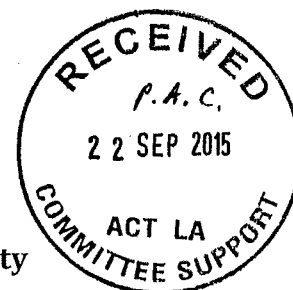


Supplementary information for the
Submission to the Inquiry into Elements Impacting on the Future of the ACT Clubs
Sector Standing Committee on Public Accounts

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Acknowledgement

The opinions, comments and/or analysis expressed in this document are those of the authors and do not necessarily represent the views of the ACT Gambling and Racing Commission and cannot be taken in any way as expressions of ACT Government Policy.

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CONTENTS

1.	Purposes of supplementary submission.....	3
2.	The continuum of gambling problems and harms in the community	4
3.	Problem gambling and gambling expenditure	6
3.1	<i>Problem gambling expenditure shares.....</i>	6
3.2	<i>Problem gambling and expenditure by activity.....</i>	10
4.	Internet gambling	12
4.1	<i>Participation in internet gambling</i>	12
4.2	<i>Expenditure on internet gambling.....</i>	14
4.3	<i>Problem gambling rates and gambling over the internet</i>	16
4.4	<i>Problem gambling expenditure shares and gambling over the internet.....</i>	17
4.5	<i>A socioeconomic and demographic profile of internet gambling.....</i>	19
5.	Understanding self-exclusion in the ACT.....	20
5.1	<i>Background</i>	20
5.2	<i>Methods</i>	20
5.3	<i>Research findings</i>	20
5.4	<i>Conclusions.....</i>	21
6.	Overview and future directions	22
6.1	<i>Problem gambling in the ACT.....</i>	22
6.2	<i>Reducing problem gambling.....</i>	22
6.3	<i>Targeted interventions for people with gambling problems.....</i>	22
6.4	<i>Offering help to people with gambling problems.....</i>	23
6.5	<i>How to progress with a targeted approach</i>	23
6.6	<i>Final recommendation</i>	24
7.	References.....	25

1. Purposes of supplementary submission

On the 13th May the ANU's Centre for Gambling Research (CGR) lodged a written submission to the Inquiry into elements impacting on the future of the ACT Clubs Sector, Standing Committee on Public Accounts. Prof Bryan Rodgers and Dr Tanya Davidson subsequently gave evidence at a public hearing on the 17th August. This document provides further information relating to specific questions taken on notice and supplementary material regarding key issues discussed during the hearing.

The document also provides an overview of the research evidence provided across several submissions (including the written submission from the ACT Gambling & Racing Commission) and uses this to recommend a way forward in addressing problem gambling in the particular context of electronic gaming machines (EGMs) in Clubs, which is the issue most pertinent to the terms of reference of the Inquiry.

The research summarised in this submission includes analysis of data from two large prevalence surveys on gambling, health and wellbeing undertaken by CGR in the ACT in 2009 and 2014/15 and a summary of a recently completed qualitative study of the self-exclusion program in the ACT (Fogarty and Taylor-Rodgers, forthcoming).

2. The continuum of gambling problems and harms in the community

In his opening statement Prof Bryan Rodgers described the shift away from viewing problem gambling as a clinical, pathological entity towards the definition that gambling problems represent a continuum of consequences and harms arising from gambling. The main measure of problem gambling used in research at present, the Problem Gambling Severity Index (PGSI), assesses problem gambling on a scale ranging from 0 to 27, with people scoring 0 defined as “non-problem gamblers” (Ferris and Wynne, 2001). Ferris and Wynne intended the PGSI to be able to measure the continuity of problems in the community and the prevalence of “problem” gambling. Researchers tend to group scores of the PGSI into categories, labelling scores of 1-2 as low risk, 3 to 7 as moderate risk and scores of 8+ as problem gambling. These groups provide a useful way of describing different levels of problems in the community. It is important not to read too much into the conventional terminology. For instance, when Williams and Wood (2004: p36-37) compared the PGSI categories with earlier classifications they described scores of 3 to 7 as being “equivalent to problem gambling” and scores of 8+ as “indicating severe problem gambling (roughly equivalent to pathological gambling)”. Furthermore, the cut points used to identify groups including that labelled as “problem gambling” remain contentious (eg. Currie *et al.*, 2013; Dellis *et al.*, 2015; Orford *et al.*, 2010). For instance, Dellis *et al.* (2015) and Williams *et al.* (2013) recommend using a cut-point of 5 for identifying “problem” gambling with the latter authors arguing that it provides a better demarcation of clinically assessed problem gambling (p828).

Regardless of how you group people using the PGSI or label such groups, harms associated with gambling increase with increasing problem scores. For instance, Figure 2.1 shows the proportion of people reporting that they bet more than they could really afford in the last 12 months, based on the 2014 ACT Prevalence Survey data.

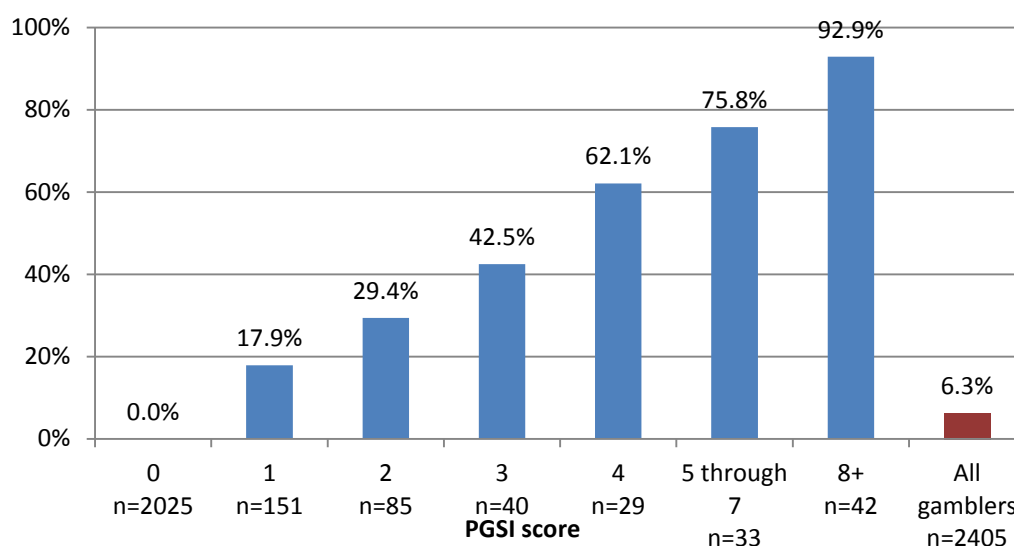


Figure 2.1: The proportion of gamblers betting more than they could really afford to lose in the last 12 months across both the 2009 and 2014/15 Surveys.

Question: In the past 12 months have you bet more than you could really afford to lose? Would you say never, sometimes, most of the time or almost always?

Figure 2.2 shows that mean losses from gambling also increase progressively with increasing PGSI scores, with financial losses escalating across PGSI scores, from 5, 8, 10 and 30 times greater amounts.

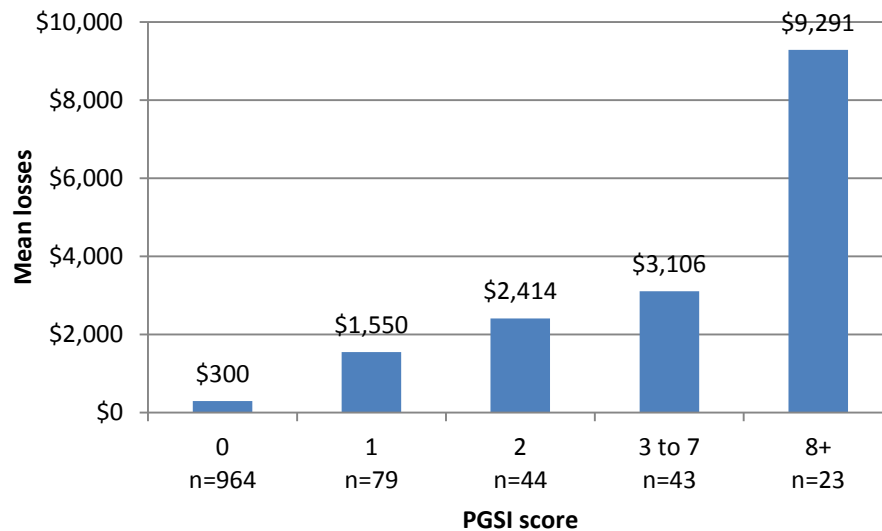


Figure 2.2: Mean losses gambling by PGSI score in the last 12 months in the 2014/15 ACT Survey.

Key point 1:

- Problem gambling is not a black and white phenomenon but reflects a continuum of harm.

3. Problem gambling and gambling expenditure

3.1 Problem gambling expenditure shares

In the hearing we undertook to provide a table from an as yet unreleased report where we reviewed the international literature on the proportion of financial losses coming from people with gambling problems (Rodgers *et al.*, forthcoming). This is known as the problem gambling expenditure share. Of the ten studies in Table 3.1 where the PGSI was used as the measure of problem gambling, nine (six Canadian, two Australian and one from the UK) estimated the problem gambling share using the threshold of 3+ for the PGSI score, i.e. they combined moderate risk (scores of 3-7) with problem gambling (scores of 8+).

Table 3.1: Proportion of expenditure from individuals with gambling problems across types of gambling activity.

Study	Population	PG preval. + measure of PG %	All activities %	Scratchies%	Lotto/lottery %	Races %	Casino %	Slots/EGMs %	VLT %	Bingo %	Sports %	Other %
National prevalence surveys												
Productivity Commission (1999)	Australia	2.1 SOGS 5+	29.0-33.0	19.1	5.7	33.1 (incl. sports betting)	10.7	42.3	-	-	33.1 (incl. racing)	25.0
Gerstein <i>et al.</i> (1999)	US	.5 DSM-IV 3+	15.0	-	-	-	-	-	-	-	-	-
Abbott and Volberg (2000)	New Zealand	0.9-1.8 SOGS-R 3+	19.0	-	-	-	-	-	-	-	-	-
Orford <i>et al.</i> (2013)	UK	2.5 PGSI 3+	-	9.5	11.9 (national) 4.5 (other)	25.2 (dogs) 12.9 (horses)	21.4 (online and in venue)	17.3 (slots) 34.8 (FBOT) 23.3 (online)	-	8.5	20.3 14.8 (football pools)	20.1 (non-sport event) 25.6 (poker) 12.1 (private)
Williams <i>et al.</i> (2013)	South Korea	n/a PGSI 5+	31.1	-	-	-	-	-	-	-	-	-
Australian state prevalence surveys												
ACIL Allen Consulting <i>et al.</i> (2014)	Tasmania 2013	2.4 PGSI 3+	20.5	6.3	4.8	19.7	-	36.0	-	-	-	16.5 (keno) 21.3 (informal private games)
The Allen Consulting Group <i>et al.</i> (2011)	Tasmania 2011	2.5 PGSI 3+	23.3	10.0	5.2	23.9	35.2	47.7	-	26.1 (PGSI 1+)	26.3	26.8 (keno)
Young <i>et al.</i> (2006)	Northern Territory 2005	1.1 SOGS 5+	29.0	9.0	2.0	24.0	34.0	43.0	-	33.0	1.0	17.0 (keno) 69.0 (cards)

Source: Rodgers *et al.* (forthcoming).

Table 3.1 (continued): Proportion of expenditure from individuals with gambling problems across types of gambling activity.

Study	Population	PG preval. + measure of PG %	All activities %	Scratchies%	Lotto/lottery %	Races %	Casino %	Slots/EGMs %	VLT %	Bingo %	Sports %	Other %
Other prevalence surveys												
Volberg <i>et al.</i> (1998)	Washington 1993	5.1 SOGS 3+	24.7	-	24.2 (daily game)	25.9 (horses)	55.0 (cards/dice)	-	23.9	44.6	18.9 (pools) 82.7 (bookies)	35.2
Volberg <i>et al.</i> (1998)	Lousiana 1994	4.8 SOGS 3+	41.2	-	17.6	52.7 (horses on track) 84.9 (horses off track)	-	-	37.8	-	62.6	-
Volberg <i>et al.</i> (1998)	British Columbia 1994	3.9 SOGS 3+	22.6	14.3	11.9	29.5 (horses)	26.7 (resort) 33.1 (table)	-	-	37.3	21.7 (sports) 19.7 (friends) 15.2 (pools)	11.0-20.9
Volberg <i>et al.</i> (1998)	Alberta 1995	5.4 SOGS 3+	32.3		11.3 19.3 (instant)	54.2 (horses)	34.4 (table) 37.2 (local)	19.0	46.9	43.6	19.0 (friends/co- workers)	10.0-45.1
Volberg <i>et al.</i> (1998)	Iowa 1995	3.3 SOGS 3+	26.8		24.4 (instant)	48.4 (horses)	38.4	16.1	-	-	43.9	-
Volberg <i>et al.</i> (2001)	Iowa 1995 (reanalysed)	3.3 SOGS 3+	-		19.3	43.1	33.3	15.3	-	-	-	9.0
Volberg <i>et al.</i> (2001)	Iowa, Mississippi, NY, Lousiana, Montana, Washington 1995-1998	2.3 – 4.9 SOGS 3+	-		14.9	18.7	27.0	25.7	-	25.1	-	-
Volberg <i>et al.</i> (1998)	Nova Scotia 1996	5.5 SOGS 3+	26.4	22.7	6.2	-	48.7	8.9	50.8	-	-	-
Volberg <i>et al.</i> (2001)	New York 1996	3.6 SOGS 3+	39.1	-	21.9 36.0 (quick)	50.0	41.4	-	74.6	39.5	50.0	-
Volberg <i>et al.</i> (2001)	Mississippi 1996	4.9 SOGS 3+	-	-	15.1	8.0	13.1	18.5	-	-	-	23.1
Volberg <i>et al.</i> (2001)	Louisiana 1998	3.9 SOGS 3+	-	-	19.7	8.1	27.4	27.1 30.6 (casino slots)	-	11.7	-	-

Source: Rodgers *et al.* (forthcoming).

Table 3.1 (continued): Proportion of expenditure from individuals with gambling problems across types of gambling activity.

Study	Population	PG preval. + measure of PG %	All activities %	Scratchies%	Lotto/lottery %	Races %	Casino %	Slots/EGMs %	VLT %	Bingo %	Sports %	Other %
Volberg <i>et al.</i> (2001)	Montana 1998	3.6 SOGS 3+	-	-	12.9	-	-	-	36.2	-	-	-
Volberg <i>et al.</i> (2001)	Washington State 1998	2.3 SOGS 3+	-	-	6.9	12.2	-	-	-	6.9	-	-
Williams and Wood (2004)	P.E.I 1999	3.1 SOGS 3+	6.3	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	Alberta 2001	5.2 PGSI 3+	30.6	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	Saskatchewa n 2001	5.2 PGSI 3+	25.2	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	Manitoba 2001	3.4 PGSI 3+	18.9	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	Ontario 2001	3.8 PGSI 3+	37.5	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	New Brunswick 2001	3.2 PGSI 3+	32.6	-	-	-	-	-	-	-	-	-
Williams and Wood (2004)	British Columbia 2002	4.6 PGSI 3+	26.2	-	-	-	-	-	-	-	-	-
Williams and Volberg (2013)	Ontario 2010	1.4 PPGM3+	24.1	-	7.0	23.2 (horses)	56.9 (table)	31.2	-	23.7	33.2	50.5 18.6 (internet) 10.5 (social) 3.8 (raffle) 1.0 (stock market)

Source: Rodgers *et al.* (forthcoming)

In our original written submission we stated that about 40% of total expenditure on EGMs in the ACT was derived from people with moderate-risk/problem gambling. This figure was estimated from the 2009 Survey data and, in line with the reviewed international literature, combined moderate risk (22.4%) and problem gambling groups (18.4%). We have undertaken preliminary analyses for this Inquiry using the 2014/15 ACT Survey data. These recent data (see Table 3.2) show that 28% of money lost on EGMs came from non-problem gamblers, with 72.0% of money lost on EGMs coming from people reporting at least some symptoms of problem gambling (scoring 1+ on the PGSI). Table 3.2 also shows that about a third (33.9%) of money lost on EGMs came from moderate risk/problem gamblers (scoring 3+ on the PGSI), with 14.8% coming from moderate risk gamblers (PGSI 3-7) and 19.1% of money lost on EGMs coming from problem gamblers (PGSI 8+). The ACT figures are similar to those reported for Tasmania in Table 3.1.

Table 3.2: Problem gambling expenditure shares for EGMs amongst adults in the ACT, 2014/15.

PGSI group	% of population	Expenditure shares on EGMs
Non-gambler	46.0	0.0
Non-problem	48.7	28.0
Low-risk	3.9	38.1
Moderate-risk	1.1	14.8
Problem	0.4	19.1

Key point 2:

- A substantial proportion of money lost on EGMs in the ACT comes from people with gambling problems.

3.2 Problem gambling and expenditure by activity

We have also used the 2014/15 Survey to look at the different types of activities people with gambling problems spend their money on. Figure 3.1 shows that amongst people with PGSI scores of 0, the majority of money was lost playing lottery; 19.2% of financial losses were on EGMs and 15% was lost betting on races. Figure 3.1 shows a marked difference in expenditure patterns between people with PGSI scores of zero and the other PGSI groups. Amongst people with scores of 1-2, 3-7 and 8+ about half of financial losses were on EGMs.

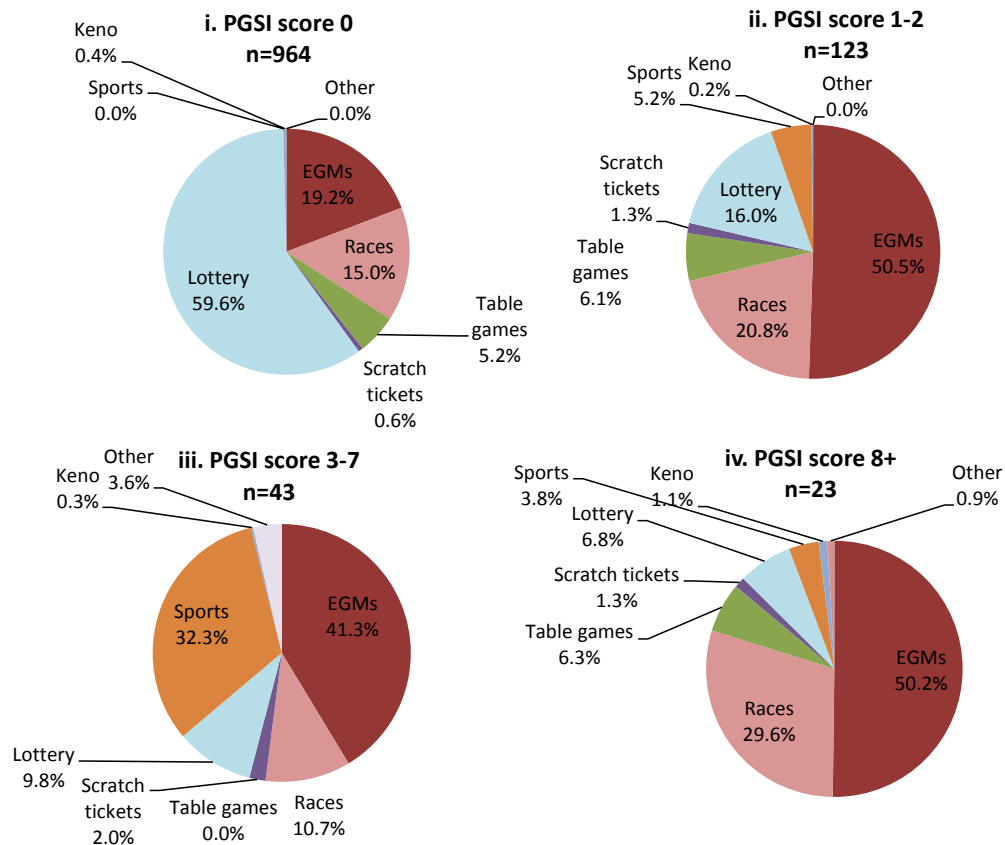


Figure 3.1: Financial losses amongst different PGSI groups.

Key point 3:

- About half the money people with gambling problems lose is lost on EGMs. For non-problem gamblers, more than half of losses is on lottery.

4. Internet gambling

A recurring theme across submissions and hearings is that gambling is decreasing on activities that are traditionally based in venues (such as EGMs in clubs) and that there is a ‘dramatic’ increase in gambling over the internet (e.g. Inquiry hearing, 18th May, p4, p31-32; Inquiry hearing, 9th June p51).

In their submission, Clubs ACT argued that that this reflects a shift in gambling behaviour negatively impacting upon the revenue of clubs:

One of the factors impacting on gaming revenue is that as alternatives to traditional, in venue gaming machines appear in the market, more and more people are choosing to spend their gaming dollar on those alternatives. Increasingly, people are choosing to go online not just to gamble, but to play virtual poker machines in that online environment. The more restrictions and regulations that are placed on in-venue gaming makes it less competitive relative to online alternatives where harm minimization issues are much, much more concerning (p 60).

In the Inquiry hearing held on 9th June, Ms Porter stated:

When we have had other witnesses here before us in a previous hearing, they talked about the fact that the evidence has been showing that young people, young men in particular, and those that perhaps have not had high forms of education are the ones that are at risk mostly. Of course, it is also showing that these young people are going on to online gambling as well (p51).

However, little evidence has been provided to the Inquiry about gambling over the internet generally or specifically in the ACT. For instance, the two quotes demonstrate two different views, (i) that online gambling is an alternative to in-venue gambling and (ii) that in-venue gamblers might be additionally gambling over the internet.

In this section we seek to provide evidence about online gambling by ACT residents. Further to the above, we took on notice addressing whether or not people who gamble online have a different demographic to people who gamble via other means (p134). Overall, this section provides the Inquiry with a profile of internet gambling in the ACT in terms of (i) participation, (ii) expenditure, (iii) problem gambling rates, (iv) problem gambling expenditure shares and (iv) socioeconomic and demographic characteristics.

4.1 Participation in internet gambling

In the 2014/15 Survey, 8.4% of the ACT adult population reported gambling using the internet. It is important to note that the internet is a means of gambling and not an activity in itself. In the ACT, the most common types of gambling activity using the internet were betting on sports/special events (4.4%), horse or grey hound racing (3.9%) and purchasing lottery tickets (2.9%). People who bet on EGMs using the internet were a small group (n=21, <.4%) of the population. These findings are consistent with those found for other states (ACIL Allen Consulting, 2014; Queensland Government, 2012) and in a national interactive gambling survey (Hing *et al.*, 2014).

We found considerable overlap between gambling using the internet and gambling by other means. The large majority (84.0%) of people who gambled over the internet also gambled by other (non-internet) means. In other words, only 16.0% (n=36) of these people (just 1.3% of the adult population) gambled exclusively over the internet. Amongst these 36 individuals half had bought lottery tickets (n=18), 13 had bet on sports and 10 had bet on races online. Interestingly, three quarters (n=28) of the people who gambled exclusively using the internet had only gambled on one activity online, with nearly half (n=17) buying lottery tickets and reporting no other online gambling.

On average, people who gamble using the internet gamble on a greater number of activities (mean 3.3) than do other gamblers (mean 1.5). However, the number of activities these two groups do using non-internet means is similar (mean 1.8 and 1.5 activities respectively).

Further to this, people who gamble:

- (i) on sports using the internet are *more likely* than other gamblers to also bet on sports via making a phone call or in person (eg at a TAB). That is, nearly one in five (23%) people betting on sports using the internet also bet on sports via these other means compared to 5% of other gamblers.
- (ii) on races using the internet are *more likely* than other gamblers to also bet on races via making a phone call, at an off course venue like at a TAB, or at a race track. That is, about 13% of people betting on races using the internet also bet on races via these other means compared to 4% of other gamblers.

These findings suggest that people who bet on sports and races using the internet are likely to be gambling on these activities via other means, and that internet is not replacing more traditional means of gambling for these activities.

Our analysis indicates that betting on lottery using the internet is an exception to the above. We found that people using the internet to purchase lottery tickets were *less likely* than other gamblers to buy lottery tickets in person. To illustrate, 42.2% of internet lottery players bought lottery tickets from a non-internet source, whereas 58.9% of other gamblers bought lottery tickets from a non-internet source. This suggests that purchasing lottery tickets online may be replacing purchasing lottery tickets in person.

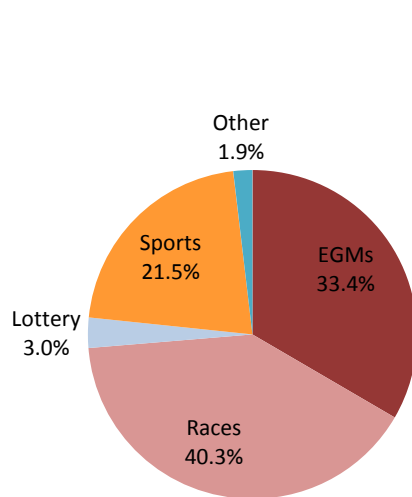
Only three of the 21 people playing EGMs online did so exclusively, while the other 18 also played EGMs in venues. From a broader perspective, of the 528 people who reported playing EGMs, all but three had done so at a venue. These findings show that betting on virtual gaming machines is rare amongst ACT adults and is typically an additional gambling activity undertaken by people who are playing EGMs in venues.

Key point 4:

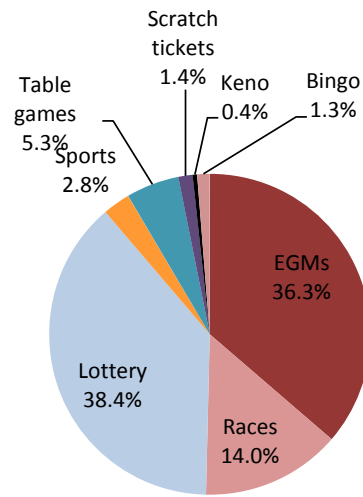
- In the ACT, gambling using the internet is a supplementary means of gambling rather than an alternative form of gambling. The one exception to this is the purchase of lottery tickets.

4.2 Expenditure on internet gambling

We compared money lost gambling over the internet with that lost by other means, in terms of the amounts bet on different types of activity. Figure 4.1 shows that a larger proportion of money lost over the internet was due to betting on races and sports compared to money lost gambling via other means. The small number of people gambling on EGMs over the internet nevertheless lost a large amount of money. Losses on virtual EGMs form a similar proportion of all internet gambling losses as do losses on EGMs in venues as a proportion of total non-internet losses.



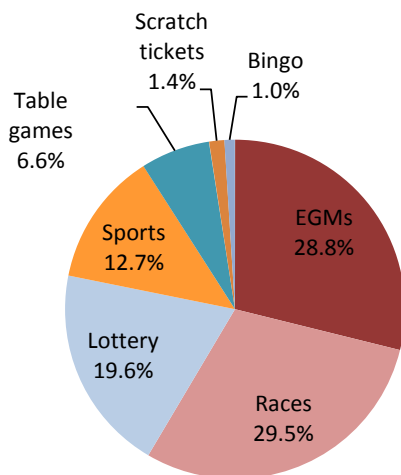
i. Any internet



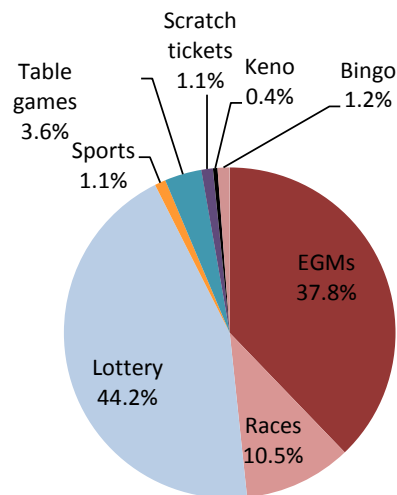
ii. Other means

Figure 4.1: Proportion of money lost on different types of activity undertaken (i) over the internet and (ii) by other means.

We also compared all the money lost by people who gamble on the internet (including their non-internet losses) with the losses of people who only gamble using other means. Figure 4.2 below shows that people who gambled over the internet lost proportionately more on sports and races and lost less on lottery and EGMs than people who only gambled using other non-internet means.



i. People who gamble using the internet, n=211



ii. People who only gamble via other means, n=939

Figure 4.2: Proportion of money lost on different gambling activities amongst people who do and don't gamble using the internet.

By comparing Figure 4.1 with Figure 4.2 for people who gamble using the internet, their total losses (including the losses by non-internet means) are less concentrated on sports betting and races. This simply reflects gambling on other activities by these same people. This is another illustration that many people gamble using both the internet and other means and that they bet on multiple activities.

Key point 5:

- Money lost gambling over the internet goes on different activities to that lost gambling using other means.

4.3 Problem gambling rates and gambling over the internet

We investigated problem gambling by whether or not people gambled over the internet. In the 2014/15 Survey we found that 4.5% of people who gambled using the internet met the criteria for moderate risk/problem gambling compared to 2.5% of other gamblers. We also found that moderate risk/problem gambling rates varied depending upon the type of internet activity undertaken as follows: (i) sports (4.3%), (ii) races (6.9%) and (iii) Lottery (2.3%).

We have completed additional analyses of problem gambling and internet gambling for this Inquiry. In section 4.1 we noted that 84% of people gambling over the internet gambled on other activities. It is important to take into account this overlap in internet and other means of gambling when reporting problem gambling rates. Figure 4.3 shows that there are high rates of problem gambling amongst people who gamble both over the internet and via other means compared to people who only gambled via other means. Only 36 people gambled exclusively using the internet. In this group, 14.8% were low-risk gamblers and none was a moderate-risk or problem gambler.

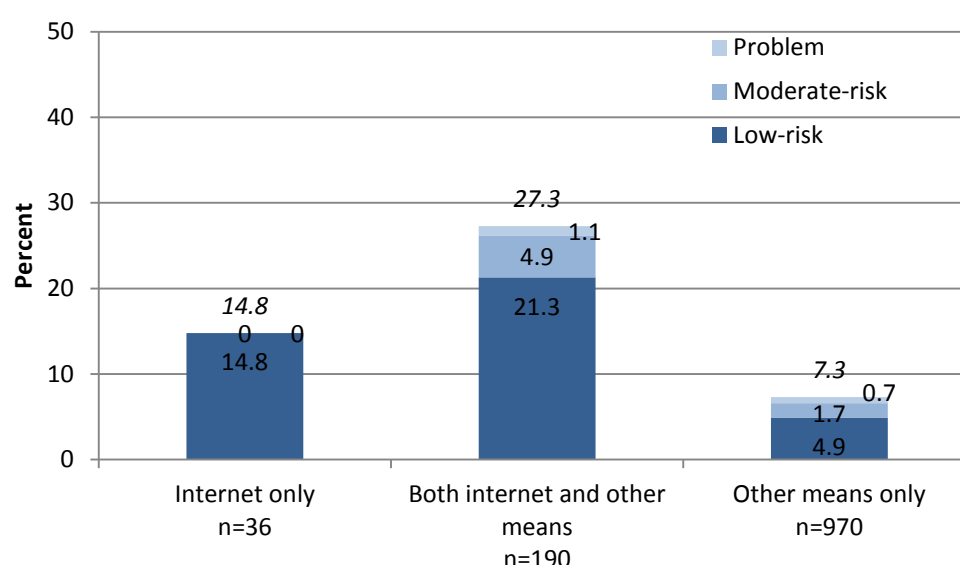


Figure 4.3: PGSI groups amongst people gambling (i) only over the internet (ii) using internet and other means and (iii) only other means.

Figure 4.4 shows that the majority of the low-risk, moderate risk and problem gambling groups were not gambling over the internet and that none of the moderate risk or problem gambling groups gambled exclusively on the internet. The proportion of gamblers who gambled both online and by other means *declines* progressively across low-risk, moderate-risk and problem gambling groups.

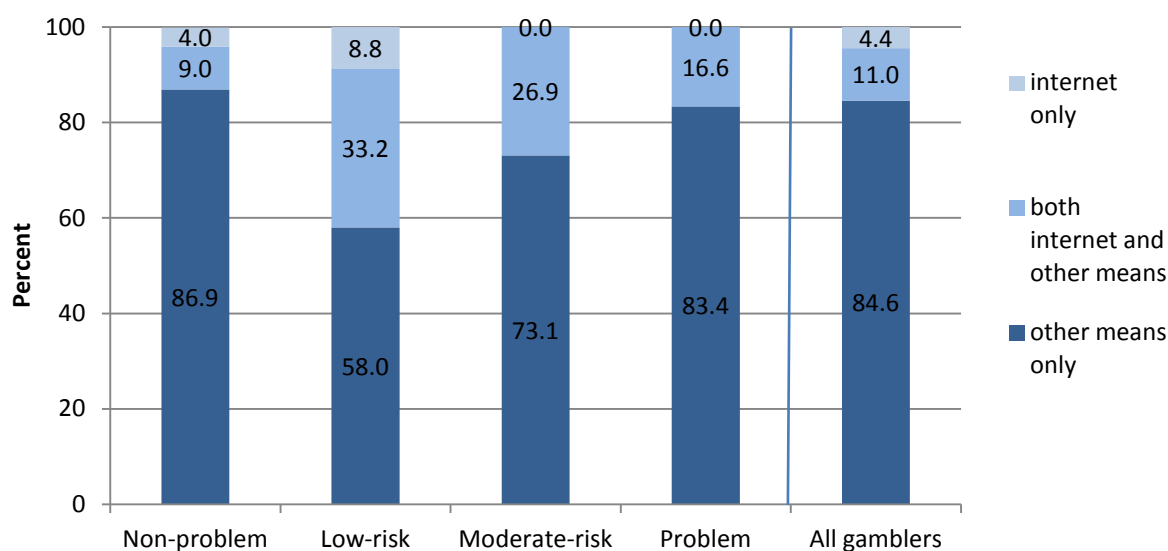


Figure 4.4: Proportion of adults gambling on (i) only the internet, (ii) both the internet and by other means and (iii) by other means only, by PGSI group and amongst all gamblers.

Key point 6:

- High rates of problem gambling are evident amongst people who gamble using the internet and who also gamble using other means. However, the majority of people with problems do not gamble on the internet at all.

4.4 Problem gambling expenditure shares and gambling over the internet

The 2014/15 Survey data allow us to look at problem gambling expenditure shares for money lost gambling over the internet and money lost via other means. Table 4.1 shows that 31.8% of losses over the internet came from non-problem gamblers compared to 55.2% of losses via other means. In total, 68.2% of money lost gambling over the internet came from people reporting at least some symptoms of problem gambling (scoring 1+ on the PGSI). About a third (31.4%) of money lost over the internet came from moderate risk/problem gamblers (scoring 3+ on the PGSI), with 8.9% of money lost over the internet coming from problem gamblers (PGSI 8+).

Table 4.1: Problem gambling expenditure shares gambling over the internet and gambling via other means.

PGSI group	% of population	Expenditure shares over the internet	Expenditure shares other means
Non-gambler	46.0		
Non-problem	48.7	31.8	55.2
Low-risk	3.9	36.7	21.0
Moderate-risk	1.1	22.5	9.9
Problem	0.4	8.9	13.8

It is important to determine how much money is lost over the internet compared to that lost via other means for each of the PGSI groups. The right hand column of Figure 4.5 shows that the majority of money lost by all gamblers (84.3%) was lost gambling on activities not using the internet. While there is some variation across PGSI groups, the majority of money was lost gambling on non-internet activities for all groups.

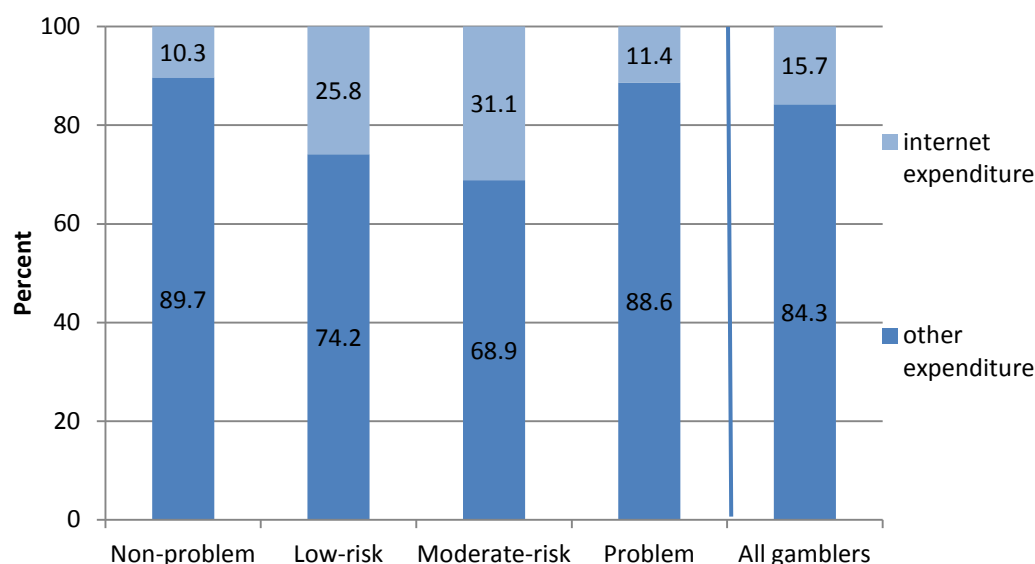


Figure 4.5: Proportion of money lost gambling over the internet and via other means by PGSI group and amongst all gamblers.

Key point 7:

- While 30% of money gambled over the internet comes from moderate risk/problem gamblers the majority of money lost by people with gambling problems is not lost using the internet.

4.5 A socioeconomic and demographic profile of internet gambling

We took on notice the question of whether or not people who gamble online have a different demographic to people who gamble via other means (p134). We looked at whether people who gambled over the internet differed from those who did not in terms of their (i) sex, (ii) age, (iii) highest completed education level and (iv) marital status (whether or not they were married or in a de facto relationship).

Amongst gamblers, the 18-29, 30-49 and 50-59 year age groups were two to three times more likely to gamble over the internet than gamblers aged 60 or more. For instance, 19% of 18-29 year old gamblers used the internet to gamble compared to just 7% of gamblers aged 60+.

Male gamblers (20%) were twice as likely as female gamblers (10%) to use the internet to gamble. Interestingly gamblers with a bachelor's degree (19.2%) were more likely to gamble using the internet than gamblers with year 10 or less (8.1%) and those whose highest qualification was completing year 12 (8.0%).

It is possible that the characteristics of gamblers using the internet to gamble differ because of the type activity they do rather than because they use the internet per se and so we examined separately the three most common activities that were reported for online gambling.

Amongst all people who buy lottery tickets, men (11%) were about twice as likely to do so using the internet as women (5.9%). However, age, marital status and education were not related to whether a person bought lottery tickets online rather than by some other means.

In contrast to the findings for lottery, being aged under 60 was strongly associated with using the internet to bet on races and sports; however sex was not. Amongst all people gambling on sports, 60% to 70% of the younger age groups (up to age 59) used the internet to do so as compared to 20% of those aged 60+. For races, 20% to 30% of the younger age groups used the internet compared to 8% of those aged 60+.

Having a degree was strongly associated with using the internet to bet on races and sports. Amongst all people betting on races, about 10% of those with year 10 or less or with year 12 education used the internet to do so as compared to 32% of those with degrees.

Whether or not gamblers had a current partner was not significantly related to using the internet to gamble, either across all activities or for any of the three specific activities investigated.

Key point 8:

- In the ACT, people aged under 60 years, males and people with higher education levels are more likely to use the internet to gamble. For sports and racing this is in addition to, rather than instead of, gambling via more traditional methods.

5. Understanding self-exclusion in the ACT

5.1 Background

The ANU Centre for Gambling Research was commissioned by the Australian Capital Territory (ACT) Gambling and Racing Commission to undertake research to better understand the self-exclusion process in the ACT (Fogarty and Taylor-Rodgers, forthcoming). The research was intended to understand self-exclusion from the perspectives of venue-based gambling providers, people who self-exclude from gambling venues and service providers who assist them in the ACT. Over the past seven years, there have been over 700 active self-exclusions (ACT Gambling and Racing Commission, personal communication, June 2014), indicating that this is a very important harm-minimisation strategy within the ACT.

5.2 Methods

This was a qualitative research project where in-depth interviews were conducted with a range of stakeholders. Over a period of three months, 27 interviews were conducted. The research recruited 8 different venues (in 4 venues both a club manager and a Gambling Contact Officer were interviewed), 12 individual gamblers (who had varying degrees of experience with self-exclusion) and 3 gambling counsellors (all recruited from a single service) in the ACT to participate in the research.

5.3 Research findings

The importance of self-exclusion in the lives of people experiencing severe harm from gambling should not be underestimated. Strengthening the self-exclusion process in the ACT should be viewed as a high priority in assisting people who are experiencing gambling problems. Self-exclusion is a unique process that is currently under-utilised in its potential to assist individuals and the community broadly.

This research found that self-exclusion is a positive and empowering process for people experiencing problems from gambling in the ACT. The findings demonstrate that when people get to the point of considering or actually self-excluding, they were experiencing severe negative impacts of gambling in their lives. People were socially isolated and in an extremely vulnerable position just prior to self-excluding, often experiencing extreme depression and anxiety.

The venues interviewed for this research viewed self-exclusion favourably and felt it was a way to help people who were experiencing problems. Venue staff interviewed reported the process of self-exclusion as straightforward and are well informed and clear on their responsibilities in processing self-exclusion documentation. Individuals found venues to be supportive and professional when approached about self-exclusion.

The research found that venue staff were not clear on the mandatory requirements of the Code of Practice that relate to making reasonable steps to assist a person who may be experiencing a problem with gambling in their venue. Of all the individuals interviewed,

despite experiencing serious negative impacts of gambling over many years, they had never been approached by venue staff in any venue to offer information or support (despite the requirements of the Code of Practice)

The ACT gambling counselling service was reported as an important service that is known and accessed by people who have self-excluded or are considering self-exclusion. Most people interviewed who had self-excluded engaged with self-help groups, like Gamblers Anonymous, regularly after excluding. Services in the ACT need to work to complement each other, particularly when looking at how to better support people who are considering self-exclusion. People interviewed were not fully aware of the range of services available to them in the ACT.

The research found that individuals were highly likely to breach their exclusion Deed. In addition to this, the research also found that venues were unlikely to identify people who were breaching their Deed. It is suggested that improved communication between all stakeholders in the process of self-exclusion (the Commission, the venues, the counselling services and community) would strengthen the process and minimise an individual's likelihood of breaching the Deed. As the process stands a major limitation is the lack of consultation with people who have self-excluded. Feedback from these people, particularly around the issue of breaching self-exclusion has potential to be particularly valuable in improving the self-exclusion process.

5.4 Conclusions

Significant improvements are needed in the information that is made available to the community about self-exclusion in the ACT. Serious investment is needed into making self-exclusion information broadly available to the community, particularly those people with limited access to the internet. It is essential to the integrity of the process of self-exclusion that people have the opportunity to make an informed choice when signing the Deed. To improve the quality and consistency of information that is accessible to all stakeholders, it is suggested that relevant resources be developed with information about all aspects of the process. As the employment context of the ACT requires a significant proportion of the population to have security clearances, it is important that people are informed about the privacy and confidentiality requirements of the self-exclusion process to then make informed choices in relation to self-exclusion in their lives.

Overall, the findings of this research suggest that self-exclusion in the ACT is an under-utilised process as it currently exists. The demographic, geographic and regulatory structure of the ACT offers a unique opportunity to build a significant and strong framework around the process of self-exclusion to assist people in the ACT who are experiencing problems relating to gambling. Central to improving self-exclusion is promoting robust participation, communication and collaboration in the process between the Commission, the industry, counselling services and the community. Strengthening these relationships offers potential to draw on the expertise and experiences of all stakeholders involved, to ensure that self-exclusion is a continually improving and empowering process.

6. Overview and future directions

6.1 Problem gambling in the ACT

Using the contemporary definition of problem gambling (PGSI score of eight or more), there are around 1,000 adults in the ACT who meet the criteria for this label. This would once have been referred to as serious problem gambling. An additional 3,000+ adults meet criteria for moderate risk gambling. Many of these people also experience harms from their gambling, and the harm extends to family members and the broader community. Although the problem gambling group represents less than half a percent of the population, they account for almost one-fifth of gambling losses on EGMs. About half of the losses of this group are on EGMs.

6.2 Reducing problem gambling

There is broad consensus about the desirability of reducing problem gambling and the ACT Gambling & Racing Commission has a statutory role reflecting with this objective. The challenge of reducing problem gambling in the ACT goes beyond the focus of the PAC Inquiry but CGR has provided a public health framework to support this broader strategy which encompasses preventive approaches, specific interventions for those at most risk of harm (including treatment), and recovery (Rodgers *et al.*, 2015). This framework aims to (1) reduce the incidence (i.e. new occurrences) of problem gambling in the population, (2) reduce the duration of gambling problems when they arise in individuals using targeted approaches, and (3) reduce the rate of relapse after individuals have received help (including formal treatment). The second of these components is the most relevant in the context of the PAC Inquiry.

6.3 Targeted interventions for people with gambling problems

Given that the large majority (about 90%) of people with gambling problems in the ACT play EGMs and that all Class C EGMs in the ACT are located in Clubs, these venues represent the most important opportunity for developing targeted interventions for people with existing gambling problems. As well as one-fifth of EGM revenue coming from this relatively small group, around 13% of the total time for which machines are in use is attributable to gamblers with problems. Money and time spent are the best proxy indicators available to alert to the likelihood of problem gambling, as there are no more direct means of assessing levels of problems across the large number of people who use EGMs.

The current evidence base provides very useful information on the associations between gambling participation (frequency, duration and losses) and problem gambling. There is an additional growing literature on the characteristics of people with gambling problems that can help venue staff to identify people with problems (Thomas *et al.*, 2014). The 2014-15 ACT Prevalence Survey has provided the opportunity to recontact the majority of participants in the survey who gave their consent to be recontacted. This would be an extremely valuable exercise for a comparatively small cost which could yield much more detailed information on patterns of gambling for the group assessed as having gambling problems. Such information would indicate the next step in moving towards more accurate identification of problem gambling in venues.

6.4 Offering help to people with gambling problems

At present, there are two main ways in which help can be offered to people with gambling problems. There is the option of specialist treatment, with the service offered by Relations Australia ACT being the most readily available formal help available in the Territory. Self-exclusion is the other main option. No more than 20% of people with gambling problems will have received recent formal help. There is no information to give an accurate picture for the rate of self-exclusion for people with gambling problems.

Again, following up the sub-sample from the 2014-15 Prevalence Survey would provide valuable information on formal help-seeking and on informal support sought or received by people with problems. This presents a further opportunity to assess what other forms of intervention are seen as acceptable or desirable by this group. It is important to move towards filling in the gap between those who are known to have problems and the minorities that receive formal help or who take steps to help themselves. This includes assessing what further assistance is required by individuals and asking who they see as being the most appropriate people to offer help (e.g. venue staff).

It is difficult to anticipate the reactions of people with gambling problems to offers of help. Some may welcome this, some may see it as an invasion of privacy, and other may not welcome being confronted with the problems they are living with. The evidence base is incomplete on this topic but it will not improve unless there is an attempt to integrate research with practice and move into uncharted waters.

6.5 How to progress with a targeted approach

Research can provide crucial information on the scale and nature of a problem. Up to a point, it can give further insights into how we might attempt to tackle a problem. Eventually, a stage is reached where research and practice need to work hand-in-hand to make the necessary progress in identifying the most effective interventions for dealing with a problem. If there is genuine commitment to reducing problem gambling in the ACT then the way ahead in the near future will require partnerships involving a range of key stakeholders, rather than applying the “further research is needed” tag.

CGR recommends the establishment of an ACT taskforce to develop an action plan for problem gambling. The taskforce should be sufficiently resourced to include the necessary pilot work for actions and the research required to support this development, so that the eventual plan is practical and feasible rather than a wish list. The taskforce would represent stakeholders in the field, including sections of the ACT Government, industry and service providers.

The initial focus of the taskforce would be the second of the three aims outlined in section 6.2, i.e. “to reduce the duration of gambling problems when they arise in individuals using targeted approaches”.

6.6 Final recommendation

We recommend the establishment of an ACT taskforce to develop an action plan for problem gambling. The taskforce would represent stakeholders in the field, including sections of the ACT Government, industry and service providers.

The initial focus of the taskforce would be “to reduce the duration of gambling problems when they arise in individuals using targeted approaches”.

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