



Gambling Impact Society (NSW)

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Gambling Harm Minimisation
IPART
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5/12/03

Dear Sir,

IPART REVIEW OF HARM MINIMISATION MEASURES

Please accept this response to the current Inquiry in to gambling harm minimisation strategies as follows:

The Gambling Impact Society (NSW) was established in July 2000 as a not-for-profit peak organisation with the following aims:

To provide a consultative body to represent the interests of problem gamblers and their families.

To provide a focal point for information for people affected by problem gambling and service providers.

To develop educational resources and information pertinent to the issues of problem gambling.

To increase public awareness of problem gambling and its impacts.

To encourage regional and local action on problem gambling through the provision of information and other supportive resources.

To work with service providers, gambling industries and governments to develop responsible gambling policies and harm minimization strategies in the community.

To encourage the development of appropriate treatment services for those affected by problem gambling.

To encourage and support research in the field of problem gambling.

To provide a forum for problem gamblers and their families to be heard and supported in their endeavours to deal with the impacts of gambling.

Membership of the organisation includes problem gambling services, gambling venues, problem gamblers and their families along with other interested parties. The management committee meets monthly and its members are drawn from health and welfare professionals as well as people directly impacted by problem gambling – gamblers, families and friends. The society publishes a quarterly newsletter, which is sent to all CCBF funded gambling treatment services in the State along with community organisations and gambling venues and others. It hosts a community and self-help information website www.gisnsw.org.au and in 2003 received funding to establish a women & gambling program and a number of community awareness raising projects.

Issues of concern

As little data exists publicly on the prevalence of problem gambling in NSW there is a heavy reliance upon the statistical data elicited from the 1999 Productivity Report which suggests 3% of the population has a severe to moderate gambling problem and that for every problem gambler 5-10 other people are negatively affected. Whilst this is a starting point, we are well aware that many people do not self-report their gambling problems and that this figure is potentially highly unrepresentative of the real number in our community.

However, as a starting point this is a considerable number of people and it is well documented that problem gamblers contribute a disproportionately high amount of the revenue raised from gambling in NSW (16% of regular gamblers i.e. problem gamblers, contribute 54 % of the revenue). **A the recent National Gambling Studies Conference, November 2003, research indicated that to significantly reduce problem gambling in our community governments and gambling industry alike would need to accept a substantial drop in revenue. It is worth noting that this statement comes at a time when the NSW State government is intent on increasing its percentage of revenue raised from gambling. The potential conflict of interest in the nature of gambling regulation by a revenue recipient and the political lobbying powers of major gambling industry has meant that often the need of problem gamblers and families go unheard.**

We are aware that the nature of many of the existing harm reduction measures are claimed to have been minimally researched before introduction and whilst we fully support effective quantitative and qualitative research to evaluate their effectiveness - equally there was very little research done on the likely impacts of gambling expansion in NSW over the past few decades. Do we wait to do the research before we address the problem? - we think not, and indeed other models of research other than empirical quantitative models would argue a method of action based research which allows for continuous evaluation and adjustments which is clearly what we are engaging in at this point in time. We understand that the costs to industry are high and not without potential cost to the recreational gambler in regards to reduced hours of access, potential lack of availability of ATMs and reductions in bet size. However, from the perspective of those affected by problem gambling, these have significant benefits and have been noted by our members and others who make contact with us across the State as having a significant impact on their well being.

ATM Access

For many the easy access to cash through ATM's is a crucial issue and one which they would gladly see restricted either by limits on the size of withdrawal in any one day and preferably the removal of ATMs from venues altogether. The research commissioned by the Federal governments gambling task force into this very concern indicated that the predominant user of ATM's in gambling venues were problem gamblers and therefore the likely impacts on other more recreational gamblers would be minimal.

Given that we know the majority of harm tends to be caused by the use of gaming machines (85% of those in treatment are EGM players) the proposal for a cashless gaming machine and a smart card with prepaid limits has been well documented as of likely benefit to problem gamblers.

Third Party Involvement

Issue around third party involvement in setting such limitations could also be considered – as often it is the partner/family's money from joint bank accounts which are readily accessed by ATMs. Indeed it is relevant that a number of other States already have third party exclusions available whereby either gambling counsellors or family members may apply to have a person with the gambling problem excluded. Additionally administrative orders can be made by third parties to have the person's money managed – not unlike our guardianship tribunal arrangements. It is surprising to consider that there is such inequity in access to these harm minimisation/reduction strategies across the States. Noticeably the banning of smoking in gambling areas has had the most significant impact on problem gamblers and resultant revenue in Victoria.

Self - Exclusion

Self – exclusions are increasingly being taken up by those trying to address their gambling problem and treatment services report this acting as a significant psychological deterrent for many people. It is likely that self-exclusion measures are most successful when combined with a range of other safety measures and counselling. Accessing these programs have been raised by some of our member as a difficulty particularly in rural areas when transport to venues may be more difficult when proposing to exclude from a region. A preference for the “one stop shop” approach of the Australian Hotel Association has been reported.

Information Dissemination on Treatment Services

Gambling treatment service signage/information dissemination in venues has been reported as having a mixed response, and whilst in our locality many contacts with treatment service have come via local advertising within venues there is also a perception by some venues that they are obliged to refer to only one agency (their interpretation of the requirement to build relationships with counselling services within the legislation, and proactive marketing by some corporate orientated treatment services) We are of the opinion that all venues should be equally promoting all local gambling treatment services, support groups and points of relevant information. Problem gamblers and their families require options for change and particularly in rural areas there are other issues with regards to client confidentiality in small communities, service provider affiliations eg religious or not which may serve as obstacles and people need to be able to make informed choices.

G-line

G-line whilst in principle an effective means of reaching people, this service has been reported by some users as “too clinical” “not interested in really talking to me” “didn’t tell me about all the local service”, “generally put me off”. Other issues such as being placed on a call waiting system and lack of identification with the client have also been raised. It often seems to be the luck of the draw what information you get about local services. This also clearly influences the number of referrals to local services and the potential of bias.

We consider that callers should be provided with information about all relevant local services so that they can make their own informed choice rather than be dependent upon the limitations of a telephone assessment.

Player Information, Advertisements, Inducements

Other points raised by members have included: the lack of information in venues about local services, the fact that it is hard to actually take note of many of the messages placed on or within the machine “ they all seem to blur into the general picture”. Inducements such as announcements over the intercom “ another jackpot winner next time it could be you” and general promotions encouraging gambling all contribute to the sense of potential winnings and extending time gambling.

Time spent trying to get pay outs, queues and lack of access to staff have all been raised as potential inducements to continue gambling whilst many people have also stated that once in play they tend to lose track of time and awareness of reality.

EGM Products & Consumer Protection

Recent research by Prof. Mark Dickerson, UWS, 2003, has indicated that even frequent EGM players have a sense of loss of control with one in two players stating “ I lost more than I intended to”. In fact, Professor Dickerson has stated publicly (NAGS Conference 2003) that this form of product requires investigation under trade practice laws with regards to unconscionable contract when the illusion is that you will be “responsible and in control” whilst in fact the nature of interaction between player and machine regularly means this is not possible.

Dr. Michael Walker, University Sydney, also maintains that the only real way to address problem gambling is to reduce the bet size to about 10c – an unpalatable suggestion to the industry perhaps - but if as the industry suggests that EGMs are solely a recreational product, why is it possible to invest \$1000 an hour? Do we really need such a potential damaging product available at such large rates of play and at such low odds of return for the individual player per individual session of play? We think not.

Visual/Audio Stimulation

The contribution of visual and audio stimulation to problem gamblers has been well reported as problematic but we are not clear whether a reduction in these would effectively reduce problem gambling. What has been reported by members is that such stimuli often trigger additional gambling, and has a clear association with

gambling behaviour i.e. people dreaming of the visuals, hearing sounds of poker machine payouts on TV or radio commercials etc. We therefore consider that they are a negative factor and their reduction could well assist problem gamblers to get back into control and support their recovery. We believe their inclusion in radio & TV promotions should be banned.

Gambling Treatment Services

In the past we have raised concerns with the Minister for Gaming and Racing about the inequities in spread and standards amongst gambling services across NSW. We are particularly concerned that the current proposal to set the minimum standard of training for problem gambling counsellors as a vocational qualification at a TAFE welfare level is far too low. We have advocated that problem gambling counselling requires the level of systems knowledge, theoretical models and frameworks of intervention such as that of University level degrees such as Social Work and Psychology. Gambling Counselling is a complex area of work requiring highly skilled practitioners with a broad range of methodological interventions. It is not for the inexperienced or minimally qualified.

Problem gambling requires counsellors to be able to take both a systemic and intrapsychic approach to treatment and it is not a field that stands alone. Therefore a baseline degree in Social Work/Psychology or equivalent with PG specific top up training would afford adequate consumer and worker protection, appropriate interventions and standards of practice.

We are aware that the current funding of services has allowed a significant growth in the NGO sector and minimal government involvement in direct service delivery such as Community Health Services. The result has been a variable standard of services across the State and many rural areas going unserved. We believe that NSW Health should take on the management of all gambling funds and extend their recognised accreditation standards to include gambling services. We believe that the administration of human services from a department specifically involved in the regulation of the gambling industry is inappropriate and leads to a lack of professional skills, models of program delivery, frameworks for practise and evaluation being available this developing area. These we believe would be best served by moving CCBF funding across to the Department of Health and as such guarantee equitable access for all consumers through the mainstreaming of this issue as public health issue within a health promotion (social health model). This would allow the appropriate spread through community health infrastructures along with NGO's into rural and metropolitan areas. At present the concerns of problem gamblers and their families are marginalised into the NGO sector and as such they continue to be disadvantaged.

Funds from all gambling revenue should also be made available to the provision of treatment, community education and community development services this should include the CDSE scheme and revenue raised through other forms of gambling – Lotteries, Tab etc.

A predominantly medical model of service delivery has directed the nature of problem gambling services funded by CCBF and – a "bums on seats" approach with services being evaluated Statewide by an annual survey focussing upon individual counselling sessions. What this methodology fails to address or capture is the variable needs in community and their readiness for change. I.e. using the Change Model of intervention at a community level, one could identify that some communities are still seeking relevant information as a basic level, prior to entering treatment, whilst others are more ready to address the problem from a systemic and community capacity building level. Services should therefore be resourced financially to be able to address their own community needs which may well be more than individual counselling based and training should be made available to service providers to develop staff skills in this area.

Many problem counsellors are only trained to serve the individual - yet the larger family and community may need additional interventions. So far funding percentages remain minimal in this area of work, and yet clearly there are many rural communities, ethno-specific communities and groupings where such interventions are required. A primary Health/Health Promotion model of regional planning, intervention, community development and training for staff would encompass all these issues and appropriate program evaluation- these are models we have used in drug and alcohol for years. Equally they need to be supported by mass media/ social marketing strategies to support them – such as the recent g-line advertisement, which were well received and effective.

Additionally the current competitive tendering process for funding of gambling treatment services has served in some areas to work against collaborative models of interventions - including a variety of stakeholders - and in light of the "bums on seats" approach some services are holding onto clients, preferring not to refer to other services for fear of losing numbers. It is also possible to mask wait lists by providing welfare support whilst awaiting professional counselling - in preference to referring to another gambling specific service where professional counselling may be more readily available. This actively works against the health promotion principles of multiple- stakeholder involvement or a strategic approach to service delivery across a local region. From a consumer point of view there are significant disadvantages with regards access to appropriate and timely services and opportunities to tailor a package of interventions to ones needs.

We believe that a health promotion framework and appropriate training for funded management committees would address some of these issues. A regional framework and structure for planning such as regional gambling forums would also reduce these barriers and aid strategic development of services particularly if linked to funding directives. We believe that the corporate desires of one or two agencies in a region should not be at the cost of consumers and local communities.

Consumer consultation and partnerships

Additionally, we are aware that the voice of problem gamblers and their families often goes unheard. Few agencies seek partnerships with consumers or perhaps have experience in the processes or skills to encourage their input. The concerns of problem gamblers and their families need to be addressed and their views actively sought by funding bodies, social planners and service providers. It is not good enough

to act without them and clearly there are few organisations actively advocating on their behalf.

Issues such as shame, denial and trust are often at the forefront of these issues and create barriers to participation however; we must actively seek their voice and create models of service delivery, which seek partnership in program development and service delivery. Problem gamblers and families represent a wealth of experience and have their own professional and community skills to offer in addressing their own/community needs. The fact that there have been few consumer organisations to date nor any consumer protection agency representing their needs, is of concern. The Gambling Impact Society (NSW) specifically seeks to address this gap but we cannot work alone. Services, Industry, Governments and social planners need to find strategies to create opportunities for their voices to be heard and actively seek their input - once again this is a basic guiding principle in Health Promotion models of interventions.

Community consultations on problem gambling to date have been rare and minimal public debate has occurred. This IPART inquiry has also had a limited exposure to the community, few problem gambling services were directly contacted for input and there was heavy reliance upon newspaper advertising as the primary request for consultation. Therefore some key stakeholders have had little opportunity to input once again. Social Impact Assessments of gambling expansions in communities goes unchecked by communities with little infrastructure or processes for community input. Our attached public statement and letter to NCOSS from the Illawarra Gambling Forum further highlights these concerns.

We believe that a full and comprehensive consultation to address some of these concerns would be of benefit. We believe we need a process which actively seeks participation by all stakeholders and as in past commitments by governments to drug and alcohol issues, we believe this would be best served by a NSW Gambling Summit.

Yours faithfully,

Kate Roberts BA(Hons.), C.A.S.S., C.Q.S.W., MHPEd.

Chairperson
Gambling Impact Society (NSW)

5/12/03