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LOOS, Mr Rick, Manager, Telephone & Online Services, Turning Point

LUBMAN, Professor Dan, Executive Clinical Director, Turning Point; and Professor of Addiction Studies and Services, Monash Addiction Research Centre, Monash University

[14:09]

CHAIR: I now welcome representatives from Turning Point and the Monash Addiction Research Centre. I welcome you here to give evidence today. Whilst you are not required to give evidence under oath today, this is a legal proceeding of the parliament and, as such, any giving of false or misleading evidence is a serious matter and could be considered to be contempt of parliament. Everything you say will be recorded for *Hansard*. You are covered by parliamentary privilege. I now invite you to make an opening statement. We are keen on questions and discussion, so give us your highlights.

Prof. Lubman: Thank you, Chair, and the committee for allowing us to speak today on this important national issue. I start by acknowledging the traditional custodians of the lands on which we are meeting, and pay respects to elders past, present and emerging, and extend that respect to Aboriginal and Torres Strait Islander peoples with us today. We recognise and value the knowledge and wisdom of people with a lived experience of gambling harm, their families, supporters and the practitioners who work with them. We celebrate their strength and resilience in facing the challenges associated with recovery and value their important role in policy development and service delivery.

Australia holds the unenviable title of the world's biggest gambling losers, as a result of losing more per capita on gambling than any other country. These losses are only likely to accelerate with online gambling continuing to grow, against a background of limited consumer protection, oversaturation of gambling advertisements, sponsorships and promotions that normalise and encourage gambling behaviour, and an absence of a duty of care from gambling operators, coupled with frequent reports of predatory behaviour, perpetuation of stigmatising language that delays help-seeking and fails to recognise gambling harms as a health issue, and limited capability investment within the gambling help sector to provide proactive support, develop innovative and contemporary responses, address comorbid mental issues and reduce the rate of gambling suicides.

As an addiction psychiatrist and director of a national addiction treatment research centre, I hear firsthand the stories of how gambling is harming everyday Australians. I hear about the stigma and shame that prevent so many people from reaching out for support, sometimes for years, and the devastating impact on families. I see the strong relationship between gambling harms and mental ill-health and presentations for suicidal behaviour. I hear about the commitment to treatment to stop, only to be undermined by the bombardment of gambling ads on mainstream and social media, the inability to effectively self-exclude or set precommitment limits, and the predatory behaviour of industry operators in terms of offering free credit or rewards to people who are clearly experiencing gambling harm.

Addiction is not a choice. People experiencing gambling harm want nothing more than to stop. Many do, but only with the right treatment, care and support. We show incredible compassion to those struggling with cancer, heart disease and mental health, yet we typically blame people living with addiction. One of the things reinforcing the notion that addiction is a choice is language like 'problem gamblers', which puts the blame entirely on consumers, rather than recognising that gambling is in itself an inherently risky activity that necessitates appropriate regulation and consumer protection. People enjoy driving cars and jumping out of planes, but we don't put the onus on consumers alone in terms of ensuring their safety. Instead we have adopted a strong public health framework that recognises these activities have known risks and introduces clear regulations and consumer protections that promote the safety of consumers.

With the explosion of online gambling, unless we take meaningful action now and ensure that we get the right regulations, consumer protections and public health responses in place, things will only get worse. But there is so much more we can do to reduce and prevent the devastating impacts and the costs of gambling harm and addiction. We can start with a national strategy to prevent and reduce gambling harms, with targets like zero suicide deaths related to gambling, a strategy that unifies Australia's approach to gambling harms, including by guiding investment in public health initiatives, as well as research and evaluation to fill evidence gaps and develop more effective responses to gambling harms.

We should also strengthen consumer protections by updating the National Consumer Protection Framework for Online Wagering in Australia to make gambling service providers more accountable and protect vulnerable people from harm. Importantly, we must protect children from gambling harm now and into the future. We can do this by regulating social casino games and video game loot boxes and strengthening advertising standards on television and online.

Gambling addiction is recognised as a health condition; it is time we started treating it like one. Thank you for allowing us to have an opening statement. My colleague Rick has some things to say, but we are also happy to combine that with questions you would like to ask. Rick, would you like to make some introductory comments?

CHAIR: What if we invite Rick to make his comments at the end, if we haven't covered them? Can we do that?

Mr Loos: Sorry about that. I was trying to find my mute button. I'm using a couple of screens.

CHAIR: That's all right. We've all been transported back to 2020 a number of times during this hearing. Thank you very much, Professor, for your submission and that opening statement, and for being here today. As you may have heard me say to other witnesses, there's a lot in what you do and what you know, and limited time to ask you questions. Please don't think, if we don't cover some topics, that it's due to a lack of interest. It's probably a lack of time. I want to start by asking some questions about the treatment side. Ten per cent of clinicians, general practitioners, are aware of screening and assessment tools for gambling harm. Are you able to tell us why it's so low? Is it related to people not going to their GP very much in relation to gambling harm, or is there something else? Do you see that primary healthcare providers, GPs and others, should be or could be playing a greater role in the prevention and treatment of gambling harm?

Prof. Lubman: That's a great question. It follows on from the question you talked to Professor Gainsbury about before. The reality is that gambling isn't seen in the health space at all. She was talking about public health responses to other addictive behaviours. When we are talking about tobacco, alcohol or illicit drugs, we have a very strong public health framework. We don't have a public health framework for gambling. We don't consider it as a health issue. Because of that, it's not surprising that our health practitioners, more broadly, don't see it as a health issue or don't feel equipped to be able to deal with it. Gambling treatment in virtually every jurisdiction is under the purview of, typically, departments of liquor and gaming. It doesn't sit within health departments, so it doesn't sit within the health lens. It's not part of the state's health response. Because of that, we have this siloed approach to gambling that sits outside the health sector. Practitioners don't feel equipped or skilled to deal with this issue or even ask about this issue, and there is real confusion around what people should do if they identify that people are being harmed.

CHAIR: I assume our federal system doesn't assist in making that better?

Prof. Lubman: As we say in our submission, we don't have a national framework. There's a national strategy for most health conditions: a national alcohol strategy, an illicit drugs strategy, a cancer strategy. There's no national strategy on gambling. We are silent on what we think gambling is and what the various components are in terms of public health, prevention, treatment and keeping the community safe.

CHAIR: We've got the National Consumer Protection Framework, which will be implemented soon and may need to be updated. We don't have a national strategy like we do for other things, including domestic violence, which is looked at in a more comprehensive, almost public health sort of way.

Mr Loos: Gambling is a very stigmatised issue, probably the most stigmatised issue. People do it in secrecy. It's very hard for it to manifest into a physical problem that a GP might spot or talk about, or for people to even talk about themselves to anybody else. You don't necessarily get time in a consult to talk about it. As Dan mentioned, unless it's brought within a broader health response, there won't be much attention to it, because people keep it secret. It won't be something that will manifest very easily in a GP setting, unless it's part of a general health assessment that a GP does. In order to do that, you need to bring it within the whole framework. That's my view.

CHAIR: Have you seen anything with the clients or patients that you get through Turning Point to suggest that there has been any impact on that secrecy element with the growth of online gambling and sports betting apps?

Mr Loos: From our perspective, it hasn't really changed. When people are gambling and starting to experience harms, they tend to contain it and control it and not expose it to friends because it's seen as a weakness, so people continue to do that. One thing we noticed was that, when we had the shutdown of venues during the COVID period and people were not going to venues and playing gaming machines, there was a bit more of a focus on online gambling as a problem and people started to contact us. They started to expose things like when they were working from home, for example, they lacked the containment of being in an office and they could bet more easily at home, online, because they didn't have people around them to see it. That entrenches secrecy a bit more. It allows it to occur in secret a lot more, particularly now that we have moved to working-from-home arrangements. That's what we're seeing more.

In general, the more entrenched the gambling behaviour becomes for an individual and the more harms they experience, the more secretive they are about the problem, because of the shame and stigma that is associated with it, because it is seen as an act of will and poor decision-making, as opposed to a health issue.

Prof. Lubman: I can respond to that briefly. The difference between online gambling and, for example, in-venue gambling is that you have to actually travel somewhere to go to in-venue gambling. All the online betting is on phones. Phones are a core part of our anatomy these days, as things we carry around and don't want to be without. It's much easier to gamble in secret because you can do it any time, anywhere, any place without it being visible. It's a much more accessible means of gambling. It also makes it much trickier to treat because it's in some ways easy to self-exclude from or not go to a venue, but if you have a phone in your hand, obviously family members and other people are terrified that you might be gambling. It's a really challenging environment in terms of the impact it has on families and how families support that.

The other point I want to make is on your comment about family violence being something that really has an impact on broad areas of public policy. Gambling is very much the same. The study that we referred to is a study that we did in mental health services, showing that people with mental illness are less likely to gamble, but if they do they have a one in two chance of experiencing gambling harm.

Again, when we think about this investment we have in mental health and in suicide prevention, gambling is not really discussed as an issue in that space. That's the challenge we have. We need to stop thinking about gambling in this silo. We need to think about how common it is to so many other components, including family violence, mental health, suicide and self-harm.

CHAIR: Thank you.

Mr CONAGHAN: Thank you, Professor and Mr Loos, for your submission and your evidence so far. I want to touch on some of your recommendations. Before I do, Professor, you used the term 'stupefying language'. Are you referring to tag lines such as 'gamble responsibly' and those that you hear on the gambling ads?

Prof. Lubman: Exactly. The whole idea is that it is seen as a personal responsibility. When we look at other public health issues, we don't tell people to drive responsibly or jump out of planes responsibly. We understand that they are risky activities that the community want to engage in, and we make sure that we have clear protections in place to keep people safe. Generally, in this space, we talk about harm minimisation as a key concept. When we're talking about harms and managing harms, it makes it clear that the activity is risky, rather than 'gamble responsibly', which puts the onus on the individual and really continues to perpetuate the myth that certain people shouldn't be gambling, rather than the activity itself being risky in its own right.

Mr CONAGHAN: Having said that, do you think that tag lines are harmful, in themselves, to people who experience gambling harm?

Prof. Lubman: Rick can probably talk to this as well. It certainly frustrates many of the people and families that we see that the onus of responsibility is placed on them and their families, and that there is no accountability within the gambling services themselves in terms of making their product as safe as possible.

Mr Loos: The other issue is that they appear at the end of an ad. You've been activated. If you've got a gambling issue, people talk about 'being triggered' and 'activated'. So you're activated and then told to be responsible at the end of it. You are already activated. It's too late to have that message of responsibility at the end. For someone who is experiencing gambling harms, it's too late. When it appears, and how briefly it appears at the end of an ad, feels like it's just a tick-box requirement for a gambling company to add that in. It has little effect because it's at the end of an ad to activate you to gamble. It can be very, very difficult for someone to pull back on, when you have a simple tag line at the end which is 'be responsible'. It's like calling someone irresponsible if they don't. But you have already been activated. That is one of the issues.

Mr CONAGHAN: I am looking at your summary of recommendations. No. 6 is:

Make people experiencing gambling harms a suicide prevention priority population.

We have heard many stories about people who have self-harmed or, very sadly, died by suicide. How can we prioritise one mental health issue over another; for example, alcohol abuse or mental health? Do you understand my question? As a government, we would be shouted down by other areas of the population who, unfortunately, struggle every day.

Prof. Lubman: What's really pleasing to see is that Australia is aiming for a target of zero suicides. That's a really great, aspirational goal. If we are going to be honest about achieving that, we have to recognise which populations are more vulnerable and at risk. We need to make sure in our national strategies and our state strategies that we have approaches in place to make sure that those who are at risk are properly supported and

have the proper safety nets in place. It is a matter of recognising in other national strategies that the issue of gambling, in particular, is something that contributes significantly to the national suicide toll and suicide presentations. Again, it speaks of this siloing of funding or strategies. It's saying: 'We're going to deal with suicide at the moment, but we're not going to deal with people who gamble who are suicidal.' We need to break down those silos across these disparate areas. We're really talking about overlapping populations. We need to make sure that these areas are identified as priorities and are seen as something that's invested in.

For us, for example, in trying to get funding to deal with suicide amongst people who gamble, we are commonly told: 'That is a suicide prevention area; we don't fund gambling services to provide suicide prevention.' At the same time, the suicide prevention space is not the space that gamblers present to. We need to think more creatively, in a cross-government way, about how we address this issue in a much more strategic and effective way.

Mr Loos: It's often co-occurring. As Dan mentioned, by the time you reach the state of being at that level of risk, generally speaking, you'll find that there are co-occurring issues, mental health issues, going on, as well as the gambling problem. As Dan mentioned, you can't look at them in silos. They are often co-occurring conditions. It's better to bring it in under one umbrella or to look at, where suicidality exists, how it co-occurs with other conditions, including addiction and the gambling harms that people experience. You miss things if you look at them in isolation. That is what we are saying. It is co-occurring.

Prof. Lubman: It's artificial. If you look at the national and international classification systems, gambling disorder is classed as a mental health disorder. It's how we see it and how we address it. We have government departments that segment these things as different issues, when in fact they belong to the same class.

Mr CONAGHAN: Thank you. We've been talking about predatory behaviour from the gambling agencies. You make a very good point about predatory behaviour by payday lenders. We haven't heard a great deal of evidence about payday lenders. I may not have been here, if we have. Can you give us some background as to your experience with clients, or your research on that predatory behaviour by payday lenders?

Prof. Lubman: Rick might be able to say more on this as well. Certainly, in our clinical experience, this is what we have heard from people who access some of our services. It is fair to say that, with many people who gamble, you would have heard that, when they do gamble, they are often chasing losses. They are under the belief that their luck will change and that they will be able to either get back their losses or minimise their debts. What we've heard is that there are advertisements that they are able to find for payday lenders that are related to or close by some of the online wagering that encourage them to seek short-term loans to allow them to continue to bet, with the idea of being able to recoup those losses. Unfortunately, that doesn't happen. The debts and the interest that they accrue through those payday lenders add further distress and despair to their situation.

For us, this is an area that has come through people telling us about their experiences. It raises the issue of this whole industry, how it's regulated and whether this is an opportunity to do something in this space. Rick, do you have anything to add?

Mr Loos: Probably anecdotal stories about people who find themselves maxing out credit cards, and whose only alternative to meet a financial commitment is through payday loans or pawning goods. They are already in financial distress. They are probably then moving on to loans from payday lenders, who have significant interest rates that they have to try and meet, which further cements the distress that people are experiencing. We tend to get that. We get the distress at the end of a loss, when there is no other alternative to cover a financial problem. Finally, they might reach out for help. Really, all they're trying to do is to think about how they get through that next week. Often it's about having to utilise payday loan providers or pawnbrokers, because their other financial avenues have reached their maximum. It's an exacerbation of the financial distress—the distress regarding the significant requirements of a loan repayment for a payday loan.

Prof. Lubman: In our submission you will see an example of one that particularly advertises loans for gamblers.

Ms CHANEY: We have heard from a previous witness about the need for a shift to a secondary prevention approach—focusing on sustainable gambling for everyone who is engaging in it, rather than needing to self-identify as having a problem, because of the stigma that causes. I am interested in what you think about that in light of your comments about the onus being on the individual as opposed to the gambling service provider. Also, how would you interpret that shift in terms of how Turning Point provides services?

Prof. Lubman: Maybe I am misunderstanding what the previous witnesses were conveying. In line with what was in our recommendations around providing feedback to people who gamble, we are all very responsive to feedback. There is clear evidence that when people provide feedback around their gambling activity, the amount

they're spending and where they compare to others, we know that normative feedback is very powerful in terms of behaviour and keeping people's behaviour in check. Certainly, you would expect in something like this activity that those sorts of supports which come under a harm reduction strategy would be incredibly valuable in terms of people getting real-time information around what they're doing and how that aligns with their goals. In our submission we talk about the potential for pop-ups, which has been trialled and shown to have some benefit. Certainly, that's something worth considering. That real-time feedback to people has been shown to be effective in the poker machine landscape and could be very valuable in the online gambling arena.

Ms CHANEY: A pop-up would say, 'You've lost X dollars in the last hour. Do you want to take a break?' It would be that kind of thing. The previous witness was talking about requiring—I don't know how we would do this—companies to reframe the way they support sustainable gambling behaviours as opposed to saying, effectively, 'If you've got a problem, go to the help page.' Instead there would be an opt-out like, 'Do you want to set a limit?' and normalising self-management behaviours rather than being stigmatised. Pop-ups or feedback on gambling behaviour could be one of those things. In terms of help-seeking behaviour and people who come to Turning Point, how far upstream do you go? A number of the examples you have given are about people who have very acute problems. What does it take for someone to seek help?

Mr Loos: It's a good question. It's often a significant loss. With the people who contact us, about 60 per cent who contact us have had a loss in the last 24 hours. A further 22 per cent have had a loss within the last week. It takes a loss, and a significant loss, in order for someone to actually seek help. They are not ringing us when they are not having a loss. For example, when the pandemic hit and all venues shut, calls to our helplines dropped by 70 per cent. That shows you that people are only contacting us when they are experiencing harm, and not understanding that there may be an underlying problem that they might need some assistance with. It's just when they're experiencing harm; that's when people tend to contact us. When they do contact us, very few of them are ready for treatment. We have just introduced a rating scale about: 'Out of 10, how ready are you to see a counsellor?' Sixty-five per cent rate themselves at six or less out of 10; 50 per cent rate themselves at five out of 10. We refer to a rate of 30 per cent of calls that we get that are looking for referral. I don't know how many of those would actually follow up and make that connection. It's a very low percentage.

People tend to ring us in a state of distress, and having to deal with that distress. Often they are still in a state of reluctance to open up about their problem. It usually takes some significant loss to do it; then it's often about managing the loss. You have to keep repeating the message about when to get help and not just to wait until a loss occurs, in order for people to then be separated from their loss a little bit, to contemplate their issue and then seek help, where they would continue to actually engage in a service.

Prof. Lubman: This relates to a previous comment around this binary idea of someone having a gambling problem or they haven't. The stereotypes, the media commentary and the stigma reinforce the idea about what somebody with a gambling addiction looks like. 'If I don't look like that, I haven't got a gambling addiction.' What happens is that people don't see the early warning signs. People aren't flagged and given support to reconsider their gambling behaviour. They are left unchecked until it gets out of control. It's only, as Rick says, when something really bad happens that they put their hand up for help. It's like any other health condition: how do we move more downstream to flag to people that their behaviour is outside that of the general population, and what they might need to do to reflect on their behaviour and get help, if they need it?

Ms CHANEY: That's interesting. I would have thought that calling Turning Point is a help-seeking behaviour; then, if 65 per cent, you determine, are not actually ready for referral, do you see that as being evidence that putting the onus on the individual doesn't work very well and there's more need to regulate the companies, the provision and the predatory behaviour because there are these barriers to seeking help when it's needed?

CHAIR: Before you answer that and—please do answer that—Ms Chaney, we've butted up against time. So we'll move on after this very quick answer.

Prof. Lubman: A quick thing to say is that its a highly stigmatised condition. There's very limited information about what you do in the public domain. There are very few public ads and public information around conceptualising it as a health issue. So I think people are ringing us because they don't know what's going on. They're confused: do I have a gambling problem or don't I have a gambling problem? What will happen; what won't happen? What are the different options? And I think the issue for us is we're seeing people too far the other way and we need to—like other areas of health in terms of early intervention, we need to be pushing people to ask these questions earlier and promoting strategies that do that.

Mr Loos: I've noticed, working in this field for a while, that the state jurisdictions have been really working on those low and moderate risk gamblers to make sure that they don't experience greater harm. But that's exactly the population that gambling companies are actually targeting. So when they flood their ads it's all about small bet

incentives—for bets of less than $50 you get your money back or a bonus bet. So it's those low to moderate gamblers that the gambling agencies are targeting en masse in their ads. So jurisdictions are up against it to try to speak to those low to moderate gamblers, because they're outnumbered 10 or 15 to one with every ad that might occur. So I think the only way to do it is to actually think about regulating the ads to try to get people to—to get the message across earlier.

Prof. Lubman: And I think, as you would have heard before, mandatory pre-commitment and loss limits are part of that solution.

CHAIR: Thank you. I'm sorry to have to cut you off.

Ms MILLER-FROST: I did want to just comment on your submission with regard to turnover requirements, which I had not heard before. So thank you for that. That was really interesting. You mention in your written submission that a number of the game companies, Google Play, Sony, Microsoft, Nintendo, require those games with loot boxes—require the publishers to publish the odds of winning. Where are they published? Is it in the terms and conditions, or as you get to it does it pop up? Quite frankly, I don't read terms and conditions. I don't think many other people do. So I'm curious as to where that gets published.

Prof. Lubman: I'll probably have to take that on notice. But I think it's fair to say that while that's what they require, I'm not sure what the actual enforcement of that provision is and how they actually enforce it.

Mr Loos: I'm also not sure if it modifies the behaviour. I was at the end of the conversation with Sally Gainsbury about loot boxes. Even my kids at seven and 10 years old know the odds of getting a rare card in their footy cards. So they're already talking about how many cards or how many packets they'd need to buy to get that rare card. And for the extremely rare card they talk about wanting to purchase a box, not understanding that it may not even be in the box. Even though they know the odds at seven and 10 years old, that doesn't modify necessarily their behaviour in terms of wanting to buy a box of footy cards in order to get that rare card. So I'm not too sure how much—I think it helps but I'm not sure how much it actually modifies.

CHAIR: I might get your kids to explain odds to me, because probability has always been a difficult concept for my brain. I want to thank you both for your evidence today, your submission. It's been very helpful to the committee and we appreciate you taking the time to contribute. If there's anything that you've taken on notice—Professor, you just did—you can provide that information via the secretariat. As I said to other witnesses, if there's anything, when you're considering the evidence you gave today, that you wish to provide us with more information on or to correct, please do. You can do that via the secretariat. You'll also have the opportunity to read the transcript and make any suggested changes to that. We will let you get back to your important work and busy days. Thank you very much for taking the time to be part of this inquiry.