling behaviours, and subsequently act to minimise customer harm and enhance customer safety.

### **Reference and Internet link**

Thomas, A, Delfabbro, P, and Armstrong, A.R, 2014, *Validation Study of In-Venue Problem Gambling Indicators*, Gambling Research Australia, Melbourne.

<http://www.gamblingresearch.org.au/home/research/gra+research+reports/validation+study+of+in-venue+problem+gambler+indicators>

## ***Problem Gambling and Harm: Towards a National Definition (2005)***

### **Summary of Findings**

#### **Objective:**

The objective of the research was to develop a national definition of problem gambling that could then be used across Australian jurisdictions and over time.

#### **Background:**

Many definitions of problem gambling exist. This study sought to develop a national definition which could be used consistently.

#### **Scope:**

The research project involved a literature review and obtaining feedback from Australian stakeholders on the material developed in the review. It was commissioned by Gambling Research Australia for the Ministerial Council on Gambling.

#### **Findings:**

The following definition of problem gambling was recommended to be adopted as the national definition:

*“Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.”*

The literature review and feedback from stakeholders found that:

- references to addiction, illness or mental health problems was clearly not acceptable to the majority of Australian stakeholders;
- the development of a definition of pathological gambling, where the condition is capable of clinical diagnosis, would need to be the subject of separate research;
- while counsellors reported that elements such as “loss of control” and “preoccupation” were the phrases most used by problem gamblers, other stakeholders felt it suggested an unproven causal connection between external forces and people’s behaviour and links to illness or mental health problems;
- the least contentious element was adverse impacts upon the gambler’s personal life, family, relationships, vocational pursuits and the wider community;
- the concept of gambling-related harm raises the problem of measurement. If only those being assisted are identified as being harmed or suffering adverse consequences, any measure of gambling-related harm will fall short; and
- Reference to “difficulties in limiting money and/or time spent on gambling” implies a continuum of gambling behaviours from those who have no difficulty (including non-gamblers) to those who have extreme difficulty.

#### **Reference and Internet link:**

Neal, P, Delfabbro, P and O'Neil, M, 2005, *Problem Gambling and Harm: Towards a National Definition*, Gambling Research Australia, Melbourne.

<http://www.gamblingresearch.org.au/home/research/gra+research+reports/problem+gambling+and+harm+--+towards+a+national+definition>

# ***Social and Economic Impact Study of Gambling in Tasmania (2014)***

## **Summary of Findings**

### **Objective:**

This study analyses the social and economic impact of gambling in Tasmania, including industry trends and structure, changes and trends gambling behaviours and revenue, and Tasmanian gambling prevalence.

### **Background:**

The study satisfies the Tasmanian *Gaming Control Act 1993* obligation for an independent review of the social and economic impact of gambling in Tasmania, which is to be conducted every three years. The previous study was conducted in 2011.

### **Scope:**

The study focused exclusively on Tasmania, with some comparisons to other jurisdictions and international studies.

### **Findings:**

Gambling participation:

- 61.2% of adults had participated in some form of gambling activity in the preceding 12 months.
- The most common forms of gambling were buying lottery tickets (43.0%), playing Keno (26.0%), purchasing instant scratch tickets (20.6%) and electronic gaming machine (EGM) gambling (18.6%).

Gambling expenditure:

- Expenditure on gambling was \$927 on average
- EGMs were the second highest spend by gamblers in the past year at 12.9% (lotteries were highest at 49%).
- 0.5% of adults were classified as problem gamblers;
- 1.8% of adults were classified as moderate risk gamblers.

Problem and moderate risk gamblers:

- Estimated annual spend averaged \$5,366
- 20.5% of all past year gambling expenditure;
- 3.9% of all gamblers;
- 2.4% of the adult population.

Online gambling:

- 7% had participated in some form of online gambling
  - 4.8% using a mobile device
  - 3.9% using a computer
- The most common forms (among the entire adult population) were lotteries (3.7%), betting on horse or greyhound racing (2.5%) or other events (2.3%).

Limitations:

- Caution should be exercised when comparing figures across jurisdictions, as questions in prevalence surveys can differ, giving slightly different results;
- The sample size for the problem gambler category was small, and so the results should be treated with caution; and
- The gaming industry in Tasmania is somewhat different to the ACT, with
  - 3,572 EGMs in 104 venues;
  - 45 table games in the two casinos;
  - 168 Keno venues;
  - 139 race wagering venues and outlets; and
  - 364 minor gaming permits issued.

**Reference and Internet link**

ACIL Allen Consulting, The Social Research Centre and the Problem Gambling Research and Treatment Centre, 2014, *Third Social and Economic Impact Study of Gambling in Tasmania: Volume 2, 2013 Tasmanian Gambling Prevalence Survey*, Melbourne.

[http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/20150109SEISVolume2FINALREVISEDCHANGES.PDF/\\$file/20150109SEISVolume2FINALREVISEDCHANGES.PDF](http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/20150109SEISVolume2FINALREVISEDCHANGES.PDF/$file/20150109SEISVolume2FINALREVISEDCHANGES.PDF)

## ***Preventive Interventions for Problem Gambling: A Public Health Perspective (2015)***

### **Summary of Findings**

#### **Objective:**

The report reviews literature relating to prevention approaches and frameworks developed for other related health and wellbeing problems, such as substance use and mental health, and considers their potential for use in problem gambling prevention.

#### **Background:**

The *Productivity Commission Inquiry Report on Gambling* and the third report of the *Parliamentary Joint Select Committee on Gambling Reform* both identified a need to understand and respond to problem gambling through a public health model.

#### **Scope:**

This review focused on Australian and international literature relating to the development of public health approaches that may be relevant to problem gambling. It was funded by the ACT Problem Gambling Assistance Fund.

#### **Findings:**

The review concluded that:

- whilst terminology varies between models, a public health approach incorporates different levels of prevention:
  - *universal preventions* which target the whole population and seek to avoid or reduce the occurrence of problems;
  - *selective preventions* which target those at increased risk of problems and seek to slow or halt development of problems; and
  - *indicated prevention* which targets those who are experiencing problems and aims to reduce the negative impacts associated with the problem.
- A public health approach can be viewed as a meta-framework which has the flexibility to incorporate parts of alternative approaches such as harm minimisation, mental health literacy, socio-ecological models and social marketing;
- these alternative approaches have proved useful in other health and wellbeing fields and may be incorporated within a public health framework to provide a range of universal, selective and indicated preventions;
- currently there may not be sufficient evidence-based specific interventions to address all aspects of a complete public health response to problem gambling;
- specific preventive interventions are less effective when conducted in isolation and are more likely to have impact when they are incorporated into a more comprehensive and coordinated approach; and
- a public health framework is an appropriate and useful approach for gambling and problem gambling and provides a basis for a contemporary health promotion framework.

**Reference & internet link**

Rodgers, B, Suomi, A, Carroll, A, Davidson, T, Lucas, N, Taylor-Rodgers, E, 2015, *“Preventive Interventions for Problem Gambling: A Public Health Perspective*. Final Report February 2015. Centre for Gambling Research, Australian National University, Canberra,.

[http://www.gamblingandracetracing.act.gov.au/\\_data/assets/pdf\\_file/0007/724444/Formatted-Final-PI-Report-for-publication.pdf](http://www.gamblingandracetracing.act.gov.au/_data/assets/pdf_file/0007/724444/Formatted-Final-PI-Report-for-publication.pdf)

## ***Interactive Gambling (2014)***

### **Summary of Findings**

#### **Objective:**

The research aimed to further the understanding of the impact of Internet gambling in Australia by exploring the characteristics of Internet gamblers in comparison to non-Internet gamblers.

#### **Background:**

This study is the most comprehensive examination of interactive gambling in Australia, and one of the most extensive studies internationally. It was conducted over a two and half year period from June 2011.

Interactive gambling is a joint term capturing gaming and wagering on the Internet. Interactive gaming includes playing games where outcomes are determined by random number generators, for example blackjack, poker, lotteries and electronic gaming machines (EGMs). Interactive wagering includes wagering on sports field or race track events, where the Internet represents a medium through which wagers are placed.

The use of multiple complementary research methods enabled insight into how interactive gambling is changing engagement with gambling.

#### **Scope:**

This research used a national representative telephone survey, online surveys and interviews. It was funded by Gambling Research Australia.

#### **Findings:**

Interactive gamblers were more likely to be:

- male, younger than land-based gamblers, and have Internet access at home;
- participate in more forms of gambling and lose more money gambling;
- have higher incomes, work full-time or be students; and
- tended to be married or live with their partner. A higher proportion of non-Internet gamblers had never been married.

Key activities:

- Participation in online gambling was greatest for race wagering and sports betting with online poker, Internet casino games (gaming machines, blackjack and roulette), and online lottery used by a smaller proportion of gamblers; and
- interactive gamblers were more likely to gamble on sports, races and poker, as compared to non-interactive gamblers who were most likely to gamble on electronic gaming machines (EGMs).

Conclusions:

- Interactive gamblers are a heterogeneous population, yet there appear to be significant differences between this group and land-based gamblers; and

- It is likely that participation in this mode will increase and proactive efforts by all key stakeholders should aim to address issues related to the integration of interactive technologies in gambling.

**Reference and internet link:**

Hing, N, Gainsbury, SM, Blaszczynski, A, Wood, R, Lubman, D & Russell, A, *Interactive gambling*, Gambling Research Australia, Melbourne, 2014.

[www.gamblingresearch.org.au/home/research/gra+research+reports/interactive+gambling](http://www.gamblingresearch.org.au/home/research/gra+research+reports/interactive+gambling)