

Reducing Pokies Harm in New Zealand: Public Discussion Submission

Submitted April 2022 to the New Zealand Government Internal Affairs

About you (optional)

From what viewpoint are you making this submission? You can select more than one option. Are you:

Other group: Gambling Treatment and Research Clinic, University of Sydney, Australia

Part 1: Reducing harm in venues: identifying and responding to signs of harmful gambling and staff training (pages 15 to 18)

Based on what you've read in this part, has the Government correctly understood the problems of reducing pokies harm in pubs and clubs?

Information provided in the introductory and background sections of the public consultation discussion document demonstrates that the Government has a sound understanding of the core issues underlying pokies harm in pubs and clubs. Issues raised in these parts reflect our own clinical and research experience at the Gambling Treatment and Research Clinic (GTRC), University of Sydney. We wish to add our support to, and extend upon, what we consider to be critical points the Government has made in these parts.

Current responsible gambling staff training initiatives are generally not sufficient to meet host duty of care responsibilities. Our experience of developing and researching staff training has shown that most existing programs are reactive (wait to be approached before intervening) and compliance focused. These observations are consistent with focus groups we conducted with gambling venue employees. Participants reported that uncertainty around job roles, inadequate skills and training, and potential consequences (legal and from management), prevented them from approaching and offering patrons assistance when gambling problems are suspected [1].

Current regulations are over-reliant on industry self-regulation (p.15). Per the current regulations, licensed venues/societies must formulate their own gambling harm minimisation statement and policy. We view this as problematic because such systems can lead to inconsistent, uninformed harm minimisation practices [2]. In support of what the New Zealand Government suggests, we argue that venues/societies do not have the requisite knowledge and skillset to develop appropriate evidence-based policies and the task is outside their professional scope. Rather, *their responsibility should lie with understanding and complying with harm minimisation policies.* There is a substantial body of evidence that purely self-regulatory models in gambling and related industries are ineffective and often inconsistent with consumer wellbeing [2,3].

The current regulations are too vague and open to interpretation (p.16). As alluded to in the consultation document, *policy wording such as "all reasonable steps" needs to be clearly operationalised and protocols developed in accordance with evidence and agreed upon best practice.* Policies should be

written in such a way that conveys the seriousness of the issues being discussed. Procedures should be outlined for ongoing monitoring of patrons who display some behavioural risk indicators at various times, but who are not identified as having a severe gambling problem warranting immediate intervention. Use of terms such as 'on your radar screen' indicates that policies are intended for awareness rather than action. It is not reasonable that staff should have to make their own judgements as to how to operationalise key risk indicators such as what constitutes one playing session or "several" transactions. Below, we recommend implementation of a standardised list of observable warning signs and response protocols (see Part 1, response to C).

We would like to draw the Government's attention to a statement made on Page 11 which requires further clarification: "people who have a gambling problem are not usually identified in pubs or clubs". In our systematic review of gambling staff training programs [4], we found that gambling staff were confident about identifying problem gambling individuals in the venue, however they were not confident about approaching such individuals once identified. What remains unclear is how staff confidence translates into true identification accuracy. Preliminary evidence suggests that relative to confidence, actual accuracy may be quite poor [5].

References:

1. Beckett, M., Keen, B., Angus, D. J., Pickering, D., & Blaszczynski, A. (2020). Responsible gambling staff training in land-based venues: A systematic review. *International Gambling Studies*. <https://www.tandfonline.com/doi/abs/10.1080/14459795.2020.1737723>
2. Rintoul, A., Deblaquiere, J., & Thomas, A. (2017). Responsible gambling codes of conduct: Lack of harm minimisation intervention in the context of venue self-regulation. *Addiction Research & Theory*, 25(6), 451–461. <https://doi.org/10.1080/16066359.2017.1314465>
3. Brownell, K. D., & Warner, K. E. (2009). The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food? *The Milbank Quarterly*, 87, 259–294. <https://doi.org/10.1111/j.1468-0009.2009.00555.x>
4. Beckett, M., Keen, B., Swanton, T. B., & Blaszczynski, A. (2019). Staff perceptions of responsible gambling training programs: Qualitative findings. *Journal of Gambling Studies*. <https://doi.org/10.1007/s10899-019-09874-9>
5. Delfabbro, P., Borgas, M., & King, D. (2011). Venue staff knowledge of their patrons' gambling and problem gambling. *Journal of Gambling Studies*, 28(2), 155–69, <https://doi.org/10.1007/s10899-011-9252>

Here are some specific measures that the Government proposes could help to reduce harm in pokies venues. We would like to hear your thoughts on the proposals below: do you agree or disagree that they could be effective? Please tell us why you think so in the comment box.

Specific proposal (Yes/No and Comment)

A. Venues could be required to monitor the gambling area at set intervals (regular sweeps) to ensure patrons are not displaying signs of gambling harm

YES: *Observations of risk indicators during each sweep should be recorded in a dedicated register to accurately identify combinations of multiple signs and those that manifest over time.* Gambling researchers have emphasised that patrons will display different warning signs at different times and across different sessions [1,2]. As such, warning signs can appear and disappear over a period of days, weeks, even months. According to a review of five prospective studies of gambling behaviours,

gambling-related harms can fluctuate in intensity and severity over time such that individuals may experience episodes of harm on some occasions or periods but not at other times [3]. Moreover, specific signs are only observable by recording behaviour over different, pre-and-post time points (e.g., patrons gambling for an extended period without a break, multiple ATM cash withdrawals, gambling through mealtimes). The success of any proposed monitoring system therefore relies on the presence of an accurate, up-to-date register which is regularly reviewed, and a profile of players built up over time.

We recommend the *implementation of electronic log systems to assist staff in monitoring at-risk patrons*. It is not reasonable to expect venue staff to manually calculate the length of time a patron was playing pokies, especially when multiple breaks need to be factored into their assessment, and when this is not their main work function. We believe that electronic systems would enhance the accuracy and efficiency of gambling risk assessments. This would be enhanced by use of player cards linked to identified customer accounts which track time and money spent. Specifically, *all pokies floor staff should have access to electronic devices (e.g., tablets) that are linked to a central logbook in which they can add entries and review information from automated and manually inputted observations*. The procedure when a patron is identified as displaying warning signs would involve: 1) reviewing the logbook for prior entries concerning that patron; 2) entering a time-stamped record identifying the patrons and nature of the warning sign; 3) outline any suggested actions and/or if any actions were taken. Given that many individuals gamble across multiple different venues, an electronic monitoring system could be further enhanced if records were shared between venues. Such an approach would require careful consideration of implications to personal privacy.

Staff should be required to review existing daily recordings prior to conducting their sweep. Ideally, a qualified responsible gambling officer would always be present in the venue during operating hours (see response to J). They would be responsible for overseeing the completion of sweeps and reviewing the logbook. However, *regular sweeps should not replace the requirement for all pokies floor staff to be constantly alert for problem gambling warning signs and to record these when identified*. Policies should require regular discussion around warning signs observed in the venue and collaborative decision-making involving managers, responsible gambling officers and staff. Discussions and decisions should be clearly documented regardless of whether the patron was identified as having sufficient risk markers to constitute escalated intervention and a plan for next steps which may include ongoing monitoring.

Delfabbro and colleagues [2] suggest that best practice models will integrate information from direct observations of warning signs compiled over multiple sessions by multiple staff with objective behavioural data extracted from player accounts (loyalty card). Therefore, *we recommend that a patron's loyalty card data if available (play frequency, time, and spend) is integrated into register reports to inform intervention decisions*. Automated behavioural analytic systems are currently being implemented in several international land-based casinos to help identify risky play and manage problem gambling risk among carded players. Casinos may develop internal systems or outsource this function to external companies) that specialise in the collection and application of statistical risk algorithms to individual player data. Based on machine learning models, continuous evaluation of these systems is required to optimise the prespecified combination of behavioural indicators used to distinguish problem gambling players from non-problem gambling players. Moreover, such companies have developed mobile incident reporting systems that integrate data analytic reports with staff observations and automate key aspects of the decision-making process.

References:

1. Delfabbro, P., Thomas, A., & Armstrong, A. (2016). Observable indicators and behaviors for the identification of problem gamblers in venue environments. *Journal of Behavioral Addictions*, 5(3), 419-428. doi: 10.1556/2006.5.2016.065
2. Delfabbro, P., King, D.L., & Griffiths, M.G. (2012). Behavioural profiling of problem gamblers: A summary and review. *International Gambling Studies*, 12(3), 349-366. doi: 10.1080/14459795.2012.678274
3. LaPlante, D. A., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (2008). Stability and progression of disordered gambling: lessons from longitudinal studies. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 53(1), 52–60. <https://doi.org/10.1177/070674370805300108>

B. Venue staff could be required to talk to a person who has been gambling for a specified period of time (e.g., two hours)

YES: *The specific time-period should be based on empirical data relating to positive identification of problem gambling after a critical threshold of continuous play hours.* Although the evidence in this area is limited, Delfabbro and colleagues [1] identified that three hours or more of continuous play, without proper breaks, is a valid indicator of problem gambling. Odds ratio estimates showed that individuals who gambled for three or more uninterrupted hours were 2.4 times more likely to be classified as problem gamblers compared to those who did not gamble for this amount of time. Therefore, we recommend that the time threshold is set to three hours, with this figure subject to revision if future contradictory evidence comes to light. In line with recommendations made in the Victorian (Australia) Royal Commission into Casino Operations and Licensing [2], we also support mandatory breaks after three continuous hours of play, in addition to closer monitoring of individuals who play beyond this threshold and repeated player checks and increasing break requirements with increasing intervals of continuous play (e.g., at six, eight, 12 hours).

Training and protocols are needed to guide staff on how to approach patrons under this circumstance. Training content should contain examples of the types of questions staff are required to ask patrons, including circumstances when discussions are expected to be general in nature versus direct questions about possible gambling harms experienced by the individual and/or others. It should be noted that even when trained, venue staff and managers are not clinicians or problem gambling experts. In our own training materials (described below under response J.), we encourage staff to engage patrons showing some warning signs in a friendly and customer-service oriented manner to check in on their general experience of the venue. This provides patrons the opportunity to openly volunteer information about their gambling behaviour without feeling accused of any wrongdoing. A direct approach is needed when more serious warning signs are present (e.g., hitting the machine, yelling at other patrons). Such conversation should be handled by a venue manager or trained responsible gambling officer; the aim being to name the specific behaviour in question, indicate concern about the patron's wellbeing, and connect them with help services if required. Direct conversations should be held away from the pokies floor to provide a break in play and an opportunity to detect any negative emotion or apparent distress or dysfunction related to gambling.

References:

1. Delfabbro, D. P., Osborn, D. A., Nevile, M., Skelt, L., & Mcmillen, J. (2007). *Identifying problem gamblers in gambling venues: Final report* (p. 334). Gambling Research Australia. <https://www.gamblingresearch.org.au/sites/default/files/2019-10/Identifying%20problem%20gamblers%20in%20gambling%20venues%20final%20report%202007.pdf>

C. Class 4 venues could be required to record a specified range of harm-related events and signs

YES: *Pokie machine venues should be required to record a specified range of harm-related events and signs. Clearly delineated procedures should also be outlined for how records are maintained, reviewed, and utilised to achieve harm minimisation goals.* Without a standardised set of problem gambling indicators, staff rely on anecdotal experience and intuition or heuristics [1], which can be expected to result in high rates of error (i.e., ‘false positives’ and ‘false negatives’). Difficulties in accurately identifying patrons with gambling problems are demonstrated by a study of South Australian gambling venues. The study found that staff members were generally familiar with the patron’s gambling habits; however, they showed poor accuracy in classifying problem gambling patrons based on comparisons between staff ratings and patron self-report [2]. Of 22 patrons with gambling problems identified by self-report, 14 were reported as having no problems by staff, whereas a small number of those classified as not having a gambling problem were suspected of experiencing gambling problems.

Survey studies reveal that some indicators may be common among people with gambling problems, but also occurred among those without gambling problems. For example, in an Australian study, withdrawing cash from ATMs or EFTPOS facilities on more than two occasions in a single session was reported by 92% of patrons with gambling problems compared to 50% of other patrons who gambled but did not have problems [3]. Findings that a proportion of patrons who gamble without problems exhibit so-called indicators of problem gambling suggest possible errors in the accuracy of detection. The same study concluded that accumulating five or more indicators was sufficient to identify someone as having a high probability of having gambling problems.

Delfabbro and colleagues [4, 5] have produced a detailed, empirically derived checklist of visible problem gambling indicators in pokie machine venues. *We recommend the New Zealand Government use this checklist as the basis of their specified range of events and sign indicating gambling-related harm.* The indicators have been stratified according to their likelihood of predicting gambling problems (i.e., strong indicators, possible indicators, early warning signs). Research suggests that the accuracy of identifying people with gambling problems increases when more than one indicator is observed [6]. However, as we indicate above under response A, multiple indicators do not necessarily occur simultaneously and may be displayed across different session and periods of time. Therefore, the importance of maintaining a detailed, timestamped record of patrons exhibiting known indicators cannot be emphasised enough.

A standardised list must be supplemented by training to ensure that staff are not only able to identify indicators but that they have the requisite practical skills to take appropriate action. Reliance on written documentation in the absence of skills training is insufficient as it does not equip staff with the actual skills to apply knowledge gained. We elaborate further on venue staff training under response J.

References:

1. Beckett, M., Keen, B., Angus, D. J., Pickering, D., & Blaszczynski, A. (2020). Responsible gambling staff training in land-based venues: A systematic review. *International Gambling Studies*. <https://www.tandfonline.com/doi/abs/10.1080/14459795.2020.1737723>
2. Delfabbro, P., Borgas, M., & King, D. (2011). Venue staff knowledge of their patrons’ gambling and problem gambling. *Journal of Gambling Studies*, 28(2), 155–69, <https://doi.org/10.1007/s10899-011-9252>

3. Delfabbro, P., Thomas, A., & Armstrong, A. (2016). Observable indicators and behaviors for the identification of problem gamblers in venue environments. *Journal of Behavioral Addictions*, 5(3), 419–28, <https://doi.org/10.1556/2006.5.2016.065>.
4. Thomas, D. A., Delfabbro, P., & Armstrong, A. (2014). *Validation study of in-venue problem gambler indicators* (p. 205). Gambling Research Australia. <https://www.gamblingresearch.org.au/sites/default/files/2019-10/Validation%20study%20of%20in-venue%20problem%20gambler%20indicators%202014.pdf>
5. Delfabbro, D. P., Osborn, D. A., Nevile, M., Skelt, L., & Mcmillen, J. (2007). *Identifying problem gamblers in gambling venues: Final report* (p. 334). Gambling Research Australia. <https://www.gamblingresearch.org.au/sites/default/files/2019-10/Identifying%20problem%20gamblers%20in%20gambling%20venues%20final%20report%202007.pdf>
6. Delfabbro, P., King, D.L., & Griffiths, M.G. (2012). Behavioural profiling of problem gamblers: A summary and review. *International Gambling Studies*, 12(3), 349-366. doi: 10.1080/14459795.2012.678274

D. Societies could be required to keep records of their use of Management Service Providers (MSPs) to deliver services on behalf of the society

No comment.

E. There could be no access to ATMs from inside a venue, only from outside

NO: Removal of ATMs from venues has the potential to be effective from a gambling harm minimisation perspective. However, we recognise that most pokie machine venues offer a range of hospitality services; removal of ATMs from entire venues may be impractical and inconvenient to non-gambling patrons. Further, if ATMs and/or EFPTOS withdrawals are permitted within venues, this provides the opportunity for venue staff to observe potential risk indicators related to frequent withdrawals of funds and the opportunity to intervene and/or converse with patrons about this behaviour. If ATMs are only located outside of venues, it is not possible for venue staff to monitor funds withdrawals. However, we do support continued exclusion of ATMs from pokie machine areas as this requires a break in play and can provide an opportunity for self-reflection and staff intervention. As an alternative, the New Zealand Government may want to consider legislating a pre-defined distance between the pokie machine area and ATMs. In theory, this measure may act as a deterrent to frequent withdrawals, and it would increase the length of breaks in play given the additional time it takes to walk to the ATM. Such legislation would need ensure that pre-defined distances were made relative to the venue size.

F. Opportunities to increase people's awareness of self-exclusion from venues

YES: A strategic, multi-channel marketing approach is required to increase public awareness of self-exclusion. The current utilisation of self-exclusion among individuals with gambling problems is poor which likely reflects inadequate promotional efforts. Moreover, low public awareness of self-exclusion availability has been identified as a significant barrier to entry, with problem gambling individuals unsure of how to self-exclude and what benefits self-exclusion offers [1,2]. *Online and social media advertising is an underutilised marketing channel that could potentially attract a younger demographic to self-exclusion* [3].

Self-exclusion advertisements should target family, friends, and relevant health and social service providers, in addition to individuals with gambling problems. A person's decision to change an unhealthy behaviour is largely influenced by external social and interpersonal factors [4]. Estimates suggest that for every one person with a gambling problem, at least seven others are negatively impacted [5]. It is therefore unsurprising that self-excluded individuals often report finding out about self-exclusion through a third party such as their family, friends, or a counsellor [6].

Promotional content for self-exclusion should be informed by ongoing consumer preference and marketing impact research and marketing impact studies. Our research into responsible gambling marketing suggests that messages should generally be brief and clearly stated, non-judgemental, positively- and action-oriented, specific to the intended audience, and encourage self-reflection [7,8]. Promotional efforts may be particularly effective if received by individuals in real-time when triggered by a particular behaviour (e.g., continuous, uninterrupted play).

References:

1. Gainsbury, S. M. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 30(2), 229–251. <https://doi.org/10.1007/s10899-013-9362-0>
2. Pickering, D., Blaszczynski, A., & Gainsbury, S. M. (2018). Multi-venue self-exclusion for gambling disorders: A retrospective process investigation. *Journal of Gambling Issues*, 38, 127-151. doi: 10.4309/jgi.v0i38.3998
3. Pickering, D., Serafimovska, A., Cho, S. J., Blaszczynski, A., & Gainsbury, S. M. (2022). Online self-exclusion from multiple gambling venues: Stakeholder co-design of a usable and acceptable self-directed website. *Internet Interventions*, 27, 100491. <https://doi.org/10.1016/j.invent.2021.100491>
4. Lewis, M. A., DeVellis, B. M., Sleath, B. (2002). Social influence and interpersonal communication in health behavior. In: Glanz DK, Rimer BK, Lewis FM, editors. *Health Behavior and Health Education: Theory, Research, and Practice*. 3rd ed. San Francisco, CA: pp. 240–264
5. Productivity Commission. (1999). *Australia's gambling industries: Inquiry report*. Productivity Commission. <http://www.pc.gov.au/inquiries/completed/gambling/report>
6. Pickering, D., Blaszczynski, A., & Gainsbury, S. M. (2018). Multi-venue self-exclusion for gambling disorders: A retrospective process investigation. *Journal of Gambling Issues*, 38, 127–151. <http://dx.doi.org/10.4309/jgi.v0i38.3998>
7. Heirene, R. M., & Gainsbury, S. M. (2021). Encouraging and evaluating limit-setting among on-line gamblers: a naturalistic randomized controlled trial. *Addiction*, 116(10), 2801-2813.
8. Gainsbury, S. M., Abarbanel, B. L., Philander, K. S., & Butler, J. V. (2018). Strategies to customize responsible gambling messages: a review and focus group study. *BMC public health*, 18(1), 1-11.

G. Excluded gamblers could be required to complete treatment before they can return to a venue

YES: *We support a gambling risk assessment toward the end of an individual's self-exclusion period.* Individuals deemed to be at high risk of relapse and who want to return to gamble at the venue should first be required to complete a treatment course and their return signed off by their treatment provider. For additional support, *the Government should also consider implementation of an in-venue monitoring and check-in system for high-risk individuals* for a period of time when they do return. These recommendations are supported by the findings of a survey study we conducted on 85 individuals

within six-months of them completing their self-exclusion term [1]. Seventy-nine percent of the sample still met criteria for a gambling problem despite their involvement in the program, suggesting that ongoing support is needed. Although participants found the renewal or exit process at the end of self-exclusion relatively easy to navigate, 65% did not feel supported at the time, which was mostly made up of those exiting the program and potentially returning to venues. Consistent with the focus of our study, *the Government should also explore strategies to encourage self-exclusion renewal at the termination of an agreement. Specifically, renewal process should be quick and easy, with an option to self-exclude permanently.*

References:

1. Pickering, D., & Blaszczynski, A. (2022). Should I stay or should I go? A comparative exploratory analysis of individuals electing to continue or discontinue self-exclusion from land-based gambling venues. *International Journal of Mental Health and Addiction*, 20(2), 1182–1199.
<https://doi.org/10.1007/s11469-020-00435-5>

H. Venue design could be considered in how gambling harm could be prevented or minimise

Please see discussion of cashless gambling payments under item I.

I. All gamblers could be required to pre-commit to the amount of money or time they intend to spend prior to gambling

NO: Within the context of gambling, pre-commitment refers to a system or tool which allows individuals to set limits in advance on the amount of money or time they want to spend gambling in a specified period, typically per day, week, or month. *Pre-commitment is intended to support gambling customers by functioning as an early intervention measure to prevent gambling problems from developing and to minimise harms.* A review of pre-commitment systems for pokie machines concluded that the evidence suggests that a full, mandatory system is likely to be more effective in reducing harms because it includes non-exceedable limits and/or mandatory maximum monetary limits [1]. However, the system must withstand customers undermining this for example by swapping player cards, accessing additional cards, setting very high limits, or setting multiple limits across venues.

There is increasing evidence to support the efficacy of pre-commitment for gambling. However, the quality of evidence is not particularly high as most in-venue trials rely on self-report from a non-representative sample and the trials often have methodological limitations which hinder the evaluation of the pre-commitment systems. Although implementations have differed and occurred in different jurisdictional contexts *almost all the trials of pre-commitment in pokie machine venues have shown evidence of the overall effectiveness for those who used pre-commitment features including reduced expenditure and gambling engagement, lower rates of problem gambling and increased awareness of spending* [1].

Despite the potential of these systems to reduce harm, their impact in changing gambling behaviour is limited. In an umbrella review of harm reduction strategies, 13 unique studies were identified that examined pre-commitment in online and land-based contexts; seven papers reported that most players continued to gamble after receiving a message that their pre-set limit had been reached and six studies reported that setting a limit reduced the length of play and overall gambling expenditure [2].

The overall evidence-base indicates that pre-commitment is helpful for some, but not all players. Nonetheless, the tool has merit as reducing harm, even among a subset of individuals who gamble, is beneficial. From a social responsibility perspective, simply being enrolled in a pre-commitment system may provide benefits. By being enrolled in a pre-commitment system data on play can be gathered allowing automated or staff intervention through behavioural tracking combined with algorithms. The system provides a mechanism through which to receive messages, access activity statements, and be shown personalised as well as normative feedback. Although non-binding pre-commitment systems may not always result in reduced expenditure, *actively setting a limit and being notified of this may still be impactful and reduce harm compared to no active engagement with pre-commitment*. Voluntary pre-commitment initiatives may allow players to better manage their own gambling expenditure rather than aiming to set a limit on players.

The chief limitation of most pre-commitment systems implemented to date is the lack of voluntary engagement, particularly among those at-risk of experiencing gambling problems. Despite the harm reduction utility of responsible gambling tools, their use is alarmingly low (i.e., <1-10% [3]). For example, the UK Gambling Commission found that only 9% of 6,425 gamblers surveyed reported using limit setting [4]. One issue with uptake is that pre-commitment systems are often viewed as intended for individuals with gambling problems, rather than as a preventative tool relevant for all players. Those who are experiencing gambling harm do not use the system as they are not ready to deal with their problems and do not want their gambling to be constrained. *This creates a paradox – those who gamble safely do not think they need to use pre-commitment (and may not), whereas those who do need a limit are unlikely to set and stick to one.*

Despite the potential benefits of mandatory use of a pre-commitment system, we do not recommend this for pokie machine venues at this time. Several jurisdictions that have attempted to implement a mandatory pre-commitment system (e.g., Nova Scotia, Canada and Victoria, Australia) have been unsuccessful despite considerable resources deployed. The principal limitation is that the infrastructure does not exist to allow an effective, binding system to be implemented in cash-based venues without centralized monitoring of players and pokie machine expenditure. Without a requirement to gamble on pokie machines within an identified player account that monitors and tracks pokie machine spend over time it is unlikely that a mandatory pre-commitment system will be effective.

References:

1. Thomas, A., Carson, R., Deblaquiere, J., Armstrong, A., Moore, S., Christensen, D., & Rintoul, A. (2016). *Review of electronic gaming machine pre-commitment features: Self-exclusion*. Australian Institute of Family Studies. <https://aifs.gov.au/agrc/sites/default/files/publication-documents/agrc-precommitment-self-exclusion.pdf>
2. McMahon, N., Thomson, K., Kaner, E., & Bimbra, C. (2019). Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: An umbrella review. *Addictive Behaviors*, 90, 380–388. <https://doi.org/10.1016/j.addbeh.2018.11.048>
3. Forsström, D., Hesser, H. & Carlbring, P. (2016). Usage of a responsible gambling tool: A descriptive analysis and latent class analysis of user behavior. *Journal of Gambling Studies*, 32, 889–904. <https://doi.org/10.1007/s10899-015-9590-6>
4. U.K. Gambling Commission. (2020). *Gambling participation in 2019: Behaviour awareness and attitudes*. <https://assets.ctfassets.net/j16ev64qyf6l/7ulxjm1SNQMygdOFV2bzxN/ea74db1104925f015edb11db0596f98b/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>

J. Standardised content for harmful gambling awareness training could be established

YES: *An approved, standardised training program should be developed with comprehensive trainer and student manuals detailing the individual training components, how the information is to be delivered, and facilitation of practical skills exercises.* In our international review of staff venue training [1], we identified 90+ third party program providers encompassing a diffuse range of training content and delivery formats. This finding reflects the current situation in New Zealand where operators or societies are free to either devise and deliver their own training or to use a Management Service Provider to deliver training. Such a system is seriously limited because it precludes the consistent application of quality controls over the type of training New Zealand pokies venue employees receive. Inconsistency among different training programs also makes it difficult to conduct robust empirical evaluations which are required to establish training effectiveness. Accordingly, *we recommend that standardised training undergoes rigorous monitoring and evaluation on an ongoing basis with the findings used to directly inform program improvements.* Evaluations should be conducted by independent researchers and research funding provided by Government and/or industry. Regarding cost-effectiveness, under the current regulations, resources are being spread across the development and operation of multiple training programs when ideally these would be pulled together to support a single, best-practice program.

The specific content of standardised training should be: 1) developed by qualified responsible gambling experts and education professionals, and 2) based on available empirical evidence of its accuracy and efficacy while also accounting for the uniqueness of the gambling environment in New Zealand. Between 2018 and 2021, the University of Sydney Gambling Treatment and Research Clinic developed new gambling venue staff training programs for ClubsNSW (the industry representative body for NSW clubs) and for the NSW State Government Office of Responsible Gambling to replace the existing mandatory staff training materials. The iterative, co-design framework we used to develop both programs involved collaboration and input across multiple key stakeholder groups [see 2 for a review of the benefits of co-design approaches]. Our involvement, as gambling clinicians and researchers, ensured the training content was accurate and based on the best available evidence, and government policy makers and gambling industry representatives to tailor content to the State gambling environment. Education specialists were employed to guide the format and delivery of materials to maximise learning outcomes. Several pilot training workshops and focus group sessions were held with club, pub, and hotel gambling venue managers and employees to evaluate the draft materials and inform program refinements. The final version of the ClubsNSW staff training has been successfully implemented in pokie machine venues with ClubSAFE+ and Premium memberships. The training materials we developed for the NSW Office of Responsible Gambling will form the new mandatory Responsible Conduct of Gambling Course for clubs, pubs, and hotels. Staff are legally required to complete this course prior to commencing work in NSW licensed pokie machine venues, thus setting a strong precedent for the New Zealand Government's proposal to legislate venue staff training.

Consistent with GTRC-developed staff training, *we propose a two-tiered model consisting of a standard and an advanced level of training.* The core principle underlying both levels of training is a shift away from reactionary, legal compliance-focused programs towards a proactive, customer-focused approach. This, in practice, translates to programs that encourage staff to build positive relationship with all venue patrons, on any level of the risk spectrum, and empowering staff to confidently approach and interact with patrons about their gambling without fearing legal or managerial consequences. In fact, staff should be rewarded for proactive gambling harm minimisation behaviours. The standard training

program aims to build participants' understanding of the behavioural indicators and harms associated with problem gambling; increase their knowledge of relevant responsible gambling policies and codes of practice; and teach them practical skills to intervene with at-risk individuals and provide information about different harm minimisation measures. *We recommend that legislation should require all pokies venue staff to undertake this standard level of training.* Advanced level training should be made available to pokies floor supervisors/managers, responsible gambling contact officers, and general pokies floor staff who wish to upskill. Advanced training materials should encompass a higher level of practical staff-patron interpersonal skills applicable to particularly challenging interactions; facilitation of self-exclusion and referral to personally relevant treatment options, and strategies to support junior staff to provide responsible gambling services. *We recommend that at least one staff member with advanced responsible gambling qualifications is always on shift in the gambling venue during operating hours.* It is expected that this staff member would be responsible for reviewing and maintaining the incident register during their shift and engaging patrons demonstrating a high risk of gambling harms.

We recommend that the Government considers offering advanced-trained staff the opportunity to themselves, be trained as trainers. This cost-effective system would allow appropriately qualified staff to monitor and provide feedback on the performance of other staff in relation to their responsible gambling practices. It would also be advantageous to conveniently training new casual employees given the high rate of staff turnover, and it would facilitate more regular opportunities for in-house refresher training. Operator penalties for failing to comply with responsible gambling legislations (already existing and as proposed by the New Zealand Government) and the potential for trainers to lose their endorsed qualifications would provide sufficient incentive for trainers to uphold rigorous training expectations and standards. As an added measure, however, we recommend that trainers are independently and routinely monitored to *evaluate competency standards and fidelity to the training materials.* Moreover, *an independent student examination process should be incorporated to ensure all venue staff meet standardised learning outcomes and competencies at the conclusion of their training.*

Lastly, *we recommend the New Zealand government considers developing executive-level training aimed at gambling venue board members and senior leadership teams.* In our systematic review, only one of the studies included 'executives'; however, the vast majority of participants in this study were pokies floor managers [3]. We argue that executive training is particularly crucial for improving gambling harm minimisation practices given the top-down flow of work culture throughout an entire venue staff group [4]. Such training might focus on: 1) problem gambling education and awareness, 2) organisation-level gambling regulatory compliance, 3) organisational benefits of socially responsible gambling practices, and 4) strategies to support and incentivise pokies floor staff to be proactive in managing gambling harm among patrons. The format of executive-level training may need to be relatively brief and intensive due to the limited time availability of target audience.

References:

1. Beckett, M., Keen, B., Angus, D. J., Pickering, D., & Blaszczynski, A. (2020). Responsible gambling staff training in land-based venues: A systematic review. *International Gambling Studies*.
<https://www.tandfonline.com/doi/abs/10.1080/14459795.2020.1737723>
2. Steen, M., Manschot, M., & De Koning, N. (2011). Benefits of co-design in service design projects. *International Journal of Design*, 5(2), 53–60.
3. Wong, I. L. K., & Poon, M. (2011). Awareness promotion about problem gambling for casino employees: An Asian experience. *Asian Journal of Gambling Issues and Public Health*, 2(1), 61–67.
<https://doi.org/10.1007/BF03342126>

4. Beckett, M., Keen, B., Swanton, T. B., & Blaszczynski, A. (2019). Staff perceptions of responsible gambling training programs: Qualitative findings. *Journal of Gambling Studies*.
<https://doi.org/10.1007/s10899-019-09874-9>

K. All staff who supervise gambling could be required to be trained

YES. Please refer to our response to item J.

Are any of the above proposals particularly important to you? Why?

Standardised, mandatory venue staff training is particularly important to us for several reasons. First, we perceive current regulations in New Zealand – particularly vague policy wording that relies on industry to self-determine responsible gambling codes and practices – to be a major barrier to the effective management of problem gambling in venues. Second, research has clearly demonstrated the need for improved staff training programs based on findings that venue staff lack both the knowledge and confidence to assist patrons experiencing gambling harm. Current training programs focus primarily on regulatory compliance and do not teach the practical skills required to help such patrons. Third, the GTRC are actively involved in the development of, and research relating to, gambling venue staff training programs. Consequently, we have an extensive knowledge base and passion for work in this area.

Would you add something to the list above that is not included?

Cashless gambling systems could potentially have important strategic potential for minimising harms associated with gambling, provided such systems are implemented with robust and effective risk mitigation controls. Cashless gambling systems include ticketing systems, card and/or app-based systems which may or may not be linked to an identified individual. To maximise the utility of cashless gambling from a harm-minimisation perspective, we recommend an account-based system that links to an identified individual and allows them to deposit into a personal account for pokie machine play. Ideally, this system would function across venues such that only one account is needed. There are several benefits of a single account that tracks all pokie machine spend (including deposits and withdrawals): the ability for patrons to access accurate expenditure statements, receive targeted real-time messages, and set deposit and spend limits. Account-based play would also allow patrons to automatically withdraw funds to linked bank-accounts to prevent re-gambling of funds. Cashless gambling systems would need to be designed with sufficient ‘friction’ to prevent excessive spend that may occur due to the lower psychological salience of electronic funds compared to cash money. Breaks in play should be required in a similar (or enhanced) manner to cash gambling, including when depositing or accessing additional electronic funds. Cashless systems have additional benefits of minimizing under-age play, play by individuals who have self-excluded from venues, and allowing automated risk monitoring combined with triggered alerts to patrons and venue staff (as recommended in A) [1].

References:

1. Gainsbury, S. M. & Blaszczynski, A. (2020). Digital gambling payment methods: Harm minimization policy considerations, *Gaming Law Review*, 7, 466-472. <http://doi.org/10.1089/qlr2.2020.0015>

Any other comments on this section?

No additional comments.

Part 2: Changes to pokie machines, jackpots (pages 18 to 20)

Based on what you've read in this part, do you think the Government has correctly understood how changes to pokie machines could support harm minimisation? Could changes to machines make a difference to gamblers experiencing harm?

We agree that evidence-informed changes to the structure and configuration of pokie machines can potentially contribute to reduced gambling harm in the New Zealand community. Below, we have incorporated specific change recommendations into our responses to the individual proposals.

Here are some specific measures that the Government proposes could be effective in reducing harm from pokies. These measures include changes to machines and how jackpots are run. We would like to hear your thoughts on the proposals below: do you agree or disagree that they could be effective? Please tell us why you think so in the comment box.

Specific proposal (Yes/No and Comment)

A. Pokie machines could be required to display more information, such as the return to player ratio of games, volatility of games, harm minimisation messaging

YES: The clinical services provided at the GTRC are based on a cognitive model of gambling, which asserts that erroneous beliefs about how various forms of gambling operate is at the heart of why individuals develop a gambling problem. A key component of therapy involves the provision of corrective information about how pokie machines operate to those who are displaying these mistaken beliefs. Therefore, from our clinical experience, *we believe that the display of factual information about the basic mathematical principles and mechanical operations of pokie machines is an important step in minimising gambling harm.* However, concepts such as return-to-player percentage and pokie machine volatility are easily misunderstood by patrons. As such, *careful consideration is needed to ensure the information is presented in such a way that it is easily understood by a lay audience. Content development processes should be accompanied by iterative pilot evaluations with the intended audience to ensure they accurately comprehend the information and can apply it to real life scenarios.*

Gambling researchers have advanced similar arguments around shifting education initiatives away from 'fear-based' messages that focus on potential severe harms that can result from gambling toward building a greater understanding of the relevant cognitive biases and heuristics that affect gambling decisions [1,2]. Studies have found that fear-based campaigns aiming to prevent unhealthy behaviour or motivate change often lack personal relevancy or trigger defensive reactions among the target audience and are only effective in rare circumstances [3,4]. Supporting educational messages targeting pokies myths and disseminating relevant accurate information is an extensive evidence base suggesting that gambling misconceptions are one of the earliest and most robust predictors of problem gambling [2]. There is an increasing body of evidence to support real-time messages which disrupt a pokies session, or appear within a pokies session, encouraging self-appraisal with a clear behavioural suggestion (e.g., "Do you know how much you have spent? Do you need a break?") [5]. Existing studies on the effectiveness of responsible gambling messaging and education programs are often self-report and focus on attitudinal shifts [6,7]. We recommend that *evaluations of messaging impact integrate both self-report and objective data with an emphasis on actual behaviour change.*

References:

1. Keen, B., Anjou, F., & Blaszczynski, A. (2019). How learning misconceptions can improve outcomes and youth engagement with gambling education programs. *Journal of behavioral addictions*, 8(3), 372–383. <https://doi.org/10.1556/2006.8.2019.56>
2. Yakovenko, I., Hodgins, D. C., el-Guebaly, N., Casey, D. M., Currie, S. R., Smith, G. J., Williams, R. J., & Schopflocher, D. P. (2016). Cognitive distortions predict future gambling involvement. *International Gambling Studies*, 16(2), 175–192. doi:10.1080/14459795.2016.1147592
3. van 't Riet, J., & Ruiter, R. A. C. (2013). Defensive reactions to health-promoting information: An overview and implications for future research. *Health Psychology Review*, 7(sup1), S104–S136. doi:<https://doi.org/10.1080/17437199.2011.606782>
4. Kok, G., Peters, G.-J. Y., Kessels, L. T. E., ten Hoor, G. A., & Ruiter, R. A. C. (2018). Ignoring theory and misinterpreting evidence: The false belief in fear appeals. *Health Psychology Review*, 12(2), 111–125. doi: <https://doi.org/10.1080/17437199.2017.14157>
5. Gainsbury, S. M. (2015). Optimal content for warning messages to enhance consumer decision making and reduce problem gambling. *KELM (Knowledge, Education, Law, and Management)*, 11(3), 64-80.
6. Griffiths, M. D., Wood, R.T.A., & Parke, J. (2009). Social responsibility tools in online gambling: A survey of attitudes and behavior among Internet gamblers. *Cyber Psychology & Behavior*, 12(4), 413-421. <http://doi.org/10.1089/cpb.2009.0062>
7. Keen, B., Blaszczynski, A., & Anjou, F. (2017). Systematic review of empirically evaluated school-based gambling education programs. *Journal of Gambling Studies*, 33(1), 301–325. <https://doi.org/10.1007/s10899-016-9641-7>

B. Gaming machines should provide information on true losses (as opposed to presenting losses as wins)

YES: One systematic review of 51 experimental studies on losses disguised as wins (LDWs) has provided convincing evidence that LDWs are causally related to players to overestimating the frequency and monetary amounts of wins during a gambling session [1]. Pokie machine LDWs accompanied by positive sound effects to signify a winning outcome have also been shown to contribute to overestimation of wins [2]. However, studies to date have not been able to demonstrate a clear and consistent link between LDWs in pokie machines and problem gambling. Regardless of this, given what we know about the role of accurate beliefs in making responsible gambling decisions (see response to A), *we support the implementation of measures to display accurate information on actual loss amounts per stake, including the removal of LDWs from poker machine displays and sound effects.*

References:

1. Barton, K. R., Yazdani, A., Ayer, N., Kalvapalle, S., Brown, S., Stapleton, J., Brown, D. G., & Harrigan, K. A. (2017). The effect of losses disguised as wins and near misses in electronic gaming machines: A systematic review. *Journal of gambling studies*, 33(4), 1241–1260. <https://doi.org/10.1007/s10899-017-9688-0>
2. Dixon, M. J., Collins K., Harrigan, K. A., Graydon, C., Fugelsang, J. A. (2015). Using sound to unmask losses disguised as wins in multiline slot machines. *Journal of Gambling Studies*, 31, 183–196. doi: 10.1007/s10899-013-9411-8

C. Prevent or limit the ability to make multi-row bets

No comment

D. The maximum stake of \$2.50 could be reduced

No comment

E. Prevent or limit the number of “free spins”

No comment

F. Pokie machines could be required to have a maximum number of games that could be played in an hour

No comment

G. Potential measures to minimise the harm from jackpots, such as: Pokie machines could be required to provide information about how much of any stake is being used for jackpots

YES: Consistent with our response to item A, *we recommend that pokie machines provide accurate, simplified information about the proportion of each stake that goes toward the jackpot, combined with additional information on the true odds of winning the Jackpot per stake.* Player misconceptions around probability may contribute to persistence in gambling despite there being very low odds of winning a jackpot. Pokie machines with high volatility make it harder for players to judge the potential RTP over the short and longer term. Games with composite payout models such as pokies with machine-level wins and linked jackpots make it even more difficult for players to accurately understand the house edge and likely return.

References:

1. Turner, N. E. (2011). Volatility, house edge, and prize structure of gambling games. *Journal of Gambling Studies*, 27(4), 607–623. <https://doi.org/10.1007/s10899-011-9238-0>

H. Maximum jackpot size could be reduced

NO: *New Zealand jackpot sizes are already relatively low by international standards.* This is appropriate as research shows that jackpots likely increase the attractiveness of playing pokie machines and may motivate the initiation and maintenance of gambling sessions, particularly among those either experiencing or at risk of gambling harm. The presence of jackpots may be particularly motivating for a player with large accumulated losses, as losing tends to make people more risk seeking with respect to large low-probability gambles [1]. Large jackpot amounts may also be differentially appealing and potentially coercive to lower socioeconomic groups.

In an evaluation of a pre-commitment program in South Australia [2], people classified as problem gamblers preferred to sit around machines with the best features or jackpots compared to other players with less severe or no gambling problems. The availability of large, linked jackpots was one of the top triggers of non-adherence for players who exceeded their precommitment decisions on pokie machines. Moreover, players classified as moderate risk or problem gamblers played machines with linked jackpots

and higher prizes more often compared to other players. Lastly, prior to playing, individuals with gambling problems were more likely to think about what jackpots were available at the venue. Similarly, researchers found a positive association between problem gambling severity and prioritizing the availability of linked jackpots when choosing where to gamble amongst people in treatment for gambling problems [3]. A survey of casino employees in Australia reported an association between problem gambling severity and casino staff who reported being influenced by jackpots they had seen at work. The finding indicated that among pokies venue staff with gambling problems, jackpots were perceived as highly attractive, which may contribute to the gambling problems [4]. This influence may be compounded by seeing other patrons win jackpots, potentially increasing casino employees' perceived likelihood of winning.

These studies are all based on non-representative samples and self-report so the results should be treated with caution, however, they do provide some indication that jackpots influence the gambling decisions and behaviours of those individuals with higher problem gambling severity. *The studies do not indicate that jackpots cause gambling harms, but they suggest that individuals with gambling problems prefer pokie machines and venues with jackpots.*

References:

1. Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185(4157), 1124–1131. <http://www.jstor.org/stable/1738360>
2. Schottler Consulting. (2010b). *Major findings and implications: Player tracking and precommitment trial: A program and outcome evaluation of the PlaySmart precommitment system*. Retrieved from www.treasury.sa.gov.au/public/download.jsp?id.3188
3. Hing, N., & Haw, J. (2010). *Influence of venue characteristics on a player's decision to attend a gambling venue*. Gambling Research Australia. <https://www.gamblingresearch.org.au/publications/influence-venue-characteristics-players-decision-attend-gambling-venue>
4. Hing, N. (2008). *A quantitative analysis of workplace influences on responsible gambling and problem gambling amongst employees of Queensland gaming venues*. Queensland Treasury. <https://www.publications.qld.gov.au/dataset/liquor-and-gambling-research/resource/4d4dbef7-cad3-4b67-a20f-09d56aafc710>

I. Signage showing jackpot levels could be prohibited

NO: Based on the limited research on jackpots (see response to H), there is warrant for some caution in advertising jackpot sizes. *We recommend that the signage around jackpots be strictly limited to factual information about the current jackpot amount, as necessary to enable informed choice, but with no information about when or where previous jackpots were awarded.* There are several common heuristics or cognitive biases that can contribute to the initiation or maintenance of gambling in relation to jackpots. Accordingly, we suggest the New Zealand Government considers the following points in their decision to prohibit displays of jackpot signage:

- Caution is needed around notifications that may signal (accurately or inaccurately) when a jackpot is likely to next occur including when a jackpot was last awarded or the size of the current jackpot. Such communication may encourage gambling if the jackpot is perceived to be “due”.

- The ‘goal-gradient’ effect occurs where efforts to fulfil a goal tend to be negatively related to the perceived distance to the goal [1]. In the gambling context, people may bet more and persist in betting if they perceive the jackpot to be near, which may occur in progressive and deterministic jackpots or if a jackpot has not recently been awarded.
- Progressive jackpots may lead to a “rolled over effect” whereby individuals are encouraged to bet more as higher bets help increase the accumulated amount of the jackpot [2]. This phenomenon is observed in lotteries where ticket sales increase as jackpots roll over [3]. Each bet may be seen as a recoverable investment in the jackpot prize, or as the prize increases this may encourage continued betting.
- People tend to judge the possibility of a win as relative to the parent population (representative heuristic [4]). That is, if a jackpot is known to have been won at one particular venue or type of machine, people may think that the chances of this occurring again are greater. This is typically encouraged by venues displaying notifications of previous large wins (e.g., winning lottery ticket sold here), despite this being irrelevant information to future wins.

References:

1. Kivetz, R., Urminsky, O., & Zheng, Y. (2006). The goal-gradient hypothesis resurrected: Purchase acceleration, illusionary goal progress, and customer retention. *Journal of Marketing Research*, 43(1), 39–58. <https://doi.org/10.1509/jmkr.43.1.39>
2. Rogers P. (1998). The cognitive psychology of lottery gambling: A theoretical review. *Journal of gambling studies*, 14(2), 111–134. <https://doi.org/10.1023/a:1023042708217>
3. Li, E., Rockloff, M.J., Browne, & Donaldson, P. M. (2016). Jackpot structural features: Rollover effect and goal-gradient effect in EGM gambling. *Journal of Gambling Studies*, 32, 707–720. <https://doi.org/10.1007/s10899-015-9557-7>
4. Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185(4157), 1124–1131. <http://www.jstor.org/stable/1738360>

Are any of these proposals particularly important to you? Why?

As a clinical service that focuses on correcting mistaken gambling-related beliefs in clients with gambling problems, the dissemination of personally relevant, accurate, and comprehensible information about pokie machine operations and underlying mathematical principles is of particular importance to us. The significant potential for gambling harm prevention and minimisation is supported by a strong theoretical foundation, together with empirical evidence that gambling misconceptions are robust predictors of problem gambling development.

Would you add something to the list above that is not included?

We have nothing further to add.

Any other comments on this section?

No other comments.

Part 3: Penalties and enforcement (pages 21 to 23)

Based on what you've read in this part, has the Government correctly understood the situation with penalties and enforcement related to current and future regulations?

We have provided limited comments in this section as penalties and enforcement for non-compliance with gambling harm minimisation regulations is somewhat outside the scope of our current knowledge and expertise. However, please refer to the section below for additional proposals, where we outline our perspective regarding the inappropriateness of financial penalties for individuals who breach self-exclusion. We include recommendations for alternative, more appropriate disincentives for this vulnerable group.

Here are some specific proposals that the Government thinks could be effective in reducing harm from pokies through penalties and enforcement. We would like to hear your thoughts on the proposals below: do you agree or disagree that they could be effective? Please tell us why you think so in the comment box.

Specific proposal (Yes/No and Comment)

A. Offence for societies/venue operators/venue managers of "failing to meet requirements in regard to restrictions on jackpot advertising and/or branding at Class 4 venues" (an existing requirement) - with an infringement fee of \$1,000

No comment

B. Offence of "failing to meet requirements in regard to providing information about problem gambling to patrons and where to get help" (an existing requirement) - with an infringement fee of \$1,000

No comment

C. Offence for societies of "failing to meet requirements in regard to ... required components of problem gambling awareness training to staff who supervise gambling" (an existing requirement) - with an infringement fee of \$1,000

No comment

D. Offence for venue operators/venue managers of "failing to meet requirements in regard to monitoring and recording harm minimisation actions" (a proposed new requirement) - with an infringement fee of \$1,000

No comment

E. Offence for venue operators/venue managers of "failing to meet requirements in regard to harm minimisation machine features" (a proposed new requirement) - with an infringement fee of \$1,000

No comment

Are any of these proposals particularly important to you? Why?

Not applicable.

Would you add something to the list above that is not included?

We noted in the consultation document that individuals are liable for a monetary fine of up to \$500 for failing to comply with their self-exclusion agreement by gambling in a self-excluded venue. We believe that monetary fines of any amount raise significant ethical issues around the appropriateness of penalising vulnerable individuals in need of support services and with existing financial and emotional difficulties. This same notion was reflected in a qualitative interview study we conducted with 20 individuals self-excluded from Australian clubs and hotels [1]. Most participants in the study supported monetary fines directed at venues who fail to effectively identify and remove self-excluded patrons from the gambling premises (suggestions included a fixed fine or percentage of daily revenue). However, participants tended not to support the same measure for self-excluded patrons themselves, viewing this as unhelpful and lacking in compassion given their circumstances. *We recommend the Government prioritises the provision of relevant supports in the management of individuals who breach self-exclusion orders.* More appropriate penalties can also be considered, such as an extended or indefinite ban from the venue and/or the forfeiture of any winnings made by gambling while self-excluded. Forfeiture of winnings could potentially be a powerful disincentive to gamble when self-excluded, particularly given that the opportunity to win money and recuperate losses are significant contributors to problem gambling [2,3]. Based on unpublished data, self-excluded individuals support of this measure (in theory) suggests that it would not be a barrier to entry into programs. *All monetary amounts collected from either forfeited individual winnings or penalties to venues, should be pooled together and used to assist with the funding of problem gambling treatment and research.*

References

1. Pickering, D., Nong, Z., Gainsbury, S. M. & Blaszczynski, A. (2019). Consumer perspectives of a multi-venue gambling self-exclusion program: A qualitative process analysis." *Journal of Gambling Issues*, 41. <https://doi.org/10.4309/jgi.2019.41.2>.
2. Blaszczynski, A., & Nower, L. (2010). Instrumental tool or drug: Relationship between attitudes to money and problem gambling. *Addiction Research & Theory*, 18(6), 681–691. <https://doi.org/10.3109/16066351003786752>
3. Tabri, N., Xuereb, S., Cringle, N., & Clark, L. (2022). Associations between financial gambling motives, gambling frequency and level of problem gambling: A meta-analytic review. *Addiction*, 117(3), 559–569. <https://doi.org/10.1111/add.15642>

Any other comments on this section?

No other comments.

Are there any other comments or feedback that you would like to share?

The University of Sydney, Gambling Treatment & Research Clinic would like to thank the New Zealand Government for the opportunity to submit our responses to this public consultation process. Overall, we believe the proposed changes to the pokies (Class 4) Gambling (Harm Prevention and Minimisation) Regulations 2004 could potentially have significant positive impacts to individuals experiencing gambling harms, affected others, and the broader New Zealand community. We are happy to discuss any of our responses and recommendations further with the New Zealand Government.

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