

Gambling Help Network: Productivity Commission submission

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Researchers conclude that compulsive gambling is "a silent epidemic."¹

Cultural and Linguistically Diverse Communities

In their research into problem gambling (PG) among culturally and linguistically diverse (CALD) communities, University of Queensland researchers, Namrata Raylu and Tian Po Oei, have found that "certain cultural groups are more vulnerable to begin gambling and to develop PG. Significant factors including familial/genetic, sociological, and individual factors have been found."² In their research comparing Chinese and Caucasian gamblers, they found "a prevalence estimate of 2.1% was found for the Chinese compared to 1.3% for the Caucasian participants. This discrepancy of almost 50% indicates that "the Chinese community may be more at risk of developing gambling problems."³

How does this translate into interventions for the gambling help (GH) agencies? "Despite this high rate of gambling and PG among some cultural groups, this trend is not mirrored in the treatment agencies of PG, which is often underrepresented by ethnic minorities."⁴ Several factors are influencing the lack of CALD people seeking help for problem gambling. These include cultural values and beliefs, the effects of acculturation, and attitudes that prevent the seeking of professional help for personal problems.⁵ The "lifetime PG rate among Caucasians in New Zealand was 3% compared to 8.7% among the indigenous group."⁶ In the Vietnamese community in Victoria, research found that 3.5% of them, compared with 28.8% of the general community played Electronic Gaming Machines. However, of those who gambled, "10.5% of Vietnamese gamblers compared to 1.5% of the general community scored five or more points [on the SOGS⁷], a classification for a problem gambler."⁸

¹ Amnon Jacob Suissa 2007, "Gambling Addiction as a Pathology: Some Markers for Empowerment", *Journal of Addictions Nursing*, 2 April, , abstract available from: <http://www.informaworld.com/smpp/content~content=a779286538~db=all> [cited 26 February 2009].

² Namrata Raylu and Tian Po Oei, 2004, *Clinical Psychology Review* 23, "Role of culture in gambling and problem gambling," School of Psychology, University of Queensland, p. 1087, available from: http://responsiblegamblingcanada.com/articles/role_of_culture_in_gambling_and_problem_gambling.pdf [cited 7 March 2009].

³ *Ibid.*, p. 1092.

⁴ *Ibid.*, p. 1093.

⁵ *Ibid.*, p. 1094.

⁶ *Ibid.*, p. 1091.

⁷ South Oaks Gambling Screen, available from: <http://www.problemgambling.az.gov/south-oaks-gambling-screen.pdf> [cited 9 March 2009].

⁸ This is from a Swinburne University thesis in 2000, available from: <http://adt.lib.swin.edu.au/uploads/approved/adt-VSWT20070709.162916/public/02chapters1-5.pdf> [cited 7 March 2009].

Other research in the Greek community from 2001 indicated that the pathological EGM gambler is more likely to be male and under the age of 45 years.⁹ The implications are that different forms of gambling affect various cultures differently. The above are indicators that much more needs to be done in prevention and intervention work among the CALD communities, with a sensitivity to CALD issues.

Indigenous communities

NSW research of gambling in indigenous communities found that they experience "financial hardship, the needs of children being overlooked, family discord and contact with the criminal justice system."¹⁰ Added factors are the shame and stigma within these communities, "resulting in people being reluctant to discuss openly the gambling problems experienced by themselves or their families."¹¹

This report acknowledges that "no published research evaluating interventions or services for aboriginal people were identified" but significant research projects about aboriginal people and gambling issues are underway in the NT and ACT.¹²

In a DVD being produced for gambling help education by Lifeline Fraser District in Queensland, indigenous leader, Warren Mundine, expressed his concern at the deleterious impact that problem gambling is having in aboriginal communities.¹³

Prevalence studies since 1992 among New Zealand Maori's and native North Americans confirm "substantially higher rates of lifetime and current problem and probable pathological gambling among these groups than in the general population."¹⁴ These studies have revealed indigenous problem gambling as "two to four times higher" than the general adult population.¹⁵ Low income

⁹ Ruth Kweitel & Felicity Allen 2001, "EGM gambling: Gender and ethnic determinants of an entrenched Australian phenomenon," National Association of Gambling Studies, pp. 160-169, available from: http://www.nags.org.au/pdf_conference/Proceedings2001.pdf#page=170 [cited 7 March 2009].

¹⁰ "Pressing problems: Gambling issues and responses for NSW Aboriginal communities," Aboriginal Health & Medical Research Council of NSW, November 2007, available from: http://www.olgr.nsw.gov.au/pdfs/Pressing_Problems_%20Part_1_of_2.pdf, p. 1 [cited 7 March 2009].

¹¹ Ibid.

¹² Ibid., p. 33.

¹³ Further details can be obtained from Rick Whittle, gambling help educator, Lifeline Fraser District, PO Box 1294, Hervey Bay 4655, email: rick.whittle@lccq.org.au.

¹⁴ Max Wenden Abbott & Rachel A. Volberg, December 1999, "Gambling and problem gambling in the community: An international overview and critique, Report Number One of the New Zealand Gaming Survey," p. 111, available from: [http://www.passports.govt.nz/Pubforms.nsf/URL/report1.pdf/\\$file/report1.pdf](http://www.passports.govt.nz/Pubforms.nsf/URL/report1.pdf/$file/report1.pdf) [cited 7 March 2009].

¹⁵ This is based on New Zealand research in 1999: Max Walden Abbott, Rachel Ann Volberg, in association with Statistics New Zealand, June 2000: "Taking the pulse on gambling and problem gambling in New Zealand," report number three of the New Zealand Gaming Survey, available from: [http://www.dia.govt.nz/pubforms.nsf/URL/TakingthePulse.pdf/\\$file/TakingthePulse.pdf](http://www.dia.govt.nz/pubforms.nsf/URL/TakingthePulse.pdf/$file/TakingthePulse.pdf), p. 59 [cited 7 March 2009]. This prevalence also applies to adolescent and residential populations (prison, substance dependence and psychiatric in-patient).

and indigenous Maori women are also vulnerable.¹⁶ This research is suggestive of the need for focussed attention on the impact of problem gambling on the Australian indigenous communities.

The aged

Research in 2008 has found that "older adult self-excluders typically began gambling in midlife, experienced gambling problems around age 60, reported preferences for nonstrategic forms of gambling, and identified fear of suicide as the primary reason for self-excluding."¹⁷ Gambling and the aged needs to be explored further.

Internet filter options

The federal government is proposing mandatory Internet filtering of URLs at the ISP level for pornography and gambling. The government proposal suggests two levels of filtering, a mandatory list of websites, and a more comprehensive optional filtering level. Opposition has been that it will slow Internet speeds. IT professional, Anthony Pillion, writes: "The truth is that, if implemented correctly, mandatory filtering will not slow down the internet in any way that would be noticeable to the end user." He gave British Telecom's (BT) 20 million users of such technology as an example, in which BT "has stated that the Cleanfeed system has had no impact on network performance."¹⁸ Pillion stated that the extra cost to the end user, according to "one cost model would add less than 50 cents per user per year to the cost of internet services."¹⁹

Objectors to this system claim that it will block more than the designated URLs. This has not been the case for the NetClean system used by the Swedish University Network for two years with approximately 118 million website requests and "there was no evidence of any web sites being blocked that were not on the block list. This equates to a false positive rate of zero."²⁰

For personal computers, gambling Internet filters such as Net Nanny²¹, Optenet²², Problempoker²³ and Betfilter²⁴ are available. It is suggested that the Productivity Commission recommends the implementation of an

¹⁶ Laurie Marrison, December 2004, "Pokie gambling and Maori women: Friend or foe?" *Journal of Gambling Issues*, , available from: http://www.camh.net/egambling/issue12/jgi_12_morrison.html [cited 7 March 2009].

¹⁷ Lia Nower & Alex Blaszczynski 2008, "Characteristics of Problem Gamblers 56 Years of Age or Older: A Statewide Study of Casino Self-Excluders," *Psychology and Aging*, Vol. 23, No. 3, pp. 577–584, available from: <http://www.apa.org/journals/releases/pag233577.pdf> [cited 7 March 2009].

¹⁸ Anthony Pillion, "Mandatory filtering won't slow net access," Australian IT, *The Australian*, 11 February 2009, available from: <http://www.australianit.news.com.au/story/0,24897,25040381-5013038,00.html> [cited 8 March 2009].

¹⁹ Ibid.

²⁰ Ibid.

²¹ Available from: <http://www.netnanny.com.au/index.php> [cited 8 March 2009].

²² Available from: <http://www.optenetpc.com/stop-gambling-addiction.html> [cited 8 March 2009].

²³ Available from: <http://www.problempoker.com/signup.htm> [cited 8 March 2009].

²⁴ Available from: <http://www.betfilter.com/?gclid=CMLeiPDGjZkCFQdNgwodnnj9ZQ> [cited 8 March 2009].

Australian national ISP gambling filtering system and the promotion of gambling filters for personal computers.

Advertising

A major issue facing gambling help services (GHS) in Queensland is the lack of financial provision in government contracts for adequate advertising of GHS in the community. While clubs, hotels and casinos have commercial advantage in advertising, the GHS is unable to promote the service as needed.

When a general manager of a GHS operated by a large agency was asked why more advertising dollars were not available to promote GH groups, workshops and individual counselling, he said: "The GHS budget is so lean that we do not have the dollars in the Service Agreement to promote the program. We allow about \$500-\$1,000 for the year and that's all." When asked how to obtain money to promote the various GHS programs, he said that he had to include it in the general agency advertising budget. This means that only larger agencies have the capacity to effect a minimal amount of advertising. As a result, it is known that an agency counsellor on his daily walk for exercise, places photocopied GHS advertising flyers in household letter boxes.

Although the Queensland Office of Liquor, Gaming & Racing has advertising and promotion guidelines in the Code of Practice²⁵, the Independent Pricing and Regulatory Tribunal of New South Wales made a concerning the prohibition of advertising for gaming machines. Although the gaming industry strongly supports advertising and the non-industry stakeholders oppose such, the Tribunal continued to support the prohibition of gaming advertising as "there is evidence to suggest that gaming machines are the main form of gambling for the vast majority of problem gamblers."²⁶

Promotions and advertising by venues can contribute to false perceptions about gambling, particularly when they tend to emphasise winning, with little reference to the reality of losing. Monaghan & Derevensky maintain that "the depiction of gambling in society requires . . . a balanced portrayal of the odds of winning and risks associated with gambling in an effort to reduce the emergence of gambling-related problems amongst adolescents."²⁷

²⁵ Available from the Office of Liquor, Gaming & Racing, Queensland, at: <http://www.olgr.qld.gov.au/responsibleGambling/industryInfo/adAndPromoGuidelines/index.shtml> [cited 8 March 2009].

²⁶ The Independent Pricing and Regulatory Tribunal of New South Wales, June 2004, "Gambling: Promoting a Culture of Responsibility," p. 69, available from: http://www.responsiblegambling.org/articles/gambling_promoting_a_culture_of_responsibility_june_2004.pdf [cited 8 March 2009].

²⁷ Sally M. Monaghan and Jeffrey Derevensky, 19 April 2008, "An appraisal of the impact of the depiction of gambling in society on youth," *International Journal of Mental Health and Addiction*, available from: <http://www.springerlink.com/content/r614132263772087/> [cited 8 March 2009].

Gambling venue staff & problem gambling

Recently released research (December 2008)²⁸ into the gambling behaviour of employees of Queensland gaming venues by Associate Professor Nerilee Hing and Helen Breen of the Southern Cross University, based on a survey that received 511 responses, came to this conclusion. Gaming venue employees are 7.5 times more likely to be problem gamblers than the general Queensland population. The report presents strategies to lower risks and enhance protective factors and offers tips for employers for effective interventions. Therefore, it is recommended that special focus needs to be placed on prevention of problem gambling among gaming venue staff.

²⁸ OLGR Update – December 2008 (Office of Liquor, Gaming & Racing), available from: <http://www.olgr.qld.gov.au/aboutUs/olgrUpdate/olgrupdatedec2008.shtml> [cited 9 February 2009].

Productivity Commission Submission: *The Queensland Gambling Help Network (QGHN) Pre-Commitment Card as a Responsible Gambling Aid*

Author: Robert Baker – Coordinator Gambling Help Services Cairns

The Productivity Commission (1999)¹ suggested that around 20% of regular weekly Electronic Gaming Machine (EGM) gamblers could have significant problems with their gambling activities and could be classified as problem gamblers. This estimate has been supported by subsequent research by Blaszczynski, Sharpe & Walker.²

EGM's are heavily associated with disordered gambling patterns with approximately 75–80% of gambling-related problems associated with EGM's.³ From a consumer protection perspective changes to the operation of EGM's by limiting spin rates, decreasing maximum bets, preventing virtual mapping, banning features (free spins) and prohibiting the heralding of wins by the machine are considered necessary by the QGHN to promote responsible gambling and to assist problem gamblers and at risk gamblers.

While the GHNQ considers that the above EGM operational change measures are worth examination we strongly press for the Productivity Commission to run a research trial to test the effectiveness of pre-commitment cards with EGM's. Pre-commitment card technology can allow EGM gamblers to set loss limits, time limits, and view losses/wins per session, weekly, monthly, annually or for a self selected period. Self exclusion or 'time out' periods could also be selected for example for daily, weekly, monthly or selected exclusion periods as required. The application of Pre-Commitment card based gambling has become technically possible with the development and trial of Pre-commitment cards in Nova Scotia and Saskatchewan in Canada and in Queensland, Australia over the past few years.

¹ Productivity Commission (1999) Australia's Gambling Industries. Canberra

² Blaszczynski, A. Sharpe, L & Walker, M.; (2001) *The assessment of the impact of the reconfiguration on electronic gaming machines as harm minimisation strategies for problem gambling*. A report for the Gaming Industry Operator's Group. Sydney. University Printing Service.

³ Paul H. Delfabbro, 2008, *Australasian Gambling Review, Third Edition (1992-2007)*, Independent Gambling Authority, Adelaide

The QGHN does not endorse any system and the use of this Focal Research study is for an example of a published trial only. The 'VLT Player Tracking System'⁴ developed by Focal Research in Canada who trialled their system in Nova Scotia in 2004 with (n=1,8540) adults recording over 30,000 sessions of play. The Focal research trial tracked and stored player activity and had player access to five responsible gambling selections tracking *Account Summary*- expenditure, over time; *Live Action*-expenditure/win/loss over current session; *Money Limits*-to set specific limits for current session, day, week , year; *Play Limits*-exclusion for a given period; *48-Hour Stop*- enact immediately a 48-hour exclusion cool down period. The Focal Research technology also has the capacity for screens to be included on their cards that can detect patterns of problem and at risk gambling and money laundering

Focal Research found that the regular players in the trial (n=871) accounted for about 94% of EGM revenue during the field test and 93% of day sessions of play. The trial found that 71% of regular players used a responsible gambling feature such as the 'My Account' or 'Live Action' to monitor or check on their gambling activity. Once a player had tried a feature 63% continued to use them in a stable manner and the researchers noted that use by players of the Responsible Gambling features decreased expenditure when compared to non users of the features.⁵

Recommendations

The Queensland Gambling Help Network recommends that a transparent trial of this technology be conducted in either or both the Australian Capital Territory and the Northern Territory and that the data when collected be made available to all parties. If the trial proves effective in promoting responsible gambling behaviours in problem and at risk gamblers then an Australia wide introduction of pre-commitment cards could be an effective strategy to limit the damage to problem and at risk gambler. The QGHN would encourage that a multi featured card be developed that had a capacity to utilise the full

⁴ Schrans & Schellinick (2007) VLT Player Tracking System. Analysis of Nova Scotia Player-card Data- Windsor Trial. Highlight Report (P.1) Focal Research, Halifax.

⁵ Schrans & Schellinick (2007) VLT Player Tracking System. Analysis of Nova Scotia Player-card Data- Windsor Trial. Highlight Report (P.8) Focal Research, Halifax.

technology potential and this was accompanied by procedures and protocols requiring providers to act on the information received to address problem and at risk gambling behaviours in their venues.

Pre-commitment card based gambling is primarily targeted at Electronic Gaming Machines (EGM's) however there are no barriers on a technology level that would stop this type of technology being applied to Wagering, Keno, Bet Exchanges, TAB and Casinos or with any online gambling activity both at the counter or online.

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The Queensland Gambling Help Network strongly recommends that the Productivity Commission conducts research to increase knowledge around the collateral effect of problem gambling (those affected by the gambling of another). Prevalence surveys conducted by State and Territory governments focus on the incidence of problem gamblers, but no mention is made of the lives destroyed or at least severely impaired among the wives, children, parents and siblings.

There appears to be a paucity of research both here and overseas on this topic. Estimates of their number vary but the Productivity Commission report in 1999 estimated that between five to ten others are affected. **Shaw et al (2007)**¹ point out that focus on the topic of collateral effect has been slow to evolve. They highlight the following facts to emerge from research:

- Much higher lifetime prevalence than the control group of substance abuse, major depression, antisocial personality disorder and generalised anxiety disorder observed among those 'others'
- Higher divorce rate
- Partner engages in enabling behaviour (bailouts), with negative consequences both financial and psychological

¹ Shaw M., Forbush, K., Schlinder J., Rosenman E., and Black D. 2007 *The Effect of Pathological Gambling on Families, Marriages, and Children* CNS Spectrums (online)
<http://www.cnsspectrums.com/asp/articleDetail.aspx?articleid=1162>

- Domestic violence is more frequent in a couple where one member of the dyad has disordered gambling
- Deterioration in sexual relationships
- Children of the relationship often experience role conflicts, serve as scapegoats; suffer disappointment due to broken promises.
- Children of the pathological gambler may be the most affected by the disorder due to their emotional and financial dependence on the gambler at a young age. They may grow up in an environment of emotional deprivation, isolation and parental abuse. Such children often in turn experience a problematic adulthood.

From our experience working with the loved ones of gamblers, we wholeheartedly endorse these findings as reality for many. It is too easy for the gambling industry to refer to the 0.47% problem gamblers identified in Queensland as a minimal side effect, whereas the numbers who are collaterally affected will be many thousands more.

The Queensland Gambling Help Network strongly recommends that the Productivity Commission conducts research to update and increase knowledge around accessibility to gambling opportunities as a risk factor in the development of problem gambling, particularly in vulnerable communities.

We view with alarm the increased availability of gaming venues in recent years. There is now a geographic saturation of pubs and clubs offering gambling opportunities.

If we take the Gold Coast City Local Government Authority as an example, there are 141 pubs and clubs with poker machines, a major casino, race and harness tracks and numerous TAB's and lottery outlets as well. In one suburb, Southport, there are 14 pubs and clubs with poker machines. This saturation of venues poses significant problems in self-exclusion provisions for example, as under current Queensland law the patron has to present to each venue in order to exclude. Clients of the help services consistently refer to the saturation of venues as a major factor in the development of their addiction.

The Queensland Gambling Help Network strongly recommends that the Productivity Commission conducts research around the role of machine game features in developing problematic behaviour among players of electronic gaming machines. Of particular concern is the so-called free-spins feature, gamblers in treatment frequently report that this particular incentive was a major factor in development of their addiction.

In many venues, the "pokies promotion" hour is the gaming equivalent to the promotion of binge drinking. There are a number of variations, but in each of them, patrons are encouraged to continue to play in order to qualify for prizes. The lucky spot, the highest coin drop, the grocery grab, the super draw, etc. are held out to patrons – on the condition that they have their card in the gaming machine. People who are attempting to control their gambling find it very hard to resist these invitations to "increase their luck," and often stay

much longer at the machines than they intended, potentially with quite negative consequences.

The impact and effectiveness of harm minimisation measures

Author Simone Rodda – Gambling Helplines Coordinator Turning Point

The introduction of harm minimisation measures has led to all Australian Governments introducing both legislative and regulatory changes as well as voluntary or mandatory codes of practice. The Queensland Government has undertaken a range of harm minimisation measures including the development of a voluntary code of practice for whole-of-industry. The code outlines requirements for industry in such areas as the provision of ATM facilities, information, advertising and promotion.

The effects of the introduction of harm minimisation measures have led to all states examining the placement of ATMs within gaming venues. Queensland is currently examining the withdrawal limits for ATMs in venues and other states have limited the number of transactions and/or the value of each transaction. Researchers, media and communities have all called for the removal of ATMs from venues, but it is claimed that a policy of ATM removal would inconvenience recreational gamblers. Rodda and Cowie interviewed 418 gamblers in venues and found that the removal of ATMs was ranked as the most effective harm minimisation strategy that could be used in the future, regardless of geographical status¹. Similar support for the removal of ATM's was found by New Focus in a study of problem gamblers and significant others.²

Rodda and Cowie also found that problem gamblers were significantly more likely to say that ATMs should be located in the gaming area, non-problem players were more likely to disagree with this statement. A significant difference between the ATM usage of non-gamblers/recreational gamblers and moderate risk and problem gamblers was also found. At-risk and problem gamblers made significantly more frequent withdrawals and, where there was a cap on the amount per withdrawal, overcame the restriction by making multiple withdrawals. The introduction of withdrawal limits may only increase bank fees rather than reducing problematic behaviour.

These findings were supported by a second component of the study on the views of venue managers. The 297 managers were asked what strategies were used by players to

¹ Rodda, S. & Cowie, M. (2005). *Evaluation of electronic gaming machine harm minimisation in Victoria*. Report prepared for the Gambling Research Panel, Melbourne.

² New Focus, (2005). *The experiences of problem gamblers, their loved ones and service providers*. Melbourne: Victorian Department of Justice.

overcome the measures. The highest reported strategy was making multiple withdrawals from ATMs. The research also asked whether the removal of ATMs would be an effective harm minimisation strategy. Almost 60 per cent of venue managers said that this would *not* be an effective strategy. The difference in opinion of consumers of gaming products and venue staff suggest that without legislation to remove ATMs from venues there will be high levels of resistance from gaming providers. In the case of removal of ATMs from venues there is clear evidence that recreational gamblers support the move and that it is likely to assist at risk and problem gamblers reduction in problematic behaviour.

The impact and effectiveness of measures has been variable. Within the code Queensland venues are encouraged to provide information to customers so that they can make informed decisions on their gambling. Changes to physical environments to make players aware of the passage of time have been put forward as possible strategies. These have included clocks and lighting in venues. Research suggests that when a problem gambler is in a venue they often experience a zoned out or similar to intoxicated state. Diskin and Hodgins found that compared with non-problem players, problem gamblers were more likely to experience a narrowing of attention during play.³ People are unlikely to be able to make informed decisions when in this cognitive state. As noted in the previous productivity commission report, providing clocks is unlikely to interfere with the immersion in activity and subjective passing of time when experienced by a player.

Similarly machine and venue shut-downs have been forwarded as a harm minimisation measure to reduce the available playing time. While there are no 24 hour gaming in Queensland clubs and hotels, other states vary in the timing and length of machine and venue shut-downs. For example, in Victoria clients report that venues coordinate mandatory shut down periods, so that a venue is always open within the geographic area. Secondly, the shut downs occur during late night periods; arguably negating the benefit to most players and inconveniencing shift-workers who gamble as a form of entertainment.

In some cases harm minimisation strategies have unintended negative consequences. Various state codes iterate that meaningful and accurate information on the odds of winning is displayed. Arguably it would not be difficult to test the effectiveness of the

³ Diskin, K. M. & Hodgins, D. C. (1999). Narrowing of attention and dissociation in pathological video lottery players. *Journal of Gambling Studies*, 15, 17-28.

provision of information. Two sets of information to two different groups of venues could be provided with follow-up and evaluation of their effectiveness in reducing at-risk or problem gambling. If there was not a reduction of time, money or consequences of problematic gambling then the measures are not effectively minimising harm. However, as outlined by Paul Delfabbro⁴ the provision of player information should be done with caution. Providing players with the odds of winning could lead to misconceptions that a machine will self-correct to the required payout. As discussed in the productivity commission submission of Tim Fawkiner, machines are not truly random, given the use of unbalanced reels. Player information needs to be tested for effectiveness prior to large scale dissemination to test for unexpected effects.

Advertising and promotions are still permitted in many states, and in Queensland the code states that gaming providers are able to advertise and promote gambling provided it is in a responsible manner. However, the presence of gambling related material can provide a trigger for players trying to change their gambling behaviour. It is not uncommon for a person experiencing problematic gambling to be triggered by gambling or venue advertising. Hodgins and el-Guebaly found that top reasons for relapse were thinking a win was possible and giving into habit, urge or opportunity⁵. This suggests that advertising outside or near a venue is not helpful to gamblers attempting to resist an urge. While Queensland requires that gaming machines must not be readily visible from outside the venue, the requirement for proper lighting in venues in some states has led to gaming machines themselves being an inducement to gamble. This speaks to the importance of evaluating the negative and positive effects of any proposed changes prior to their implementation.

Gambling research not directly addressing harm minimisation measures can assist in the development of future measures. As presented by Sally Monaghan at the 2008 NAGS conference⁶, machine pop-up messages were recalled more often when they were dynamic rather than static and lead to cognitive and behavioural change when the player was required to cognitively process the information. This suggests that responsible gambling

⁴ Paul H. Delfabbro, 2008, *Australasian Gambling Review, Third Edition (1992-2007)*, Independent Gambling Authority, Adelaide.

⁵ Hodgins, D. C. & el-Guebaly, N. (2004). Retrospective and prospective reports of precipitants to relapse in pathological gambling. *Journal of Consulting and Clinical Psychology, 72*, 72-80.

⁶ Monaghan, S. & Blaszczynski, A., (2008). *Empirically-based responsible gambling signage: Most effective mode of presentation and message content*. National Association of Gambling Studies, Adelaide.

messages would have greater impact if presented with a requirement for self-appraisal. This is aligned with evidence based practice in the treatment of problem gambling. In recent years CBT which addresses myths and misconceptions of games of chance has emerged as the treatment with the most empirical support.⁷

Another way of looking at harm minimisation measures is to identify the practices of gamblers wanting to reduce their gambling and to construct measures to assist this process. Limiting the number of visits/money by one person within a prescribed time period is a suggested strategy provided by help services. Supported by multiple studies (e.g., Hraba and Lee, 1996) problem gambling is characterised by loss of control especially over the frequency and amount of money spent in a venue⁸. Protecting players from current and future harm could also use identified risk factors for problem gambling. In a study by Burge, Pietrzak, Molina and Petry (2004) on older adult problem gamblers, individuals who had their first gambling experience at an earlier age were likely to gamble more frequently and have more severe physical and psychological problems⁹. Similarly, Winters, Stinchfield, Botzet et al (2002) found that early-onset gambling may be associated with later development of problem or pathological gambling¹⁰. This has implications for the provision of facilities close to venues where children are exposed to gaming machines, and advertising, promoting and potentially glamorising gambling as a desired activity.

One indicator of the effectiveness of measures is a change in revenue. It appears that only two changes to gaming have affected revenue; the introduction of the GST and smoking bans in gaming venues. While smoking bans were introduced as a public health concern rather than a harm minimisation measure the relationship between these two activities suggests a reason for revenue changes. Research has found a significant positive relationship between the degree of smoking dependency and gambling as measured on

⁷ Toneatto, T. & Ladouceur, R. (2003). Treatment of pathological gambling: A critical review of the literature. *Psychology of Addictive Behaviours*, 4, 284-292.

⁸ Hraba, J. & Lee, G. (1996) Gender, gambling and problem gambling, *Journal of Gambling Studies*, 12, 83-101.

⁹ Burge, A.N., Pietrzak, R.H., Molina, C.A. & Petry, N.M. (2004). Age of gambling initiation and severity of gambling and health problems among older adult problem gamblers, *Psychiatric Services*, 55, 1437-1439.

¹⁰ Winters, K.C., Stinchfield, R.D., Botzet, A. et al. (2002). A prospective study of youth gambling behaviors. *Psychology of Addictive Behaviors*, 16, 3-9.

SOGS¹¹. Research has consistently shown a higher proportion of gamblers smoked¹² and others have found a higher number of days and money spent compared with a non-smoking gambler¹³. This again points to the importance of incorporating knowledge of player individual factors (e.g., co-morbidity) into the development of measures. Co-morbidities such as depression and substance abuse in problem gamblers and those at risk of problem gambling complicate measures and there is a growing body of literature showing a relationship between young males, alcohol and gambling use and loss of control while gambling¹⁴. This research points to further areas of investigation for future harm minimisation measures.

The attempt to alter the gambling environment to reduce harm and minimise problems have been largely inadequate at reducing problem or minimising harm to regular players. Harm minimisation strategies have not been pre or post tested or evaluated for their effectiveness. One risk is that players receive the message that it is safe to gamble due to government and industry measures to protect the player. These measures are yet to be shown that they do protect a player from harm or that following the guidelines reduces the incidence of players progressing from recreational to at-risk or problem gambling behaviour.

¹¹ Rodda, S., Brown, S.L., & Phillips, J.G. (2004). The relationship between anxiety, smoking, and gambling in electronic gaming machine players. *Journal of Gambling Studies*, 20, 71-81.

¹² South Australian Department of Human Services (2001). *Gambling patterns of South Australian and associated health indicators*. Adelaide: Centre for Population Studies in Epidemiology.

¹³ Petry, N.M., & Oncken, C. (2002). Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers. *Addiction*, 97, 745-753.

¹⁴ Kyngdon, A. & Dickerson, M. (1999). An experimental study of the effect of prior alcohol consumption on a simulated gambling activity. *Addiction*, 94, 697-707.