

This response to the Productivity Commission inquiry into gambling is made by Gambling Care, a service providing assistance, mainly through face to face counselling, to people affected by problem gambling in the ACT for over 15 years. Gambling Care is a program of Lifeline Canberra Inc.

Gambling Care is a program funded by the ACT Department of disability, housing & community services, children and young people. Lifeline Canberra also delivers the co located and larger ClubCare program which is funded by 25 of Canberra's leading Licensed Community Clubs, all of whom operate electronic gaming machines and ACTTAB.

Unless otherwise indicated the material in this submission is based on Gambling Care's experience providing face to face counselling with people experiencing problems with gambling, be they the problem gambler themselves or others affected by the gamblers behaviour. We believe we see only a small percentage of people who have gambling problems, our experience is with those who have sought and found help.

Comments in this submission based on discussion with clients are largely the experience of people having problems with poker machine gambling. Our records since 1999 indicate consistently over 70% of our clients have gambling problems primarily or only with poker machines.

We also recognised the difficulty in determining the extent of problem gambling and the inherent challenges in prevalence surveys. There has been some inconsistency and confusion with different screening and assessment tools being used in the quest to find "the best" tool. The common practice of random telephone survey has its limitations. The AC Nielsen "Prevalence of Gambling and Problem Gambling in NSW" paper published in 2006 sums it up quite well in Appendix iii, Methodology Analysis. "Broadly, survey methodologies have several weaknesses pertinent to this research. First, is that someone with a severe gambling problem will not be inclined to participate in a self-report survey. Similarly, the target population may have been reticent to disclose personal, sensitive and confidential information. Finally, self report survey data is not entirely reliable in some respects (e.g. on gambling frequency)."

#### Discussion paper Item **4. Impacts of Problem Gambling**

Given that Gambling Care provides counselling within a therapeutic relationship to our clients, we are particularly mindful of the extent of distress problem gambling causes our clients. By the time people experiencing harm as a result of their own or someone else's gambling find their way to counselling they are usually in a very distressed state. Of 249 Gambling Care clients whose files were active in the 07/08 financial year, 87 (34%) had indicated they had seriously considered suicide and 17 (7%) that they had attempted suicide as a result of their problems with gambling. A small but steady number found themselves before courts for the first time as a result of offences related to their problem gambling and we usually have at least one client serving a custodial sentence as a result of crime solely related to problem gambling.

As described above, we expect that we are seeing a small percentage, perhaps 10% of people in the ACT experiencing problems with gambling.

Many clients present with anxiety, depression, loss of self esteem and at times loss of employment. Whilst occasionally some clients report that their significant relationships have been strengthened as a result of going through difficult times together, much more common is the ending or long term damage to significant relationships and families. Financial damage is of course common. The easy access to credit including redraw and refinancing of home loans has meant serious erosion of assets and significant levels of debt have been relatively easy to achieve. Unfortunately this often occurs without the knowledge of a partner until the loss of those assets is unavoidable.

For many of our clients over reliance on gambling as an escape, even if it has not reached a crisis that has brought everything crashing down, has allowed them to avoid perhaps for decades, engaging with and changing circumstances in their life that have limited their capacity to be happy and productive members of our community.

Discussion paper Item 6. **Consumer Protection Mechanisms.**

**Harm minimisation measures**

During the period Jul to Nov 2006, Gambling Care made available to clients a survey seeking their responses to harm minimisation measures. Only 18 responses were completed and returned but never the less, as clients of a gambling help service we believe they are quite expert responses on the experience of harm minimisation measures from a problem gamblers' perspective.

There were 5 possible responses to questions about the impact of specific harm minimisation measures , on problem gambling. The responses were that the measures had; (a) helped a lot, (b) helped, (c) had no effect , (d) made it worse, (e) made it a lot worse. There was also room to make further comment on each question and item 4 provided opportunity for any other comments the respondent would like to make on harm minimisation measures.

The specific harm minimisation measures asked about were:

- (i) Changing note acceptors so they can accept no more than a \$20 bill.
- (ii) Making it compulsory to turn off poker machines for 3 hours out of every 24.
- (iii) Limiting payout of winnings in cash on poker machines to \$1200.

The responses were as follows

	Helped a lot	Helped	Had no effect	Made worse	Made a lot worse
Note acceptors		3	13		1
3 hour shutdown		4	13	1	
\$1200 cash limit	1	4	10.5	.5	

The results indicated that whilst some of the measures were of some use, none were strongly endorsed by a significant number of respondents. In item 4, the most common suggestion was to remove ATMs from gambling venues.

These results are consistent with discussion with clients in session who describe that they believe such measures may be useful for reducing the likelihood that a recreational gambler will go on to develop problematic gambling but once gambling has become a problem the measures above are not of significant assistance. This extends to the provision of information about chances of winning. Indeed clients often express their frustration that they know this information only too well and yet continue to gamble. Given that many clients accept that it is not rational to continue to gamble when it causes themselves and others such harm, harm minimisation measures that appeal to rational processes are less likely to be effective for them.

Our counsellors often work with clients on developing strategies to limit episodes of problem gambling. It has become apparent in our work the strategies that are most effective are those that are put in place before an episode of gambling commences and are hard to change during that episode. For example, only taking the cash that is planned to be spent and not taking the means to access further cash.

Limits on withdrawals from ATMS in venues may partly assist with staying within limits. However alternative ATMS are often nearby, a gambler may have several accounts and via telephone may be able to transfer money between accounts. One of the challenges our clients face is that all of the creativeness that is available to them in setting up strategies to stick within limits is also available to them when they are seeking to go past or around those limits.

Our experience from many of our clients is that once an episode of gambling commences, their best laid plans regularly go out the window.

Gambling Care believes that measures requiring a commitment or decision to be made in advance of a session of gambling as to the amount of money and time that could be spent would be of significant benefit to people experiencing difficulty staying within limits once a session of gambling has commenced. Financial harm is often the first consequence to come to mind when considering limit setting. However excessive time spent gambling may also cause significant harm. This should be kept in mind when considering which particular pre commitment technology might be best employed.

Client feedback indicates that exclusion from venues is an effective harm minimisation measure. The ACT has a very good self exclusion process where a gambler can elect, on the one exclusion deed, to be excluded from one or up to all of the gambling venues in the ACT and the licensee receiving the exclusion deed must forward that deed, with accompanying photograph of the excludee to all venues nominated in the deed who in turn must then enact the deed. The system is not fool proof however and some clients describe being able to gamble at venues whilst excluded. On such occasions we have offered our client assistance to send a full page colour photo of themselves to the Gambling Contact Officer in the venues involved and advising them of our clients struggle with abiding by the exclusion. We have received positive responses from venues when clients have elected to make use of this option.

We acknowledge the challenge for venues in recognising all excluded patrons and have done some work with venues to explore making better use of emerging technologies to try and improve this process.

The ACT Gambling and Racing Control Code of Practice also requires a licensee who forms the belief that a persons gambling poses a serious risk to their welfare or to the welfare of their dependants must exclude that person. This requirement can allow for a licensee to be partially informed by other parties, possible family members, in forming the belief that the persons gambling is causing serious risk to welfare. There are a small number of licensee exclusions each year in the ACT.

#### Discussion paper item 7. **Government programs relevant to gambling.**

- Gambling opportunities are widespread and readily available in our community.
- Governments benefit significantly from direct taxation on gambling and in the ACT from the distribution of gambling profits by gambling venues to community benefit activities that might otherwise require government funding. Governments own (ACTTAB ) and support the patronage of gambling venues.
- Considerable resources are invested by gambling product manufacturers and gambling service providers to make gambling products attractive to use and to increase the gamblers rate of expenditure and length of gambling episode.
- There is risk of significant harm associated with the over use of gambling products.

The ready availability and State endorsement of gambling products makes the harm associated with overuse of those products a public health issue.

As described in the introduction to this submission The ACT government provides funding for the Gambling Care service primarily to provide face to face counselling. Gambling Care has sought agreement to expand our counselling delivery to include more telephone and online contacts with clients. In substantial evaluation of the service over time clients tell us that the counselling they have received; reduces distress, assists with greater control over gambling and supports clients to address issues that have contributed to or been exacerbated by their gambling problems.

However the sole funding for responsible gambling education and awareness or problem gambling education and awareness received by Lifeline Canberra for both the Gambling Care and Clubcare programs is funding from the ACT Government to the extent of 1 worker for half a day per week. The Clubcare program does receive funding for advertising and promoting the use of the counselling service.

The ACT Government supported Gambling Care's efforts to have a responsible gambling education, curriculum integrated, module available in the ACT by having the ACT Education Department develop such a education product last year. The ACT Government has also funded the production of

a 5 minute educational DVD to support the delivery of that module. Last year the module was delivered in 2 high schools.

Gambling service providers joined with the ACT Gambling and Racing Commission and Gambling Care in a number of responsible gambling initiatives for responsible gambling awareness week last year including a responsible gambling seminar hosted by ClubsACT.

Whilst each of these responsible gambling awareness and education measures are all good steps, Gambling Care believes a more significant commitment is required in the ACT to allow all of our community who have or will have access to gambling products to be better prepared to use these products with a higher degree of safety and to be able recognise the very real risks to personal wellbeing in over reliance on gambling products.

Thank you for the opportunity to put this submission before the Commission. Gambling Care would be pleased to discuss further any of the matters raised.

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Lifeline Canberra Inc.  
30 March 2009.