



**INQUIRY INTO THE VICTORIAN  
AUDITOR-GENERAL'S REPORTS  
NO. 99: FOLLOW UP OF  
REGULATING GAMBLING AND  
LIQUOR (2019) AND NO. 213:  
REDUCING THE HARM CAUSED  
BY GAMBLING (2021)**

**July 2023**

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## About

**Turning Point** is Australia's leading addiction treatment, research, and education centre. Every year, we support more than 100,000 Australians living with addiction and their families through our comprehensive suite of clinical services and more than two dozen helplines. Our *AODstats* platform consolidates several datasets on alcohol and other drug related harms in Victoria including ambulance attendances and hospital admissions, making it a powerful policy and system planning tool. Our high quality, best practice treatment is integrated with world-leading policy and practice relevant research, and we are at the forefront of training the next generation of addiction specialists, and upskilling health professionals through clinical placements, vocational, and postgraduate courses. As a frontline service at the coalface, we see and hear the challenges experienced by so many Australians and their families every day, and lead addiction advocacy to drive change. In 2020, we launched Rethink Addiction, a national anti-stigma campaign dedicated to changing the conversation and rethinking our approach to addiction.

The **Monash Addiction Research Centre (MARC)** brings together world-leading expertise from across Monash University and the sector to provide solutions to the challenges of addiction. MARC draws on the multidisciplinary strengths and capabilities of researchers across the University to develop and test novel, scalable prevention and treatment approaches. MARC's mission is to provide national solutions to addiction, leveraging expertise in basic and social science, clinical, and epidemiological research to develop new knowledge to shape government policy and evidence-based approaches.

# 1. Summary of recommendations

Turning Point and MARC welcome the opportunity to contribute to the Public Accounts and Estimates Committee's *Inquiry into the Victorian Auditor-General's reports no. 99: Follow up of Regulating Gambling and Liquor (2019) and no. 213: Reducing the Harm Caused by Gambling (2021)*. The inquiry is timely given the recent demerger of the Victorian Commission for Gambling and Liquor Regulation to form the Victorian Gambling and Casino Control Commission and the Victorian Liquor Commission. This submission makes the following recommendations:

1. Incorporate a range of location-specific data on alcohol-related harm, such as alcohol-related ambulance attendances, hospital admissions, family violence, road injuries, deaths, assaults, helpline calls, and episodes of care into risk-based liquor licensing application and renewal fees. To do this, develop, pilot, and evaluate a harm index / rating system based on these measures of harm that also supports an efficient and risk-based approach to compliance.
2. Commission a group of experts in gambling harm prevention, minimisation, and treatment to develop an outcomes-focused research plan to guide the Victorian Responsible Gambling Foundation's future investment in research. This should be supported by greater investment in high value, impactful research conducted in Victoria and led by Victorian researchers, with an emphasis on public health initiatives, filling service gaps, and the development of preventive strategies and interventions that reduce and treat gambling harms and addiction, in order to ensure effective translation of research into program design and improved treatment outcomes.
3. Promote best practice and improve gambling prevention and treatment by doing the following:
  - a. Transition carriage of gambling treatment and support services from the Department of Justice and Community Safety to the Department of Health, considering the Royal Commission into Victoria's Mental Health System's intention to better integrate gambling support with Mental Health and Wellbeing Services.
  - b. Review the Victorian Responsible Gambling Foundation's client outcome surveys to improve data collection, information sharing, and survey design and completion rates.
  - c. Widely promote *Gambler's Helpline* and *Gambling Help Online* to boost help-seeking.
  - d. Expand *Gambler's Helpline* and *Gambling Help Online* service offerings to support assertive outreach and easily accessible and evidence-based telephone/online treatment interventions to boost treatment engagement and adherence.
  - e. Resource mainstream gambling treatment services to ensure they are culturally responsive to First Nations people and culturally and linguistically diverse communities.
  - f. Invest in targeted research of high-risk groups including First Nations people and culturally and linguistically diverse communities.
4. Work with the Commonwealth and other Australian jurisdictions to strengthen consumer protections under the *National Consumer Protection Framework for Online Wagering in Australia* by building on *BetStop* to introduce a national, universal pre-commitment scheme linked to all online gambling platforms that requires users to set caps on daily, monthly, and yearly spending.

5. Act immediately to strengthen consumer protections for Victorians by implementing the following, and encourage other Australian jurisdictions to do the same by advocating for their inclusion in the *National Consumer Protection Framework for Online Wagering in Australia*:
  - a. Prohibit wagering services from offering any free credit, voucher, reward, or other benefit, not just as an incentive to open an account or refer another person to open an account, but also as an incentive to existing customers.
  - b. Consistent with recommendations in the *You win some, you lose more* report from the federal inquiry into online gambling harms, phase in a ban of all online gambling advertising over three years, starting with a “prohibition of all online gambling inducements and inducement advertising, and all advertising of online gambling on social media and online platforms.”
  - c. Prohibit turnover requirements for deposited funds so people can withdraw their own money from betting accounts without having to place a bet with it first.
  - d. Pilot the use of pop-up messaging that gives real-time updates on spending and prompts people to reflect on their gambling behaviours.
6. Take further steps to prevent and reduce gambling harms:
  - a. Replace all references to “responsible gambling” and “problem gambling / gambler” in Victoria’s laws and regulations with the concepts of “harm prevention and minimisation”, and “gambling harms”, respectively.
  - b. Expand mandatory carded play and pre-commitment to all poker machines across Victoria, not just those at Melbourne Casino, to better prevent money laundering and protect consumers.
  - c. Establish a statutory duty of care that requires gambling operators to 1) inquire into an individual’s means to spend significant amounts, 2) determine the provenance of large deposits, and 3) advise people when their pattern of gambling is consistent with that of someone experiencing gambling harm.
  - d. Support an anti-stigma campaign to promote help seeking and connect people experiencing gambling harms and their families with support.
  - e. Call time on 24/7 on-premises gambling by introducing a mandatory shutdown period (e.g., midnight to 10 AM) and extending mandatory breaks recently introduced for all gambling at Melbourne Casino to include all poker machines across Victoria.
  - f. Reduce the 36-hour weekly gambling limit at Melbourne Casino, and extend gambling time limits to all poker machines across the state (made possible by also mandating carded play for all poker machines to enable playing time to be tracked for individuals).

## 2. 2019 VAGO recommendations

### 2.1. Alcohol harms

Alcohol is the most common primary drug of concern among Australians seeking treatment for substance use.<sup>1</sup> This is not surprising given 23% of Australians experience an “alcohol use disorder” (as defined by the DSM-IV) in their lifetime, a number more than two and half times the world average of 9%.<sup>2</sup> Alcohol products cause significant physical and mental health harms:

- Alcohol use is responsible for 4.5% of the total disease burden in Australia and is the fifth leading risk factor contributing to disease burden.<sup>3</sup>
- Alcohol use causes almost 40% of liver cancer deaths and around one third of mouth and throat cancer deaths.<sup>4</sup>
- Recent alcohol consumption is associated with a seven-fold increase in suicide attempts.<sup>5</sup>
- Alcohol addiction is associated with an increased likelihood of developing depression, anxiety, post-traumatic stress disorder, and borderline personality disorder.<sup>6</sup>

Alcohol also places an enormous burden on frontline and emergency services, as well as families, friends, and innocent bystanders who may be affected by alcohol-related violence and road accidents:

- The estimated cost of alcohol-related harms in Australia was \$22.6 billion in 2021.<sup>7</sup>
- Almost half of all Australians experienced harm from someone else’s drinking in 2021.<sup>8</sup>
- Alcohol was involved in almost 9000 family violence incidents in Victoria in FY 2019–20.<sup>9</sup>
- In Victoria, there were 59,216 alcohol-related hospital admissions in FY 2021–22, and 45,759 alcohol-related ambulance attendances in 2022.<sup>10</sup>

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<sup>1</sup> ‘Alcohol and Other Drug Treatment Services in Australia: Early Insights’, *Australian Institute of Health and Welfare* (Web Page, 14 April 2023) <[https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-aus/contents/summary/drugs-of-concern](https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-<u>aus</u>/contents/summary/drugs-of-concern)>.

<sup>2</sup> “Alcohol use disorder” as defined by the DSM-IV includes both “alcohol abuse” and “alcohol dependence”. Meyer Glantz et al, ‘The Epidemiology of Alcohol Use Disorders Cross-Nationally: Findings From the World Mental Health Surveys’ (2020) 102 (March) *Addictive Behaviors* 1, 20.

<sup>3</sup> ‘Australian Burden of Disease Study 2018: Interactive Data on Risk Factor Burden’, *Australian Institute of Health and Welfare* (Web Page, 24 November 2021) <[https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/alcohol-use>](https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/alcohol-<u>use</u>>)>.

<sup>4</sup> *Ibid.*

<sup>5</sup> Guilherme Borges et al, ‘A Meta-Analysis of Acute Alcohol Use and the Risk of Suicide Attempt’ (2017) 47(5) *Psychological Medicine* 949, 954.

<sup>6</sup> “Alcohol addiction” here is taken to mean “alcohol dependence” as defined by the Alcohol Use Disorder and Associated Disabilities Interview Schedule—DSM-IV Version (AUDADIS-IV29), Wave 2 version. Bridget Grant et al, ‘Sociodemographic and Psychopathologic Predictors of First Incidence of DSM-IV Substance Use, Mood, and Anxiety Disorders: Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions’ (2009) 14(11) *Molecular Psychiatry* 1051, 1056.

<sup>7</sup> Rethink Addiction and KPMG, *Understanding the Cost of Addiction in Australia* (Report, 2022) 8 <<https://www.rethinkaddiction.org.au/the-cost-of-addiction>>.

<sup>8</sup> Anne-Marie Laslett et al, ‘Alcohol’s Harm to Others in 2021: Who Bears the Burden?’ (2021) (April) *Addiction* 1, 5.

<sup>9</sup> ‘Family Violence’, *AODstats* (Web Page, 21 November 2022) <<https://aodstats.org.au/explore-data/family-violence/>>.

<sup>10</sup> Dr Rowan Ogeil, Deputy Strategic Lead, National Addiction and Mental Health Surveillance Unit, Turning Point, personal communication, 10 June 2023.

- Around one quarter of Australian road traffic pedestrian and motor vehicle occupant deaths, and 30% of road traffic motorcyclist deaths, were a result of alcohol in 2018.<sup>11</sup>

## 2.2. Licensing industry participants

The 2019 Victorian Auditor General’s Office (VAGO) report found that following its 2017 recommendation to complete implementation of the licensing risk-based model, the then Victorian Commission for Gambling and Liquor Regulation had expanded the risk factors it uses in the liquor licensing risk-based model from two to five (trading hours, patron capacity, licence category, venue compliance history, and suitability).<sup>12</sup>

### 2.2.1. Additional risk factors for risk-based liquor licensing fees

Public feedback was sought in May 2023 on the proposed *Liquor Control Reform Regulations 2023*, with a Regulatory Impact Statement that presented options for key areas of the regulations including liquor licence application and renewal fees.<sup>13</sup> Alcohol Change Victoria’s submission to this consultation process noted that none of the proposed regulatory options for licence applications and renewals go far enough in preventing alcohol-related harm. It recommended that for liquor licence applications, Remote Sellers (online sales and delivery) licences should be allocated to the “very high” base fee grouping and for licence renewals, licence density, rapid alcohol delivery, and packaged liquor floor space should be included as risk factors used to calculate risk-based application fees.

Importantly, Alcohol Change Victoria’s submission also noted that these factors are all proxy indicators of harm and recommended the inclusion of location as a risk factor in calculating risk-based application and renewal fees. This should apply to licence applications and renewals, considering the range of available data on harm.

### 2.2.2. Location risk-based liquor licensing fees

In addition to proxy indicators of alcohol-related harm, licence application and renewal fees should consider data that gives a more direct and complete understanding of harm and risk in a geographic area (e.g., postcodes or local government areas). High-risk locations should be included as a risk factor that attracts an additional risk fee. This should apply in geographic areas with relatively high rates of alcohol-related harm, based on a range of available data including alcohol-related ambulance attendances, hospital admissions, family violence, road injuries, deaths, assaults, helpline calls and episodes of care. These datasets are accessible through *AODstats.org.au*, a world-first online platform created and maintained by Turning Point to provide local and state policymakers with data to inform service system design and planning. Such an approach to risk-based liquor licensing is consistent with the new statutory definition of harm which specifically mentions family violence, harm to minors and vulnerable groups, and injury to others.<sup>14</sup>

<sup>11</sup> ‘Australian Burden of Disease Study 2018’ (n 3).

<sup>12</sup> Victorian Auditor General’s Office, *Follow Up of Regulating Gambling and Liquor* (Independent Assurance Report, No 99, November 2019) 18 <<https://www.audit.vic.gov.au/report/follow-regulating-gambling-and-liquor?>>.

<sup>13</sup> Department of Justice and Community Safety, *Liquor Control Reform Regulations 2023* (Regulatory Impact Statement, 6 April 2023) 35 <[>](https://engage.vic.gov.au/making-the-liquor-control-reform-regulations-2023).

<sup>14</sup> *Liquor Control Reform Act 1998* (Vic) s 3.

## 2.3. Assuring compliance

In 2017, VAGO recommended that the Victorian Commission for Gambling and Liquor Regulation continue to revise its risk-based approach to compliance to ensure better targeting of compliance activities.<sup>15</sup>

### 2.3.1. Develop, pilot, and evaluate a new location-based risk index / rating system

Regulators operate in a complex environment with limited resources to ensure compliance. The Victorian Liquor Commission should consider how a new risk index / rating tool could be developed, piloted, and evaluated (e.g., expanding the AODstats platform) that includes data on a range of alcohol-related harms by geographic area (e.g., postcode or local government area). In addition to risk-based licensing fees, the ability to identify high-risk locations would support the prioritisation of compliance activities through a more efficient and effective allocation of resources.

## 3. 2021 VAGO recommendations

### 3.1. Gambling harms

Australians are spending and losing big on gambling:

- Spending on gambling in Australia has more than doubled from \$113 billion in FY 1999–00 to \$232 billion in FY 2018–19.<sup>16</sup>
- Australians have the highest per capita gambling losses in the world,<sup>17</sup> having lost over \$21 billion (or \$1067 per person) on gambling in 2019–20, with Victorians losing \$4.6 billion alone (22% of the nation's total losses).<sup>18</sup>
- Almost 1 in 5 (18%) of the world's electronic gaming machines (or poker machines) are in Australia, and excluding dedicated gambling venues like casinos, three quarters of all the poker machines in the world are in Australian pubs and clubs.<sup>19</sup>
- The estimated social cost of gambling to Victoria was almost \$7 billion in 2017.<sup>20</sup>

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<sup>15</sup> Follow Up of Regulating Gambling and Liquor (n 12).

<sup>16</sup> Queensland Government Statistician's Office, *Total Gambling Turnover (Nominal Value) by State and Territory, 1975–76 to 2019–20* (Data Table, 19 December 2022) <<https://www.qgso.qld.gov.au/statistics/theme/society/gambling/australian-gambling-statistics>>.

<sup>17</sup> Stephen Letts, 'Chart of the Day: Are Australians the World's Biggest Gambling Losers? You Can Bet On It', *The Age* (online, 20 November 2018) <<https://www.abc.net.au/news/2018-11-20/australians-worlds-biggest-gambling-losers/10495566?nw=0&r=HtmlFragment>>.

<sup>18</sup> 'Loss' is defined as the amount wagered less the amount won by people who gamble (i.e. it is the gross profit of gambling services). Queensland Government Statistician's Office, *Australian Gambling Statistics, 1993-93 to 2019-20, 37th Edition* (Summary Tables, 28 April 2021) 5-6. <<https://www.qgso.qld.gov.au/statistics/theme/society/gambling/australian-gambling-statistics>>.

<sup>19</sup> Bill Browne and Leanne Minshull, *Pokies Pub Test: Australia Has Most of the World's Pub and Club Poker Machines* (Discussion Paper, 13 December 2017) 1 <<https://australianinstitute.org.au/report/pokies-pub-test/>>.

<sup>20</sup> Social costs include financial, emotional, and psychological costs, costs to relationships and family, the Victorian justice system, and the Victorian government, productivity losses, and work impacts. Matthew Browne et al, *The Social Cost of Gambling to Victoria* (Report, November 2017) 2 <<https://responsiblegambling.vic.gov.au/resources/publications/the-social-cost-of-gambling-to-victoria-121/>>.



Gambling-related harms can include financial difficulties, relationship strain, and emotional distress:<sup>21</sup>

- Around 1.4 million Australians experienced some form of gambling harm in 2015,<sup>22</sup> while almost 200,000 Australians experienced serious harm from gambling based on the Problem Gambling [sic] Severity Index.<sup>23</sup>
- For every person who directly experiences serious gambling harm, an additional six are also affected including family, friends, and the wider community.<sup>24</sup>
- 89% of Victorians agree or strongly agree that there needs to be more public education about the consequences of gambling products.<sup>25</sup>

Gambling harms also significantly impact people's mental health:

- People experiencing gambling harms are up to seven times more likely to attempt or consider suicide, with one in five contemplating suicide in the last year.<sup>26</sup>
- The Productivity Commission found in 1999 that every year, between 35 and 60 Australians who experienced gambling harm died by suicide and another 2900 attempted suicide.<sup>27</sup> This inquiry took place before the rise of online gambling, and little research has been conducted since to better understand gambling-related suicides, although more recent evidence indicates 184 Victorians died due to gambling related suicide between 2009 and 2016, an average of 23 lives each year.<sup>28</sup>

### 3.2. Understanding gambling harm

In 2021, VAGO recommended that the Victorian Responsible Gambling Foundation (VRGF) ensure evidence from its research informs the design and improvement of prevention and treatment programs, and that it applies available – and where appropriate, funds – research and evaluation to improve the efficacy of its treatment and support services.<sup>29</sup>

The 2021 VAGO report found that while the VRGF funded research to guide gambling harm prevention and early intervention initiatives, there wasn't always a clear link between the research evidence and the Foundation's program design. VAGO also found that the VRGF did not know whether its prevention and treatment programs were effective at reducing gambling harm because there was no outcomes framework guiding program design, monitoring, and evaluation.<sup>30</sup>

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<sup>21</sup> Erika Langham et al, 'Understanding Gambling Related Harm: A Proposed Definition, Conceptual Framework, and Taxonomy of Harms' (2015) 16(80) *BMC Public Health* 1, 6.

<sup>22</sup> Roger Wilkins, *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15* (Report, 2017) 82 <[https://melbourneinstitute.unimelb.edu.au/\\_data/assets/pdf\\_file/0010/2437426/HILDA-SR-med-res.pdf](https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0010/2437426/HILDA-SR-med-res.pdf)>.

<sup>23</sup> The 'Problem Gambling Severity Index' is a commonly used, standardised self-report scale measuring the severity of a person's gambling behaviours and their associated harm.

<sup>24</sup> Belinda Goodwin et al, 'A Typical Problem Gambler Affects Six Others' (2017) 17(2) *International Gambling Studies* 276, 283.

<sup>25</sup> Respondents were aged 16-88. Samantha Thomas et al, 'Public Attitudes Towards Gambling Product Harm and Harm Reduction Strategies: An Online Study of 16–88 year Olds in Victoria, Australia' (2017) 14(49) *Harm Reduction Journal* 1, 8.

<sup>26</sup> Heather Wardle et al, *Problem Gambling and Suicidal Thoughts, Suicide Attempts and Non-Suicidal Self-Harm in England: Evidence from the Adult Psychiatric Morbidity Survey 2007* (Report, No 2.1, 17 May 2019) 5 <<https://eprints.gla.ac.uk/239071/>>.

<sup>27</sup> Productivity Commission, *Australia's Gambling Industries* (Inquiry Report, No 10, 26 November 1999) 26 <<https://www.pc.gov.au/inquiries/completed/gambling/report>>.

<sup>28</sup> Angela Rintoul et al, 'Gambling-Related Suicide in Victoria, Australia: A Population-Based Cross-Sectional Study' (2023) *The Lancet* (forthcoming).

<sup>29</sup> Victorian Auditor General's Office, *Reducing the Harm Caused by Gambling* (Independent Assurance Report, No 213, 18 March 2021) 5 <<https://www.audit.vic.gov.au/report/reducing-harm-caused-gambling?section=>>>.

<sup>30</sup> *Ibid* 3, 7.

### **3.2.1. Create a plan to guide research**

The VRGF has a two-page *Research Agenda 2018–2022*,<sup>31</sup> and invested \$0.25M in gambling related research in 2021–22. Much of the focus of current research remains on the problem of gambling harms, despite a great deal of research having already been done to understand gambling harms. We have clearly identified the problem, and the focus of research must now shift to developing evidence-based solutions.<sup>32</sup> In order to do that effectively, we need a detailed research plan, developed by experts in gambling harm prevention, minimisation, and treatment, that methodically builds the evidence base for effective program design, implementation, evaluation, and improved treatment outcomes. This should be supported by a greater level of investment in research delivered by Victorian researchers, to encourage growth in gambling research expertise across the Victorian research community, as well as building the capability and capacity of emerging researchers, ensuring Victoria becomes a national leader in gambling research.

### **3.3. Preventing gambling harm**

The VRGF invested \$1.65M in prevention initiatives in 2021–22,<sup>33</sup> and (following VAGO’s 2021 recommendation) released an outcomes framework for prevention and treatment programs in 2022.<sup>34</sup> With the goal of preventing and reducing gambling-related harm, the framework details the range of outcomes the VRGF monitors and how it will measure them.<sup>35</sup>

Turning Point is involved in a community of practice for culturally and linguistically diverse communities that meets quarterly to share learnings between the VRGF, Turning Point and other gambling treatment services. There is also a youth community of practice (and possibly others) which Turning Point is not involved in.

### **3.4. Treating gambling harm**

The 2021 VAGO report recommended that the VRGF establish client information sharing and referral protocols between different treatment service options, as well as systems and protocols for people who gamble who also have co-occurring conditions, so that they can refer cases to appropriate services including mental health and alcohol and other drug services.<sup>36</sup>

Similarly, as noted in the Royal Commission into Victoria’s Mental Health System, the *National Framework for Recovery-Oriented Mental Health Services* requires that mental health and wellbeing services connect people with gambling support and other wraparound

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<sup>31</sup> Victorian Responsible Gambling Foundation, *Research Agenda 2018–2022* (Research Agenda, 2018) <<https://responsiblegambling.vic.gov.au/research/research-agenda/>>.

<sup>32</sup> Lindsay Blank et al, ‘Interventions to Reduce the Public Health Burden of Gambling-Related Harms: A Mapping Review’ (2021) 6(1) *The Lancet Public Health* 50, 62.

<sup>33</sup> Victorian Responsible Gambling Foundation, *Our Annual Report 2021–2022* (Report, November 2022) 53–54 <<https://responsiblegambling.vic.gov.au/about-us/annual-report/>>.

<sup>34</sup> Victorian Responsible Gambling Foundation, *Reducing Gambling Harm in Victoria* (Outcomes Framework, No 1.1, 2022) <<https://responsiblegambling.vic.gov.au/about-us/strategic-direction/#outcomes-framework>>.

<sup>35</sup> *Ibid.*

<sup>36</sup> *Reducing the Harm Caused by Gambling* (n 29) 10.

supports.<sup>37</sup> This goal would be easier to achieve if these services operated in the same system and were included in the Victorian Government’s large-scale commitment to address recommendations 35 and 36 of the Royal Commission. For example, the newly established Hamilton Centre could play a key supporting role in the integration of gambling treatment and support, given its remit to promote integrated treatment, care, and support across the state’s Mental Health and Wellbeing System.

### 3.4.1. Recognise gambling harms as a health issue

Gambling addiction is a recognised mental health condition (as categorised in the DSM-V-TR and the ICD-11) and responding to it requires a health-centred approach.<sup>38</sup> Victoria’s *Public Health and Wellbeing Plan 2019–2023* also recognises the overlap between mental health and gambling.<sup>39</sup> However, the prevention and treatment of gambling harms currently sits alongside industry regulation within the remit of the Department of Justice and Community Safety.<sup>40</sup> Carriage of gambling treatment and support services should transition to the Department of Health.

### 3.4.2. Gambler’s Helpline and Gambling Help Online

The VRGF funds Turning Point to provide free and confidential 24/7 helpline support to Victorians struggling with gambling through *Gambler’s Helpline* and *Gambling Help Online*, as well as a dedicated youth gambling helpline. The 2021 VAGO report made recommendations relating to these services for which the VRGF is responsible (Table 1).

**Table 1: 2021 VAGO recommendations and status**

<b>Recommendation 2(b): Investigate the causes of client disengagement with <i>Gambler’s Help</i> services and use the findings to improve client engagement and retention in counselling.</b> <sup>41</sup>
We are unable to comment as Turning Point was not involved in this process.
<b>Recommendations 6(a) and 6(c): Establish client information sharing and referral protocols between different treatment service options, including between <i>Gambling Help Online</i> and all other <i>Gambler’s Help</i> services, as well as between the <i>Gambler’s Helpline</i> and <i>Gambling Help Online</i> services and programs for First Nations and culturally and linguistically diverse communities.</b> <sup>42</sup>
This work is currently underway.

<sup>37</sup> *Royal Commission into Victoria’s Mental Health System* (Final Report, February 2021) vol 1, 413; Department of Health and Aged Care, *A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers* (Report, 15 August 2013) 40 <<https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers>>.

<sup>38</sup> American Psychiatric Association, *Diagnostic Statistical Manual of Mental Disorders* (American Psychiatric Association Publishing, 5<sup>th</sup> ed, Text Revision, 2022) F63.0; World Health Organisation, *International Statistical Classification of Diseases and Related Health Problems* (11<sup>th</sup> ed, 2022) 6C50.

<sup>39</sup> Department of Health, *Victorian Public Health and Wellbeing Plan 2019–2023* (Report, 28 August 2019) 26 <<https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023>>.

<sup>40</sup> ‘Gambling’, *Department of Justice and Community Safety* (Web Page, 24 January 2022) <<https://www.justice.vic.gov.au/safer-communities/gambling>>.

<sup>41</sup> *Reducing the Harm Caused by Gambling* (n 29) 5.

<sup>42</sup> *Ibid* 10.

**Recommendation 7(b): further develop client-level outcome measures with the Gambler's Help service sector so that they measure efficacy and are fit for purpose.<sup>43</sup>**

The VRGF has developed client outcome surveys that are completed at the start of treatment (survey 1), 3-months post treatment (survey 2) and 6-months after treatment (survey 3). Turning Point conducts client outcome surveys 2 and 3 and enters client responses into *GH Connect*, a client reporting system for the gambling treatment system. However, our ability to access client data in *GH Connect* is limited, so when we make survey calls we do not know if someone is experiencing a gambling harm themselves or is a concerned family member or friend, or if they have even completed treatment (the first survey is often administered at intake assessment instead of at first treatment episode), yet the survey is designed only for people who have finished treatment. *Gambler's Help Local* services have been up to a year late in entering data for client outcome survey 1, meaning that 3 and 6 month follow ups can be up to 15 and 18 month follow ups. The current approach to client outcome surveys needs to be reviewed.

**3.4.3. Promote helplines to increase help seeking**

Helpline and online services overcome barriers to help seeking and link people with treatment and support (especially those who are not ready to engage with face-to-face services), with callers to *Gambler's Helpline* able to book appointments with local treatment services. The VRGF invested \$0.97M in the 24/7 *Gambler's Helpline* and *Gambling Help Online* in 2021–22. This supports staffing but not the promotion of these services. Indeed, most people only hear about these services from brief messages at the end of gambling ads. By comparison, the wide promotion of smoking quitlines has reinforced public beliefs that treatment is accessible and effective, and Victorians know who to call when they are ready to quit smoking.<sup>44</sup> Greater investment is needed to support the wide promotion of *Gambler's Helpline* and *Gambling Help Online* to increase help seeking.

**3.4.4. Use telehealth services to retain people in treatment**

The VRGF invested \$16.4M across 11 *Gambler's Help Local* services that provide prevention, early intervention, and support across 16 designated catchment areas covering the whole of Victoria in 2021–22.<sup>45</sup> While brick and mortar treatment services are an important part of the treatment system, telehealth service models are highly effective and should form part of the treatment system's offering going forward. For example, Turning Point developed *Ready2Change*, an evidence-based telephone intervention program it delivers in other jurisdictions, to overcome geographical access barriers and accommodate the preference of many clients for telephone counselling.

The *Gambler's Helpline* is only able to book people in with *Gambler's Help Local* services and hasn't been able to offer telephone-based counselling as a stepping-stone or alternative to continuing treatment at brick-and-mortar services. By comparison, Victoria's smoking *Quitline* offers proactive, telephone-based counselling and support. The results speak for

<sup>43</sup> *Reducing the Harm Caused by Gambling* (n 29) 10.

<sup>44</sup> Cassandra Clayforth et al, 'A Cost-Effectiveness Analysis of Online, Radio and Print Tobacco Control Advertisements Targeting 25-39 Year-Old Males' (2014) 38(3) *Australian and New Zealand Journal of Public Health* 270, 273.

<sup>45</sup> *Our Annual Report 2021-2022* (n 33) 51.

themselves, with an additional 635 tobacco quitters and more than 22,000 life years saved by Victoria's *Quitline* every year.<sup>46</sup> *Gambler's Helpline* and *Gambling Help Online* should be supported to provide assertive outreach (regular call-backs to re-engage people) and telehealth counselling (e.g., Ready2Change) to improve treatment engagement and outcomes. They could also provide a stepped-down support service for those completing *Gambling Help* treatment, to maximise outcomes and reduce the risk of relapse.

### **3.4.5. Engage high-risk communities**

Australians from culturally and linguistically diverse (CALD) communities are less likely overall to participate in gambling, but those who do are more likely to experience gambling harms.<sup>47</sup> People from CALD backgrounds can be at increased risk of gambling harms due to migration related stressors, beliefs about luck and chance, and stigmatising cultural attitudes that act as a barrier to help seeking.<sup>48</sup> Many people from CALD communities also perceive gambling as part of Australian culture and use gambling as a way to integrate into Australian society.<sup>49</sup>

First Nations people are more likely to gamble and 19 times more likely to experience significant gambling harms.<sup>50</sup> Cultural expectations to share resources with relatives and the intergenerational transfer of gambling culture compound gambling harms among First Nations communities, with common risk factors including exposure to gambling as children, alcohol and other drug use while gambling, and gambling to escape life concerns.<sup>51</sup> Positive cultural attitudes toward gambling limit recognition of gambling harms and in turn, limit help seeking.<sup>52</sup>

In 2021–22, VRGF invested \$1.3M in CALD grants to community-led services to provide in-language services for Vietnamese, Chinese (Mandarin and Cantonese) and Arabic speaking communities; \$1.16M was also invested in Aboriginal community-controlled organisations as part of VRGF's *First Nations Gambling Awareness Program*.<sup>53</sup> While these community-led treatment initiatives are welcome, mainstream gambling treatment services also need to ensure they provide culturally responsive services, which will promote help seeking and improve treatment engagement and retention.

Greater investment in research into gambling among First Nations and CALD communities is needed as current evidence is limited and the little that exists is out of date. A quick desktop scan of 85 VRGF funded research papers dating back to 2009 found less than a quarter captured CALD and/or First Nations communities and only one specifically focussed on CALD

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<sup>46</sup> Nikki McCaffrey and Rob Carter, *Economic Evaluation of the Victorian Quitline Service* (Report, March 2018) 4

<[https://www.researchgate.net/publication/346503057\\_Economic\\_evaluation\\_of\\_the\\_Victorian\\_Quitline\\_service](https://www.researchgate.net/publication/346503057_Economic_evaluation_of_the_Victorian_Quitline_service)>.

<sup>47</sup> Marissa Dickins and Anna Thomas, *Gambling in Culturally and Linguistically Diverse Communities in Australia* (Report, No 7, October 2016) 2 <<https://aifs.gov.au/research/research-snapshots/gambling-culturally-and-linguistically-diverse-communities-australia>>.

<sup>48</sup> Ibid.

<sup>49</sup> Susan Feldman et al, *A Qualitative Investigation of the Experiences, Attitudes and Beliefs about Gambling in the Chinese and Tamil Communities in Victoria* (Report, 2014) <<https://responsiblegambling.vic.gov.au/documents/78/Research-report-chinese-and-tamil-communities.pdf>>.

<sup>50</sup> As indicated by a score of 8 or above on the Problem Gambling [sic] Severity Index. Nerilee Hing et al, 'Risk Factors for Problem Gambling Among Indigenous Australians: An Empirical Study' (2014) 30(2) *Journal of Gambling Studies* 387, 399; See also Nerilee Hing and Helen Breen, *Indigenous Australians and Gambling* (Report, No 2, November 2014) 2 <<https://aifs.gov.au/resources/policy-and-practice-papers/indigenous-australians-and-gambling>>.

<sup>51</sup> Hing and Breen (n 50).

<sup>52</sup> Ibid.

<sup>53</sup> *Our Annual Report 2021-2022* (n 33) 52.

communities.<sup>54</sup> A greater focus on First Nations people and CALD communities is needed in gambling-related research to reduce gambling harms within these communities. Such research needs to be led by relevant First Nations and CALD researchers in partnership, where necessary, with gambling research experts.

## 4. Regulating and reducing the harm caused by online gambling

### 4.1. The case for strengthening consumer protections

Online gambling is growing at a faster rate than all other gambling modes,<sup>55</sup> with Australian participation rates more than doubling in Australia between 2010–11 (8%) and 2019 (17%).<sup>56</sup> A third of people who gamble online experience gambling harms, making them twice as likely to experience harm than those who gamble only at physical venues.<sup>57</sup>

There is strong public support for tighter gambling regulations among Australians:

- 70% believe there are too many opportunities to gamble, and 84% agree that gambling should be discouraged.<sup>58</sup>
- Three quarters support the implementation of harm reduction measures such as pre-commitment.<sup>59</sup>
- Almost half believe that the current restrictions on gambling are not adequately enforced.<sup>60</sup>
- 71% support a total ban on gambling ads.<sup>61</sup>

The Commonwealth government introduced the *National Consumer Protection Framework for Online Wagering in Australia* in 2018, the commitments of which were agreed upon by all states and territories including Victoria.<sup>62</sup> Since its introduction, several minimum consumer protection measures have been implemented in Victoria, including:

- making account closure easily and readily accessible;
- mandating emailed activity statements;
- requiring all online wagering service staff to complete training;<sup>63</sup> and
- ensuring consistent gambling messaging.<sup>64</sup>

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<sup>54</sup> 'Publications', *Victorian Responsible Gambling Foundation* (Web Page, May 2023)

<[https://responsiblegambling.vic.gov.au/resources/publications/?q=&collection=10&published\\_year\\_from=&published\\_year\\_to=](https://responsiblegambling.vic.gov.au/resources/publications/?q=&collection=10&published_year_from=&published_year_to=)>.

<sup>55</sup> Sally Gainsbury, 'Online Gambling Addiction: The Relationship Between Internet Gambling and Disordered Gambling' (2015) 2(2) *Current Addiction Reports* 185, 185.

<sup>56</sup> Nerilee Hing et al, *The Second National Study of Interactive Gambling in Australia (2019-20)* (Report, 2021) 10.

<sup>57</sup> Mark Griffiths et al, 'Internet Gambling, Health, Smoking and Alcohol Use: Findings from the 2007 British Gambling Prevalence Survey' (2011) 9 (February) *International Journal of Mental Health and Addiction* 1, 6; Hing et al (n 56) 10, 14.

<sup>58</sup> Ian McAllister, 'Public Opinion Towards Gambling and Gambling Regulation in Australia' (2013) 14(1) *International Gambling Studies* 146, 153.

<sup>59</sup> *Ibid* 156.

<sup>60</sup> *Ibid*.

<sup>61</sup> The Australia Institute, 'Polling Research: Give Junk Food & Gambling Ads the Punt' (Media Release, 29 August 2022)

<<https://australiainstitute.org.au/post/polling-research-give-junk-food-gambling-ads-the-punt/>>.

<sup>62</sup> Department of Social Services, *National Consumer Protection Framework for Online Wagering – National Policy Statement* (Policy Statement, 30 November 2018) <<https://www.dss.gov.au/communities-and-vulnerable-people-programs-services-gambling/national-consumer-protection-framework-for-online-wagering-national-policy-statement>>.

<sup>63</sup> Victoria, *Victoria Government Gazette*, No S 349, 6 July 2022, 3-7.

<sup>64</sup> Victoria, *Victoria Government Gazette*, No S 137, 24 March 2023.

## 4.2. Introduce universal mandatory pre-commitment and spending caps for online gambling

One of the minimum consumer protections included in the *National Consumer Protection Framework* requires states and territories to ensure that interactive wagering service providers make an opt-out voluntary pre-commitment scheme easily accessible and effectively promote it to customers. Voluntary pre-commitment means that people are given the option to set a deposit limit for a certain period, but they can choose not to.

Although opt-out voluntary pre-commitment for online gambling has been implemented in Victoria,<sup>65</sup> opt-in voluntary pre-commitment systems that operate in physical venues, such as the *YourPlay* scheme in Victoria, have poor uptake and are not adequately enforced.<sup>66</sup> While an opt-out scheme is an improvement, making pre-commitment mandatory on all online gambling platforms (so that users cannot opt out), and setting universal caps on daily, monthly, and yearly spend would ensure the highest levels of uptake and greatest reduction in gambling harms.

The new national self-exclusion register *BetStop* will allow people to exclude themselves from all online gambling services, deleting all existing betting accounts and prohibiting them from opening new ones, for a minimum of 3 months.<sup>67</sup> When this technology becomes available, its success will hinge upon the requirement for licenced interactive wagering services to prominently advertise *BetStop* and make it easy for people to sign up with as few taps or clicks as possible.<sup>68</sup> This voluntary self-exclusion tool could be built upon to also support mandatory pre-commitment and spending caps.

## 4.3. Prohibit offering inducements to both new and existing customers

Measure 4 of the *National Consumer Protection Framework for Online Wagering in Australia* restricts gambling inducements that offer any credit, voucher, reward, or other benefit as an incentive to open an account or refer another person to open an account.

Inducements to gamble encourage brand switching, and increase both the number of bets placed and the amount spent.<sup>69</sup> It is for these reasons that inducements such as bonus bets, free bets, and deposit matches are harmful, as they can increase overall consumption or engagement with wagering services and encourage impulsive and riskier betting.<sup>70</sup> As such, wagering services should be prohibited from offering any free credit, voucher, reward, or other benefit, not just as an incentive to open an account or refer another person to open an account, but also as an incentive to existing customers. In other words, all online gambling inducements should be prohibited.

## 4.4. Prohibit all gambling advertising, starting with inducements

The law in New South Wales states that a gambling advertisement must not “include any inducement to participate, or to participate frequently, in any gambling activity (including

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<sup>65</sup> *Victoria Government Gazette* (n 63) 3.

<sup>66</sup> Ludwig Kraus et al, ‘Self-Exclusion from Gambling: A Toothless Tiger?’ (2022) 13 (September) *Frontiers in Psychiatry* 1, 10.

<sup>67</sup> ‘BetStop - the National Self-Exclusion Register’, *Australian Communications and Media Authority* (Web Page, 11 July 2022) <<https://www.acma.gov.au/betstop-national-self-exclusion-register>>.

<sup>68</sup> *Interactive Gambling Act 2001* (Cth) ss 61JP(1)-(2).

<sup>69</sup> Nerilee Hing et al, ‘The Structural Features of Sports and Race Betting Inducements: Issues for Harm Minimisation and Consumer Protection’ (2017) 33(2) *Journal of Gambling Studies* 685, 686.

<sup>70</sup> *Ibid* 697-698.

an inducement to open a betting account)".<sup>71</sup> This has been effective in stopping the advertising of inducements such as bonus bets and enhanced odds on television, social media, and digital media, with unlawful ads promoting gambling inducements in New South Wales recently having led to a wagering service provider being fined over \$200,000.<sup>72</sup> By comparison, Victorian law only states that "a wagering service provider must not offer any credit, voucher or reward as an inducement to open a betting account",<sup>73</sup> and the only recent fine issued to a wagering service related to advertising of inducements in Victoria was for \$5,000.<sup>74</sup>

The Commonwealth Parliament's Social Policy and Legal Affairs Committee *You win some, you lose more* report into online gambling harms released in June 2023 recommended a comprehensive ban on all online gambling advertising be phased in over three years, starting with a "prohibition of all online gambling inducements and inducement advertising, and all advertising of online gambling on social media and online platforms."<sup>75</sup> The law in Victoria should be strengthened to prohibit gambling advertising consistent with this phased approach. The Victorian Gambling and Casino Control Commission must also be adequately resourced to ensure the effective enforcement of advertising laws and regulations.

#### 4.5. Prohibit turnover requirements to access deposits

The *National Consumer Protection Framework for Online Wagering in Australia* currently lacks any measure on "turnover requirements" for personal deposits.<sup>76</sup> People struggling with gambling may deposit more into a betting account than is needed for a current bet as a way of budgeting what they are prepared to gamble. However, due to turnover requirements set by some gambling services, withdrawals cannot be made unless the funds have been used to place a bet, essentially making any deposits into a betting account non-refundable. In other words, people cannot withdraw their own money from a betting account once they have deposited it. People should have free access to their own money and not be required to gamble it just because it is being held in a betting account. Turnover requirements for deposits are unreasonable and should be prohibited.

#### 4.6. Trial pop-up messaging

The *National Consumer Protection Framework for Online Wagering in Australia* requires online wagering services to email all customers monthly activity statements. This measure

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<sup>71</sup> *Betting and Racing Act 1998* (NSW) s 33H(2)(h).

<sup>72</sup> Liquor & Gaming New South Wales, 'Record Fine for Wagering Company Betr Over Gambling Advertisements' (Media Release, 14 April 2023) <<https://www.liquorandgaming.nsw.gov.au/news-and-media/record-fine-for-wagering-company-betr-over-gambling-advertisements>>.

<sup>73</sup> *Gambling Regulation Act 2003* (Vic) s 4.7.10.

<sup>74</sup> Victorian Gambling and Casino Control Commission, 'Online Betting Provider Ordered to Pay \$5,000 to Gambler's Help for Breaching Law' (Media Release, 9 February 2022) <<https://www.vgccc.vic.gov.au/media-release/online-betting-provider-ordered-pay-5000-gamblers-help-breaching-law>>.

<sup>75</sup> Standing Committee on Social Policy and Legal Affairs, *You Win Some, You Lose More: Online Gambling and Its Impact on Those Experiencing Gambling Harm* (Report, 28 June 2023) xxiii, xxv

<[https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Social\\_Policy\\_and\\_Legal\\_Affairs/Onlinegamblingimpacts/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Onlinegamblingimpacts/Report)>.

<sup>76</sup> For example, Sportsbet states on their website that funds cannot be withdrawn unless they have been used to place a bet, "which means if you deposit \$50 you'll need to bet \$50 before you can withdraw the balance out of the account". Similarly, Ladbrokes' terms and conditions specify that "you must turn over any deposited funds at least once before you can withdraw them". 'How much money do I need to turnover before I can withdraw?', *Sportsbet* (Web Page) <<https://helpcentre.sportsbet.com.au/hc/en-us/articles/115007208927-How-much-money-do-I-need-to-turnover-before-I-can-withdraw-#>>; Ladbrokes, *Terms and Conditions* (Document, 4 October 22) 11.1 <<https://www.ladbrokes.com.au/rules-terms-and-conditions>>.



could be built upon in Victoria by piloting the use of real-time pop-up messaging to inform customers of their spending, which cannot be ignored as easily as an email and can be delivered more frequently, providing users with instant updates.

Pop-up messages have previously shown to be effective in influencing gambling behaviours:

- Pop-up messages displayed during online gambling sessions prompt people to consider their gambling behaviours,<sup>77</sup> and have been shown to reduce time spent gambling.<sup>78</sup>
- On poker machines, where people have pre-committed to a certain amount of money and are then informed via pop-up message that they have reached their limit and asked if they wish to continue playing, participants who received the monetary limit pop-up reminder adhered to their limit more often than those who did not view the pop-up message.<sup>79</sup>
- A meta-analysis of 18 studies evaluating the effectiveness of pop-up messages found that pop-up messages significantly influenced people's gambling behaviours.<sup>80</sup>
- Pop-up messages on poker machines are recalled more frequently and the contents of their messages are remembered more accurately than the same messages displayed as static text,<sup>81</sup> indicating that the use of pop-up messages may improve current messaging methods used on online gambling platforms, where harm reduction messages currently appear on a separate webpage or screen as static text.

Piloting the use of pop-up messaging for online gambling services, that provide real-time updates on people's spending, and prompt them to reflect on their gambling behaviours would add to the evidence-base for pop-up messaging's effectiveness in reducing gambling harms and inform future policy directions.

## 5. Taking further steps to reduce gambling harm

### 5.1. Reframe how we talk about gambling harms

Consistent with holding the gambling industry accountable, we should stop using industry language designed to shift the burden of responsibility for addressing gambling harms onto consumers, some of whom are living with addiction and vulnerable to gambling harms. This change is already underway with a ministerial direction to gambling advertisers in Victoria to replace the former "gamble responsibly" taglines on advertisements with new evidence-based warnings that better challenge people to think about their gambling activity and minimise harm.<sup>82</sup> Such changes in language should also be reflected in our laws and

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<sup>77</sup> Self-appraisal messages included: "have you spent more money than you intended?" and "are you trying to recover the money you lost previously while playing?"

<sup>78</sup> Julia Caillon et al, 'Impact of Warning Pop-Up Messages on the Gambling Behavior, Craving, and Cognitions of Online Gamblers: A Randomized Controlled Trial' (2021) 12 (July) *Frontiers in Psychiatry* 1, 7.

<sup>79</sup> Melissa Stewart and Michael Wohl, 'Pop-Up Messages, Dissociation, and Craving: How Monetary Limit Reminders Facilitate Adherence in a Session of Slot Machine Gambling' (2013) 27(1) *Psychology of Addictive Behaviors* 268, 270.

<sup>80</sup> Benjamin Bjørseth et al, 'The Effects of Responsible Gambling Pop-Up Messages on Gambling Behaviors and Cognitions: A Systematic Review and Meta-Analysis' (2021) 11 (January) *Frontiers in Psychiatry* 1, 14.

<sup>81</sup> Sally Monaghan and Alex Blaszczynski, 'Impact of Mode of Display and Message Content of Responsible Gambling Signs for Electronic Gaming Machines on Regular Gamblers' (2010) 26 (September) *Journal of Gambling Studies* 67, 75.

<sup>82</sup> *Victoria Government Gazette* (n 64).

regulations, with current references to “responsible gambling” and “problem gambling / gamblers”, changed to “harm prevention and minimisation”, and “gambling harms”, respectively.

## **5.2. Expand mandatory carded play and pre-commitment to all pokies in Victoria**

In May 2023, the Victorian Gambling and Casino Control Commission issued a direction requiring Crown Melbourne to implement two changes on its 2,628 poker machines by December 2023. The first is mandatory carded play, a key anti-money laundering measure that links all poker machine use to a user’s identity. The second is mandatory pre-commitment using the YourPlay system, a key consumer protection measure that requires consumers at Melbourne Casino to set time and spend limits prior to playing.<sup>83</sup> However, YourPlay will continue to operate on a voluntary basis for users of the other 27,291 poker machines in pubs, clubs, and hotels across Victoria,<sup>84</sup> and carded play is not mandatory for these machines either. It makes no sense to limit these important anti-money laundering and consumer protection measures to only 10% of Victoria’s poker machines. Mandatory carded play and pre-commitment should apply to all poker machines in Victoria.

## **5.3. Establish a statutory duty of care**

The Victorian Gambling and Casino Control Commission released a position statement on 22 June 2023 that stated, “gambling providers have a duty to care for the wellbeing of their customers and their communities”. It notes that obligations of gambling providers “extend beyond merely complying with the law” and warns that “failure to honour the duty invites scrutiny into whether a gambling provider is complying with its legal obligations”.<sup>85</sup>

The burden of responsibility for limiting gambling harms shifting from individuals to gambling providers is welcome and should be built upon with a statutory duty of care that requires gambling providers to 1) inquire into an individual’s means to spend significant amounts, 2) determine the provenance of large deposits, and 3) advise people when their pattern of gambling is consistent with that of someone experiencing gambling harm. This must be supported by gambling venues being required to ensure staff are adequately trained to identify and respond to gambling harms, with minimum standards and expectations placed on venues to provide a safe working environment for staff.

## **5.4. Support an anti-stigma campaign to promote help-seeking**

Gambling has become normalised in Australia. Some 75% of children and 90% of adults perceive gambling to be a normal part of sport<sup>86</sup> and many Australians who gamble believe

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<sup>83</sup> Victorian Gambling and Casino Control Commission, ‘VGCCC Issues Direction to Minimise Harm From Gaming Machines at Melbourne Casino’ (Media Release, 4 May 2023) <<https://www.vgccc.vic.gov.au/media-release/vgccc-issues-direction-minimise-harm-gaming-machines-melbourne-casino>>.

<sup>84</sup> Josh Gordon, ‘Councils Plead For Action to Stem Soaring Pokie Losses’, *The Age* (online, 26 February 2023) <<https://www.theage.com.au/politics/victoria/councils-plead-for-action-to-stem-soaring-pokie-losses-20230221-p5cm6a.html>>.

<sup>85</sup> Victorian Gambling and Casino Control Commission, *Our Position on Harm Minimisation* (Position Statement, 22 June 2023) <<https://www.vgccc.vic.gov.au/media-release/vgccc-puts-gambling-operators-notice-minimise-gambling-harm>>.

<sup>86</sup> Hannah Pitt et al, “‘It’s Just Everywhere!’ Children and Parents Discuss the Marketing of Sports Wagering in Australia’ (2016) 40(5) *Australian and New Zealand Journal of Public Health* 480, 483.

that most or all people participate in gambling,<sup>87</sup> despite actual participation rates of 35%.<sup>88</sup> These attitudes are reinforced by marketing campaigns that depict gambling as a social pastime,<sup>89</sup> and online gambling that enables customers to place shared bets with friends.<sup>90</sup> This normalisation and social pressure to gamble is intrinsically linked with the stigma associated with people experiencing gambling harms. We need an anti-stigma campaign to shift community attitudes about gambling and improve help seeking by linking people to support and education about gambling harms.

### 5.5. Call time on 24/7 on-premises gambling with mandatory shutdown periods

The *Gambling Regulation Act 2003* (Vic) currently only requires gambling venues to remain shut for a continuous 4-hour period.<sup>91</sup> While the ability to gamble 20 hours a day is already excessive, in practice people can still gamble 24/7 as many venues stagger their opening hours so people can venue hop.<sup>92</sup> Melbourne Casino is an exception to the rule as it is permitted to operate 24 hours a day, including its poker machine floor.

Mandatory shutdown periods (e.g., midnight to 10 AM) would significantly reduce gambling harms. Since 2003, New South Wales has enforced a 6-hour shutdown period for poker machine venues from 4 AM to 10 AM. A review of this measure found that more than half of those gambling around the time venues were closing were experiencing severe or moderate gambling related harm, and when asked what they planned to do once the venue closed, 69% reported they were going home, demonstrating that the shutdown period effectively encourages breaks in play.<sup>93</sup>

### 5.6. Extend mandatory gambling breaks

New rules at the Melbourne Casino require people to take a 15 minute break after every 3 hours of gambling, and a 24 hour break after 12 hours of gambling in any 24 hour period, and no person can gamble for more than 36 hours in a single week.<sup>94</sup> Anyone who would spend as much time gambling in a week as people do in a full time job is clearly experiencing gambling harms – the 36 hour weekly limit should be reduced, and gambling time limits should be extended to apply to all poker machines across the state. Mandating carded play for all poker machines would enable playing time to be tracked for each individual.

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<sup>87</sup> Sarah Marko et al, “‘Aussies Love a Bet’: Gamblers Discuss the Social Acceptance and Cultural Accommodation of Gambling in Australia’ (2022) 46(6) *Australian and New Zealand Journal of Public Health* 829, 833.

<sup>88</sup> ‘Gambling in Australia’, *Australian Institute of Health and Welfare* (Web Page, 16 September 2021) <<https://www.aihw.gov.au/reports/australias-welfare/gambling>>.

<sup>89</sup> Jeanlucpicard8026, ‘Gambling Ads’ (YouTube, 4 September 2017, 1:00–1:14) <<https://www.youtube.com/watch?v=PAO5dFCax-Q>>.

<sup>90</sup> Calum Jaspan, ‘Sportsbet Reveals Bet With Mates Via New Integrated Campaign’, *Mumbrella* (Blog Post, 7 June 2021) <<https://mumbrella.com.au/sportsbet-reveals-bet-with-mates-via-new-integrated-campaign-686448>>.

<sup>91</sup> *Gambling Regulation Act 2003* (Vic) s 3.3.9.

<sup>92</sup> Alliance for Gambling Reform, *Opening Hours* (Policy Paper, October 2022) 2 <<https://www.agr.org.au/policy submissions>>.

<sup>93</sup> Adam Tuffin and Victoria Parr, *Evaluation of the 6 Hour Shutdown of Electronic Gaming Machines in NSW: A Multi-Method Research Report* (Report, April 2008) 41 <<https://www.gambleaware.nsw.gov.au/-/media/files/published-research-pdfs/evaluation-of-the-six-hour-shutdown-of-electronic-gaming-machines-in-nsw.ashx?rev=bc60960cc5df4b169353edb76f9afdc5&hash=6141AAE3E71490CC6967A45F66953A6F>>.

<sup>94</sup> Melissa Horne, ‘New Reforms To Crack Down On Gambling Harm’ (Media Release, Victorian Government, 3 April 2023) <<https://www.premier.vic.gov.au/new-reforms-crack-down-gambling-harm>>.

## 6. Conclusion

This submission has outlined the widespread harms of alcohol and gambling and made several recommendations for how they can be prevented and reduced. The onus to prevent or reduce alcohol and gambling harms must be rightly placed on the alcohol and gambling industries rather than vulnerable people struggling with alcohol and gambling. Alcohol and gambling providers must assume greater responsibility in preventing, identifying, and minimising harms related to their products. Consumer protections must be strengthened, and regulators must be adequately resourced and empowered to protect the health and wellbeing of Victorians.