

Gambling Inquiry- Productivity Commission Issues Paper, December 2008

The following is the response to the Issues Paper by the Western/Riverina-Murray Gambling Forum.

The Gambling Forum comprises of the five Gambling Counselling Services funded by the RGF, namely:

- Lifeline Broken Hill
- Lifeline Central West Counselling Services (Bathurst and Dubbo)
- Wagga Family Support
- Mission Australia (Wagga)
- St Davids Uniting Care (Albury) together with
- Lifeline (Canberra) Gambling Counselling Service

The first Forum was held in February 2002 and since that time we have met every four months, each time for three days, for the purpose of peer support, supervision, training and on the last day meeting with our funding body, RGF and other stakeholders such as AHA Clubs NSW and TAB Corp.

At these Forums, we discuss issues relevant to our work in the rural areas of NSW and as such our response is based mainly on rural issues.

1. What has happened to “at risk” groups? Have new groups of problem gamblers emerged? (page 19)

At Lifeline Central West, over the past six financial years, the Service has seen 597 new clients and the following applies:

Age:

19.8% are aged under 30
28.6% are 30 to 39
23.1% are 40 to 49
14.6% are 50 to 59
8% are over 60

This means that 22.6% are aged 50 and above. For the year 2000/2001 this group only represented 11%.

Source of Income:

41% depend entirely on Centrelink payments (Pensions and Newstart).

Family Makeup:

38.9% are single
22.3% are a member of a couple

The age group 50 and above, we believe are the most vulnerable group as they find it more difficult to recoup their losses, particularly those who rely on Centrelink payments as their only source of income. For those who are employed, they have few working years left and perhaps for both, this awareness could be the catalyst for help.

The younger, say 18 to 24 age group, notwithstanding the possibility that they may suffer great losses, may have parents who, in the majority of cases, bail them out and as well once they stop gambling they can recover and over time prosper in terms of health and wealth.

As a statement in the Issues Paper, "It is generally accepted that the precise numbers (of problem gamblers) have little bearing on the need for effective policy actions", we agree and believe that awareness action for the age group 50 and above (or even as low as 40, considering the current economic climate) is urgently needed.

2. Have measures introduced by Governments to address problem gambling and those at risk of problem gambling reduced the extent of social costs of gambling? What are the regional impacts? (page 20)

- Last year the RGF promoted the Gambling Hangover Campaign, however there was no advertising on rural television and very little on radio and in media in rural areas (in Central West we saw none at all). So this Government campaign had no measurable effect on reducing the social cost of gambling in rural/remote and indigenous communities.
- The Medical Journal of Australia (4 August 2008 – page 135) states "that problem gambling is more prevalent than stroke or coronary disease and is comparable with estimated prevalence of Type 2 Diabetes."
- One of the consequences/effects of severe problem gambling is loss of self esteem and this can lead to thoughts of suicide. Over the past three years at Lifeline Central West there have been at least eight of our clients who have stated that they have contemplated suicide because of their gambling (the other services have reported similar trends). In the Issues Paper it is stated "For example, one in ten problem gamblers said they had contemplated suicide due to gambling..." The above figures show that one contemplating suicide due to gambling is one too many.
- Fraud is a major social cost. Over the past five years, Lifeline Central West has had 16 cases of clients charged with fraud and there are currently two cases where charges have not been as yet laid. For three of these clients, their sentence included time in gaol. For one client, they have had difficulties obtaining work due to their criminal charges. Other members of the Forum have also had similar cases.
- Another social cost is reduction in social interaction for the family (eg inability to attend school excursions, sport as no money available). In a real sense this could eventually lead to social isolation due to lack of ability to attend other social functions because of same.
- The inability to budget, not only for day-to-day living expenses but for the future (eg car registration, land rates, car repairs, clothing, gifts etc) can have consequences not only on the immediate family, but on relationships with family and friends as a result of either trying to "hide the problem" or upon disclosure. All counsellors throughout our Forum have experienced these situations with our clients.

From the above it is obvious that there are some real social costs being experienced as a result of those who have a gambling problem. As stated in the Issues Paper (page 18), "Moreover, whether the actual number of problem gamblers is one, two or three percent of the population, it equates to hundreds of thousands of Australians with many more

who are directly affected by their problems or are at risk. It is generally accepted that the precise numbers have little bearing on the need for effective policy action.” From the Productivity Commission Report of 1999, wherein it was stated that for every problem gambler there are between five to ten other people who are affected by their actions, it would appear that problem gambling impinges very much on our community.

Yet, whilst our State Government spends millions of dollars in regular advertisements in relation to speeding, drinking, drink driving, drugs, domestic violence, child abuse, smoking, AIDS, there is nothing in relation to problem gambling and its effects on the community. The question is how serious is the Government in relation to this community problem?

3. Consumer Protection Measures – Harm Minimisation

As stated in the Issues paper, “Apart from the provision of self help services for people already experiencing problems with their gambling, the primary forms of harm minimisation involve:

- giving consumers more information to make informed decisions about gambling,
- enabling consumers to exercise controls over their gambling...”

In relation to the first dot point, there is very little information in the areas that we cover. G-Line (now Gamblers Help) cards are not mandatory to be placed in gambling locations. We have visited many clubs, hotels and TAB agencies and noticed the lack of cards. Yes, there is the required signage that is required by law, but for the majority of our clients they don't either see or read it.

As well, there are the stickers on each poker machine, with messages such as “your chance of winning a major prize is greater than one in a million.” As well, they don't recall seeing these.

Perhaps to assist in this area, harm minimisation messages should appear on the screen during play – perhaps for two to three seconds every couple of minutes.

Even so, the above is only a secondary and tertiary forum of intervention. As stated in the previous section, early intervention is what is required, advertising through all forms of the media. The RGF, as part of our new contact for provision of Gambling Counselling Services, has seen the need of early intervention, however there is no additional funding available for services to carry this out. In rural/remote areas, where we cover large areas, this can be very costly to promote harm minimisation techniques to communities.

Self exclusion schemes are one way to enable consumers to exercise control over their gambling. Rural/remote area clients tend to balk at self exclusion for numerous reasons:

- i) Because well-known in the community, self exclusion has two effects – the sense of shame and the problem, or perceived problem of lack of confidentiality of staff.
- ii) Self exclusion in these communities generally means self exclusion from the whole premises. As the club (generally) is often the centre of social life in the town, self exclusion can isolate a person from any social life whatsoever. This not only occurs in small communities, but in larger communities where clubs, in particular, as part of

their duty of care embrace self exclusion from the whole of the premises (in Central West, some examples are Bathurst, Cowra and Orange).

As part of the above situations, even when the price of petrol was high, it doesn't prevent problem gamblers from travelling hundreds of kilometres in order to play a poker machine.

Self exclusion is a positive strategy. It is a significant step for clients, so there is value in it. Many though have tried to sneak in and many have succeeded without being caught. Our experience has been that this has mainly been in hotels. Many hotels have direct street access into their poker machine rooms, allowing gamblers, including under age, to bypass hotel staff serving in the bar area, and simply walk in off the street to play. This can make self exclusion a joke and such establishments should be mandated to have all access to gambling in their venue via a staffed area such as the bar.

Because of the large areas we have to cover, the self exclusion scheme of AHA, Game Care has proven to be very valuable as it is a "one stop shop" for all hotels in an area as large as the gambler requires.

Unfortunately for clubs, it is a matter of self exclusion from each individual club. If AHA can do it, why can't the clubs? There would be a cost, but would show to the community a pronounced duty of care.

We believe that there should be more onus/responsibility on clubs/hotels to monitor any self exclusions that have been activated.

At this stage, there is one gap in the self exclusion process in that there are no schemes for PubTAB, ClubTAB and Keno in hotels. This is a real concern for our counsellors as there is a self exclusion scheme for stand alone TABs, so why not the others? Where is the duty of care to customers?

One area of harm minimisation that we believe should be considered is to enable club/hotel staff to approach suspected problem gamblers in order to talk to them. We have spoken to numerous staff and the common comment is, "we know who the problem gamblers are, as we see them on a very regular basis." As part of the Responsible Conduct of Gambling, surely there must be some way that staff can talk to patrons.

4. Changes in Gambling Patterns since 1999.

From our knowledge and observations, it would appear that there are more avenues available in order to gamble.

- Advertising of sports betting has increased dramatically. Over this summer whilst watching the Test cricket, viewers have even been encouraged to bet on outcomes of games, even whilst they are in progress. These days you can now bet on almost every sport that is being played. As well, we are not aware of any harm minimisation measures that have been put in place.
- Instant Scratchies – not just one type for each monetary unit, but several and they are changing continuously.
- Lotto, Oz Lotto and Powerball – between them there are now five draws each week.

- Art Unions/Competitions – there appears to be more of them as fundraising bodies try to keep their organisations afloat.
- Lotteries – more tickets now sold for each draw, but no increase in total prize values.
- Introduction of poker tournaments.
- TAB – there are more ways to bet, and more combinations. As well, you can even bet on future races without knowing the final fields (called prescale).
- Keno – addition to basic game of Heads/Tails.

With all the above, on the surface it appears that it is just another way to maximise the gambling dollar tax.

The only positive changes have been the introduction of smoking bans, but this appears to be more of a health measure than a harm minimisation process for gamblers. Many of our gambling clients who smoke, say nothing has changed for them except that they spend longer periods gambling because they have to have a break in order to have a cigarette.

We trust that the information provided will assist your Inquiry and we would be pleased to provide any additional information or discuss any matter further.

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