



Gambling Impact Society (NSW)



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Comments on harm minimisation Reports to the IPART Enquiry 2003 - 2004

In reviewing these six reports it is evident that a number of harm minimisation strategies have been seriously considered yet because of the nature of implementation and/or perhaps industry and political concern, have yet to be fully effective.

As an organisation representing the needs of problem gamblers and their families we reiterate the comments of Professor Mark Dickerson, National Association of Gambling Studies, 2003 that there is a need for a fair trade practice review of Electronic Gaming Machines and wish to ensure that this point is not lost in the current debate. We are particularly concerned that Prof. Dickerson's research (2003) clearly points to the need to protect consumers from a product (EGMs) which have the potential to cause such devastation. Of particular note and indeed also backed up by his recent presentation to the 2003 NAGS conference, are his findings that there is a major psychological impact between regular players of EGMs to the extent that "impaired control is a common and "natural" experience of the typical regular egm player". As he quite clearly states, this therefore "challenges recent harm minimisation policies" which we understand have been focused on players making responsible decisions about limiting bets and not playing beyond what they can afford to lose.

The possibility of players maintaining control once in the action of playing is therefore inhibited by the actual process of play and as Professor Dickerson outlines there needs to be a means whereby players can make informed decisions away from the process of playing. We therefore fully endorse Professor Dickerson's recommendations that governments need to develop "a consumer protection environment that balances the individual freedom of player with the opportunity for the community to prevent problem gambling".

Form a personal perspective, as a Problem Gambler Counsellor for three years, a Social Worker for 25 years and partner of someone who has experienced problems with poker machines I am both personally and professionally aware of the extent of the damage such "loss of control" can have. In my clinical practice approximately 99% of my clients over three years have had significant problems with EGMs. It is notable, that even with a commitment to cognitive therapy, alternative strategies and effective family support, many clients struggle with the impulse to gamble once hooked into the cyclical nature of gambling and the related intermittent positive reinforcement - a primary psychological process involved particularly in EGM gambling.

Whilst the gambling industry would purport that it is only “problem people” who develop problems with gambling, the Gambling Impact Society (NSW) experiences along with my own personal, clinical, professional and academic knowledge tells me this is not the case. This is well borne out in Professor Dickerson report.

Members of the Gambling Impact Society (NSW) regularly raise their concerns about the expansion of gaming machines and the lack of consumer protection. It is therefore our recommendation that Professor Mark Dickerson’s call for such consumer protection and the development of smart card technology may indeed contribute to the reduction in problem gambling which we desire and a strengthening of informed consumer choice.

The impact of the 3- hour shut down has obvious limitations in its effectiveness and our experiences with problem gamblers would endorse what the *AC Neilson report* (2003) found, that the fact that it has been introduced in the early hours of the morning has had minimal impact. The concept of providing a break in play and therefore breaking the pattern of play and interrupting the psychological process as evidenced in the *Dickerson report*, highlights the potential harm reduction possibilities. However, we would uphold the stance, that due to its hours of application, this potential is severely limited. Our perspective would also support the comment that “problem gamblers are extremely cynical about how genuine the Government is about helping problem gamblers” given this timing.

We would therefore endorse an extension of this strategy to more effective hours of the day to include both midday and evenings and uphold the other suggestions proffered in this report by problem gamblers and their families. Whilst highlighting one of the major suggestions from our members has been the removal of ATMs from venues altogether.

It is also worth noting that the findings of this *AC Neilson report* clearly indicate a disparity between empirical findings of financial impacts of shut down as opposed to industry perception of its negative impacts. This is also evidenced in the perception of who it is actually affecting, with the report finding that despite industry perception “recreational gamblers have been unaffected by the shutdown”.

As a major lobby group driving gambling in Australia it would seem there are significant gaps in knowledge within the industry and therefore misperceptions, which do not aid a unified approach to addressing problem gambling. It would appear there is a need for more information to the industry to assist them.

The economic benefits of gambling to communities are notoriously held up as the main reason for allowing its expansion in Australia. However, as reported in the *NIEIR Report* (2003) the transfer of wealth between rich and poor communities affected by gambling is generally from the latter to the former. In addition, as stated “there is significant interpersonal transfer of wealth and income between gamblers and non – gamblers. The latter receive direct benefits from gambling without suffering from its costs”. With over 71,000 problem gamblers in NSW 2000 –2001 and as reported in the Productivity Inquiry 1999, for every problem gambler there are between 5-10 other negatively impacted, we believe the costs heavily outweigh the benefits for this group of people. The needs of people affected by problem gambling (both those who gamble and their families) require full recognition. In the current absence of this full recognition and in light of the potential for severe harm and family dysfunction we therefore recommend that there be no more expansion of gambling in NSW and access to EGMs is reduced.

We also endorse the findings and recommendations of the *Assessment of the research into technical modifications to EGMs in NSW* (2003) that technical changes to EGMs should reduce maximum bet size and rather than “reconfigure note acceptors” we believe these should be abolished. This combined with the removal of ATMs from venues would we believe have a significant impact in reducing problem gambling.

The plethora of harm minimisation notices both within venues and placed on EGMs and near ATMs has been discussed by members since their implementation and along with my own clinical findings would suggest that whilst the awareness of G-line has been heightened as reported in the Hing Research *An Assessment of Member Awareness, Perceived Adequacy & Perceived Effectiveness of Responsible Gambling Strategies in Sydney Clubs* (2003) the “call to action” is not often immediately apparent. Clients have often reported that the signage on machines tends to get lost amongst other game features, lights, text etc and their impact is therefore negligible.

It is interesting to note that the report recommends a definition between messages aimed at problem gamblers as opposed to responsible gambling messages. Once again drawing upon the work of Professor Dickerson (2003) if a large number of frequent players are experiencing difficulties with control yet perhaps not actually conceiving of themselves as “a problem gambler” one wonders how this could be addressed. His research would in fact suggest that the majority of regular players are “at risk” of some level of problem so in fact perhaps we should be not expecting responsible decision making in the gambling environment. This suggests that very few responsible gambling messages are likely to be effective and that people need to have assistance in identifying when and where they can get help i.e. normalise loss of control as part of regular play rather than “pathologise” (which may increase denial) thereby reducing stigma and increasing the “call to action” when needed. This of course needs to be supported by effective public awareness campaigns about gambling and its associated risks, which so far have been absent in the community. Along with information on help services such as the mass media campaign currently being run by G-line on Television, radio, papers and posters.

This of course also bring one back to the suggestion that blanket consumer protection would indeed normalise the expectation of loss of control, allow consumers to make informed choices away from the “action” and then provide specific targeted information to those who are or may be finding their lives negatively impacted by gambling as natural consequence of regular play. Thereby increasing consumer-protecting whilst maintaining self-determination and de-stigmatising the problem so that increased support can be targeted to those who need it.

This would encapsulate many aspects of a health promotion approach which includes prevention, health protection, early intervention and treatment supported by effective mass media community education. An approach the Gambling Impact Society (NSW) has been lobbying for since its inception along with a commitment by the government to have this approach firmly placed on the public health agenda and administered by the NSW Department of Health.

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