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The Problem Gambling Research and Treatment Centre
An initiative of the Victorian Government, the University of Melbourne and Monash University

Social and Economic Impact Study of Gambling in Tasmania

Volume 3: Assessment of harm minimisation measures

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Final report to the Tasmanian Government Department of Treasury and Finance

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Contents

Abbreviations

ACG	Allen Consulting Group
ATM	Automated Teller Machine
CATI	Computer Assisted Telephone Interviewing
CEA	Cost-effectiveness analysis
CPGI	Canadian Problem Gambling Index
DHHS	Department of Health and Human Services
DTF	Department of Treasury and Finance
EFTPOS	Electronic Funds Transfer and Point of Sale
EGM	Electronic Gaming Machine
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
GIG	Gambling Industry Group
GSEQ	Gambling Self-Efficacy Questionnaire
ICER	Incremental cost effectiveness ratio
LGA	Local Government Area
PC	Productivity Commission
PGRTC	Problem Gambling Research and Treatment Centre
PGSI	Problem Gambling Severity Index
PID	Player Information Displays
PIN	Personal Identification Number
RCG	Responsible Conduct of Gambling
RGC	Responsible Gambling Council
RGF	Responsible Gambling Feature
RSA	Responsible Service of Alcohol
RSE	Relative Standard Error
RTO	Registered Training Organisation
SE	Standard Error
SRC	Social Research Centre
TasCOSS	Tasmanian Council of Social Services
TGC	Tasmanian Gaming Commission
TGES	Tasmanian Gambling Exclusion Scheme
VLT	Video Lottery Terminal

Executive summary

This volume

This volume of the Social and Economic Impact Study of Gambling in Tasmania evaluates the appropriateness and effectiveness of harm minimisation measures in place or proposed for Tasmania, for the period following the 2008 report of the same name.

Evaluation method

The effectiveness of existing harm minimisation measures was evaluated through:

- an analysis of whether measures meet established criteria for a harm minimisation framework for gambling;
- applying an evidence framework specifically for harm minimisation analysis; and
- an assessment of the effectiveness of these harm minimisation measures.

In undertaking this evaluation, a number of data collection techniques were used, including:

- a literature search;
- analysis of stakeholder consultations with industry, local government and support service providers;
- analysis of Computer Assisted Telephone Interviewing (CATI) survey results; and
- analysis of themes and messages from structured group interviews.

The evidence base for harm minimisation measures

There is now generally a moderate to good evidence base for almost all the harm minimisation measures introduced and proposed for Tasmania.

Further, when compared with other jurisdictions, mandated harm minimisation measures in Tasmania, as categorised by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), are among the most comprehensive, with the only non-mandated area being a provision for cashless gaming.

Knowledge: industry, local government and support services

The overall project included an extensive statewide and local stakeholder consultation process. The awareness and opinions of industry, local government and support service provider stakeholders in relation to existing and proposed harm minimisation measures was quite varied.

There was some consensus between stakeholder groups on issues such as improvements to staff training, and the burden placed on venue staff.

The consultations were undertaken prior to the final details of some harm minimisation measures being released, in particular the Mandatory Code of Practice. Therefore, the relevance of some stakeholder comments changed during the reporting period. Where this has occurred it is noted accordingly in the text. The key findings, by stakeholder group, are as follows.

Industry peak bodies and associations

State specific regulation

Industry peak bodies outlined that stricter restrictions implemented only in Tasmania, such as the Mandatory Code, would mean gamblers would choose to gamble elsewhere. That choice would mean that industry could lose:

- interstate gambling tourists to other states;
- Tasmanian gamblers to other states (for example, gamblers would travel to Melbourne to gamble); and
- younger gamblers to non-Tasmanian owned gambling websites.

However, industry stakeholders did not provide any evidence about the extent to which this is currently occurring, evidence about the likelihood of further harm minimisation measures resulting in these outcomes, or evidence about the impact of these outcomes.

Regulation of different gambling forms

The extent of regulation on different gambling forms was seen as an issue.

For lottery operators, an issue was raised about the extent of regulation on this 'less risky' form of gambling; however, the release of the Mandatory Code (finalised after the consultation process for this study) may have alleviated some of these concerns.

For many industry groups, the impact of online gambling was a concern. It was felt that players would substitute away from terrestrial gaming if stronger restrictions were put in place. They called for 'a level playing field' in respect to regulation.

Industry cooperation

Industry peak bodies and associations also pointed to the level of input the industry has expended in complying with, and assisting to develop, harm minimisation measures. They emphasised industry willingness to assist. In particular, industry stakeholders instanced industry involvement in the Gambling Industry Group (GIG), and the voluntary industry code.

Venue operators

Mandatory Code of Practice

Most venue operators consulted were aware of the forthcoming Mandatory Code of Practice. But many operators were not aware of specific content.

On being presented with more information on the content of the Code, most venue operators felt the Code presented few issues as most measures were already in place in venues. Some concerns were raised about the restriction on the service of alcohol.

Most venue operators consulted advised that the Code might have some impact on problem gamblers, and that it would be unlikely to have a significant impact on recreational gamblers. However, as most restrictions are already in place, it was felt change would be limited.

Enhanced staff training and duty requirements

There is a requirement that at least one person who has completed the enhanced Responsible Conduct of Gambling (RCG) training must be on duty at all times in each area where EGMs operate. This was seen as problematic for smaller venue operators.

The effectiveness of the RCG training program was also questioned. The training program, it was noted, is 'open book', participants are 'given the answers', and assessment can be undertaken online without supervision. However, it is understood that the rigour of the RCG program is being improved. For example, from 1 July 2010, the Tasmanian Gaming Commission will only recognise RCG courses that deliver national competency conducted by a Registered Training Organisation, as a prerequisite training for special employee licenses.

Consultations with venue operators also identified a lack of clarity on the roles and responsibilities of venue operators in responding to patrons exhibiting gambling difficulties.

Exclusion Scheme

All venue operators consulted were aware of the Tasmanian Gambling Self-Exclusion Scheme. They adhered strongly to it by providing re-awareness training for staff, and regularly looking up the database. However, the ability to enforce the regime was questioned. For those venue operators in smaller, regional areas, it was seen as easier to enforce because they knew their customers.

The extent of regulation

Venue operators expressed confusion about what they can and cannot do. It appears to venue operators that there are multiple policies and regulations that require compliance, but little or no guidance about what they should actually do. Accordingly, most harm minimisation measures in place in venues (outside those required by legislation) were largely based on venue staffs' relationships with customers. An example of this is in-house self-exclusion schemes introduced by venue owners, based on their personal relationships with customers.

Further, most venue operators raised the requirement that they comply with a host of regulations, without any extra resources or funding being provided to meet this cost. This is seen as an issue unique to Tasmania in that the structure of the industry means many venue operators make only a certain commission. They are not the owners of the EGMs.

Alternative harm minimisation suggestions

Alternative harm minimisation measures supported by industry (including peak bodies and associations) included increasing funding to support service providers, and potentially a *voluntary* pre-commitment scheme. Industry was, however, strongly against a mandatory pre-commitment regime.

Support service providers

Mandatory Code of Practice

Support service providers agreed that the Mandatory Code of Practice is a step in the right direction. Measures particularly supported were: reducing the times that gambling can be advertised; restricting access to cash via credit cards; prohibiting the cashing of 'payout' cheques on the same day; and improving lighting in venues.

Support service providers felt there would be little negative impact on venues from introducing these measures, and that the measures were 'largely on target' for providing environments that do not induce people to gamble recklessly.

Some support service providers believe implementing harm minimisation measures over the past three years has been slow. They felt, therefore, that there are no grounds to believe the current situation is significantly different from that prevailing at the time of the previous study.

Pre-commitment regime

A *mandatory* pre-commitment scheme was widely supported. Support services considered that any reduction in venue revenue was justified, as it would largely come from problem gamblers, not recreational gamblers.

Exclusion and the duty of venue operators

While support service providers were in favour of the Exclusion Scheme, they agreed a few enhancements were required. A particular concern was that counsellors are not being contacted when someone breaches the Exclusion Scheme. The breach is recorded, with the Tasmanian Government notified, but counsellors are seen to be the missing link. The Department of Treasury and Finance (DTF) and the Department of Health and Human Services (DHHS) have advised, however, that work has been done to improve this communication.

Support service providers agreed with venue operators that, for a number of reasons, it is difficult for venue staff to be responsible for identifying and assisting problem gamblers. Support service providers considered that there was potentially a greater role for their services as part of the exclusion scheme.

Venue staff training

Although supportive of a new training program, support services considered that further improvement was required. For example, they felt that all training providers should include input from a counsellor.

Alternative harm minimisation suggestions

Support services also suggested a number of additional harm minimisation measures. These include further reducing the bet limit to $1, increasing information provision to players, and improved community awareness campaigns. A few support service providers (and some venue operators) also suggested compulsory income management for people experiencing significant difficulties.

Local government

The local government authorities (LGAs) consulted in the course of the project had commented on the harm minimisation measures in place. However, councils, especially those in low SES areas, strongly argued that they should be given more jurisdiction over gambling in their areas, such as the ability to undertake social impact studies to inform planning decisions, as is the case in other states. In addition, two of the lower SES LGAs consulted argued that:

- the Tasmanian Gaming Commission (TGC) should commission in-depth studies of the local social impact of gaming; or
- alternatively, councils undertake their own studies, funded from the Community Support Levy or similar source.

However, the limitations of these requests were recognised — it was acknowledged that any increased powers would likely only affect new venues, but that existing venues are an integral part of the equation. Therefore, a general study of the social impacts of gambling in an LGA may be preferred — an example is the recent study by the Hobart City Council (see HCC 2011). This study is the exception in the otherwise limited LGA level research in this area.

Knowledge and experiences: CATI survey respondents

Both a CATI survey (see Volume 2) and thirteen structured group interviews were undertaken as part of this project. Both provided insights into the awareness and opinions of Tasmanian consumers about a number of aspects of the gambling environment, and in particular: awareness of harm minimisation measures; support or opposition to the measures; and assessments of the measures' effectiveness.

Awareness of harm minimisation measures

Self-exclusion scheme

Just over two-thirds of EGM gamblers report being aware of the Tasmanian Gambling Exclusion Scheme. However, somewhat surprisingly, fewer moderate risk gamblers and problem gamblers were aware of the Scheme compared to non-problem gamblers. There is a high level of support for third party exclusion.

Advertising

Advertising of sports betting was highly criticised. With respect to problem gambling advertising, the 'House edge' advertisement featuring 'Jack' (a component of the Know Your Odds Campaign) showed almost universal reach to survey and interview participants. There were extremely high levels of unprompted recall among the structured group interview participants.

Player inducements

The Mandatory Code requires that inducements not be offered that persuade people to gamble when they would not gamble normally, or gamble outside their normal gambling patterns. Determining the extent to which people's gambling patterns may be influenced by inducements is an important task for a future review of the Code's operational effectiveness.

Existing harm minimisation measures

Smoking bans in venues were introduced as an occupational health and safety measure, impacting both patrons and venue staff. Bans were not introduced as a harm minimisation measure, although they may have a secondary harm minimisation function. Respondents were asked about their knowledge, and the impacts, of this measure. They were also asked about the 'standard' harm minimisation measures. Nearly 96 per cent of EGM gamblers were aware of the smoking ban. However, generally fewer than one-third were aware of any specific harm minimisation measures currently in place, except for the restriction on numbers of EGMs per venue (37.8 per cent). The lowest level of awareness was recorded for the reduction of EGM lines (13.8 per cent). Of these measures, the greatest change to enjoyment was experienced in relation to the smoking ban — 34.6 per cent of those surveyed reported that the ban had impacted on their enjoyment: 27.6 per cent reported increased enjoyment, and 7.0 per cent reported decreased enjoyment.

No participants were able to correctly identify what the reduction in the maximum number of lines on *new* EGMs entailed.

Support or opposition to measures

Bans on ATMs in venues

The existing ban on ATMs in hotels and clubs with EGMs was strongly supported by the structured group interview participants. The ban was seen to contribute to non-impulsive gambling, and to create breaks in play that may actually act as a disincentive to continue playing after a spend limit is reached. The exemption of casinos from the ban on ATMs had little support.

Bans on note acceptors

Bans on note acceptors on EGMs located in pubs and clubs were generally supported, including a low limit on note acceptors in casinos.

Pre-commitment regime

A majority of structured group interview participants did not favour mandatory pre-commitment, although there was some conditional support for voluntary pre-commitment. It should be noted that this is an Australian Government proposal, not a Tasmanian Government harm minimisation measure. However, given its salience as a political issue at the time the interviews were conducted, many participants wished to express an opinion on the concept of pre-commitment.

Impact of measures

Rate of loss – bet and win limits

The majority of respondents indicated that there was no change to their spend or enjoyment as a result of the reduction in lines played, maximum bet per spin and amount that can be inserted into note acceptors in new EGMs.

Proposed measures in the Mandatory Code of Practice

The majority of respondents considered that the proposed measures (as outlined in the draft Mandatory Code at the time of consultation) would result in either no change to their spend, or a decrease in spend. Not serving food or alcohol to EGM

players after 6pm recorded both the largest anticipated decrease in spend (22.4 per cent), and also the highest rate of anticipated decrease in enjoyment (28.4 per cent).

Moderate risk/problem gamblers believed their spend would be impacted by:

- reducing the amount they could withdraw from an EFTPOS machine for gambling, or from an ATM at the casino;
- restricting the payment of cash for poker machine payouts;
- locating highly visible clocks on gaming room walls;
- allowing only socially responsible advertising of gambling.

Moderate risk/problem gamblers perceived that all proposed measures would impact more on their enjoyment than on the enjoyment of non-problem gamblers.

Distribution of EGMs

An issue continually raised by respondents was the distribution of EGMs. Specifically, the dispersal of EGMs to a number of smaller venues as distinct from a single destination venue gaming model was seen as a product of a non-competitive market. It was considered that the current approach, whereby venues are relatively small, means that there are limited opportunities for patrons to move to non-gaming areas.

Overall evaluation of harm minimisation measures

The harm minimisation measures currently in place and covered by legislation or regulation, and enhancements as specified in the *Responsible Gambling Mandatory Code of Practice for Tasmania*, were assessed against a number of best practice criteria. The overall result was very positive. Measures were found to be:

- evidence based;
- sensitive to context;
- part of a comprehensive, diverse, flexible and innovative strategy;
- formulated through a consultative process;
- emphasising prevention and demand reduction;
- just and equitable;
- evaluated regularly; and
- implemented in a way that ensures stakeholders understand that harm minimisation is a norm.

Methodology for ongoing evaluation of harm minimisation measures

A detailed methodology is developed for the ongoing evaluation of harm minimisation measures in Tasmania. A longitudinal survey can be implemented, building upon the data collected as part of this 2011 study, to track the effect of harm minimisation measures. This methodology also includes an economic evaluation, to assess the cost effectiveness of the combined package of measures.

Chapter 1

Introduction

1.1 This volume

This volume of the Social and Economic Impact Study of Gambling in Tasmania evaluates the appropriateness and effectiveness of harm minimisation measures in place or proposed for Tasmania, including those introduced in response to the 2008 Social and Economic Impact Study Report.

The effectiveness of existing harm minimisation measures was evaluated through:

- analysis of the extent to which they meet criteria for a harm minimisation framework for gambling;
- an assessment of the effectiveness of the measures, as measured by relevant liquor and gaming reviews.

1.2 Volume objectives

The scope for the entire project is detailed in Volume 1, with the objectives of this volume detailed in Box 1.1.

Box 1.1

VOLUME 3 SCOPE

- Assess the effectiveness of existing harm minimisation measures.
- Establish a baseline methodology to enable the evaluation of the package of measures announced by the Government during 2009 in response to the first study.
- Establish a framework and methodology for the ongoing evaluation and monitoring of the measures referred to above.
- Review the impact of advertising, promotion and the development of new gambling technologies.

Source: DTF 2010

1.3 Criteria and evidence framework

Assessment of the appropriateness and effectiveness of the harm minimisation measures examined in this volume was undertaken by determining compliance with a number of criteria, including whether the measures are:

- evidence based;
- sensitive to context;
- part of a strategy that is comprehensive in scope;
- reflective of a strategy that is diverse, flexible and innovative;
- a result of including in the formulation of the measures those whose behaviour is being targeted;

- inclusive of an emphasis on prevention and demand reduction;
- achieving the minimisation of harm in a way that is just and equitable; and
- able to be evaluated with mechanisms in place.

In addition, the message of harm minimisation has to be managed appropriately and those targeted by the measures need to be aware of them.

1.4 Data collection methods

In undertaking this assessment of harm minimisation, a number of data collection techniques were applied.

CATI survey sample

The Computer Assisted Telephone Interviewing (CATI) survey, developed to achieve the objectives of Part B (Volume 2) of this study's specifications, asked this series of questions in relation to harm minimisation measures:

- are respondents aware of the measure?
- do respondents feel that the measure has helped them to control the frequency of their gambling?
- do respondents feel that the measure has helped them to control their time spent gambling?
- do respondents feel that the measure has helped them to control the amount they spend on their gambling?

Respondents were also asked to identify other measures that they use to minimise harm, as well as questions on the impact of existing measures relating to the:

- frequency of their gambling;
- time spent gambling; and
- amount spent on gambling.

The CATI survey data enables high-level analysis of the relationship between problem gambling severity, gambling participation and location, demographic factors, co-morbidity, and adoption and use of harm minimisation measures.

On completing the CATI survey, respondents were asked if they wished to participate in a follow up structured group interview. In total, thirteen structured group interviews were conducted with 126 participants from low SES LGAs (Brighton, Break O'Day, Glenorchy and Devonport) and comparison LGAs (Sorell, Circular Head, Launceston and Clarence).

These interviews provided detailed qualitative data about the participants' knowledge and experiences of:

- the Tasmanian Gambling Exclusion Scheme;
- gambling-related advertising — both advertisements developed by industry and community awareness-raising advertisements;
- player inducements;

- harm minimisation measures currently in place; and
- proposed harm minimisation measures, including the Australian Government proposal for pre-commitment.

Industry, support service and local government consultations

In addition to the CATI survey, a series of interviews was held with other stakeholders as part of the study, including:

- industry peak bodies and associations (a total of four interviews);
- venue operators across eight LGAs;
- four local councils; and
- five support service providers.

A number of organisations also submitted formal submissions to the study.

This volume discusses stakeholder feedback from these consultations. It also discusses submissions from these stakeholder groups on the design, implementation and effectiveness of harm minimisation initiatives.

Other findings from these consultations are also outlined in Volume 1 of this study. A full list of stakeholders consulted and submissions received is included in Volume 1.

1.5 Ongoing monitoring and evaluation of the measures

Finally, this volume also outlines a methodology for the ongoing evaluation and monitoring of harm minimisation measures.

One major aim of establishing the ongoing evaluation and monitoring methodology (such as the proposed annual administration of a survey to respondents who agree to be followed up) is to examine the impact of adopting harm minimisation strategies on the problem gambling severity classification of regular EGM gamblers.

1.6 Structure of this volume

The remainder of this volume is structured as follows.

- *Chapter 2* — provides context to the report, including an outline of the measures currently in place or proposed for Tasmania, along with an overall assessment;
- *Chapter 3* — examines the evidence base for harm minimisation measures;
- *Chapter 4* — discusses the harm minimisation knowledge and opinions of industry and support service provider stakeholders;
- *Chapter 5* — discusses the harm minimisation knowledge and experiences of the CATI sample; and
- *Chapter 6* — establishes a baseline methodology to enable the evaluation of the package of measures announced by the Government during 2009 in response to the first study.

There is also a number of appendices to this report. The appendices provide more detail on the questions covered in the structured group interviews, a comparison of the harm minimisation measures in place in Australian jurisdictions, and a list of references.

Chapter 2

Assessment of harm minimisation

This chapter briefly outlines the harm minimisation measures in place or proposed for Tasmania, and then evaluates those strategies in place in Tasmania against those in place nationally.

2.1 Harm minimisation measures literature

Recent reviews of gambling harm minimisation measures in Australia include:

- Blaszczynski's (2001) overview — undertaken for the Australasian Gaming Council — discusses Australian measures within the context of international initiatives and interventions; and
- Delfabbro's reviews (2008; 2010) — covered a wide range of harm minimisation and consumer protection measures. The reviews discuss evidence for the effectiveness of these measures, with some reference to the evidence base underpinning the introduction of a number of the measures.

In 2008, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) provided a comprehensive but descriptive summary of harm minimisation strategies in place nationally, as at October 2008. The Blaszczynski (2001), Delfabbro (2008; 2010) and FaHCSIA (2008) reviews complement a small number of descriptive reviews of such measures carried out elsewhere (Williams et al. 2007; Dickson-Gillespie et al. 2008), and reviews of specific measures, such as the review by Parke et al. (2008) of cashless and card-based technologies in gambling.

In their review of problem gambling prevention measures, Williams et al. (2007) concluded that there exists a large array of primary, secondary and tertiary prevention initiatives, although there is little published evidence of the effectiveness of many of them.

2.2 Harm minimisation measures in place or proposed for Tasmania

Specific harm minimisation strategies may be categorised by applying the well established 'standard' tripartite approach derived from the alcohol and drug fields. The standard tripartite approach comprises:

- demand reduction strategies;
- supply reduction strategies; and
- harm reduction strategies — incorporating a range of actions undertaken when the person is actually engaged in the target behaviour.

This categorisation is applied as follows:

- *demand reduction* — strategies which succeed by motivating gamblers to play less, or to play on fewer occasions, or by affecting large population groups (for example, by raising the price of gambling products, or advertising restrictions);

- *supply reduction* — strategies that are intended to achieve social and health benefits by reducing the availability of gambling products (for example, by restricting venue opening hours and restricting the number of EGMs per venue or in a specified area); and
- *harm reduction* — strategies that reduce the likelihood of harm without necessarily requiring abstinence (for example, through providing educational materials in venues, or messages on EGMs regarding time and spend).

Not all strategies fit neatly into these three categories, (see Cantinotti &Ladouceur, 2008 for a somewhat different classification of strategies using this categorisation framework).

An alternative classificatory system used by the Productivity Commission (2010) defines strategies as constituting: bans on harmful forms of gambling; informational strategies; environmental control strategies; clarification of provider duty of care and consumer self-responsibility; probity controls; and provision of direct help.

Either the standard tripartite approach, or the system used by the Productivity Commission, would seem to be appropriate as a means of providing a checklist of strategies which should be considered under a comprehensive harm minimisation program.

0 classifies strategies now in place, or proposed for, Tasmania according to the standard tripartite approach — that is, as demand, supply, or harm reduction strategies. Where the strategies fit into more than one category, they have been placed in the category judged to represent the *primary* purpose of the strategy.

The strategies outlined in Table 1.1 include measures currently in place and covered by legislation or regulation, and enhancements as specified in the *Responsible Gambling Mandatory Code of Practice for Tasmania*, due to take effect from March 2012 (TGC 2011a). Included also in the study are some measures from the Tasmanian Gambling Industry Group (GIG) Code of Practice, but which are not covered by regulation or legislation.

Chapter 4 provides further detail on the specifics of the harm minimisations measures introduced in Tasmania in the period following the 2008 study, including the provisions of the final Mandatory Code of Practice.

Table 2.1

GAMBLING DEMAND, SUPPLY AND HARM REDUCTION STRATEGIES IN PLACE OR PROPOSED FOR TASMANIA

Description
Demand reduction measures
Provisions for exclusion/self-exclusion and strengthening this program by mandating minimum and maximum periods for self-exclusion and limiting the type of exclusion to either whole of venue, or gaming areas
Advertising restrictions to be introduced as part of Mandatory Code of Practice from March 2012
Ban on inducements that may lead to or exacerbate problem gambling
Supply reduction measures
Caps on number of electronic gaming machines
Restrictions on entry including minors banned from gaming machine areas
Limitations on 24 hour gaming in pubs and clubs
Harm reduction measures
Staff training in the Responsible Conduct of Gambling and on site problem gambling assistance
ATMs not permitted in gaming venues other than the two casinos.
Limitations on cash input limits on note acceptors on EGMs, reduced from $9,899 to a new limit of $500
Limitations on frequency of play and limits on lines and ways of playing: e.g. bet limit of $5.00 per spin
Require introduction of new responsible gambling – Mandatory Code(s) of Practice
Cash not to be accessible from credit card accounts at casino ATMs
Restrictions on access to cash for gambling through EFTPOS ($200) and daily withdrawal limits for ATMs at the casinos
Limits on the use of cheques being cashed for gambling purposes, ***as well as prohibition on cashing winnings cheques on the same trading day as they are issued at a gaming venue*** (further restrictions to be introduced as part of Mandatory Code of Practice)
Maximum Keno and EGM winnings payout by cash limited to $1000 (further restrictions to be introduced as part of Mandatory Code of Practice)
Clocks to be displayed and able to be readily viewed by players with number of clocks proportionate to number of machines
Requirement for adequate lighting, including natural light where possible
Player information including display of odds, return to player, self-exclusion, where to get help for gambling problems. This information to be available for both terrestrial and online gambling sites
Restrictions on player loyalty systems/programs
Limiting service of food and alcohol in gaming areas

Note: Already implemented measures in regular font. Measures to be implemented are in ***bold italics***.

Source: PGRTC and ACG analysis.

2.3 Comparing Tasmania's harm minimisation measures with national practice

Tasmania has led Australian states and territories in introducing many harm minimisation measures.

Using the FaHCSIA (2008) compilation (snapshot) of measures, Tasmania's adoption of a range of harm minimisation measures is presented in Table 2.2 as a benchmarking exercise. The table outlines the measures, their date of implementation in Tasmania, the rationale for them, and any available documentation.

Table 2.2

TASMANIA'S HARM MINIMISATION MEASURES (USING FAHCSIA CATEGORIES)

Measures	Date	Documents and rationale where available	Mandated?
Provisions for exclusion/self-exclusion	19 December 2001	The Tasmanian Gambling Exclusion Scheme (TGES) is based in the *Gaming Control Act 1993*. The Scheme provides a means for patrons to exclude themselves from a venue or all gambling activities at the venue with mandated minimum and maximum periods.	Yes
Advertising restrictions	1 July 2001 (introduced) March 2012 (updated)	Advertising Code of Ethics has been adopted by the Tasmanian Gambling Industry Group but this is not legislated or regulated. Further restrictions to be introduced as part of the Mandatory Code of Practice. Further detail in the Responsible Gambling Code of Practice and *Gaming Control Act 1993*	No
Rate of loss – bet & win limits	From 1 April 2010 for all new games, and existing by 30 June 2013	A registered player may, by written notice to a licensed provider, set an amount in dollars to be the player's net loss limit for wagers for internet based players. Maximum bet limit of $5.00 per spin. Reduced maximum lines from 50 to 30 per spin.	Yes
Ban on specific inducements	From March 2012	*Gaming Control Act 1993*. Further detail in the Mandatory Code of Practice.	Yes
Caps on number of electronic gaming machines	1 July 2003	*Gaming Control Act 1993*. Specification of maximum number of gaming machines per venue. Hotels (30) and clubs (40).	Yes
Limitations on 24 hour gaming	1 July 2008	*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules; *Liquor Licensing Act 1990* for hotels and clubs only.	Yes
Minors banned from gaming areas	22 May 1998	*Gaming Control Act 1993*.	Yes
Limited access to credit & withdrawal limits	Initial 1 July 2008 From March 2012	*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules; Code requirement. No ATMs in venues, other than casinos. Maximum EFTPOS withdrawal for gambling $200 per day with one transaction permitted daily and limit of cheque cash cashing to $200 per day. Cash not accessible from credit card accounts at casino.	Yes
Certain winnings to be paid by cheque	1 July 2008 (introduced) March 2012 (updated)	A Licensed Premises Gaming operator must not cash more than one cheque per patron per day (*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules). Before a cheque is cashed for gambling purposes, operator must check that person is not excluded from gambling. Further restrictions to be introduced as part of the Mandatory Code of Practice.	Yes
Cashless/card-based gaming	-	Currently no legislation in place for this.	No

Measures	Date	Documents and rationale where available	Mandated?
Ban or limits on note acceptors	1 July 2008 (introduced) March 2012 (updated)	*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules.	Yes, reduction of cash input limit on note acceptors from $9,899 to $500
Player information (includes display of odds of winning, return to player, warnings on machines, & problem gambling services)	22 May 1998 (introduced) March 2012 (updated)	*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules. Further restrictions to be introduced as part of the Mandatory Code of Practice and to apply to both terrestrial and on-line gaming.	Yes
Clocks to be displayed	From March 2012 onwards	Detail in the Mandatory Code of Practice, specifying ratio of analogue clocks to EGMs in a venue.	Yes
Requirement for proper lighting	From March 2012 onwards	Detail in the Mandatory Code of Practice.	Yes
Restrictions on player loyalty systems/programs	From March 2012 onwards	Detail in the Mandatory Code of Practice with relevant prescribed licence holders to undertake practices that must not contribute to the development of problem gambling or exacerbate existing gambling problems.	Yes
Ban on smoking in gaming areas	1 Jan 2005	Stated objectives for smoking bans are primarily from the public health perspective – reducing exposure to second hand smoke and to discourage smoking in general. Possible Indirect impact of reducing attendance and revenue at gaming venues as it has been found that smokers are more likely to play on EGMs and spend over twice as much as non-smokers. Not considered a harm minimisation measure by the Tasmanian Government, but rather an OHS measure; it is included here as it is one of the FaHCSIA categories.	Yes
Restrictions on service of alcohol in gaming areas	From March 2012 onwards	Responsible Service of Alcohol (RSA) training provides licensees, liquor serving staff and security employees with knowledge and awareness about the responsible service and consumption of liquor in premises where liquor is sold. Detail in the Mandatory Code of Practice on limits to service of food and alcohol to people playing EGMs or participating in table gaming. Liquor Licensing Act 1990.	Yes
Staff training in responsible gambling and on-site problem gambling assistance	1 July 2008 (introduced)	*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules – first introduced in 2008. From 1 March 2012 an enhanced version of the Responsible Conduct of Gambling course will be in place. Venues are required to retrain staff within 12 months of the introduction of the enhanced course, and venues will be required to have one employee on duty who has undertaken the enhanced training.	Yes

Note: The Responsible Gambling Mandatory Code of Practice for Tasmania, was released on 7th September 2011 and is available at: http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/MandatoryCodeofPracticeFinal.PDF/$file/MandatoryCodeofPracticeFinal.PDF - Accessed 18th October, 2011.

Source: FaHCSIA 2008, PGRTC analysis.

When compared with other jurisdictions, mandated harm minimisation measures in Tasmania, as defined by FaHCSIA, are among the most comprehensive, with the only non-mandated area being a provision for cashless gaming.

A detailed comparison of harm minimisation measures in place in Tasmania and in other Australian jurisdictions is provided in Appendix B of this volume. The following chapter examines the evidence base for these measures.

2.4 Broad assessment of Tasmania's harm minimisation measures

Criteria were established to assess the appropriateness and effectiveness of Tasmania's harm minimisation measures. The criteria were adapted for application to problem gambling by the Problem Gambling Research and Treatment Centre, and are based on a set of principles developed by the Victorian Parliamentary Drugs and Crime Prevention Committee (VPDCPC) (n.d.).

These criteria include whether the measures are:

- evidence based;
- sensitive to context;
- part of a strategy which is comprehensive in scope;
- reflective of a strategy that is diverse, flexible and innovative;
- a result of including in the formulation of the measures those whose behaviour is being targeted;
- inclusive of an emphasis on prevention and demand reduction;
- achieving the minimisation of harm in a way that is just and equitable; and
- able to be evaluated with mechanisms in place.

In addition, the message of harm minimisation has to be managed appropriately and those targeted by the measures need to be aware of them.

This section offers a broad assessment of Tasmania's status against these criteria.

Are the measures evidence based?

The best method for designing harm minimisation measures is to use the best evidence currently available, and which relates most closely to the context in which it will be applied.

This is the key criterion, and the evidence base for the Tasmanian Government's measures is reviewed in more detail in Chapter 3. The broad finding is that there is now generally a moderate to good evidence base for almost all the harm minimisation measures introduced and proposed. However, it is clear that in many cases good quality research on the effectiveness of harm minimisation measures often lags behind the policy process. This has meant that some measures are introduced without a strong evidence base for their effectiveness.

Are the measures sensitive to context?

Harm minimisation is context dependent in the sense that a policy or practice may succeed in reducing or minimising harm in one set of circumstances, but fail to do so in another. These contexts could include, for example, venue type or an area's SES status. In Tasmania's case, as with many other jurisdictions nationally, contextual nuances such as those occasioned by variable SES, are dealt with by a combination of statewide measures and local measures, introduced by LGA level authorities in the form of local action plans or specific planning and zoning decisions. The measures adopted in Tasmania appear to have been introduced cognisant of the statewide context in respect to balancing factors such as the distribution of gambling opportunity and community vulnerability, regulation and individual responsibility. A transparent process of review is critical to ensuring that measures remain sensitive to context. The ongoing compliance monitoring by the Liquor and Gaming Branch of the Department of Treasury and Finance is a good example of this sort of transparent process.

Are the measures part of a comprehensive strategy?

The range of harms extends from individuals, through to families and communities. Thus, the effective minimisation of such harms requires an approach that is as comprehensive as possible and incorporates interventions that span these domains.

It is noted that the advertising campaigns pursued by the Tasmanian Government perform a number of functions, including provision of information:

- to gamblers in order to enhance decision making related to gambling; and
- on problem gambling recognition and help-seeking.

These primary prevention efforts are coupled with a comprehensive counselling service program, and the encouragement of, for example, primary care personnel to recognise problem gambling in their contexts and to refer to specialist services. There appears to be a strong commitment in Tasmania to a consumer protection strategy encompassing a range of player protection measures coupled with a treatment service network, which together constitute a comprehensive strategy.

Are the measures reflective of a strategy that is diverse, flexible and innovative?

The nature of the harms being targeted is varied, and the circumstances of their occurrence are changeable. This situation calls for a diverse range of interventions delivered in a way that is sufficiently flexible to respond to new information and changing conditions. The strategy also needs to have the capacity to experiment and develop innovative responses.

The Tasmanian Government has recognised the volatility in the national environment regarding gambling regulation and intervention. That volatility is represented most clearly by the Productivity Commission (2010) Report and its recommendations, and by the national debate over mandatory versus voluntary pre-commitment spend limits on EGM play. The Tasmanian Government has suggested that policy such as that represented by the *Responsible Gambling Mandatory Code of Practice* will be monitored so that it remains 'contemporary, practical and effective', and subject to amendment in response to new research findings, best practice, community expectations and national gambling agendas.

Have representatives of target groups been included in formulation of the measures?

Consultation processes were built into the development process of the Code. In addition, Section 151(5) of the *Gaming Control Act 1993* requires the Treasurer to cause an independent review of the social and economic impact of gambling in Tasmania every three years. Intrinsic to this process is consultation with key stakeholders, including industry and community members whose behaviour is targeted by the harm minimisation measures.

The consultative process conducted as part of the periodic impact surveys also includes: the CATI survey; group interviews; and industry, government, and treatment provider stakeholder consultations. Further analysis is needed to determine the extent to which findings from this consultative process are reflected in implemented measures.

Do the measures give any emphasis to prevention and demand reduction?

As outlined above, a number of harm minimisation measures in place, in addition to statewide community education campaigns, address both prevention and demand reduction.

Is the minimisation of harm achieved in a way that is just and equitable?

This means targeting resources and efforts to those groups whose characteristics or particular differences or social circumstances disadvantage them in various ways, leaving them susceptible to harms or risks of harm, or less able to access help.

The available information indicates that prevention education campaigns are evidence based. For example, materials adapted from Victoria (the 'Taking the Problem out of Gambling' advertisements) were based on market segmentation studies and involved oversight by the Victorian Responsible Gambling Ministerial Advisory Council Working Group on Risk Awareness and Risk Reduction.

An important issue, however, is whether measures proposed as encouraging harm reduction in at risk patrons have an unanticipated and detrimental effect on the enjoyment of not at risk patrons. Detrimental effects on not at risk patrons would raise concerns about whether measures are just and equitable. This is a major challenge for 'universal' measures which are specifically designed to have a targeted impact on spend and impose an 'acceptable' level of loss of enjoyment on those specifically targeted. But because such measures are universal, they also have a collateral impact on those for whom such behavioural manipulation is not necessary.

Are there mechanisms in place to evaluate the measures?

The Code will be independently reviewed at least every five years. It is anticipated that the impacts of mandated Code measures, and other measures, will be assessed in the context of future studies on the Social and Economic Impact of Gambling in Tasmania, or other research.

Is the message of harm minimisation being managed appropriately?

It is crucial to ensure that all stakeholders are aware of the rationale for harm minimisation approaches taken, and that their awareness includes an acceptance that harm minimisation is a norm in gambling contexts.

This is done through implementing the Code and the Tasmanian Gaming Commission Rules for each gaming and wagering licence type, and amendment to the *Gaming Control Act 1993* to clarify the Commission's role in relation to responsible gambling and harm minimisation.

Are those targeted by the measures aware of them?

As detailed below, it is important to note that for the population as a whole (including moderate risk and problem gamblers) awareness of most measures was low. Generally, less than one-third of EGM gamblers are aware of any specific measure, with a low of only about 1 in 8 EGM players being aware of the reduction of lines measure. Nearly all EGM gamblers were aware of the smoking ban — as noted previously, this ban is not a harm minimisation measure but an OHS measure with a secondary harm minimisation effect.

2.5 Findings

When compared with other jurisdictions, mandated harm minimisation measures in Tasmania, as categorised by FaHCSIA, are among the most comprehensive in Australia, with the only non-mandated area being a provision for cashless gaming. In addition, the result is very positive when harm minimisation measures currently in place and covered by legislation or regulation, and enhancements as specified in the *Responsible Gambling Mandatory Code of Practice for Tasmania*, are assessed against a number of best practice criteria. Such harm minimisation measures are found to be:

- evidence based;
- sensitive to context;
- part of a comprehensive, diverse, flexible and innovative strategy;
- formulated through a consultative process;
- emphasising prevention and demand reduction;
- just and equitable;
- evaluated regularly; and
- implemented in a way that ensures that stakeholders understand that harm minimisation is a norm.

The following chapter examines the evidence base of these measures in further detail.

Chapter 3

The evidence base for harm minimisation measures

This chapter reviews the evidence base for the current and proposed harm minimisation measures that were summarised in Chapter 2.

3.1 Research methodology

The following search terms were used to conduct this aspect of the review: 'harm minimisation', 'harm reduction', 'gambling', 'public health'. These terms were entered into the University of Melbourne Library *Supersearch* tool, and the following data bases were searched: EBSCO host, Springerlink, Wiley Interscience, Informit Online. Additional hand searching was conducted of the major gambling journals including: *International Gambling Studies*, *Gambling Research*, *Journal of Gambling Studies*, *Journal of Gambling Issues*, *and International Journal of Mental Health and the Addictions*, along with the major review papers in this area — for example, Blaszczynski (2001), Delfabbro (2008), and Williams, West and Simpson (2007). Of particular value is Delfabbro's (2010, chapter 5) review of harm minimisation measures which appears in the Gambling Research Australia (GRA) sponsored review of Australian gambling research.

A pre-commitment scheme, whether mandatory or voluntary, is not included in the harm minimisation measures. It was raised in the structured group interviews due to the high awareness of the issue, and the fact that Andrew Wilkie MP, Independent member for the Tasmanian seat of Denison, chaired the Parliamentary Joint Select Committee on Gambling Reform which had recommended in its First Report (2011) adoption of a mandatory pre-commitment scheme. A brief evidence review of pre-commitment is included at the end of section 3.4, while structured group interview responses on the issue of pre-commitment are included in Chapter 4.

The measures are grouped as follows:

- *venue access* — measures restricting access to gaming at a venue;
- *venue characteristics* — measures that impact on the gaming environment within the venue; and
- *financial constraints* — measures to reduce the amount that can be spent on gambling.

3.2 Venue access

Provision for exclusion/self-exclusion

Effectiveness of self-exclusion programs can be measured in a number of ways:

- utilisation rate;
- compliance with the self-exclusion requirements; and
- impact on gambling behaviour (Williams et al. 2007).

According to one Canadian study, between 0.6 and 7.0 per cent of problem gamblers sign-up to self-exclusion. The study was based on analysis of problem gamblers across seven Canadian provinces with casinos. The utilisation rate varied between provinces.

These low utilisation rates are similar to the rates reported in Australia and the United States (De Bruin et al. 2001; Nowatzki & Williams 2002). It should be noted, however, that self-exclusion is a highly specialised measure that will only ever suit a minority of problem gamblers as an intervention measure. Also, as the Responsible Gambling Council (RGC) (2008, p.5) notes in its review of best practice in self-exclusion:

> ,,, creating an effective self-exclusion program is a challenging undertaking as there are a number of issues that must be addressed if self-exclusion programs are to be successful.

The challenge of addressing these issues is compounded by the fact that there is limited published literature available on the subject.

The RGC review suggests that there are differing expectations of a self-exclusion program, particularly in terms of the balance between individual and venue responsibility. Blaszczynski et al. (2007) suggest that in order to manage expectations and clarify responsibilities, both the role of the person who is choosing to self-exclude and the role of the venue must be clearly articulated during the registration process. At this point, referral can be made to counselling as well, for those who wish to use it.

On the issue of whether such counselling should be compulsory, a number of researchers have found that not everyone who requests self-exclusion also wishes to undertake counselling (Ladouceur et al. 2000; Ladouceur et al. 2007). Ladouceur et al. (2000) found that 49 per cent of study participants who had signed self-exclusion agreements had considered seeking counselling but only 10 per cent had actually done so. Blaszczynski et al. (2007), in discussion of their 'gateway model' for self-exclusion, suggest that by using clinically-trained 'self-exclusion educators' to act as case managers for people who have self-excluded, pathways to appropriate treatment can be created.

In this model, the educator offers monitoring and support to help people who have self-excluded gain control over their gambling. The educator also provides options for additional services that might be needed. A pilot of the gateway model is currently underway in Quebec (RGC 2008). In Australia, the model is being operationalised to some extent through the Crown Casino self-exclusion program and the Victorian Pilot Program for Self-Exclusion (a partnership between AHHA, Gamblers Help and the Victorian Department of Justice).

In terms of the length of self-exclusion bans, there is a lack of empirical evidence to suggest what length of ban would reduce the risk of an individual relapsing into problematic gambling behaviour (Ladouceur et al. 2007).

Breaching of bans addresses Williams et al.'s second criterion of effectiveness, namely the *percentage of self-excluded people who do not actually re-enter the venue(s) during the contracted exclusion period*. A number of studies (Nowatzki & Williams 2002; O'Neil et al. 2003; Blaszczynski et al. 2007; Collins & Kelly 2002) have concluded that mandatory computerised identification checks at venue entry points be used. This this is not seen as a practical solution in multiple venue

jurisdictions such as Tasmania, but is rather more attractive in areas with few access points for gambling. The evidence is that breaches often go undetected.

Ladouceur et al. (2000) found that 36 per cent of participants breached their bans a median of six times, and that they were often not detected when they returned to the venue. Steinberg and Velardo (2002) found 20 per cent of participants reported that they breached their bans more than nine times. The review by O'Neil et al. (2003) reported that a significant number of self-excluders re-enter casinos without being detected. This is in contrast to the higher compliance rates reported for The Netherlands where a computer system registers all visits and immediately identifies anyone who has requested a ban or visit limitation (De Bruin et al. 2001).

A study of 29 people who had self-excluded from community venues in Tasmania (DHHS, 2010) found that 60 per cent had gambled at the venues from which they had excluded themselves during their contracted exclusion period, while 52 per cent had gambled in another venue during this time. Those reporting detection suggested that this detection generally occurred only after multiple breaches. There are no details on whether these exclusions were from hotels or clubs, but of the 29 respondents: 24 per cent had excluded themselves from the entire venue; 62 per cent from the gaming area only; 10 per cent from specific games; and one respondent did not know what they had excluded themselves from. Although the aim of self exclusion is full compliance with the ban, periodic lapses into problematic gambling is normal for this population. Further as Blaszczynski et al. (2007) have noted, self-exclusion, even when breached, may still result in improvements in gambler behaviour, accompanied by persisting lower levels of gambling activity and subsequent reduction of harm.

In terms of the *impact self-exclusion has on overall gambling behaviour*, Ladouceur et al. (2000) noted that of the 53 individuals who went back to renew a self-exclusion contract, 30 per cent reported they had stopped gambling completely during their previous contract. Ladouceur et al. (2007), in their study of 161 self-excluders in Quebec, noted that participants reported significantly reduced urges to gamble, increased perception of control, and a lessening of the negative consequences of gambling on their social life, work and mood.

The RGC (2008) review of best practice in self-exclusion concluded that it is a tool to help people in their efforts to overcome gambling problems and that self-exclusion requires a balance between enforcement and the disincentives created if there is too much focus on enforcement. Self-exclusion also needs to fit each individual's unique circumstance, offering as many options as possible. Finally, the more closely self-exclusion is linked with counselling and other supports, the more likely it is that the person who has chosen to self-exclude will be successful. Ladouceur's (2000) conclusions are reinforced by the report on the Tasmanian Gambling Exclusion Scheme (DHHS, 2010), which showed that self-exclusion reduced gambling behaviour and improved quality of life. There were statistically significant improvements from pre-self-exclusion scores in gambling severity, urges, control, physical health, mental health, stress/anxiety, depressive thoughts and feelings, mood, self-confidence, social life, interpersonal relationships, family relationships and financial situation. Overall, perceptions about the program were positive, and the need for counselling and other supports to reinforce self-exclusion was reinforced.

Access limitations on 24 hour gaming

It has been reported that the shutdown of EGMs outside casinos at midnight resulted in a self-reported 18 per cent reduction in spending attributed to the change in operating hours among a random sample of problem gamblers in Nova Scotia (Nova Scotia Gaming Corporation 2005). Evidence from the alcohol field has suggested that restricted hours and days of operation reduce social harm (Williams et al. 2007). In relation to gambling in Australia, however, a large majority of venue operators in the ACT reported that mandated short shutdown periods were not particularly effective (McMillen & Pitt 2005), as these shutdowns most often occurred at low patronage times.

Age restrictions

Williams et al. (2007) suggest that there is a range of variations on legal age of access to gambling products, noting that, for example, there are no age limits to play EGMs with low prize limits in the United Kingdom, and that sixteen year olds can purchase lottery tickets in England and Finland and engage in bingo playing in some states of the US and in Alberta, Canada.

There is also wide variation on enforcement. Williams et al. (2007) suggest that, in general, enforcement tends to be good in situations where gambling occurs in adult only venues (for example, casinos, bars, clubs and lounges) and poor in situations where gambling opportunities are available in public locations. As a result of this, North American and Australian youth tend to have low rates of casino table game and EGM play (only available in adult venues), but high rates of lottery and scratch ticket play (available in public locations) (Delfabbro et al. 2005; Felsher et al. 2004), even in early adolescence (Jackson et al. 2008).

3.3 Venue characteristics

Caps on number of EGMs

While the issue of overall state level numbers of EGMs has received little attention in its own right, a number of Australian studies have examined the closely related issue of density of EGMs at a regional level. This evidence is reviewed, along with the evidence for the effects of reduction of EGM numbers.

It has been found that the density of EGMs in a small region (statistical local area) within a city was strongly correlated with annual net revenue per adult (Adelaide: $r = 0.92$, $p<0.001$ (Delfabbro 2002). High density regions had the highest participation rates over the previous six months ($R2 = 0.71$, $p<.05$) and previous week ($R2 = 0.73$, $p<.05$) (Marshall 2005), and average spend was higher (PC 2010). For example, in Tasmania, a derived estimate generated by a regression model (in which other hypothesised determinants of spending were taken into account, and for which confidence intervals could be derived), the highest EGM density region would be expected to have per capita expenditure that was $294 higher than the lowest density region (SA Centre for Economic Studies 2008). In Adelaide, density better predicted spend on machines than age (20-39 years), government housing trust residence, Aboriginal or Torres Strait Islander origin, separated or divorced and never married statuses (Adj. $R2 = 0.55$; $F(6,44) = 26.44$, $p<.001$) (Delfabbro 2002).

EGM numbers have been found to be most dense in areas of low SES status or with indicators of social disadvantage such as high unemployment, lower median incomes, low rates of higher education and a high proportion of single parents and people over the age of 55 (Delfabbro 2002; Ministry of Health 2006; Gilliland & Ross 2005; Diamond 2009). In New Zealand, a recent study found that residents living in neighbourhoods with a high density of other suburban gaming opportunity (in this case, TABs) were significantly more likely to be problem gamblers (OR 2.70, CI 1.03 to 7.05, $p<.05$) (Pearce et al. 2007).

In response to evidence of negative health, social and economic impacts of the proliferation of EGMs in residential areas, both the Victorian and South Australian governments introduced regional 'caps' policies, limiting the density of EGMs in socially disadvantaged areas. The effectiveness of these supply side harm reduction initiatives was evaluated in three studies (Delfabbro et al 2008; SA Centre for Economic Studies 2006; O'Neil et al. 2005). Overall, these studies did not report a statistically significant reduction in gaming participation, spending or harms in the local area nor state jurisdiction they investigated.

In fact, a significant increase in EGM revenue was observed in South Australia, and a decline in revenue in the LGAs investigated in Victoria was consistent with a decline across the state. Analysis of net gaming revenue over a three year period in regional cities and Adelaide indicated that a similar proportional removal of machines had a smaller impact on spending in regional areas (a 5.3 per cent reduction in EGM numbers resulted in a 3 per cent reduction in spend). The only significant negative effect on revenue associated with mandated restrictions was observed in Victorian venues where a 3.3 per cent decline in revenue was reported by venues that were no longer permitted to open for 24 hours. A national survey of Australian adults found that the only gaming venue feature associated with increased problem gambling severity was increased opening hours, compounded by the presence of a favoured machine at the venue (Hing & Haw, 2010). A small decline in help seeking was also observed across Victoria in the three years following the removal of machines. In a later report, SACES (2006, p.ii) concluded that:

> … (r)educing machine numbers is not particularly effective in reducing expenditure nor in addressing the behaviour of problem gamblers.

Advertising restrictions

Grant and Kim (2001) conducted a study investigating the impact of media on gambling behaviour, finding that gambling advertisements served as an impetus for gambling behaviour. This is reinforced from analysis of gambling media portrayals and advertisements, indicating that gambling behaviours are generally depicted as exciting and pleasing activities, which leads individuals to view gambling as a socially acceptable behaviour (Azmier 2000; Gupta & Derevensky 1998; Stinchfield &Winters 1998).

Lee et al. (2008) have developed a model of the relationship between mass media depictions of gambling and subsequent gambling attitudes and behavioural intentions of college students. A survey was conducted of 229 undergraduate students (79.5 per cent female, mean age = 20.5, SD = 2.04) enrolled in three different communication courses at a large south-eastern university in the US.

They hypothesised that: the more students were *exposed* to gambling advertisements, the more they would have *positive attitudes* toward gambling advertisements; and that the more students have positive attitudes toward gambling advertisements, the higher their gambling intentions. They found that media gambling exposure led to positive attitudes towards gambling television shows such as poker tournaments and advertisements, both of which led to gambling intentions.

Problem gambling media exposure was found to lead to negative attitudes toward gambling advertisements and gambling shows, although it is important to note that the effects of media gambling exposure were stronger than the effects of problem gambling media exposure, as demonstrated by the path coefficients reported in their model.

Hing and Haw (2010) investigated the correlation between the perceived importance of high profile advertising by gaming and TAB venues (for example, information about events or meal discounts at the venue) with problem gambling severity, in a sample of venue customers in Australia and a sample of problem gambling counselling clients. Contrary to expectations, they found very low, non-significant correlations between advertising exposure and problem gambling severity. These findings may be a function, however, of different sampling methods in the two samples, small sample sizes across different jurisdictions that have different levels of exposure, and the fact that problem gambling severity was measured, rather than distal factors such as attitudes and intentions which may have a more direct relationship with exposure to advertising.

Player Information

Few studies have examined the impact of messages presented to players while gambling. In an early study, Lesieur (1984), suggested that a video screen displaying the amount a gambler has lost or won, rather than the number of 'credits' they have available to them, would help gamblers better understand the real monetary impact of their gambling behaviours.

Schellink and Schrans (2002) found that exposure to pop-up messages at 60 minute intervals was associated with a small reduction in session length and a decrease in expenditure among high-risk players. In a follow up study, Schrans et al. (2004) found that a pop-up message after every 30 minutes produced no significant improvement over a 60 minute interval message. Benhsain et al. (2004) reported that electronic roulette players who received messages reminding them of the independence among game outcomes entertained fewer erroneous verbalisations and showed less motivation to continue to play than did gamblers who did not receive such reminders.

Steenberg et al. (2004) examined whether the presentation of a warning message before an electronic roulette playing session could influence the strength of erroneous thoughts in occasional gamblers. The decrease in the strength of erroneous thoughts confirmed the usefulness of the message. However, it had *no impact* on the amount of money gambled. Similarly, although Cloutier, Ladouceur, and Sevigny (2006) found that pop-up messages regarding erroneous beliefs produced a significant decrease in these erroneous beliefs at post-test, there is no indication that this learning is translated into subsequent play.

Overall, these results indicate that pop-up messages effectively capture gambler's attention during play, communicate information that is comprehended and influence gambling-related thoughts, but there is less evidence that they have any sustained impact on behaviour. It has also been suggested that the method of displaying signs, whether static or mobile, influences awareness and recall of harm minimisation messages (Monaghan 2009).

The authors of a focus group study of messages on EGMs (Consumer Contact 2003) have identified the following three messages as having most impact on gamblers and, therefore, the potential to encourage responsible gambling behaviour:

- have you spent more money on gambling than intended?
- are you gambling longer than planned?
- have you felt bad or guilty about your gambling?

Having found that the player information lost some of its salience when linked to a message about help seeking, the authors recommended that responsible gambling messages and helpline messages should be separated and distinct.

Clocks to be displayed and requirement for proper lighting

Characteristic of the 'Vegas-style' design typical of many gaming venues is low illumination and an absence of clocks (Finlay et al. 2007). The rationale for provision of clocks in venues or on EGMs themselves relates to the concept of dissociation, in which people become less conscious of time passing, and therefore spend more time gambling than intended — a criterion for problem gambling. Schellinck and Schrans (2002) found that an on-screen clock was associated with improvements in keeping track of time and playing within desired time limits, but had no effect in reducing session length or expenditure. Wynne and Stinchfield (2004) and Sharpe et al. (2005) suggested that an on-screen clock also had no effect on gambling behaviour in studies.

There is some evidence that alterations in light are related to subjective enjoyment of gambling (Loba et al. 2002). Delfabbro et al. (2005) found illumination reduction on EGMs was significantly associated with an increase in the number of plays or gaming duration. However, they found that the presence or absence of sound did not influence gambling behaviour. A small amount of early research provided tentative evidence that people gamble more under red lighting (Griffiths & Swift 1992; Stark et al. 1982).

In general, there is little reliable empirical data that would support conclusions about the effectiveness of either clocks or lighting as harm reduction strategies.

Restriction on player loyalty systems/programs

Concerns regarding player loyalty programs that reinforce regular or extended gambling have been raised (Productivity Commission, 2010), but research in this area is in its infancy. In its review of the Victorian EGM industry, the Australian Institute of Primary Care (AIPC) noted the value of information about player behaviour that could be accessed from loyalty cards being able to contribute to an understanding of the impact of such schemes on reinforcing play. Australian studies suggest that such inducements are not primary motivators for problem gamblers, but provide gamblers with additional reasons to extend their gambling session and

increase personal attachment to a venue as well as increasing their urges to gamble (Australian Institute Primary Care, 2006; Delfabbro, 2008). For example, some problem gamblers have reported in interviews that they have become 'hooked' on raffles and competitions (Australian Institute for Primary Care, 2006). The Australian Institute for Primary Care described such inducements as potentially dangerous and recommended further systematic empirical investigation. A Victorian study of problem gamblers, their family members and problem gambling counsellors found that approximately 50-75 per cent of each group believed the reduction or prohibition of inducements (for example, cheap food or a free bus) would be 'effective' or 'very effective' in reducing problem gambling (New Focus, 2005).

Service of alcohol in gaming areas

Gambling and drinking have been shown to co-occur often, particularly where gambling occurs at problematic levels (Crockford & el-Guebaly 1998; Giacopassiet al. 1998; Grantet al. 2002). A recent systematic review and meta-analysis of problem gambling and co-morbidity showed that in a range of community studies, the average prevalence rate for alcohol use disorder in problem or pathological gamblers was 28 per cent (Lorains et al. 2011). One study has shown that problem gamblers, as defined by the Canadian Problem Gambling Index (CPGI), were 4.3 times more likely to exhibit hazardous alcohol use than non-problem gamblers (Thomas & Jackson 2008).

In addition, studies on consumption of alcohol during video lottery terminal (VLT) play found that length of play, rate of double-up betting, and play of losing hands increased during moderate alcohol intoxication, especially for probable pathological gamblers (Ellery et al. 2005). Empirical studies have confirmed that alcohol use is associated with increased gambling risk taking behaviour (Baron & Dickerson 1999). Kyngdon and Dickerson (1999), in a well controlled experimental study, showed that alcohol consumption prolonged gambling sessions, with the potential for greater financial loss associated with increased risk taking.

As Williams et al. (2007, p.36) conclude, 'given this knowledge, restrictions on the use of alcohol while gambling have significant potential as a harm minimisation strategy for problem gambling'. There is a high rate of adoption of this measure in Australia, articulated through the Responsible Service of Alcohol guidelines, with mandatory training for licensed premises staff.

Smoking bans in venues were introduced as an occupational health and safety measure intended to have an impact on both patrons and venue staff. The bans were not introduced as a harm minimisation measure, although they were thought to have the potential to perform a secondary harm minimisation function in relation to problem gambling. Many venue patrons have come to see smoking bans as a harm minimisation measure along with the more intentional harm minimisation measures. The evidence for smoking bans is, therefore, considered here.

Smoking bans in venues were proposed as a harm reduction measure in 2000 (Jackson 2000). It was hypothesised that smoking bans would create 'natural' breaks in play that would have an effect on the length of time problem gamblers would spend gambling, and therefore may subsequently reduce problematic levels of expenditure. The Lorains et al. (2011) systematic review of co-morbidity showed that the average prevalence of nicotine dependence among problem and

pathological gamblers in the community was 60 per cent. Rodda, Brown and Phillips (2004) have suggested that a relationship between smoking status and scores on the South Oaks Gambling Screen, and negative affect, contributed to both gambling problems and tobacco dependence and suggested that gambling problems and tobacco dependence have similar characteristics. Studies of smoking bans show that bans both stop people smoking in the prohibited area, and have more general effects in stimulating some smokers to stop altogether (Chapman et al. 1999).

The smoke-free venue policy enacted in Australian jurisdictions resulted in a decrease in the level of EGM expenditure (Lal & Siahpush, 2008), although studies from the US analysing the impact of smoke-free policies on EGM expenditure have produced mixed conclusions. Mandel et al. (2005), for example, found no significant effect of the smoke-free law in three gambling venues in Delaware, although Pakko (2006), using a different methodology, found a drop in revenue of 13 per cent in the same jurisdiction. In New Zealand, a 15.8 per cent drop was seen in the number of government funded problem gambling service users after the first year of the smoking ban (Ministry of Health 2006).

Williams et al. (2007, p.7) observe, in relation to the return to pre-ban earning levels, 'there is no empirical research to indicate whether this is due to a) smokers (and problem gamblers) having adjusted to this requirement, or b) non-smokers patronizing gambling venues at higher rates because of the smoke-free environment', as happened in California following the introduction of smoking bans in bars.

Staff training in responsible gambling and on-site assistance

Documented research on the effectiveness of training programs is almost non-existent, with much published material limited to descriptions of courses rather than assessments of behavioural change as a result of such programs (Delfabbro et al. 2006; Delfabbro 2008). Ladouceur et al. (2004) found that retailers developed a better understanding of problem gambling after a short period of gambling training, while Giroux et al. (2008) acknowledge the need to keep courses such as this updated.

The issue of recognition of problem gambling behaviour and the role of venue staff has been given attention in a study funded by Gambling Research Australia (Delfabbro et al. 2007). This project included: a detailed review of national and international literature (including staff training provisions and codes of practice); interviews and surveys of counsellors (n=15) and venue staff in South Australia, the Australian Capital Territory and New South Wales (n=120); a survey of almost 700 regular gamblers (casino, club and hotel users); and 140 hours of in situ observation of gambling behaviour in both the Australian Capital Territory and South Australia.

Delfabbro et al. (2007) developed statistical models using logistic regression which showed that there was a good chance of predicting who may be a problem gambler using a range of behaviours identified through their survey, interview and observational methodology. Male problematic behaviour included gambling for long periods, gambling at closing time, and displaying anger. Female problematic behaviour included striking machines, gambling intensely, and making two or more withdrawals from ATMs.

Delfabbro et al. (2007) suggest that it is possible to identify clusters of observable behaviours that might make it possible for venue staff to identify problem gamblers, and that multiple indicators were required for this process to have any chance of success. This has obvious implications for training of venue staff, but raises serious questions about the limits of staff responsibility, and appropriate staff action in response to gamblers experiencing observable gambling problems.

3.4 Financial constraints

Ban on inducements

No empirical data have been located which demonstrate the effectiveness of a measure to ban player inducements, although there is a small number of reports about the opinions of gamblers, family members and counsellors on the impact of inducements on play. Studies have found that these groups perceive inducements, especially targeted inducements, as relatively influential in extending the period of gambling, increasing urges to gamble, and enhancing attachment to a venue. (See also, 'Restriction on player loyalty systems/programs' under section 3.3 above.)

Certain winnings to be paid by cheque

There appears to be no empirical evidence on the consequences of either paying or not paying winnings over a certain amount by cheque, or on the effects of limitations on the cashing of cheques for gambling. However, there are data on self-reported behaviour and on the opinions of the public and problem gamblers with regard to this measure. In Victoria, very few gamblers (including problem gamblers) have been found to cash their cheques to continue gambling (Caraniche, 2005; McMillen & Marshall, 2004). Nevertheless, a survey of the Victorian public and problem gamblers found that approximately three-quarters of both groups believed that restrictions on cashing winning cheques issued by the venue would be an effective harm minimisation strategy (Caraniche, 2005). In South Australia, Delfabbro, Osborn, Nevile, Skelt and McMillen (2007) also found that problem gamblers were no more likely to cash their cheques at the venue, but were almost six times more likely to gamble their winnings, including 'large' amounts, at least 50 per cent of the time (78 per cent of problem gamblers, 11 per cent of non-risk gamblers). The low reported frequency of cashing cheques to continue gambling may be a function of the relatively high threshold for cash payouts of $2000 and $1200, respectively, which gamblers would rarely win (Productivity Commission, 2010).

The Productivity Commission's (2010) own survey of problem gambling counselling clients found that while 42 per cent believed lowering the threshold of cheque payouts would be effective, 31 per cent did not believe this would be an effective strategy. The Productivity Commission (2010) recommended that venues pay EGM prizes of over $300 by cheque or bank deposit upon presentation of patron's identification (except to international visitors). In addition, the Commission recommended that gaming machine prize cheques should not be permitted to be cashed in venues, with casinos exempt from this requirement in relation to their international patrons. In addition, only self-drawn cheques up to a value of $250 should be able to be cashed, with casinos generally exempt from this requirement.

Banning or limiting note acceptors

No formal research has been identified on this particular topic. What does exist is research by Williams et al. (2007) suggesting that the adoption of bill or note acceptors on EGMs beginning in the late 1980s and early 1990s was generally associated with significant increases in EGM revenues and lower operating costs for the gaming venue. Further, they note (2007, p.30):

> … it is thought that the increased revenues associated with note acceptors may have disproportionately impacted problem gamblers, as note acceptors decrease the need to visit the cashier on a regular basis (which might act as a sort of social constraint) and they decrease the need for breaks.

Blaszczynski et al. (2001) found that limiting EGM bill acceptors to $20 maximum, a current requirement in a number of jurisdictions in Australia, had no significant effect on gambling status, severity of problem gambling, money spent or persistence of play, even though more problem gamblers than recreational gamblers used large note acceptors. This has been attributed to the fact that all venues have facilities to change larger denominations to smaller notes (Sharpe, et al. 2005). This $20 maximum has also been reported to be ineffective in a study of Queensland EGM players (Brodie et al. 2003).

Rate of loss – bet and win limits

McMillen and Pitt (2005) reviewed a policy to limit EGM bets to a maximum of $10 in the Australian Capital Territory, and found that the policy resulted in no behavioural change as it was perceived that $10 was not a higher limit than was usually bet. However, Blaszczynski et al. (2001) found that reducing the maximum bet from $10 to $1 resulted in significantly decreased EGM expenditures and time spent playing. Weatherly and Brandt (2004) have suggested that the perceived magnitude of bets and losses may affect duration of play, although Delfabbro et al. (2005) found no influence of bet size (1 versus 3 credits) on time spent gambling or number of plays.

Regarding the maximum loss limit policies in natural settings, there is no information on the effectiveness of this measure other than the Missouri casino industry (maximum $500) repeatedly pointing out that its revenues are much smaller than competing casinos in neighbouring jurisdictions which operate without this restriction on bet size (Brokopp 2006).

Limits on lines/ways of playing

The Productivity Commission (1999) reported that problem gamblers were more likely to bet multiple credits per line, and to bet on more lines, than non-problem gamblers (a finding replicated by the South Australian Department of Community Services 2001). Williamson and Walker (2000) and Walker (2001) found that players had a preference for playing a large number of lines, with a minimum bet per line (a *maxi-min* strategy). In a laboratory investigation, Delfabbro et al. (2005) found that the availability of 3-line betting produced an increase in the number of games played and time spent, compared to single line betting.

Restricted access to ATMs and EFTPOS

The issue of ATM location in venues has been addressed widely (see DFCS 2002; Hing 2004; IPART 2003; Hing & Haw, 2010). It is well established that problem gamblers access cash machines more frequently than regular gamblers (PC 1999; Rodda & Cowie 2005). Further, running out of money is reported as the most common reason among problem gamblers for terminating gambling (PC 1999). Similarly, self-reports of problem gamblers consistently identify easy and immediate access to cash as exacerbating gambling-related harm (McMillen et al. 2004). A majority of 418 EGM players surveyed in Victoria agreed that ATMs should not be located in gambling venues at all. Among this same group, this measure was deemed to be an effective or highly effective harm minimization strategy (Rodda & Cowie 2005).

The demonstrated correlation between problem gambling and more frequent use of ATMs, and the support for banning ATMs in venues by problem gamblers, suggests that the measure might be effective and warrants further investigation to determine impacts on actual behaviour. It should be noted, though, that *removal* of ATMs from venues, as distinct from *relocation* away from gaming areas, may not satisfy the PC's (1999) criterion of balancing the needs of problem gamblers and recreational gamblers. For example, McMillen et al. (2004) suggest that their study found only limited evidence to support the removal of ATMs from gaming venues. While the study recognised that the convenience of ATMs in gaming venues appeared to be related to higher gambling expenditure, they also added that, on balance, the impact of the removal of ATMs from gaming venues would only be to inconvenience a proportion of recreational gamblers and non-gambling patrons and displace machines to outside venues where no limits are in place. Hing and Haw (2010) noted that easy access to an ATM was a potential risk factor for problem gamblers in treatment who mostly frequented a hotel, club, casino or a stand-alone TAB.

Access to credit

Advancing credit to gamblers in gaming venues is prohibited in Australia (PC 1999). Experiencing financial difficulty is a feature of problem gamblers, particularly those presenting to treatment. For example, more than half of all clients in Victoria listed financial problems as a major issue, and more than half reported borrowing from others. Another 20 per cent reported committing crimes to support their gambling (Jackson et al. 2005). There are no studies available which have examined the effects of extending credit.

Pre-commitment

Parke et al. (2008) have defined a Responsible Gambling Feature (RGF) as a characteristic that can be incorporated into, or added onto, a gambling device and which aims to minimise problem gambling, enhance player control, and promote responsible gambling behaviour. Use of such a device, particularly a cashless and card-based feature, enables a gambler to pre-commit the maximum amount of time and/or money to be spent during a gambling session. This is thought to allow gamblers to make self-controlled choices prior to gambling, rather than impulsive choices that may occur during the gambling session when they are frustrated, disappointed, excited or chasing their losses. Some EGM manufacturers have suggested that such pre-commitment features 'may prove to be one of the most

effective, technical responsible gambling initiatives available' (sic) (Aristocrat Technologies Australia Pty Limited 2003, p. 2), although strong and rigorous empirical support for this proposition is still lacking.

Although pre-commitment measures have not been widely used (Smeaton & Griffiths 2004), the preliminary evidence supports the effectiveness of these strategies. Nelson et al. (2008) examined the effects of manufacturer imposed deposit limits on the subscriber betting behaviour of over 47,000 subscribers to an Internet sports betting provider. They found that only 0.3% of the study sample ever tried to exceed deposit limits. Peller et al. (2008) reported that after imposing limits, self-limiters reduced the number of bets they placed per day and the amount they wagered; however, this finding differed by type of game.

Research examining the relationship between gambling typologies and pre-commitment has found gambling severity can affect a person's attitude towards the use of self-limiting strategies. The Schottler Consulting study (2009) discovered that problem gamblers were more likely to believe that spend limits would decrease the amount they spent. However, McDonnell-Phillips (2006) had previously shown that, although most regular gamblers do intend to pre-commit, including problem and higher risk gamblers, problem gamblers were less likely to commit to a spending limit prior to a gambling episode. Similar attitudes have been reported in a recent study of pre-commitment motivations in Queensland (Nower & Blaszczynski 2010).

As the Australasian Gaming Council (2009) pointed out in a discussion paper on pre-commitment prepared for the 2009 PC inquiry into Australian Gambling, pre-commitment does not necessarily require a technological aide or intervention. Discussions around the technology of pre-commitment, however, predominate, not least because much of the discussion relates to the expense of introducing pre-commitment technologies to the large number of existing EGMs.. Nevertheless, Australian research (Nisbet 2005a; 2005b; 2006; Independent Gambling Authority of South Australia 2005; McDonnell-Phillips 2006; Schottler Consulting 2009) has suggested that there may be some support from EGM gamblers for technologies that enable pre-commitment, although with some reservations about the actual concept of a limit, and also about privacy protection.

The features of a card-based pre-commitment system are perhaps best illustrated in the studies from Nova Scotia, Canada. Techlink Entertainment International developed a card-system that recorded gambling behaviour. The card summarised total spending, recorded wins and losses over time and provided a Live Action feature showing statistics about the current playing session. It also provided the option of setting a spending limit, an option for players to exclude themselves from play for a given period, and a 48 hour 'cool-down' option. The card-based pre-commitment system was set up as a separate unit attached to each Video Lottery Terminal (VLT) in the test area. The test began with a total of 70 VLTs at ten sites, reducing to 53 VLTs at nine sites by the end of the study.

For the duration of the research, all those wanting to play VLTs in that area were required to insert a player's card into the card-based system and enter a Personal Identification Number (PIN) to activate the VLT for play. While card use was mandatory, use of the specific features was optional. Overall, the card-based system encouraged responsible play among players and decreased the spending for some players (Omnifacts Bristol Research 2007). Interestingly, gamblers appeared to

underestimate the time and money they were spending — for example, self-reported cash-in amounts were underestimated by an average factor of seven, while the number of sessions played was underestimated by a factor of three.

Research has found that Responsible Gambling Features (RGFs) add value to the gambling experience. Schellinck and Schrans (2007) reported that RGF adopters (that is, people who used the RGF frequently), when compared with non-RGF adopters, had significantly longer play sessions, higher frequency of play (in days), deposited more into the machine, had higher winnings and higher 'cash outs,' and made more 'profit'. Parke, Rigbye and Parke (2008), in their comprehensive analysis of this research, suggest that participants who regularly used RGFs, such as pre-commitment, experienced more 'value' in their play because they were able to gamble longer and win more, without having to increase expenditure.

3.5 Findings

The best method to take in designing a harm minimisation measure is to use the best evidence that is currently available, and that relates most closely to the particular context in which it will be applied.

This chapter shows that there is now generally a moderate to good evidence base for almost all of the harm minimisation measures introduced and proposed by the Tasmanian Government.

Chapter 4

Harm minimisation knowledge and views: stakeholders

The previous chapters of this volume outlined the harm minimisation measures in place in Tasmania, compared Tasmania's harm minimisation measures to other jurisdictions, and discussed their evidence base.

This chapter outlines the specific provisions of the harm minimisation measures introduced in Tasmania in the period since the 2008 study, in particular those included in the Mandatory Code of Practice. The pending Commonwealth initiative — the mandatory pre-commitment scheme — is also discussed in this chapter. The detail of the design of the scheme is provided in Chapter 2 of Volume 1.

This chapter also discusses stakeholder feedback on the design, implementation and effectiveness of these initiatives from the following stakeholder groups:

- industry peak bodies and associations;
- venue operators across eight local government areas;
- local government; and
- support service providers.

An outline of the stakeholder consultation process for these groups, including which organisations were consulted, is provided in Volume 1. The knowledge and experiences of the Computer Assisted Telephone Interviewing (CATI) survey sample in this and other areas are explored in more detail in the Chapter 5.

Specific comments were not made about every requirement or measure. Discussion in this chapter focuses on items about which most feedback was provided:

- the proposed Mandatory Code of Practice, in particular:
  - gaming staff training; and
  - advertising restrictions;
- a mandatory pre-commitment regime; and
- self-exclusion.

General comments were also made about the impact of harm minimisation measures, and suggestions for further or alternative harm minimisation measures. These are also outlined below.

4.1 Tasmanian Government harm minimisation measures introduced post-2008

A summary of the measures introduced by the Tasmanian Government post-2008, and their status, is provided in Table 4.1. All of the measures have commenced, with some completed. A number of measures will be introduced as part of a Mandatory Code of Practice, which will come into effect on 1 March 2012.

Table 4.1

STATE-GOVERNMENT INITIIATED GAMBLING HARM MINIMISATION MEASURES INTRODUCED SINCE 2008

Measure	Description	Status
Enhanced training for gaming and wagering staff	The existing Responsible Conduct of Gambling course will be enhanced with a specific focus on identification of people with gambling problems and appropriate engagements of patrons by venue staff. Within 12 months of the introduction of the enhanced course, gaming machine venues will be required to have one special employee on duty, when gaming machines are in operation, who has undertaken the enhanced training.	**Commenced** From 1 July 2010, a new requirement exists that permits only Registered Training Organisations to deliver the course. The new course delivers the national competency and is supported by a new resource book and assessment tools. The Liquor and Gaming Branch is currently updating the Responsible Conduct of Gambling (RCG) workbook to take into account the introduction of the Mandatory Code of Practice and to focus on how to identify people with gambling problems and appropriately engage with them. This updated workbook will be available for Registered Training Organisations to deliver the enhanced course from 1 March 2012. Special Employees must retrain in the new course every five years. RCG training ('E-RCG') is now also available online.
Further limit on the use of cheques	Casinos will be required to ensure that cheques drawn on Australian banks are banked within five business days in order to minimise the use of unpresented cheques as a form of credit betting.	**Commenced** Required from 1 October 2009.
Reduced bet limit on gaming machines	A maximum bet of $5 per spin will apply across all venues for all gaming machines. Currently there is a $10 limit in hotels and clubs and none in casinos.	**Commenced** The new requirement was effective for new games from 1 April 2010. Existing games must be updated by no later than 30 June 2013.
Reduced maximum lines played on gaming machines	The maximum lines permitted to be played on gaming machines will be reduced from 50 to 30.	**Commenced** The new requirement was effective for new games from 1 April 2010. Existing games must be updated by no later than 30 June 2013.
Improved information to players on gaming machines	Player Information Displays used on gaming machines in casinos provide more information to players than those in hotels and clubs. The Tasmanian Gaming Commission will investigate the possible introduction of the casino display format in all venues.	**Completed (but not implemented)** Liquor and Gaming Branch sought advice from the Queensland gaming regulator, manufacturers and operators on this proposal and prepared a report for the Tasmanian Gaming Commission (TGC). The report was provided to the Treasurer who acknowledged the TGC's findings that while it is desirable and achievable for hotels and clubs to have the same Player Information Displays (PIDs) as casinos, the benefits do not outweigh the costs, and that the current requirements for hotel and club PIDs should remain. TGC will now focus its efforts on influencing a national PID standard for all gaming machines that will standardise the information displayed. The Treasurer supported this approach.
Reduced cash inputs on gaming machines	The cash input limit on note acceptors will be reduced from $9,899 to $500. Once a credit meter reaches or goes over the $500 limit, any further notes will be rejected.	**Commenced** The new requirement was effective for new games from 1 April 2010. Existing games must be updated by no later than 30 June 2013.
Measures requiring legislative change	Measures requiring legislative change will be implemented from the effective date of the amendments. These will: • clarify the TGC's role in harm minimisation; • strengthen and extend penalties to all gaming staff for allowing minors to enter a restricted gaming area; • strengthen the gambling exclusion scheme; and • require the introduction of a new responsible gambling mandatory code(s) of practice.	**Completed** Legislation enabling changes to the gambling exclusion scheme was proclaimed on 18 August 2010. All modified systems (processes and the supporting database) also commenced on this day. Information packages were sent to Gamblers Help service providers and venue operators prior to the proclamation.

Measure	Description	Status
Responsible Gambling Mandatory Code(s) of Practice	A Mandatory Code(s) will be introduced and will include provisions relating to: • advertising gambling products; • player loyalty programs; • inducements that may lead to problem gambling behaviour; • minimum lighting requirements; • clocks in gaming areas; • further restrictions on access to cash; • improved signage.	**Commenced** Following the release of a discussion paper in November 2010, submissions were invited on the preliminary measures outlined for inclusion in the code. The TGC reviewed the content of the submissions and released a document clarifying a number of queries for submitters. The draft Code was then released in April 2011 and interested parties had until 4 May 2011 to make submissions. This second round of submissions was reviewed and the TGC has now released the final version of the Code. A regulatory framework to support the Code is currently being developed, and will be finalised by December 2011. Licence holders will then have until 1 March 2012 to update their internal procedures, when the Code commences.

Note: * The limit on note acceptors is only applicable for casinos, as there are no note acceptors in hotels or clubs.

Source: Tasmanian Gaming Commission 2011a, *Implementation of new gaming harm minimisation measures,* September.

4.2 Mandatory Code of Practice

A number of measures are to be included in a Mandatory Code of Practice, commencing on 1 March 2012 (TGC 2011). As outlined in the table above, a second submission process was undertaken upon release of the draft Code in April 2011. The Code was finalised in September 2011 and its surrounding regulatory framework is to be completed by December 2011 (TGC 2011).

The purpose of a Mandatory Code of Practice for Tasmania is to foster 'responsible gambling' through implementing requirements affecting:

- advertising and promotional practices such as the restriction of player loyalty schemes and the offering of inducements;
- access to cash in approved venues;
- the provision of food and alcohol in electronic gaming machine areas;
- the provision of clocks in gaming areas;
- the display of warning and help signs in gaming areas;
- the provision of information to players on rules and losing and winning; and
- staff training in recognising people with gambling problems (TGC 2011b).

The Code applies to all prescribed licence holders in Tasmania (excluding minor gaming permit holders, technicians and persons listed on the roll of recognised manufacturers, suppliers and testers of gaming equipment).

The following section outlines, in detail, the individual measures that are included in the Code. For each provision, where stakeholders provided comment about the individual measure, this is also discussed. General stakeholder feedback about the Code is also detailed at the end of this section.

Specific provisions of the Mandatory Code and forms of gambling affected

Advertising

The first provision of the Code introduces a range of restrictions on the advertising of gambling products, to ensure that gambling advertising and promotions are conducted in a manner that takes account of the potential adverse impact that gambling can have. There is a focus on the targeting of minors and people with gambling problems.

A summary of the provisions is provided in Box 4.1. All restrictions initially apply for twelve months from 1 September 2012 and are subject to review. The provisions affect all gambling modes, except the following:

- lotteries are exempt from time restrictions on television and radio advertising; and
- restrictions on sounds associated with gaming machine operation in advertising only apply to gaming machines (TGC 2011b, p.9).

Restrictions on advertising were largely supported by industry stakeholders and support service providers alike. In its submission to this study, the Publishing Advertising Advisory Bureau (Australia) (PAAB) noted that its members support the objective that gambling advertising is conducted in a manner which protects the interests of the community, meets government expectations, and assists licensees to meet their obligations. Further, it was indicated that the advertising restrictions outlined in the draft Code are not onerous and would ensure that any potential harm is limited (PAAB 2011, p.2).

> We believe that the Responsible Gambling Mandatory Code of Practice can be effective, will afford excellent clarity and consistency on socially responsible advertising and provide businesses with transparency on government expectations on the issue of harm minimisation.
>
> PAAB 2011, p. 3.

Similarly, in its submission Betfair notes that it:

> ... [w]elcomes these moves towards more responsible advertising of gambling services and looks forward to consulting with governments in order to ensure a reasonable outcome.
>
> Betfair Pty Ltd 2011, p.14.

Tatts Lotteries, however, requested that the Mandatory Code of Conduct distinguish between lotteries, which are rarely associated with problem gambling, and other forms of gambling more commonly associated with problem gambling. This includes the restrictions on advertising and the regulation of gambling more generally (Tatts 2011, p.3).

Box 4.1

PROPOSED ADVERTISING PROVISIONS IN THE MANDATORY CODE OF PRACTICE

All advertising or promotion of gambling products by relevant prescribed licence holders must adhere to the following provisions.

- Comply with the 'Code of Ethics' adopted by the Australian Association of National Advertisers.
- Be socially responsible and consistent with the expectation that gambling will be conducted responsibly so as to minimise harm.
- Not be offensive or indecent in nature, and not offend prevailing community standards.
- Not to be false, misleading or deceptive, including not misrepresenting the odds, the probability of winning a prize, or the prizes that can be won.
- Not give the impression that gambling is a reasonable strategy for financial betterment or enhancing social situation.
- Not challenge or dare a person to play.
- Not suggest that skills can influence games that are games of chance.
- Not show or promote the consumption of alcohol while engaged in the activity of gambling. Any gambling advertising that shows the incidental consumption of alcohol in a gambling venue must reflect responsible customary behaviour and must be accompanied by a message which highlights the dangers of gambling whilst intoxicated. This does not apply to advertising that shows celebrating a win in a responsible manner outside of a gambling venue.
- Not encourage or target people under 18 years old to gamble.
- Not show people who are under 25 years of age in gambling advertising unless their appearance is incidental as part of a natural situation; that is not located in a gambling venue; and where there is no implication that the person will participate in gambling.
- Not be directed at vulnerable or disadvantaged groups (where people may not have a capacity to fully understand the information, such as refugees or people with intellectual disabilities).
- Not procure, incite or encourage a person to commit an offence.
- Include responsible gambling messages in all media advertising that incorporates the name and telephone number for the Gambling Helpline, to a size and form as approved by the Commission.
- Not be directed at or provided to excluded persons.
- Not involve irresponsible trading practices.
- Not violate the confidentiality of information relating to, or the privacy of, a player without the consent of the player.
- Not occur on television and radio between (with some exceptions for things such as advertising during a racing or sports broadcast; and advertising that focuses specifically on entertainment or dining facilities and does not depict or refer to gambling in any way):
  - 6:00am-8:30am and 4:00pm-7:00pm weekdays; and
  - 6:00am-8:30am and 4:00pm-7:30pm on weekends.
- Sounds associated with gaming machine operation must not be included in any television or radio advertising.

Source: Tasmanian Gaming Commission 2011b, September, p.8.

At the time the submission was made, it was noted that lotteries were excluded from the matters that were obviously unrelated, but were grouped with the rest of the gambling industry for all measures in the Advertising, Inducements and Player Loyalty Programs matters (TGC 2011).

However, the final Mandatory Code of Practice was released after the submission was made. The final Code was amended so that lotteries are now also exempt from some advertising provisions.

The discussion about advertising restrictions also raised a number of comments about previous or existing advertising campaigns by government and industry. Some, in particular, were well supported (see Box 4.2) while others were disliked. Further discussion about advertising can be found in section 5.3.

Box 4.2

KNOW YOUR ODDS CAMPAIGN: STAKEHOLDER FEEDBACK

A number of issues were canvassed in these consultations, but one area in particular generated significant discussion — stakeholders were asked about the impact of advertising and media coverage about gambling. .

The 'Know Your Odds' campaign, or 'Jack ads' as they were more commonly known, were repeatedly raised by stakeholders — including local government representatives, consumers, gambling-support service providers and even some venue operators — as a significant improvement on previous advertising campaigns.

In particular, consumers appreciated the fact that the ads presented the negative outcomes in a plain, simple language. The choice of the character Jack was also seen positively, in that he was seen to normalise the issues for consumers. The campaign was seen to emphasise an early prevention approach, in that it highlights that the consumer ultimately cannot win (see inset Figure).

The only issue that arose is that there appeared to be some misunderstanding by consumers, or at least dispute, over whether machines in fact pay out 90 per cent, and the player loses only 10 per cent. This, however, represents a broader issue of community education about gambling, and misunderstandings about whether individuals will receive this payout. Overall, however, this campaign was widely supported as a step in the right direction.

This campaign is discussed further in the following chapter.

Source: Feedback from stakeholders consulted as part of the study. Image courtesy of the Tasmanian Government, Know Your Odds Campaign: http://knowyourodds.net.au/about/

Venue operators had little concern about advertising restrictions, as they were mainly seen to be the responsibility of the industry associations and gaming providers to implement. Local government stakeholders made no specific comment on advertising measures.

Inducements

Another policy change in the Code is to restrict the provision of inducements by gambling suppliers (see Table 4.2). It is considered that inducements (such as vouchers that can be used for gambling for a value greater than $10, or the offer of free or discounted alcohol as a reward for gambling) may contribute to problem gambling or exacerbate existing gambling problems. This includes attempting to

persuade people to gamble outside their normal patterns. All practices will apply from 1 September 2012 (TGC 2011b).

Table 4.2

GAMBLING TYPES COVERED BY THE PROPOSED INDUCEMENT PROVISIONS

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
Incentive-based sponsorship contracts must not be offered. Those contracts in place before 5 November 2010 are allowed to run their course, but no new contracts can be signed.	✓	✓	✓	✓	✓	✓
People must not be offered free vouchers (or similar items such as tokens) of a value greater than $10 that can be used for gambling purposes. This includes multiple vouchers at the same time where the combined total is more than $10. All vouchers must also be redeemable for non-gambling services such as dining.	✓	✓	✓	✓	✗	✓
People must not be offered free or discounted alcohol for consumption on the premises (including vouchers for the purchase of alcohol) as an inducement or a reward for gambling (excludes private gaming areas and those participating in a table gaming tournament at casinos).	✓	✓	✓	✓	✗	✓
People must not be required to gamble more than $10 for a specific period of time in order to receive an inducement, obtain a prize or enter a specific prize draw. This practice does not apply to premium players as defined by the Tasmanian Gaming Commission.	✓	✓	✓	✓	✗	✗
An entrant in a promotional prize draw, where the value of any individual prize is greater than $1,000, must not be required to attend the draw in order to win a prize in that draw.	✓	✓	✓	✓	✗	✓

Source: Tasmanian Gaming Commission 2011b, September, p.10.

In general, restrictions on inducements for players were seen as positive by support service providers and LGAs that provided comment on this area. Little comment was made by industry in this respect, except that restrictions were not considered to present a serious issue, especially for venue operators who indicated that, again, this area was largely the responsibility of the gaming provider to implement.

Player loyalty programs

In a similar vein to inducement restrictions, restrictions will be placed on player loyalty programs to reduce the potential of problem gambling emerging, or the exacerbation of existing gambling problems. This includes restrictions on offering alcohol as part of a program's rewards, and limits on rewards that can be used for gambling purposes.

These provisions apply to all types of gambling, with the exception of the following:

- the provision relating to foreign games permit holders is only applicable to lotteries;

- player activity statements do not have to be provided to members (they are, however, available on request);
- the two provisions relating to the provision of responsible gambling information, and the requirement to notify members at least once a year that they can withdraw from a program, do not apply to lotteries.

The provisions are outlined in Box 4.3. All restrictions will apply from 1 September 2012 (TGC 2011b, p.19).

No specific comment was made about player loyalty programs by any stakeholder group. The only comments made arose when stakeholders grouped loyalty programs with player inducements in their discussions. In these cases, the comments were the same as those outlined above in respect to player inducements.

Box 4.3

PROPOSED PLAYER LOYALTY PROGRAM PROVISIONS AS PART OF THE MANDATORY CODE OF PRACTICE

The proposed player loyalty program provisions to be introduced as part of the Mandatory Code of Practice are outlined as follows:

- Where player activity is recorded, player activity statements must be provided to members at least once a year and must show points accrual separately for gambling and non-gambling activities (where applicable). For any gambling activity, the statement must show the amount, in dollars, of any expenditure during the period.
- Foreign games permit holders must provide a player activity statement on request, but no more than once per year. The statement must show the amount, in dollars, of any expenditure during the period.
- Detailed information about the operation of the program must be made available at the time of joining.
- Program members must be sent self-exclusion and responsible gambling information, as approved and/or prescribed by the Tasmanian Gaming Commission (TGC), at least once each year.
- Program members must be able to opt out of the program at any time and members must be notified at least once each year of their right to cease participation in the program.
- Program members must be able to access any program information that the operator holds about them.
- Information held about the program and its members must be made available to the TGC upon request. Where personal information is provided, the TGC will ensure that the Tasmanian Government's Information Privacy Principles will apply. Any information provided for research purposes must not identify individuals.
- Program point accrual must not focus exclusively on gambling activities where other venue activities are available (for example, accommodation, dining or entertainment).
- The accumulation rate of reward points for gambling activities and any benefits offered must be the same for all members of the program and must not vary.
- Membership in a program must not be available to minors or excluded people.
- Responsible gambling messages, as approved by the TGC, must be incorporated and prominently displayed in all program documentation.
- Programs must not offer rewards to members greater than $10 which can be used for gambling purposes.
- Programs must not offend prevailing community standards.

Source: Tasmanian Gaming Commission 2011b, September, p.11.

Access to cash

In an attempt to limit the potential for patrons to spend more than intended, limits to cash withdrawals will be introduced. At present in Tasmania, ATMs cannot be located anywhere on premises with gaming facilities (except for casinos).

All practices will apply at the start date of the Code, on 1 March 2012. The one exception is the restrictions on withdrawals at ATMs in casinos, which will have a six-month grace period (TGC 2011b, p.19). As indicated in the table below, the provisions cover all forms of gambling except for online wagering and lotteries.

Table 4.3

GAMBLING TYPES COVERED BY THE ACCESS TO CASH PROVISION

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
ATMs must not be located on any premises (other than a casino) that operates gaming machines, Keno or totalisator wagering.	✓	✓	✓	✓	✗	✗
Casino operators must ensure that customers are not able to withdraw more than $400 per day from any debit or credit card at ATMs located at a casino.	✓	✓	✓	✓	✗	✗
A casino operator must not allow a person to obtain, from a cash facility, a cash advance from a credit account.	✓	✓	✓	✓	✗	✗
Responsible gambling messages must be clearly visible on or near ATMs located on a casino premises.	✓	✓	✓	✓	✗	✗
EFTPOS cash withdrawal transactions for gambling purposes are limited to a maximum amount of $200 and no more than one EFTPOS transaction is permitted, per day, per customer, for gambling purposes.	✓	✓	✓	✓	✗	✗
No more than one cheque for a maximum amount of $200 is permitted to be cashed, per day, per customer, for gambling purposes. This practice does not apply to approved cheque cashing facilities operated at a casino.	✓	✓	✓	✓	✗	✗
Before a cheque is cashed for gambling purposes, the operator must check whether the person is excluded from gambling.	✓	✓	✓	✓	✗	✗

Source: Tasmanian Gaming Commission 2011b, September, p.12.

Support service providers saw the Mandatory Code of Practice measures as a positive. In particular, the removal of ATMs from gaming venues was seen by some support service providers to force gamblers to 'take a break', and it was outlined that, in some instances, this would be enough for a problem gambler to stop gambling.

Anglicare, in its submission to the study, highlighted restricting access to cash through accessing cash through credit cards, as among the harm minimisation measures included in the Code that they 'particularly supported' (Anglicare 2011, p.5).

The main comments from industry were from venue operators who noted that some had implemented these restrictions in their venues already, although the withdrawal limit was not always specified.

Venue operators did, however, outline some concerns about the enforceability of these measures, and in particular, that on a busy day during a changeover of shifts it may not be possible for staff to track which patron has or has not already withdrawn money, and moreover for what purpose they have withdrawn money (that is, gambling or food and beverage purchases). Other venue operators outlined that they would pass this information on as part of the shift changeover, and therefore it presented no issue.

The other stakeholder groups made no other specific comment about the provisions.

Payment of winnings

The payment of winnings is also impacted by the Code. This provision again intends to minimise the potential for people to spend more than intended by discouraging people to gamble away large wins, or providing them with a cooling off period after large wins. These provisions are only applicable to EGMs and Keno operators (see Table 4.4) and will come into practice on 1 March 2012, in line with the introduction of the Code.

Table 4.4

GAMBLING TYPES COVERED BY THE PAYMENT OF WINNINGS PROVISION

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
A maximum cash limit of $1,000 applies for all Keno and gaming machine payouts at any venue. Any payments above $1,000 must be made by cheque.	✓	✗	✓	✗	✗	✗
People must be provided with the option of having gambling winnings in excess of $300 paid by cheque. Venues may take up to 24 hours to provide any cheque for the payment of winnings, except in the case of weekends or public holidays, where payment must be made by the next business day.	✓	✗	✓	✗	✗	✗
Before a cheque for the payment of winnings is issued, the exclusion database must be checked to identify whether the person has been excluded from gambling.	✓	✗	✓	✗	✗	✗
All cheques provided to patrons for the payment of winnings from gaming machine or Keno gaming must have the words 'Gaming Machine Payout' or 'Keno Payout' on the front of the cheque.	✓	✗	✓	✗	✗	✗
Cheques for the payment of winnings must not be cashed on the same trading day that they are issued. This restriction does not apply to international customers at a casino.	✓	✗	✓	✗	✗	✗

Source: Tasmanian Gaming Commission 2011b, September, p.13.

Stakeholders provided no specific comment about these provisions, with the exception of Anglicare (a support service provider). In its submission, Anglicare noted strong support for the measure to prohibit the cashing of 'payout' cheques on the same day (Anglicare 2011, p.5).

Lighting

Licence holders will be required to provide adequate lighting in EGM and table gaming areas, thus assisting in the identification of excluded people. Further, operators are encouraged to assist gamblers to retain a sense of their surrounding environment by providing, where possible:

- natural light;
- adequate light to identify consumer information; and
- an environment to enable people to connect with people and specified items inside the gaming rooms.

The provisions are as follows:

- There must be adequate lighting in gaming machine and table gaming areas to enable clocks and signs to be easily read and the faces of people within the room to be easily identified. This can be achieved by:
  - not removing natural light sources from gaming rooms; and
  - using natural light as a source of lighting where possible (TGC 2001b, p.15).

All restrictions will apply immediately upon commencement of the Code, and will affect EGMs and table gaming (TGC 2011b, p.19).

Again, stakeholders provided no specific comment about these provisions, with the exception of Anglicare which, in its submission, noted improved lighting in venues as an example of harm minimisation measures it supported (Anglicare 2011, p.5).

Service of food and alcohol

In an attempt to create more opportunities for people to take a break from gambling, licence holders will be required to limit the service of food and alcohol to people who are playing EGMs after certain hours. Further, operators are required to prevent people who appear intoxicated from gambling at the venue at all, as their ability to make informed decisions may be hindered.

The provisions under the Code in this area, and the gambling forms affected are outlined in Table 4.5. They will apply upon the commencement of the Code on 1 March 2012.

Table 4.5

GAMBLING TYPES COVERED BY THE SERVICE OF FOOD AND ALCOHOL PROVISION

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
People must not be served food or alcohol while playing, or seated at, gaming machines between 6pm and close of gambling each day.	✓	✗	✗	✗	✗	✗
Any person who appears to be intoxicated must be prevented from gambling.	✓	✓	✓	✓	✗	✓

Source: Tasmanian Gaming Commission 2011b, September, p.15.

The only comment made in respect to this provision came from venue operators — a number of venue operators stated that players would not like being unable to be served a drink while playing or seated at a gaming machine, and therefore operators were unhappy with the provision.

Clocks in gambling areas

The aim of this measure is to assist people to be aware of the passage of time. Licence holders will be required to ensure that those people participating in gambling can readily view clocks in each area where gambling takes place.

The number of clocks required in a venue will be outlined in the rules to be released as part of the regulatory framework in December 2011 (TGC 2011b, p.16).

All restrictions will apply immediately upon commencement of the Code (TGC 2011b, p.19). Lotteries and online wagering are exempt from this provision for obvious reasons.

Industry stakeholders made little comment in relation to this measure, other than venue operators who indicated that they already had clocks in place in their gaming areas. Without seeing the new rules about the number of clocks required they felt unable to comment further on any impact of the provision.

For support service providers, no specific comment was made about the requirement of the Code. General comments, however, were made about the environment of gaming venues, and in this respect any requirements that helped problem gamblers to be aware of their surroundings and the passage of time were supported. Some service provider providers also noted that they would like the time to be more readily displayed on gaming machines — such as a pop-up on the screen notifying a patron how long they have been gambling for.

Staff training in recognising people with gambling problems

To assist gaming staff to recognise and deal with people with gaming problems and those at risk of developing problems, a new, updated Responsible Conduct of Gambling (RCG) course is to be operational by March 2012. The new course will include a focus on:

- provision of an updated list of problem gambling indicators;
- an update of facts and myths associated with gambling;
- provision of resources to gambling staff to enable appropriate interaction with patrons who may be exhibiting problem gambling behaviours;
- greater collaborations between venues and the Gamblers Help;
- a formalised complaint handling process at gambling venues; and
- the use of incident report registers.

From the commencement of the new course on 1 March 2012, operators will have 12 months before staff will be required to have completed the enhanced course. The requirement does not apply equally to all gambling forms, as outlined below.

- Special employees and staff in totalisator outlets will also have to be trained, and those venues with EGMs will be required to have at least one person on

duty at all times in each area where EGMs operate who has undertaken the enhanced course.

- Staff in lottery agents will also be required to be appropriately trained — they will not be required to do the approved course but will be given Tasmanian specific information to supplement the training provided to them by their company (for example, Tatts and Intralot).
- Foreign games permit holders must have Tasmanian information concerning responsible conduct of gambling included in the training package provided to agents, by 1 March 2012.
- A transition period of 12 months from 1 March 2012 will apply for existing special employees of online wagering operators to complete this training — currently, this group is not required to undergo RCG training, (TGC 2001b, p.19).

There is a number of Registered Training Organisations (RTOs) listed with the TGC that are able to deliver RCG courses. Some of these include online provision of training (TGC 2011b, p.17).

A summary of the provisions and the gambling types covered is provided in Table 4.6 below.

Table 4.6

GAMBLING TYPES COVERED BY STAFF TRAINING PROVISION

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
Special employees are required to undertake Responsible Conduct of Gambling (RGC) training.	✓	✓	✓	✓	✓	✗
Totalisator employees are required to undertake the RGC training course.	✗	✗	✗	✓	✓	✗
At least one person who has completed the enhanced RCG training course must be on duty at all times in each area where gaming machines operate.	✓	✗	✗	✗	✗	✗
Gambling operators must ensure that employees and agents are appropriately trained in the responsible conduct of gambling.	✓	✓	✓	✓	✓	✓

Source: Tasmanian Gaming Commission 2011b, September, p.19.

For the larger industry associations, the enhanced gaming staff training provision prompted little discussion, other than to point out that they had strongly supported the delivery of RCG training to all staff working in gaming related roles.

The requirement — to have at least one person who has completed the enhanced RCG training on duty at all times in each area where EGMs operate — was seen as a particular issue for a number of venue operators. For smaller venue operators, this requirement was seen as problematic. Most venue operators noted that they employed staff that are 'all rounders' — staff who could provide food and beverage as well as assist with the gaming rooms. In quieter parts of the day, only a few staff members would be rostered on. Therefore, any requirement to also have a staff member dedicated to the gaming room, or rooms, depending on the number of

gambling forms available in the venue, would require some venue operators to roster on additional staff.

The effectiveness of the training program itself was also questioned. While it should be highlighted that all venue operators were compliant with the requirement to train staff, the value of the training was questioned. The courses, it was noted, are 'open book' and participants are 'given the answers'. Further, the course can be taken online without supervision. The actual educational element of the course was therefore questioned. Venue operators were not averse to the training, but thought any enhancement would likely be limited, given prior experience.

Support service providers, while in support of the training, also noted that their role was limited and could be enhanced. Anglicare's submission (2011, p.7) to this study noted that only one of the four RTOs providing the RCG course includes a Gamblers Help counsellor in the delivery of the course. Accordingly, the support services consider that the other RTOs should also include input from a counsellor. The training, it is argued, should include much more input from counsellors. Anglicare (2011, p.7) outlined that counsellors could assist by:

- explaining how to approach someone thought to have a problem;
- helping gaming staff practice communication skills; and
- providing guidance on how to make a referral, what the options are for self-exclusion, and what to do when someone breaches self-exclusion.

Local government representatives made no specific comment on this issue.

Information to players

The final provision of the Code relates to the information available to gamblers. To assist players to make informed decisions, and to aid their understanding of the nature of gambling, licence holders will be required to provide patrons with information including regulatory requirements for gambling, and information on gambling support services.

The required information is to be made available through signs, brochures and stickers to be displayed in gambling venues, terrestrial wagering outlets and lottery outlets. The requirement for lotteries is different from other venues, reflecting the argued lower level of associated harm.

Existing information is to be updated and, where needed, new information will be developed by the TGC and supplied to venue operators. Online gambling providers will be required to display the information prominently on, or make it accessible online from, the gambling operator's homepage. All information will be required to be displayed within one month of becoming available (TGC 2011b, p.19). The provisions included in this area, and the gambling forms affected, are outlined in 0.

Table 4.7

GAMBLING TYPES COVERED BY INFORMATION TO PLAYERS PROVISION

Requirement	Gaming machines	Table gaming	Keno	Terrestrial wagering	Online wagering	Lotteries
Information must be made available to players on:						
• responsible gambling (including how to limit the amount of money that can be lost);	✓	✓	✓	✓	✓	✓
• where to get help if gambling becomes a problem;	✓	✓	✓	✓	✓	✓
• exclusion from gambling; and	✓	✓	✓	✓	✓	✗
• odds, pay scales, return to player and take out rates (where applicable).	✓	✓	✓	✓	✓	✓
Information must be displayed in high traffic areas, prominent positions and places of relative privacy.	✓	✓	✓	✓	✗	✗
Information must be displayed in prominent positions.	✗	✗	✗	✗	✗	✓
Information must be accessible through a gambling operator's homepage, if one exists.	✓	✓	✓	✓	✓	✓

Source: Tasmanian Gaming Commission 2011b, September, p.18.

Industry stakeholders, including peak bodies and associations and venue operators, outlined that they had been compliant with these information provision requests in the past, and that most gaming venues already provided signs, brochures and other such items, and made them accessible (for example, by posting them on the back of bathroom doors). Therefore, these stakeholder groups did not expect any issues to arise with the new requirements.

For support service providers, the provision of responsible gambling information and support services is welcomed. One support service provider gave an example of forming a relationship with a venue operator and had occasionally set up a table at the venue, which the support service provider felt was more effective than passively displaying information on the walls of venues. Further, as outlined above, support service providers also argued for increasing the provision of information to players on the actual gaming machine — such as screen pop-ups — which were also noted to be installed in other jurisdictions, such as New Zealand.

Local government stakeholders consulted made no specific comment about this measure.

General stakeholder feedback about the Mandatory Code of Practice

As noted in Chapter 2, Tasmania is ahead of other jurisdictions in terms of restrictions placed on venues and machines.

Some elements of the Code, such as the prohibition of ATMs in venues, have been in place for more than a decade. Further, some measures represent only an incremental change, such as restrictions on the withdrawal of cash from EFTPOS to a maximum of $200.

Industry peak bodies and associations

The main concern raised with the Mandatory Code of Practice by industry peak bodies and associations is the threat that other states can access Tasmanian customers. Industry outlined that tougher restrictions implemented only in Tasmania would mean gamblers would choose to gamble elsewhere, such that the gambling industry:

- could lose interstate gambling tourists to other states;
- could lose Tasmanian gamblers to other states (for example, gamblers would travel to Melbourne to gamble); and
- could lose younger gamblers to non-Tasmanian owned gambling websites.

Active poaching by other states of Tasmania gambling customers was argued by industry to currently exist, and further that this trend will likely 'ramp up' if regulations were increased in Tasmania.

In addition, industry questioned the role of government in 'dictating' where people should spend their entertainment money:

> What's to say that spending $50 on a nice bottle of wine is any better than spending $50 on pokies?
>
> Consultation with industry association, April 2011.

Other industry associations reiterated this point, arguing that Tasmania is leading the other states in gambling regulation, so more restrictions are unnecessary, and further that problem gamblers will always find a way around these measures if they wish to do so.

However, industry stakeholders did not provide any evidence about the extent to which this is currently occurring, evidence about the likelihood of further harm minimisation measures resulting in these outcomes, or evidence about the impact of these outcomes.

Industry peak bodies and associations also noted the level of effort the industry has expended in complying with, and participating in consultations concerning, the design of harm minimisation measures, and further, how willing it has been to do so. A number of examples of these efforts were attached to industry submissions — such as support of Gambling Awareness Week, and communication to venue operators about new measures. In particular, the existence of industry's Voluntary Code of Conduct was identified. The Code was developed and implemented by the Gambling Industry Group (GIG) in Tasmania (Federal Group 2011).

Federal Group (2011, p.31) stated that the GIG is a forum where information is shared, common issues are discussed and industry approaches to tackle problems are devised and agreed. Membership includes:

- Federal Group;
- Australian Hotels Association/Tasmanian Hospitality Association;
- Registered Clubs of Tasmania;
- TOTE Tasmania;
- Betfair;

- Tattersalls; and
- Intralot.

In addition to the above membership, representatives from DHHS and the Department of Treasury and Finance (DTF) are represented and are able to present information and take part in the discussions.

One achievement of this group, cited by Federal Group, has been the development, agreement and implementation of a Voluntary Code of Conduct. All gambling forms are argued to voluntarily comply with the terms of the code and internal compliance activity is included. The industry code is argued by industry to have been a success and compliance levels have been high. However, DTF stakeholders noted that one of the reasons for the introduction of the Mandatory Code was the failure of the voluntary industry scheme and other industry initiatives.

The current voluntary industry code covers a range of areas (Federal Group 2011), including:

- prizes, winnings and promotions;
- signage;
- customer comfort and services;
- hours of operation;
- patron care;
- brochures;
- self-exclusion;
- RCG courses;
- service of alcohol;
- gambling on credit;
- advertising;
- access to cash; and
- complaints handling.

Despite these concerns, the measures included in the Mandatory Code of Practice were seen to present less of an issue to industry, in terms of impact on their revenue, than other harm minimisation measures discussed below.

Venue operators

Most venue operators indicated awareness of the proposed Mandatory Code, but not necessarily its content.

Given the discussion above about the introduction of a Mandatory Code of Practice, when given further information about the provisions most likely to be included in the Code, most venue operators outlined that they already had many of the requirements in place.

The structure of the Tasmanian gambling industry means that Network Gaming rather than an individual venue provides most player inducements and loyalty programs. Therefore, such restrictions did not really present an issue to gambling venue operators. The only issue that arose was to do with the service of alcohol — a number of venue operators stated that players would not like being unable to be served a drink while playing or seated at a gaming machine.

Overall, in terms of cost, the provisions of the Code did not appear particularly onerous to venue operators. Stakeholder feedback on the effectiveness of the measures contained within the Code were largely speculative, given that the Code is yet to take effect, and at the time of consultation only a draft Code was available. Most venue operators said it might have some impact on problem gamblers, but it would be unlikely to have a significant impact on recreational gamblers. However, due to most restrictions already being in place, it was felt that there would not be a great deal of change.

Support service providers

Support service providers raised concerns about the slow progress of the implementation of the Mandatory Code of Practice and the enhanced training of gaming staff. Many of the harm minimisation measures outlined in Table 4.1, are yet to be fully implemented — such as the Code, or measures that include a grace period for existing providers until 2013. As such, a number of support service providers argued that not enough time has elapsed to make a realistic assessment of effectiveness. Most support service stakeholders commented that there are no grounds to believe that the current situation is significantly different from that which prevailed at the time of the previous study.

Anglicare (2011, p.5), in its submission, acknowledged that the Code was 'largely on target' for providing environments that do not induce people to gamble recklessly. Examples of measures particularly supported were reducing the times that gambling can be advertised, restricting access to cash through credit cards, prohibiting the cashing of 'winnings' cheques on the same day, and improving lighting in venues (Anglicare 2011, p.5).

Further, it was argued by support service providers that it is highly unlikely that the measures recently put in place, or to be implemented, will have any negative effects, except in the sense of reducing revenue to the gambling operators (and indirectly to the government). This reduction in revenue is, however, seen as justified. The Tasmanian Inter-Church Gambling Taskforce stated in its submission:

> Given that the Productivity Commission has estimated problem gamblers currently contribute about 40 per cent of EGM revenue, any measures that fail to reduce revenue are unlikely to be effective in reducing problem gambling. But it must be remembered that whatever money is not lost by problem gamblers will be spent in other ways that are likely to be more productive and socially beneficial, thereby boosting employment and tax revenue from other areas. A further benefit would be a reduction in the large but often hidden costs associated with gambling-related financial crime and bankruptcies and support services for affected families.
>
> Tasmanian Inter-Church Gambling Taskforce 2011, p.3.

Local government representatives

Some local government representatives were aware of the proposed Code, but made no specific comment about the design or implementation of the included measures.

4.3 Tasmanian Gambling Self Exclusion Scheme

The most commonly cited harm minimisation measure in place in venues was the Tasmanian Gambling Self-Exclusion Scheme. This Scheme, as outlined in Chapter 2, has been in place for some time in Tasmania and predates the first study. It still raised a significant amount of discussion among stakeholders.

There was a general consensus among stakeholders that the scheme was positive; however, the effectiveness of the scheme was questioned. The following section outlines the opinions of different stakeholder groups about the Scheme.

Industry peak bodies and associations

There was little discussion among industry peak bodies and associations about the Scheme. However, those that commented thought that the system was positive. A key concern was the lack of enforcement — that is, there are few repercussions if the person starts gambling again.

Venue operators

There were similar sentiments among venue operators. All venue operators noted that the Scheme was in place, and that they strongly adhered to it by providing re-awareness training for staff, and regularly looking up the database. Again, the enforcement of the regime was questioned.

For those venue operators in smaller, regional areas, it was seen as easier to enforce because they knew their customers. Indeed, most harm minimisation measures in place in venues (outside those required by legislation) were largely based on venue staffs' relationships with customers. For those in larger, more populated areas, operators provided examples of people denying that it was them, or people going somewhere they are unknown.

Support service providers

Tasmania's Scheme requires self-excluding gamblers to arrange their exclusions through counsellors. The support service providers believe the Scheme to be reasonably effective for clients (DHHS 2010). They have also repeatedly called for improved surveillance in venues to better detect breaches. A particular concern was that counsellors argued that they are not being contacted by venues when someone breaches the self-exclusion scheme. The breach is acknowledged to be recorded (the Tasmanian Government is notified), but counsellors are seen as the missing link. Support service providers also reinforced that people who breach are given a letter warning, but no one has ever been fined. Further, the letter sent to those in breach does not refer to counselling services, or advise on how to contact them. Before this system, they argued, venues would contact the support service providers. Now that the Tasmanian Government sends the letter, this contact no longer occurs.

DTF and DHHS have advised that a process ensuring counsellors are notified has been in place since 1 August 2010. The departments have further advised that the letter sent to those in breach has always included help service contact details. It may be that there is an issue of communication here. The support service provider may not have had a client in breach since August 2010 and so be unaware of the change.

It may be that support service providers are requesting more specific information be put on the letter sent out to those in breach. Further investigation is recommended.

Self-exclusion has also changed from particular games exclusion to exclusion from all games or whole of venue. Support services consider this can be upsetting and stigmatising for clients. An example given was of one person whose job was to place Keno bets for elderly people. She had a problem with EGMs, but this meant that she was excluded from all forms of gaming which prevented her from doing her job. Counsellors outlined a concern that in these circumstances people will take off the exclusion all together. However, venue operators noted that under the former system it was even more difficult to administer, as it is difficult to judge whether a person is there for gambling or not.

Local government representatives

No specific comment was made by those local government representatives consulted in relation to the scheme, other than awareness of its existence.

4.4 Pre-commitment regime

Stakeholders consulted as part of this study were asked to consider the national policy context, and in that context the proposed mandatory pre-commitment scheme was raised.

All stakeholders groups acknowledged that a mandatory pre-commitment regime would reduce problem gambling expenditure, and perhaps prevent at risk gamblers from becoming problem gamblers. However, there was divided opinion about what effect such a regime would have on recreational gamblers, and therefore whether a voluntary or mandatory scheme should be supported.

Industry peak bodies and associations

Industry associations, such as Federal Group, support a voluntary scheme, but not a mandatory one. The key issue with a mandatory scheme is that it would impact significantly on recreational gamblers (or occasional gamblers) for two reasons:

- the 'hassle' of having to register is thought to be a turn-off to many who are just as happy to entertain themselves in other ways; and
- there is an aversion to handing over personal data and have the 'government' recording their gambling transactions – a privacy issue.

However, the fact that a pre-commitment scheme would be national was seen as a slight positive, in that it would not mean business would be lost to other states.

Venue operators

Similarly, venue operators argued that a mandatory scheme would reduce viability of venues. Recreational gamblers, especially tourists in some cases, it was argued, will not gamble any more. As one venue operator put it:

> Recreational gamblers may still continue to come to the venues but they won't gamble if 'the card of shame' is introduced. Government needs to understand that the measures affect all gamblers equally and don't really target problem gamblers. For some people it is their money, they earnt it and they should be able to spend it how they want.
>
> Venue operator roundtable consultations, May 2011.

Most were, however, also happy to support a voluntary scheme.

A practical suggestion by one venue operator was for the government to pilot and trial the scheme, to see if it actually has any effect, before it is rolled out and before additional costs are imposed on venue operators. It was highlighted that the government 'needs to work out whether they have a winning formula' before they introduce more and more requirements on venue operators. DHHS advised, however, that the Premier could not gain industry support for Tasmanian trials.

Some of the larger venue operators have begun to estimate the impact of such a regime on their business. Others are, as yet, too unsure of the detail of the scheme to make solid predictions. The general feeling, however, is that mandatory pre-commitment will significantly reduce the percentage of recreational gamblers who will play at the venues.

Support service providers

In contrast, support service providers were strongly in favour of a mandatory pre-commitment scheme. As stated in the Tasmanian Inter-Church Gambling Taskforce's submission to the study, for support service providers:

> ... the most effective measure of all is likely to be the introduction of a universal pre-commitment scheme for EGM players, as agreed to by the Australian government. This would return to problem gamblers, who find themselves unable to stop when engaged in play, the decision about how much they are prepared to spend on gambling. Contrary to claims by opponents in the gambling industry, we believe that problem gamblers, who do not deliberately set out to lose large amounts, would generally set themselves reasonable limits and this would empower them to take control of their gambling.
>
> Tasmanian Inter-Church Gambling Taskforce 2011, p.3.

Concerns about implementing any further restrictions in Tasmania only, or their effect on recreational gamblers (where any effect was seen), were dismissed as only an 'excuse for inaction'. Acknowledgment of this argument gave rise to support for a national scheme, and support service providers offered suggestions about how to reduce the impact on recreational gamblers:

> A person who only gambles occasionally could have two options within a card-based pre-commitment system: to apply for the standard pre-commitment card, or to purchase a one-use card with a set amount on it (e.g. $10, $20, $100).
>
> Anglicare 2011, p.10.

Similarly, the Tasmanian Inter-Church Gambling Taskforce suggests:

> A preferable method would be to offer occasional gamblers a device loaded with a pre-purchased amount of credit to be used on the machines, with any surplus remaining at the end of the session to be refunded. If the same individuals kept returning to purchase more credit that could alert staff that they may have a gambling problem. A further refinement would be possible if biometric data were recorded each time anyone received such a device, without the need for them to reveal their actual identity. People who were found to have made use of the devices in this way more than, say three times a month, could be classified as regular gamblers and required to provide proof of identity and obtain their own device to operate within the pre-commitment system.
>
> Tasmanian Inter-Church Gambling Taskforce 2011, Attachment 3, p.4.

Local government representatives

All local government representatives consulted were aware of the proposed scheme, but made little specific comment either supporting or opposing the scheme. The exception was, however, one local government representative in a low SES LGA who noted that the council is strongly in favour of a mandatory scheme.

4.5 Considerations for venue operators about the efficacy and impact of harm minimisation measures

Discussions about the existing and pending harm minimisation measures raised a number of other general discussions about the efficacy of harm minimisation measures.

Regulatory burden on venues

Discussions about harm minimisation measures raised a number of general issues regarding the extent of regulation on venue operators.

Many venue operators raised concerns regarding the level of regulation placed on them, noting that due to the structure of the Tasmanian industry, many venue operators only make a certain commission rather than being the owners of the EGMs. Regulation of gambling is not the only regulatory requirement faced by venue operators — venue operators indicated that there are also regulations affecting other venue activities, such as the service of alcohol and food.

To some venue operators, it appeared unfair that while the government required them to comply with a host of regulations, it does not support venues to implement the measures through any allocation from gambling tax revenue.

Many venue operators also highlighted that most of these measures 'are being put in place to protect people from themselves' rather than pursuing a broader objective of prevention. Some venue operators followed a 'self-responsibility' model; that is, it is the responsibility of the players to look after themselves, and it is not their place as venue operators to intervene.

However, there was also a consensus among venue operators that more resources should be given to support service providers to assist people to work through their issues, with an accompanying reduction in the emphasis upon venues in providing such care.

Pressure on venue staff

A common theme raised was that venue staff said it can be very difficult to identify who is a problem gambler and who is not. Further, approaching a person identified as a potential problem gambler was seen to create a myriad of issues for venue staff. It was understood by consulted venue staff that regulations do not permit staff to say anything to someone who may be displaying gambling difficulties – they can ask only general rather than direct questions. It would appear, however, that the responsibilities of venue staff, as detailed in the RCG workbook, are not well understood. For example, the workbook indicates that venue staff have a duty of care to patrons, and that staff can take a range of actions to ensure the responsible conduct of gambling, including 'suggesting that the person take a break and have a non-alcoholic drink away from the machines or go for a walk outside of the premises' (DTF 2010, p. 23).

Nevertheless, venue operators provided examples of approaching patrons believed to be experiencing difficulties, resulting in patrons reacting aggressively and even taking legal action against the venue. It appears that experiences like this, allied with lack of knowledge, cause many venue operators to refrain from taking any action.

Support service providers and venue operators both agreed that it is difficult for venue staff to be responsible for identifying and assisting problem gamblers. Anglicare's submission (2011, p.10) holds that for a number of reasons it is difficult for venues to provide sufficient support and assistance to consumers experiencing difficulties:

- while gaming staff must attend training, they are not trained counsellors;
- a person with a gambling problem is often quiet and focused on gambling and therefore not causing difficulties in the venue;
- other than the amount of time spent at a poker machine, it is difficult for venue staff to identify symptoms of gambling problems; and
- people with a gambling problem contribute significant amounts of money to venues.

It was also argued by industry that putting more responsibility on staff to identify problem gamblers will make it more difficult to attract staff to the industry.

Online gaming threat

While the focus on EGMs was understood, a number of people expressed concerns about the threat posed by online gambling.

The actual impact of online gambling was difficult for industry stakeholders to quantify, although a multitude of anecdotal evidence was provided (such as people coming into the venue, sitting at the bar and gambling on their phones). For support service providers and industry, online gambling was seen to raise the risk of problems associated with gambling because people could play in an isolated environment. In conjunction with the ban on smoking, and service of alcohol while gaming, it was thought that some people would gamble online from home, where they could drink and smoke but where no one could keep an eye on them.

DTF stakeholders noted that a number of online gambling operators, including those regulated in Tasmania, must provide customers with the opportunity to limit the amount they deposit, and to set a loss limit as well — an online form of pre-commitment. It is unclear, however, whether the customer can choose not to take up the service.

Online gaming was seen by both industry and support service providers as a particular issue for younger people, and for those who enjoy wagering rather than EGMs.

A number of concerns were raised by industry stakeholders about the differential in the level of regulation placed on venue gaming versus online gaming. The lack of a level playing field in this respect was outlined as a particular concern. Industry and venue operators also argued that if further restrictions were placed on them, and not on online gaming, then more people would substitute to these forms of gambling, which could lead to increased harm as outlined above.

Online wagering is included in the Mandatory Code of Practice. The TGC has noted the concern of industry in relation to online gambling, but notes also that it can only regulate licensed operators within its jurisdiction. If patrons choose to use international sites, this not something the TGC can control (TGC 2011).

4.6 Alternative policy suggestions

Finally, stakeholders were asked for suggestions about how the current measures could be improved, or about alternatives that should be considered. Alternative policy suggestions include those put forward by local government, although local government did not provide any substantial input to the discussion about existing or proposed measures discussed above.

For many support service providers and local government representatives, the accessibility of gaming is seen as *the* issue. For these stakeholders, the best solution is 'to get rid of EGMs', or allow EGMs only in casinos. As one mayor put it:

> Feelings are across the board in Tasmania — the negative impact on consumers of EGMs. Although, this sentiment may be unique to Tasmania, there would have been less of an issue if they had stayed in casinos but when they were brought to the doorstep of communities through the hotels this caused a major problem.
>
> Consultation with Brighton City Council 2011, 9 May.

Improvement in public education was also a main focus of discussion. While a number of stakeholders felt that the public had become more educated about the risks of gambling, it was felt more needed to be done. As the Tasmanian Inter-Church Gambling Taskforce observed:

> The Tasmanian government has periodically conducted media campaigns to alert people to the risks associated with gambling and there is evidence that their reach has been fairly effective, with most Tasmanians being well aware of those risks. However, the impact of such campaigns inevitably wanes over time and it is important that the message is regularly reinforced, especially given the on-going recruitment of new young gamblers.
>
> Tasmanian Inter-Church Gambling Taskforce 2011, p.3.

Stakeholders provided examples of successfully putting their own education programs in place (see Box 4.4). Stakeholders noted that successful programs in schools educate young people about other potential risks (such as smoking or teenage pregnancy), and they believed a similar approach could be taken to outlining the risks associated with gaming.

Box 4.4

GLENORCHY CITY COUNCIL: AGAINST THE ODDS — MENTAL HEALTH AND GAMBLING INTERVENTION PROGRAM

Against the Odds is a mental health and gambling intervention program. It was launched in June 2011 and was developed as a partnership between Anglicare and the Glenorchy City Council, and funded by a grant from the Community Support Levy.

The program, for high-school students features skill building games, classroom discussion and activities aimed at preventing problem gambling. The training is intended to raise awareness about addictive behaviours, particularly problem gambling, and attempts to equip young people with strategies for solving problems, resolving conflict, handling emotions and making positive and informed decisions.

Young people played a key role in the creation and launch of the program. A Youth Taskforce worked on the program, liaising with the project officer to create an education package of materials that is engaging and effective. More than 600 local young people were also consulted during the development of the program. Members of the Youth Taskforce will also be involved in the delivery of the program in local high schools.

The program was identified as a need due to the worrying evidence that regular gamblers under the age of 25 are twice as likely as all gamblers to develop gambling problems. Further, in Australia people aged 18-24 spend more than any other group on EGMs, and the majority of problem gamblers are also in this age bracket.

Source: Documents provided to this study by Glenorchy City Council, 2011.

Other measures were proposed:

- Support service providers suggested a reduction of the bet limit to $1 per spin. A reduction of the bet limit to $1 per spin, as proposed by the PC (see Volume 1, Chapter 2), would limit the average cost of play to $120 per hour. This was seen by counsellors as an effective way to restrict the loss rate and, therefore, the overall magnitude of losses for problem gamblers. Such an hourly limit, it was argued, would be more consistent with the industry's description of EGMs as a means of entertainment and would have little impact on recreational gamblers (Anglicare 2011; TasCoss 2011; TICGT 2011). However, industry peak bodies outlined in consultations that a $1 bet limit presented a serious concern and would have a significant, negative impact on their revenue — hence, they did not support it.
- Some support service providers, supported by a few venue operators, proposed increased information provision to players — such as occasional pop-ups on EGM screens notifying players of how much they have spent (practices that are understood to be in place in New Zealand).
- Support service providers offered to undertake more direct work with gaming venues, including assisting to train staff, or occasionally setting up a table in venues to hand out information.
- Some support service providers saw further reduction in opening hours as necessary (see Anglicare 2011; TasCoss 2011 & TICGT 2011).
- There was support in consultation for the introduction of more low-intensity machines in venues.

- Advertising and media campaigns about the psychological impacts of EGMs. The 'Know Your Odds' advertising campaign (described in Box 4.2) was widely supported, but some support service providers suggested that advertising should be developed that shows how the music and colours of EGMs are designed to attract consumers. Some suggested the use of EGM warning signage, similar to warning messages on cigarette packages. Others suggested 'plain packaged' EGMs with no noise or lights.
- Local governments, especially those in low SES areas, argued that they should have more jurisdiction over gambling in their areas — such as undertaking social impact studies in relation to planning decisions, as is the case in other states. There was a view that at a minimum, an in depth study of the social impact of gaming on local government areas should be undertaken by the TGC. Alternatively, it was proposed that funding from the CSL (or a similar source) be allocated to councils to undertake the studies (Glenorchy Gazette 2010).
  - Local government representatives understood that any legislative change or study would likely apply only to new venues. The number of gaming venues in Tasmanian LGAs has been relatively stable for a long period now, therefore, that option may not yield the same desired outcomes for local government, as a general study of the social impacts that includes existing venues.
  - It was also noted that little LGA level research has been undertaken in Tasmania in relation to gambling issues. There is perhaps one exception — the recently released study undertaken by Hobart City Council's Director of Community Development in mid 2011. This study may be an example for other local governments. The study recommends: a coordinated local government response to the issues through the Local Government Association of Tasmania; that relevant Tasmanian Government agencies provide further information about problem gambling and support service effectiveness to the Council; and that the Council itself further investigate what actions it can take to reduce the harms associated with problem gambling (HCC 2011).
- A few venue operators and support service providers also suggested compulsory income management for problem gamblers, such as the system in place for welfare payments in the Northern Territory. Income for essentials could be quarantined and directed appropriately, meaning problem gamblers would be less likely to overspend.
- The main suggestions made by industry and venue operators were for a voluntary pre-commitment scheme, and to provide more money to support service providers (see Federal Group 2011; Betfair 2011 and THA 2011).

4.7 Findings

The awareness and opinions of industry, local government and support service provider stakeholders in relation to existing and proposed harm minimisation measures were quite varied, as expected. There was some consensus between stakeholder groups on issues such as improvements to staff training, and the burden placed on venue staff. The key findings from this chapter, by stakeholder group, are summarised below.

Industry peak bodies and associations

State specific regulation

- Industry peak bodies argued that tougher restrictions implemented only in Tasmania, such as the Mandatory Code, would mean gamblers would choose to gamble elsewhere. As a result, industry:
  - could lose interstate gambling tourists to other states;
  - could lose Tasmanian gamblers to other states (for example, gamblers would travel to Melbourne to gamble); and
  - could lose younger gamblers to non-Tasmanian owned gambling websites.

However, industry stakeholders did not provide any evidence about the extent to which this is currently occurring, evidence about the likelihood of further harm minimisation measures resulting in these outcomes, or evidence about the impact of these outcomes.

Regulation of different gambling forms

- The extent of regulation on different gambling forms was seen as an issue. For lottery operators, an issue was raised about the extent of regulation on this 'less risky' form of gambling. However, following the consultations, the finalised Mandatory Code was released, the details of which may subsequently alleviate some of the concerns outlined. For many industry groups, the impact of online gambling was seen as a concern. If stronger restrictions are put in place, it was felt that players would substitute away from terrestrial gaming to these forms. Operators called for 'a level playing field' in respect to regulation. It is acknowledged, however, that if online operators are outside the government's jurisdiction, little can be done.

Industry cooperation

- Industry peak bodies and associations made claims about the level of input the industry has expended in complying with, and assisting to develop, harm minimisation measures. They emphasised how willing industry has been to do so. In particular, industry pointed to involvement in the GIG and the voluntary industry code.

Venue operators

Mandatory Code of Practice

- While most venue operators were aware of the forthcoming Mandatory Code of Practice, they were not aware of its content.
- After being provided with more information about the Code's contents, most venue operators felt it presented few issues as most measures were already in place in venues. Some concerns were raised about the Code's restrictions on the service of alcohol.
- Most venue operators said the Code might have some impact on problem gamblers, but it would be unlikely to have a significant impact on recreational gamblers. However, as most restrictions were already in place, it was felt there would not be a great deal of change.

Enhanced staff training and duty requirements

- A particular concern for smaller venue operators is the requirement to have at least one person who has completed the enhanced RCG training on duty at all times in each area where EGMs operate.
- The effectiveness of the RCG training program itself was also questioned. The course, it was claimed, is 'open book' and participants are 'given the answers'. It can be undertaken online without supervision. However, DTF acknowledged that this area of concern has been targeted by government moves to ensure only RTOs can provide RCG training.

Self-exclusion

- All venue operators noted that they had the Tasmanian Gambling Self Exclusion Scheme in place, and that they strongly adhered to it by providing re-awareness training for staff, and regularly looking up the database. However, the enforcement of the regime was questioned. For those venue operators in smaller, regional areas, it was seen as easier to enforce because they knew their customers.

The extent of regulation

- Venue operators expressed confusion about what they can and cannot do. It appears to venue operators that there are multiple policies and regulations they have to comply with, but there is little or no guidance about what they should actually do.
- Most harm minimisation measures in place in venues (outside those required by legislation) were largely based on venue staffs' relationships with customers.
- Most venue operators raised the issue that they are required to comply with a host of regulations, but are not given any extra resources or funding to assist them in complying. This is seen as a unique issue for Tasmania in that the structure of the industry means many venue operators only make a certain commission rather than being the owners of the EGMs.

Alternative harm minimisation suggestions

- Alternative harm minimisation measures supported by industry (including peak bodies and associations) included increasing funding to support service providers, and perhaps a voluntary pre-commitment scheme. Industry was, however, strongly against a mandatory pre-commitment regime.

Support service providers

Mandatory Code of Practice

- Support service providers agreed that the Mandatory Code of Practice is a step in the right direction. Examples of measures particularly supported were reducing the times that gambling can be advertised, restricting access to cash through credit cards, prohibiting the cashing of cheques on the same day, and improving lighting in venues.
- Support service providers felt there would be little negative impact on venues from introducing these measures and that the measures were 'largely on target' for providing environments that do not induce people to gamble recklessly.

- Implementation of harm minimisation measures over the past three years is seen by some support service providers to have been slow. They felt, therefore, that there are no grounds to believe the current situation is significantly different from that which prevailed at the time of the previous study.

A pre-commitment regime

- A mandatory pre-commitment scheme was widely supported. Any reduction in venue revenue was seen to be justified as it would come only from problem gamblers, not recreational gamblers.

Self-exclusion and the duty of venue operators

- While support service providers were in favour of the Tasmanian Gambling Self-Exclusion Scheme, they agreed a few enhancements were required. Providers cited a particular concern — that counsellors are not being contacted by venues when someone breaches the self-exclusion scheme. The breach is recorded with the Tasmanian Government, but counsellors are the missing link. DTF and DHHS have advised, however, that work has been done to improve this communication.

- Support service providers agreed with venue operators that, for a number of reasons, it is difficult for venue staff to be responsible for identifying and assisting problem gamblers. Support service providers offered to undertake more direct work with gaming venues.

Venue staff training

- Support service providers supported RCG training, but agreed it requires some improvement. They note that their role is limited and could be enhanced. In particular, they believed all RTOs should include counsellors in RCG training programs.

Alternative harm minimisation suggestions

- The common suggestion for alternative harm minimisation measures included further reducing the bet limit to $1, increasing information provision to players, and improving community awareness campaigns. A few support service providers (and some venue operators) also suggested compulsory income management for people experiencing significant difficulties.

Local government

- Finally, although LGAs had little to say about the harm minimisation measures in place, they argued (especially those in low SES areas) for more jurisdiction over gambling in their areas. They sought:
  - the ability to undertake social impact studies in relation to planning decisions, as is the case in other states; or
  - at a minimum, that the TGC undertake an in depth study of the social impact of gaming in LGAs; or
  - alternatively, that funding from the CSL (or a similar source) be allocated to councils to undertake the studies.

The limitations of these alternatives were recognised. It was acknowledged that any increased powers would be likely to affect new venues only, while existing venues are an integral part of the equation. Therefore, a general study of the social impacts of gambling in an LGA may be preferred — an example of which may be the recent study by the Hobart City Council (see HCC 2011). This study is perhaps the exception in the otherwise limited LGA level research in this area.

Chapter 5

Harm minimisation knowledge and experiences: CATI sample

On completing the CATI survey, respondents were asked if they wished to participate in a follow up structured group interview. From those agreeing, 126 people participated from four low SES LGAs (Brighton, Break O'Day, Glenorchy and Devonport) and four comparison LGAs (Sorell, Circular Head, Launceston and Clarence). This group comprised 69 men and 57 women, ranging in age from 18 to 70.

The problem gambling severity of participants, as measured by the Problem Gambling Severity Index of the Canadian Problem Gambling Index, was:

- non-problem gambler – 86;
- low risk gambler – 24;
- moderate risk gambler – 12; and
- problem gambler – 4.

Thirteen structured group interviews were conducted. The location, date and number of participants by LGAs are outlined in the table below.

Table 5.1

STRUCTURED GROUP INTERVIEWS

LGA	Location	Date	Number of group interviews	Total number of participants
Brighton	Brighton Civic Centre	9 May 2011	2	19
Glenorchy	Glenorchy Civic Centre	9 May 2011	1	12
Clarence	Hotel Grand Chancellor, Hobart	10 May 2011	2	18
Sorell	St George's Anglican Church Hall	10 May 2011	2	17
Devonport	Devonport Convention Centre	23 May 2011	2	22
Circular Head	Smithton Recreation Centre	23 May 2011	1	3
Launceston	Hotel Grand Chancellor, Launceston	24 May 2011	2	23
Break O'Day	Tidal Waters Resort, St Helens	25 May 2011	1	16

Source: PGTRC 2011

Qualitative data from these structured group interviews are presented throughout the following discussion of harm minimisation measures, with the CATI survey data presented first, followed by the qualitative data related to the areas covered in the survey. These areas include the Tasmanian Gambling Exclusion Scheme, industry and community awareness of advertising, and perspectives on existing and proposed harm minimisation measures. At the time the survey and consultations were undertaken, only a draft version of the Mandatory Code of Practice was available and opinions expressed by stakeholders should take this into account. For consumers, however, many of the changes from the draft to final version of the Code, as highlighted in Chapter 4, have little impact on the opinions reported here.

These quantitative and qualitative findings are followed by a discussion of themes arising from the structured group interviews on pre-commitment. Although this is not a Tasmanian Government measure, it was a highly visible political issue. The first report of the Parliamentary Joint Select Committee on Gambling Reforms (*The Design and Implementation of a Mandatory Pre-Commitment System for Electronic Gaming Machines*) was released on 6 May 2011, immediately prior to the structured group interviews being conducted. As this Committee was chaired by the Tasmanian Independent Andrew Wilkie MP, it was a strong talking point in the community in general and, consequently, in the group interviews conducted for this study.

In the tables following, data are presented as the percentage of respondents who fall into a particular cell with the standard error of each statistic, and 95 per cent confidence intervals for each estimate. The upper and lower confidence interval bounds are reported in the columns labelled ‘upper’ and ‘lower’.

5.1 Tasmanian Gambling Exclusion Scheme

EGM gamblers were asked in the CATI survey to indicate if they were aware of the Tasmanian Gambling Exclusion Scheme (TGES) (see Table 5.2). Overall, just over two thirds of EGM gamblers reported that they were aware of the Scheme. Compared to non-problem gamblers, fewer moderate risk gamblers and problem gamblers were aware of the Scheme.

Table 5.2

AWARENESS OF THE TASMANIAN GAMBLING EXCLUSION SCHEME, BY PGSI CATEGORY, AMONG EGM GAMBLERS

Result	% of sample by PGSI category			Tasmanian Sample
	Non-problem gambling	Low risk gambling	Moderate risk/problem gambler	
Per cent	69.5%	62.0%	59.4%	67.4%
SE	3.2%	8.4%	12.1%	3.0%
Lower	62.9%	44.8%	35.4%	61.3%
Upper	75.4%	76.6%	79.6%	73.0%

Source: Tasmanian Gambling Survey 2011

Participants in the structured group interviews showed a high level of awareness of the TGES in very general terms. They were aware of the provisions for self-exclusion and venue operator exclusion, but were not aware of the provision for third party exclusion. There was support for the opportunity to be excluded from gaming areas only, rather than the whole venue. This limited exclusion would minimise impact on non-gambling leisure, and embarrassment at patrons having to disclose their self-exclusion to friends and relatives if the venue was being accessed for non-gambling purposes.

A number of limitations of the TGES were identified:

- the ease of access to alternative venues if excluded from a nominated venue or venues;
- lack of clarity about whether being excluded from the gaming area of a venue meant that Keno could not be played in a dining area; and
- lack of adequate enforcement by venue staff, many of whom are casual or short term employees.

This lack of detection of people who were excluded from venues, as a weakness of the program, was also noted by respondents in the Tasmanian DHHS study on self-exclusion (2010). It is worth noting, however, that there were statistically meaningful improvements from pre-self-exclusion to time of interview in gambling severity, urges, frequency and duration of sessions, perceived control, physical health, mental health, stress/anxiety, depressive thoughts and feelings, mood, self-confidence, social life, friendships, and financial situation. For ten of 29 respondents who were followed up for the first three months of their self-exclusion contract, there was also an improvement in family relationships.

There was a high level of support for third party exclusion among group interview participants, but a low level of awareness that it was an option under the TGES and what the third party exclusion process entailed. There was strong endorsement of the existing process, particularly in its provision for review by the Tasmanian Gaming Commission (TGC), and that such a review would determine that the order was in the best interest of the person affected by the gambling. Mandatory counselling for the person being excluded was strongly endorsed, in the same way that Break Even Network counsellors work with those pursuing self exclusion.

5.2 Industry advertising

There was a high level of reach and recall of industry advertisements, with group interview participants able to describe in detail advertisements relating to a large range of products, including sports betting, Keno, horse racing, online gaming and lotteries. Many of the advertisements, particularly those relating to the Tote and to the sports betting companies, were seen to be exposing the audience to information about new gambling products of which they were previously unaware.

Sports betting was highly criticised by participants. In particular, the quoting of odds during sports broadcasts was deemed to be advertising, which should be governed by the same regulations applying to other gambling advertising.

> TAB sports bet — that's the one I don't like — yes because it comes on during the games and actually encourages people and sucks people into those things — where ordinarily they wouldn't be involved. I think it is too much of a come on, for some of the vulnerable.
>
> (Male, 70-74)

The impact of sports betting on the integrity of the sports themselves was a concern, with participants citing cricket in particular as having been affected by the advent of sports betting. There was unanimous condemnation of in-game betting, even from participants who saw themselves as heavy, recreational, multi-modal gamblers.

No participants raised issues with any of the proposed 16 points relating to advertising in the draft Mandatory Code. However, there was a very strong view that even without breaking the Code, the sheer saturation of gambling advertising that exists in all media, and the exposure of at risk groups to this saturation advertising (even if not specifically targeted to them), meant that there were potential adverse impacts associated with these gambling advertisements and promotions.

In addition, many participants failed to understand why there are restrictions placed on the advertising of EGMs but not on other forms of gambling, even though they understand that EGMs are the preferred form of gambling for about 70 per cent of people in counselling for gambling-related problems.

> Tote advertises a lot more than they ever did, because they have a lot more products. Every time I see and ad on TV they seem to be advertising a different way of betting … you never sort of realise how deep you can go.
>
> (Female, 60-64)

5.3 Community awareness advertisements

Participants were asked to recall any advertisements relating to problem gambling, in any media. The 'House edge' advertisement featuring 'Jack' (a component of the Know Your Odds Campaign) showed almost universal reach to the participants and extremely high levels of unprompted recall. Participants were able to describe the content well:

> The longer you play the more the odds are that you are going to lose. So if you have a big win and if you keep on playing it's all going to go back to the house.
>
> (Male, 50-54)

> TV campaign going on now — talks about problem gambling and percentage rates and look me up on this website and stuff like that — playing for the last three months.
>
> (Female, 60-64)

> A new one just rolled out, Jack, and he is basically saying know your odds — and that the odds are against you winning sort of thing and talking about how much money you spend — you better spend it with your family going fishing.
>
> (Male, 50-54)

> That advertising that is going on now is one of the better ones. It shows that eventually you will lose.
>
> (Male, 50-54)

> Statistics — being promoted to the public to make them more aware of their returns to gambling and that's one of the important things that I am pleased to see.

(Male, 60-64)

That is the best I have seen.

(Male, 35-39)

The part of the ad that got me was — that the house will always win — it starts off small and gradually the house wins.

(Male, 55-59)

In response to a question on what the key messages of any campaign or educational initiative should be, participants identified priorities for advertising content and strongly endorsed this campaign:

That you can't win, that's why there are so many machines because it means that the people operating the machines — or that have the machines — they are the winners, not the public. We just help them to make them wealthy.

(Female, 70-74)

That's the first thing you have to tell people — that the system is set up so that the business wins. Then you come in to test your luck — you got a percentage that you can win — now whether you can get significant percentage is the issue.

(Male, 60-64)

Just the way the industry works — they spend hundreds of millions of dollars to get the machines to do what they do.

(Male, 45-49)

The majority of participants were also able to recall, unprompted, the 'mask' advertisement, although no one had seen any collateral associated with this campaign. There was generally a high level of ability to describe the content, but less certainty on the interpretation:

The one that had the mask — you turn the mask around and turn the mask back — two faces, different person when he was gambling.

(Male, 50-54)

Too hard to understand.

(Male, 40-44)

It's alright if someone explains to me.

(Male, 50-54)

That was the one, that was the problem gambler with the mask sitting at a machine with this mask on the back of his head, and as he would leave he would turn the mask around so he would cover his face up. It's like you're a different person who gambles, you are not a Dad or a Mum, or anything else or you are just a faceless nobody.

(Male, 60-64)

The ad that tells you about a guy who is leading a double life and his wife thinks he has gone out to footy training but he has actually gone to play the poker machines.

(Male, 50-54)

The message was seen as:

Get help with your life and your life gets better if you throw away the mask and you become the Dad or Mum again.

(Female, 50-54)

> One of two things — he's trying to hide his problem, or the other thing is sort of he takes on another person, yeah, he's not the same person as when he drops his kids off to school.

(Male, 25-29)

> That pretty much living a double life sort of thing put the mask over so no one notices him.

(Female, 30-34)

The Victorian Office of Gaming and Racing advertisement (from the campaign 'Take the problem out of gambling' featuring two men at a country football game) did not achieve the high rates of reach and recall of the other advertisements noted above, but was strongly endorsed as effective, particularly by the male members of the groups:

> Going back to ads, the one I like at the moment is actually the one where he talks about his mate and he's gone away, and they're at the footy and he comes back. It's a positive kind of type.

(Male, 55-59)

> It's positive reinforcement for the person to do something about it.

(Male, 35-39)

Framing messages

A view expressed by a small number of respondents related to the targeting of the three advertisements ('house edge', 'mask' and 'mates at the football') referred to above. The most consistent theme emerging from these discussions was that the messages are not relevant to social gamblers, who are not perceived to be a risk:

> I work in a community area and I find that a lot of people, especially the older people, some of them – say they like go to venues because they go without having the obligation of having company and if they are going to gamble they are going to gamble – and they don't like being told what they can and can't do with their own money. You know some have got a problem some haven't, but they said that a lot of them feel that at their age why they should be told of what they can or can't do with their own money.

(Female, 50-54)

This is an important point in considering the framing of messages in the context of peoples' understanding of risk. For the most part, the discourse relating to problem gambling in the groups was one that emphasises a *dichotomous* understanding of problem gambling: one is either an addict or just a social gambler. This contrasts, with the accepted public health view in this area, of a risk *continuum*, coupled with knowledge of vulnerability, particularly co-morbidity.

> It gets to a stage where it is a sickness, you know, alcohol and gambling are both addictive sickness and people suffer because of it. They can't help themselves.

(Female, 65-69)

> I think it's like alcoholic, it's an addiction they've got to get there and gamble. I know they have addiction, and they talk about alcohol before, but realistically with an alcoholic you can only throw so much down his throat and then he will die.

(Male, 40-44)

> Yes, my observation is that they have no control. And because they won $1000 dollars fortunately all of a sudden they get addicted, because they think they'll win $1000 again, but that never happens. Don't get me wrong I like the pokies — but I like it to the point where I just go and give a donation, that's how I look at it. If I happen to win — good luck. If I don't I am not going to get stressed out or upset or not know where the money for my next loaf of bread is going to come from. That's how I look at gambling.
>
> (Female, 60-64)

> I think it's also got to do with personality — a lot of people can have a very addictive personality and that could be a big thing too.
>
> (Female, 30-34)

> A mental illness category.
>
> (Male, 60-64)

These views on addiction were reinforced by participants' recall of general media reports related to gambling, which often involved criminal behaviour such as embezzlement or social security fraud.

Additional advertisements related to problem gambling that were suggested include:

- an advertisement targeting the intergenerational transmission of problem gambling along the lines of the intergenerational transfer of drinking patterns advertisement (The 'kids absorb your drinking campaign'); and
- information about industry profits and government taxation arrangements.

Inducements

As may be expected, attitudes of the group interview participants towards inducements by the industry were mixed. Older participants were generally supportive of non-gambling vouchers being sent unsolicited to their home addresses, although there was some concern expressed for others who may not be able to simply use the generic entertainment vouchers alone, but would be tempted to gamble once in a venue, even when they had not intended to.

The Mandatory Code sets out that inducements should not be offered which seek to persuade people to gamble when they would not gamble normally, or gamble outside their normal gambling patterns. Determining the extent to which people's gambling patterns may be influenced by inducements is an important task for a future review of the operational effectiveness of the Code.

5.4 Harm minimisation measures in place

In the CATI survey, respondents were asked about awareness of current harm minimisation measures. Table 1.1 shows level of awareness, based on PGSI category, on a selection of measures. As noted previously, smoking bans in venues were introduced as an occupational health and safety measure designed to have an impact on both patrons and venue staff. Bans were not introduced as a harm minimisation measure, although they may be seen to have a secondary harm minimisation function by creating enforced breaks in play for problem gamblers. The potential secondary harm minimisation effect has been identified through recognition of the fact that about one-third of regular gamblers are smokers compared with one-fifth of the population, and that in South Australia, for example, 60 per cent of problem gamblers have been found to be smokers (Delfabbro 2010).

In addition to being asked about the 'standard' harm minimisation measures, respondents to the CATI survey were asked about their knowledge, and the impacts, of this measure as it is generally perceived to be a harm minimisation measure,.

As noted in Section 4.4 of Volume 2, analyses were conducted under suppression rules agreed to by the research team for the CATI component of the 2011 Social and Economic Impact Study of Gambling in Tasmania. These rules are to mitigate the quality of results attributable to small cell size and volatile weights, which may then generate large relative standard errors (RSE). The agreed rules are: reporting RSE less than 50 per cent of associated means, and if the RSE is between 30 per cent and 50 per cent, the symbol † would appear next to the estimate that cautions the reader that this score does not meet established standards for reliability. All other estimates not meeting these rules were suppressed. Further, it was decided that the potential for small cell numbers should be monitored, with the heuristic adopted that a minimum number of 10 data points per cell were needed to calculate point estimates.

The abbreviation *np* in a table refers to the data not being available due to insufficient responses or where the RSE was greater than 50 per cent. Significance levels are reported in the text and the associated scores are starred using the * = $p<0.05$, ** = $p<0.01$ nomenclature.

Other than the smoking ban, of which nearly 96 per cent of EGM gamblers were aware, generally fewer than one-third were aware of any specific measure, except for the restriction on numbers of EGMs per venue (37.8 per cent). The lowest level of awareness was recorded for reduction of lines (13.8 per cent).

Table 5.3

AWARENESS OF CURRENT HARM MINIMISATION MEASURES BY PGSI CATEGORY

Measure	Result	% of sample by PGSI category			EGM users who are aware of these measures
		Non-problem gambling	Low risk gambling	Moderate risk/ problem gambler	
Ban on ATMS in hotels and clubs	%	30.2%	31.3%	30.1%	30.4%
	SE	3.0%	6.4%	9.1%†	2.6%
	Lower	24.6%	20.2%	15.5%	25.5%
	Upper	36.4%	44.9%	50.2%	35.7%
Limit on number of EGMs	%	39.1%	29.3%	41.4%	37.8%
	SE	3.3%	5.9%	10.5%	2.9%
	Lower	32.7%	19.1%	23.2%	32.3%
	Upper	45.8%	42.0%	62.3%	43.5%
Limit operation hours to a maximum of 20 hours	%	15.1%	15.6%	17.7%	15.4%
	SE	2.4%	4.0%	8.0%†	2.1%
	Lower	11.0%	9.2%	6.8%	11.8%
	Upper	20.6%	25.2%	38.8%	20.0%
Ban on note acceptors	%	24.2%	20.3%	27.1%	23.8%
	SE	3.0%	4.7%	8.9%†	2.5%
	Lower	18.9%	12.5%	13.3%	19.3%
	Upper	30.5%	31.0%	47.4%	29.1%
Ban on smoking	%	96.0%	92.7%	99.4%	95.8%
	SE	1.0%	3.9%	0.5%	1.0%
	Lower	93.5%	80.6%	96.9%	93.4%
	Upper	97.6%	97.5%	99.9%	97.4%
Reduction of lines	%	13.5%	7.6%	27.2%	13.8%
	SE	2.3%	2.4%†	9.2%†	2.0%
	Lower	9.6%	4.0%	13.0%	10.3%
	Upper	13.5%	7.6%	27.2%	18.1%
Reduction in maximum bet per spin	%	28.5%	31.2%	27.5%	28.8%
	SE	2.9%	6.4%	8.9%†	2.5%
	Lower	23.3%	20.2%	13.7%	24.1%
	Upper	34.4%	45.0%	47.6%	33.9%
Reduction in the amount of cash you can insert into note acceptors	%	23.8%	15.8%	19.9%	22.2%
	SE	2.7%	4.0%	6.7%†	2.2%
	Lower	18.9%	9.5%	9.8%	18.1%
	Upper	29.6%	25.4%	36.1%	26.9%

Note: † = 30%<RSE<50%, SE = standard error, Lower and Upper represent the upper and lower bounds of the 95 per cent confidence interval.

Source: Tasmanian Gambling Survey 2011

Respondents were asked: if they were an EGM player who was aware of these measures, what impact would the measures have on their gambling spend and enjoyment? Table 5.4 reports the percentage who reported 'no change'.

Table 5.4

PERCENTAGE OF EGM USERS REPORTING 'NO CHANGE' ON SPEND AND ENJOYMENT RESULTING FROM EXISTING HARM MINIMISATION MEASURES

No Change	Spend or enjoy	%	SE	Lower	Upper
Ban on ATMS in hotels and club	Spend	97.3%	1.2%	93.7%	98.9%
	Enjoy	98.0%	0.9%	95.2%	99.2%
Limit on number of EGMs	Spend	91.2%	2.5%	84.8%	95.1%
	Enjoy	98.0%	0.9%	95.2%	99.2%
Limit operation hours to a maximum of 20hours	Spend	95.5%	2.3%	88.2%	98.4%
	Enjoy	95.0%	2.4%	87.6%	98.1%
Ban on note acceptors	Spend	95.7%	1.8%	90.6%	98.1%
	Enjoy	95.1%	1.6%	90.7%	97.4%
Ban on smoking	Spend	89.0%	1.9%	84.8%	92.2%
	Enjoy	65.4%	3.0%	59.4%	71.0%
Reduction of lines	Spend	89.4%	5.3%	73.7%	96.2%
	Enjoy	94.9%	2.0%	89.2%	97.7%
Reduction in maximum bet per spin	Spend	94.8%	2.4%	87.3%	97.9%
	Enjoy	95.8%	1.4%	92.1%	97.8%
Reduction in the amount of cash you can insert into note acceptors	Spend	94.0%	2.0%	88.5%	97.0%
	Enjoy	92.8%	3.0%	84.2%	96.9%

Source: Tasmanian Gambling Survey 2011

Of these measures, the greatest change to enjoyment was experienced in relation to the smoking ban: 34.6 per cent of those surveyed reported that it had impacted on their enjoyment, with 27.6 per cent reporting increased enjoyment, and 7.0 per cent reporting decreased enjoyment.

5.5 Group interview participants' perspectives on existing measures

Ban on ATMs in hotels and clubs with EGMs

Those CATI respondents taking part in the structured group interviews were given an opportunity to reflect on the measures currently in place. The moderate levels of awareness reflected in Table 1.1 were not reflective of the strength of opinion on a number of these measures.

The first measure — banning ATMs in hotels and clubs with EGMs — was strongly supported, as contributing to non-impulsive gambling and the creation of breaks in play and possibly by acting as a disincentive to continue play after a spend limit is reached.

> I would like to get rid of access of all ATMs in all gambling and take your money — when you run out you got to get your card and go somewhere to get more money — once I get to my car, I am in a better state of mind to stop myself.
>
> (Female, 60-64)

> You can walk or drive to them at least — you got to break the cycle of playing.
>
> (Male, 50-54)

> … you have got to go and get in your car and get your money, I would not bother, I would go home.
>
> (Male, 70-74)

However, as one participant pointed out:

> Someone who is a habitual gambler will know exactly what he can do, where and how he can get cash. A lot of the city pubs, tend to be within 20 metres of an ATM anyway.
>
> (Male, 70-74)

Many participants did not support the exemption on ATMs at the casinos.

> So you can use a Visa card or any plastic if you go to any of the restaurants there anyway so why do you need an ATM? My beef is I feel sorry for these little old pensioners, little old ladies. I am not picking on the ladies but quite often those poor little ladies going to the casino – where they put $50 into the things couple of buttons and gone — what do they do — fiddle with their purse, they have got no more money and where do they go out? Out to the ATM.
>
> (Male, 60-64)

> Can I say — when you get into a problem gambling it is not often just gambling on the tables, and tied up with alcohol and both are always tied together and particular places like the casino. The casinos is a nice place to go, and I agree with what everyone in here is saying, but what I don't like is ATMs. I don't think they should be there — where you can drink, gambling and access to extra money if you got it — it's got to be divorced from that somehow.
>
> (Male, 70-74)

> People who staying in there — if you need money for accommodation they should be allowed to use the hotel facilities and be able to swipe their card — if they are paying for a meal they should be allowed to swipe their card but to get money for pokies or money for alcohol — no.'
>
> (Female, 50-54)

Limit on the number of EGMs in each club and hotel

A very important issue related to numbers of EGMs per venue was that of distribution, specifically the dispersal of gambling opportunity throughout communities via a number of smaller venues as distinct from a destination gaming model. This widespread pattern of machine distribution was seen by some as a product of a non-competitive market:

> … it does cause part of the problem in Tasmania and that Federal do own all the licences in Tasmania. And that is why communities don't have bigger venues because they have made sure they have kept them to a certain size. And the community doesn't get the benefits from what you're talking about — where they create social sites. Because on the mainland you do have your larger RSL or those types of places, where you can get away from gambling areas, if you go to most of the RSL places there is usually a dance floor — on a level above or a level below and things like that, so in Tasmania there's none of those venues like that. I can't think of any of those venues that are like that.
>
> (Male, 55-59)

Although a number of participants noted the 'comfortable' and 'welcoming' atmosphere of many venues, particularly for women playing EGMs alone, the large number of EGM venues and subsequent ease of access to gambling opportunity was seen as having a number of impacts on:

- the range of leisure choices available; and
- the quality of EGM venues as a social amenity, where priority is seen to be given to gaming rather than achieving a balance with other facilities and entertainment options.

> You look here when we started — when the casino first opened a lot of the clubs had mainly counter meals and things like that. Now you see those venues — getting bigger, they are into all sorts of things I mean they put on more meals — cheaper meals to get people in — and people aren't going to the venues much more, but there is not like the cabaret atmosphere — like we used to have here.
>
> (Female, 50-54)

> It's become more focused on the machines.
>
> (Male, 55-59)

> That's right — there used to be bands playing on the Saturday night you go — have a meal and stay on for band and things like that. There doesn't seem to be any of that any more.
>
> (Female, 50-54)

For a number of participants, concentration of EGMs in casinos only was seen as desirable both in terms of social amenity and as a harm minimisation measure:

> I really think, taking it out of the casino is the worst thing they ever did, because if you had to drive to the casino, would you bother sometimes? But if you had to walk to a venue or drive to a close venue, how many people go?
>
> (Female, 50-54)

> With the casino – traditionally had tables and all of that and they very recently turned themselves into a pub, just being a pokies.
>
> (Male, 45-49)

> I would concentrate on putting the gambling machines in the casino. Take it away from the pubs and hotels. Where you put the Mums who just put the children to bed — because it's just around the corner, you got to make an effort — if you got to go to the city, you got to organise your family. If you're going to be out for so long – your wife or husband will know where I am. But if it's not so easily and readily available.
>
> (Male, 55-59)

> And you make a casino like a tourist destination; if we're going to invest money, make it a tourist destination maybe, that will help a lot of other things in our economy. If people are flying in to places we've chosen.
>
> (Male, 50-54)

> They would be able to police them better — people running the place would know the gamblers — instead of them drifting all over.
>
> (Male, 60-64)

> I am not against poker machines but I am certainly against poker machines at every corner and pub — leave it to the casinos — there is more control — they are more secure and you have got to make an effort to go to them. The pubs are walking distance here and I don't agree with that.
>
> (Male, 65-69)

The safety aspect of casino gambling was noted by a number of female gamblers:

> … there's a bus that comes around — so she is very safe. The ladies are escorted to the car. She just felt safe, I mean don't think for any minute she has won a large amount of money. But she said she felt safe (at the casino). In Glenorchy and Moonah, there is a threat of being mugged even for a small amount of money — I have got clients that are being robbed in their own houses — while they are in bed asleep. You don't know if it is related to drugs or gambling related.
>
> (Female, 50-54)

> I am a woman on my own and I don't want to sit at home 24/7 — night after night where can I go? I don't want to go to the movies on my own — at my age I can go to the casino — I go and have a coffee, a beer, I can mix with people if I want to — I don't have to. If I have a problem, night security is there and if I get edgy security can walk you to the car and a number of women in my age group, I would say between 50 and 80, that is their only social outlet virtually — they got no one to talk to — they got no other interest and in there is nothing else for them.
>
> (Female, 65-69)

> I would definitely not go to a lot of the local venues — a lot of them. The one near my place, I went there one evening because I was bored out of my brain and I walked in there and I think I heard more swearing — I heard more new words and saw more bogans, and in half an hour I had to go elsewhere — so never again would I go there at night. It was quite an eye opener.
>
> (Female, 50-54)

For some participants, the spread of EGM venues is clearly seen as the reason for the demise of other gambling opportunities, often assumed to be less harmful:

> I have not had a bet since the pokies came in — I would not know or how to put a bet on the TAB even if I wanted to.
>
> (Male, 70-74)

> When was the last time you went down to a greyhound race? There are no bookies.
>
> (Female, 60-64)

> It's more streamlined. Everyone knows what it's about and it's quicker to lose your money and quicker than waiting for a horse to go around the paddock.
>
> (Female, 65-69)

> Used to be more like a Saturday thing. Now it's Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, and Sunday.
>
> (Male, 50-54)

Limit on gaming facilities to operate for a maximum of 20 hours

The differences between alcohol service regulation and gaming service regulation was noted by a number of participants:

> If they can shut down service of alcohol why can't they shut down, not the casino maybe, but you go to any of the pubs around you, talk to the people who own the pubs — they have got to stop serving alcohol, because their license say — but they will say to you, but I had to stay an extra four hours because they had one person sitting at the machine. Why is the machine allowed to be open if nothing else is?
>
> (Female, 60-64)

Ban on note acceptors on EGMs located in pubs and clubs

This was generally supported, including a low limit on note acceptors in casinos:

> I think the other thing that is a problem is having the note acceptor. Just feed money in rather than having to get up and walk away and get change — its too easy, than feeding money in.
>
> (Female, 70-74)

Ban on smoking in gaming areas

This was supported, although participants noted that there was often not a clear separation of the smoking area from the gaming area, so that the intended break in play was minimal:

> They have glass so they can sit there, watch their machines. They quite often go and if they are winning games they will go and smoke while the game is on and watch it through the glass.
>
> (Male, 65-69)

Reduction in the maximum number of lines on new EGM games

No participants were able to correctly identify the change, from a maximum of 50 lines to 30 lines.

Reduction of the maximum bet per spin on new EGM games

There was strong support for bet limits but no participant could correctly identify the change from $10 to $5 in hotels and clubs.

5.6 New electronic gaming machine game features

Respondents who were aware of the new EGM game features were asked about their use. Due to the small cell sizes, results are reported in categories representing no use or any use, by problem gambling severity category (Table 5.5). No significant differences were found between problem gambling categories in use of the new EGM game features.

Table 5.5

USE OF NEW EGM GAME FEATURES BY PROBLEM GAMBLING SEVERITY CATEGORY

Use	Result	% of sample by PGSI category			EGM users who are aware of these measures
		Non-problem gambling	Low risk gambling	Moderate risk/ problem gambler	
None of the time	%	74.8%	71.2%	68.2%	73.5%
	SE	4.7%	8.6%	12.8%	4.0%
	Lower	64.4%	51.9%	40.2%	65.0%
	Upper	82.9%	85.0%	87.3%	80.6%
Sometimes/ most of the time/ always	%	25.2%	28.8%	31.8%	26.5%
	SE	4.7%	8.6%	12.8%	4.0%
	Lower	17.1%	15.0%	12.7%	19.4%
	Upper	35.6%	48.1%	59.8%	35.0%

Source: Tasmanian Gambling Survey 2011.

People who were aware of the new EGM game features were asked if the three harm minimisation features effective from 1st April 2010 (reduction of lines played; reduction in maximum bet per spin; and reduction of amount able to be used in note acceptors) had affected their spend or enjoyment (Table 5.6). The majority of respondents reported that there was no change to spend, with the largest reported change being more than 10 per cent reporting a decrease in spend as a result of reduction of lines. The majority of respondents also reported no change to their level of enjoyment as a result of these measures, except for a small minority (6 per cent) reporting that the reduction of amount able to be put through note acceptors had decreased their enjoyment.

Table 5.6

IMPACT OF NEW EGMHARM MINIMISATION FEATURES ON GAMBLING SPEND AND ENJOYMENT

For those aware of new machines – impact of...	Result	Spend				Enjoy			
		%	SE	Lower	Upper	%	SE	Lower	Upper
Reduction of lines	Decrease	10.6%	5.3%	3.8%	26.3%	4.6%	1.9%†	2.0%	10.3%
	No change	89.4%	5.3%	73.7%	96.2%	94.9%	2.0%	89.2%	97.7%
	Increase	0.0%	np			np			
Reduction in maximum bet per spin	Decrease	4.8%	2.4%	1.8%	12.6%	3.9%	1.3%†	1.9%	7.6%
	No change	94.8%	2.4%	87.3%	97.9%	95.8%	1.4%	92.1%	97.8%
	Increase	np				np			
Reduction in the amount of cash you can insert into note acceptors	Decrease	5.6%	2.0%†	2.8%	11.2%	6.0%	2.9%†	2.3%	14.9%
	No change	94.0%	2.0%	88.5%	97.0%	92.8%	3.0%	84.2%	96.9%
	Increase	np				np			

Note: np = data not available due to insufficient responses, but included in totals where applicable, unless otherwise indicated.

Note:: † = 30%<RSE<50%

Source: Tasmanian Gambling Survey 2011.

Those EGM players who were not aware of the new EGM harm minimisation features, were asked what they thought the impact of the three features would be on their spend and enjoyment (Table 5.7). Between 6.2 per cent and 13.7 per cent thought that these measures would result in a decrease in spend. Again, the majority of respondents believed that the measures would not impact on enjoyment, although 8.1 per cent believed that reduction of lines would reduce their enjoyment in playing in contrast to the actual rate of people playing the machines, where 4.6 per cent reported a decrease in enjoyment for this reason.

Table 5.7

ANTICIPATED IMPACT OF NEW EGM HARM MINIMISATION FEATURES ON GAMBLING SPEND AND ENJOYMENT

For those aware of new machines — impact of...	Result	Spend				Enjoy			
		%	SE	Lower	Upper	%	SE	Lower	Upper
Reduction of lines	Don't know/ unsure	1.4%	0.5%†	0.7%	3.0%	1.4%	0.6%†	0.5%	3.4%
	Decrease	13.2%	2.7%	8.8%	19.4%	8.1%	1.4%	5.7%	11.4%
	No change	84.8%	2.7%	78.7%	89.4%	86.1%	2.4%	80.6%	90.2%
	Increase	np				4.5%	2.0%†	1.8%	10.7%
Reduction in maximum bet per spin	Don't know/ unsure	np				np			
	Decrease	7.1%	2.3%	3.7%	13.2%	2.7%	0.8%	1.4%	5.0%
	No change	91.6%	2.4%	85.6%	95.2%	94.3%	1.7%	90.0%	96.9%
	Increase	np				np	np	np	np
Reduction in the amount of cash you can insert into note acceptors	Don't know/ unsure	np				np			
	Decrease	6.7%	1.5%	4.3%	10.3%	3.8%	1.0%	2.3%	6.4%
	No change	91.4%	1.6%	87.5%	94.1%	94.2%	1.2%	91.3%	96.2%
	Increase	np				1.2%	0.6%	0.5%	3.0%

Note: np = The estimate is not reported as it has a relative standard error greater than 50% and does not meet established standards for reliability, or has inadequate cell numbers

Source: Tasmanian Gambling Survey 2011.

5.7 Proposed harm minimisation measures

All EGM users were asked about the impact they believed the proposed measures (those included in the draft Mandatory Code of Practice at the time of consultation) would have on spend and enjoyment (Table 5.8). The majority of respondents believed that these measures would result in either no change to their gambling spend or a decrease in spend. Not serving food or alcohol to EGM players after 6pm until closure recorded both the largest anticipated decrease in spend (22.4 per cent) but also recorded the highest rate of anticipated decrease in enjoyment (28.4 per cent). Restricting the payment of cash for EGM payouts recorded the second largest anticipated spend decrease of the measures at 18.5 per cent, although more than one-fifth of respondents (21.5 per cent) believed this would decrease their enjoyment of gambling.

Table 5.8

EGM USERS BELIEFS: IMPACT ON SPEND AND ENJOYMENT OF PROPOSED HARM MINIMISATION MEASURES

For those aware of new machines — impact of...	Result	Spend				Enjoy			
		%	SE	Lower	Upper	%	SE	Lower	Upper
Socially responsible advertising of gambling	Increase	np				2.1%	0.8%†	1.0%	4.5%
	No change	93.5%	1.5%	89.9%	95.9%	92.0%	1.7%	88.0%	94.7%
	Decrease	5.5%	1.5%	3.3%	9.2%	4.4%	1.1%	2.7%	7.3%
Limiting gambling vouchers and banning alcohol vouchers	Increase	np				1.2%	0.4%†	0.6%	2.4%
	No change	89.0%	2.1%	84.1%	92.5%	87.7%	2.0%	83.2%	91.1%
	Decrease	9.3%	2.1%	6.0%	14.2%	10.4%	2.0%	7.1%	14.9%
Player loyalty programs that provide player activity statements, detailed information	Increase	2.5%	0.8%†	1.3%	4.6%	6.4%	1.9%	3.6%	11.4%
	No change	89.9%	2.2%	84.8%	93.4%	87.8%	2.3%	82.5%	91.6%
	Decrease	7.5%	2.1%	4.3%	12.7%	5.2%	1.4%	3.1%	8.8%
Reducing the amount you can withdraw from venue from EFTPOS/ ATMS	Increase	np				1.7%	0.6%†	0.8%	3.3%
	No change	85.8%	2.3%	80.6%	89.8%	88.6%	2.2%	83.5%	92.2%
	Decrease	12.2%	2.3%	8.4%	17.4%	8.9%	2.1%	5.5%	14.0%
Restricting the payment of cash for poker machine payouts	Increase	np				2.1%	0.9%†	0.9%	4.8%
	No change	80.2%	2.4%	74.9%	84.5%	75.8%	2.6%	70.4%	80.5%
	Decrease	18.5%	2.4%	14.2%	23.8%	21.3%	2.5%	16.8%	26.6%
Providing adequate lighting in poker machine areas	Increase	1.8%	0.8%†	0.8%	4.2%	2.1%	0.9%†	0.9%	4.8%
	No change	92.4%	1.9%	87.7%	95.4%	75.8%	2.6%	70.4%	80.5%
	Decrease	5.6%	1.8%†	2.9%	10.3%	21.3%	2.5%	16.8%	26.6%
Not serving food or alcohol to poker machine players in the evening	Increase	1.2%	0.5%†	0.6%	2.6%	3.7%	1.3%†	1.8%	7.5%
	No change	75.8%	2.7%	70.1%	80.8%	67.5%	2.9%	61.6%	72.9%
	Decrease	22.4%	2.7%	17.6%	28.2%	28.4%	2.8%	23.3%	34.1%
Locating highly visible clocks on the walls of poker machine areas	Increase	np				4.5%	1.1%	2.8%	7.2%
	No change	91.1%	2.0%	86.4%	94.3%	92.8%	1.3%	89.7%	95.0%
	Decrease	6.9%	1.8%	4.1%	11.5%	2.3%	0.8%†	1.2%	4.3%
Signage about legal matters, responsible gambling	Increase	np				2.4%	0.9%†	1.2%	4.8%
	No change	89.0%	2.2%	83.8%	92.7%	91.9%	1.4%	88.6%	94.3%
	Decrease	9.8%	2.2%	6.3%	15.1%	4.8%	1.1%	3.1%	7.6%

Note: np = data not available due to insufficient responses, but included in totals where applicable, unless otherwise indicated

Note:: † = 30%<RSE<50%

Source: Tasmanian Gambling Survey 2011.

Clearly, there is a number of measures that people perceive will lessen their enjoyment of gambling, while at the same time believing that they would spend less. From the structured group interviews, it is clear that for many of these people, the decrease in spend would be the result of a decrease in gambling activity if the restrictions on play are deemed too onerous, particularly for those people who regard themselves as social gamblers with no risk potential.

This issue of the ability of harm minimisation measures to target those at risk and encourage appropriate behavioural change (less time and money spent on gambling ideally achieved with minimal impact on enjoyment of not-at risk patrons), is addressed in Table 5.9 and Table 5.10. These tables report responses to a question on the extent to which EGM users believed the proposed harm minimisation

measures would impact on their gambling spend and on their enjoyment of gambling. Due to small cell sizes, only rates for those suggesting no anticipated change are reported.

In terms of specific measures, 22.9 per cent of moderate risk/problem gamblers, compared to only 4 per cent of non-problem gamblers, believed that the introduction of socially responsible advertising of gambling would have an impact on their spend, indicating perhaps a higher perceived level of susceptibility to awareness of advertising, and acting on that awareness.

Almost 30 per cent of low risk gamblers believed that limiting gambling vouchers and banning alcohol vouchers would have an impact on their spending, while moderate risk/problem gamblers did not differ from non-problem gamblers on this. This belief by low risk gamblers is likely to be indicative of a belief, as discussed previously, that such inducements are a trigger or incentive to gamble in addition to, or instead of, the consumption of other venue-based non-gambling products.

Non-problem gamblers were significantly more likely than moderate risk/problem gamblers to believe that their gambling spend would not change through the introduction of the following:

- Reduction to the amount able to be withdrawn from an EFTPOS machine for gambling, or from an ATM at the casino (59.8 per cent versus 92.8 per cent (OR 8.651, p<.001))
- Restricting the payment of cash for poker machine payouts (64.4 per cent vs. 85.7 per cent (OR 3.311, p=.007))
- Locating highly visible clocks on gaming room walls (74.1 per cent versus 92.9 per cent (OR 4.579, p =.004))
- Allowing only socially responsible advertising of gambling (83.1 versus 96.1 (OR 4.979, p=.005))

Interestingly, low risk gamblers believed, more than non-problem gamblers, that in relation to every measure there would be a greater impact on their spend, although in some cases the difference was small.

Table 5.9

EGM USERS BELIEFS ABOUT THE IMPACT ON THEIR SPEND OF PROPOSED HARM MINIMISATION MEASURES, BY PROBLEM GAMBLING SEVERITY CATEGORY

Spend (no change)	Result	% of sample by PGSI category		
		Non-problem gambling	Low risk gambling	Moderate risk/ problem gambler
Socially responsible advertising of gambling	%	96.1%	89.4%	83.1%
	SE	1.0%	6.3%	7.9%
	Lower	93.5%	69.6%	62.0%
	Upper	97.7%	96.9%	93.7%
Limiting gambling vouchers and banning alcohol vouchers	%	92.1%	71.5%	96.2%
	SE	1.6%	9.1%	1.8%
	Lower	88.2%	51.2%	90.7%
	Upper	94.7%	85.8%	98.5%
Player loyalty programs that provide player activity statements, detailed information	%	94.1%	76.4%	82.1%**
	SE	1.6%	9.4%	7.8%
	Lower	90.1%	53.9%	61.7%
	Upper	96.5%	90.0%	92.9%
Reducing the amount you can withdraw from venue from EFTPOS/ ATMS	%	92.8%	69.7%	59.8%**
	SE	1.8%	9.1%	10.4%
	Lower	88.5%	49.8%	38.9%
	Upper	95.5%	84.3%	77.6%
Restricting the payment of cash for poker machine payouts	%	85.7%	63.8%	64.4%**
	SE	2.1%	8.8%	9.8%
	Lower	81.0%	45.5%	43.8%
	Upper	89.4%	78.9%	80.8%
Providing adequate lighting in poker machine areas	%	94.4%	84.8%	89.9%
	SE	1.7%	8.4%	5.0%
	Lower	90.0%	60.9%	75.2%
	Upper	96.9%	95.2%	96.3%
Not serving food or alcohol to poker machine players in the evening	%	80.4%	57.6%	72.0%
	SE	2.7%	8.5%	9.4%
	Lower	74.6%	40.7%	50.7%
	Upper	85.1%	72.8%	86.6%
Locating highly visible clocks on the walls of poker machine areas	%	92.9%	92.3%	74.1%**
	SE	2.4%	2.8%	8.5%
	Lower	86.6%	84.8%	54.6%
	Upper	96.4%	96.3%	87.2%
Signage about legal matters, responsible gambling	%	92.1%	78.4%	84.8%
	SE	2.2%	8.3%	6.3%
	Lower	86.5%	58.1%	68.0%
	Upper	95.5%	90.4%	93.6%

** = p<0.01

Source: Tasmanian Gambling Survey 2011.

Table 5.10

EGM USERS BELIEFS: IMPACT ON ENJOYMENT OF PROPOSED HARM MINIMISATION MEASURES

Enjoyment (no change)	Result	%of sample by PGSI category		
		Non-problem gambling	Low risk gambling	Moderate risk/ problem gambler
Socially responsible advertising of gambling	%	93.0%	90.5%	90.4%
	SE	1.7%	6.3%	4.3%
	Lower	88.8%	69.4%	78.0%
	Upper	95.7%	97.6%	96.1%
Limiting gambling vouchers and banning alcohol vouchers	%	89.8%	78.4%	88.9%
	SE	1.8%	8.3%	4.5%
	Lower	85.6%	58.1%	76.4%
	Upper	92.9%	90.5%	95.2%
Player loyalty programs that provide player activity statements, detailed information	%	91.9%	70.7%	85.2%
	SE	2.0%	9.0%	5.4%
	Lower	87.0%	50.6%	71.2%
	Upper	95.1%	85.0%	93.0%
Reducing the amount you can withdraw from venue from EFTPOS/ ATMS	%	92.9%	75.0%	78.7%
	SE	1.7%	9.3%	7.1%
	Lower	88.7%	53.1%	61.6%
	Upper	95.6%	88.8%	89.5%
Restricting the payment of cash for poker machine payouts	%	79.7%	70.7%	53.7%**
	SE	2.9%	7.1%	10.9%
	Lower	73.4%	55.2%	33.0%
	Upper	84.8%	82.6%	73.3%
Providing adequate lighting in poker machine areas	%	86.8%	75.1%	84.0%
	SE	2.4%	8.3%	6.1%
	Lower	81.4%	55.9%	68.4%
	Upper	90.8%	87.7%	92.7%
Not serving food or alcohol to poker machine players in the evening	%	72.1%	50.6%	60.6%
	SE	3.1%	8.0%	10.4%
	Lower	65.7%	35.3%	39.6%
	Upper	77.7%	65.7%	78.2%
Locating highly visible clocks on the walls of poker machine areas	%	94.1%	93.8%	80.7%**
	SE	1.5%	2.4%	7.3%
	Lower	90.4%	86.9%	62.5%
	Upper	96.4%	97.2%	91.3%
Signage about legal matters, responsible gambling	%	93.1%	91.5%	86.6%
	SE	1.7%	3.1%	5.8%
	Lower	89.0%	83.2%	70.9%
	Upper	95.7%	96.0%	94.5%

** = p<0.01

Source: Tasmanian Gambling Survey 2011.

In relation to the perceived impact of limiting gambling vouchers and banning alcohol vouchers, low risk gamblers (21.6 per cent) were more likely to anticipate a change to their level of enjoyment as a result of this measure than were non-problem gamblers (10.2 per cent) and moderate risk/problem gamblers (11.1 per cent). They were also more likely to anticipate a change to enjoyment level (49.4 per cent) in relation to not serving food or alcohol to poker machine players in the evening, than were non-problem gamblers (27.9 per cent) and moderate risk/problem gamblers (39.4 per cent).

As these measures are anticipated to have a disproportionate effect on those who would consider themselves as social gamblers, and have a direct impact on the social aspects of venue patronage, they will need careful explanation and execution.

Although moderate risk/problem gamblers perceived that all measures would impact on their enjoyment more than non-problem gamblers, three differences were statistically significant:

- 92.9 per cent of non-problem gamblers reported that there would be no change in enjoyment with the proposal to reduce the amount able to be withdrawn from EFTPOS and ATMs, compared with 78.7 per cent of moderate risk/problem gamblers (OR 3.527, p=.008);
- 79.7 per cent of non-problem gamblers reported that there would be no change in enjoyment with the proposal to restrict the payment of cash for poker machine payouts compared with 53.7 per cent of moderate risk/problem gamblers (OR 3.385, p=.007); and
- 94.1 per cent of non-problem gamblers reported that there would be no change in enjoyment with the proposal to place highly visible clocks in gaming areas, compared with 80.7 per cent of moderate risk/problem gamblers (OR 3.779, p=.009).

The measure generating the most confusion among structured group interview participants was the proposal for reduction of the amount able to be withdrawn from EFTPOS machines for the purpose of gambling. Typical of the comments relating to this are the following:

> You can do it over the bar, there is only one transaction in the hotel, they don't let you go over it, if you can only take out the $40, spend your $40 and you go back and say you want more they say no thank you.
>
> (Female, 45-49)

> If you go to the bar then you can go to the bottle shop, you can go twice.
>
> (Male, 60-64)

> I know you can spend a maximum on your machine through your card, but there is no limit at the pubs.
>
> (Male, 40-44)

> They are very strict — you can only use your EFTPOS card once a day. And if you go up and get a different girl you can probably try and fool them — The first thing they ask you is have you used it today — if you have they don't want to know you.'
>
> (Male, 60-64)

5.8 Pre-commitment strategies

Although not one of the harm minimisation measures being planned for adoption, pre-commitment was a topical issue at the time the Impact Study was being conducted, and this issue generated the most unprompted discussion in the structured group interviews of any type of harm minimisation measure. The majority of participants were not in favour of mandatory pre-commitment, although there was conditional support for voluntary pre-commitment for users of high intensity machines, with no pre-commitment required for users of low intensity machines with a $1.00 bet limit.

Opposition to pre-commitment strategies

Opposition in principle to government intervention

This included a view that it is inappropriate for government to be involved in the regulation of a legal form of behaviour, where people are exercising choice:

> It's a terrible thing that we have to be looked after like this — I think people seem so irresponsible. They seem to think we need to be looked after in so many ways. Gambling, smoking, alcohol, looking after your children. You almost can't do anything without the government thinking it has to be regulated — and that you need to be controlled somehow.'
>
> (Female, 65-69)

Concern with privacy

This was expressed primarily as a concern with inter-institutional information sharing, such as with financial data, between banks and venues:

> That means it's going through a central data base and that means that they will be able to track how you gamble your money, and then just looking down the track suddenly banks will be getting access to that information — you're a bad risk for loans, and that is my biggest concern.
>
> (Male, 50-54)

Opposition to a universal scheme

Strong opinions were expressed that mandatory pre-commitment should not be introduced as a universal measure given that only a small minority of gamblers exhibited problematic EGM play, and that by so doing, it risked demonising all EGM players:

> Too much of taking the pleasure from people who do go for a social. I know lots who go for your meals, go and play for half an hour or something, and a lot of people who really have nothing else in their lives, just social.
>
> (Female, 60-64)

A variant of this view opposing a universal scheme is that mandatory pre-commitment was being used as a 'Trojan Horse' by which to eventually eradicate EGMs as a gambling option.

Limitation of targeting EGMs only

Some participants observed that there was a greater potential to lose money on other forms of gambling such as track betting and sports betting, so that pre-commitment, as a harm minimisation measure, should be considered for other gambling forms as well.

Substitution of gambling forms

Opposition stemmed from a belief that problem gamblers would simply find other gambling outlets:

> If they want to gamble that bad — you got to be smart about it — the method of gambling will change. I mean we've said that there are dozens of different ways of gambling. Go to the bookmakers ...
>
> (Male, 55-59)

Strategies to circumvent the pre-commitment

A number of circumvention strategies were identified:

- the most common was the belief that problem gamblers would set pre-commitment limits that they knew they would never attain, thus being able to gamble, having made a pre-commitment, but without any meaningful behavioural change having taken place; and
- there was also a strong belief that problem gamblers would swap cards:

> I can charge someone twenty bucks and they can borrow my card.
>
> (Male, 45-49)

Alternatives to pre-commitment

A number of alternatives were suggested, including;

- *Better recognition of problem gamblers in the venues* — including the provision of better training for staff in the responsible service of gaming, although it was acknowledged that this was not always effective:

> Isn't there some way they can recognise who is at both risk of being in danger of getting themselves. There are a lot of venues that must know who their regulars are, why they aren't doing something to help.
>
> (Female, 50-54)

> My understanding is that they do. They do recognise the people, they know most of them, but most people have the same attitude that you were talking of earlier that they don't want to be told and their disease is too ingrained to be persuaded simply by a venue owner. So how do you get about this.
>
> (Male, 70-74)

- *Venue redesign* — so that problem gamblers are not 'hidden' as they play, but are forced to play on machines that are located in a more open configuration:

> You can't see where half the people are so the staff will not be able to see them unless they put cameras, in which case they may as well have a bank of computers to show what the usage is so that the staff can watch and identify people that way.
>
> (Male, 55-59)

Implications of loss of income for the industry

A number of participants expressed concern that with mandatory pre-commitment, venues would receive less income, as problem gamblers spend disproportionately more than non-problem gamblers on EGMs. The effect of this, it was feared, may be a passing on of costs to patrons in the form of withdrawal of subsidies for meals, and the general loss of amenity, and in small communities, the loss of jobs in hospitality, which would have a broader impact on those communities.

Support for pre-commitment strategies

Themes arising from the positive responses to pre-commitment are noted below.

Support for third party limit setting

In recognising that many problem gamblers lack the insight to take corrective action, in a non-mandatory scheme, there was support for the concept of third party limit setting

> So they don't want to stop their mum going to the pokies but they don't want her to spend her whole pension, she can spend 20 dollars or whatever.
>
> (Female, 30-34)

General support on the basis of diminished decision-making capacity of problem gamblers

This has some relation to the comments made previously in the Report in relation to the discourse on problem gambling that needs to be considered in framing prevention messages. The discourse concerning 'addiction' and 'addictive personalities' lends itself to a belief that action has to be taken for those who are unable to make effective decisions for themselves to limit the harm associated with their gambling. Having said this, however, participants expressing these views contextualised them by reaffirming opposition to a universal scheme.

5.9 Findings

The discussions in the thirteen structured group interviews and the CATI survey provided a number of insights into the awareness and opinions of Tasmanian consumers about a number of aspects of the gambling environment, and in particular: awareness of harm minimisation measures; support or opposition to the measures; and assessments of the measures' effectiveness.

Awareness of harm minimisation measures

Self-exclusion scheme

- Just over two-thirds of EGM gamblers report being aware of the Tasmanian Gambling Exclusion Scheme. However, somewhat surprisingly, fewer moderate risk gamblers and problem gamblers were aware of the Scheme, compared to non-problem gamblers. There is a high level of support for third-party exclusion.

Advertising

- In respect to industry advertising, sportsbetting was highly criticised. With respect to problem gambling advertising, the 'House edge' advertisement featuring 'Jack', a component of the Know Your Odds Campaign, showed almost universal reach to the participants and extremely high levels of unprompted recall.

Player inducements

- The Mandatory Code sets out that inducements should not be offered that persuade people to gamble when they would not gamble normally, or to gamble outside of their normal gambling patterns. Determining the extent to which

people's gambling patterns may be influenced by inducements is an important task for a future review of the operational effectiveness of the Code.

Existing harm minimisation measures

- As previously noted, smoking bans are not primarily a harm minimisation measure but an OHS measure. Bans may be considered to be a secondary harm minimisation measure and were included as an item in the CATI survey and in the structured group interviews. Other than the smoking ban (of which nearly 96 per cent of EGM gamblers were aware), generally fewer than one-third were aware of any specific measures currently in place, except for the restriction on numbers of EGMs per venue (37.8 per cent), with the lowest level of awareness recorded for reduction of lines (13.8 per cent). Of these measures the greatest change to enjoyment was experienced in relation to the smoking ban: 34.6 per cent of those surveyed reported that it had impacted on their enjoyment, with 27.6 per cent reporting increased enjoyment, and 7.0 per cent reporting decreased enjoyment.
- No participants were able to correctly identify what the reduction in the maximum number of lines on *new* EGMs entailed.

Support or opposition to measures

Bans on ATMs in venues

- Bans on ATMs in hotels and clubs with EGMs were strongly supported, in terms of it contributing to non-impulsive gambling and the creation of breaks in play which may actually act as a disincentive to continue play after a spend limit is reached. The exemption for ATMs at the casinos has little support.

Bans on note acceptors

- Bans on note acceptors on EGMs located in pubs and clubs were generally supported, including a low limit on note acceptors in casinos.

A pre-commitment regime

- A majority of participants were not in favour of mandatory pre-commitment, although there was some conditional support for voluntary pre-commitment.

Impact of measures

Rate of loss – bet and win limits

- The majority of respondents report that there was no change to their spend or enjoyment as a result of the introduction of reduced:
  - lines played;
  - maximum bet per spin; and
  - amount able to be used in note acceptors in new machines.

Proposed measures in the Mandatory Code of Practice

- The majority of respondents believed that the proposed measures would result in either no change to their gambling spend, or a decrease in spend. One measure — not serving food or alcohol to EGM players after 6pm — recorded both the largest anticipated decrease in spend (22.4 per cent), and the highest rate of anticipated decrease in enjoyment (28.4 per cent).
- Moderate risk/problem gamblers believed their spend would be impacted on through the introduction of:
  - reducing the amount able to be withdrawn from an EFTPOS machine for gambling, or from an ATM at the casino;
  - restricting the payment of cash for poker machine payouts;
  - locating highly visible clocks on gaming room walls; and
  - allowing only socially responsible advertising of gambling.
- Moderate risk/problem gamblers perceived that all proposed measures would impact on their enjoyment more than on non-problem gamblers' enjoyment.

Distribution of EGMs

- Finally, distribution was an important issue continually raised related to numbers of EGMs per venue. Specifically, the dispersal of gambling opportunity throughout communities via a number of smaller venues as distinct from a destination gaming model, with the pattern of widespread dispersal of machines seen by some as a product of a non-competitive market.

Chapter 6

Methodology for ongoing evaluation of harm minimisation measures

This chapter provides a framework and methodology for the future evaluation of the 'suite' of harm minimisation measures that have been, or are about to be, introduced by the Tasmanian Government. Indeed, this methodology will be most valuable in evaluating measures that are yet to be implemented, due to the 'power' derived from collecting data before implementation.

Survey data already collected as part of the current study (reported in Volume 2, and Chapter 5 of this volume), along with agreement to future participation by survey respondents, means that it is possible to apply longitudinal evaluation methods. A longitudinal evaluation, in the current context, would examine, for example, the extent to which individuals move between Problem Gambling Severity Index (PGSI) categories over time.

Also included in this chapter is an economic evaluation methodology. An economic evaluation would seek to identify the cost-effectiveness of harm minimisation measures.

6.1 Evaluation framework: longitudinal study

It has been long established in the evaluation literature that the 'gold standard' for evaluating programs aimed at altering human behaviour, such as harm minimisation initiatives, is a longitudinal study-based approach. A longitudinal study is one that collects data from the same sample elements on multiple occasions over time. Longitudinal surveys are highly valued by researchers and policy makers for their ability to provide insights that cannot be obtained by any other means. In many situations, they have considerable advantages over cross-sectional surveys.

Such an approach is thus explicitly able to examine stability in PGSI status. For example, it can examine the tendency for individuals to stay at one diagnostic level as opposed to moving to another improved or worsened level or the progression to problem gambling.

Findings from previous longitudinal studies

The few longitudinal studies that have been conducted have not supported some of the conventional assumptions about the course and prognosis of problem gambling. A recent study by LaPlante et al. (2008) identified only five prospective studies of gambling behaviour among non-treatment samples for evidence related to the stability and progression of problem gambling. They found no evidence to support the assumptions that:

- individuals cannot recover from problem gambling (persistence assumption);
- individuals who have more severe gambling problems are less likely to improve than individuals who have less severe gambling problems (selective-stability assumption); and

- individuals who have some gambling problems are more likely to worsen than individuals who do not have gambling problems (progression assumption).

LaPlante et al. (2008) thus concluded that gambling problems are characterised by instability and multidirectional courses, and emphasised the need for future research to use prospective designs to examine correlates of development and recovery patterns. This type of study is currently being conducted in a select number of jurisdictions both nationally and internationally, including Victoria, Sweden and Canada.

Implementation of a longitudinal study

It is proposed that the longitudinal study be undertaken via a household panel telephone survey of 1,879 participants from the 2011 Tasmanian Gambling survey who were administered the entire survey and agreed to be followed up.

In relation to problem gambling, this methodology will allow exploration of:

- the stability of moderate risk and problem gambling behaviour;
- the movement of individuals across different categories of problem gambling behaviour;
- the demographic, gambling, psychological, and environmental predictors of movement across the continuum of problem gambling behaviour;
- the impact of harm minimisation strategies on movement into and out of problem gambling behaviour relative to other demographic, gambling, psychological, and social predictors;
- the changes in awareness and impact of harm minimisation strategies over time; and
- the demographic, gambling, psychological, and social predictors of awareness and benefit of harm minimisation strategies over time.

It is acknowledged that there will not be a 'non-treatment' group in this proposed evaluation. A 'non-treatment' group would comprise individuals not exposed in any way to the harm minimisation strategies. Despite this limitation, it is considered that considerable insight will be obtained from the longitudinal approach.

Although the methodology in this chapter is focussed upon EGM players, the methodology could potentially be adapted to encompass players of other gambling forms affected by harm minimisation strategies, such as Keno.

Insights from longitudinal analysis

The insight provided from a longitudinal analysis shifts the policy focus, from stable characteristics associated with problem gambling at a point in time, to the factors associated with moving into problem gambling categories or moving out of problem gambling categories. Longitudinal analyses can also help to understand causality rather than mere association. Longitudinal surveys are a cost effective way to measure low prevalence disorders such as problem gambling, as they involve repeated surveys with the same sample rather than conducting another large scale cross-sectional screening survey with a new sample.

6.2 Design of a longitudinal study

Design options

There are several longitudinal designs, including fixed panel, fixed panel plus 'births', rotating panel, repeated panel, and split panel designs. A fixed panel design is considered most appropriate, involving data collection from the same participants on multiple occasions. Higher frequency waves are generally likely to produce higher quality data, although the optimum frequency is dependent on the rate of true change, as they may prove expensive data collection efforts.

It is considered 12 month waves are appropriate to detect changes in gambling participation status, problem gambling status, and harm minimisation impacts. Twelve months is recommended as it is the standard time period assessed with well validated problem gambling measures such as the Canadian Problem Gambling Index (Ferris & Wynn, 2001) and the Brief Bio-Social Gambling Screen (Gebauer, LaBrie, & Shaffer, 2010). It is also the time frame adopted for repeated administration in the few longitudinal studies being conducted to date such as: the New Zealand National Gambling Study 2010-2014; the Swedish Longitudinal Gambling Study conducted by the Swedish National Institute of Public Health; and the Victorian Gambling Study, conducted by the Victorian Office of Gaming and Racing, Department of Justice.

Longitudinal survey approach

In the CATI survey undertaken as part of the 2011 Social and Economic Impact Study into Gambling in Tasmania, 2,043 participants received the full survey (see Volume 2 for more detail). The survey comprised questions relating to a range of issues, including:

- gambling behaviour (participation, frequency, expenditure, problem gambling severity, gambling motives and triggers, patterns of gambling, preferred EGM venue characteristics, styles and characteristics of EGM play);
- impact of EGM harm minimisation strategies on expenditure and enjoyment, and psychological/environmental functioning (quality of life, alcohol and substance use, life events, physical health);
- financial difficulties;
- age of onset;
- family member problem gambling; and
- help-seeking.

Of the 2,043 participants who undertook the full survey, 1,879 (92 per cent) agreed to be followed up in 12 months. This is an extremely high recruitment rate relative to other longitudinal gambling studies conducted internationally. If this methodology to conduct a longitudinal survey was adopted, then the first follow-up wave (Wave 2) of the 2011 sample would occur more than 12 months after the initial survey. This is inevitable, but it is recommended that subsequent waves be conducted at 12 monthly intervals from the Wave 2 data collection point.

It is necessary to take account of any population 'births' and 'attrition' that are reflected in the sample, but also to specifically account for the expected attrition during the life of the survey. Attrition may result from an inability to be located, refusal to participate, or temporary absence when an interview attempt is made. A full suite of contact details was collected from in-scope respondents as part of the first CATI interview.

6.3 CATI survey content

Baseline measures

The CATI survey data will enable high level analysis of the longitudinal relationship between problem gambling severity, gambling participation and location, demographic factors, co-morbidity, and adoption and use of harm minimisation measures. The inclusion of several questions from the CATI survey will serve as baseline measures for the longitudinal evaluation of the effectiveness of the package of harm minimisation measures. These include gambling participation, problem gambling severity, gambling motives, gambling triggers, and patterns of gambling.

All of the CATI data can be used to test a number of hypotheses in relation to the harm minimisation measures. The aims and hypotheses of the longitudinal component relate to the:

- impact of harm minimisation measures on gambling behaviour and other outcomes; and
- perceptions and use of harm minimisation measures.

Implemented measures

A baseline methodology has been established through the use of the CATI survey developed to achieve the objectives of Volume 2 of the study specification. The following measures were included:

- ban on ATMs in hotels and clubs;
- limit on the number of EGMs in each club and hotel;
- limit on gaming facilities to operate for a maximum of twenty hours;
- ban on note acceptors on EGMs located in pubs and clubs;
- ban on smoking in gaming areas (as acknowledged throughout this Report, this is not a primary harm minimisation measure, but one with a primary occupational health and safety function and a secondary gambling harm minimisation function — we argue strongly that it should be retained in a longitudinal survey, given the very high rates of association in community populations of smoking with regular gambling in general, and problem gambling in particular: see Lorains, Cowlishaw & Thomas, 2011);
- reduction in the maximum number of lines on new EGM games;
- reduction of the maximum bet per spin on new EGM games; and
- reduction in the amount of cash you can insert into the note acceptors of new EGMs located in casinos.

In relation to these measures, survey harm minimisation questions included the following:

- Are respondents aware of the measure?
- Do respondents feel that the measure has had any impact on their gambling spend?
- Do respondents feel that the measure has had any impact on their gambling enjoyment?

Repeated application of these questions in a longitudinal study design can examine the extent to which there is progressively greater awareness of the measures, and increased impact on spend with minimal, if any, negative impact on enjoyment.

Proposed measures

Survey harm minimisation questions included a range of questions in relation to measures not yet introduced in Tasmania and other suggested measures. The measures as they now appear in the Responsible Gambling Mandatory Code of Practice for Tasmania include:

- requiring that gambling advertising is conducted in a manner that takes account of the potential adverse impact that it can have on minors, people with gambling problems, people at risk of developing gambling problems, and the community;
- limiting gambling vouchers and restricting alcohol vouchers;
- only allowing player loyalty programs that provide player activity statements, detailed information, and limited rewards;
- reducing the amount that can be withdrawn from venue EFTPOS facilities for gambling purposes, and from casino ATMs, and limiting the daily amount able to be accessed through cheque cashing;
- restricting the payment of cash for Keno and gaming machine payouts, and changes to cheque handling procedures;
- providing adequate lighting in EGM and table gaming areas and using natural light where possible;
- not serving food or alcohol to EGM players between 6pm and close of gambling and preventing patrons who appear to be intoxicated from gambling;
- locating highly visible analogue clocks in each area where gambling takes place (the exceptions being for online wagering and lotteries);
- training venue staff to recognise people with gambling problems; and
- providing signage about problem gambling support services, exclusion from gambling, responsible gambling, and chances of winning.

In relation to these measures, survey harm minimisation questions included the following.

- Do respondents feel that the measure has, or would have, any impact on their gambling spend?

- Do respondents feel that the measure has, or would have, any impact on their gambling enjoyment?

When new measures are introduced, the following questions may be included in periodic surveys:

- Are respondents aware of the measure?
- Do respondents feel that some measures (for example, restricted service of food and alcohol) have contributed to breaks in play?
- Do respondents feel that the measure has had any impact on their gambling spend?
- Do respondents feel that the measure has had any impact on their gambling enjoyment?

If budget for a periodic survey permits, then it is suggested that the following questions be added:

- Do respondents feel that the measure helps them to control the time spent gambling?
- Do respondents feel that the measure would help them to resist urges to gamble?

The area of pre-commitment could be added to this list, if a Tasmanian state-based approach is adopted, or if it is decided that Tasmania implements a national model.

The principle is that any pre-commitment regime should be monitored for effectiveness in a longitudinal study, including the 'informal' pre-commitment practices adopted by individual gamblers as an adjunct to, or instead of, any statewide regime (See also Section 6.6 for more detail).

6.4 Structured group interviews

The information derived from the longitudinal CATI survey should be supplemented by a series of structured group interviews designed to explore the awareness and effectiveness of harm minimisation measures. The content of these groups will be based on the harm minimisation questions from the CATI survey: awareness of harm minimisation measures; acceptability of new measures; impact on spend and enjoyment; and use of self-directed gambling control measures, such as rule setting for play and having others manage finances when gambling.

The participants in the groups should ideally be regular (that is, monthly) EGM gamblers recruited from the CATI survey. They would be invited to form an ongoing panel that would be convened every 12 months for as long as the study framework is in operation. Participants would be compensated for their time in order to maximise their ongoing participation in the panel. A baseline panel sample size of approximately 30 is proposed in order to account for an expected 20 per cent attrition rate per annum.

6.5 Analysis requirements

Identifying the impact of harm minimisation measures

A major aim of longitudinal gambling studies *is to examine the impact of harm minimisation strategies on the problem gambling severity classification of regular EGM gamblers and other gamblers*, although it is recognised that EGM gamblers are over-represented in the problem gambling category. Because there is evidence of movement between problem gambling risk categories over time (Abbott et al. 2008), *all* respondents, regardless of gambling patterns and severity classification at baseline, should be asked all questions relating to awareness and effect of harm minimisation measures. Specific hypotheses which could be tested with the longitudinal data include the following.

- Problem and moderate risk gamblers who are aware of harm minimisation measures will be more likely to move to less severe problem gambling categories than problem gamblers and moderate risk gamblers who are not aware of such measures.
- Non-problem gamblers and low risk gamblers who are aware of harm minimisation measures will be less likely to move to more severe problem gambling categories than non-problem gamblers and low risk gamblers who are not aware of harm minimisation measures.

A further aim of this longitudinal component would be to *examine the impact of harm minimisation measures on indices of gambling behaviour* (for example, time spent gambling, gambling spend, gambling frequency). The specific hypothesis is that:

- EGM players who are aware of the harm minimisation measures will report a reduction in time spent gambling, gambling spend, and gambling frequency compared to their non-aware counterparts.

In order to identify the EGM players for whom harm minimisation measures work best, the longitudinal study would aim *to identify the factors that are associated with greater awareness of harm minimisation measures*. It is anticipated that movement to lower problem gambling risk categories and reduction of gambling behaviour may be associated with:

- *individual* characteristics (such as demographic characteristics, problem gambling severity, current use of 'informal' or self-generated strategies to limit EGM gambling behaviour, problem gambling help-seeking, gambling motives, alcohol use problems, drug use, mental health/quality of life, gambling debts, gambling consequences);
- *preferred venue* characteristics (such as venue size and type); and
- *preferred machine* characteristics.

This ongoing study would aim *to examine the impact of harm minimisation measures on other correlates of problem gambling* (such as gambling self-efficacy, gambling motives, mental health/quality of life). Specifically, it is hypothesised that:

- EGM players and other gamblers who are aware of harm minimisation measures will report a significant reduction in coping and enhancement gambling motives compared to their non-aware counterparts; and
- EGM players and other gamblers who are aware of harm minimisation measures will report a significant improvement in mental health/quality of life compared to their non-aware counterparts.

There is concern that individuals tending towards improvement in their gambling behaviour across time in longitudinal studies may have replaced their disordered gambling with different types of disordered behaviour. This could include other forms of gambling, excessive drinking, or drug use (LaPlante et al. 2008). This study would aim therefore *to examine the degree to which players who are aware of harm minimisation measures substitute their problematic gambling form (most likely to be EGM gambling) with other forms of gambling or disordered behaviour.* Specific hypotheses are that:

- Players who are aware of harm minimisation measures will not increase the level of participation on other gambling activities; and
- Players who are aware of harm minimisation measures will not increase their alcohol and drug use over time, as they are controlling their gambling behaviour.

Perception of harm minimisation measures

Further aims relating to the perception and awareness of harm minimisation measures are:

To determine the attitudes of regular EGM players towards the use of harm minimisation measures and their intentions to adopt strategies that may not be currently available in Tasmania (for example, mandated breaks in play, cashless EGM play only).

To compare the characteristics of regular EGM players who are aware and not aware of harm minimisation measures. These could be compared on:

- *individual* characteristics (such as demographic characteristics, problem gambling severity, current use of 'informal' or self-generated strategies to limit EGM gambling behaviour, problem gambling help-seeking, gambling motives, alcohol use problems, drug use, mental health/quality of life, gambling debts, gambling consequences);
- *preferred venue* characteristics (such as venue size and type); and
- *preferred machine* characteristics.

The ongoing study would *enable exploration of the acceptability of harm minimisation measures to EGM players*, as measured by their awareness and perception of impact on them as a means of controlling their gambling behaviour. In particular, the degree to which they are acceptable to non-problem and low-risk gamblers could be examined (that is, to determine if there are any inconveniences or disadvantages to social or not-at risk gamblers).

Advertising, promotion and the development of new gambling technologies

It is proposed that the ongoing CATI survey incorporate elements allowing for the analysis of the impact of advertising, promotion and the development of new technologies.

Advertising and promotion

There are two forms of advertising and promotion requiring assessment:

- advertising and informational products such as brochures and signage placed by the government to raise awareness of problem gambling and to encourage help seeking; and
- industry advertising seeking to promote gambling opportunity.

In relation to government sponsored community education campaigns, their impact should be evaluated against the following criteria:

- reach and recall of the materials;
- changes in community awareness of the existence of problem gambling;
- changes in community awareness of the nature of problem gambling;
- changes in awareness of the existence of problem gambling counselling services; and
- use of support services, in particular, problem gambling counselling services including face to face counselling, helpline and online counselling.

Recall queries whether or not people are able to remember any government advertising, while reach is the proportion of people able to recall these materials. Recall is not a measure of impact, but a necessary condition for materials to have an impact. Reach is a measure of the possible size of the impact of advertising materials.

A complicating factor in analysis of reach and recall is self-selection of exposure to advertising. Simple comparisons of those who saw a message with those who did not can be confounded by differences in exposure to media with differences in interest and knowledge of a topic, in motivation to change, and in need for information on the topic. That is, those who perceive a message as relevant will pay attention to it.

For this reason, reach and recall should be examined with reference to gambling participation, problem gambling status, help seeking, gambling time and money spent, and co-morbidity. Questions may include the following:

- Think about any advertising you have seen, heard or read about gambling. Please describe the first ad that comes to mind.
- Who was the advertiser?
- What was the main thing that the ad was trying to tell you?
- Where did you see, read or hear the ad?
- Did seeing, reading or hearing the ad prompt you to do anything?

- If yes, what was that? For example: think about my own gambling; want to gamble more; want to seek help for self or others.
- What other ads about gambling do you remember reading, seeing or hearing?

It is considered that gambling-related news items and articles are important in structuring public discussion and opinions, and raising awareness of the problem. Such articles and news items may be an indirect result of government-sponsored advertising, the direct result of locality-based, local media advocacy campaigns, or the result of independent investigative action.

Such media may assist in framing or reframing public debate on problem gambling, increase public support for different policy level approaches and stimulate problem recognition and help seeking. For these reasons, respondents' awareness of problem gambling as a media topic, and its impact, could be assessed through questions such as the following.

- I would like you to think about any news items or articles you have read, heard or seen recently about gambling or problem gambling. Please tell me as much as you can remember about what you heard or saw.
- Where did you read, hear or see that?
- What other television/radio programs or news items/articles about gambling or problem gambling do you remember reading, seeing or hearing?

In addition to the range of questions noted above in relation to advertising, both by government and the gaming industry, awareness of industry promotional material should be assessed as well as any action outcomes resulting from exposure to the promotional materials. Data on exposure and behavioural outcomes will be examined with reference to gambling participation, problem gambling status, gambling time and money spent, and co-morbidity.

An appropriate balance of use of an ongoing CATI survey and structured group interviews or focus groups should be considered for this advertising component.

Measuring the impact of the development of new gambling technologies

Finally, the CATI survey should incorporate elements allowing for the analysis of the impact of the development of new technologies. This should be done through:

- Analysis of use of new technologies, such as Internet-based gambling and interactive or phone sports betting, by problem gambling severity, and the full range of demographic and sociobehavioural measures contained in the CATI survey.
- Assessing take up intentions for new gambling products planned for the market but not yet available against both problem gambling severity, and the full range of demographic and sociobehavioural measures contained in the CATI survey.
- Assessing take up intentions for new harm minimisation measures planned, but not yet available in Tasmania, or yet to be adopted in any jurisdiction, against both problem gambling severity, and the full range of demographic and sociobehavioural measures contained in the CATI survey. Such developments should include pre-commitment strategies of various types (See section 6.6).

6.6 Pre-commitment study proposal

It would also be possible within this longitudinal study of the impact of harm minimisation to incorporate a specific component assessing the impact of an EGM pre-commitment regime, whether mandatory (as proposed by the Joint Parliamentary Select Committee on Gambling Reform) or voluntary. If there is a national mandatory scheme with a common starting date in all jurisdictions, this would entail a simpler design than assessing a voluntary scheme, where the specifics of the scheme's design would dictate the method.

A stepped system, such as that proposed in Victoria, as reflected in the *Gambling Regulation Amendment (Licensing) Act 2009* where progressively more stringent requirements would be introduced up to full implementation in 2015-2016, would enable assessment of these variable measures in relation to adoption and impact on problem gambling status.

The primary aim of a study of pre-commitment implementation would be to examine the impact of adopting pre-commitment strategies on problem gambling severity classification of regular EGM gamblers over time. These rates would have to be understood, however, in the context of the evidence that there is movement between problem gambling risk categories over time (Abbott, Williams & Volberg, 2004; LaPlante, Nelson, LaBrie & Shaffer, 2008). Ideally, in a national context where there was variability in the types of pre-commitment regime adopted, it would be useful to compare the Tasmanian regime (if one existed) with a jurisdiction in which there was no system in place. This, of course would not be an issue if there was national adoption of a mandatory scheme, in which case Tasmania's performance could be compared with any or all of the other jurisdictions in Australia.

In a *voluntary* pre-commitment scheme, the specific hypotheses would be that:

- Problem and moderate risk gamblers who adopt pre-commitment strategies will be more likely to move to less severe problem gambling categories than problem gamblers and moderate risk gamblers who do not adopt pre-commitment strategies.
- Non-problem gamblers and low risk gamblers who adopt pre-commitment strategies will be less likely to move to more severe problem gambling categories than non-problem gamblers and low risk gamblers who do not adopt pre-commitment strategies.
- There will be more movement from problem and moderate risk gambling to lesser categories than in a control jurisdiction (where there is no pre-commitment option, if such a jurisdiction exists).

If players are given the option to pre-commit the amount of time and money they spend on EGMs, a further primary aim of a pre-commitment study should be to examine the feasibility and impact of adopting pre-commitment strategies on indices of gambling behaviour (time spent gambling, gambling spend, gambling frequency) of regular EGM gamblers. Specific hypotheses would be that:

- EGM players who adopt a time limit pre-commitment strategy will report a significant reduction in time spent gambling from pre- to post-adoption evaluations compared to their non-adopting counterparts. It would be anticipated that adoption of this strategy would also reduce gambling spend and frequency.
- EGM players who adopt a spend limit pre-commitment strategy would report a significant reduction in gambling spend compared to their non-adopting counterparts. It would be anticipated that the adoption of this strategy would also reduce time spent gambling and gambling frequency.

Whether the pre-commitment study is mandatory or voluntary, an assessment of impact should identify regular EGM players for whom pre-commitment works best. Such a study, therefore, would aim to identify the factors that are associated with successful adoption of pre-commitment strategies. These would include *individual* characteristics such as demographic characteristics, problem gambling severity, current use of 'informal' or self-generated strategies to limit EGM gambling behaviour; preferred *venue* characteristics such as venue size and type; and preferred *machine* characteristics.

A pre-commitment study should also aim to examine the impact of adopting pre-commitment strategies on other outcomes associated with problem gambling, such as gambling self-efficacy, gambling temptations, gambling motives, mental health, coping, urges. There is some concern that individuals tending towards improvement in their gambling behaviour across time in longitudinal studies may have replaced their disordered gambling with different types of disordered behaviour (such as other forms of gambling, excessive drinking, or drug use) (LaPlante et al. 2008). A study of the impacts of pre-commitment, therefore, should aim to examine the degree to which players who adopt pre-commitment strategies substitute EGM gambling with other forms of gambling or problem behaviour.

In a voluntary system of pre-commitment, in relation to the perception and adoption of pre-commitment strategies, the aims of a study would be to: determine the attitudes of regular EGM players towards pre-commitment and their intentions to adopt pre-commitment strategies; determine the adoption of pre-commitment strategies by regular EGM players (relative to intention to adopt); compare the characteristics of regular EGM players who adopt and do not adopt pre-commitment strategies; and to explore the acceptability of pre-commitment to regular EGM players as a means of controlling their gambling behaviour. In particular, the degree to which pre-commitment is acceptable to non-problem and low-risk gamblers should be examined, to determine if there are any inconveniences or disadvantages to 'recreational' gamblers.

6.7 Economic evaluation: cost-effectiveness analysis

It is proposed that an economic evaluation of the harm minimisation measures also be undertaken. An economic evaluation, in the form of a cost-effectiveness analysis (CEA), would seek to combine the findings of the evaluation analysis outlined in section 6.5, with information regarding the cost associated with the package of harm minimisation measures. Cost-effectiveness analysis is frequently applied as part of the evaluation of health care interventions (see Drummond et al. 2005).

Consideration was given to applying an alternative economic evaluation methodology — cost-benefit analysis (CBA). CBA seeks to place a monetary value on all costs and benefits, allowing an overall assessment of net benefits to be made (see volume 1 of this study for more information on CBA). However, many of the benefits from harm minimisation will be difficult to quantify in monetary terms, thus reducing the validity and usefulness of such an approach (Williams et al. 2011). CEA, on the other hand, is a useful technique when it is difficult to assign dollar values to benefits, but where cost estimates are readily available (Victorian Department of Treasury and Finance 2007).

There is a number of important steps required to be undertaken when performing an economic evaluation, comprising:

- CEA perspective;
- specifying the baseline;
- specifying the comparator;
- identifying relevant cost and effectiveness measures;
- CEA model development; and
- simulation analysis.

CEA perspective

Costs

The first consideration in undertaking an economic evaluation is to identify the cost perspective. The CEA perspective could be narrow, such as gambling consumers or government. Or a broad scope could be applied, such as the 'societal' perspective whereby all quantifiable monetary costs are included. A societal perspective would include direct costs incurred by gambling providers and the Tasmanian Government in implementing the harm minimisation strategies. Taxation revenues would be excluded, as they are considered to be a transfer *within* society (for example, gambling providers to government). It is considered that the widest possible cost perspective should be applied, ideally representing the societal perspective.

One issue requiring careful consideration is the treatment of changes in gambling participation by non-problem gamblers that might occur as a result of harm minimisation measures. For example, a harm minimisation measure might have an unintended consequence of reducing the enjoyment, or ease of access, of gambling among non-problem gamblers. When considering the broad societal perspective, the cost of such reduced enjoyment should be considered.

Effectiveness

It is considered that the effectiveness perspective will be focused heavily upon gambling consumers — that is, the group targeted by the harm minimisation strategies.

Specifying the baseline in performing a CEA, it is necessary to establish a baseline, against which estimates of *incremental* costs and outcomes can be derived.

In the absence of a non-treatment group, it is proposed that a baseline be developed drawing upon outcomes data from before the measures were implemented: for example, the prevalence of problem gambling in Tasmania prior to implementation of the new policy package.

Specifying the comparator

In a perfect world, the cost effectiveness of different harm minimisation measures would be calculated separately — and the resulting estimates of cost effectiveness subsequently compared. This would provide a way of determining which measures represent the lowest cost to society for achieving the same outcome in terms of reduced problem gambling.

In reality, however, it would not be possible to attribute outcomes to different measures with any degree of accuracy — particularly when measures are released as a package. As such, the analysis would require calculating the cost effectiveness of the entire package of new measures as a whole. The resulting cost effectiveness measure could then be compared with estimates of cost effectiveness from previous policy packages.

It may be possible to estimate the cost effectiveness of previous policy packages based on historical data from before and after implementation of such policy packages in Tasmania. Alternatively, comparator measures of effectiveness could be taken from similar studies conducted in other jurisdictions, so long as the effectiveness measures and currency units were consistent.

In the instance that an accurate comparator was not available, the estimated level of cost effectiveness would be interpreted in its own right and its reasonableness considered on a subjective basis. For example, if it were estimated that a package of harm minimisation measures cost $X per problem gambler avoided, consideration could be given as to whether this cost was reasonable. In a way, this would allow people to form their own judgement regarding the package of measures based on their subjective opinion of what the costs of problem gambling are to society on a 'per problem gambler' basis.

Cost and effectiveness measures

A summary of the potential costs and effectiveness measures to be considered in the analysis is provided in Table 6.1 and Table 6.2.

Table 6.1

COST EFFECTIVENESS ANALYSIS: COST COMPONENTS

Item	Note	Incurred by
Capital and operating costs		Gambling venues
Policy development, implementation, delivery and evaluation costs		Tasmanian Government
Costs to non-problem gamblers associated with reduced enjoyment of, or participation in, gambling	Requires further consideration	Consumers (specifically non problem gamblers)

Source: Allen Consulting Group

Generally speaking, CEA should be limited to one or two effectiveness measures. It is intended that the effectiveness component of the CEA focus upon incremental change in these effectiveness measures following implementation of harm minimisation strategies (that is, assuming that any existing harm minimisation measures remain in place).

Table 6.2

COST EFFECTIVENESS ANALYSIS: EFFECTIVENESS COMPONENTS

Item	Incurred by
Reduction in the prevalence of problem gambling among Tasmanians	Consumers
Downward movement in the severity of problem gambling in Tasmania (e.g. movements between PGSI categories)	Consumers
Reduction in the costs associated with problem gambling (including to problem gamblers, their families and society more broadly)	Broader society
Increased awareness of harm minimisation measures among problem gamblers	Consumers

Source: Allen Consulting Group

CEA model development

The objective of the next stage of the economic evaluation is the development of a CEA model. The CEA model will allow estimation of an incremental cost effectiveness ratio (ICER) for the various effectiveness measures. An ICER measures the costs per unit of each effectiveness measure, where the costs and outcomes are incremental to the status quo; for example, the dollar cost per 0.1 per cent reduction in the prevalence of problem gamblers in Tasmania relative to the period prior to release of the package. It is envisaged that key parameters in the CEA model will be developed following detailed analysis of the longitudinal survey data.

Simulation analysis

Following development of the CEA model, a simulation analysis will be undertaken. This analysis will apply Monte Carlo simulation methods to the various components of the CEA model where there is a degree of uncertainty. For example, it is likely that there will be uncertainty around model parameters derived from survey analysis. Monte Carlo simulation allows the uncertainty around various model parameters to be considered simultaneously, to then generate an estimate of the range where the ICER estimates are considered likely to fall (Briggs et al. 2006).

Appendix A

Areas covered in the structured group interviews

This appendix details the range of areas covered in the structured group interviews undertaken with individuals recruited from the CATI survey.

A.1 Advertising

- Thinking about any advertising you have seen, heard, or read about gambling (not problem gambling). Please describe the first ad that comes to mind.
  - Who was the advertiser?
  - What was the main thing that the ad was trying to tell you?
  - Where did you see, read, or hear the ad?
  - Did seeing, reading, or hearing the ad prompt you to do anything? If yes, what was that? E.g., think about my own gambling, want to gamble more, want to seek help for self or others.
  - What other ads do you remember reading, seeing, or hearing relating to gambling?
- Thinking about any advertising you have seen, heard, or read about problem gambling. Please describe the first advertisement that comes to mind.
  - Who was the advertiser?
  - What was the main thing that the ad was trying to tell you?
  - Where did you see, read, or hear the ad?
  - Did seeing, reading, or hearing the advertisement prompt you to do anything? If yes, what was that? E.g., think about my own gambling, want to gamble more, want to seek help for self or others.
- I would like you to think about any news items or articles you have read, heard or seen recently about gambling or problem gambling. Please tell me as much as you can remember about what you heard or saw.
  - Where did you read, hear, or see that?
- What other television/radio programs or news items/articles about gambling or problem gambling do you remember reading, seeing, or hearing?

A.2 Player exclusions scheme

- Are you aware of the Tasmanian Gambling Exclusion Scheme that allows you to exclude yourself from gambling in a venue?
- Are you aware of changes to the Exclusion Scheme in 2010 (e.g. simplifying options to exclusion from gambling or venue, having 6 month minimum and 3 year maximum period)?

- Have you ever considered taking out an exclusion order?
- What might discourage you from taking out an exclusion order?
- Have you ever taken out an exclusion order?
- What impact do you think self-exclusion would have on your poker machine gambling?

A.3 Impact of new technologies

- Are there any gambling products not yet on the market that you would use if they were available? If yes, what are they?
- If [name technology] was available, would you use it?

A.4 Pre-commitment proposals

There are a number of proposal around for encouraging people to make a pre-commitment and have it enforced in different ways. The proposals include the following.

- A pre-commitment system that requires players to set a spending limit and use some form of card or similar to track spending if they want to play high intensity machines (like most of those available now) where you have to say if you do not want to do this (an opt out system). This is also called a mandatory system.
- A pre-commitment system that requires players to set a spending limit and use some form of card or similar to track spending if they want to play high intensity machines (like most of those available now) where you have to say if you want to do this (an opt in system). This is called a voluntary system.
- A system that lets you play machines with a $1.00 bet limit, without any sort of pre-commitment. These are called low intensity machines.
- A system that lets you set a time limit for playing in any session.
- Linking of all machines in a venue so when you reached your limit you couldn't play any more in that venue.
- Linking of all machines across venues so when you reached your limit you couldn't play any more in any venue.
- On screen reminders about how much time and money you have spent.

For each proposal the following was asked:

- What do you think of the proposal in general?
- Would you use it if you had a choice whether to or not?
- How do you think it would affect the way you play the pokies, particularly in relation to your spending and your enjoyment?

A.5 Strategies for control

- What are the benefits of setting spending/time limits? Why do you set a spending/time limit when you play?
- What are the disadvantages of setting spending/time limits? Why don't you set them when you play?
- How do you work out your spending/time limit? What factors influenced your decision to set your limit?
- Where does poker machine play fit into your budgeting process?
- Do you try to use any strategies to help keep you to your pokies spending limit or to avoid spending too much? How helpful are they?
- Do you try to use any strategies to help keep you to your pokies time limit or to avoid staying too long? How helpful are they?
- What happens when you stick to your spending/time limits?
- What factors lead you to spend more than you wanted to?
- What happens when you don't stick to your spending/time limits?
- What factors lead you to stay longer than you wanted to?
- What would be good about a system like the one the Government wants to introduce?
- What might be some problems with a system like the one the Government wants to introduce?
- How could you make such a system work for you?
- What would players need to know in order for a system to work?

Appendix B

Comparison of jurisdictional mandated harm minimisation measures

Table B.1 below provides a comparison of the harm minimisation measures in place in different jurisdictions around Australia. Tasmania is highlighted in **bold**. This table involved the construction of a national timeline noting, in addition to specific legislation and regulation, whether the measures were mandated or not. In the case of Tasmania, this included measures proposed in the *Responsible Gambling Mandatory Code of Practice* and the Tasmanian Gaming Commission document, *New measures to address problem gambling*. The search strategy for this component of the analysis included review of relevant government websites, for example the state and territory regulatory bodies. The Table also notes the relevant Act/Code of Practice /Regulation/Amendment and the earliest date (either the 'insertion' date or the date of assent/publication of the earliest version of the document).

Table B.1

COMPARISON OF HARM MINIMISATION MEASURES IN PLACE IN AUSTRALIAN JURISDICTIONS

Measures	State	Date	Documents and rationale where available	Mandated?
Provisions for exclusion/self-exclusion	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	18 November 2005	Gaming Machines Act 2001 No 127	Yes
	NT	4 April 2003	Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes
	QLD	1 May 2005	From 1 May 2005, all gambling providers have a duty to exclude a patron when the patron requests to be self-excluded (Office of Liquor, Gaming & Racing, 2008)	Yes, upon customers' requests
	SA	1 July 1993	Gaming Machines Act 1992, Independent Gambling Authority Act 1995—1.2.2005 Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
	TAS	**19 December 2010**	**The Tasmanian Gambling Exclusion Scheme (TGES) is based in the Gaming Control Act 1993. The Scheme provides a means for patrons to exclude themselves from nominated gaming activities (Department of Treasury and Finance, 1998). Proposed mandated minimum and maximum periods and limitation to gaming areas only or whole of venue**	**Yes**
	VIC	1997	Victorian Gaming Machine Industry Accord and Industry Codes of Practice Gaming Machine Control Act 1991, Gambling Regulation Act 2003	Yes, as a condition of licence
	WA	20 June 1984	Casino Control Act 1984	Yes
Advertising restrictions	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes, as a condition of licence
	NSW	7 May 1992	Casino Control Act 1992	Yes

Measures	State	Date	Documents and rationale where available	Mandated?
	NT	4 April 2003	To be considerate of the potential impact on people adversely affected by gambling (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003) Gaming Control Act	Yes, but mainly for illegal lottery or unlawful games
	QLD	2002	Responsible Gambling Code of Practice 2004 Gaming Machine Act 1991 QLD, Gaming Machine Regulation 1991	Yes
	SA	12 February 2004	Advertising Code of Practice (Gaming Machines Act 1992)	Yes
	TAS	**1 July 2001** **March 2012 (new)**	**Advertising Code of Ethics has been adopted by the Tasmanian Gambling industry Group (Advertising Federation of Australia, 2009).** **Further restrictions to be introduced as part of the Mandatory Code of Practice. Further detail in the Responsible Gambling Code of Practice and *Gaming Control Act 1993***	**No** **Yes**
	VIC	12 April 2001	Bans on gaming advertising and signage are aimed at reducing harm caused by excessive gambling (Department of Justice Victoria, 2009) Casino Control Act 1991, Gambling Regulation Act 2003	Yes
	WA	12 February 2004	Advertising Code of Practice (Gaming Machines Act 1992)	Yes
Rate of loss – bet & win limits	ACT	30 July 2004	Gaming Machine Regulation 2004	Yes
	NSW	1989	Australian/New Zealand Gaming Machines National Standard 2003 AGMMA argued that the maximum bet was set in 1989 and that in real terms the equivalent sum would now be $15.21 (a real depreciation of 34.25 per cent).	Yes
	NT	4 April 2003	Gambling providers are not to verbally urge non-gambling customers to buy gambling products (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003)	Yes
	QLD	2002	Responsible Gambling Code of Practice 2004	No
	SA	June 2004	Independent Pricing and Regulatory Tribunal of New South Wales Gambling: Promoting a culture of responsibility. Final Report. June 2004	Yes
	TAS	**From 1 April 2010 for all new games, and existing by 30 June 2013**	**For Internet gambling, a registered player may, by written notice to a licensed provider, set an amount in dollars to be the player's net loss limit for wagers. (Gaming Control Act 1993). Dates at left do not apply.** **Maximum bet limit of $5.00 per spin** **Reduced maximum lines from 50 to 30 per spin**	**Yes**
	VIC	Unsure	Casino Control Act 1991, Gambling Regulation Act 2003, Department of Justice Victoria 2009	Yes
	WA	-	Currently no legislation in place for this.	No

Measures	State	Date	Documents and rationale where available	Mandated?
Ban on specific inducements	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	7 May 1992	Casino Control Act 1992, Casino Control Regulation 2001	Yes
	NT	4 April 2003	Gambling providers are not to verbally urge non-gambling customers to buy gambling products (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003)	Yes
	QLD	-	Currently no legislation in place for this, part of voluntary Code of practice.	No
	SA	December 2008	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
	TAS	**March 2012**	**Gaming Control Act 1993** **Further detail in the Responsible Gambling Code of Practice**	**Yes**
	VIC	1 July 2003	Gambling Regulation Act 2003	Yes
	WA	20 June 1984	Casino Control Act 1984, Casino Control Regulations 1999	Yes – only related to casino junkets
Caps on number of electronic gaming machines	ACT	9 July 2004	Gaming Machine Act 2004	Yes
	NSW	19 December 2001	Gaming Machines Act 2001	Yes
	NT	4 April 2003	Gaming Machine Act 2001	Yes, but not for casinos
	QLD	Not available	The number of gaming machines need to be approved Gaming Machine Act 1991 QLD Casino Control Regulation 1999 QLD	Yes
	SA	27 October 1994	Originally: Gaming Machines Act 1992.	Yes
	TAS	**1 July 2003**	**Specification of maximum number of gaming machines per venue Hotels (30) Clubs (40), which is in the Deed, not the Gaming Control Act 1993**	**Yes**
	VIC	8 February 2001 (in vulnerable regions)	Consideration of caps are based on accessibility, player loss, & socio-economic status. Regions that have high accessibility to gaming machines, high player losses, & low socio-economic status are more likely to experience actual or potential harm from gaming machines. Gaming Machine Control Act 1991, Casino Control Act 1991, Liquor Control Reform Act 1998, Gambling Legislation (Responsible Gambling) Act 2000	Yes
	WA	-	Currently no legislation in place for this.	No

Measures	State	Date	Documents and rationale where available	Mandated?
Limitations on 24 hour gaming	ACT	22 February 2006	Casino Control Act 2006	Yes
	NSW	19 December 2001	Gaming Machines Act 2001 No 127	Yes
	NT	4 April 2003	Gaming Machine Act 2001	Yes
	QLD	1 December 2000	Licensed premises must adhere to the approved gaming hours fixed by the commission (Gaming Machine Act 1991 QLD)	Yes
	SA	16 October 2008	Amendment of Gaming Machines Act 1992	Yes
	TAS	**1 July 2008**	**Gaming Control Act 1993 — Tasmanian Gaming Commission Rules** **Liquor Licensing Act 1990**	**Yes**
	VIC	Not available	Twenty-four hour trading has been abolished in all venues other than the Melbourne casino. This is to control access to gambling opportunities (Department of Justice Victoria, 2009) Gambling Legislation (Responsible Gambling) Act 2000	Yes
	WA	-	The casino operates 24 hours a day, 7 days a week. No legislation or Code of practice requires gambling to cease for any specified period of time.	No
Minors banned from gaming areas	ACT	16 October 2002	Yes, Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	7 May 1992	Yes, Casino Control Act 1992	Yes
	NT	4 April 2003	Yes, Gaming Control Act Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes
	QLD	Not available	Yes, Gaming Machine Act 1991 QLD	Yes
	SA	1 July 1993	Yes, Gaming Machines Act 1992	Yes
	TAS		**Gaming Control Act 1993**	**Yes**
	VIC	Not available	Casino Control Act 1991, Gambling Regulation Act 2003	Yes
	WA	1954	Betting Control Act 1954, Casino Control Act 1984, Gaming and Wagering Commission Act 1987	Yes

Measures	State	Date	Documents and rationale where available	Mandated?
Limited access to credit & withdrawal limits	ACT	22 February 2006	Casino Control Act 2006	Yes
	NSW	7 May 1992	Casino Control Act 1992, Gaming Machines Act 2001 No 127	Yes
	NT	4 April 2003	Financial Transactions Reports Act 1988 (Commonwealth) Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes
	QLD	Not available	Responsible Gambling Code of Practice 2004	No
	SA	1 July 1996	Gaming Machines Act 1992—1.6.2007	Yes
	TAS	**1 July 2008 (introduced) March 2012 (updated)**	***Gaming Control Act 1993* — Tasmanian Gaming Commission Rules** **No ATMs in venues, other than casinos** **Mandatory Code of Practice measures include maximum EFTPOS withdrawal for gambling $200 per day with one transaction permitted daily and cash not accessible from credit card accounts at casino** **Further restrictions to be introduced as part of the Mandatory Code of Practice. Further detail in the Responsible Gambling Code of Practice.**	**Yes**
	VIC	Not available	Access to large amounts of money at gaming venues is limited to protect problem gamblers (Department of Justice Victoria, 2009) Casino Control Act 1991, Gambling Regulation Act 2003	Yes
	WA	25 Mar1985	Casino (Burswood Island) Agreement Act 1985	
Certain winnings to be paid by cheque	ACT	16 Oct 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	March 2002	Gaming Machines Regulation 2002	Yes
	NT	4 April 2003	Gaming Machine Act 2001 Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes
	QLD	Not available	Responsible Gambling Code of Practice 2004	No
	SA	-	Currently no legislation in place for this.	No
	TAS	**1 July 2008 (introduced) March 2012 (updated)**	**A Licensed Premises Gaming operator must not cash more than one cheque per patron per day (*Gaming Control Act 1993* — Tasmanian Gaming Commission Rules)** **Before a cheque is cashed for gambling purposes, operator must check that person is not excluded from gambling.** **Further restrictions to be introduced as part of the Mandatory Code of Practice. Further detail in the Responsible Gambling Code of Practice**	**Yes**
	VIC	Not available	Casino Control Act 1991	Yes
	WA	Not available	WA Racing Industry Responsible Wagering Code of Practice	Yes

Measures	State	Date	Documents and rationale where available	Mandated?
Cashless/card-based gaming	ACT	9 July 2004	Gaming Machine Act 2004	Yes
	NSW	28 March 2002	Gaming Machines Regulations 2002	Yes
	NT		Cashless gambling is not permitted in NT (Parke, Rigbye, & Parke, 2008)	Banned
	QLD	2002	Responsible Gambling Code of Practice 2004	No, but card-based gambling must be approved by the Office of Gambling Regulation
	SA	1 October 2001	Gaming Machines Act 1992	Yes
	TAS	**-**	**Currently no legislation in place for this.**	**No**
	VIC	-	Currently no legislation in place for this but cashless gaming is available (Parke, Rigbye, & Parke, 2008)	No
	WA	Not available	Gaming and Wagering Commission Regulations 1988	Yes
Ban or limits on note acceptors	ACT	9 July 2004	Gaming Machine Act 2004	Yes
	NSW		Currently no legislation in place for this.	No
	NT	4 April 2003	Gaming Machine Act 2001 Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes for non-casinos, but no restrictions for casinos
	QLD	Designed: 10 July 1997, Revised: 18 September 2000	Queensland Treasury Office of Gaming Regulation, 2000 http://www.olgr.qld.gov.au/resources/gamDocs/gamingMachines/egmCardAndReaderRequirementsVerOne3.doc	Yes, for > $20 (Hill & Reid, 2006)
	SA	1 July 1993	Gaming Machines Act 1992	Yes
	TAS	**1 April 2010**	***Gaming Control Act 1993*** **Australia and New Zealand Gaming Machine National Standard — Tasmanian Appendix Version 10.02**	**Yes, reduction of cash input limit on note acceptors from $9,899 to $500**
	VIC	1 January 2003	Aimed at reducing harm caused by excessive gambling (Department of Justice Victoria 2009) Gambling Regulation Act 2003	Yes, for > $50
	WA	-	Currently no legislation in place for this.	No

Measures	State	Date	Documents and rationale where available	Mandated?
Player information (includes display of odds of winning, return to player, warnings on machines, & problem gambling services)	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	7 May 1992	Casino Control Act 1992	Yes
	NT	4 April 2003	To promote informed decision-making, access to timely & appropriate assistance & information, shared understanding of responsible gambling practices, rights & responsibilities in relation to these practices, & ensuring provision of safe & supportive environments for the delivery of gambling products & services (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003	No
	QLD	Not available	To promote informed decision making Responsible Gambling Code of Practice	No
	SA	1 July 1993	Gaming Machines Act 1992	Yes
	TAS	**22 May 1998 (introduced) March 2012 (updated)**	***Gaming Control Act 1993* — Tasmanian Gaming Commission Rules) Further restrictions to be introduced as part of the Mandatory Code of Practice. Further detail in the Responsible Gambling Code of Practice noting that this will apply to both terrestrial and on-line gaming**	**Yes**
	VIC	Credit meter display on new gaming machines: 7 September 2001 Printed information on odds of winning: 1 December 2002	To advise players about the odds of winning and about Gambler's Help services (Department of Justice Victoria, 2009)	Yes
	WA	1 July 1993	Gaming Machines Act 1992 Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
Clocks to be displayed	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	August 2001	Gaming Control Regulation 2001, Casino Control Regulation 2001	Yes
	NT	4 April 2003	Gambling providers to implement strategies to promote customer awareness of passage of time (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003)	Yes
	QLD	2002	Gambling providers are to implement practices to ensure that customers are made aware of the passage of time (Queensland Office of Gaming Regulation, 2004) Responsible Gambling Code of Practice 2004	No
	SA	12 February 2004	[Licensed Racing Club] Responsible Gambling Code of Practice (Authorised Betting Operations Act 2000)	Yes
	TAS	**March 2012**	**Detail in the Responsible Gambling Code of Practice, specifying ratio of analogue clocks to EGMs in avenue**	**Yes**

Measures	State	Date	Documents and rationale where available	Mandated?
	VIC	1 July 2001	The Productivity Commission inquiry noted claims by care agencies that absence of clocks & natural lighting contributed to problem gambling, by detaching people from the outside world, or creating a timeless environment (Department of Justice Victoria, 2009) Gaming Machine Control (Clocks) Regulations 2001, Gaming Machine Control (Responsible Gambling) (Lighting and Views) Regulations 2001, Gambling Regulation Regulations 2005	Yes
	WA	Not available	Burswood Entertainment Complex Responsible Gambling Code of Practice	No
Requirement for proper lighting	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW		Currently no legislation in place for this.	No
	NT	4 April 2003	Gambling providers to implement strategies to promote customer awareness of passage of time (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003)	No
	QLD	2002	Gambling providers are to implement practices to ensure that customers are made aware of the passage of time (Queensland Office of Gaming Regulation, 2004) Responsible Gambling Code of Practice 2004	No
	SA	-	Currently no legislation in place for this.	No
	TAS	**March 2012**	**Detail in the Responsible Gambling Code of Practice**	**Yes**
	VIC	2 January 2002	The Productivity Commission inquiry noted claims by care agencies that absence of clocks & natural lighting contributed to problem gambling, by detaching people from the outside world, or creating a timeless environment (Department of Justice Victoria, 2009) Gaming Machine Control (Clocks) Regulations 2001, Gaming Machine Control (Responsible Gambling) (Lighting and Views) Regulations 2001, Gambling Regulation Regulations 2005	Yes
	WA	Not available	Burswood Entertainment Complex Responsible Gambling Code of Practice	No

Measures	State	Date	Documents and rationale where available	Mandated?
Restrictions on player loyalty systems/programs	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	7 May 1992	Casino Control Act 1992	Yes
	NT	4 April 2003	-	
	QLD	Not available	In hotels, excluded persons who are members of loyalty programs or smart card systems must have their card revoked or disabled, preventing them from using this to gamble (Self-exclusion Programs in Queensland, 2003).	Yes
	SA	December 2008 (Effective 2010)	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	
	TAS	**March 2012**	**Detail in the Responsible Gambling Code of Practice with relevant prescribed licence holders to undertake practices that reduce the potential to bring about problem gambling or exacerbate existing gambling problems**	**Yes**
	VIC	1 July 2003	So that players can set time & spend limits & to ensure that a person who opts to self-exclude cannot access gaming machines using their loyalty card (Australasian Gaming Council, 2009) Casino Control Act 2001, Gambling Regulation Act 2003	Yes
	WA	-	Currently no legislation in place for this.	No
Ban on smoking in gaming areas (considered a harm minimisation measure in most jurisdictions nationally and internationally, but see note regarding Tasmania)	ACT	1 December 2003	Smoking (Prohibition in Enclosed Public Places) Act 2003	Yes
	NSW	December 2001	Casino Control Regulation 2001	Yes
	NT	2010	The Northern Territory has a provision for smoking only n the high roller rooms of the casino	Yes
	QLD	Not available	Allows smoking in the premium gaming areas of their casinos.	No
	SA	1 September 2007	Smoking is prohibited in all enclosed public spaces as defined by the Regulation. Smoke-free Environment Regulation 2007	Yes
	TAS	**I Jan 2005**	**Stated objectives for smoking bans are primarily from the public health perspective – reducing exposure to second hand smoke and to discourage smoking in general. Possible Indirect impact of reducing attendance and revenue at gaming venues as it has been found that smokers are more likely to play on EGMs and spend over twice as much as non-smokers.**	**Yes**
	VIC	1 September 2002	Gambling Legislation (Responsible Gambling) Act 2000	Yes
	WA	25 July 2006	Tobacco Products Control Regulations 2006	Smoking is banned in all areas of the casino except those in the international gaming facility

Measures	State	Date	Documents and rationale where available	Mandated?
Service of alcohol in gaming areas	ACT		Currently no legislation in place for this.	No
	NSW	December 2001	Casino Control Regulation 2001	Yes
	NT	4 April 2003	Unduly intoxicated customers are to be removed from the premises license under the Liquor Act (Northern Territory Code of Practice for Responsible Gambling, 2003; Northern Territory Responsible Gambling Manual, 2003)	Yes
	QLD	May 2004	Service of alcohol on gambling provider's premises is managed in such a way as to encourage customers to take breaks in play, but unduly intoxicated customers are not permitted to continue gambling (Queensland Office of Gaming Regulation, 2004) Responsible Gambling Code of Practice 2004	No
	SA	12 February 2004	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
	TAS	**March 2012**	**Responsible Service of Alcohol (RSA) training provides licensees, liquor serving staff and security employees with knowledge and awareness about the responsible service and consumption of liquor in premises where liquor is sold (Tasmanian Gaming Commission, 2008)** **Detail in the Responsible Gambling Code of Practice on limits to service of food and alcohol to people playing EGMs or participating in table gaming** **Liquor Licensing Act 1990**	**Yes**
	VIC		Playing of gaming machines by intoxicated persons prohibited (Gambling Regulation Act 2003)	Yes
	WA	12 February 2004	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
Staff training in responsible gambling and on-site problem gambling assistance	ACT	16 October 2002	Gambling and Racing Control (Code of Practice) Regulation 2002	Yes
	NSW	7 May 1992	Casino Control Act 1992	Yes
	NT	4 April 2003	Northern Territory Code of Practice for Responsible Gambling, 2003 Northern Territory Responsible Gambling Manual, 2003	Yes
	QLD	2002	To support early intervention & prevention strategies (Queensland Office of Gaming Regulation, 2004) Responsible Gambling Code of Practice 2004	No
	SA	2001	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes
	TAS	**1 July 2008 (introduced)** **1 March 2012**	**Gaming Control Act 1993 — Tasmanian Gaming Commission Rules – first introduced in 2008.** **From 1 March 2012 an enhanced version of the Responsible Conduct of Gambling course was released. Venues are required to retrain staff within 12 months of the introduction of the enhanced course, and venues will be required to have one employee on duty who has undertaken the enhanced training.**	**Yes**
	VIC	Not available	Gaming Machine Control Act 1991, Gambling Regulation Act 2003	Yes
	WA	2001	Responsible Gambling Code of Practice (Gaming Machines Act 1992)	Yes

Source: FaHCSIA 2010.

References

Abbott, M.W., Williams, M.M. & Volberg, R.A. 2004, 'A prospective study of problem and regular non-problem gamblers living in the community', *Substance Use & Misuse*, no. 39, pp. 855-884.

AIPC (Australian Institute for Primary Care) 2006, *The Changing EGM Industry and Technology*, Victorian Department of Justice, Melbourne

Anglicare 2011, *Submission to the Discussion Guide: Social and Economic Study of Gambling in Tasmania*, Hobart

Aristocrat Technologies Australia Pty Limited 2003, *Review of gambling harm minimisation measures: Pre-commitment or smart cards that enable limits to be set*, Sydney

Australasian Gaming Council 2009, *AGC Discussion paper: Pre-commitment, prepared for the Productivity Commission Inquiry into Gambling*, Melbourne

Australian and New Zealand Gaming Machine National Standard, *Tasmanian Appendix Version 10.02*, 1 April 2010, http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/AUSNZ-GMNS1002.pdf/$file/AUSNZ-GMNS1002.pdf, accessed 23 November 2011.

Azmier, J. J. 2000, *Canadian gambling behavior and attitudes: Summary report*, Canada West Foundation, Calgary

Baron, E., & Dickerson, M.G. (1999, 'Alcohol consumption and self-control of gambling behaviour', *Journal of Gambling Studies*, no. 15, pp. 3-15.

Benhsain, K., Taillefer, A., & Ladouceur, R. 2004, 'Awareness of independence of events and erroneous perceptions while gambling', *Addictive Behaviors*, no. 29, pp. 299-304.

Betfair Pty Ltd 2011, *Submission to the Tasmanian Department of Treasury and Finance Second Social and Economic Impact Study of Gambling in Tasmania*

Blaszczynski, A. 2001, *Harm minimisation strategies in gambling: An overview of international initiatives and interventions*, Australian Gaming Council, Canberra

Blaszczynski, A., Sharpe, L., & Walker, M. 2001, *The Assessment of the Impact Of the Reconfiguration on Electronic Gaming Machines as Harm Minimisation Strategies for Problem Gambling*, The University of Sydney, Sydney

Blaszczynski, A., Ladouceur, R., & Nower, L. 2007, 'Self-exclusion: A proposed gateway to treatment model', *International Gambling Studies,* no. 1, pp. 59-71.

Briggs, A., Claxton, K & Sculpher, M. 2006, *Decision Modelling for Health Economic Evaluation*, Oxford University Press, Oxford.

Brodie, M., Honeyfield, N., & Whitehead, G. 2003, *Change in bank note acceptors on electronic gaming machines in Queensland: Outcome evaluation*. <http://rgco.org/articles/change_in_bank_note_acceptors_on_electronic_2003.pdf>, Accessed 12th March 2009

Brokopp, J. G. 2006, *Missouri stands alone with limit on losses,* (reprinted from the Chicago Sun Times) <http://www.responsiblegambling>, Accessed 8 September 2011

Cantinotti M and Ladouceur R 2008, 'Harm reduction and electronic gambling machines: does this pair make a happy couple or is divorce foreseen', *Journal of Gambling Studies*, no. 24, pp.39-54

Caraniche 2005, *Evaluation of Electronic Gaming Machines Harm Minimisation Measures in Victoria,* Final report, Prepared for Victorian Gambling Research Panel, Melbourne

Chapman, S, Borland, R., Scollo, M., Brownson, R.C., Dominello, A. & Woodward, S 1999, 'The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States', *American Journal of Public Health*, no. 7, pp. 1018-1023

Cloutier, M., Ladouceur, R., & Sevigny, S. 2006, 'Responsible gambling tools: Pop-up messages and pauses on video lottery terminals', *The Journal of Psychology*, no. 5, pp. 434-438.

Collins, P. & Kelly, J/M. 2002, Problem gambling and self-exclusion: A report to the South African responsible gambling trust, *Gaming Law Review*, no. 6, pp. 517-531.

Consumer Contact 2003, *Testing of harm minimization messages for gambling machines*, Report for the Department of Gaming and Racing, Sydney

Crockford, D. N., & el-Guebaly, N. 1998, Psychiatric comorbidity in pathological gambling: a critical review, *Canadian Journal of Psychiatry*, no. 43, pp. 43-50.

De Bruin, D.E., Leenders, F.R.J., Fris, M., Verbraeck, H.T., Braam, R.V., van de Wijngaart, G.F. 2001, *Visitors of Holland Casino: Effectiveness of the policy for the prevention of problem gambling*, CVO University of Utrecht, Addictions Research Institute, Unpublished English synopsis, the Netherlands

Delfabbro PH. 2002, *The distribution of electronic gaming machines (EGMs) and gambling-related harm in metropolitan Adelaide,* Appendix E of Inquiry into management of gaming machine numbers, Independent Gambling Authority of South Australia, Adelaide

Delfabbro, P. 2008, *Australasian Gambling Review Third Edition* (1992-2007), Independent Gambling Authority, Adelaide

Delfabbro, P. 2010, *A review of Australian gambling research: Implications for interjurisdictional public policy and regulation, 2nd update version*, Gambling Research Australia, Canberra

Delfabbro, P., Falzon, K., & Ingram, T. 2005, 'The effects of parameter variations in electronic gambling simulations: Results of a laboratory-based pilot investigation', *Gambling Research*, no. 1, pp.7-25.

Delfabbro, P., Lahn, J., & Grabosky, P. 2005, 'Further evidence concerning the prevalence of adolescent gambling and problem gambling in Australia', *International Gambling Studies*, no. 5, pp. 209-228.

Delfabbro, P., McMillen, J., & Neville, M. 2006, *The identification of problem gamblers within gambling venues: A literature review*, Report prepared for Gambling Research Australia, Victorian Department of Justice, Melbourne

Delfabbro, P., Osborn, A, Nevile, M., Skelt, L. & McMillen, J. 2007, *Identifying problem gamblers in gambling venues: Final report*, Gambling Research Australia, Melbourne

Department of Family and Community Services (DFCS) 2002, *Problem Gambling ATM/EFTPOS Functions and Capabilities*, Canberra.

Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2008, *A national snapshot of harm minimisation strategies*, Canberra

Department of Families, Housing, Community Services and Indigenous Affairs FaHCSIA 2010, *A national snapshot of harm minimisation strategies*, Canberra.

Department of Treasury and Finance (DTF) 2010, *Responsible Conduct of Gambling*, <http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/RCG_Workbook_February_2011.pdf/$file/RCG_Workbook_February_2011.pdf>.

Department of Treasury and Finance (DTF) 2011, *Liquor and Gaming Branch*, Website <http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/v-liq-and-gaming/748D301C532E4968CA2572F0000119CD>, Accessed 8th August 2011.

Diamond N. 2009, *Development of an indices-based approach for forecasting gambling expenditure at a local government area level*, Department of Justice Victoria, Melbourne

Dickson-Gillespie, L., Rugle, L., Rosenthal, R. & Fong, T. 2008, 'Preventing the incidence and harm of gambling problems', *Journal of Primary Prevention*, no. 29, pp. 37-55.

Drummond, M, Sculpher, M, Torrance, G & O'Brien, B 2005, *Methods for the Economic Evaluation of Health Care*, Oxford University Press, Oxford.

Ellery, M., Stewart, S. H., & Loba, P. 2005, 'Alcohol's effects on video lottery terminal (VLT) play among probable pathological and non-pathological gamblers', *Journal of Gambling Studies*, no. 3, pp. 299-324.

Federal Group 2011, *Submission to the Social and Economic Impact Study*, Tasmania

Felsher, J. R., Derevensky, J. L., & Gupta, R. 2004, 'Lottery playing among youth: Implications for prevention and social policy', *Journal of Gambling Studies*, no. 20, pp. 127-153.

Ferris, J., & Wynne, H. J. 2001, '*The Canadian Problem Gambling Index',* Canadian Centre on Substance Abuse, Ottawa

Finlay, K., Marmurek, H.H.C., Kanetkar, V., and Londerville, J. 2007, *Assessing the Contribution of Gambling Venue Design Elements to Problem Gambling Behaviour*, Final Report prepared for the Ontario Problem Gambling Research

Centre, <http://www.gamblingresearch.org/contentdetail.sz?cid=2654&pageid=0>, Accessed 9th September 2011

Gambling Support Program Department of Health and Human Services Tasmania 2010, *Research Report: A study investigating the use and effectiveness of the Tasmanian Self-Exclusion Program,* Hobart

Gebauer, L., LaBrie, R. & Shaffer H.J. 2010, 'Optimizing DSM-IV-TR Classification Accuracy: A Brief Biosocial Screen for Detecting Current Gambling Disorders Among Gamblers in the General Household Population', *Can J Psychiatry*, no. 552, pp. 82–90

Giacopassi, D., Stitt, B.G., & Vandiver, M. 1998, 'An analysis of the relationship of alcohol to casino gambling among college students', *Journal of Gambling Studies*, no. 14, pp. 135-152.

Gilliland JA, Ross NA. 2005, 'Opportunities for video lottery terminal gambling in Montreal: an environmental analysis', *Canadian Journal of Public Health*, no. 1, pp. 55-59.

Giroux, I., Boutin, C., Ladouceur, R., Lachance, S., & Dufour, M. 2008, 'Awareness training program on responsible gambling for casino employees', *International Journal of Mental Health and Addiction*, no. 6, pp. 594–601.

Glenorchy City Council (GCC) 2010, *Community Consultation Survey 2010*, Research Report, Glenorchy.

Glenorchy Gazette 2010, *City takes lead on gambling policy*, Glenorchy

Grant, J. E., & Kim, S. W. 2001, 'Demographic and clinical features of 131 adult pathological gamblers', *Journal of Clinical Psychiatry*, no. 62, pp. 957–962.

Grant, J., Kushner, M. G., & Kim, S. W. 2002, 'Pathological gambling and alcohol use disorder', *Alcohol Health and Research World*, no. 26, pp. 143-150.

Griffiths, M., & Swift, G. 1992, 'The use of light and colour in gambling arcades: A pilot study', *Society for the Study of Gambling Newsletter*, no. 21, pp. 16-22.

Gupta R, Derevensky JL. 1998, 'Adolescent gambling behaviour: a prevalence study and examination of the correlates associated with excessive gambling' *Journal of Gambling Studies*, no.14, pp. 227-44.

Hing, N., 2004, 'The efficacy of responsible gambling measures in in NSW clubs: The gambler's perspective', *Gambling Research*, no. 16, pp. 32-46.

Hing, N. & Haw, J. 2010, *The influence of venue characteristics on a player's decision to attend a gambling venue,* Gambling Research Australia, Melbourne

Hobart City Council (HCC) 2011, *Gambling Issues in Hobart*, the Acting Director Community Development, presented to the HCC General Manager, Hobart, August.

Independent Gambling Authority 2005*, Inquiry into Smartcard Technology*, Adelaide

Independent Pricing and Regulatory Tribunal (IPART) 2003, *Review into gambling harm minimisation measures*, <www.ipart.nw.gov.au>, Accessed 9 September 2011

Jackson, A.C. 2000, *Gambling: Taxing the Vulnerable?,* Paper presented at University of Melbourne Centre for Public Policy Public Seminar Series: Victoria – Hostage to the GST and Gambling?', Melbourne, August

Jackson, A.C., Thomas, S.A., Thomason, N. & Holt, T.A. 2005, 'Change and Continuity in a Help Seeking Problem Gambling Population: a Five-Year Record', *The Journal of Gambling Issues*, no. 13, <http://www.camh.net/egambling/issue13/jgi_13_jackson.html>, Accessed 10 September 2011

Jackson, A.C., Dowling, N., Thomas, S.A., Bond, L. & Patton, G. 2008, 'Adolescent Gambling Behaviour and Attitudes: a Prevalence Study and Correlates in an Australian Population', *International Journal of Mental Health and Addiction*, <http://www.springerlink.com/content/hl281m3217t8twk6/>, Accessed 10 September 2011

Kyngdon, A., & Dickerson, M. 1999, 'An experimental study of the effect of prior alcohol consumption on a simulated gambling activity', *Addiction*, no. 5, pp. 697-707

LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. 2008, 'Stability and progression of disordered gambling: Lessons from longitudinal studies', *Canadian Journal of Psychiatry*, no. 1, pp. 52-60.

Ladouceur, R., Jacques, C., Giroux, I., Ferland, F., & Leblond, J. 2000, 'Analysis of a casino's self-exclusion program', *Journal of Gambling Studies*, no. 20, pp. 301–320

Ladouceur, R., Boutin, C., Doucet, C., Dumont, M., Provencher, M., Giroux, I., & Boucher, C. 2004, 'Awareness promotion about excessive gambling among video lottery retailers', *Journal of Gambling Studies*, no. 20, pp. 181-185

Ladouceur, R., Sylvain, C. and Gosselin, P. 2007, 'Self-exclusion program: a longitudinal evaluation study', *Journal of Gambling Studies*, no. 1, pp. 85-94

Lal, A. and Siahpush, M. 2008, 'The effect of smoke-free policies on electronic gaming machine expenditure in Victoria, Australia', *Journal of Epidemiology and Community Health*, no. 62, pp. 11-15

Lee, H., Lemanski, J. L., & Jun, J. W. 2008, 'Role of gambling media exposure in influencing trajectories among college students', *Journal of Gambling Studies*, no. 24, pp. 25-37

Lesieur, H. R. 1984, *The Chase: Career of the Compulsive Gambling*. 2nd ed., Schenkman Books Inc, Rochester

Loba, P., Stewart, S. H., Klein, R. M., & Blackburn, J. R. 2001, 'Manipulations of the features of standard video lottery terminal (VLT) games: Effects in pathological and non-pathological gamblers', *Journal of Gambling Studies*, no. 1, pp. 297-320

Lorains, FK, Cowlishaw, S, Thomas, S. 2011, 'Prevalence of co-morbid disorders in problem and pathological gambling', *Addiction*, no. 106, pp. 490-498

Mandel, L.L., Alamar, B. C., & Glantz, S. A. 2005, 'Smoke-free law did not affect revenue from gaming in Delaware', *Tobacco Control*, no. 14, pp. 10-12

Marshall D. 2005 , 'The Gambling Environment and Gambler Behaviour: Evidence from Richmond-Tweed, Australia', *International Gambling Studies*, no. 1, pp. 63.

McDonnell-Phillips, Pty. Ltd. 2006, *Analysis of gambler pre-commitment behaviour, Report 3 – Quantitative Research Report prepared for Gambling Research Australia*, Victorian Department of Justice, Melbourne

McMillen, J., Marshall, D., & Murphy, L. 2004, *The use of ATMs in ACT gaming venues: An empirical study*, Report to the ACT Gambling and Racing Commission, Australian National University Centre for Gambling Research, Canberra

McMillen, J. & Marshall, D. 2004, *2003 Victorian longitudinal community attitudes survey*, Gambling Research Panel Report No.6, Melbourne

McMillen, J. & Pitt, S. 2005, *Review of the ACT government's harm minimization measures*, Australian Centre for Gambling Research, Canberra

Ministry of Health. 2006, *Problem Gambling Geography of New Zealand 2005*. New Zealand Ministry of Health, Wellington

Ministry of Health. 2006, *Poorer people still hardest hit by problem gambling*, New Zealand Ministry of Health Media Release, <http://www.moh.govt.nz/moh.nsf/UnidPrint/MH5021?OpenDocument>, Accessed March 12, 2009

Monaghan, S. 2009, 'Responsible gambling strategies for Internet gambling: The theoretical and empirical base of using pop-up messages to encourage self-awareness', *Computers in Human Behavior*, no. 25, pp. 202-207.

New Focus Research 2000, *Experiences of Problem Gamblers, Their Loved Ones and Service Providers — Stage 2*, Victorian Department of Justice, Melbourne

Nisbet, S. 2005a, 'Alternative gaming machine payment methods in Australia: Current knowledge and future implications', *International Gambling Studies*, no 5, pp. 229-252.

Nisbet, S. 2005b, 'Responsible gambling features of card-based technologies', *eCommunity: International Journal of Mental Health & Addiction*, no. 3, pp. 54-63.

Nisbet, S. 2006, 'Modelling consumer intention to use gambling technologies: an innovative approach', *Behaviour and Information Technology,* no. 3, pp. 221-231.

Nova Scotia Gaming Corporation, 2005, *Media Release: Research Shows Shutting Down VLTs at Midnight is Having a Positive Impact on Problem Gamblers in Nova Scotia*, Nova Scotia, December

Nowatzki, N. R., & Williams, R. J. 2002, 'Casino self-exclusion programmes: A review of the issues', '*International Gambling Studies'*, no. 1, pp. 3-25.

Nower, L., & Blaszczynski, A. 2010, 'Gambling Motivations, Money-Limiting Strategies, and Pre-commitment preferences of problem versus non-problem gamblers', *Journal of Gambling Studies,* no. 3, pp. 361-372

Omnifacts Bristol Research. 2007, *Nova Scotia player card research project: Stage III research report,* <http://www.nsgc.ca/pdf/Omnifacts%20Bristol%20Research%20Report.pdf>, Accessed March 11th 2009

O'Neil, M., Whetton, S., Dolman, B., Hervert, M., Giannopolous, V., O'Neil, D. & Wordley, J. 2003, *Part A-Evaluation of self-exclusion programs in Victoria and Part B – Summary of self-exclusion programs in Australian States and Territories*, Gambling Research Panel, Melbourne

O'Neil, M. & Whetton, S. et al. 2005, *Study of the Impact of Caps on Electronic Gaming Machines*, Victorian Gambling Research Panel, Melbourne

Pakko, M. 2006, 'Smoke-free law did affect revenue from gaming in Delaware', *Tobacco Control, no.*15, pp. 68-69.

Parke, J., Rigbye, J. & Parke, A. 2008, *Cashless and card-based technologies in gambling: A review of the literature*, The Gambling Commission, Birmingham

Parliamentary Joint Select Committee on Gambling Reform 2011, *First report: The design and implementation of a mandatory pre-commitment system for electronic gaming machines,* Commonwealth of Australia, Canberra

Pearce J, Mason K, Hiscock R, Day P.2008) 'A national study of neighbourhood access to gambling opportunities and individual gambling behaviour', *Journal of Epidemiology & Community Health*, no. 10, pp. 862-868.

Productivity Commission 1999, *Australia's Gambling Industries*, Final Report No. 10, Ausinfo, Canberra.

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

Publishers' Advertising Advisory Bureau 2011, *Letter of submission*, Gordon, May.

Responsible Gambling Council 2008, *From enforcement to assistance: Evolving best practices in self-exclusion*, Toronto

Rodda. S., Brown, S. L. & Phillips, J. G. 2004, 'The relationship between anxiety, smoking, and gambling in electronic gaming machine players', *Journal of Gambling Studies*, no. 20, pp. 71-81.

Rodda, S. & Cowie, M. 2005, *Evaluation of electronic gaming machine harm minimisation measures in Victoria*. Final Report prepared for the former Victorian Gambling Research Panel, Caraniche Pty Ltd. <http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/Gambling+and+Racing/Research+and+Statistics/JUSTICE+Evaluation+of+Electronic+Gaming+Machine+Harm+Minimisation+Measures+in+Victoria+(PDF)>, Accessed March 9 2009

SA Centre for Economic Studies 2006, *Impact of the Reduction in Gaming Machines in the Provincial Cities*, The Provincial Cities Association of SA, Adelaide

SA Centre for Economic Studies 2008, *Social and Economic Impact Study into Gambling in Tasmania*, Department of Treasury and Finance, Adelaide

S.A. Department of Human Services 2001, *Gambling patterns of South Australian and associated health indicators*, Centre for Population Studies in Epidemiology, Adelaide

Schellinck, T., & Schrans, T. 2002, *Atlantic Lottery Corporation video lottery responsible gaming feature research: Final report*, Focal Research Consultants Ltd., <http://www.gamingcorp.ns.ca/products/products.htm>, Accessed March 11th 2009

Schellinck, T., & Schrans, T. 2007, *VLT Player Tracking System*, Focal Research, Nova Scotia.

Schottler Consulting 2009, *Impact of changes to EGM characteristics on play behaviour of recreational gamblers,* Office of Gaming and Racing, Victorian Department of Justice, Melbourne

Schrans, T., Grace, J., & Schellinck, T. 2004, *2003 NS VL responsible gaming features Evaluation: Final report,* Nova Scotia Gaming Corporation, Halifax <http://www.gamingcorp.ns.ca/pdf/2003-NS-VL-RGF-Nov9-2004.pdf>, Accessed August 12 2006

Sharpe, L., Walker, M., Coughlan, M.J., Enersen, K., & Blaszczynski, A. 2005, 'Structural changes to electronic gaming machines as effective harm minimization strategies for non-problem and problem gamblers', *Journal of Gambling Studies*, no. 4, pp. 503-520

Smeaton, M., & Griffiths, M. 2004, 'Internet gambling and social responsibility: An exploratory study', *CyberPsychology & Behavior*, no. 7, pp. 49-57.

South Australian Department for Families and Communities 2006, *Gambling prevalence in South Australia*. Adelaide: Government of South Australia.

Stark, G.M., Saunders, D.M., & Wookey, P. (1982, Differential effects of red and blue lighting on gambling behaviour, *Current Psychological Research*, 2, 95-100.

Steenbergh, T. A., Whelan, J.P., Meyers, A.W., May, R.K., & Floyd, K. 2004, 'Impact of Warning and Brief Intervention Messages on Knowledge of Gambling Risk, Irrational Beliefs and Behaviour', *International Gambling Studies*, no. 4, pp. 3-16

Steinberg, M. & Velardo, W. 2002, *Preliminary evaluation of a casino self-exclusion program,* Paper presented at the Responsible Gambling Council's Discovery 2002 Conference, Niagara Falls

Stinchfield, R., & Winters, K. C. 1998, 'Gambling and problem gambling among youth', *Annals of the American Academy of Political and Social Science*, no. 556, pp. 172–185.

Tasmanian Inter-Church Gambling Taskforce 2011, *A submission to the Second Social and Economic Impact Into Gambling in Tasmania*, Hobart

Tasmanian Council of Social Services (TasCOSS) 2011, *Letter submission to Social and Economic Impact Study of Gambling in Tasmania*, Sandy Bay

Tasmanian Gaming Commission (TGC) 2011, *Issues for Clarification — Mandatory Code discussion paper*, available from <http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/ClarificationMandatoryCode.pdf/$file/ClarificationMandatoryCode.pdf>, Accessed 08 August 2011.

TGC 2011a, *New Player Protection Measures*, available from <http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/6044ee0c1cf958a2ca256f2500108bba/5bc926de1a405b5cca2575ee0003ef58?OpenDocument>, Accessed on 08 August 2011.

TGC 2010, *Responsible Gambling Mandatory Code of Practice for Tasmania*, Discussion Paper, Hobart, November

TGC 2010a, *Tasmanian Gaming Commission Annual Report 2009-10,* Hobart.

TGC 2011b, *Responsible Gambling Mandatory Code of Practice for Tasmania,* available from <http://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/LookupFiles/MandatoryCodeofPracticeFinal.PDF/$file/MandatoryCodeofPracticeFinal.PDF>, Accessed 21 October 2011

Tasmanian Hospitality Association 2011, *Australian Hotels More Than Just a Drink and a Flutter: An Overview of the Australian Hotels Industry*, prepared by PriceWaterhouseCoopers April 2009, submission made in June.

TATTS Lotteries 2011, *Submission to the Second Social and Economic Impact Study of Gambling in Tasmania*, Coorparoo, June

Thomas, S.A. & Jackson, A.C. 2008) *Risk and Protective Factors, Depression and Comorbidities in Problem Gambling: a Report to Beyondblue*, Problem Gambling Research and Treatment Centre, Monash University and University of Melbourne, <www.beyondblue.org>, Accessed 19 September 2011

Victorian Department of Treasury and Finance 2007, *Victorian Guide to Regulation*, 2nd ed., Melbourne.

Victorian Parliamentary Drugs and Crime Prevention Committee (n.d.) *Harm minimisation: Principles and policy frameworks*, Government Printer, Melbourne

Walker, M.B. 2001, 'Strategies for winning on poker machines', In A. Blaszczynski et al. (Eds.), *Culture and the gambling phenomenon*: *Proceedings of the 12th annual conference of the National Association for Gambling Studies,* pp. 391-396, Sydney

Weatherly, J.N., & Brandt, A.E. 2004, 'Participants' sensitivity to percentage payback and credit value when playing a slot-machine simulation', *Behavior and Social Issues*, no. 13, pp. 33-50

Williams, R. J., West, B. L., & Simpson, R. I. 2007, *Prevention of problem gambling: A comprehensive review of the evidence,* Report prepared for the Ontario Problem Gambling Research Centre, Ontario.

Williams, J. Rehm, J. and Stevens, G. 2011. *The Social and Economic Impacts of Gambling*. Final Report prepared for the Canadian Consortium for Gambling Research. March 11, 2011.

Williamson, A., & Walker, M. 2000, 'Strategies for solving the insoluble: Playing to win Queen of the Nile', In G. Coman (Ed.), *Lessons of the past: Proceedings of the 11th annual conference of the National Association for Gambling Studies,* pp. 444-452, Victoria

Wynne, H. J., & Stinchfield, R. 2004, *Evaluating responsible gaming features and interventions in Alberta: Phase I*, Final report, <http://www.aglc.gov.ab.ca/pdf/gaming/news_releases/VLT_responsible_features_phase1_report.pdf>, Accessed March 12th 2009