



Anglicare
TASMANIA™

It's the light, the music, the jingles, the free drinks, et cetera
(including the views of 52 people affected by gambling problems)

SUBMISSION TO

Third Social and Economic Impact Study of
Gambling in Tasmania

April 2014



Introduction to Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie, and a range of programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services and family support. In addition, Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by a set of values which include these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Executive Summary and Recommendations

I probably realised [I had a problem] when I would go in and I could say I can afford to lose \$20 that's fine but then I would stay and keep waiting to regain what I lost. Then leaving, feeling really bad. It's the light, the music, the jingles, the free drinks, et cetera. It was one day when I put in \$100, \$129, and I thought 'oh no what am I doing?' Why didn't I stop myself?

Maureen, poker machine user (Law 2005, p. 15)

Anglicare Tasmania welcomes the opportunity to provide a submission to the Third Social and Economic Impact Study of Gambling in Tasmania.

Anglicare has 17 years experience delivering services to help people who have developed a gambling problem. Our workers frequently report their frustrations in trying to provide support to people in a regulatory environment that fails to provide adequate protection to its customers. Gamblers Help clients tell our workers that the gambling environment, including advertising, inducements, player loyalty schemes and venue inducements (gambling and non-gambling) encourage them to gamble. Most of our other services also experience the impacts of gambling problems. We see family relationships suffer, people unable to afford to eat and people unable to afford to heat their homes because of a gambling problem in the family.

Anglicare also conducts research about the effects of gambling and lobbies State and Federal politicians and the industry to reduce harm caused by gambling. Anglicare's recent research work on gambling includes *House of Cards* (Law 2005), which looked at the impacts on low-income Tasmanians who have a gambling problem in the family, and *Nothing Left to Lose* (Law 2010), which looked at cases in the Supreme Court where the defendant had a gambling problem. In January 2014, we also looked at the way the Family Law Court treats cases where a family member has a serious gambling problem (Maheswaran in press).

To further assist us with this submission, Anglicare spoke to 17 people in April 2014 who regularly attend support groups to help them with their problems with gambling. Relationships Australia assisted us with these group sessions. All research participants interviewed for this submission had negative experiences of poker machines but also had experiences of Keno, horse racing, internet gambling, Tattsлото, sports betting and the TAB. Their responses overwhelmingly relate to their problems with poker machines. The majority of research participants in our earlier research also experienced problems with poker machines (Law 2005).

This is no coincidence, as it is widely stated that problems develop more frequently with poker machines because they are designed for high intensity play at a high hourly cost (Productivity Commission 2010, p. 11.1). Gambling problems escalated in Tasmania after the Tasmanian Government introduced the machines into local hotels and clubs in 1997, massively increasing accessibility and changing the social focus in local communities (New Focus Research 2003). For this reason, this submission focuses on the impacts of poker machines, although we also comment where relevant about other forms of gambling.

Since the first SEIS, published in 2008, the Tasmanian Government has introduced a number of reforms it hopes will reduce the negative impacts of gambling (Tasmanian Gaming Commission 2013). These reforms include the first mandatory code of practice for the industry (published 1 March 2012, with all reforms implemented by 1 March 2013); and reducing the maximum bet limit per spin for poker machines from \$10 to \$5, reducing the maximum number of lines that can be

played on poker machines from 50 to 30, and reducing the cash input limit for poker machines to \$500 (phased in, fully effective 1 July 2013) (Tasmanian Gaming Commission 2013). These measures are welcome but fall well short of potential strategies suggested by the Tasmanian Gaming Commission in their response to the first SEIS (Tasmanian Gaming Commission 2008). Meanwhile, public discourse has also focused on harm minimisation measures for poker machines and debated the efficacy of a proposed \$1 maximum bet limit and/or pre-commitment system.

Anglicare research consistently shows that many people who develop a gambling problem start gambling to escape problems with their home life or other stress, to relieve boredom, as a way to get money, or as a social outing. Research participants describe how they thought their early gambling was helping them relieve their problems, but that they came to realise gambling had created a new problem for them when they felt unable to control the time and money spent gambling. Participants list personal experiences of family breakdown, divorce, suicide, depression, interactions with legal and corrective services, lack of money, mental health problems, work problems and health problems as the social and economic impacts of their gambling. Despite the Tasmanian Government introducing new measures to reduce harm, Anglicare continues to see people in our services and through our research who feel the industry has failed to protect them as consumers. Many of the reforms introduced have tried to balance the need to protect people with the claim that recreational gamblers have the right to enjoy gambling (Tasmanian Gaming Commission 2008, 2012, 2013).

A key finding from the two previous SEIS studies was that only 20 per cent of the adult population ever gambles on a poker machine and over the course of a year a recreational gambler spends on average less than 12 hours at a poker machine. It is therefore irresponsible to drive public policy based on this occasional use as opposed to the daily and weekly visits made by people who have developed a problem.

Anglicare believes that gambling problems are a public health issue that should be treated in the same way as other public health issues, with consumer protection at the forefront. Anglicare argues that public policy should address the risk factors that lead certain groups to gamble more frequently. This means recognising that higher gambling frequency is an indicator for developing gambling problems (Productivity Commission 2010). It also means addressing the gambling features that are attractive to people who develop a gambling problem.

Recommendations

In response to the advice provided by Anglicare's research participants and clients of Gamblers Help services, and due to the high intensity play that is currently permitted on poker machines and the state-wide access provided by their up to 20-hour a day accessibility in local hotels and clubs, Anglicare recommends that:

- Poker machines be phased out of hotels and clubs on the expiration of the Deed between Federal Hotels and the State of Tasmania, in June 2018 (Recommendation 19, p. 21); and
- Until poker machines are phased out, hotel and club gambling venues to close by 10pm (Recommendation 20, p. 21).

These are clear requests that come directly from people who are adversely affected by poker machines.

In relation to the specific harm minimisation measures being investigated by the SEIS, Anglicare further recommends the following measures.

Inducements:

- Ban inducements that include “free money” for gambling (Recommendation 5, p. 17).

Player loyalty programs:

- Modify player loyalty schemes so they do not entice people to increase their gambling (Recommendation 5, p. 17).

Traditional consumer protection measures:

- Provide information about Gamblers Help at every gambling interaction point (for example, at poker machines and on Keno screens and entry cards as well as every cash and payment area) (Recommendation 15, p. 20); and
- Incorporate modern technology such as smartphone applications and QR codes for quick and easy access to information about gambling counselling (Recommendation 15, p. 20).

Advertising:

- The Tasmanian Gaming Commission to continue to raise concerns about gambling advertisements being played during children’s TV time with relevant national bodies (Recommendation 8, p. 18);
- The Tasmanian Government to fund advertisements on a range of platforms (e.g. television, radio, newspaper, social networking and search engines) that change regularly and describe risky behaviour, suggest alternatives to gambling, and provide contact details for those seeking help (Recommendation 9, p. 18); and
- Government advertising about problems and seeking help to be targeted to specific age groups and demographics (Recommendation 10, p. 18).

Electronic gaming machine venue features:

- Prohibit the service of food and alcohol to someone at a poker machine at any time of day (Recommendation 4, p. 17); and
- Provide digital clocks in venues in addition to analogue clocks (Recommendation 3, p. 17).

Electronic gaming machine operational features:

- Reduce the volatility of poker machines by reducing the maximum bet limit, reducing the jackpot amounts and frequencies, and increasing the amount of time between each button push (Recommendation 6, p. 17);
- Introduce a pre-commitment system for poker machines (Recommendation 12, p. 19);
- Remove sounds from poker machines (Recommendation 11, p. 19);
- Remove “free” plays from poker machines (Recommendation 11, p. 19);
- Record turnover on a poker machine in dollars not credits (Recommendation 11, p. 19); and
- Introduce pop-up signage on poker machines and on Keno and racing screens which remind people of the time and that frequent gambling is more likely to lead to problems (Recommendation 11, p. 19).

Access to cash:

- EFTPOS withdrawals not permitted for gambling expenses (Recommendation 7, p. 18).

Payment of winnings:

- Reduce maximum cash payouts for Keno and poker machines to \$200, with all payouts above this figure being provided by cheque (Recommendation 1, p. 16).

Enhanced staff training:

- Gamblers Help to provide training and education to venue staff on effective ways to intervene with a customer who they suspect of having a gambling problem (Recommendation 13, p. 20); and
- Written commitment by venues to identify people exhibiting gambling problems and intervene appropriately as part of their gambling licence (Recommendation 14, p. 20).

Restricting access to gaming venues:

- Remove Keno from dining areas (Recommendation 2, p. 16).

Furthermore, and particularly in the interim period until poker machines are removed from local areas, Anglicare recommends the following to help reduce the development of gambling problems:

- Increased and targeted funding for activities that provide alternatives to gambling, in particular funding provided to areas of low socio-economic status and where there are high numbers of poker machines, and especially for population groups considered at high risk of developing problems (Recommendation 16, p. 21); and
- Information about risky gambling behaviour (and its links to many other health problems) be provided broadly across different health services to help practitioners identify people who are experiencing, or are at risk of, a gambling problem and refer them appropriately (Recommendation 17, p. 21).

Anglicare also recommends the continued funding of Gamblers Help services (Recommendation 18, p. 21).

For the next social and economic impact study, Anglicare recommends that it includes mobile phones in its survey sample and targets internet gambling and sports betting in its questionnaire.

Anglicare also requests that the State Government ensure that the Gaming Commission's review of the Mandatory Code does not rely solely on the results of the SEIS, as the terms of reference for its review are broader than the terms of reference for the SEIS. In particular, the following three areas are listed for investigation in the review of the Code by the Gaming Commission but not listed in the Terms of Reference for this Study:

- how well the Code provides a safe gambling environment as important as assessment of harm minimisation measures individually;
- how well the Code assists people to make informed decisions about their gambling; and
- whether the Code has assisted staff to develop new skills to assist them to engage with people who may be displaying difficulties with their gambling.

Response to previous studies

Anglicare has contributed to the two previous social and economic impact studies (SEIS) of gambling in Tasmania and was pleased to see them recognise the links between high hourly financial losses from poker machines, their concentration in lower socioeconomic areas, and problem gambling, and the need for effective consumer protection.

A key finding from these previous studies, which we feel needs to be more closely addressed, is that public policy can be adjusted to protect the most vulnerable with very little impact on “recreational” gamblers:

- a third of the population do not gamble at all;
- only 20 per cent of the population ever gambles on poker machines;
- people who do gamble on poker machines use poker machines an average of 12 times a year (only 6% use poker machines once a week or more); and
- most people spend less than an hour at the machine at a time (The Allen Consulting Group 2011).

Thus recreational gamblers spend on average less than 12 hours a year at a poker machine. It is therefore irresponsible to drive public policy based on this occasional use as opposed to the daily and weekly visits made by people who have developed a problem.

The SEIS in 2011 also found that males, people aged over 65 years and people unable to work or who are on a pension are most likely to gamble. Further, the 2011 SEIS found that people with a gambling problem or at a moderate risk of developing one were more likely than people assessed as not having a gambling problem to be:

- gambling alone;
- spending all available money including “winnings” during a session;
- drinking alcohol while playing;
- playing for bonus features such as free spins or free games; and
- playing on poker machines that have linked jackpots (The Allen Consulting Group 2011).

Anglicare argues that public policy should address the risk factors that lead certain groups to gamble more frequently. This means recognising that higher gambling frequency is an indicator for developing gambling problems (Productivity Commission 2010). It also means addressing the gambling features that are attractive to people who subsequently develop a problem.

Response to general discussion questions

In April 2014, Anglicare interviewed 17 people to assist us with this submission. Those interviewed attend gambling support groups and included 11 women and 6 men. Two people were family members of someone who had a gambling problem. This submission focuses on their experiences and also draws from other Anglicare research, the experiences of the 35 people interviewed in 2005, and the expertise of Anglicare's counsellors.

Relationship with gambling

Anglicare has 17 years experience in providing services to people in Tasmania who have difficulties with gambling, funded through the Community Support Levy administered by the Tasmanian Department of Health and Human Services. In collaboration with Relationships Australia, Anglicare provides the state-wide Gamblers Help program which offers counselling, emergency relief and exclusions from gambling for people with a gambling problem and their families, as well as venue support, group support, community education and community development to help reduce gambling problems. We are also funded by the Federal Government to provide financial counselling to support people affected by gambling problems.

Our workers frequently report their frustrations in trying to provide support to people in a regulatory environment that fails to provide adequate protection to its customers. Gamblers Help clients tell our workers that the gambling environment, including advertising, inducements, player loyalty schemes and venue inducements (gambling and non-gambling) encourage them to gamble.

In addition, most of our other services also experience the impacts of gambling problems. We see family relationships suffer, people unable to afford to eat, and people unable to afford to heat their homes because of a gambling problem in the family.

Anglicare also conducts research about the effects of gambling. Anglicare's recent research work on gambling includes *House of Cards* (Law 2005), which looked at the impacts on low-income Tasmanians who have a gambling problem in the family, and *Nothing Left to Lose* (Law 2010), which looked at cases in the Supreme Court where the defendant had a gambling problem. We have also looked at the way the Family Law Court treats cases where a family member has a serious gambling problem (Maheswaran in press).

All research participants interviewed for this submission had negative experiences of poker machines but also had experiences of Keno, horse racing, internet gambling, Tattsлото, sports betting and the TAB. Their responses overwhelmingly relate to their use of poker machines. The majority of research participants in our earlier research also experienced problems with poker machines (Law 2005). This is no coincidence, as it is widely stated that problems develop with poker machines because they are designed for high intensity play at a high hourly cost (Productivity Commission 2010, p. 11.1). For this reason, this submission focuses on the impacts of poker machines, although we also comment where relevant about other forms of gambling.

Anglicare is a member of the Interchurch Gambling Taskforce and has attended meetings of the Tasmanian Gambling Consultative Group (TGCG) and the Tasmanian Gaming Commission (TGC). Anglicare lobbies State and Federal governments and the gambling industry to raise concerns and in particular to seek better consumer protection.

Role gambling plays

Anglicare research shows that many people who develop a gambling problem start gambling to escape problems with their home life or other stress. They find solace in the games and rituals offered by gambling and especially by poker machines (Law 2005). The research participants in 2014 echoed our previous research: gambling was used to alleviate boredom, escape worries and problems and to avoid relationships. Participants said that gambling allowed them to ‘forget all about worries and that’, especially after a bereavement, being injured or being unable to work. The theme of loss and grief resonated with most participants, who found that gambling provided them with ‘an anaesthetic effect to drown out your problems’, ‘a break from caring’ and ‘an escape from your problems’.

Gambling also relieved the boredom of having nothing to do. One participant lived in a regional town and although there were activities in the town she felt unable to join in or feel like she belonged. She went to a gambling venue ‘for the entertainment of it’ and for ‘escapism’. Another woman described being involved in her local community and gambling socially but when she moved to a new suburb she had no local connections and her gambling increased to fill the gaps. Before she realised it, her gambling got out of control.

Participants explained that gambling can be used to provide a social outing but could escalate. As one woman explained, ‘Something that you enjoyed socially takes over your life’.

Gambling was also used as a way to get money: ‘The first time I played them I won and then I thought if I went back to them I would win again. I gave them my all to win again’. This man won \$160 on his first outing.

One woman explained that once she was addicted she ‘thought that the only way to stop the insistent addiction 24/7 up here [she pointed to her head], the only way to stop it is to go [gambling]’. In this way, gambling was used as a “fix” for her fixation on gambling.

It was commonly agreed by participants that people can gamble recreationally, but participants stressed that ‘you don’t realise you have a problem until it hits you. It can happen to anyone’. They explained that as problems get bigger at home they were pulled more towards gambling to avoid the home stress and to try to pay back money they owed.

Social and economic impacts

When the Tasmanian Parliament decided to introduce poker machines to hotels and clubs and change the type of machine permitted in the state to allow those with a faster turnover, the nature of Tasmania’s gambling problems changed (New Focus Research 2003).

Research participants listed personal experiences of family breakdown, divorce, suicide, depression, interactions with legal and corrective services, lack of money, mental health problems, work problems and health problems as the social and economic impacts of their gambling.

Participants described the impacts on their family and friends as ‘[gambling] breaks down a whole family relationship because you lie. You might say you have a doctor’s appointment but you haven’t. People make excuses. It makes you lie’.

Lies to others and to themselves caused great angst: ‘You can’t even look at yourself. You’ve got to come up with lies, that comes into another lie and you have to remember the first lie... You have to

have a good memory', which they say means 'you lose your self-respect, you leave the nice person you were behind'. This often leads to isolation: 'My family cut me off. I was lying to them, right. But they knew I was lying. They cut me right off. I kept going [gambling] but then I got so low. I was living out of garbage bins'. One woman acknowledged that it was only because of the support group that she had regained contact with her family.

Participants felt they were now restricted in where they could go for social outings: 'It took me a while to realise I had a problem before I sought help. And even then it took me four years to break the habit and even now I break out every now and then. If I want a meal out I only go to pokie-free venues.' When family or friends invite them out they have to find excuses: 'I can't go to venues with pokies or I'd be gone'. This means a social impact: 'It's not only you, it's your family.

The economic costs were huge for the research participants and were clearly linked to health and social costs:

I maxed out the credit card and then had to mortgage the house and I sold shares and lost all my super. Thank god I stopped. I got help. I sold the house to cover the debts. If I added it up today I'd die! I was paid nearly an accountant's income and now I'm on social security. And that affects your health, the stress of it all.

Other participants also exhausted their own financial resources gambling:

I would have been better off financially now if I hadn't played the pokies all them years. I got a loan. You got to pay it back. I had a bit of inheritance and that went. I'd probably be in my own home now instead of [public housing] renting.

I ended up getting loans out, going to places where you could get money, and that kept putting me further behind and I'd have to gamble to pay it back.

She had to borrow money off me, my mother and sometimes our father.

Maxing out my credit cards, taking out loans.

I lived off the streets. I picked up butts.

Participants described what they had lost financially, with one man having been bankrupt twice and another losing their house to their partner. 'Looking for money in any way you can' was the common experience of people interviewed. This was also found in previous Anglicare research as well as many other papers (Law 2005; Law 2010; Productivity Commission 2010).

One woman was adamant that her children never went without food as a result of her gambling: 'I'd go and get the groceries and tobacco and then I'd gamble with what's left. I never didn't have food or tobacco but then I'd have to borrow money for the bills. But I always made sure the kids had food.'

This was also highlighted in previous Anglicare research (Law 2005). However some parents admit that their gambling problems mean their children go without:

The cupboards always seem to be empty and the kids see that. I promise the kids that I won't go near the pubs but then I go and have a drink and then I [gamble].

Carla, poker machine user (Law 2005, p. 35)

Sometimes I go into my daughter's room to get money but she sleeps with her wallet under her pillow so I can't get it.

Anna, mixed gambling (Law 2005, p. 35)

The relationship between gambling and work was a mixed journey, with some participants losing work as a result of their gambling problems while others started gambling as a result of losing work. A quietly spoken participant briefly described his journey: 'I gambled, I went to prison, I lost me job.'

Significantly, half of the cases in Anglicare's *Nothing Left to Lose* research involved defendants with no prior convictions who committed their first crimes because of gambling problems (Law 2010).

Participants believe that despite the income to venues and the employment they provide, gambling is 'destroying Tasmania's economic future' because of the effects it has on individuals, their families, employment and community.

Anglicare believes that gambling problems are a public health issue that should be treated in the same way as other public health issues, with consumer protection at the forefront.

Benefits of gambling

The research participants gasped when asked what they considered to be the benefits of gambling and uniformly responded 'none'. Even though they said that it was entertainment or social or a way to get much-needed money, the participants explained that 'at the time you don't think of it as being beneficial and you hate yourself afterwards.' For the research participants, 'the only people who benefit from gambling is the government and the venues.' It was not until they stopped gambling that participants found some benefits: 'When you don't gamble any more the benefit of what you can do with the money you used to waste.'

Anglicare is also not aware of any benefits for the community from gambling on poker machines. We believe that the money raised by the State through taxation is offset by the costs to individuals, families and communities and the cost to the State for services provided to those who develop a problem.

Negative impacts

As described above, the research participants listed many negative impacts of gambling and asserted that 'the negative impacts are greater by a long way'. 'It might keep people employed but on the other hand you're losing jobs and people's lives.'

Anglicare supports the views of the participants that the negative impacts of gambling outweigh any centralised financial gains.

Alternative activities

Many people who develop a gambling problem first came to gambling to 'anaesthetise' themselves to their problems. Research participants said when you are lonely, emotionally or financially stressed, or experiencing trauma, it is difficult to find something that helps. They said the attraction of gambling at this time, and especially gambling on poker machines, is that it gets you out of the house and into a social environment but without having to interact with other people. They subsequently realised that the gambling was masking their existing problems and causing new

problems. The support groups they are now part of have provided them with opportunities to develop relationships with people where they can learn to express themselves honestly and safely and deal with the underlying difficulties they experience.

Some participants admitted that they would not have been able to participate in a support group or similar social activity until they had 'crashed' in gambling because they were not able to see they had problems or to share their problems with others: 'It was only after this second time getting out of prison that I've opened up and now everything is opened up.' For all participants there was a need to 'make better decisions' but the easy accessibility of poker machines in their local areas affected their decision-making. Accessibility is one clear factor that they felt could help; reducing the accessibility of gambling in the suburbs and increasing the options for social activities.

Participants suggested the following could have prevented them from developing a problem or stopped them in the early stages of developing a problem, if they were better known and if they were accessible and well targeted to various demographic groups:

- coffee groups and lunches
- volunteering opportunities
- support groups
- walks
- swimming
- exercise groups
- learning an instrument
- opportunities to learn skills to find work or start a business
- men's groups
- meditation and yoga
- fishing
- trips to the movies
- computer lessons
- shopping trips

As well as the above, participants recognised the importance of spending time with family and friends.

There is a role for governments to ensure there is funding for social infrastructure in people's local communities: the poker machines are located in local communities, so alternatives also need to be located in local communities. Participants said there were service providers in their local areas that sometimes offered these opportunities. There is a role for governments here to continue and expand on funding for such activities and to help target them to people who may be at risk of developing a gambling problem. The list provided above would be a good starting point for local, State and federal governments to consider.

As part of our Gamblers Help services, Anglicare works with stakeholders such as industry and government departments and other community organisations to educate them about the risks and harms of gambling and how to identify risky gambling behaviour. We also work with community groups to build their capacity to develop healthy alternatives to gambling in their communities. For example, we recently commenced work in collaboration with Neighbourhood Houses to help develop activities that are meaningful and interesting, including a range of interventions such as a 'chance to talk' and parenting courses. These programs aim to build the resilience and self-esteem of individuals so they are less likely to try the poker machines.

Anglicare's educational work is particularly focused on at-risk groups and communities such as those with mental health issues, those utilising DHHS family and disability services, CALD groups, young people, Aboriginal and Torres Strait Islander people, seniors, people with intellectual disability or cognitive impairments and people on community services or corrective orders.

Anglicare recommends that funding for work such as the examples above be continued and targeted especially to localities of low socio-economic status where there are high numbers of poker machines.

Are support services meeting consumer needs?

The impact of the support services was uniformly praised by research participants:

Yes, you can talk about anything and they don't judge you.

The best part of this group, and I've been to a lot of groups, is no one judges you.

If it wasn't for this group and the support you get from the counsellors I would have still been gambling. I am so much happier in myself. I laugh and joke.

I was in such a state, my husband rang here.

It helps you reconnect with family members.

The research participants all attended either the support group at Relationships Australia that meets weekly or the group at Anglicare Tasmania that meets twice weekly. Some people attend nearly every session while others come and go according to need or capacity. It was clear that both groups run on a tight budget and participants would appreciate more funding for group activities: 'We need to learn skills to keep us away from gambling.'

For some participants the groups offered a reason to leave the house and a place to go to that was safe:

I used to gamble in the winter time something shocking because I couldn't garden when it rained all the time. When I couldn't get out of the house because of rain I would go to the pokies and 'bang' there went 18 to 20 hours a day! I'd be there from 8am to 2am, same venue, over and over. Sometimes I lost four or five thousand dollars in a day.

Anglicare uses widely recognised methods of professional counselling in its Gamblers Help practice. These approaches include family therapy, solution-focused therapy, cognitive behaviour therapy, strength-based therapy and motivational therapy with an overall focus on a strengths-based, solutions-focussed approach that is tailored to each client's needs. Counsellors use a case management approach and work in close collaboration with related services. Outreach is provided to at-risk locations in Tasmania. Our counsellors undergo regular supervision as well as having access to courses and sessions to improve their skills. Counsellors are encouraged to attend the annual National Association of Gambling Studies (NAGS) conference, and have also presented papers at this conference.

Anglicare has found that often people will feel more comfortable talking about family problems or alcohol and drug problems but that it might take quite a few sessions before a person feels comfortable enough to admit to gambling problems. For this reason, Anglicare recommends that

information about risky gambling behaviour (and its links to many other health problems) is provided more broadly across different health services to help practitioners identify people who are experiencing, or are at risk of, a gambling problem.

Advertising and media coverage

Amongst the research participants there was a mixed response to gambling-risks advertising. While some participants felt this advertising is good and effective, others said that while they had a gambling problem and before they sought help, they would not notice the ads, turn the TV off or walk out of the room when these ads came on. One participant said, 'You are not aware you have a problem when you have a problem so these ads don't affect you'. Since giving up gambling, however, all participants had noticed advertising about risks: 'Since giving up I appreciate the one that says "the longer you sit there the more you lose".'

Whilst advertising about risks was hardly noticed by those in the grips of a gambling problem, participants said advertising by gambling providers was 'everywhere', 'obvious', 'enticing' and 'misleading'. They said that every football game encouraged you to gamble; that social media sites groom young people to gamble with their "free" games which rely on "rewards" and some of which link directly to paid gambling sites; that some gambling companies glamorised gambling in their advertisements; and that Keno, Tattslotto and poker machine jackpots focus on enticing prizes such as winning a house, car or a million dollars. One participant explained, 'They ask you what you would do if you won, but don't tell you the cost or ask you what you'd do if you lost'. Participants thought advertisements should have to say how long you have to gamble for to win or explain the odds of winning or losing.

Participants were disappointed that the "gamble responsibly" message and hotline number are not easily visible on ads despite the fact that they are a legal requirement. They also said promotions that provide money for gambling are an advertising ploy to get you in 'for free', after which they would spend their own money.

In conclusion, the participants say advertising 'is cruel. It affects us.'

Response to harm minimisation measures

Awareness of introduced measures

Anglicare is aware of all the introduced measures. There was also some awareness amongst the 17 people interviewed in 2014 of restricting payouts in cash to \$1000, no service of drinks or food at the poker machines (but they were not aware that serving drinks and food was banned only after 6pm), increased lighting and the presence of clocks. They were also aware that the maximum bet on poker machines is now \$5 and some had noticed that the maximum number of lines that can be chosen was now 30.

Effectiveness of measures

Anglicare's research into gambling problems consistently finds there are a number of factors that cause people to lose control in a gambling venue. These include the design of the poker machine, patrons' misunderstanding of how poker machines work, their desperation to get money, and the consumption of alcohol.

I don't know why I gamble, I can't win. There's something that draws me to the machines. There's always that chance you can get that big jackpot ... I know I can't beat the machines but something keeps drawing me back, I don't know what it is. The jackpot has to come my way sometime ... I can't stop. I know I am doing the wrong thing every time I go in to the machines. Maybe it is the noise or the hope I will get the big jackpot.

Mark, poker machine user (Law 2005, p. 29)

I just try not to go there. With me it is hard because I think it will make me feel better just to go and press those buttons ... I just can't seem to fight it. It is harder to fight than alcohol ... It is like a ritual. I don't really know why I want to go.

Anna, mixed gambling (Law 2005, p. 49)

While Anglicare supported the introduction of the Responsible Gambling Mandatory Code of Practice for Tasmania and changes made to poker machines such as the reduction of the maximum bet limit and reducing the maximum number of lines, Anglicare is concerned that these measures have not been effective enough (Anglicare 2010; Anglicare 2011). The research participants interviewed in April 2014 confirmed our concerns.

On the issue of payment of winnings for poker machines and Keno, participants admitted they would 'play the pokie' to 'cash out' before reaching a payout limit of \$1000 on a machine. That is, they would keep gambling until they had credits worth less than \$1000 and were eligible for a cash payout. They said they would do this so they did not receive a cheque that had to go into their bank account, which could cause problems for them if a family member saw the deposit. The original draft code stated the payout level would be set at \$500 and Anglicare suggested it be further reduced to \$200 (Anglicare 2011). Unfortunately, the final code set the limit at \$1000. When asked, the research participants said that setting the payout at \$200 would be more effective in causing a break in play as it would be difficult to stay under a \$200 limit. Research participants also commented on the location of Keno in dining areas and the easy access therefore for children to 'play' Keno.

Recommendation 1: That the cash payout for Keno and poker machines be reduced to a maximum of \$200.

Recommendation 2: That Keno be removed from dining areas.

Reminding people of the time via clocks and line of vision to the outside world can assist people to stop gambling. While analogue clocks are now a requirement in venues, Anglicare suggests there is a need for digital clocks as not everyone can read the time on an analogue clock.

Recommendation 3: That digital clocks be included in venues.

When asked about limiting the service of food and alcohol while at a poker machine, participants could not understand why the limitation was for after 6pm only. All research participants had attended gambling venues throughout the day as well as after 6pm, with many stating they would be at a venue waiting for the doors to open at 8am.

After 6pm is rubbish. They [people with a problem] gamble at any time, and for many hours. A person with a gambling problem doesn't wait until 6pm to gamble. They are thinking about gambling all the time they are not at the venue. From the start of the day when they get out of bed you're thinking of gambling. You get there when the place opens.

It is very busy from 9.30am to 2.30pm with all the parents who had dropped their kids at school.

Some participants spoke of 'my lucky machine' and that they needed to get there early so no one else got their machine and they would not leave the machine all day. One participant explained that providing free food and drink means they do not need to leave the machine and they do not need to spend their own money on refreshments, so they have more money to spend on poker machines.

Recommendation 4: That the service of food and alcohol to someone at a poker machine be prohibited at any time of day.

Anglicare research has found that player loyalty schemes and inducements were important to most research participants: 'I was trying to get a gold card at the casino but you have to lose too much to get one of them. I thought to get a gold card would be great but it was costing me too much. I was going every fortnight to get the card, but the rewards weren't worth it to lose all that money' (Law 2005, p 52). Participants spoke of the "free money" they got with an inducement but that 'after I spend the voucher I'd put me own money in.'

Recommendation 5: That player loyalty schemes be further modified to ensure they do not entice people to increase their gambling and that inducements which include "free money" for gambling be banned.

Four participants admitted that they always bet at maximum rate (maximum bet limit per spin and maximum number of lines) and had the maximum bet limit been \$1 they would have been "put off": 'You bet high because you think you have a better chance of winning'. 'They need to limit how much you can lose in an hour', said one participant. 'Losing \$1000 in an hour is not OK'.

Recommendation 6: That the volatility of poker machines be reduced through reducing the maximum bet limit, reducing jackpot amounts and frequencies and increasing the amount of time between each button push.

Participants commented on how advanced banking is today and wondered why the banks can't intervene when someone clearly withdraws money consistently from a gambling venue: 'Banks can track withdrawals sent to Nigeria, you know, a scam, so why can't they track withdrawals at gambling venue?' A few participants had experiences in venues of a staff member coming through

the venue letting people know they were about to shut down EFTPOS: 'I'm closing the EFTPOS down, does anyone want cash?' Current regulations limit EFTPOS cash withdrawals for gambling to \$200 per day; however there is no system to regulate this. Anglicare remains concerned about the ease of access to cash in a venue.

Recommendation 7: That EFTPOS withdrawals not be permitted for gambling expenses.

All participants were concerned about the effects of advertising by gambling companies (see advertising and media coverage).

Recommendation 8: That the Tasmanian Gaming Commission continue to raise the problems caused by any gambling advertisement played during children's TV time with relevant national bodies.

Recommendation 9: That the Tasmanian Government fund advertisements on a range of platforms (for example, television, radio, newspaper, social networking and search engines) that change regularly and describe risky behaviour, suggest alternatives to gambling and provide contact details for those seeking help

Recommendation 10: That Government advertising about problems and seeking help be targeted to specific age groups and demographics.

Effect on overall enjoyment and individual freedoms

Participants said they didn't enjoy gambling once they developed a problem and felt that the current changes had a negligible effect on controlling their gambling.

It is important for policy makers to acknowledge and respect that the majority of Tasmanians think that poker machines are a serious social problem (Department of Treasury and Finance 2008, p. 53).

According to the SEIS (2011), only 20 per cent of the adult population use poker machines and they are only at the machines for an average of 12 hours a year. This means that public policy will not affect in any way the enjoyment or personal freedoms of the vast majority of Tasmanians (80 per cent of adults).

Anglicare believes recreational "rights" should not overshadow the need for the State to protect those people who are unable to control their gambling. Indeed, public policy can intervene in this issue with little impact on the vast majority of the population.

Measures targeted to those who need help

Participants felt the measures that had been introduced were not well targeted to reduce gambling problems: 'the sounds of the machines are the same'. One woman said, 'even though they've taken away a lot of stuff they've made the machines more glitzy'.

These comments reflect Anglicare's views that as long as poker machines have features such as free plays, jackpots and psychologically-tested sounds and visuals, they will, as one participant put it, 'still draw you in'.

I can still hear the machines ringing in my ears when I have long walked away from them.
Lizzie, poker machine user (Law 2005, p. 30)

I like the little sounds of the machines. I like visual things. I feel that they are friendly. The free games are a genius to keeping you there playing because it is like Christmas, opening a package wondering what you are going to get.

Kathy, poker machine user (Law 2005, p. 30)

Anglicare believes that while the new Mandatory Code is a vast improvement on the voluntary code that had been in place for many years, harm minimisation measures fall short in many areas and especially because they do not address the sounds, lights, free games and jackpots of poker machines. The features that some people see as entertaining are the same features that can lead to gambling problems and Anglicare recommends that public policy should choose consumer protection before consumer enjoyment.

Recommendation 11: That the sounds and “free plays” from poker machines be removed, that turnover be recorded in dollars not credits, and that pop-up signage on poker machines and on Keno and racing screens be introduced which remind people of the time and that frequent gambling is more likely to lead to problems.

Recommendation 12: That the Tasmanian Government assist national efforts to introduce a pre-commitment system for poker machines.

Furthermore, while Anglicare acknowledges that Tasmania is ahead of other states in not permitting ATMs in gambling venues other than casinos, the permitted use of EFTPOS and cashing of cheques in venues allows access to cash that we believe venues cannot monitor and which can cause serious problems to people at risk of developing a problem (**see Recommendation 7**).

A major area where Anglicare believes the gambling industry fails its customers is on the floor of the venue, because the requirement for staff to intervene when a customer is having difficulties is voluntary.

Sometimes being left to themselves is part of the attraction, especially for women: ‘In a venue it’s like people know, “she’s come to play the pokies so leave her alone”’, women explained:

What else can we do? Where else can we go at night?

You don’t get the drunks in the gaming venue [wanting to chat you up]. It is safer for women. The atmosphere in the pokies is calm and serene and quiet. You don’t have the constant noise of races and TV blaring.

Unfortunately, they felt this also included the staff:

Not once did anyone say anything to me. I gambled for years – 10 to 11 years. Not every day but for eight years solid I only went to two venues. I could walk from one to the other. One closed at 4am. I’d go home, shower, do some house work and go back again at 8am.

The Mandatory Code and the training required for gaming staff relies on staff choosing to intervene when they believe someone is unable to control their gambling. Anglicare recommends that intervention should be mandatory in the same way that responsible service of alcohol requires a licence holder to not serve an intoxicated person.

Recommendation 13: That Gamblers Help provides training and education to venue staff on effective ways to intervene with a customer who they suspect of having a gambling problem.

Recommendation 14: That venues be required to identify people exhibiting gambling problems and intervene appropriately as part of their gambling licence.

The Gamblers Help program is considered to be effective in assisting people with a gambling problem (DHHS 2010). However, Anglicare believes that improvements could be made in promoting the range of services and making initial contact easier.

Recommendation 15: That information about Gamblers Help be provided at every gambling interaction point (for example, at poker machines and on Keno screens and entry cards as well as every cash and payment area) and incorporate modern technology such as smartphone applications and QR codes for quick and easy access to information about gambling counselling.

What more can be done/other examples

Anglicare's service delivery and research shows that much more needs to be done to protect consumers of gambling products, with the overwhelmingly common request from people who develop a gambling problem to 'get them [poker machines] out of the suburbs.'

This call echoes an earlier one from the Retail Traders Association of Tasmania, who in their submission to the Productivity Commission in 1999 wrote, 'the ability of many small businesses to survive another severe recession in the future will be greatly diminished if there is not a sufficient check on the increased expenditure on gaming by Tasmanian households' (p. 10). Their submission was prepared just two years after poker machines were introduced into hotels and clubs and at a time when the maximum bet limit was 30 cents. They called the spread of poker machines an 'anti-jobs, anti-community, and anti-personal welfare trend' and commended the efforts of Brighton Council who were attempting to win the right to exclude poker machines from their municipality.

Our experience is that once people realise they have developed a problem, they do try to control their gambling and they try many different ways to do this:

[I set a \$20 limit] but I always end up spending more. I seldom make any money after spending \$20 ... When I am more centred I spend less. I do have a mood when I am very sensible and other moods when I am not sensible. I don't know what else there is to try.

Kathy, poker machine user (Law 2005, p. 50)

[My son] is 17 years old and he pays me board. He doesn't give it to me until the end of the day and he comes shopping with me to make sure I don't go to the pokies and spend it. I haven't been for the last two weeks and I don't think I will today.

Carla, poker machine user (Law 2005, p. 52)

As our research and service delivery tells us, the gambling environment makes it difficult for people to control their own gambling, which can lead to devastating consequences: '[My sister and I] would talk on the way there about playing on the machines and on the way home we would talk suicide. What are we going to do?' (Law 2005, p. 39).

Anglicare believes that people at risk of a gambling problem usually need help to control their gambling. Messages and campaigns about responsible gambling must be backed up with effective action in a gambling or online venue when risky gambling behaviour presents itself. This requires

training and education for staff and commitment by operators to identify and deal with risky behaviour.

Well, I usually drink when I am playing the machines and then I can sometimes lose track of how much I am spending and the staff keep serving drinks. However if someone is at the bar and they are drunk then they will be asked to leave, it's different ... The employees that work at the places, they can see how much money people spend but they are not allowed to go up and say to someone "Do you think you have spent too much money?"

Douglas, mixed gambling (Law 2005, p. 60)

While venue staff are allowed to go up to patrons, we have been told time and again that this is very difficult in an industry with high staff turnover (S Bacon [Minister for Finance] 2012, pers. comm., 29 November) and in small venues where staff know the customers personally. Further, it is not a legal requirement.

Recommendation 16: That the State Government provide increased and targeted funding for activities that provide alternatives to gambling, in particular in areas of low socio-economic status and where there are high numbers of poker machines, and especially for population groups considered at high risk of developing problems.

Recommendation 17: That information about risky gambling behaviour (and its links to many other health problems) be provided broadly across different health services to help practitioners identify people who are experiencing, or are at risk of, a gambling problem and refer them appropriately.

The continued funding of Gamblers Help services would assist with both of the above recommendations.

Recommendation 18: That funding for Gamblers Help continues.

Finally, Anglicare recommends that on the expiration of the Deed between Federal Hotels and the State of Tasmania in March 2018, poker machines are phased out of hotels and clubs to 'get them out of the suburbs' as requested by our research participants and clients. During the phase-out period, Anglicare recommends reducing the opening hours so that hotel and club-based gambling closes by 10pm each day. Phasing the machines out of the suburbs would dramatically reduce accessibility to poker machines as well as provide greater control over interventions and exclusions: 'Many of us can't get into the casino. It takes too many buses and we have to do it between other things and we can't do that sort of bus travel at night, it isn't safe.'

Recommendation 19: That poker machines be phased out of hotels and clubs on the expiration of the Deed between Federal Hotels and the State of Tasmania in June 2018.

Recommendation 20: That until poker machines are removed from hotels and clubs their gambling facilities close by 10pm each day.

In the words of one of our research participants: 'the best thing would be to get rid of them out of hotels and clubs'.

Conclusions

Anybody can develop a problem with gambling (Productivity Commission 2010, p. 4.1). Industry and government have a role in protecting consumers (Productivity Commission 2010, p. 3.1).

Due to the high intensity play that is currently permitted on poker machines and the state-wide access provided by their up to 20-hour a day accessibility in local hotels and clubs, effective harm minimisation measures must focus on reducing the intensity of losses from poker machines.

Anglicare has 17 years service delivery experience in assisting people who have gambling problems. Combined with our research and recognising the advice provided by national studies, Anglicare has made a number of recommendations to target the intensity of loss that is possible from poker machines. Anglicare's main recommendation is to phase out poker machines from hotels and clubs once the Deed between Federal Hotels and the State of Tasmania expires in June 2018. While they are phased out, Anglicare recommends reducing opening hours for hotel and club gambling to a 10pm closing time. These are clear requests that come directly from people who are adversely affected by poker machines.

References

The Allen Consulting Group, Problem Gambling Research and Treatment Centre and the Social Research Centre 2011, *Social and Economic Impact Study of Gambling in Tasmania, Volume 3: Assessment of harm minimisation measures*, prepared for the Tasmanian Government Department of Treasury and Finance, Hobart.

Anglicare Tasmania 2010, *Submission to the Discussion Paper on the Responsible Gambling Mandatory Code of Practice for Tasmania*, Anglicare Tasmania, Hobart.

— 2011, *Submission to the Draft Responsible Gambling Mandatory Code of Practice for Tasmania*, Anglicare Tasmania, Hobart.

Department of Health and Human Services (DHHS) 2010, *Evaluation of Therapeutic Counselling: Break Even Gambling Support Services in Tasmania*, Gambling Support Program, DHHS, Hobart.

Department of Treasury and Finance 2008, *Social and economic impact study into gambling in Tasmania, Volume 2: The prevalence study, final report*, report prepared by the SA Centre for Economic Studies and the School of Psychology (University of Adelaide) with the assistance of Harrison Health Research (Adelaide), Department of Treasury and Finance, Hobart.

Law, M 2005, *House of Cards: problem gambling and low income earners in Tasmania*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

— 2010, *Nothing left to lose*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

Maheswaran, D in press, *The relationship between gambling and family breakdown*, Law Letter, The Law Society of Tasmania, Hobart.

New Focus Research 2003, *Study of clients of Problem Gambling Services, Stage One Report: The Experiences of Problem Gamblers, their Families and Service Providers*, Gambling Research Panel: Victoria.

Productivity Commission 2010, *Gambling*, Report No 50, Canberra.

Retail Traders Association of Tasmania 1999, *The effect of gambling, particularly gaming on the retail industry and small business in Tasmania*, a submission to the Productivity Commission by Guy Barnett & Associates, Hobart.

Tasmanian Gaming Commission 2008, *Social and Economic Impact Study into Gambling in Tasmania – Policy Responses, Report to Treasurer*, Tasmanian Gaming Commission, Hobart.

— 2012, *Responsible Gambling Mandatory Code of Practice for Tasmania, Version 1.0, Effective 1 March 2012*, Tasmanian Gaming Commission, Hobart.

— 2013, *Annual Report 2012-13*, Tasmanian Gaming Commission, Hobart.