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ALLIANCE FOR GAMBLING REFORM

Royal Commission into Victoria's Mental Health System
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Submission from the Alliance for Gambling Reform to the Royal Commission into Victoria's Mental Health System

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Introduction

The Alliance for Gambling Reform is pleased to make this submission to the Royal Commission into Victoria's Mental Health System. Our submission will address the impact gambling has on contributing to mental ill-health in the state of Victoria by addressing the following terms of reference:

> 1. How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.
>
> 5. How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.
>
> 6. Any other matters necessary to satisfactorily resolve the matters set out in paragraphs 1-5.

The Alliance for Gambling Reform is a national advocacy organisation and registered health charity which works to prevent and minimize harm from gambling, and empower communities in campaigning for gambling reform. We aim to address the stigma associated with harm from gambling, and have gambling harm treated as it should be - as a public health issue. We actively campaign for the legislative and regulatory changes needed to protect our community from harm in this space.

We bring together 60+ organisations who share our objectives of preventing and minimising harm from gambling. The Alliance provides coordination, expert advice and practical resources to our supporter organisations, community groups and the media.

Our Champions for Change program offers people with a lived experience of gambling harm a chance to belong to a community working together to minimize harm. We aim to incorporate lived experience perspectives in everything we do, as we strongly believe that those closest to the harm are those closest to the solutions.

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Language disclaimer

The Alliance for Gambling Reform prefers not to use the term 'problem gambling', 'responsible gambling', or 'problem gambler' as we believe that gambling harm should be treated as a public health issue. These problematic terms that feature in the dominant narrative place the blame on individuals experiencing harm rather than on the industry that causes it. We would also like to acknowledge that these terms lend legitimacy to incorrect perspectives about who is at risk of gambling harm. We know that 'only 15 percent of the harm associated with gambling in Victoria results from problem gambling. 50 percent of harm results from low-risk gambling and 35 per cent from moderate-risk gambling.'[1]

Submission rationale

Our submission will communicate to the Commission the pre-existing connection between gambling harm and mental ill-health in our community. We recommend that the Victorian Government implement appropriate gambling harm minimisation and prevention measures to limit further stress on mental health support services.

It is well established that people suffering from problems with gambling report higher levels of depression.[2] A 2017 study commissioned by the Victorian Responsible Gambling Foundation found that 41% of people seeking treatment for mental illness gamble.[3] Of the people who gambled, over 50% gambled on electronic gaming machines (EGMs), almost 50% on lotteries, 26% on wagering, 13.8% on casino gambling and 12.1% on sports betting.[4]

The study found that 6% of all people seeking treatment for mental illness had a problem with their gambling and lost an average of $440 a month to gambling businesses (which is eleven times more than the average of people who do not have a gambling problem)[5], while a further 8% of people seeking treatment had a moderate risk of gambling problems and lost an average of $124 a month to gambling businesses.[6] The prevalence of having a gambling problem among people who are seeking treatment for a mental health problem is eight times higher than in the general population.[7]

[1] Browne, M, Langham, E, Rawat, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G and Best, T. 'Assessing gambling-related harm in Victoria: A public health perspective', Victorian Responsible Gambling Foundation, 2016.
[2] Howe P, Vargas-Saenz A, Hulbert C, and Boldero J, 'Gambling and problem gambling in Victoria', Victorian Responsible Gambling Foundation, Melbourne, July 2018, 16.
[3] Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, and Volberg R, 'Problem gambling in people seeking treatment for mental illness', Victorian Responsible Gambling Foundation, July 2017, 2.
[4] Ibid, 7.
[5] Ibid, 8.
[6] Ibid, 2.
[7] Ibid.

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Gambling harm was more likely to be experienced by patients of mental health services with:[8]

- A drug use disorder (3.6 times more likely); and
- A psychotic disorder (2.4 times more likely).

'Problem gambling' was more likely to be experienced by patients of mental health services with:[9]

- A drug use disorder (3.4 times more likely); and
- A borderline personality disorder (2.6 times more likely).

A 2017 research report commissioned by the Victorian Responsible Gambling Foundation on the social cost of gambling to Victoria made the following estimates of emotional and psychological harms experienced by people gambling in Victoria:[10]

Table 1. Estimated mental health related impacts on gamblers in Victoria.

Item	Low Risk Gamblers (Problem Gambling Severity Index (PGSI) 1-2)	Moderate Risk Gamblers (PGSI 3-7)	Problem Gamblers (PGSI 8+)
Depression – emotional distress to the gambler	3.2%	12.5%	40.2%
Suicide attempts impact on gambler	1.9%	0.7%	7.5%
Suicide Ideation – emotional distress on gambler	8.2%	3.1%	32.1%
Emotional and psychological costs on the gambler	50.3%	34.5%	15.2%

The report estimated the total financial costs of emotional and psychological harm to people who score on the PGSI in Victoria to be in the order of $1.6 billion.[11]

In 2018, a Swedish study of people experiencing issues with their gambling found that there was a 15-fold increase in suicide mortality compared to the general population for those aged 20-74 years old.[12] During the study period from 2006 to 2016, 19% of the people in the sample had been given a suicide attempt diagnosis. Their sample of 2,099 people with gambling disorders found that, in addition, 51% were suffering from depression, 60% from anxiety disorders and 41% from substance-use disorders.[13]

[8] Ibid, 8.
[9] Ibid.
[10] Browne M, Greer N, Armstrong T, Doran C, Kinchin I, Langham E and Rockloff M, 'The social cost of gambling to Victoria', Victorian Responsible Gambling Foundation, 2017, 32.
[11] Ibid, 45.
[12] Karlsson A and Hakansson A, 'Gambling disorder, increased mortality, suicidality and associated comorbidity: A longitudinal nationwide register study', *Journal of Behavioural Addictions,* 2018.
[13] Ibid.

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Another survey commissioned in 2016 reported that pathological gamblers with suicidal thoughts often reported challenges with alcohol and drug abuse.[14] The review concluded that the extent to which suicide ideation or attempts can be linked to gambling, as opposed to other factors, has not been established. The use of different population samples has resulted in ambiguous findings.[15] That said, they pointed to a 2007 Canadian study that was the first survey of a nationally representative sample of the general population, which found the association between gambling disorder and attempted suicide had been significant.[16] They found the literature made the association between people gambling and suffering from depression.[17] They also reported the literature found that a history of suicidal ideation seemed to be linked to worsening gambling behaviour.[18]

A review by the Coroners Prevention Unit of the Coroners Court of Victoria found there had been 128 gambling related suicides reported to the Coroners Court of Victoria between 1 January 2000 and 31 December 2012. These included 126 suicides of people who had engaged in gambling in a way that harmed their life, and two suicides of people who were adversely affected by a partner's harmful gambling.[19] Of those who took their own lives, 84% were men and the majority were aged between 30 and 59.[20] In two cases men who were suffering significant gambling harm murdered their female partner before they killed themselves. The literature review reported that the onset of substance and/or alcohol abuse usually precedes a problem with gambling.[21]

The review also concluded that those with an established Post-Traumatic Stress Disorder (PTSD) diagnosis were at high risk of becoming gamblers.[22] People suffering from both PTSD and gambling had often started gambling at an earlier age and had greater lifetime gambling.[23]

The authors of the review concluded that people with gambling disorders were often associated with having been diagnosed with mental ill-health (mostly mood and substance use disorders). In general, the rate of suicide attempts has been found to be higher in pathological gamblers than in the general population.[24] They further concluded that, while it is not clear whether a psychiatric disorder can be anticipated by gambling or ensues from it, gambling disorders result in considerable stress, exacerbating

[14] Giovanni M, Fabiola S, Mariangela C, Nicola P, Ilaria T, Gianluca S, Maurizio P and Giannantonio Massimo D, 'Gambling Disorder and Suicide: An Overview of the Associated Co-Morbidity and Clinical Characteristics', *International Journal of High Risk Behaviour and Addiction,* **6(3),** 2017, 2.
[15] Ibid.
[16] Ibid, 3.
[17] Ibid.
[18] Ibid, 4.
[19] Coroners Prevention Unit, Coroners Court of Victoria, 'Gambling-related suicides, Victoria 2000-2012', 10 September 2013, 3.
[20] Ibid, 4.
[21] Giovanni M et al., 'Gambling Disorder and Suicide: An Overview of the Associated Co-Morbidity and Clinical Characteristics',4.
[22] Ibid, 6.
[23] Ibid, 6.
[24] Ibid.

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feelings of depression or anxiety, with the potential for these to develop into a mood, anxiety or substance disorder(s).[25]

The authors of the review concluded that measures that address the social and cultural risk factors that feed compulsive gambling behaviour are needed to decrease gambling disorders and suicidality rates.[26]

A 2017 study by the Victorian Responsible Gambling Foundation found that:

- Thirty-nine per cent of Victorians with a gambling problem have a diagnosed mental illness are 'problem gamblers'
- Up to thirty per cent of people who both gamble and seek treatment for a mental illness are 'problem gamblers'
- 'Problem gamblers' are over-represented in primary care, alcohol and other drug (AOD) settings, and in mental health services
- Gambling is estimated to account for 22 percent of the Victoriuan mental health sector's total costs, half of which is attributable to 'problem gamblers'
- The cost to Victorian gamblers of depression due to gambling problems in 2014-2015 has been estimated at $176 million, while the cost of emotional distress due to suicidal ideation was approximately $289 million, and emotional and psychological harms approximately $1,127 million.[27]

Testimony from a mother of a person with mental illness harmed by gambling

My decision to write this story, was to try and make sense of what is broken and in the hope that my writing may in some small way reach the right people who can influence change in our society.

The story attached is about a gambling addict — my son — and the consequences of his addiction for our family. It tells of a desperate battle to save our drowning child, who fights you as you try to get his head above water and back to safe ground. You retreat and watch this much loved person go under once more. The suffering is interminable for all the victims. Sometimes you do not even recognise the child you love as the gambling addiction sucks the soul out of him. He is no longer the sensitive, kind, charming and intelligent being you know and love. You ride the roller coaster of an addict's compulsions. You are fearful always.

This tragedy did not need to happen.

I have told the deeply personal and tragic story and followed this with my reflections and learnings.

I never intended to write this story for others. I started writing as the only way I could make some sense of the journey we have travelled. I hoped it would help me.

[25] Ibid.
[26] Ibid, 7.
[27] Lubman et al., 2017.

I have listened to others who have endured tragedy in their lives and admire those who have tried, often against formidable difficulty, to make changes to our society. I realise I am but one small voice, but I hope that by writing our story, some of the "white knights" in our society can use their stronger voices in informing the public and therefore starting some change in our society.

As way of background, I came to Australia about 35 years ago seeking a life for my family that was not attainable in the war-torn country from where I came. I am from a solidly middle class professional family. We have always contributed to Australian society and brought up our children to engage in sports particularly, as we believed this would lead to a healthier lifestyle. Ben, the son that I write of, loves sport, played Australian Rules at a competitive level and is passionate about other quintessential Australian sports like cricket. There is nothing in the family story about lack of love, support, etc. to predispose Ben to the catastrophe we never saw coming.

In hindsight, I examined certain behaviours and incidents that occurred along Ben's youthful journey. It may or may not be my imagination, but I now think if I were not so naïve about some things, I may have detected there was trouble ahead.

Ben started university doing a double degree. Yes, he was not only well educated but intelligent also. Some way through his time at university he started to exhibit aberrant behaviour. He seemed to be suffering from mood and depressive issues. To be brief, this became serious and he refused treatment for what were clearly mental health issues. Ultimately, a friend advised us how to get Ben admitted as an emergency patient into a clinic. This event highlights one of the problems of mental illness in our society. Whilst a mother may know there is an emergency requiring treatment, our system makes it very difficult to know where and how to get treatment. Add to this, an adult child who is refusing treatment and you have a recipe for disaster.

I have heard other concerned family members in our community talking about this. If Ben was in a car accident, there would be a 'gateway' and system to support his care. With mental illness, where the right treatment may have made a big difference at the start, it was impossible to navigate the labyrinth of mental health care, let alone dealing with a 'resistant' patient.

After considerable difficulty and funds paid out to private providers, we ultimately got a diagnosis of bi-polar and appropriate drug therapy.

Other than two nights in a clinic, Ben has been taken care of by his family and in our home. This has not always been desirable and in fact detrimental at times, but we were informed that care in a facility would likely make him worse, as the patients were so severely ill. It was explained there is no real separation between patients with different symptoms, so he would be in an environment that would likely exacerbate his illness.

Ben seemed to slowly make a recovery over the years, sufficient to get a job. He had some dignity, some money and ultimately lived independently. Then came a girlfriend who was lovely and they moved in together.

I did not know that Ben's mental illness made him particularly vulnerable to being drawn into gambling and ongoing addiction. Late one night I received a call from Ben

telling me he had made a terrible mistake. He had gambled and lost about $20K plus. He had blown his credit card, his bank account and whatever other money he could lay his hands on. I naively thought he had made a mistake, rather like a son who drinks, drives and has an accident. I thought it was a 'once off' and I assisted him, with some strict conditions attached. These involved taking responsibility for his actions and getting rid of his credit card.

Prior to this, I knew absolutely nothing about gambling addiction. Had I known what I know now, I would never have advanced the loan to him.

I was left bewildered as to how this addiction evolves.

We housed Ben, repaired his finances and did our best to appropriately exclude him permanently from gambling organisations.

Sadly, the addiction is monstrous and seemed to suck the soul out of Ben, usually a gentle, sensitive and intelligent person. Despite all our best efforts, we were unable to effectively deal with the complexity of the problem.

Ben attended regular psychiatric appointments for a couple of years where drug therapy was prescribed. We hoped that by treating the bipolar symptoms, especially the 'impulse control' that Ben could gain some control over the gambling addiction. Lack of 'impulse control' is why people with bipolar are so susceptible to gambling addiction. Ben would not attend unless I physically took him to the appointment. I realised after a couple of years that I was paying a significant amount of money for him to have a chat with a specialist who had no special knowledge of this type of addiction. It was a very expensive way to get the drug therapy that we just hoped may make a difference. There is little information on psychotherapeutic drugs to even know which may hinder or help. I also have nagging doubts about the way drugs are prescribed, monitored, assessed and tested in the complex world of mental illness. You just hope.

I organised counselling with the Salvation Army "Gamblers Help" for both our family and Ben. He was a reluctant attendee and was not ready for help. I found the counselling the best help available. The counsellors assisted me in understanding the addiction and educating me about what I was dealing with. I am told the gambling organisations must contribute to this service and under no account should this ever be stopped. In fact, more support should be provided. This addiction makes victims of all that surround the addict. In my case, I have never gambled so I had no idea what I was facing and the dramatic effect it was having on our entire family. "Gamblers Help" service is free for addicts and their families and it is often the only help available.

I tried to get help from the mental health system with no success. It was clear to me that Ben was mentally unhinged and I could not separate the addiction from his bi-polar condition. I am a mother and as a family we were trying to deal with two overlapping and very complex disorders. It was heartbreaking trying to get help. I was basically sent from one place to another. Each had a reason they could not help. He was not young enough for this, it was not a crisis, the mental health wards would make him worse, he was in the wrong geographic location, and the list just goes on. I cannot find words to explain the feeling of being abandoned and alone, dealing with a crisis that is way beyond my knowledge or expertise. I may as well have been left alone with a child

suffering from cancer or a critical injury, with the medical fraternity turning you away, and me trying to find some sort of route map, just to find a way.

Despite my pleas about the 'slow moving train crash', I met with one closed door after another. As a family, we were dealing with an illness that is more complex than most physical disorders, with no qualifications and serious implications and consequences for our own lives.

At this stage, we were living in a prison. All valuable items had to be locked in a safe, internal doors locked, etc. Ben could not look after himself, so I was cooking, cleaning and trying to take care of him. His behaviour was irrational and difficult to manage. Ben became insular and secretive. Every time he walked out of the door, we wondered where he got money from, as he was sure to be gambling. We tried to manage his Centrelink allowance through a "nomination". Because this cannot be made compulsory, Ben would change this and his fortnightly allowance, gone before you could blink.

Our family could see the dramatic effect on my husband and my health. Our other adult children observed that my addicted son was slowly killing us.

I went to our GP. Thankfully our GP is an outstanding individual. He took the fight on and contacted the Mental Health people (Waratah Clinic) and they had case notes from the telephone conversations Ben and I had with them, trying desperately to get some sort of help previously. Ben managed to get an appointment thanks to our GP, which was attended as well as a few subsequent appointments. It seemed to me that some of the government specialists were more equipped to deal with the seriousness of the addiction and bi-polar overlay which leads to impulsive behaviour.

When Ben achieved a position of stability, although still an uncontrollable addict, we managed to find a room in a share house in the same area as our home. We had formulated a plan, that for our own survival we needed to move out of our home and away from Melbourne for an indefinite period. The counsellors from the Salvation Army explained that in fact, due to the care provided by us, we were creating a 'dependency' issue and were not helping Ben recover. Obviously, after a few years of having him live with us, we were both mentally and physically exhausted, and broken hearted.

My counsellor advised me that the only hope for Ben would be to allow him to fall to homelessness if necessary and that I must not help him in anyway whatsoever. It literally became a battle for survival, mental and physical, for all of us.

Now because he moved about 5 kms from our home into the 'share house', Waratah Clinic advised he was no longer under their geographic jurisdiction and he would have to register with another clinic in the north. For someone as ill as Ben who was by then on his own, as we had moved interstate, this was just not going to happen. This is a mental health system designed to deal with mobile, rational and well people. Ben had just committed to and told his 'life story' and built something of a relationship with medical personnel. To be told he needed to restart at another facility would most likely result in him not bothering to get help at all.

Well, years have passed since the onset of Ben's illness and subsequent addiction. We live at an undisclosed address in another State. Our plan is to be away whilst Ben struggles to realise the consequences of his addiction. He nearly lost his accommodation due to gambling his social security. He was left with no money, no food, and potentially no accommodation. He was assisted on the basis that he re-institute the 'nominee' arrangement for social security to be paid to me, to manage his critical bills of rent, utilities, etc. and the balance being paid out in small amounts to reduce the risk of gambling.

Based on advice from the counsellor, I have laid firm boundaries and offer Ben no advice. I call him regularly and have a family conversation without touching on what he should, or should not be doing. I have a small shard of hope. I am told an addict must be ready to address the addiction and Ben has acknowledged what the addiction has done to his life. With the current arrangement, he has virtually nothing to gamble with. He lost his assets quite a while ago. I live in hope but know that there is a mountain to climb and I am realistic about the future

As for us, we would love to return to our home but for the present it is not safe. We are not young people and we are not equipped to manage this.

This should not have been our story but it is. It did not have to be our story. I accepted Ben's diagnosis of bi-polar over ten years ago and he lived a quiet and modest life with this, accompanied by appropriate treatment, preventive care and a supportive and loving family. I never imagined that Ben would fall straight into the net that gambling organisations trawl, due to him being "vulnerable". Do not imagine for a minute that the precursor for a gambling addict must be mental illness, the vulnerabilities are many and various.

This story in different forms lurks in the family rooms of many ordinary Australians. The gambling organisations are happy that largely this remains a secret for the addicts and victims due to the shame. If the public knew what I know, many would be shamed into action.

There is a great deal made of drug, alcohol and tobacco addiction. These are subject to very strict laws and prohibitions. Our society is trying to deal with the destructive consequences of these addictive substances. I am absolutely perplexed as to why gambling is supported by politicians, governments, sports bodies and there is no regulation that actively helps protect vulnerable people from this most damaging of addictions.

I realise now, that gambling is an insidious addiction and I have done some research into the nature of the affliction and the route to recovery. Our family have never gambled and therefore what I have learned about this industry has been a horrifying revelation. There is no other addiction that can remove every asset a person has, literally overnight….

I have been shocked at what I have learned about the promotion of gambling. I have been introduced to concepts such as 'duchessing', which simply means that the most vulnerable are targeted, made to feel important and constantly lured with attractive offers to increase gambling. For example they are given cheap or free meals, free

drinks and offers of monetary value to recommit to making bets. I have even had to contact a gambling organisation who offered Ben a credit card as part of him joining as a member, despite him having demolished his credit rating. These are just a few examples; there are many more.

The gambling organisations must be able to identify the gambling addicts. I have examined Ben's bank transactions as part of trying to repair his finances. There have been pages and pages of transactions overnight, placing one bet after another, and obviously losing. There are clear steps that can be taken to identify gambling addicts through their behaviour and I believe gambling organisations could do a great deal to make changes via their systems to protect gambling addicts and families. All this data is gathered and they can identify the victims. They will do nothing as this is a valuable source of income for them and there is no appetite from our government to act as this would impact negatively on their income.

I have spent a massive amount of time chasing down gambling organisations to achieve "Permanent Exclusion" for my son. This is done one organisation at a time, overcoming Privacy issues and bureaucratic procedures and long forms. It defeats me as to why there is no central bureau, such as the banks and credit companies use, to register a gambling addict to preclude them from the gambling organisations permanently. It seems to me that the current fragmented system was a 'small give' by gambling organisations to show they are doing 'something'. TAB personnel told me that self-exclusion is useless as gamblers simply turn up to the retail outlets and even if recognised they are rarely challenged. I am told the same applies to pokie venues.

I am shocked at the amount of coverage given to 'on line' gambling with sporting and other events. It was through Ben's love of sport that he became addicted. Obviously, the major sports bodies, like our politicians and governments, have now become addicted to gambling revenue. Are none of our politicians and business leaders capable of considering the long term consequences of what is evolving? Do they stop for a minute and think about how this money is generated? Is there anything useful or productive that comes from gambling? I believe that through greed, our major sports are at great risk of alienating families as this addiction receives more publicity and people more generally realise who are gaining financially from gambling victims.

Can we ever accept that gambling losses from addicts is 'clean money'? Would we accept money from individuals when we know what suffering accompanies the loss of that money? Do we now lack the ability to really open our eyes and ask whether the gambling 'products' today are conscionable?

How else, other than through gambling, could a person literally lose everything they own overnight? How else could entire families become almost instantly homeless due to the actions of one?

The gambling organisations need to sow and reap new gambling addicts. Logically, as each addict is fleeced of all they have they need to be replaced with new gamblers. There are computer games introduced to children that emulate the adult on-line gambling sites. These are nothing short of 'grooming' the next generation to become gambling addicts. They simply advance on to the 'real thing'. As these organisations need to continually replace the depleted gambling addicts, they also find new markets

such as the alliance with the AFL. In this way, they can access adult gamblers as well as introduce their on-line gambling to children and family groups. The gambling organisations hope to get some reflected respectability that these major sporting bodies enjoy in our society.

The other reason there is a complete lack of appetite to do anything is that this is a secretive business. Most families do not wish to discuss what they consider to be a shameful and uncontrollable addiction. The sooner more people speak out about the catastrophic damage to the gambling addict and their families who become innocent and inadvertent victims, then maybe we can start to regulate gambling so that it becomes a less harmful activity.

Addicts will not speak out due to their shame. Victims, especially families trying to protect the addict, will not speak out. Often victims' families are also ashamed as to the losses they have suffered in supporting the addict.

Why do people receive excellent care if they have a recognisable physical ailment but people with mental illness must navigate a labyrinth, often with no success?

The supposed investment in mental health by providing 'call centres' with written scripts is perhaps useful for some. Organisations like Beyond Blue provide a useful resource centre and a first line of defence. If the good citizens of Australia believe this represents any kind of real treatment, they are deluded. Ask yourself, if you are seriously ill, how can a 'call centre' really provide any substantial care? Once you scrape back the wallpaper of these call centres and try to get some substantial help, you are met with one obstacle after another. I do not diminish the 'first aid' they provide but this is no substitute for the care needed to attain some sort of recovery.

I cannot over emphasise the need for reform in our mental health system. Why cannot a critically ill person with a mental illness not get the same care as someone with a critical physical illness? Would I be sent from place to place if I had breast cancer, just because I changed address?

This goes to the heart of conversations I have heard on the radio about people like myself seeking help for their mentally ill family members. We have a highly fragmented, disorderly mental health system.

Our leaders in politics, sports and those who influence the public need to be far more engaged and less greedy. I feel quite sick when I see how sporting organisations are introducing gambling advertising and sponsorship into what should be a healthy and family oriented activity. Perhaps like the Transport Accident Authority, Victoria advertisements, some of our leaders need to have a good look at the real carnage gambling causes. They should talk to families like ours.

I am not a dreamer and I realise that this is a gambling nation and it is part of the culture. Like alcohol, drugs and tobacco we do need to recognise these substances are catastrophic for some of our population and we therefore must put in safeguards and remedies instead of blaming the victims. There is absolutely no productive use in blaming an addict. Logic and rationality do not exist for an addict. It is a driving force as strong as our need for sleep. They need help.

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It is too late for Ben. The damage is done. As harsh as it sounds, Ben has wrecked his life and there is only a small chance that he will find a lifestyle that at least brings him contentment. Ben will never realise his true potential. As his mother, I will forever carry a burden and deep sadness for something I cannot change. I am forced to keep my distance when it is my instinct to help. We just try to manage as best we can and hope somehow, somewhere he finds his feet.

This has been very difficult for me to write and I have done it because I hope that somehow it might reach the right ears. Perhaps some changes can be made to save someone else and another family from the living hell we have endured. I have never placed a bet, other than the office sweep for the Melbourne Cup. I never will and my close family feel the same.

Our recommendations to address the effect of gambling harm on mental ill-health in Victoria

It is our view that the Commission's recommendations should take a public health approach to reducing the risks the activities of gambling businesses pose to contributing to serious mental ill-health in our community. Measures to reduce the risks of these harms include:

- Awareness raising in the community as to the link between mental ill-health and gambling harm;
- Measures to reduce ready accessibility of gambling; and
- Measures to reduce the mental health risks associated with the design of gambling products.

$1 bet limits

It is our view that the Commission should address the harmful design features of Electronic Gaming Machines (EGMs). These design features have long been recognised as having an impact on gambling harm and indeed mental ill-health. One such design feature that has featured as a long-standing recommendation by public health organisations is a reduction in the maximum bet limit from the current $5 per single button press, to $1 per single button press.

The 1999 Productivity Commission report pointed to bet limits on EGMs as a possible measure to reduce problem gambling. At that time, the Productivity Commission found that on average, people with gambling problems staked $1.62 per button push compared to 57 cents for non-problem gamblers.[28]

Research commissioned by the gambling industry in 2001 found that only 3.5% of EGM gamblers bet above $1 per button push. Of people without gambling problems only 2.3% bet over $1 per button push, while 7.5% of people with gambling problems bet

[28] Productivity Commission, "Australia's Gambling Industries", Report No. 10, AusInfo, Canberra, 1999, 16.80.

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over $1 per button push[29]. The report concluded that a bet limit per button push of $1 would be "a potentially effective harm minimisation strategy for a small proportion of players."

The 2006 study by the South Australian Department for Families and Communities found that at risk gamblers were far more likely to increase their bet size to chase losses than recreational gamblers. The majority of gamblers (81.4%) did not increase their bets when they found themselves losing while gambling on EGMs. However, 10.2% did increase their bets, either sometimes, often or always. This compares to 48.6% and 34.4% respectively, of moderate and high risk frequent gamblers who increased their bets when they find themselves losing.[30]

The report commissioned by Gambling Research Australia into pre-commitment recommended bet limits should be a key priority in assisting people in keeping their pre-commitment decisions.[31] The research found that 12% of EGM gamblers "often" or "always" used maximum bets to influence their win rate.[32] EGM gamblers, including people with gambling problems, reported that avoiding high or large bets was a more effective strategy to keep within their pre-commitment limits.[33]

A $1 bet limit was recommended by the Productivity Commission in their 2010 report on the gambling industry (Recommendation 11.1), to be phased in between 2012 and 2016.[34] In their view "The important point remains that if few players bet above $1 per button push on average, and they are more likely to be problem gamblers, it becomes difficult to justify a bet limit much above that level, in the view of the harm that problem gambling generates. Put another way, there would be little harm to most players from a significant reduction in the maximum bet limit, and a considerable reduction in harm for some."[35] The Productivity Commission estimated, from Queensland gamblers data from 2006-2007, that only 12% of recreational gamblers bet at $1 or more a button push, compared to 50% of problem gamblers.[36]

The Productivity Commission took the view that "while it is likely some gamblers would play for longer, it is improbable that this effect would be so great as to nullify the impact of the reduced bet limit."[37]

Reducing ready access to cash in venues

Readily available access to cash in venues contributes to the risks of gambling harm in EGM venues. Therefore, the current ban on cash withdrawals in venues should include a ban on EFTPOS cash-out. People with a problem gambling risk or a moderate risk of

[29] Blaszczynski, A., L. Sharpe and M. Walker, "The Assessment of the Impact of the Reconfiguration on Electronic Gaming Machines as Harm Minimisation Strategies for Problem Gambling", University of Sydney Gambling Research Unit, November 2001, 10-11.
[30] SA Department for Families and Communities, *Gambling Prevalence in South Australia,* 2006.
[31] McDonnell Phillips Pty Ltd, "Analysis of Gambler Pre-Commitment Behaviour", Gambling Research Australia, June 2006, 14.
[32] Ibid, 24.
[33] Ibid, 29-31.
[34] Productivity Commission, *Gambling*, Report no. 50, Canberra, 11.29 – 11.30.
[35] Ibid, 11.11.
[36] Ibid, 11.12.
[37] Productivity Commission 2010 11.19.

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harmful gambling reported accessing EFTPOS significantly more times when gambling than non-problem gamblers. The expectation that individual venue staff will moderate or curtail the use of EFTPOS by people at risk of harmful gambling has, at best, inconsistent results. Thus, this is an area where further reform would assist in reducing harm. The Victorian Government should deliver on the intended effect when it removed ATMs from venues, and include EFTPOS cash withdrawals in the ban on ATMs in and around venues.

The evaluation of the ATM withdrawal from EGM venues in Victoria conducted in 2013 found that people gambling "overwhelmingly wanted daily limits on EFTPOS".[38] The evaluation found that the number of people with gambling problems that withdrew more than $200 from EFTPOS after the removal of the ATMs from EGM venues increased from 9% to 16%.[39] Further, people with gambling problems were at least seven times more likely to make multiple EFTPOS withdrawals in EGM venues compared to people with less risky gambling behaviour (22% of those with gambling problems making multiple withdrawal compared to 0.4% - 3.1% of others).[40] The researchers concluded that:

> "The results of the study showed that continued access to funds through in-venue EFTPOS had led to increased spending on the part of some entrenched problem gamblers due to the lack of any legislated daily limits on withdrawals."[41]

They further recommended that "If technologically feasible, the introduction of daily limits on EFTPOS, similar to those which were present on venue ATMs in Victoria prior to their removal, may assist with both increasing the effectiveness of the intervention and people's attitudes towards it."[42] The submitters felt that there was little practical distinction between EFTPOS and ATM for people at risk of gambling harm.

The removal of EFTPOS withdrawals in venues is likely to have little impact on people who are not engaged in high risk gambling behaviour. EFTPOS was considered an 'inconvenient' means to access additional cash by the majority of people visiting EGM venues.[43] Over the last few years the widespread use of paywave means that for patrons paying for all other services in the venue, the same card used to withdraw cash can be used to payments with far less effort and inconvenience that using it to withdraw cash and then pay for food and drinks.

From the evaluation of the removal of ATMs from EGM venues in Victoria conducted in 2013, the vast majority of people attending the venue across all gambling risk profiles (87-94%) thought daily limits should apply to the amount of money that could be withdrawn through EFTPOS in EGM venues.[44]

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[38] Anna Thomas, Jeffrey Pfeifer, Susan Moore, Denny Meyer, Ligia Yap and Andrew Armstrong, 'Evaluation of the removal of ATMs from gaming venues in Victoria, Australia', Department of Justice, office of Liquor, Gaming and Racing, September 2013, 15.
[39] Ibid, 100.
[40] Ibid, 122.
[41] Ibid, 209.
[42] Ibid, 213.
[43] Ibid, 101.
[44] Ibid, 140.

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The November 2015 ACIL Allen Consulting evaluation of Tasmanian restrictions on EFTPOS withdrawals and restrictions on cheque cashing found these measures appeared to meet the aims of reducing expenditure of at-risk gamblers without reducing enjoyment by non-problem gamblers for EGMs, terrestrial wagering, and casino table gaming and that it was consistently ranked highly by gamblers across all three gambling activities.[45] The majority of EGM gamblers in the qualitative interviews also thought this measure was reasonably effective in reducing the harm associated with EGMs. ACIL Allen Consulting concluded that taken together, the available findings provide moderate support for this measure, particularly for EGMs, terrestrial wagering, and casino table gaming.[46]

Hare (2015) also found in Victoria that people with gambling problems were far more likely to withdraw cash from EFTPOS during gambling sessions than people who are not engaged in risky gambling.[47] People with gambling problems on average accessed cash through EFTPOS 3.46 times per gambling session compared to 0.14 times for people who were not engaged in risky gambling. The research also found that on average people with gambling problems withdrew $318 per gambling session, compared to an average of $130 for people with moderate risk gambling and an average of $66 for people who were not engaged in risky gambling at all.[48]

Reduce EGM accessibility through greater community control

It is our view that theCommission should also recommend measures to reduce the ready accessibility of EGMs, so that it becomes easier for people with gambling disorders to avoid involuntary exposure to EGMs through the concentration of venues in some areas of the state. The New Zealand model for EGM licensing allows councils determine a policy to reduce gambling harm, and they are empowered to reduce machine numbers by not allowing licenses to be transferred, and requiring licenses to be retired when a venue closes.

The model used in New Zealand allows local government to determine the issuing of a gaming licence for a new venue or for more machines in an existing venue consistent with the local government's own policy on gambling. Under the New Zealand *Gambling Act 2003,* Section 101 requires a local government to have a policy on EGM venues. The local government is required to consider the social impact of gambling within its jurisdiction in developing its policy. The policy must specify if EGM venues may be established within the local government area and, if so, where they may be located. It can also specify the maximum number of machines an EGM venue in its area can have. In setting its policy the local government may have regard to any of the following relevant matters:

- The characteristics of the local government area and parts of the local government area;

[45] ACIL Allen Consulting, 'Third Social and Economic Impact Study of Gambling in Tasmania', Vol. 3, November 2015, xxiii.
[46] Ibid.
[47] Sarah Hare, 'Study of Gambling and Health in Victoria', Victorian Responsible Gambling Foundation and Victorian Department of Justice and Regulation, November 2015, 112.
[48] Ibid, 113.

- The location of kindergartens, early childhood centres, schools, places of worship, and other community facilities;
- The cumulative effects of additional opportunities in the local government area;
- How close any venue should be permitted to any other venue;
- What primary activity at any venue should be.

In setting its policy the local government must adopt the policy in accordance with the special consultative procedure in Section 83 of the New Zealand *Local Government Act 2002.* Under Section 102 of the New Zealand *Gambling Act 2003*, the policy must be reviewed within three years of being adopted and then every three years after that.

The policy does not allow the local government to close down existing venues or reduce the number of machines they have. However, it does mean that if a venue closes or voluntarily gives up or reduces its number of EGMs, the local government can refuse to authorise a new venue or the transfer of the machines to another venue within its jurisdiction, should that be consistent with its policy. Simply, a local government may adopt a policy of a 'sinking lid', reducing the number of machines in its jurisdiction over time as venues close or choose to give up machines.

Under Section 98 of the New Zealand *Gambling Act 2003* the local government must give its consent if there is to be any increase in the number of machines and for any new EGM venue. Under Section 99 the venue must apply to the local government for more machines or to establish a new EGM venue. Under Section 100 the local government must consider the application in accordance with its own policy and it may consent to the application with or without conditions. It also determines the number of machines to be granted against the number applied for. It cannot revoke its permission for a new venue or an increase in the number of machines once it has given its permission.

The New Zealand Department of Internal Affairs reviews the decisions of the local governments to ensure they are consistent with the local government policy and that the local government policy has been adopted in accordance with the law.

The New Zealand Ministry of Health, the Department of Internal Affairs and Local Government New Zealand has produced a resource for local government to assist them in reviewing their policies on EGM venues. It can be downloaded here.

Under this legislative framework the number of non-casino EGMs in New Zealand declined from 25,221 in 2003 to 15,118 EGMs by 31 March 2019. The number of non-casino EGM venues decreased from 1,552 in June 2008 to 1,103 venues by 31 March 2019[49]. The graph below shows the total number of EGMs in New Zealand between June 1994 and March 2017. Losses on EGMs declined from NZ$938.3 million in 2008 to NZ$843.0 million in 2015-2016 financial year, but climbed again to NZ$895 million in the 2017-2018 financial year.[50]

[49] See here.
[50] See here and here.

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Figure 1. EGM numbers in New Zealand June 1994 to March 2019.[51]

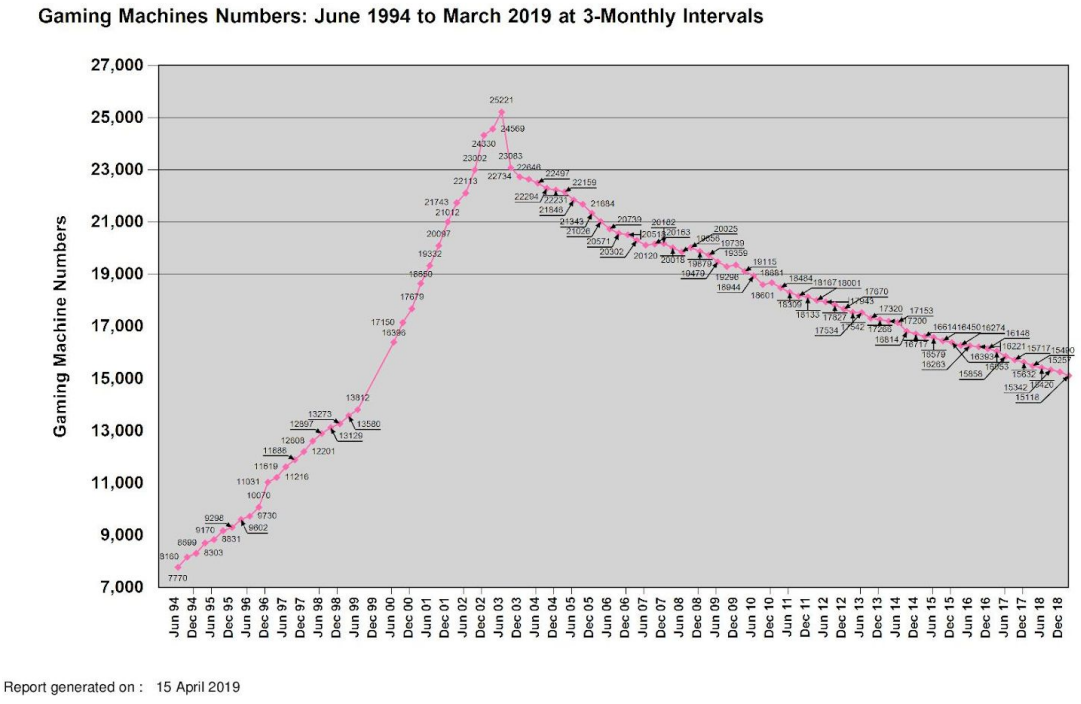
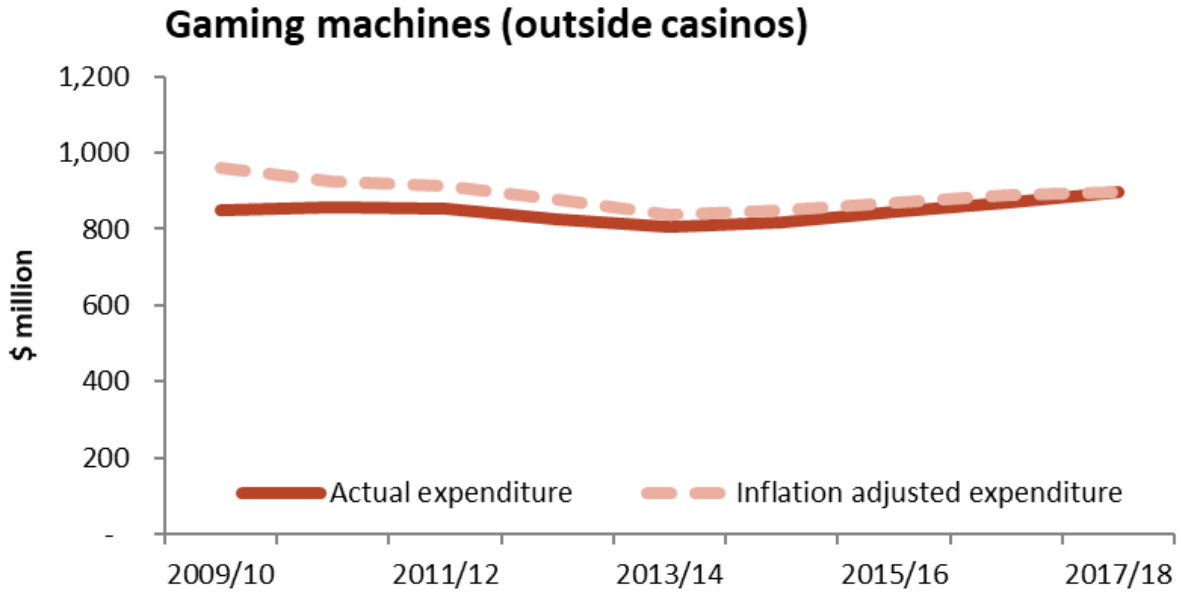


Figure 2. EGM revenue in New Zealand, 2009/2010 to 2017/2018.



[51] See here

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The proportion of people using EGMs in New Zealand decreased from 12.8% in 2002/2003, to 10.3% in 2006/2007 and 6.1% in 2011/2012.[52]

However, it needs to be acknowledged that such a policy will only slowly reduce the harm EGM gambling does to mental health and general well-being over the long run. A study from New Zealand published in March 2018 found that the reduction in EGM numbers had limited impact on EGM expenditure in many parts of New Zealand as venues and EGMs remained highly accessible even in areas with a high reduction in machines.[53]

Reduce EGM Operating Hours

The Commission should make recommendations about reducing accessibility to EGMs through a reduction in opening hours of gaming room of EGM venues. The Alliance favour EGM venues being shut between midnight and 10 am. In 2010, the Productivity Commission recommended:

> "Drawing on the Queensland approach, governments should introduce a shutdown period for gaming machines in all hotels and clubs that commences no later than 2 am and is of at least six hours duration. Casinos should be exempt from this measure."[54]

The Productivity Commission considered restrictions on the opening hours of gaming areas within venues, with existing restrictions across States and Territories requiring machines to be shut down for between four and ten hours.[55] Victoria and Tasmania required the shortest period of shutdown of gaming machines, four hours, while Queensland had the longest with 74% of venues having their machines shut down for 9.5 hours a day, between 12:30 am and 10 am.[56]

The Productivity Commission reviewed the studies that had been conducted into mandatory shut-down periods. They noted a 2003 NSW study by AC Neilsen found a three hour shutdown between 6 am and 9 am had minimal effect on people with gambling problems and little behavioural impact for most recreational gamblers, with very little impact on venue revenue.[57] A 2005 study by McMillen and Pitt evaluated the three hour shutdown period in the ACT from 4 am to 7 am, concluded there was insufficient evidence about the effectiveness of this limited period of shutdown. It had no detectable impact on venue revenue.[58]

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[52] Problem Gambling in New Zealand. Preliminary findings from the New Zealand Health Survey (July 2011 to March 2012)
[53] Hazel Rook, Rebecca Rippon, Reinhard Pauls, Emma Doust and Jo Prince, 'Gambling Harm Reduction Needs Assessment', Sapere Research Group, 2 March 2018, 40-41, https://www.health.govt.nz/system/files/documents/publications/gambling-harm-reduction-needs-assessment-aug18.pdf
[54] Productivity Commission 2010,14.36.
[55] Ibid, 14.21.
[56] Ibid, 14.22.
[57] Ibid, 14.23.
[58] Ibid, 14.23 – 14.24.

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An evaluation of the six hour mandatory shutdown of EGMs in NSW, usually between 4 am and 10 am, by Blue Moon Research in 2008 found the shutdown was effective in 'reaching' moderate risk and people with gambling problems that were gambling at the time of the shutdown. More than two-thirds of these gambling groups went home when the machines were shut down, with only one in six going on to gamble at a venue that was still open.[59] Recreational gamblers impacted by the shutdown displayed far lower levels of dissatisfaction with the shutdown than those people with a gambling problem.[60] Of 54 gamblers with no risk or low risk gambling behaviour interviewed only two reported the shutdown prevented them from gambling on EGMs when they wanted to.[61] The measure had minimal impact on venue revenue.[62] The research found the periods most likely to help moderate risk and people with gambling problems, but not unduly affect non-problem gamblers were midnight to 4 am and 7 am to 10 am.[63] However, only a small proportion of gamblers across all risk categories gamble at these times (for example in the midnight to 4 am time slot 0% of recreational gamblers, 8% of moderate risk gamblers and 9% of people with a problem gambled).[64]

A Canadian evaluation of shutting down Video Lottery Terminals (VLTs) at midnight in 2005 found 26% of 65 regular after-midnight VLT gamblers decreased their spending as a result of the shutdown. Higher risk gamblers decreased their spending due to the shutdown more than other gamblers: 18% of 60 people with gambling problems and 8% of 78 moderate risk gamblers reduced their spending compared with 2% of 316 non-problem gamblers and 3% of 92 low risk gamblers.[65] The research found 43% of people with gambling problems were gambling on VLTs after midnight before the shutdown was implemented compared to 4% of non-problem gamblers. The shutdown decreased net revenues by between 5% and 9%.[66]

The Productivity Commission concluded that:

> "Mandatory shutdowns for gaming machines in most jurisdictions are too short and occur at times that make them ineffective as a harm minimisation measure."[67]

The Commission stated that ensuring there is a common shutdown period prevents people with gambling problems seeking another venue that is still open when the machines in the venue they are in shut down.[68]

The Commission pointed out that there are few recreational activities that operate 24 hours a day, seven days a week in a physical location. Restaurants, sporting complexes, theatres and cinemas are all usually closed by midnight,[69] so why should EGM venues be allowed to operate differently?

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[59] Ibid, 14.25.
[60] Ibid, 14.26.
[61] Ibid, 14.27.
[62] Ibid, 14.26.
[63] Ibid, 14.26.
[64] Ibid, 14.28.
[65] Ibid.
[66] Ibid, 14.29.
[67] Ibid, 14.25.
[68] Ibid, 14.32.
[69] Ibid, 14.34.

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Staff intervention for people being harmed by gambling

The Commission should recommend that venue staff should be required to offer assistance to people showing obvious signs of being harmed by gambling.

In the view of the Alliance for Gambling Reform all gambling businesses owe a duty to people using their products to do all they reasonably can to reduce any harm that may arise from the product they are selling. This is a duty that should apply universally to all businesses. However, in the view of the Alliance, gambling businesses usually fail to fulfil this 'duty of care' to people. Instead many owners of gambling businesses seek to do the minimum they can get away with in terms of consumer protection measures. There are a number of reasons for this. People spending more than they can afford increases the profits to the industry and the costs of the harm causes are externalities to the industry, meaning the social and economic costs are borne by the person being harmed, their families and dependents and the wider community.

Secondly, there is no clear legal responsibility to customers. Even where a person has a gambling problem, has revealed that problem or a mental health issue to the gambling business staff, asked for help from the gambling business staff and the gambling business owner has then ignored the request for assistance and actively exploited the person for their own gain, the courts have overwhelming ruled in favour of the gambling business owner. The courts have been reluctant to give individual gamblers an individual course of action to receive compensation when they have been exploited by a gambling business owner in the absence of such a course of action being granted explicitly by legislation.

The current ability of the gambling business owners to avoid a duty of care to their customers serves as a barrier to the business owners undertaking meaningful measures to reduce the harms caused by gambling activities. It fosters a culture of doing the minimum that governments will let the business owners get away with.

Therefore, there is a need to turn this around. The existing Code for gambling businesses should be strengthened by requiring gambling business owners to take all reasonable steps to observe identifiable signs of gambling harm and to intervene appropriately when such signs are detected.

There should be harsh penalties for gambling business owners that engage in 'egregious' conduct, knowingly or recklessly exploiting people being harmed by gambling. These penalties need to be sufficient to deter such behaviour by gambling business owners and need to empower the courts to award damages to those ruthlessly exploited by unethical gambling business owners.

Under the existing Codes a duty should be imposed on all gambling businesses to identify signs of gambling harm. This duty to identify will operate similarly to section 308 of the *Gambling Act 2003* (NZ), in that all venues are required to implement a mechanism to identify people with gambling problems.[70] Section 12 of the *Regulations* requires all

[70] *Gambling Act 2003* (NZ) s 308.

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class 4 venues[71] to provide problem gambling awareness training and is explicit in what constitutes minimum training measures,[72] and obliges that trained staff must be present at all times in the venue.[73] This mandatory staff training regulation requires gambling venues to respond proactively to problem gambling.

In Victoria, gaming venue staff could be trained to identify higher risk gamblers and then notify management so that action can be taken to prevent further harm from gambling. Clubs Australia has declared support for training of staff to both identify indicators of problem gambling and for senior staff to be able to intervene with patrons displaying such signs.[74] A list of "high-risk" characteristics to assist in the identification process should be part of the Code and a draft list already exists.

A study in South Australia found that most indicators identified by the self-report study of gamblers as being signs of problem gambling could be observed in venues, and that many were observable within single observation sessions. "Indeed, a number of patrons displayed clusters or sequence of behaviour that would give them a 70% probability of being classified as a problem gambler."[75]

If a person being harmed by gambling has been identified by venue staff, the next step would be to intervene in the gambler's conduct. The intervention would need to be appropriate to the observed behaviour. If the person discloses they have a serious gambling problem or mental health problem that is being made worse by gambling, the gambling business should be required to, and given the power to, take all reasonable steps to prevent the person from continuing to gamble. This may include providing the details of counselling services as well as asking the person to leave any gambling premises, or closing any accounts the person has with the provider.

Research with EGM venue staff has shown for some venues staff are unwilling to intervene with a person being harmed byu gambling out of fear of disciplinary action by the venue owner for causing a loss in revenue for the venue.[76] This would be removed if the venue owner feared penalty for failing to fulfil a duty of care to its patrons to prevent gambling harm. While parts of the gambling industry, such as Clubs Australia, have declared support for staff training to intervene, they have not indicated support for gambling businesses being required to allow their staff to intervene.

The Swiss *Federal Law on Games of Chance and Gaming Houses 1998* requires that the casino operators either prevent socially damaging consequences of their gambling facilities or provide a remedy for the subsequent loss. The Federal Council administers the legislation; to define the requirements in which the social measures programme under Article 14 operates, as well as other procedural aspects relating to exclusion

[71] The New Zealand Gambling industry is divided into four classes in regards to licences, class 4 being a non-casino venue that holds gaming machines. See *Gambling Act 2003* (NZ) Sub Part 2-*Classes of Gambling.*
[72] Ibid s 12(2).
[73] Ibid s 12(3).
[74] Clubs Australia, 'Part of the Solution. Clubs Promoting a Culture of Responsible Gambling', 2012, 25.
[75] Paul Delfabbro, Alexandra Osborn, Maurice Nevile, Louise Skelt and Jan McMillen, "Identifying Problem Gamblers in Gambling Venues", Gambling Research Australia, November 2007,17.
[76] Productivity Commission, 12.4 – 12.5.

orders and licences. There is also a requirement under the Swiss law for casinos to monitor, detect and exclude patrons that are potential or actual problem gamblers. There is a checklist, which identifies key characteristics of problem gambling, and the staff utilise this list in approaching and assessing their patrons.[77] Gambling business owners are unlikely to seek to profit from gambling harm given the private right to remedies under the Act being a significant deterrent to such egregious conduct.

Conclusion

Gambling harm and mental ill-health are inextricably linked. One cannot be adequately addressed and improved without the implementation of strategies that address and improve the other. As highlighted above, gambling harm needs to be addressed through effective harm minimisation and prevention methods, supported by a strong public health mindset.

Gambling must be brought into mainstream public and mental health strategies and frameworks. Despite significant evidence highlighting the association between gambling harm and mental ill-health, gambling harm remains separate from most mainstream discourse on public health in our communities.

Gambling harm is not mentioned in the *Victorian Public Health and Wellbeing Plan 2015–2019,* the government's mental health plan, or its suicide prevention plan. It is also not mentioned in this Commission's terms of reference.

Omissions such as these wrongly suggest that problem gambling is caused by the weakness or personal failings of the gambler, rather than as a result of the complex interaction between underlying social determinants, individual characteristics and circumstances (including mental illness), and gambling products and environments.[78] We submit that this lack of recognition of gambling as a public health issue undermines genuine efforts to improve the mental ill-health of Victorians and the efficacy of the state's mental health system.

If we can't acknowledge the effect that gambling harm is having on mental ill-health, we're not doing Victorians justice.

[77] Hafeli and Schneider 2006, a study into Swiss Casinos' early warning signs of problem gambling, quoted in Gambling Research Australia for the Ministerial Council on Gambling 2007, 'Identifying problem gamblers in gambling venues', 73.
[78] Browne et al.

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