



THE UNIVERSITY OF
SYDNEY

Gaming Machines Amendment Bill 2020: Public Consultation Submission

University of Sydney Gambling
Treatment and Research Clinic

Faculty of Science, School of Psychology, Brain and Mind
Centre

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Gambling Treatment and Research Clinic
Brain and Mind Centre
94 Mallet St, Camperdown NSW 2050

Response to public consultation on the Gaming Machines Amendment (Gambling Harm Minimisation) Bill 2020

Dear Liquor & Gaming NSW,

Thank you for the opportunity to submit feedback on the proposed Gaming Machines Amendment (Gambling Harm Minimisation) Bill 2020. I am writing on behalf of the University of Sydney Gambling Treatment and Research Clinic with broad support for the regulatory reforms proposed. We believe that it is critical action is taken by all stakeholders, including government and industry to make changes to reduce the harms related to gambling including through changes within gambling venues.

Summary of responses to the Gaming Machines Amendment Bill 2020

The table below summarises our responses to each section of the Gaming Machines Amendment Bill 2020.

| Bill section | Response summary |
|--|--|
| 6.1 Active interventions and better internal management processes. | <ul style="list-style-type: none">– We support the requirement for greater training and resources to assist venue employees to identify and support individuals exhibiting indicators of problematic gambling.– We support the requirement for technology-based incident registers to be kept and reviewed by all customer-facing staff within venues and that these include action-items for all incidents. This should be reviewed and regularly discussed such as at staff, managerial, and board meetings. We recommend considerations towards how this may be extended across venues.– We support the provision of a gambling contact officer but recommend that efforts be made to ensure that all relevant staff members are involved in identifying and reporting indicators of gambling problems.– A committee should be established to regularly review incidents recorded and to monitor customers identifying as having some observable risk indicators over time.– We recommend observable risk indicators be combined with objective data, such as that obtained through loyalty card data to enhance the identification of risky gambling behaviours. |
| 6.2 Variable self-exclusion periods | <ul style="list-style-type: none">– The capacity to personalise certain aspects of a self-exclusion agreement to meet the individual needs and expectations of consumers is likely to improve general uptake and adherence to self-exclusion programs.– We support options for longer self-exclusion periods, up to lifetime (with routine monitoring), after individuals complete an initial self-exclusion period.– We recommend developing a separate ‘break-in-play’ or ‘timeout’ scheme with shorter timeframes for lower risk groups or those wanting to trial the exclusion concept before they commit to a full self-exclusion program. |
| 6.3 Changes to referrals for | <ul style="list-style-type: none">– We support the establishment of a default option for consumers enacting self-exclusion agreements to be contacted by treatment professionals for |

| | |
|---|--|
| gambling counselling services | <p>a brief motivation-based session designed to assess individual support service needs, including more intensive gambling treatment.</p> <ul style="list-style-type: none"> - We do not recommend a system whereby gambling treatment professionals are required to notify venues of any breaches of self-exclusion orders. - Further consideration is needed for additional factors related to self-exclusion including management of re-entry into venues. |
| 6.4 Third-party and venue exclusions | <ul style="list-style-type: none"> - We support the general provision of a third-party and venue exclusion process for the purposes of excluding a patron who is experiencing gambling harm, or whose gambling is causing harm to others. - Legislation should require that all operators offer third-party exclusion following a consistent procedure. We recommend that applications for third-party exclusion are evaluated by an independent body, with clearly defined and delineated lines of responsibility and reporting. - We recommend a thorough evaluation of any new program implemented, including monitoring for unintended negative consequences. |
| 6.5 State-wide exclusion register and online exclusion portal | <ul style="list-style-type: none"> - We fully support a uniform state-wide self-exclusion system and establishment of an online portal. - We expect a state-wide self-exclusion system and online portal to increase program uptake and effectiveness, provide greater opportunity for cross-venue collaboration, and improve research capacity. - Development of this technology should be guided by input derived from all relevant stakeholders, most importantly self-exclusion consumers. - We currently are completing research that we expect will be valuable in supporting the development and implementation of these systems. |
| 6.6 Disincentives to breaching exclusions | <ul style="list-style-type: none"> - We agree that disincentives will assist in reducing the motivation to breach self-exclusions, and forfeiture of winnings could potentially be a powerful disincentive. - We recommend that other procedures are established for early detection of individuals breaching (or attempting to breach) self-exclusion, such as cashless account-based gambling, facial recognition, identity verification on entry, and venue signage to disincentivise gambling while self-excluded. |
| 6.7 Responsible Conduct of Gambling (RCG) training | <ul style="list-style-type: none"> - The proposed implementation of a two-tiered staff training program is strongly supported with the caveat that reporting requirements are integrated with the incident registers and monitoring by senior management committees. - We recommend that all gaming floor staff are required to complete a training program incorporating information on regulatory and legislative compliance, the nature and behavioural indicators of problem gambling, in addition to practical skills training in intervening with at-risk patrons. - There should be a senior management committee with a standing agenda item where the contact officer reports are reviewed and decisions regarding the management of patrons determined. Contact officers should not be required to make difficult decisions on the management of patrons on their own discretion or judgement. - An approved training program should be developed with a training instructor manual guiding the training components and include practical skills exercises in the application of techniques taught. An online exam to be completed by the applicants outside the training session and assessed by an independent agency. Regular monitoring of training providers should be undertaken to ensure adequate standards of competency and compliance with the training program is maintained. - We recommend that the contact officer is vested with the opportunity to be trained as a trainer. In this framework, the contact officer would be able to train staff and then monitor their performance in real time to |

Our detailed response to the amendments is included below. We are happy to have this submission published and share our research or other relevant resources as would be of assistance or provide further information in relation to our submission.

Kind regards,

Sally Gainsbury, Dylan Pickering, Robert Heirene, Alex Blaszczynski
Gambling Treatment and Research Clinic

For further details please contact GTRC Director, Associate Professor Sally Gainsbury
sally.gainsbury@sydney.edu.au

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1. Active interventions and better internal management processes

1.1 Summary of key points

- We support the requirement for greater training and resources to assist venue employees to identify and support individuals exhibiting indicators of problematic gambling.
- We support the requirement for technology-based incident registers to be kept and reviewed by all customer-facing staff within venues and that these include action-items for all incidents. This should be reviewed and regularly discussed such as at staff, managerial, and board meetings. We recommend considerations towards how this may be extended across venues.
- We support the provision of a gambling contact officer but recommend that efforts be made to ensure that all relevant staff members are involved in identifying and reporting indicators of gambling problems.
- A committee should be established to regularly review incidents recorded and to monitor customers identifying as having some observable risk indicators over time.
- We recommend observable risk indicators be combined with objective data, such as that obtained through loyalty card data to enhance the identification of risky gambling behaviours.

1.2 Detailed response

The *Gaming Machine Amendment (Gambling Harm Minimisation) Bill 2020* (hereon referred to as the ‘Bill’) seeks to address current gaps in protocols of staff-patron interaction when behavioural indicators of problem gambling are identified. Present legislation requires staff to respond to approaches made by patrons requesting assistance. However, as Hing, Russell, and Rawat note,¹ patrons rarely voluntarily disclose problems or request assistance from staff, the possible exception being when patrons seek to enter into a self-exclusion program (although this can also be arranged via a counsellor assisted application). Given evidence that observable behavioural indicators of problem gambling can be identified by staff,^{2,3} a more proactive intervention framework where staff initiate interventions is highly appropriate in reducing gambling-related harms. The proposed amendment is to be modelled on the ACT framework, and in so doing, require venues to maintain an up-to-date gambling incident register and to have a designated Responsible Conduct of Gambling (RCG) trained staff member on duty at all times when and where gaming machines are operating.

Currently, there is no obligation imposed on staff to proactively intervene by approaching patrons displaying behavioural indicators. Research has identified several key barriers to staff

¹ Hing, N., Russell, A. & Rawat, V. (2020, February). *Responsible Conduct of Gambling*. Central Queensland University. Commissioned by New South Wales Responsible Gambling Fund, Sydney. Retrieved from https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0009/295443/RCG-Report-for-release_Feb_2020.pdf

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 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

proactively approaching patrons and intervening to provide assistance.^{4,5} These include but are not limited to:

- Level of experience and relevant training (confidence in managing emotional/aggressive reactions)
- Absent or ambiguous senior management support (fear of compromising employment or promotion, criticism for losing ‘good patrons’)
- Poorly structured and monitored incident reporting registers (recording minimal information; no structure to monitor, review and recommend action by a formal committee)
- Lack of clear criteria and instructions (including policies) detailing identification and reporting processes that effectively leave decisions to the discretion of a staff member
- Established patron relationships that staff are concerned about compromising
- Lack of knowledge regarding legal/liability protection should patrons take action against staff and venues

The absence of staff-patron interaction policies, a culture characterised by absent senior management support, direct instructions for non-interventions (or contrary to Responsible Gambling Codes of Conduct), promote increased time on device through the provision of free alcohol and food while gambling, and staff perceptions that a “*patron’s gambling problem is not their responsibility*” and “*resentment about obligations to detect and intervene*”,⁶ singularly or in combination render the present system inadequate. The Bill proposes to remedy this situation by having a designated ‘gambling contact officer’, and requiring staff to monitor, record and report problematic behaviours displayed by a patron in an incident register. Provisions to incorporate involuntary exclusion orders, and suspension of loyalty reward accruals or player accounts allow venues to manage patrons declining to accept recommendations for self-exclusion or referral to treatment agencies.

The proposed amendments have the capacity to enhance improvements in internal management practices and detection of patrons exhibiting indicators of problem gambling and are therefore supported in principle. However, the role and function of the contact officer and the processes involved in reviewing incident registers need to be thought through carefully to avoid unintended consequences. The contact officer should not be perceived as the primary staff member vested with the task of identifying patrons with gambling problems in venues, or from the public’s perspective as ‘gambling police’ seeking out problem gamblers. As some researchers note, although a range of behavioural indicators are observable by staff, not all indicators are present at each individual session with different indicators identified by differing staff on varied shifts over a period of days, weeks, or months.^{7,8} Therefore, a profile of indicators needs to be compiled over time to increase accuracy of detection (note that

⁴ 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*, 20(2), 331-367. doi: 10.1080/14459795.2020.1737723

⁵ Hing, N., Russell, A. & Rawat, V. (2020, February). *Responsible Conduct of Gambling*. Central Queensland University. Commissioned by New South Wales Responsible Gambling Fund, Sydney. Retrieved from https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0009/295443/RCG-Report-for-release_Feb_2020.pdf

⁶ Hing, N., Russell, A. & Rawat, V. (2020, February). *Responsible Conduct of Gambling*. Central Queensland University. Commissioned by New South Wales Responsible Gambling Fund, Sydney. Retrieved from https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0009/295443/RCG-Report-for-release_Feb_2020.pdf

⁷ 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

⁸ 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

accurate detection is accelerated when patrons exhibit strong indicators of problem gambling, or becomes redundant when patrons directly approach staff regarding problems they are experiencing). An incident register should include the number of times such indicators were present as a proportion of visits to the venue and take the strength of each indicator into account (e.g., gambling 3+ hours without break [strong] versus bragging about winning [less strong]).⁹ The success of any proposed change therefore relies on the presence of an accurate, up-to-date incident register which is regularly reviewed, and a profile of players built up over time.

The responsibility for identifying patrons exhibiting indicators of problem gambling is vested with all gaming floor staff, not just the contact person. The proposed amendment recognises this and requires all staff to monitor patrons. An unintended potential consequence is that staff may shift responsibility away from themselves onto the contact person, particularly, as Hing et al. note, for staff who consider detecting patrons with gambling problems is not their concern or are resentful at having to do so.¹⁰ To reduce the prospect of this occurring, staff obligations and the criteria and procedures guiding how they monitor and report incidents must be clearly developed, and penalties for venues applied for breaches. The Secretary will provide guidelines to assist staff to identify problem gamblers. However, providing a 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.

The role of the contact person is to be available for staff to bring attention to immediate concerns and situations where action is required and outside the scope of the staff member to manage. There should be a clear handover procedure as contact officers' transition between starting and ending their shifts including the review of the incident register and identified patrons of concern. In addition, we recommend that the incident register be regularly reviewed by customer-facing staff, management, and the venue Board members with discussion of action items and incidents over time.

Consideration should be given to the use of technology to assist staff in monitoring relevant patrons. Efficiency would be achieved if the contact officer and all gaming floor staff at each shift have access to electronic devices (e.g., tablets) that are linked to the incident register. If any staff member identified a patron of concern, that staff member would be able to (a) review the patron's incident register information, (b) enter a time-stamped record into the register alerting other staff to the concern (this would enable several staff members to monitor and record relevant patron information), (c) detail an action plan, and (d) document the outcomes of the actions taken.

An incident register shared between venues would further enhance the ability of venue staff to identify customers who have displayed indicators of problem gambling behaviour. Such an approach would need to be mindful of individual privacy; however, if patron identities are correctly matched, behavioural indicators of gambling problems could be tracked within and

⁹ Thomas, A., Delfabbro, P., and Armstrong, A. (2014). Validation study of in-venue problem gambling indicators. https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0005/138128/Validation-study-of-in-venue-problem-gambler-indicators.pdf

¹⁰ Hing, N., Russell, A. & Rawat, V. (2020, February). *Responsible Conduct of Gambling*. Central Queensland University. Commissioned by New South Wales Responsible Gambling Fund, Sydney. Retrieved from https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0009/295443/RCG-Report-for-release_Feb_2020.pdf

across venues. This would resolve many issues associated with the difficulty of acquiring complete knowledge of an individual's gambling behaviour as many people gamble across multiple different venues.

Given that operational processes will preclude all contact officers (there will be one appointed per shift) meeting to review and collate all the information on an incident register, an appropriate structure needs to be implemented. This structure will involve a committee assessing all the information contained in the register with the aim of identifying patrons of concern and decisions regarding management. This committee should be vested with the requirement to access and integrate incident reports with loyalty card data. Loyalty card data contains detailed information on player activity relevant to determining patterns of play and expenditure that may inform staff observations contained in the incident register. As Delfabbro, King and Griffiths suggest,¹¹ best practice models integrate information derived from direct observations of behavioural indicators compiled over multiple sessions by multiple staff with objective data extracted from player accounts (loyalty card).

We expect that it will be too onerous and stressful for one staff member to assume responsibility for reviewing incident registers, integrating information on patrons with player account data, and then making decisions regarding involuntary exclusion or suspensions. This is best accomplished in a committee structure involving several if not all contact officers. In addition, this committee should provide a report on the number and nature of reports received, actions taken and outcomes as a standing item at the board and executive management level.

We argue that the general principle is for patrons to be able and feel comfortable to approach any gaming floor member for information or requests for assistance, and not just the contact person. The contact person may not be easily identifiable to patrons (unless wearing an appropriate uniform or visible name tag) or may not be available because he/she is dealing with another matter at hand. Every gaming floor staff member should receive adequate training to respond to patron approaches as intended by current RCG training programs (see further comments regarding staff training below).

Although staff report the ability to identify patrons likely to be experiencing gambling-related problems, there is currently no obligation or adequate framework, policies or processes to achieve best practice standards in monitoring, identifying, reporting and managing patrons exhibiting indicators of problem gambling. The proposed amendments will resolve some of the current gaps subject to the details outlining the role and responsibilities of contact officers and gambling floor staff.

¹¹ 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

2. Variable self-exclusion periods

2.1 Summary of key points

- The capacity to personalise certain aspects of a self-exclusion agreement to meet the individual needs and expectations of consumers is likely to improve general uptake and adherence to self-exclusion programs.
- We support options for longer self-exclusion periods, up to lifetime (with routine monitoring), after individuals complete an initial self-exclusion period.
- We recommend developing a separate ‘break-in-play’ or ‘timeout’ scheme with shorter timeframes for lower risk groups or those wanting to trial the exclusion concept before they commit to a full self-exclusion program.

2.2 Detailed response

We support the concept of variable self-exclusion periods enabling consumers the flexibility of choosing their preferred ban length. The capacity to personalise certain aspects of a self-exclusion agreement to meet the individual needs and expectations of consumers is likely to improve general uptake and adherence to these programs.¹² In 2020, with funding provided by the NSW Office of Responsible Gambling, Dr Pickering and colleagues conducted a qualitative investigation of key stakeholder perspectives to inform the design of a web-based self-directed exclusion system¹³. The analysis identified ‘flexibility’ as an important underlying characteristic of the system; referring to the capacity to accommodate the diverse needs of self-exclusion consumers. The ability to choose between a range of self-exclusion lengths was advanced as an explicit example of the flexibility attribute. More broadly, outside of gambling, empowering consumers to make decisions about their own healthcare has been linked to greater self-efficacy and superior health outcomes when compared to paternalistic models (i.e., where health professionals make decisions on consumers’ behalf).¹⁴

Researchers have advanced recommendations for optimal self-exclusion timeframes ranging from six months to five years, and indefinitely;^{15,16} however, these are based on professional opinion and anecdotes rather than on empirical evidence. Optimal self-exclusion periods are likely to vary according to individual differences such as problem gambling severity. A study conducted by Dr Pickering and colleagues to evaluate the ClubsNSW Multi-Venue Self-Exclusion (MVSE) program found that individuals enrolled for longer than 12 months reported

¹² 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, 20-39. doi: 10.4309/jgi.2019.41.2

¹³ Pickering, D., Serafimovska, A., Cho, S. J., Blaszczynski, A., Gainsbury, S. M. (2020). *Development of a website for self-directed gambling venue self-exclusion: A multi-stakeholder requirements content analysis* [Unpublished manuscript]. The School of Psychology, University of Sydney.

¹⁴ Bravo, P., Edwards, A., Barr, P.J. et al. (2015). Conceptualising patient empowerment: A mixed methods study. *BMC Health Services Research*, 15, 252. doi: 10.1186/s12913-015-0907-z

¹⁵ Parke, J., & Rigbye, J. (2014). *Self-exclusion as a gambling harm minimization measure in Great Britain: An overview of the academic evidence and perspectives from industry and treatment professionals*. Report prepared for The Responsible Gambling Trust, UK. Retrieved from <https://about.gambleaware.org/media/1176/rgt-self-exclusion-report-parke-rigbye-july-2014-final-edition.pdf>

¹⁶ Williams, R. J., West, B. L., & Simpson, R. I. (2012). *Prevention of problem gambling: A comprehensive review of the evidence and identified best practices*. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care. Retrieved from <https://www.uleth.ca/dspace/bitstream/handle/10133/3121/2012-PREVENTION-OPGRC.pdf>

higher overall satisfaction with their 'quality of life' than those enrolled for less time.¹⁷ This finding suggests that longer self-exclusion timeframes may lead to better participant outcomes. In a later qualitative investigation of the MVSE program, participants indicated their preference for longer self-exclusion options than what was currently available (i.e., 48 months maximum).¹⁸ This finding is supported by Dr Heirene and Assoc. Prof. Gainsbury's research in the online gambling setting where longer self-exclusion periods are available.¹⁹ In an investigation of account data from nearly 40,000 Australian wagering customers from six sites they found that, of those who used self-exclusion tools, only 22% chose to self-exclude for a period of one to five years, whereas 78% chose to self-exclude for five or more years.²⁰

The proposed reforms would allow patrons to self-exclude for shorter or longer periods after completing an initial six months (minimum) self-exclusion period. Based on evidence outlined above, we support options for longer self-exclusion periods, up to lifetime (with routine monitoring), after individuals complete an initial self-exclusion period. We are unaware of any evidence supporting consumer preferences for, or the effectiveness of shorter self-exclusion periods following an initial six months of self-exclusion. On the contrary, we are concerned this may be detrimental to the efficacy of self-exclusion by weakening the perceived impact of this intervention and maintaining change ambivalence among consumers.

We recommend developing a separate 'break-in-play' or 'timeout' scheme with shorter timeframes for lower risk groups or those wanting to trial the exclusion concept before they commit to a full self-exclusion program. The aforementioned study of online wagerers' account data by Dr Heirene and Assoc. Prof. Gainsbury indicates that short term-time outs ranging from one-day to six-months are used by 1.6% of customers, making them the second most commonly used responsible gambling tool after deposit limits (15.8%).²¹ Customers using these short-term timeouts wager more money on average, bet more frequently, deposit more money and lose more money than those who do not use these tools, suggesting they are used by those more at risk of experiencing gambling problems. If implemented, a 'break-in-play' or 'timeout' scheme for land-based gambling should be paired with other low-intensity measures such as Responsible Gambling messaging. Similar schemes have been implemented in the context of online gambling and trialled in land-based gambling venues.^{22,23} Research has shown that breaks-in-play as a standalone strategy may have unintended consequences such as increased cravings rather than interrupting dissociative states.²⁴ Positive outcomes in EGM settings are shown when breaks are combined with dynamic self-appraisal messaging.²⁵

¹⁷ 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

¹⁸ 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, 20-39. doi: 10.4309/jgi.2019.41.2

¹⁹ Heirene, R., & Gainsbury, S. M. (2020). A randomised control trial to evaluate messages that promote limit setting and the impact of limits on online gambling behaviour. doi:10.31234/osf.io/t9kds

²⁰ Heirene, R., Vanichkina, D., & Gainsbury, S. M. (2020). The use and effectiveness of consumer protection tools (presentation). Retrieved from <https://osf.io/tr2px/>

²¹ Heirene, R., Vanichkina, D., & Gainsbury, S. M. (2020). The use and effectiveness of consumer protection tools (presentation). Retrieved from <https://osf.io/tr2px/>

²² Auer, M., Hopfgartner, N., & Griffiths, M. D. (2019). The effects of a mandatory play break on subsequent gambling among Norwegian video lottery terminal players. *Journal of Behavioral Addictions*, 8(3), 522-529. doi: 10.1556/2006.8.2019.51.

²³ Gainsbury, S. M., Angus, D. J., Procter, L., & Blaszczynski, A. (2020). Use of consumer protection tools on Internet gambling sites: Customer perceptions, motivators, and barriers to use. *Journal of Gambling Studies*, 36(1), 259-276. doi: 10.1007/s10899-019-09859-8.

²⁴ Blaszczynski, A., Cowley, E., Anthony, C., & Hinsley, K. (2015). Breaks in play: Do they achieve intended aims? *Journal of Gambling Studies*, 32(2), 789-800. doi:10.1007/s10899-015-9565-7

²⁵ Gainsbury, S. M. (2009). Responsible gambling strategies for internet gambling: The theoretical and empirical base of using pop-up messages to encourage self-awareness. *Computers in Human Behaviour*, 25(1), 202-207. doi: 10.1016/j.chb.2008.08.008

3. Changes to referrals for gambling counselling services

3.1 Summary of key points

- We support the establishment of a default option for consumers enacting self-exclusion agreements to be contacted by treatment professionals for a brief motivation-based session designed to assess individual support service needs, including more intensive gambling treatment.
- We do not recommend a system whereby gambling treatment professionals are required to notify venues of any breaches of self-exclusion orders.
- Further consideration is needed for additional factors related to self-exclusion including management of re-entry into venues.

3.2 Detailed response

A proactive approach to gambling counselling referrals for individuals entering self-exclusion programs would be a positive step in helping individuals to regain control over urges and reduce their risk of relapse both during and after the self-exclusion agreement term. Prof. Blaszczynski and colleagues proposed a similar concept in their proposed self-exclusion as a gateway to treatment model.²⁶ Applying a client-centred humanistic framework, the Gateway Model focused on improving pathways to specialist gambling counsellors as a way of strengthening client's internal controls and enhancing the positive outcomes associated with self-exclusion. Self-exclusion programs help to prevent access to gambling opportunities; however, they do not address psychological factors that contribute to gambling problems.²⁷ The Gateway Model proposed a professional assessment of self-excluding individuals for the primary purpose of assessing their motivations for treatment and to present suitable options for treatment, financial counselling services, and other relevant community resources. The proposed Bill is consistent with principles outlined in the Gateway Model in terms of the high value placed on complementary counselling, apart from an opt-in default setting which is not outlined in the Gateway model.

The proposed default is that patrons will need to opt-out of an automated referral to a counselling service. This automated system does not take individual motivations to receive treatment into account, potentially leading to increased non-attendance for counselling appointments. It is important to manage the opt-out system in such a way that does not impose a burden on treatment providers. We recommend that the automated aspect of this process is for brief preliminary telephone/video-conferencing consultation with a counsellor or trained assessor rather than scheduling a full-length face-to-face counselling appointment. Individuals may be given the opportunity to schedule more intensive counselling appointments during the initial consultation session. Additionally, self-excluding individuals should be made fully aware of the opt-out system to decrease non-response figures at the point of initial referral contact.

²⁶ Blaszczynski, A., Ladouceur, R., & Nower, L. (2007). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1), 59–71. doi: 10.1080/14459790601157830

²⁷ Blaszczynski, A., Ladouceur, R., & Nower, L. (2007). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1), 59–71. doi: 10.1080/14459790601157830

We support the dissemination of informal help resources for the benefit of those not wanting to engage in formal counselling.

Behavioural economics studies have demonstrated that in many cases, opt-out strategies are effective in enrolling or retaining customers in various programs, for example, organ donations and savings programs.²⁸ We agree that entry into a mandatory counselling referral framework is not best practice for various reasons: (1) evidence indicates that 30-50% of gambling clients drop out of treatment programs;^{29,30} (2) a mandatory system exposes counsellors to an ethical dilemma of providing treatment to individuals coerced into treatment by a third party; and (3) individuals not wanting to engage in counselling would not register for self-exclusion leading to substantially reduced rates of program uptake. An opt-out system has the potential to increase the likelihood of individuals obtaining complementary counselling, while not facing the practical and ethical issues of a mandatory approach.

While attractive in principle, venues and counsellors reciprocally informing the other of any breaches is a procedure that is potentially fraught with difficulties. Subject to privacy laws, venues may require an individual's consent to contact their counsellor (if applicable) for self-exclusion-related matters as part of the agreement. Counsellors, as the proposed Bill acknowledges, are constrained by confidentiality if their client discloses breaches but fails to provide permission to inform others. There is an increased risk that clients will be reluctant to disclose breach events to counsellors, and other information relevant to treatment, if they are concerned that the disclosure of such information will result in its recording in a national database. This may result in counsellors not being able to gain a full appreciation of client progress in treatment. Furthermore, counsellors would be obliged to raise breach incidents with clients even if the client had chosen not to disclose this information to them. This could be seriously counterproductive in that it may damage trust and the therapeutic relationship between counsellor and client. We recommend that this risk is evaluated further before any considered implementation

What we consider missing from this proposed Bill is the requirements for policies and procedures governing applications for early revocation, renewal procedures at termination of a self-exclusion agreement period, and subsequent monitoring of individuals electing not to renew their agreement. This is at present left to the discretion of venues and self-exclusion providers, with exception of the minimum six-month exclusion requirement. Several important questions remain unanswered, including the degree to which self-excluded individuals are informed that their agreement has expired, and the readiness of individuals to resume gambling in the absence of any indicators. Should there be conditions imposed on receiving treatment prior to reinstatement (subject to avoidance of ethics of coercion into treatment), followed by a probationary monitoring period in-venue to ensure controlled gambling is achieved? In our view, insufficient consideration is directed to appropriate processes in place following termination of self-exclusion periods to ensure that control over urges and behaviours have been achieved and relapse risk is reduced.

²⁸ Madrian B. C. (2014). Applying insights from behavioral economics to policy design. *Annual review of Economics*, 6, 663–688. doi: 10.1146/annurev-economics-080213-041033

²⁹ Roberts, A., Murphy, R., Turner, J. & Sharman, S. (2020). Predictors of Dropout in Disordered Gamblers in UK Residential Treatment. *Journal of Gambling Studies*, 36, 373–386. doi: 10.1007/s10899-019-09876-7

³⁰ Smith, D., Harvey, P., Battersby, M., Pols, R., Oakes, J., & Baigent, M. (2014). Treatment outcomes and predictors of drop out for problem gamblers in South Australia: a cohort study. *Australian & New Zealand Journal of Psychiatry*, 44(10), 911–20. doi: 10.3109/00048674.2010.493502

4. Third-party and venue exclusions

4.1 Summary of key points

- We support the general provision of a third-party and venue exclusion process for the purposes of excluding a patron who is experiencing gambling harm, or whose gambling is causing harm to others.
- Legislation should require that all operators offer third-party exclusion following a consistent procedure. We recommend that applications for third-party exclusion are evaluated by an independent body, with clearly defined and delineated lines of responsibility and reporting.
- We recommend a thorough evaluation of any new program implemented, including monitoring for unintended negative consequences.

4.2 Detailed response

We support the general provision of a third-party and venue exclusion process for the purposes of excluding a patron who is experiencing gambling harm, or whose gambling is causing harm to others. As gambling problems in Australia are defined by the presence of harm to oneself or others,³¹ it is appropriate that concerned significant others, particularly family who are most likely to be harmed by another person's gambling, are able to take active steps to minimise the harms to themselves and others.

The University of Sydney's Gambling Treatment and Research Clinic's research on the impact of the forced shutdown of gambling venues due to Covid-19 in 2020 showed that for most individuals surveyed, their overall gambling reduced.³² Among those who had experienced gambling problems in the past year, 60% reported that these reduced during the shutdown and 17% had sought help during the shutdown. This, along with qualitative comments provided by participants indicates that unplanned, forced exclusion from all gambling venues was transformative for a proportion of people with gambling problems; the exclusion helped them identify the extent of their problems and take active steps towards retaining control over their lives. This adds to the substantial body of research which underlies self-exclusion,³³³⁴ by demonstrating that forced exclusion from venues is also helpful in reducing gambling harms, particularly among those who have not realised the extent of their problems.

Although third-party exclusion programs can be voluntarily run by gambling operators, legislation regarding programs would greatly increase their effectiveness. Legislation should

³¹ The South Australia Centre for Economic Studies & the Department of Psychology, University of Adelaide. (2005, November). *Problem Gambling and Harm: Towards a National Definition*. Commissioned by The Ministerial Council on Gambling. Retrieved from <https://www.gamblingresearch.org.au/sites/default/files/2019-10/Problem%20Gambling%20and%20Harm%20-%20Towards%20a%20National%20Definition%202005.pdf>

³² Gainsbury, S. M., Swanton, T., Burgess, M., & Blaszczynski, A. (2020, August). *The impact of the COVID-19 shutdown on gambling in Australia Preliminary results from Wave 1 cross-sectional survey*. Gambling Treatment and Research Clinic, Technology Addiction Team, University of Sydney. Retrieved from <https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/aug-2usyd-covid-gambling-research-report-aug-2020.pdf>

³³ 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>

³⁴ Kotter, R., Kräplin, A., Pittig, A., & Bühringer, G. (2019). A systematic review of land-based self-exclusion programs: Demographics, gambling behavior, gambling problems, mental symptoms, and mental health. *Journal of gambling studies*, 35(2), 367–394. <https://doi.org/10.1007/s10899-018-9777-8>

require that all operators offer third-party exclusion following a consistent procedure. The operation of a program would be standardized, which would assist operators in managing programs. Importantly, legislation would enforce third-party exclusion programs and orders and ensure operators act upon third-party inquiries and requests for assistance.

We recommend that rather than the venue being responsible for evaluating the application for third-party exclusion, this action is conducted by an independent body, with clearly defined and delineated lines of responsibility and reporting. This would provide means by which self-exclusion programs can be objectively monitored and audited, bringing transparency to the system.³⁵ An independent tribunal could be staffed with diverse and appropriately trained personnel and would be better equipped than gambling operators to assess all self-exclusion candidates equally to assess their risk of harm, counselling needs, and referral to appropriate services. Given that individuals are likely to be gambling across venues, this also alleviates the responsibility of one venue to assess applications and prevents individuals submitting applications to multiple venues. It would also reduce the likelihood of any individual or venue employee from inadvertently disclosing private information to a family member as there would be minimal contact between the venue and family member making the application. A centralised third-party exclusion process is also consistent with the proposed centralised self-exclusion system and could theoretically be applied across gambling venues and forms, such as the centralised online self-exclusion program proposed under the National Consumer Protection Framework.

As gambling problems are transient and change in severity over time, we recommend that allowances be specified to enable multiple applications to be made for third-party self-exclusion with an appropriate period (e.g., three months) between applications if the outcome is not successful. This would allow any family member the option to engage in counselling, gather evidence if this was lacking in a previous application, and encourage the person to self-exclude, while providing them with the option of seeking external support if the gambling problems worsen over time.

Despite the many positive benefits, exclusion orders are not completely effective in resolving gambling problems. In response to the forced closure of venues due to the Covid-19 crisis, a small proportion of individuals (11%), reported that they increased their gambling, and this was more common among those at moderate risk of experiencing gambling harm.³⁶ As such, we recommend a thorough evaluation of any new program implemented, including monitoring for unintended negative consequences. One potential consequence is an increase in breach rates because individuals self-excluded through the third-party system are less ready to change gambling behaviours than individuals entering via the voluntary system. This could place a greater burden on venues and staff in terms of identifying and removing these individuals.

³⁵ Blaszczynski, A., Ladouceur, R., & Nower, L. (2007). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1), 59–71. doi: 10.1080/14459790601157830

³⁶ Gainsbury, S. M., Swanton, T., Burgess, M., & Blaszczynski, A. (2020, August). *The impact of the COVID-19 shutdown on gambling in Australia Preliminary results from Wave 1 cross-sectional survey*. Gambling Treatment and Research Clinic, Technology Addiction Team, University of Sydney. Retrieved from <https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/aug-2usyd-covid-gambling-research-report-aug-2020.pdf>

Case study: Singapore

Singapore opened two casinos in early 2010 that are now among the most profitable in the world. The National Council for Problem Gambling (NCPG) offers several casino exclusion measures to help stop problem gamblers and those in financial hardship from entering the casinos. These include self-exclusion, family exclusion and third-party exclusion orders. Family Exclusion Orders (FEOs) aim to prevent family members gambling in Singapore's casinos and are available to immediate family members including spouses, children and siblings, including adopted and step relations. Applications are reviewed by a panel that includes a NCPG Council Member, community leaders and help professionals. Family members need to prove that serious harm was inflicted to the family due to gambling. Provisional FEOs are issued to prevent individuals from accessing casinos while the application process takes place.

Family exclusion applications became available in 2009 before the official opening of the two casinos in 2010.³⁷ As of 31 December 2014, a total number of 1,912 FEOs had been issued.³⁸ As of 30 September 2019, there were 2,801 FEOs in place.³⁹

In a study of 105 applicants for the FEO between 2009 and 2014 multiple benefits were reported.⁴⁰ The vast majority (87.2%) reported that the FEO was effective for them. Analysis of interview data on the 'effectiveness of FEO' showed four common reasons cited by applicants for positive ratings, namely: a sense of relief, particularly in having to be responsible for trying to prevent gambling, positive actions demonstrated by respondents after FEO including reduced gambling activity by the excluded individual, improved family relationships, and improved financial state.

³⁷ Leong, G. (2011, July 28). Firms barring foreign workers from casinos: More than 12, 000 have applied for self-exclusion, many nudged by employers. *The Business Times*. Retrieved from <http://search.proquest.com/docview/880039422>

³⁸ National Council on Problem Gambling. (2014, December). *Casino exclusion & visit limit statistics*. Retrieved from [http://www.ncpg.org.sg/en/pdf/PressReleases/Exclusion%20and%20Visit%20Limit%20Statistics%20for%20Media%20Release%20\(as%20at%2031%20December%202014\).pdf](http://www.ncpg.org.sg/en/pdf/PressReleases/Exclusion%20and%20Visit%20Limit%20Statistics%20for%20Media%20Release%20(as%20at%2031%20December%202014).pdf)

³⁹ National Council on Problem Gambling (2019). *Term Report 2017 – 2019*. Retrieved from https://www.ncpg.org.sg/en/pdf/Final_NCPG%20Term%20Report%202017-2019.pdf

⁴⁰ Goh, E. C. L., Ng, V., & Yeoh, B. S. A. (2016). The family exclusion order as a harm-minimisation measure for casino gambling: the case of Singapore. *International gambling studies*, 16(3), 373-390. doi: 10.1080/14459795.2016.1211169

5. State-wide exclusion register and online exclusion portal

5.1 Summary of key points

- We fully support a uniform state-wide self-exclusion system and establishment of an online portal.
- We expect a state-wide self-exclusion system and online portal to increase program uptake and effectiveness, provide greater opportunity for cross-venue collaboration, and improve research capacity.
- Development of this technology should be guided by input derived from all relevant stakeholders, most importantly self-exclusion consumers.
- We currently are completing research that we expect will be valuable in supporting the development and implementation of these systems.

5.2 Detailed response

State-wide Exclusion Register

Dr Pickering, Prof. Blaszczynski, and Assoc. Prof. Gainsbury have previously argued for the implementation of a uniform self-exclusion system in Australia.⁴¹ A state-wide exclusion register is a significant step toward this goal. There are currently multiple different programs operating in NSW through individual venues, private companies (i.e., BetSafe), and industry representative bodies (i.e., ClubsNSW). Each program has different elements and procedures which is the cause of confusion and acts as a deterrent to uptake. Consumers are expected to first discover the type of program offered at their selected venue(s), and then to engage these independently which can be a laborious and time-consuming process.⁴² This is a considerable barrier to entry in a state where most EGM venues are within walking distance, and with a higher concentration of EGMs in disadvantaged communities.⁴³

A single self-exclusion register will reduce the cost and complexity of maintaining independent registers. Instead, resources may be pooled together and invested in ongoing efforts to develop an optimal system. Linking clubs and hotels to one system might encourage cross-venue collaboration, especially where patrons self-exclude across multiple venues, thus better supporting program compliance and enhancing harm minimisation outcomes. A centralised digital database including data collected from all self-excluded individuals in NSW has substantial implications for research. It will enhance the capacity to monitor and evaluate program effectiveness, in addition to providing greater access to large and representative samples of self-excluded individuals. Resulting studies can increase our understanding of how to best support the individual needs of this population.

⁴¹ 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

⁴² Hing, N., Tolchard, B., Nuske, E., Holdsworth, L., & Tiyce, M. (2014). A Process Evaluation of a Self-Exclusion Program: A Qualitative Investigation from the Perspective of Excluders and Non-Excluders. *International Journal of Mental Health and Addiction*, 12(4), 509–523. doi: 10.1007/s11469-014-9482-5

⁴³ Marshall, D. C., & Baker, R. G. V. (2002). The evolving market structures of gambling: Case studies modelling the socioeconomic assignment of gaming machines in Melbourne and Sydney, Australia. *Journal of Gambling Studies*, 18, 273–291. doi: 10.1023/A:1016847305942

Self-exclusion programs internationally are beginning to transition to centralised digital systems. This will occur in Australia with a national online self-exclusion system from wagering sites through the National Consumer Protection Framework. Nationwide programs operate in several European countries, including France, Poland, Denmark, Sweden, Estonia, and Switzerland.⁴⁴ The United Kingdom has recently introduced GamStop which offers a web-based self-exclusion register for individuals to activate a blanket ban from all nationally licensed online gambling companies.⁴⁵ Although this system provides a good resource for online wagerers, it does not cover land-based gambling forms. A best-practice self-exclusion model ideally incorporates both online and land-based gambling modes under a single unified system. Studies show that individuals using both online and offline forms are at greater risk of harm than those only using one or the other.⁴⁶ Self-exclusion systems that encompass online and land-based gambling forms are rare.

Case study: Spelpaus

In January 2019, The Swedish Gambling Authority introduced Spelpaus (English translation: 'game break'), which is a centralised online self-exclusion system covering all nationally licensed gambling companies (online and land-based).⁴⁷ Spelpaus has shown good uptake since its inception with more than 50,000 sign-ups. A peer-reviewed study published in October 2020 indicated that younger age, problem gambling severity, psychological distress, and over-indebtedness predicted enrolment into the Spelpaus system.⁴⁸ Media reports have highlighted initial structural issues as self-excluded gamblers were still able to access certain gambling sites and continued to receive gambling-related marketing materials.⁴⁹ For compliance failures, the Spelinspektionen regulatory body has issued multiple fines to online gambling operators ranging from SEK100,000 (\$AUD16,000) to SEK19m (\$AUD3m).⁵⁰

Online Exclusion Portal

In 2019, the authors' institution, the University of Sydney's Gambling Treatment and Research Clinic (GTRC), was awarded a funding grant from the NSW Office of Responsible Gambling to develop and evaluate a pilot website enabling individuals to conveniently self-exclude from land-based gaming machine venues in NSW without being required to attend a face-to-face meeting with staff or a counsellor. Research conducted as part of this project has generated substantial insight into this topic. Consequently, we are particularly well-placed to respond to this consultation point.

⁴⁴ Laansoo, S., & Niit, T. (2009). Estonia. In Meyer, G., Hayer, T., & Griffiths. M. D (Eds.), *Problem gaming in Europe: Challenges, prevention, and interventions* (pp. 37–52). doi: 10.1007/978-0-387-09486-1

⁴⁵ GAMSTOP. (2020). Retrieved from <https://www.gamstop.co.uk/>

⁴⁶ Gainsbury, S. M. (2015). Online gambling addiction: The relationship between Internet gambling and disordered gambling. *Current Addiction Reports*, 2(2), 185–193. doi: 10.1007/s40429-015-0057-8

⁴⁷ Spelpaus. (2020). Retrieved from <https://www.spelinspektionen.se/spelproblem1/spelpaus/>

⁴⁸ Håkansson, A., Henzel, V. (2020). Who chooses to enroll in a new national gambling self-exclusion system? A general population survey in Sweden. *Harm Reduction Journal*, 17, 82. <https://doi.org/10.1186/s12954-020-00423-x>

⁴⁹ Stradbrooke, S. (2019). Sweden gambling regulator seeks higher money laundering fines. *Calvin Ayre.com*. Retrieved from <https://calvinayre.com/2019/12/20/business/sweden-gambling-higher-money-laundering-fines/>

⁵⁰ iGaming Business (iGB) (2019). *Spelinspektionen: most Swedish penalties still unpaid*. Retrieved from <https://igamingbusiness.com/spelinspektionen-most-swedish-penalties-still-unpaid/>

We propose that an online exclusion portal is the logical next step for self-exclusion programs. Many tasks previously performed face-to-face have transitioned to online platforms for consumer ease and convenience, particularly since the start of the Covid-19 pandemic as a means of implementing social distancing practices. Online management of services such as banking, mortgage loan applications, taxes, Medicare, license and registration renewal, and shopping, is increasingly being incorporated into modern life.⁵¹ Health services are no exception as there is a rapidly growing demand for online interventions to treat and manage many different conditions.⁵² The national spotlight has been placed on the development of effective eHealth technology with its inclusion in the Government Sciences and Research Priorities.⁵³

Estimates indicate that less than 10% of individuals with a gambling problem seek formal help.⁵⁴ The productivity commission report suggested that approximately 10-20% of individuals with gambling problems in Australia had self-excluded.⁵⁵ In a previously mentioned study of the MVSE program, participants indicated that multiple factors including feelings of shame and perceived stigma, time intensive registration and verification procedures, and the desire to self-manage problems had delayed their decision to self-exclude.⁵⁶ Such factors likely explain the low rate of self-exclusion uptake. Currently in NSW, individuals are required to attend a face-to-face meeting to register for self-exclusion often conducted at the gambling venue. Exposure to gambling environments has been shown to generate strong urges in those with gambling problems, which is a known predictor of gambling relapse.⁵⁷ In our qualitative evaluation of MVSE, most participants would have preferred to have the option of self-excluding remotely and unassisted by venue staff or a counsellor.⁵⁸ Participants highlighted the potential of an online system to increase accessibility and privacy, streamline processes, avoid embarrassment, and encourage personal ownership of help-seeking behaviour.

Efforts to develop an online exclusion portal should be guided by input derived from all relevant stakeholders including self-exclusion consumers (i.e., individuals with gambling problems), policy makers, gambling industry representatives, problem gambling researchers and clinicians, and community advocacy groups. This approach is expected to engender superior decision-making with respect to development and implementation, in addition to greater collaboration and buy-in across all stakeholder groups.⁵⁹ Based on person-centred

⁵¹ Australian Bureau of Statistics. (2018). *Household use of information technology, Australia, 2016-17*. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/8146.0>

⁵² Musiat, P., & Tarrier, N. (2014). Collateral outcomes in e-mental health: A systematic review of the evidence for added benefits of computerized cognitive behavior therapy interventions for mental health. *Psychological Medicine*, 44(15), 3137-3150. doi: 10.1017/S0033291714000245

⁵³ Australian Government (2015). *Science and research Priorities*. Retrieved from https://www.industry.gov.au/sites/default/files/2018-10/science_and_research_priorities_2015.pdf?acsf_files_redirect

⁵⁴ Delfabbro, P. (2011). *Australasian Gambling Review*. Prepared for the Independent Gambling Authority of South Australia. Retrieved from <https://www.cbs.sa.gov.au/file/1425/download?token=TjGtzcXq>

⁵⁵ Productivity Commission. (2010). *Gambling: Productivity Commission inquiry report* (Vol. 1, No. 50). Retrieved from <http://www.pc.gov.au/inquiries/completed/gambling-2009/report>

⁵⁶ 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

⁵⁷ Smith, D. P., Battersby, M. W., Pols, R. G., Harvey, P. W., Oakes, J. E., & Baigent, M. F. (2013). Predictors of Relapse in Problem Gambling: A Prospective Cohort Study. *Journal of Gambling Studies*, 31, 299-313. doi: <https://doi.org/10.1007/s10899-013-9408-3>

⁵⁸ 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, 20-39. doi: <https://doi.org/10.4309/jgi.2019.41.2>

⁵⁹ Dawda, P., & Knight, A. (2017). Experience based co-design: A toolkit for Australia. Australian Healthcare and Hospitals Association (AHHA) and Consumers Forum of Australia (CHF). Retrieved from <https://chf.org.au/experience-based-co-design-toolkit>

health design principles,⁶⁰ the perspectives and priorities of self-exclusion consumers should be weighted highest compared to other groups given their core status as the service recipient.

The formative study of our project funded by the Office of Responsible Gambling sought to identify key design and functional requirements of a self-exclusion website⁶¹. Interviews and focus groups with various stakeholder groups revealed their expectations of a simple-to-use online system, that accommodates individual user needs, portrays credibility and trustworthiness, and encourages positive behaviour change. According to participants, incorporation of these attributes was important given the perceived diversity and vulnerable emotional states of self-exclusion consumers. Participants indicated that the website should be able to support the entire self-exclusion procedure, including the collection of personal information and a photograph, identity verification, self-exclusion venue and timeframe selection, and a digitally signed declaration. Identity verification is the most complex of these tasks and will likely require the use of external software from a specialist company. Sophisticated data security measures to protect the privacy of end users' personal information was identified as highly important. In addition to its core self-exclusion function, participants suggested incorporating links and information about other relevant help services into the website content. Consumers supported the concept of a user dashboard so they could keep track of and update their self-exclusion agreement. Professional stakeholders (gambling counsellors, venue staff, policy makers) tended to focus more on ideas relevant to administrative users, for example, a function to report and monitor self-exclusion breaches.

We have developed a pilot version of the self-exclusion website informed by findings from the qualitative requirements analysis, the existing self-exclusion literature, and our own professional knowledge of these programs. The site has been tested for usability (the ease with which systems can be learned and used) among self-exclusion consumers, and an evaluation of its acceptability (consumer willingness to use technology in real life) is forthcoming. Results to date have shown that end users completed the full online self-exclusion process in 15-16 minutes on average and found the system to be 'highly usable'. Applying a person-centred approach, participants identified various potential improvements that were enacted in subsequent system upgrades.

Our research has focused primarily on the user interface of an online self-exclusion portal. Other important areas to consider relate to back-end logistics and implementation. These may include (but are certainly not limited to):

- Employing a user support team
- Arranging for counsellors to contact users upon request
- Managing user entry errors in the information collected
- Communication of self-exclusion requests to selected venues including confirmation of receipt and action.

Accordingly, it may be most cost-effective for Liquor and Gaming NSW to utilise and build upon existing self-exclusion technology as opposed to a blank slate approach.

⁶⁰ North, J. (2020). *Achieving Person-Centred Health Systems: Evidence, Strategies and Challenges* (European Observatory on Health Systems and Policies) (E. Nolte, S. Merkur, & A. Anell, Eds.). Cambridge: Cambridge University Press. doi:10.1017/9781108855464

⁶¹ Pickering, D., Serafimovska, A., Cho, S. J., Blaszcynski, A., Gainsbury, S. M. (2020). *Development of a website for self-directed gambling venue self-exclusion: A multi-stakeholder requirements content analysis* [Unpublished manuscript]. The School of Psychology, University of Sydney.

6. Disincentives to breaching exclusions

6.1 Summary of key points

- We agree that disincentives will assist in reducing the motivation to breach self-exclusions, and forfeiture of winnings could potentially be a powerful disincentive.
- We recommend that other procedures are established for early detection of individuals breaching (or attempting to breach) self-exclusion, such as cashless account-based gambling, facial recognition, identity verification on entry, and venue signage to disincentivise gambling while self-excluded.

6.2 Detailed response

We agree that disincentives will assist in reducing the motivation to breach self-exclusions, and forfeiture of winnings could potentially be a powerful disincentive. Research supports this claim as the anticipation of a 'big win' increases motivation to play EGMs, with some evidence suggesting that this effect is greater among those at higher risk of gambling problems.^{62,63} In unpublished data we collected during our evaluation of ClubsNSW MVSE, self-excluded individuals reported forfeiture of winnings as the third highest supported penalty for breaching agreements. This was preceded by removal from the venue and a mandatory counselling session. Acceptance of prize forfeiture among existing self-exclusion consumers suggests that it would not be a deterrent for individuals wanting to self-exclude in the future.

The limitations to prize forfeiture are that this may only occur when: (a) the individual is detected by staff as breaching self-exclusion, and (b) the win is sufficiently large (i.e., \$5,000) to be paid by cheque or means other than by cash. Given that jackpots are rare events, it is reasonable to argue that excluded individuals may not enter venues expecting to win \$5,000 or more, but likely lesser amounts that exceed their initial stake. On rare occasions when an excluded individual's winnings do exceed \$5,000, it is unclear how the proposed amendments will prevent them from requesting another person to collect winnings on their behalf. As such, the degree of impact that prize forfeitures have on rates of self-exclusion breaches may be less than anticipated under current circumstances. Cashless account-based gaming is one strategy that would enable venues to keep track of all wins linked to individual patrons.

We support the amendment but also suggest that procedures to detect breaches before they occur through identification on entry (i.e., via ID scanning) or facial recognition may be a more effective measure. As demonstrated in our own research, embarrassment at being detected and removed from a venue is a powerful disincentive reported by self-excluded patrons.⁶⁴ Efforts to promote the number of detections within venues and signage indicating that excluded patrons will be identified may further reduce patrons' motivation to breach.

⁶² Browne, M., Langham, E., Rockloff, M. J., Li, E., Donaldson, P., & Goodwin, B. (2015). EGM jackpots and player behaviour: An in-venue shadowing study. *Journal of Gambling Studies*, 31(4), 1695–1714. doi:10.1007/s10899-014-9485-y

⁶³ Lister, J. J., Nower, L., & Wohl, M. J. A. (2016). Gambling goals predict chasing behavior during slot machine play. *Addictive Behaviors*, 62, 129–134. doi:10.1016/j.addbeh.2016.06.018

⁶⁴ 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

7. Responsible Conduct of Gambling (RCG) training

7.1 Summary of key points

- The proposed implementation of a two-tiered staff training program is strongly supported with the caveat that reporting requirements are integrated with the incident registers and monitoring by senior management committees.
- We recommend that all gaming floor staff are required to complete a training program incorporating information on regulatory and legislative compliance, the nature and behavioural indicators of problem gambling, in addition to practical skills training in intervening with at-risk patrons.
- There should be a senior management committee with a standing agenda item where the contact officer reports are reviewed and decisions regarding the management of patrons determined. Contact officers should not be required to make difficult decisions on the management of patrons on their own discretion or judgement.
- An approved training program should be developed with a training instructor manual guiding the training components and include practical skills exercises in the application of techniques taught. An online exam to be completed by the applicants outside the training session and assessed by an independent agency. Regular monitoring of training providers should be undertaken to ensure adequate standards of competency and compliance with the training program is maintained.
- We recommend that the contact officer is vested with the opportunity to be trained as a trainer. In this framework, the contact officer would be able to train staff and then monitor their performance in real time to ensure that their skills are being applied in a highly cost-effective process.

7.2 Detailed response

The proposed Bill aims to establish a two-tiered level of responsible gambling staff training, with the second of these tiers containing an advanced RCG training component for staff members to be designated as a 'contact' person. The primary purpose of the two-tiered structure is to enhance gaming floor staff with the requisite abilities to identify and report individuals displaying indicators of problem gambling and to provide practical skills to intervene where appropriate. Additional advanced training for the designated contact persons is designed to have at least one staff member per shift responsible not only for identifying individual displaying indicators but reviewing incident registers and taking active steps to respond to situations where patrons of concern are identified or brought to their attention by other staff members. The contact person is imbued with the obligation to engage with patrons with the objectives of a higher level of harm minimisation and venue management

In their analysis, Hing and colleagues concluded that the current NSW approach to RCG training has minimal positive outcomes on harm reduction.⁶⁵ Contributing to this is the absence

⁶⁵ Hing, N., Russell, A. & Rawat, V. (2020, February). *Responsible Conduct of Gambling*. Central Queensland University. Commissioned by New South Wales Responsible Gambling Fund, Sydney. Retrieved from https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0009/295443/RCG-Report-for-release_Feb_2020.pdf

of any legal obligation placed on staff to approach individuals displaying indicators of problem gambling unless an individual directly requests assistance. As a consequence, staff reported that individuals rarely took the initiative to ask for assistance, and that staff were reluctant to intervene for a range of reasons; uncertainty of their legal obligations, lack of skills in managing emotional or aggressive reactions, fear of criticism by senior staff, and management discouraging approaches to avoid potentially upsetting good customers. A lack of incentives to act proactively adds to the reluctance of staff to engage with individuals as a means of minimising harm.

Rintoul, Deblaquiere, and Thomas conducted observational studies and interviewed gamblers and professionals with reference to mandatory Codes of Conduct in Victoria.⁶⁶ These authors concluded that venue staff were placed in situations where they could identify relevant signs of problem gambling among patrons but often failed to implement active strategies to reduce harm. These researchers also observed multiple instances where staff acted contrary to codes of conduct by encouraging gambling behaviour. It was concluded that self-regulation and compliance with codes of conduct were not effective in practice, a conclusion reinforced by findings that despite breaches being common, there was no formal action taken by the Victorian Commission for Gambling and Liquor Regulation against EGM venues during 2015-2016.⁶⁷ Such studies suggest responsible codes of conduct and frameworks are inadequate unless supplemented by mandatory legislation, monitoring and auditing compliance and appropriate penalties.

In their detailed systematic review of staff training, Ms Beckett, Dr Keen, Dr Angus, Dr Pickering, and Prof. Blaszczynski from the GTRC concluded that the existing evidence points to benefits associated with staff training programs in respect to overall self-reported attitudes, knowledge and confidence, and improved employment satisfaction.⁶⁸ Importantly, training improved staff awareness and understanding of the value and contributions of responsible gambling policies and strategies.

However, several issues were identified that highlighted the presence of significant gaps in current staff training programs. These are summarised in detail in Beckett and colleagues review,⁶⁹ but in brief bullet point form, these include:

- Failure to correctly apply or determine severity of indicators when assessing individuals
- Staff reliance on personal experiences and beliefs as opposed to having confidence in indicators taught as being representative of harms
- Uncertainty of when to act and in response to which signs when indicators were identified
- Lack of skills and consequently confidence in managing individuals, particularly when distressed or aggressive
- Training programs are offered by approximately 90+ third party providers where the range of content and delivery differs in quality and effectiveness

⁶⁶ 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. doi: 10.1080/16066359.2017.1314465.

⁶⁷ 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. doi: 10.1080/16066359.2017.1314465.

⁶⁸ 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*, 20(2), 331-367. doi: 10.1080/14459795.2020.1737723

⁶⁹ 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*, 20(2), 331-367. doi: 10.1080/14459795.2020.1737723

Despite many venue staff receiving training in identifying and responding to patrons demonstrating indicators of problem gambling, many express the need for further and continued training.⁷⁰

Proposed two-tiered training program

Tier one

The proposed implementation of a two-tiered staff training program is strongly supported with the caveat that reporting requirements are integrated with the incident registers and monitoring by senior management committees. We recommend that all gaming floor staff are required to complete a training program incorporating information on regulatory and legislative compliance, the nature and behavioural indicators of problem gambling, in addition to practical skills training in intervening with at-risk patrons. Staff are required to be aware of and comply with all regulatory and legislative requirements. The staff training curriculum should provide written material summarising their obligations and supplemented by relevant policies.

In respect to training, all floor staff should be trained in becoming familiar with the behavioural indicators of problem gambling, the implications of observing singular and/or combinations of indicators for levels of severity, how and when to directly intervene or refer to the contact officer for further action, and criteria and protocols for reporting relevant indicators and individuals of concern. Practical skills should be taught to staff in establishing rapport with patrons, how to approach patrons in a non-judgmental and sensitive manner and how to assess/confirm the presence of problems, what forms of assistance are available, and protocols for referring to the contact officer and recording data in an incident register. We argue that venues maintain policies and offer senior management support for all venue staff encouraging active engagement with patrons with clear guidelines and protocols for reporting all incidents in a register.

The framework and these elements are contained in and described in the staff training module prepared by the GTRC in collaboration and with funding from ClubsNSW. This training module is termed 'Advanced training' and is applicable to all staff. The staff training module has been developed by the GTRC and is consistent with the framework recommended by the UK Gaming Commission's guidance for premises-based operators on customer interaction (<https://www.gamblingcommission.gov.uk/PDF/Customer-Interaction-Formal-Guidance-Non-Remote-July-2019.pdf>).

Second tier

The second tiered framework (referred to as the 'Ambassador training' in the GTRC's program) included components that are equivalent in concept to the Bill's proposed 'advanced training' contact officer. This training is designed for employees and managers with heightened responsibility (such as Gaming Managers and Gambling Contact Officers). It provides additional education in interpersonal skills (e.g., handling conflict resolution and crises situations), skills training to effectively provide feedback and debriefing to other staff

⁷⁰ LaPlante, D. A., Gray, H. M., LaBrie, R. A., Kleschinsky, J. H., & Shaffer, H. J. (2012). Gaming industry employees' responses to responsible gambling training: a public health imperative. *Journal of Gambling Studies*, 28(2), 171-191. doi: 10.1007/s10899-011-9255-z.

members, and equips staff with a developed framework to assist patrons with gambling problems and refer them to support services (including referral to self-exclusion schemes). The fundamental principles are that there are sufficient contact officers per venue trained to allow one officer per shift to be available. The contact person should be readily identified as a contact person (through wearing a prominent badge, vest, or uniform) and promoted as a staff member supporting customer services to patrons. It is important not to instill the perception that the contact officer is vested with the task of remaining on the gaming floor to detect patrons gambling to excess and questioning them to determine if they have a problem. The development of a public perception of 'gambling police' on premises seeking out patrons will be counterproductive in the sense of causing patrons to become more vigilant in avoiding detection. It is argued that all staff should be obliged to identify relevant patrons and intervene and report to the contact officer.

The role of the contact officer should be to review the incident register at the commencement of each shift and be aware of patrons that require monitoring and/or interventions, be available during shifts to respond to other staff drawing attention to a patron, being available to intervene with difficult patrons (exhibiting distress or aggressive behaviour, or patrons that other staff are unable to manage), and to prepare summary reports of incidents for senior management. There should be a senior management committee with a standing agenda item where the contact officer reports are reviewed and decisions regarding the management of patrons determined. Contact officers should not be required to make difficult decisions on the management of patrons on their own discretion or judgement.

The contact officer should also be attuned to providing junior staff with debriefing and peer support following any reportable incident of note. In this way, a cultural attitude of peer and senior staff support should develop enhancing the likelihood that all staff will actively report and act where required.

Presently, those wishing to work in gaming venues are required to complete an RCG training program leading to a certificate of competency. This training is offered by multiple approved training providers. These programs contain the required course modules including an RCG student handbook addressing the concept of responsible gambling, codes of conduct and compliance, benefits and costs of gambling, self-exclusion, strategies to assist problem gamblers, and the responsibilities of staff, management and venues. Facilitators provide illustrative examples and discussion. An in-training session exam to assess competency is administered by the facilitator at the conclusion of the training (often with answers provided and a 100% pass rate rendering the exam pointless).

To maintain consistency in content and delivery, we argue that an approved training program be developed with a training instructor manual guiding the training components. The instructor manual should be detailed and include practical skills exercises in the application of techniques taught. An online exam to be completed by the applicants outside the training session and assessed by an independent agency should form the basis for the competency assessment. Regular monitoring of training providers should be undertaken to maintain compliance with the training program structure and learning outcomes and ensure that adequate standards of competency are upheld.

We offer an alternative consideration to be given to a structure where the contact officer is not only trained in the advanced module but is also vested with the opportunity to be trained as a trainer. In this framework, the contact officer would be able to train staff and then

monitor their performance in real time to ensure that their skills are being applied in a highly cost-effective process. It would also lend itself readily to venues training casual staff and provide in-house refresher courses on a more regular basis thereby reducing additional costs to the venue. The potential for the contact officer and staff member to lose their RCG endorsements for failing to comply with regulatory requirements would provide an effective incentive for the contact officer and senior staff to ensure that best standards and expectations are met.

The proposal for a two-tiered training program is fully supported.