

We welcome the opportunity to make a submission to the current Federal Inquiry into gambling. Unlike some of the other major stakeholders we do not employ staff and submissions are compiled by those professionals on our committee who have the expertise but rely on voluntary hours. Consequently this submission covering letter will highlight our main concerns and supplementary information is attached based on previous submissions we have made on gambling issues. We trust that you will be able to collate this information to support your inquiry..

Need for a funded Independent Peak Body for Problem Gambling in NSW

The Gambling Impact Society (NSW) was established in 2000 to provide a peak body for problem gambling in NSW with the main aims of developing community educational resources and services to create improved awareness about problem gambling, to support the development of responsible gambling measures and to support those affected by problem gambling and the services who support them. We also seek to voice the needs of those impacted by problem gambling and advocate on their behalf. The attached brochure explains more about our work and you may view our website for further details (www.gisnsw.org.au)

In essence, we are the only independent health promotion/advocacy and interest group representing those affected by PG in NSW. In this role we have tried to gather information over the years to develop some clarity on what those affected believe are the main issues to them. In doing this we are increasingly aware that the lack of public funds to support our work is in direct conflict with notion of consumer participation in health policy. This is directly evident from the lack of funding to our organisation despite requests to OLGR for funds to employ a Health Promotion Officer and administrative staff over for the past four years.

As an organisation dedicated to a primary health care response to problem gambling we have been unable to access any major source of funding to support our work. Government funding for Problem Gambling in NSW (RGF funding) is primarily directed to tertiary treatment and whilst we support his work and indeed work closely with our local gambling counselling services (along with the 51 other PG counselling services in NSW the majority of whom are members of our organisation) we want to make sure that Federal Inquiry fully recognises the lack of commitment in NSW to this peak body process and the need for early intervention, health promotion and consumer participation.

Unlike other peak bodies such as the Mental Health Association, Alzheimer Associations, Carers NSW etc GIS is unable to source government funds from NSW Health (nor through the Responsible Gambling Fund) for its work on a sustainable basis (although we have had the odd one off grant for specific projects). Unlike other health issues this is because there is no funding allocated to our type of work and no policy direction to see that gambling is regarded as a public health issue with the necessary health

promotion, early intervention commitment as we see for Tobacco, Alcohol or Drugs.

We believe this is a structural problem in our State with a resultant organisational cultural problem. A problem which we hope this inquiry will address by supporting the establishment of a funded peak body for Problem Gambling in NSW with sister branches in other States/Territories and a federal body (similar to Carers Australia, Alzheimer's Australia) and the full acknowledgement that problem gambling needs to be addressed as a public health issue.

Need for a Federally Coordinated Public Health Framework For Gambling In Australia

Overall we need a comprehensive population health approach to gambling similar to that in New Zealand which would require our State government to commit to a public health framework on gambling as opposed to the treatment/medical model which emphasises individual so responsibility and "victim blaming". We believe NSW needs a Host, Agent and Environment population approach as in drug, alcohol and tobacco. We believe the reason we don't have such an approach at present is that the strong political influence of the gambling industry has blocked development toward this model preferring the "Reno Model" with its focus upon individual behavioural treatments, consumer education and philosophy of responsible choice. This model (in contrast to a public health approach) fails to address the social deterrents of problem gambling and product safety issues.

We firmly believe that the NSW Health Dept. should be majorly involved in the development of policy frameworks for gambling, research and, treatment and population approaches to problem gambling. The portfolio for PG including treatment education, research and community awareness (note no prevention policy at present) is in the department of the Office of Liquor, Gaming and Racing (OLGR) whose primary role is to regulate the gambling industry. The Dept. has minimal human or social health service experience, an absence of commitment to population health models and no organisational culture to support it. They have a minimal commitment to working with consumers, communities or meaningful participative processes. Unlike say under the Mental Health Act and Primary Health Care policies within NSW Health Dept. where this is major direction (not forgetting that at its extreme pathological gambling is a recognised DSM1V mental health disorder).

There is a major conflict of interest in current State policy development arrangements on PG. The portfolio needs to be separated between OLGR and NSW Health. As in the management of Alcohol, we don't have alcohol programs being delivered by the licensing body (OLGR) they are responsible for the venue/host programs and regulations. NSW Health is responsible for alcohol social health issues and a population health approach to problem drinking. Problem Gambling should be treated similarly and until this is acknowledged and dealt with, governments will continue to tinker at the edges and fail our families and communities enormously.

We believe that vested interests of State government and their close association with the gambling industry is a detrimental factor in the development of programs which will truly address problem gambling in the community. In seriously addressing PG and controlling supply it is likely there will be reduction in revenue and gambling industry profits. The conflict of interest in State government trying to ameliorate harm whilst clearly reaping financial benefit means such decisions are unlikely to ever be made. As the accompanying paper by David Marshall, 2004, submits, this is clearly decision making which needs to have major federal involvement.

Removal Of ATM'S from Gambling Venues

ATMS should be removed from venues - credit card changes to cash transactions is just tinkering with the cash to pokies problem. Consumers want ATM's removed from the venue. All research indicates PG are the primary users of these facilities and without Cash you can't gamble problematically. So cut off source and break the cycle of problem gambling and its dissociative symptoms. Recreational gamblers usually bring their own funds and those eating and drinking can do likewise plus eftpos facilities can continue for food and drink.

Development of Regional Caps in all jurisdictions

The recent State-wide Cap reduction (2008) is basically maintaining the status quo (as of OLGR stats for end of June 2007 we had 98,864 pokies) so capping at 99,000 is really doing nothing about the existing problem just stopping any expansion of machines. The pay off to the industry is the removal of venue caps. This will lead to much more transferring between clubs into areas of high poverty (low socio demos) within the proposed bandwidth two LGA's and nothing Local Government can do to stop it as the legislation doesn't include them in any say over shifts within their jurisdictions.

We need local (LGA) regional caps as in Victoria and Local Government involved in the process of licensing as in Victoria and New Zealand - then bring in a "sinking lid" as in New Zealand based on local demographics. Local Governments need to have the power to consider their own constituents in relation to gambling accessibility. Current arrangements have seen an inequitable reliance upon large numbers of pokies drawing from low socio economic regions. Effectively a regressive tax on the poor.

Community and Consumer Protection Strategies

Current harm minimisation legislation in NSW doesn't go anywhere near far enough towards addressing real issues of problem gambling and fails to address the safety of the technology itself - an EGM's product can take over a \$1,000 an hour from you. This is considered "recreational"- for whom?

We need smartcard technology where ALL gamblers can make decisions about how much money and time they spend before they gamble on the

machine - set pre-commitment limits and get real (not reel) information about their behaviour. This will aid informed choice (the catch phrase of responsible gambling policy in NSW) when currently the machine itself makes this too complex for the average person to understand. It would also enhance player tracking for the venue and enable strengthening of responsible host measures with early intervention as opposed to "closing the door after the horse has bolted" as in self exclusion measures to date. See Dickerson paper on why this is necessary and also refer to measures in Nova Scotia - where the Govt. has brought this in for all pokies (they own them and don't want liability action - always a good motivator). Smartcards are to be trialled in other States of Australia but so far no inkling of them in NSW Why? Could it be that when you rely on 15% of your customer base (regular gamblers who have PG) who provide you with 50% of your profits and substantial 12% State Tax revenue there is little incentive for change? (see 2006 Livingstone and Woolley paper). **This is "business as usual" and ethical blindness.**

We also support third party exclusion as currently being suggested by Clubs Australia (and available in SA and ACT), and education in Schools but not just about the odds - we need risk management programs and how to gamble safely - just like alcohol programs. The general public has been lulled into a false sense of security with the proliferation of EGM's and their access. There needs to be much more education about how to gamble safely , how to recognise the signs of when you may be getting into difficulties and what both you and your family can do about it.

There needs to be a reduction in advertising a "dream" without the benefit of truthful information. The majority of those who gamble will in fact lose money and people need to understand that more gambling leads to progressively more losses over time. We have reduced advertising for liquor and tobacco we need similar approaches for gambling.

Strategies need to address not just the needs of the person gambling problematically but also their family and friends . PG counselling services only access about 10% of those gambling problematically and within that only 16% are family members (OLGR annual reports on Treatment Services). Additionally, the majority of counselling service providers do not have the necessary skills to work with family members and couples (as highlighted by recent needs assessment fro State-wide services conducted by OLGR 2008).

It is inappropriate to consider that the only pathway for families and those affected by problem gambling to be through a specialist gambling counsellor's door. People need early information in a variety of settings and a range of self-help, consumer led and professional services and resources. Many consumers seek this through their local community health centres and the GIS believes that mainstreaming problem gambling services into these generic health settings would reduce the stigma of seeking assistance whilst developing a primary health approach to problem gambling.

Communities, including culturally diverse and indigenous communities, need concerted support to develop alternatives to gambling and the capacity to build resilience to problem gambling treatment alone will not work.

Gambling venues need to reduce their dependency on gambling profit and diversify their activities whilst developing proactive host responsibility programs to reduce gambling harm.

In conclusion:

Problem Gambling needs a multi-faceted approach to problem solving (this was recommended in the 1999 Productivity Commission's Report but has never been fully realised). We believe this can be achieved through a comprehensive Public Health Approach to the issue based on primary, secondary and tertiary models of interventions accompanied by structural and organisational changes in NSW. We firmly believe that this will require some level of Federal coordination to be effective. Without this we believe there will be a continued ad hoc and inequitable approach across jurisdictions without seriously addressing the consumer protection or social determinants of this health issue.

We hope this information will be helpful to your inquiry and are happy to be consulted further.

Your faithfully

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