



Response to the Productivity Commission Draft Report 2009



Shelley Wills, Kylie Jericho, Nicola Coalter, Donna Hunter & Amber Hermann

Amity Community Services Inc.
GPO Box 3628 Darwin NT 0801
Ph: 08 8944 6565
Email: habitwise@amity.org.au

Foreword

This submission forms Amity Community Services Inc.'s feedback to the Productivity Commission's Draft Report – Gambling (October 2009).

We acknowledge that addressing Indigenous gambling may have been out of the scope of the directive for this report however would like to highlight the importance of maintaining a focus on indigenous gambling. In this matter we refer you to our original submission (a copy of which is attached) and highlight recent studies that estimate gambling problems were three to four times higher amongst Indigenous people living in non-remote regions, compared with the general population (Stevens & Young 2009). This research also shows that living in crowded and multi-family housing increases the chance of someone being affected by gambling, both directly and indirectly, which is common to many indigenous communities.

Chapter 4

- I. In addition to the findings on prevalence of problem gambling, we suggest research is needed into the broader population affected by an individual's problem gambling. For example, for each individual who experiences problems associated with their gambling, how many family members are affected by that person's gambling. We believe the impact on significant others would be broader in particular communities such as Indigenous and other collective societies given the interrelatedness of such communities.
- II. We further suggest that research into the broader financial impacts could provide important data to inform future funding directions. Monitoring of the financial impact of problem gambling on the greater service sector including: justice, health, homelessness and emergency financial relief funding.

Chapter 5

- In reference to '*promote self-help...*'
 - I. In our work with the gaming industry we note that further information, not unlike health warnings on tobacco, in relation; to self-exclusion options for patrons, how EGMs work, the odds of winning, false beliefs and return-to-player along with where to seek information/assistance from when individuals, significant others, or family members feel gambling is impacting on their choices/lives would be beneficial in all states and territories.
 - II. We acknowledge the importance of health promotion conducted in consultation with relevant community groups (particularly culturally and linguistically diverse groups) in order to deliver appropriate and effective education and early intervention to enable self help and self recovery.
- Amity supports the need to establish a national minimum standard of training as well as a national accreditation system for problem gambling service providers and suggest:
 - I. That training should be adaptable to the needs of remotely based or culturally diverse counselors.
 - II. Training should be made available to generalist counsellors who work with problem gamblers as well as gambling specific counselors.
 - III. That training is delivered off campus /on line for the benefit of remotely based practitioners.
 - IV. That content be tailored to meet the needs of the community the counselling is made available to. For example, remote communities may require a community development focus given that some communities may not be accustomed to utilising traditional counselling services.

- V. That financial and practical assistance is provided to existing agencies and individuals to acquire recognition of prior learning where appropriate.

Chapter 6

- 6.1 Amity supports this recommendation.
- 6.2 Amity supports the need to gather evidence to inform best practice however questions the suggestion to not extend school based projects. We query if this decision was based on analysis of particular models and whether or not there are models currently in use that are considered to be successful and effective? It is our understanding that Queensland and Victorian models are considered effective.
- 6.3 Amity supports this recommendation and suggests that patron focus groups could be effective to ascertain effective *'dynamic warnings'*.
- 6.4 Amity supports this recommendation, particularly in relation to lotteries, given that advertising campaigns often imply that recent winnings by (persons) are possible predictors of future winnings by (others).

Chapter 7

- 7.1 Amity supports modification to existing self-exclusion arrangements however queries how feasible it will be to implement statewide exclusions and wonders if the difficulties encountered may decrease the efficacy.

In particular, Amity questions how it will affect individuals who live on the border of states and territories given that it may be possible for an individual who has self-excluded in one state to easily cross the border to access gaming venues in another.

We believe that the implementation of a state-wide exclusion database may have negative practical consequences for small venues where gaming is not their primary business and where they operate on a minimum of staff already, for example, roadhouses and sports clubs in small towns. Ultimately, these venues may not be able to afford to maintain service of gambling products (EGM's, TAB services etc.). Whilst removal of these services may reduce the chances of residents developing problems with their gambling, it could act to further disadvantage people who choose to live remotely.

Amity has concerns that the act of placing ones name on a statewide database may deter some individuals from self-exclusion as they may be uncomfortable with the broader implications and possible lack of confidentiality. For example, having your information distributed to a venue where you know owners/staff and do not normally gamble. This deterrent may considerably reduce the already small numbers of people accessing this harm minimisation strategy.

- 7.2 Amity supports this recommendation.
- 7.3 With reference to *'revocation only be permitted after evidence of attendance at a counselling service and judgment by an appropriate professional about the capacity for the person to safely gamble'*.
 - I. Amity does not agree with this recommendation believing it is not possible to guarantee that a person will not develop further problems with their gambling in the future. As evidence for this we refer to Prochaska & Di Clementi's model, 'The cycle of change' which tells us it is common for people to go through several cycles

before making permanent change. Even once long-term change has been made, circumstances may develop in a person's life leading them to relapse.

- II. Given this it is impossible to assess whether or not an individual will develop problems related to their gambling in the future. Amity believes that these factors impact on the professional's capacity for sound assessment and that this places the professional in a position of undue liability.

7.3.1 *'subject to evidence and due process...'*

Amity suggests that the assessment of such be regulated by an agency external to the venue and stresses the importance of evidence and due process to protect the individuals' rights and confidentiality.

7.4 Amity support all of these recommendations pending clarity of the following; *'enables gamblers to opt-out, with periodic checking of their preference to do so'*.

7.5 Amity supports this recommendation.

- I. We further believe it is important to educate treatment agencies on pre-commitment strategies introduced to ensure they can assist their clients to use these as harm minimisation tools.
- II. We suggest that optional pre-commitment strategies are most likely to be utilised by individuals who are already relatively *'playing safe'*.

Chapter 8

8.1 We recommend that *'compliance with harm minimisation measures'* include the expectation that venues ensure all staff attend appropriate training by nominated providers.

Amity suggests breaches of mandatory harm minimisation measures require mandatory re-training of all staff in the areas of harm minimisation. We also consider enforced periods of closure would be a more effective penalty than the existing monetary fines which may have little impact on large establishments and therefore not act as a deterrent.

8.2 Amity supports this recommendation.

8.3 We suggest that stated training should be provided by services other than the venue or industry peak body. This would ensure appropriate and well motivated delivery of information that maintains a harm minimisation focus. We make the point that venues do not develop or deliver Responsible Service of Alcohol (RSA) courses.

8.4 Amity supports this and further suggests;

- I. That if an individual has self excluded from a venue at any time in the past, the venue must ensure the individual does not receive ongoing or new 'offers' by mail or email which could act to 'entice' them back to the venue.
- II. That if an individual hasn't visited a particular venue for a period of time it could be they are self-excluding without notification as a pro-active measure to reduce harms of their gambling. If a venue continues to provide the individual with offers and promotions by mail this could act to 'entice' them back to the venue.
- III. The practise of sending out gambling vouchers to patrons as rewards or gifts in place of meal vouchers which were previously offered could be seen as an encouragement to gamble.

- IV. Anecdotal evidence suggests that 'status' based memberships (for example, 'Gold or Platinum Membership') are frequently offered to individuals who experience low socio-economic status within the community and therefore may be more vulnerable to the enticement of a status based membership. Given their financial status these individuals are less likely to have expendable income for gambling activities.

Please refer to Amity's original submission for further comment on harm minimisation strategies and regulation of venue activities.

Chapter 9

- 9.1 We agree with banning ATMs from venues but question whether this would be practical for small venues in remote locations given these may be the only ATMs available to the community.

Amity strongly supports the limit of cash withdrawals to \$200 providing this was the total withdrawal limit for the day, with multiple withdrawals not available.

We have concerns about the current provision of internet banking facilities to patrons by some venues allowing them to access bank accounts not accessible via ATM's. We believe this vastly increases access to funds which may be set aside for other costs. Whilst it may be argued that individuals are autonomous and are responsible for their actions in accessing their own funds, there is a plethora of evidence that demonstrates that whilst involved in a gambling activity individuals make irrational choices not conducive to their own well-being. Providing patrons easy access to bank accounts not accessible via ATM's has the possibility to seriously impact on an individual's efforts to self limit spending, which is not in line with harm minimisation practise.

We question the reasons for suggesting high rollers and international visitors be exempt from this recommendation. This implies that high earners are not likely to develop problems associated with their gambling, which evidence does not support. We would recommend that high rollers and international visitors be placed under a higher monetary limit in order to also provide protective measures for this group.

- 9.2 Please see our response to Draft Finding 9.1

- 9.3 As with our response to Draft Finding 9.1, we question the reasons for exempting high rollers and international visitors. We recommend imposing limits on cheque-cashing requirements at a higher dollar value for the same reasons provided in our response to Draft Finding 9.1.

We further suggest that cheques not be available to cash at the venue the following day (as is currently practice in the Northern Territory). There is anecdotal evidence that individuals who return to cash their cheques 24 hours later are highly likely to stay and play their winnings.

- 9.4 Again, as with our response to Draft Finding 9.1, we question the reasons for exempting high rollers and international visitors from this recommendation.

Chapter 10

Amity supports the need to increase periods of shut down and suggests gambling shut down periods be brought in line with restrictions on the sale of alcohol in venues (4am to 9am). Evidence suggests that intoxication can increase high risk and impulsive behaviours. During these hours it is common for individuals under the influence of alcohol to frequent gaming venues, in particular casinos, when other entertainment venues have closed.

This could also act to ensure that parental responsibilities are undertaken from facilitating their child's school attendance to morning activities of daily living.

Chapter 11

In response to the strategy of an 'airbag EGM', we support this strategy in theory. The use of player loyalty cards to track player spending could be utilised as an effective harm minimisation tool. Amity supports the implementation of any loss limiting measures developed for machines.

11.1 We support this recommendation and further question if there has been any consideration given to an individual's capacity to play more than one machine at once as this would obviously increase their capacity for spending.

We would also recommend consideration be taken to the current delay times on machines and suggests an increase in delay would act further to reduce capacity for spending.

Chapter 13

In the Australian context and employing the tenants of Social Learning Theory this chapter fails to acknowledge that within the racing and wagering industry there is potential of harms to minors if it continues to be marketed in a family friendly manner. In review of the evidence around 'learning to gamble' there is a paucity of longitudinal research on the way younger generations may be learning to gamble through the modelling of parent/peer gambling, the promotion of the industry and society normalising this behaviour. More evidence on the social learning of gambling through family behaviour and children who regularly spend time in these environments may enable a clearer picture to be formed about how future generations may be taught to gamble within this industry.

This chapter appears to focus on the plight of the racing industry, it's regulation, intellectual property and funding. It appears inconsistent with gambling regulation of other forms and this is highlighted in the opportunities for punters to access credit-betting facilities and the industry providing inducements to play. This chapter fails to acknowledge or adequately address the possible harms or costs to individuals, families or society and does not explore potential harm minimisation strategies for reducing harms.

Chapter 14

14.1 Amity strongly supports this recommendation.

14.2 Amity strongly supports this recommendation.

14.3 Amity suggests that treatment providers and research bodies be included in said consultation process.

14.4 Amity supports this recommendation.

14.5 Amity supports this recommendation.

Chapter 15

15.1 Amity supports this recommendation providing core questions are able to be adapted to suit persons from different cultures and to take into consideration that questions may need to apply to whole community groups as well as individuals from collective cultures.

15.2 Amity supports these recommendations.

15.3 Amity supports these recommendations

15.4 Amity supports these recommendation

Reference List

Prochaska, J., & Di Clemente, C. *Towards a comprehensive model of change*. In Miller W., Heather N. (Eds) *Treating Addictive Behaviours: Process of Change*. New York, Plenum.

Stevens, M & Young, M. *Reported Problems in The Indigenous and Total Australian Population*. Commissioned by : Gambling Research Australia. 2009



GAMBLING HARM MINIMISATION IN THE NORTHERN TERRITORY

**Submission to the Productivity Commission
by Amity Community Services Inc.**

Debra Mill

Nicola Coalter

Amity Community Services Inc.

Amity Community Services Inc (Amity) is a non-government agency that has delivered services to the Darwin community and to the broader Northern Territory community for over thirty years. Amity provides intervention, information, education, consultative and training services in relation to behaviours of habit. These include issues related to drugs, alcohol, drink-driving and gambling.

The Gambling Harm Minimisation and Education Program in the Northern Territory assists the community to address issues that may arise from gambling behaviour. Amity currently provides a gambling intervention service that incorporates:

- individual assessment and counselling
- community and professional consultation
- development and delivery of professional training to health and welfare providers and the community
- development and delivery of harm minimisation training within gaming venues
- community education via printed resource materials, newsprint, TV, radio broadcasts and community workshops
- 24hr Gambling helpline
- web based information, personal gambling management strategies and email contact
- Collaboration between industry, government and other organisations

Amity's Indigenous gambling model involves:

- Extensive relationship development with key stakeholders
- Strategic community development and harm minimisation approaches
- Community education, feedback and action plans
- Working with communities to identify goals and solutions to their identified issues

Definition of Problem Gambling

The debated prevalence rate of problem gambling (1-2%) contributes to a perception that problem gambling is not really an issue. However when you collate the numbers of gamblers that have a low, moderate and high level risk of gambling related problems, plus the possible 5-10 other people affected (Productivity Commission 1999), this perception changes. The prevalence rate of 1-2% fails to adequately describe the complete picture of problem gambling.

In addition, this prevalence rate does not address the higher incidence of problem gambling in vulnerable populations. For example problem gambling rates may be higher in indigenous groups, research in Ontario Canada with First Nation Peoples identifies prevalence rates ranging between 19% – 42% depending on the community and their accessibility to gambling (Wynne & McCready, 2005) while the prevalence in the general population was 2% (Canadian Journal of Psychiatry,2005).

Indigenous people inform Amity that they have greater concerns for people who do not gamble with family or who play on their own rather than the amount of time or money spent, which are included in mainstream methods of determining problems. This does not imply these are the only concerns Indigenous people have. Northern Territory Aboriginal communities identify both different and similar issues in relation to gambling, for example, concern relating to unsupervised children because of adult gambling is raised in some communities.

Exploratory and unpublished research by Stevens (2008) from the School of Social Policy and Research at Charles Darwin University in the Northern Territory reveals that gambling related concerns for Australian Indigenous people are 2 – 3 times higher than other populations.

Amity's work with gaming venues and with Indigenous people in the Northern Territory indicates a need to further address the definition of problem gambling.

Harms

Amity Community Services Inc. identifies and assists individuals and the community to work through the negative impacts of gambling. The negative impacts, which are evident, across urban and remote regions including:

Personal: stress, depression, anxiety, poor health, suicide, family isolation, and legal problems.

Family/Friends: neglect of family, overlooking of social and cultural obligations, unsupervised children, borrowing money, arguments, loss of friends, domestic/violence, and family breakdown.

Livelihood: workplace absenteeism, poor performance, theft from business, job loss, debts, loan sharks, bankruptcy, pawning essential household items, and begging.

Community: costs associated with divorce, government intervention services including Family and Community Services, theft and fraud, imprisonment, courts, provision of support services and hospitalisations.

Treatment for gambling issues cannot be divorced from the structural determinants. The World Health Organisation has found clear structural determinants that directly relate to health and wellbeing outcomes. Spooner, Hall and Lynskey (2001) argue that a range of factors including unemployment, taxation, urban development, education and other government policies all impact on the social and physical environment which have direct consequences for the development and maintenance of unhealthy behaviours. A predominance of these issues within particular cohorts results in the development of vulnerable groups within communities.

Within the Northern Territory context those who experience issues related to marginalisation, mental health, alcohol and other drugs, poverty, inadequate housing, low education and co-morbidity are acknowledged as vulnerable groups.

Stevens (2008) research on gambling in the Northern Territory amongst Aboriginal people found strong links between the presentation of gambling problems and alcohol and other drug problems. When gambling problems were identified in a family these other issues (alcohol and drug problems, witness to violence, abuse and/or violent crime and trouble with police) were also reported as problems in that family group. This provides evidence which demonstrates that structural determinants significantly affect the health of the population. International research in the UK has identified the same issues (UK Prevalence Survey, 2007).

Another vulnerable group that has been identified by Amity's work is that of employees of gaming venues. Training delivered across the Northern Territory demonstrates that workers who experience problems related to gambling remain often remain within the

gaming industry since there are limited employment opportunities within smaller communities. Hing and Breen (2005) identified the risks gaming businesses face when employees develop problems related to gambling. Amity's observations are that these employees continue to work in environments with minimal or no support for intervention due to the perceived (and perhaps actual) consequences of being identified as a problem gambler within their work place and small community.

Amity engages in capacity building and training work with the gaming industry throughout the Northern Territory. This work has enabled Amity the opportunity to provide minimal interventions to employees experiencing gambling related problems.

Provision of Intervention Services in the NT

Amity's service delivery experience has identified that specialist services are not viable in all regional and remote areas across the Northern Territory. The main rationale for this comes from the difficulties in attracting and retaining skilled staff as well as there being a limited numbers of clients within that region in comparison to metropolitan areas. The Northern Territory has a small population that is spread over a great area. Therefore, the service delivery model that is useful for addressing problems related to gambling is one in which capacity building of generalist services occurs.

Other issues relating to effective gambling intervention services include: oral languages without the benefits of interpreter and written language; cultural understanding and education practices; extensive cost of travel to remote locations; quality of relationships effected by ability to have regular connections and meetings; an absence of social marketing infrastructure in remote locations; issues with technological support e.g. phone and internet coverage.

Demand

The Northern Territory population is diverse. It includes unique demographics in comparison to other place in Australia. Characteristics include:

- cultural diversity
- young population
- higher household disposable incomes
- perceived as a holiday and party destination
- higher rates of incarceration & self-harm
- increasing disparity between socio-economic groups
- higher co-morbidity rates
- almost twice per capita alcohol consumption
- higher gambling expenditure
- lower education and health standards
- large proportion of the population not participating in mainstream economic & social life

It is apparent that the costs associated with gambling are borne by individuals, the local community and the public purse; whilst the rewards are accumulated within commercial gaming.

Indigenous people in the Northern Territory regularly play in card games to participate in economic and social life. Gambling harm minimisation and education workshops, conducted by Amity throughout the NT, reveal a persistent belief that winnings will be increased by investing the profits of card games into commercial racing and gaming activities. This belief is encouraged by stories of big wins from family and friends with avoidance of discussion around the losses.

Supply

Gambling in the Northern Territory is administered by the Department of Justice. Even though enforcement is a necessary part of the response, the engagement of a whole of government and harm minimisation response is limited. It is difficult to have a harm minimisation approach when gambling-related issues are managed primarily through enforcement approaches.

The adoption of harm minimisation, through the Northern Territory Code of Practice, has had a minimal effect. Amity's work across the Territory has revealed that compliance and capacity from gaming venues is limited due to a range of issues including: high staff turnover, low level of knowledge and skills around harm minimisation, limited allocation of resources to harm minimisation, and management priorities for the business.

Compliance to the Northern Territory Code may be increased if it was a legislated requirement which is tied to the engagement of harm minimisation strategies and training. This model already exists regarding the responsible service of alcohol (RSA)

and would be helpful if it was also applied to the service of gambling.

The supply of gambling in smaller communities may provide jobs and economic activity however it can also deplete the social and economic capital. Although a number of popular sports are supported in the community through the proceeds of gambling, we have observed a narrowing repertoire of activity that do not have gambling or alcohol involved. A healthy community requires a diversity of social, leisure and sporting interests that cater for age, gender and socio-economic capacity.

The Northern Territory Community Benefit Fund Annual Report (2007) notes that approximately 10% of income directed at sporting and leisure benefit with approximately 90% of club income directed at administration and generation of income. It appears from this, that what was once considered a sports-focused club has now evolved into a alcohol and gaming venue with ancillary sporting and leisure interests.

Currently, no independent analysis is required to assess benefit versus harm in a particular community. Applications for gaming licenses require a Community Impact Analysis be undertaken and this is conducted by the applicant. This provides little insight into the harm factors associated with the activity, due to the self-serving nature of the analysis. Guidelines for community benefit need to be more rigorous to promote community benefit whilst protecting vulnerable individuals and groups.

Amity Community Services Inc concludes that the three issues that will progress harm minimisation in the NT include:

1. Implementing a harm minimisation approach across the whole of government and industry, which involves community engagement, education, protection and intervention.
2. Balancing both the costs and benefits across public and private interest to ensure protection of vulnerable groups and broadening the repertoire of community activity.
3. An independent assessment of community impact, which is regularly reviewed, to ensure accurate evaluation of applications and ongoing monitoring of gambling impact.

If you have any questions or queries in regards to this submission we welcome further discussion.

REFERENCES

Canadian Journal of Psychiatry, Vol 50, No 4, March 2005

Community Benefit Fund. (2008). Annual report 2007-2008. Community Benefit Fund: Northern Territory Government.

Griffiths, M., Wardle, H., Orford, J., Sproston, K., and Erens, B. (2009). Gambling, alcohol consumption, cigarette smoking and health: Findings from the 2007 British Gambling Prevalence Survey. Gambling Commission: Nottingham Trent University.

Hing, N., and Breen, H. (2005). Gambling among gaming venue employees: Counsellors' perspectives on risk and protective factors in the workplace. *Gambling Research*, 17(2), 24-46.

Orford, J., Wardle, H., Griffiths, M., Sproston, K., and Erens, B. (2009). The role of social factors in gambling: Evidence from the 2007 British Gambling Prevalence Survey. Gambling Commission: University of Birmingham.

Productivity Commission. (1999). Australia's gambling industries: Draft report. Productivity Commission: Australian Government.

Productivity Commission. (2008). Gambling: Productivity Commission Issues Paper. Productivity Commission: Australian Government.

Spooner, C., Hall, W. and Lynskey, M. (2001) *Structural Determinants of Youth Drug Use – a report prepared by the National Drug and Alcohol Research Centre*. Canberra, Australia. The Australian National Council on Drugs.

Stevens, M. (unpublished). Betting on the evidence: Situating gambling problems in the Indigenous population of the Northern Territory., School of Social Policy and Research, Charles Darwin University.

Wynne, H. J., & McCreedy, J. (2005). *Examining gambling and problem gambling in Ontario Aboriginal Communities*. Ontario Federation of Indian Friendship Centres and the Métis Nation of Ontario: Ontario Problem Gambling Research Centre.

CONTACT DETAILS

Amity Community Services Inc,
PO Box 3628 Darwin NT 0801
Ph; 08 89 446 565
Email: habitwise@amity.org.au