LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PUBLIC ACCOUNTS

(Reference: Inquiry into elements impacting on the future of the ACT Clubs sector)

Members:

MR B SMYTH (Chair)
MS M PORTER (Deputy Chair)
MS M FITZHARRIS
MS N LAWDER

TRANSCRIPT OF EVIDENCE

CANBERRA

MONDAY, 17 AUGUST 2015

Secretary to the committee:
Mr A Snedden (Ph: 620 50199)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 1.34 pm.

RODGERS, PROFESSOR BRYAN, Director, Australian National University Centre for Gambling Research
DAVIDSON, DR TANYA, Researcher, Australian National University Centre for Gambling Research

THE CHAIR: Good afternoon, ladies and gentlemen, and welcome to this hearing of the public accounts committee inquiry into elements impacting on the future of the clubs sector of the ACT. Our first witnesses today are Professor Bryan Rodgers and Dr Tanya Davidson from the Australian National University Centre for Gambling Research.

On 26 March the Legislative Assembly referred this inquiry to the committee for inquiry and report by the last sitting day of September this year. Specifically, the Assembly referred the following nine elements and any related matter to the committee for further investigation and consultation with the wider community: revenue and profitability; legislation and regulations; taxation and charges; land development and sales; problem gambling; diversification and mergers; new business models; poker machines and gambling technologies; and water and resource management.

We would like to thank you, Professor Rodgers and Dr Davidson, for attending today. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink-coloured privilege statement on the table before you. Could you please confirm for the record that you understand the privilege implications of the statement?

Prof Rodgers: Yes, I do.

THE CHAIR: Thank you. The proceedings are being recorded for transcription as well as being webstreamed and broadcast. Professor, would you like to make an opening statement?

Prof Rodgers: I would like to make a short statement. I am the Director of the Centre for Gambling Research at the Australian National University, and my substantive role is as Professor of Family Health and Wellbeing at the ANU.

Dr Davidson: I am a researcher at the Centre for Gambling Research.

Prof Rodgers: I thought I would give a very brief background to the centre and then spend about 10 minutes talking about problem gambling, which is one of the terms of reference. I know you have many, but it is the one that we are most concerned with and the one that I will limit myself to today. I will cover some conceptual issues around what problem gambling is, how it is measured, how it is used in research particularly, and then talk about some of the research findings we have from the ANU's research and from other research projects in recent times on problem gambling.

Firstly, the current centre was established at ANU in 2009 through an agreement with

the ACT Gambling and Racing Commission. At that time Dr Davidson was appointed to lead the centre. I became involved a couple of years ago when Tanya wanted to go part time. At the time I was able to merge two roles into one and become director of the centre. I now spend about 75 to 80 per cent of my time on the gambling projects and the rest on a whole range of other things.

With respect to the team as a whole, including me, we have backgrounds in quite a number of areas of mental health research and substance use research. So we are not exclusively gambling researchers, and it is quite beneficial at times to have some points of comparison with other fields of research.

Currently there are six people involved in projects but we collaborate with others in Australia—some at ANU, and overseas as well. We have funding at the moment from the ACT Gambling and Racing Commission for a few projects. We have some funding from the Victorian Responsible Gambling Foundation and one project which is funded through Gambling Research Exchange Ontario. So we are not exclusively an ACT-based centre.

I will talk a little about what problem gambling is, thinking of that conceptually and also how we operationalise that concept in research projects and measure problem gambling. There has been a shift in views of problem gambling in recent years. A major shift that has happened, say, over the last 20 years would be to move from seeing problem gambling as a clinical entity alone, as an addiction, and thinking of it being characterised by pathological science and symptoms. The way that has changed is that there is far more emphasis now on the consequences of problem gambling and the harms that arise from that, to the extent that those harms and consequences are incorporated into the definition and into the measurement of problem gambling.

When we do research studies now, we use measures of problem gambling which are not just about that person, that individual and features of their behaviour but also what impact their gambling has. That might be on other people, such as family members. That is built in to the measures, and that is quite a change in emphasis. It means that the measures we use today are a bit of a mixture, because we still have the signs and symptoms. Our measures now still ask people, for example, whether they chase losses, meaning if they have lost money on gambling in a session, do they come back later, perhaps the next day, and try and win back the money they have lost. So we mix in the clinical signs. I am not defending that; I just do the stuff and use the measures we have. That is what is used internationally, but it is important to recognise that there has been a shift.

There has been a bit of a change, which is common to other areas, in that we talk less now about problem gamblers and talk more about gambling problems or people with gambling problems. Part of that reason is that the terminology is seen to be less stigmatising. It can lead to cumbersome sentences and sometimes you slip into old habits. I apologise in advance if I do refer to problem gamblers but it is sometimes hard to avoid.

As well as the stigmatising issue, there is one other feature which came out of some research projects over a period of time, and it took some time for people to realise this. From longitudinal studies people who have gambling problems were not necessarily

the same individuals over time. For people with gambling problems, it fluctuates—the problems fluctuate. People go through better times and worse times. An older model was that, in some ways, you had gambling addicts and they just stayed there; once a problem gambler, always a problem gambler. We found that was not true, and that is quite important to remember.

It is important when we are talking about rates of problem gambling. We can give a point estimate of what proportion of people at a point in time—say, over the past year—have gambling problems, but it does not mean they are the same people as next year and the year after. So keep that in mind.

A very important concept that developed, again, over the last two decades, and particularly the last 10 to 15 years, is the notion of problem gambling being a continuum. We have measures at the moment. The one we use in our research is used internationally—the problem gambling severity index. It is a scale which goes from zero up to quite a high possible score on that scale. The definition that is used in almost all studies with that index of someone with gambling problems is when people score eight on that scale.

When people score eight that is referred to as problem gambling. When people score zero it is called non-problem gambling. You can work out from that that you have people who score one all the way up to seven, and they are in between. They are not a trivial group of people; that range in between is about five per cent of the population, whereas when we get to the people who score eight or more you are talking more like half a per cent in the ACT or one per cent in some other jurisdictions. So you have many more people in the space in between. Various names are applied to those groups, and we will come across some of that.

It is interesting that that continuum holds for a number of things. For example, if we look at people reporting whether they spend more than they can afford on gambling, the proportion of people that say that goes up in an almost linear way with that measure from the problem gambling severity index. It does not just go from zero and jump up to 100 per cent when you get to people who score eight; it goes up progressively. People who score one might be 20 per cent, who say they spend more than they can afford, and by the time it is two, it is more like 40 per cent. And it just goes up by the score.

In practice, it means when you are talking about people with gambling problems you have to state the threshold that you are using, the point at which you consider people to have gambling problems, and you have to operationalise that. You cannot just report a prevalence of people with gambling problems without saying the definition that you have used for that.

Very commonly from studies we estimate the proportion of gambling expenditure that is attributable to people with gambling problems. We have read through transcripts, and I have been at one of the sessions of the committee held here, and you can tell that different percentages are talked about and whether it is this or that. But if you do not pin that to the definition of what you mean by "gambling problems", you will get different percentages. You can take a single research study and find more than one estimate of that figure because they have used two different definitions to arrive at it.

I will skip through now to some features of the research, particularly in the ACT but not exclusively, because some of our findings here are not unlike other jurisdictions. We have done some comparisons recently with data from Tasmania, and there are many similarities in the ACT data to Tasmanian data in terms of levels of gambling problems and also money spent on gambling and what the money is spent on.

I will give some numbers. We have done two prevalence studies in the ACT recently. Tanya Davidson has analysed both those datasets. The most recent one—very recently—was a draft report for the gambling commission here. A 2009 study said that our definition of "problem gambling" is eight on the problem gambling severity index. So that is the high threshold for that. In 2009 0.5 per cent of the population met that criterion, and it is 0.4 per cent in the current study.

Do not read too much into the change—0.5 to 0.4 per cent is within the confidence limits of the estimates. It is good that it has gone down, and it has gone down in the context of gambling generally reducing across the ACT population in terms of prevalence and in terms of dollars spent over that five-year time interval.

When you get figures like that, it is small, but if we take 0.4 per cent of people who we think of as having gambling problems, if you think of that as a proportion of people who actually gamble—because the people who are not gambling typically do not have problems—then 0.4 per cent becomes 0.8 per cent. So we talk about more like one per cent of gamblers who have problems. If we think of it as a proportion of people who play electronic gaming machines who have problems, it is about two per cent of those people who meet our threshold. All of those figures sound quite small, and we are talking about half a per cent, maybe two per cent. That does not sound like a lot.

I want to fill in how you get from a position where people start talking about how much money comes from people with gambling problems and the proportion of total expenditure in year figures—perhaps around 40 per cent, 50 per cent, 20 per cent. Those figures are obviously a lot higher than 0.5 per cent or even two per cent. So how does that come about?

A first feature of that is the concept of a regular gambler. Typically, when we have population studies, we talk about these proportions as a proportion of gamblers. That means people who have gambled in the last year. They might have done one thing. They might have bet on the Melbourne Cup or they might have played the pokies once in a year. So they are classed as a gambler.

When you look at regular gamblers, by which we mean people who gamble weekly or more often than weekly, problem gambling in that group is about three per cent. It is a little bit higher than what we had before but it is still seen to be quite low. If we look at people who play EGMs on a regular basis—weekly or more often—then problem gambling is about eight per cent of that group. Now we are talking about more like one in 12 people in that set. We also know that people who play EGMs and people who have problems playing EGMs play for longer than people who do not have problems. Their session times are longer and they play more frequently. Dr Davidson's analyses have looked in detail at how long people say they play EGMs

for, and we have a way of computing that.

THE CHAIR: Professor Rodgers, for the record, an "EGM" is?

Prof Rodgers: Electronic gaming machine.

THE CHAIR: Thank you. I think we all knew that somehow.

Prof Rodgers: You all knew what "pokies" were, I note! The higher the level of problems of people playing EGMs—and this would apply to other activities—the longer people play machines for. Dr Davidson's calculations on that found that if you think of it from the perspective of the machines—who is coming and playing them—13 per cent of machine time is attributable to people who are in that high threshold problem gambling category.

We are now moving into a zone where we have one in eight down to problem gambling, and that is in terms of machine time. That means if you were to go, if there is such a thing, into a random venue in the ACT at a random time of day, one in eight people sitting at a point in time meets that definition of a problem gambler. So we have gone from half a per cent of the total population to one in eight people sitting at machines at a point in time.

When it comes to money, the percentage moves a little bit further than that. Again, from Tanya's calculations and from our most recent estimates from 2014—which is very similar to 2015—19 per cent of EGM expenditure came from that half a per cent of the population who we think of as having gambling problems. In terms of dollars spent, we are now in a position where about $1 out of every $5 that goes into the machines comes from that half a per cent of people.

All I have tried to do in that short time was run through how we move from figures like 0.5 per cent, when we talk about the general population and we think of a problem as being small and low prevalence, and how we end up with figures like 20 per cent in terms of the scale of the problem when we count it in terms of money.

I do not need to say anything more about that. We are here to answer questions and are willing to do so. Tanya is far more on top of the detail of the analyses than I ever will be, so if you have any questions about what I have already said, please address them to my left.

THE CHAIR: I am sure there are lots of questions so we will go through them quickly. The decline from 0.5 to 0.4 of one per cent: as you say, statistically that may be within the limits, but is there any indication of what has driven that decline? Is it more effective messaging? Is it changes to the legislation? Is it that people are becoming more aware of the problem?

Dr Davidson: We did not include any questions on those sorts of things; all we know is what the percentage was in 2009 and what it was in 2014. I would not want to draw any conclusions about how or why.

Prof Rodgers: Something we can say is that, if we think of that as being a movement

and say it is well within the confidence intervals, gambling as a whole fell in that time in the ACT. Gambling on lots of activities fell in terms of money spent, including EGMs and other activities that are more closely linked to problem gambling. We have seen a trend of a decline in gambling prevalence and money spent on gambling across the whole territory. In that context I think the change—if that is a real change—in the level of problem gambling is really in keeping with the general shift away from gambling altogether.

THE CHAIR: Was there any indication of why there has been a general decline in gambling, or was that not asked either?

Dr Davidson: Again there is no way of assessing why. Further to what Bryan was saying, the proportion of non-gamblers has gone up and the shift we are seeing is largely at the lower end of frequency. You are finding that people are cutting back, but they are people who probably, from our data, are in the non-problem sector and dropping, and there is an increase in non-gambling, whereas that high end, the moderate risk problem—the three-plus, eight-plus people—is largely we would say staying the same. We cannot say that that is changing. What is happening is shifting amongst the population where there are not large numbers of problems.

Prof Rodgers: You get tests of statistical significance which are more easy to fulfil when you have bigger numbers. It is far harder to talk about movements in a small proportion, a tiny fraction of the population, than it is over a bigger scale.

THE CHAIR: How many people were surveyed

Dr Davidson: We started with more than 7,000 people who were contacted randomly by telephone. What we do is oversample certain people. So we talk to everybody who is a high frequency or more frequent gambler. In the end we conducted detailed questionnaires with 2,200 people, representing the full range of gambling behaviour from non-gamblers through to the really high frequency.

THE CHAIR: Is there any demographic that you noticed in the people who are now not gambling? Are younger people taking it up? Are older people moving away from it? Was there any significant trend there?

Dr Davidson: The analysis is preliminary at this stage; it has not been released. I do not recall seeing any specific change in the types of people who are gambling. But we have not specifically looked at that, because we do not know who has given up. We just know a snapshot then and a snapshot now.

Prof Rodgers: The prevalence studies use independent samples, so at a five-year interval you just select a new sample. It is not longitudinal; we do not know about people giving up gambling and we do not know about people taking up gambling over a time.

In terms of demographics, because we have heard some of the sessions before and read the transcripts, we know a bit of what has been said about demographics in the ACT and how it relates to gambling. It is worth saying a couple of things about that. There are two parts to the story for us. One is who gambles and what they gamble on,

regardless of whether they have problems or not. The pattern is such that you see very different types of activities being done by different types of people. With most gambling you see more money spent by men than by women. There is one exception, which is scratch tickets where it is roughly even. But for a lot of other activities men spend more than women.

Across all gambling activities, spending by age group is very even; there is not a big difference across age group in amount spent on gambling. But if you look at specific activities, you see massive differences by age group. Sports betting is something young people do. Horse and greyhound betting are in middle-age groups, and you will see even some activities which are more, say, in older age groups. Together they wash out and you do not see much of a trend. But it is very much specific types of activities that have specific demographic patterns.

In terms of problem gambling, when we talk about young people, we have in our work mentioned age as a factor in problem gambling; it almost makes me feel young, but not quite. We really mean people who are elderly do not have the level of problems. We are not talking about people under 25; we go up to age 50. The level of problem gambling up to age 50 does not differ much by age. The thing that really counts is education. That is by far the strongest factor related to problem gambling. I have mentioned men are more likely to be problem gamblers than women. They stand out.

MS FITZHARRIS: When you say "education", do you mean someone's educational attainment level?

Prof Rodgers: Yes. We would use their qualifications and whether they got to year 12 or to year 10. You see a very steady gradient by education. In international studies you will see something similar. Education is a big feature. Education is very much related to most activities in terms of amounts spent. There are some exceptions to that. We know for casino betting, for example, people who do not have year 12 qualifications virtually do not bet on casino table games. You get one example like that that stands out, but if you look at something like poker machines, you see a very clear gradient of amounts spent on poker machines by education—the lower the education, the more spent.

MS PORTER: I have a new question, but to reflect on young people, with the online gambling, is the level of education a feature in that?

Dr Davidson: In the 2014 data we have not had a chance to look specifically at that particular type of gambling. It is the first time we have been able to measure online gambling in the ACT, and we know that about eight per cent of the ACT adult population are gambling online. We can do that fine level of detailed analysis, but we have not done that yet.

Prof Rodgers: There are some very important things to say about the online gambling we are seeing, because people have ideas about what online gambling is. It is not necessarily what people think it is. The three main activities that people gamble on online—this is in the ACT but you will find it elsewhere in Australia—are betting on sports events and special events, the horse and greyhound betting, and buying lottery

tickets. A lot of people buy their lottery tickets online now.

Things like online gaming, like playing blackjack online or poker machine simulation online, are very unusual; they are a tiny fraction of online gambling. People have a little bit of a tendency to think of online gambling as some new, different thing when most of the activities that are being done online are similar to what people are doing in the terrestrial world but they are just using a different mechanism to do it.

We will take the question on notice and come back with what we can do with online, but what we would have to do is not just lump together online gambling and go, "Oh, is this what young people do?" I do not think we are going to find them buying lottery tickets. We have to look at it by activity to get that. The crucial question is: is it a different demographic that is doing it online as is doing it through the other means?

THE CHAIR: And is it?

Prof Rodgers: We will have a look. We will squeeze what we can get out of eight per cent.

MS PORTER: My other question is a matter of clarification regarding what you were talking about before and the scoring of eight and then the one to seven. You talked about it being a gradual rise from one through to seven, which makes absolute sense. At what stage from that one, being, I would have thought, not a person who is having huge problems, through to the seven, which is verging on the eight, obviously, do you start to have alarm bells ring? Is there a number in between the one and the seven where the alarm bells are starting to ring? It seems to me that otherwise you are going to get a huge number of people who are from one to seven who have a huge variety of responses to gambling and are being lumped together. It needs to be picked apart, I think. I am not asking you to answer this question now, but it would be interesting to find that out.

Prof Rodgers: I can give you the answer.

MS PORTER: Can we have that—

THE CHAIR: He has got that now.

MS PORTER: Terrific. It is just that I know my other colleagues have questions as well.

Prof Rodgers: You have to have some criteria for what might set alarm bells ringing. I mentioned one feature of problem gambling was that people spend more than they can afford. On that scale, going from zero through to eight, for people who score one, by the time you get to one, about 20 per cent of people say they spend more than they can afford. By the time they score two, it goes up to 30 per cent. By the time they score three, it goes up to 40 per cent. By the time they score four, they hit 60 per cent. By the time you get up to eight, it is 90-plus per cent. I do not see a point in that continuum where I would say, "This is where the alarm bells start ringing." It just goes up in a line.

If we look at how much money people spend on gambling, if you go from zero to one on that scale, the average amount spent by a gambler going from zero to one increases five times. Their mean annual spending is five times as big if they score one on the scale than if they score zero. I do not think you ever see another point going up the scale where it jumps proportionately as much as that. It is a really good question and it is a very important issue around where do we decide a problem is a problem.

I am going to dodge it, because I do not think a researcher should answer that; I do not think that is my role. I can present the figures, but it is for people in society to say at what point in this do we think something is okay. Is it okay for people to spend X dollars a year? Is it okay for people to spend $5,000 a year? Is it okay for people to report certain problems with their families? Those decisions should be made collectively. I do not think it is for me to make a call on that.

MS PORTER: The comment I would make about whether it is okay for them to spend that amount of money is that it depends on how much money they have got. Being in the lower educational area, maybe they do not have much money, but some people I have heard of spend an enormous amount of money, but they have an enormous amount of money. I will leave it to my other colleagues to ask questions.

MS FITZHARRIS: I will follow up on that. In terms of how much you can afford, how is that measured? Is it a percentage of your income?

Dr Davidson: It was literally asked.

MS FITZHARRIS: "Do you think you spend more than you can afford?"

Dr Davidson: They are actually saying, "We are spending more than we can afford."

MS FITZHARRIS: It is quite subjective, though?

Dr Davidson: Yes.

MS FITZHARRIS: In terms of how much do you spend, although I am reluctant to compare it to other recreational pursuits, do you have a sense of how that compares to, say, how much money people who smoke might spend on cigarettes or how much people who drink regularly might spend on alcohol?

Dr Davidson: We have not looked at that.

Prof Rodgers: One of the reasons I am hesitant to talk about dollar amounts with gambling is we know that people under-report what they spend, and the level of under-reporting is massive. It is huge. We do not know that at an individual level. We do not know whether an individual person is telling us they spend less than they really do. We do not know to what extent it is because the people who take part in the survey are different from the people who do not take part. What we know is that if we add up all the amounts of money that the people in the survey say they spend and we put it all together, we can, from that model for the population, say what that would be across the ACT population. It is a lot less than what is actually spent, and we know that from industry figures and from tax sources. We know it is way less than that—

less than half.

MS FITZHARRIS: Than what is spent in the ACT in clubs, for example?

Dr Davidson: Yes.

MS FITZHARRIS: Because you are saying you do not have any longitudinal data, you do not really have a sense of what it is that would make people who are in that 0.5 per cent stop gambling, or decrease?

Prof Rodgers: There are studies of treatment. We have not been involved in those, but one of our associates is currently, in the UK—the Cochrane collaboration review of gambling treatments, Sean Cowlishaw Those now form part of the NHMRC guidelines for treatment of problem gambling. There are certain types of treatment that are seen to be more efficacious than other types of treatment. There is a general view—I think it is reasonable—that if someone with gambling problems gets into treatment they are likely to have a better outcome than if they do not. That is like saying, "Well, is that a big surprise?" The worry about that is that so few do. That is the hard part of that. With the people who get up to scoring eight in our research, maybe 20 per cent of them get help. It is a big problem that most people, even with severe problems, do not get professional help.

MS FITZHARRIS: Tim Costello was on local radio this morning, on the back of the *Canberra Times* article. I thought I heard him say—you might not know the answer to this—that 90 per cent of electronic gaming machines globally are located in Australia; is that correct?

MR RATTENBURY: I thought he said 20 per cent.

MS FITZHARRIS: Was it 20 per cent? I thought I heard 90.

Prof Rodgers: One thing I do not know is what definitions people use around that. There are different types of products in different parts of the world. For example, some of the Canadian research is not unlike our research, but they have video lottery terminals in Canada. There are different sorts of machines in the UK which allow continuous gambling over time with repeated plays and payouts. There are electronic casino games; I think that is what they are mostly called. So you have different types of electronic machines in different places. It may be that machines exactly like we have here might not be very common in other parts of the world, but they have some other problem. In any case it would not be 90 per cent.

MS LAWDER: In your submission you refer to the 2009 survey. I am looking at the part about help received by people with gambling problems. Is the "only about 20 per cent" you refer to similar in the 2014-15 survey?

Dr Davidson: Yes.

Prof Rodgers: It is, yes. When we are thinking of people with the eight-plus—a very severe problem—20 per cent would be about right. That means getting help for their gambling problems. It does not mean that they are not getting other sorts of help. As

an example, you will find people with gambling problems in drug and alcohol services. Sometimes that is addressed. Across New South Wales, for example, there are gambling treatment programs which specifically go to residential drug and alcohol programs to give therapy around problem gambling in that context.

We know, not just anecdotally but from some of the research we have done at ANU, that people in drug and alcohol programs with gambling problems have told us at times, "My counsellor knows that I take drugs and I've told them about these drugs and those drugs, but I haven't told them about the gambling problem." Senator Xenophon made reference to that in his submission. There is a level of stigma attached to problem gambling which can even exceed very serious drug problems. People are more prepared to own up to things like heroin use than they are to having a gambling problem.

MS LAWDER: In your research do you explore at all where they get help from? Is it from the club themselves? Is that in any of your questions?

Dr Davidson: In the current survey we did not have that. We basically asked, "Did you get any professional help or counselling?" We also asked them whether they wanted help, whether they tried to get help. The numbers are small in terms of who is getting help, so it is hard to then elaborate. But it was professional help that we were asking about in that instance.

MS LAWDER: That is a different piece of work from the help providers.

Dr Davidson: Yes.

MR RATTENBURY: You made an observation that people under-report what they spend, but you also observed that there is a group of people who say they spend more than they can afford. Can I put those two together and draw the correlation that there are probably more people who are spending more than they can afford than perhaps were self-reporting? I do not want to put words in your mouth but that is what I took from that.

Prof Rodgers: Could you repeat the last sentence?

MR RATTENBURY: You said there is a group of people who observe they are spending more than they can afford, which is a measure, and I think a very interesting measure. Would that likely be under-reported as well given that people under-report what they say they spend? How is their perception? Do you have a sense of that?

Prof Rodgers: I understand. From work in other fields—because I do not know of any gambling work that would pin this down—there are errors in research whereby if you ask other people—for example, family members; you could imagine in this scenario—"Does he spend more than you can afford," rather than, "Do I spend more than I can afford," I think you might get a different answer. But I do not know anyone who has done that in the gambling field specifically. I could ask around and see whether there is anything on that.

One thing I point out about gambling research which is different from some other

fields, particularly in mental health, is that most research studies get their data from the person who is gambling or has the problem. We have not progressed very well into the space where we go to other sources to find out about that. Certainly, you would get different stories from different people telling the tale, if you were to look.

MR RATTENBURY: You talked about 19 per cent of EGM revenue coming from problem gamblers. I recall the 2009 study estimated that 40 per cent of revenue came from problem gamblers. Am I making like comparisons there?

Prof Rodgers: With the written submission we put in based on the 2009 figures, we break that down. Most studies that report what is called the problem gambling expenditure share—this is internationally, not just Australian studies—use the lower threshold for defining problem gambling expenditure share. On the severity index, most studies use three-plus. We reviewed nine studies internationally, and seven of them take the cut at three-plus on the scale. When you do that, you would get about 40 per cent. But if you look at our submission you will find—I hope we did—we carefully broke it down. We said of that 40 per cent, this amount comes from those who score eight-plus, the problem gambling group, and another amount comes from the people that are called the moderate risk gamblers. In the earlier survey, it was 18 per cent for the eight-plus group. I have that here; I will check.

MR RATTENBURY: I might have forgotten that page. That is fine. What you are saying is that it is probably a slight increase but in that area of statistic—

Prof Rodgers: It is very similar. As a percentage, it is very similar. The total revenue has declined from EGMs, as we know. But percentage-wise it is very similar.

MR RATTENBURY: You also talk about people who unsuccessfully try to get help. What is your measure of "unsuccessfully trying to get help"?

Dr Davidson: We asked people whether they wanted help, whether they then tried to get help and whether they got it. I believe it was about five per cent of people wanted help but did not actually get it. Of people that had problems that said they wanted it, they did not manage to get help. We do not know why. We just asked whether that had happened.

MR RATTENBURY: So you do not have any sense of whether that means they did not know how to find the service or they went to the service but there was no space? You do not have any breakdown of that?

Dr Davidson: No. That would be more of a qualitative measure. We would love to follow people up and find out that sort of information, but you do not have the scope to discuss that in these sorts of big-scale surveys.

Prof Rodgers: What Tanya has done with the most recent study—the 2014 study—which we did not have for 2009 is we asked people at the end of the interview whether they were willing to be re-contacted to take part in further research and how to contact them if they did. We could not do that in 2009, but on this occasion we can go back to groups like that. We have already discussed with the commission the possibility of doing that, including for the very people you are talking about. Help-

seeking is a priority; also people with gambling problems. It is about whether we go back—we are talking about dozens, not thousands—to those people and ask them far more detailed questions to get at those things.

MR RATTENBURY: My last question is a bit more on the demographics. We saw the study come out nationally last week about fly in, fly out workers being particularly prone to problem gambling issues. Did you draw any similar demographic insights here in the ACT? We obviously do not have that same industry, but were there particular trends that came out from the point of view of considering what policy responses might be needed?

Prof Rodgers: Francis Markham from ANU is involved in the Northern Territory survey. I have already asked him about the fly in, fly out workers, so I will make a point about that. In the 2009 survey in the ACT, Tanya did very careful analyses modelling demographic differences in terms of problem gambling. I think we gave an example in our written submission that men in the younger middle-age band who have low education and who are unpartnered have something like 25 times the rate of problem gambling compared to women in middle-age groups who have degrees and who are partnered, who are married. You get massive differences if you start looking at demographics, not just single themes like men versus women or young versus old, but when you start putting together things like that you get massive differences. I think they are crucial.

We have talked to the commission about how you make use of that and how you target messages around that—how you reach particular groups with very high rates. But there is a nuance to that which comes back to the fly in, fly out workers. I think they were said to have 10 or 11 times the rate of problem gambling that you would expect in the community. I would want to know whether they have 10 or 11 times the rate of men in that age group who have that education and so on. It could just be that that is all it is. It may be more to do with the fact of their age and their education than that they are fly in, fly out workers.

I do not think enough is being done in gambling research generally about that. There is still a bit of a view around that everybody is at risk of problem gambling—that it respects no demographic boundaries. That is not true. There are massive differences in rates of problem gambling in different subsections of the population.

THE CHAIR: We will have to leave it there, members, unless somebody has an overriding question.

MS FITZHARRIS: When does your final report come out, or is that up to the commission?

Prof Rodgers: Sure, it is with the commission. We have a system where we submit a draft report, which we did a while ago. We get feedback on that, and the commission is free to get reviews of that from independent sources or consult other people about that. As soon as we get the feedback, we work to produce a final report.

MS FITZHARRIS: It is possibly weeks away?

Prof Rodgers: I know there is talk of having a meeting to give us feedback, because I had a phone call this morning.

MS FITZHARRIS: Our reporting deadline is the end of September. We might follow that up with the commission.

THE CHAIR: We might follow that up with the commission. Ms Lawder?

MS LAWDER: You said there is a theory that everyone is at risk of problem gambling but it is not true. I think I have paraphrased what you said?

Prof Rodgers: It is true in the sense that if you look at individuals who had gambling problems or have gambling problems, you will see people who are wealthy and people who are not. You will see people who are young and those who are old—all those sorts of things. But that does not hide the fact that the level of risk in different groups of the population is massively different.

MS LAWDER: If that is the case, when people who are at one to three are considered moderate gamblers—was that the category?

Prof Rodgers: The moderate risk group.

MS LAWDER: The problem gamblers are eight and there are bits which are moderately at risk?

Prof Rodgers: The moderate risk group are the ones that go from three to seven, and the low risk, so-called, go from one and two.

MS LAWDER: When we say the proportion of ACT adult resident population estimated to have a gambling problem is 1.8 per cent, this is based on scoring three or more on the PGSI—

Prof Rodgers: Yes.

MS LAWDER: whereas that middle part is not actually classified as problem gambling?

Prof Rodgers: I go back to what I said at the start: if you score zero, you are a non-problem gambler and if you score eight, you are a problem gambler. Frankly, in between those two the terminology that gets used is a bit of a mess. That is how it is in the research reports. We navigate that by saying precisely what we are talking about when we talk about those groups in between.

MS LAWDER: You might stay at five forever and never become a problem gambler, yet we are, in one sense, conflating them for that 1.8 per cent?

Prof Rodgers: Ultimately the way to think of that scale is that it is really a research instrument. It is there to give guidance as to how things are. Particularly that is useful in doing studies in the general population. I do not think clinicians would be bothered to use a measure like that if they were dealing with patients. It would not be

particularly helpful to them.

MS LAWDER: In the Canadian one they say you should not add them together; is that correct?

Prof Rodgers: This is the Canadian one. The PGSI is from the Canadian problem gambling—

MS LAWDER: Yes, but they do not add the two together to say they are problem gamblers.

Prof Rodgers: Yes, they do. Of those 11 studies I said I reviewed, all the Canadian studies that estimated problem gambling expenditure share used the threshold of three or more—every single one.

MS FITZHARRIS: So if you never gamble, you are not even in that range? You are not zero; you are just not in that at all?

Prof Rodgers: If you have never, ever gambled?

MS FITZHARRIS: If you have never gambled?

Prof Rodgers: You would just get a zero. In most studies—

MS FITZHARRIS: So you are a non-problem gambler?

Prof Rodgers: Yes.

Dr Davidson: You are a non-gambler. You do not even get asked the question.

MS FITZHARRIS: You said it was non-problem gambler—

Dr Davidson: Zero is not on the problem. Non-gamblers generally do not get asked the questions because they have not gambled.

Prof Rodgers: In most studies you would not get asked the questions. We have more recently looked at people who might not be gambling now or gambling at low levels now, but you do find in that group there are some people who have clearly had problems. When you give them the scores, you do not necessarily come up with a low score just because they seem now not to be doing much.

MS FITZHARRIS: In terms of how we read and hear about problem gambling, do you have a view of how accurate the community conversation is about it? Is it spot on or is it understated? If you went from alarmist to understated, do you have a view on where it might be?

Prof Rodgers: Community understanding and what you might read in the media is mixed in together. I would say there are aspects of gambling which you often read about and people talk about. We tend to get a bit obsessed with things like the sports betting, because we see a lot of ads on the TV. Everyone is getting very excited about

the internet gambling, as though this is some sort of tidal wave of gambling. Until now, it is not that yet. It does not mean it could not become an issue.

The bulk of the problem gambling we see in the community in Australia at the moment is related to EGM play. That does not mean that those people only play gaming machines and it does not mean that gaming machines cause their problem. That is where they are. That is what they are doing. I think we get a bit caught up in too much detail, ideas of new things and so on, when the problem that has been around for a long time and has looked much the same—and I do not think it is going to change much in the next five years—is that most people with gambling problems are there. We have over a thousand in the ACT with serious problems at that eight-plus level. They are around. We know pretty much what they do. We know where they are going to do it and so on.

I just say that maybe we could do something about it. I can talk to people at particular venues and they will tell me that they know who at that venue has a problem. There is a community knowledge about that, but it is not the kind of area yet that we have in some mental health areas where, if you know someone who is doing it tough in the space, you talk to them about it. Here we all run away from it. When I say we all do, I am not just thinking of the venues or the industry; I think as a society we all run away from it. We are not really helping people in that position.

THE CHAIR: In the *Canberra Times* you say less than half the poker machine players reported knowing about self-exclusion. In the context of your last statement, obviously there is more to do there, in terms of education?

Dr Davidson: Yes. That was one of the questions we included deliberately for policy reasons. We found that knowledge about self-exclusion increased across different levels of problem gambling and across EGM, how often you played EGMs. So that is positive. But there is definitely more space, particularly when you think that family members play a really important role in people getting help and also in the self-exclusion process. We would want everybody across the board to be aware of that, particularly family members, so that they can provide that sort of information.

THE CHAIR: A silly question to ask some researchers, but I am sure you will answer honestly: is there a need for more funding for ongoing inquiry as well as a longitudinal study?

Prof Rodgers: Nationally in Australia we have a shortage of good research on gambling. We have not had the same force from research which tells us not just half a per cent of the population and those sorts of figures, but the impact, the harms that arise from problem gambling. If you read grant applications to NHMRC in areas of health need—physical illness or whatever—you always get a statement up-front that says, "There's a lot of X about, and X is really bad. It does this million dollars worth of damage," and so on. Our estimates around problem gambling are quite poor on that. We struggle with figures that were dredged up a long time ago. When we look at them, they are not based on very good evidence. I think we are very light in terms of being able to say how big a problem this is.

At a local level, certainly where we would like to go—but it does not mean we would

get the funding—is a step beyond what we see and what we get from a prevalence survey, where we know how many people. Say there are 1,000 people in the ACT, we have some idea of how much they spend on gaming machines and on other types of gambling. We would like to go into a space which says, "What are these people actually doing? Do they just go to one venue? Do they spend all their money in one place? Do they move around? Do they go to lots of different places? Are they that easy to spot?" I am thinking about Nick Xenophon's idea of having an algorithm that might pick up from people's play that there is a problem. But if you are going around multiple venues and playing in different places at different times, you are not going to pick that up.

I do not think we quite know yet how to take that extra little step to say, "Who are the people most at risk now, where are they, how do we find them, can we tap them on the shoulder and offer them something?" I do not think we have got to that point yet.

THE CHAIR: Perhaps you would like to take on notice and give us an indication, firstly, of what sort of research could be done. Secondly, you mentioned you had done a review of 11 other studies. Is that available publicly?

Prof Rodgers: I have it here. Do you want me to hand it over?

THE CHAIR: If you could table that, it would be very kind.

Prof Rodgers: This is part of our draft report on expenditure on gambling, which we have submitted to the commission. It is not the prevalence report we are talking about now, but a previous report. We are waiting to update this to 2014 as well. So there are two reports that are in a development phase. I can give you the table.

THE CHAIR: That is kind. Thank you for tabling the table. We will finish now because we have gone over time. I apologise for taking a bit longer than we had anticipated. Perhaps we should have allowed more time. Professor Rodgers and Dr Davidson, thanks very much for your attendance today. When the transcript is available a copy will be provided. If there are any corrections or additional information you would like to provide, we would be happy to see that. With respect to any questions you have taken on notice or anything else you would like to provide us with, or having heard the tenor of the questioning from the members, any more information, we would be grateful to receive that. We have to report by the last sitting day in September. If we could have it as quickly as possible, that would be appreciated.

SCHIEFELBEIN, MS JULEEN, ACT Manager, Relationships Australia
LOANEY, MS FIONA, Business Development Manager, Relationships Australia
FRANKLIN, MS CARMEL, Director, Care Financial Counselling Service and the Consumer Law Centre of the ACT

THE CHAIR: Good afternoon, and welcome to this hearing of the public accounts committee inquiry into the future of the ACT clubs sector. We welcome Relationships Australia. On the table in front of you there is the privilege statement. Could you acknowledge that you have read the statement and understand the implications of privilege? Yes, so noted. Would you like to start by making an opening statement?

Ms Schiefelbein: Yes. I am the ACT Manager of Relationships Australia and I have overarching responsibility for the ACT gambling counselling and support service run by Relationships Australia in partnership with Care Financial Counselling Service.

Relationships Australia Canberra and region would like to acknowledge the significant contribution of ACT clubs to the ACT community and community sector. It is understood that without their contribution many sporting and recreational groups and community organisations would be adversely impacted. Relationships Australia, in partnership with Care Financial Counselling Service, receives funding from the problem gambling assistance fund distributed through the ACT Gambling and Racing Commission and began operating the ACT gambling counselling and support service in July 2014.

In the 12-month period from July 2014 to June 2015 this service has worked with 403 new clients in the ACT community. Of those, 166 were gambling clients and 42 were affected family members. In addition 195 people received financial counselling directly related to the impacts of gambling on their personal circumstances.

Data captured by Relationships Australia over the last 12 months details the primary cause of clients seeking help is financial issues at 48 per cent, followed by family relationship issues at 20 per cent. This is in line with research that suggests many clients do not seek help until they no longer can hide their addiction or are forced to seek treatment due to financial or family relationship breakdown.

Over the last three months—April 2015 to June 2015—29 per cent of AGCSS gambling clients reported that gaming machines were their preferred method of gambling. Please note that due to the length of time that Relationships Australia has been operating the service, this data sample is small and we would defer to the ANU Centre for Gambling Research survey results.

Problem gambling is a pervasive issue within our community and is an addiction with broad-ranging effects for the individual, their families, friends, work colleagues and the broader community, and needs to be addressed as a whole-of-community approach, of which ACT clubs is just one stakeholder.

Relationships Australia has a strong working relationship with ClubsACT and the ACT gambling industry, and we acknowledge their concern and commitment to identifying at-risk populations in their venues with a view to actively engaging support services for their patrons.

In closing, Relationships Australia, Canberra and region, acknowledge the longstanding and positive roles of clubs within the ACT community. We would encourage and be supportive of any financially viable business models that reduce the reliance on gambling revenue.

THE CHAIR: Thank you for that. We will go to Mr Rattenbury first.

MR RATTENBURY: The ANU prevalence study indicates that more people seek gambling help than actually can receive it. How does that compare to your experience and why do you think some people do not get the support they seek, whether it is lack of access, they do not know where to start or those sorts of things?

Ms Schiefelbein: For us—again, we have only been operating the service for 12 months, so that is what we can speak to—people who contact our service either directly or through the 1800 858 858 line are offered an appointment within three working days. That is either face to face or a phone counselling appointment. That is something we have met. Our reports to the commission have stated that we meet that key performance indicator. So there are appointments available to people who are wanting to access the service.

About 22 per cent of people are no-shows or cancel. We can also double-book appointments to ensure that people get into our service when they need it. It is our experience that once people make that move to get gambling counselling, you have a very small opportunity or small window to engage them.

MR RATTENBURY: Do you have any sense of why those no-shows are the case? Is that people getting cold feet on seeking help, essentially?

Ms Schiefelbein: Yes. It depends on where they are in that cycle of change and it depends on what their motivation is around when they make that call and who is motivating them. If it is family and friends motivating them to make that call, that could be some of the reason that they do not turn up. That is anecdotal. To try and re-engage people, part of our model is that we have a case facilitator. So if somebody does not show up for an appointment, our case facilitator will ring them and check in, see how they are going. We do not want people to think that because they have missed an appointment they cannot come back or there is guilt around not turning up. The case facilitator will ring them up and try to re-engage them over the phone or let them know there are other appointments available, to stay connected with them.

MR RATTENBURY: Do you do this sort of service in any other jurisdictions in Australia?

Ms Schiefelbein: Relationships Australia Queensland deliver gambling counselling in the state of Queensland. Relationships Australia South Australia also deliver a similar service.

MR RATTENBURY: Have you noticed any differences in the jurisdictions about the way the service is offered or the way clients engage with the service? Are there any lessons from talking to those other jurisdictions that you have been able to draw out?

Ms Schiefelbein: We certainly consulted quite closely with Relationships Australia Queensland when we were developing the model in preparation for the tender for this work. The things that we are experiencing now are the things that they highlighted when we were preparing our model.

MR RATTENBURY: In the interactions you have, are there any policy suggestions you would make to the committee that come from the clients who talk about offering any insights into what good prevention strategies would be or things that are not being offered at the moment or put in place that this committee should be thinking to take on board?

Ms Schiefelbein: Not anything that we have captured and not anything anecdotal that people would say would work for them in terms of this forum. The data we have collected is mainly around what their mode of gambling is, what is most problematic for them. They have not suggested anything that would work for them. Some people think if their partner, parent or whatever restricts access to their income or money that that helps, but that is not really what you are asking about.

MS LAWDER: In your submission, about halfway down page 2 you talk about your work in the community and enacting actual and lasting changes within organisations. Do you mean businesses and organisations?

Ms Schiefelbein: It is within the community sector.

Ms Franklin: I am the Director of Care Financial Counselling Service, and we are the partner agency with RA delivering the ACT gambling counselling and support service. Part of our role is working in the community, largely with community organisations who are working with a vulnerable client group. One of the things that has been identified is that most organisations do not have a screening question or any screening for gambling. They are aware anecdotally that gambling is an issue amongst their client group but there is a lack of comfort around how to broach that.

One of the things we are trying to do is provide assistance around how you have those conversations and what sorts of questions you should ask. Our experience within our own service is that if you ask the question, people are quite honest about their answers in that situation. That is the work we are trying to do—encourage people who are perhaps seeing clients for different reasons, maybe over health issues or relationship issues, to ask the question to see what else might be going on for them.

MS LAWDER: With those kinds of questions, how did you develop them? Have they been refined over time based on feedback?

Ms Franklin: There has been a lot of research into how you ask questions. We looked at what was already out there, what other services were using and what was being done in other jurisdictions. We have also been talking to organisations about how they might feel about asking the questions and whether that would be comfortable for them given that they already know their client group. It is something we will continue to do, to try to refine the questions. We have certainly looked at how those questions are asked in other jurisdictions as well.

MS LAWDER: Would some of those organisations include groups like charitable organisations where people go for assistance, material aid and things?

Ms Franklin: Absolutely. All of the welfare organisations, people who work in the mental health area, drug and alcohol—organisations where they are dealing with other addictive behaviours.

MS LAWDER: Is there a feedback loop where they provide information or keep some kind of record of that?

Ms Franklin: It has only been in the last six months that we have been doing that. We do not really have any written evidence of how that is working—only that services have said they are going to implement a system that they have not to date done because they feel that clients who potentially have gambling issues are going under the radar.

MS LAWDER: When you provided these screening questions, have you also suggested the referral pathways or left that up to them?

Ms Franklin: Absolutely. If you ask the question, you cannot leave people dangling. If you get an answer that is, "Yes, I have a problem," or "Someone in my family has a problem," always the next part of it is to provide the phone number for people and to explain what the service provides. We also think it is really helpful that you can refer people either directly to the gambling support service or to the financial counselling service, because some people will identify that the issue for them is around their finances and others will identify more around the impact of the gambling. It is good for them to have different entry points into the service as well.

MS LAWDER: Do you have any feel for the number of organisations or the number of employees you have trained or provided assistance to?

Ms Schiefelbein: We probably have something. We report our community engagement to the commission on a quarterly basis.

Ms Loaney: I am the acting program manager for the ACT gambling counselling and support service. We have reported that we have attended over 120 instances of stakeholder engagement in the 2014-15 financial year. That is a range of different activities. That could be attending meetings to promote the service. That could be discussing ways that we can help provide them with further information, whether it be about referral pathways or something else.

In addition to that we also do what are called problem gambling awareness forums. In 2014-15 we have been going out and engaging with individual organisations and training their staff. For example, about six weeks ago we met with the ACT drug and alcohol team who were doing some in-house training. We had an opportunity to talk with them and give them more information about gambling and talk about the referral pathways.

MS FITZHARRIS: I want to follow up around the screening issue. We have had

evidence—and we just had it from the ANU centre now—that there is a stigma attached to a gambling problem. I must say, for me, it was somewhat of a surprise to hear that people sometimes are more comfortable saying, "I have a heroin addiction," than saying, "I have a gambling addiction." Would you agree with that? Is it partly about this issue of everyone not yet knowing the right questions to ask?

Ms Schiefelbein: We definitely agree that there is a stigma around highlighting the fact that a person has a gambling issue—the problem gambler themselves.

Ms Franklin: That is why the figures are probably higher, when you ask whether someone in their family has ever had a gambling problem. Those figures are going to be higher than the direct question because we find when we see family members that they identify that the underlying issue is gambling but the person themselves might identify the problem as something else. They see gambling as potentially the solution to those other problems rather than the problem itself.

MS FITZHARRIS: You are saying some of the community organisations you work with might already be working with a family who, from what I heard you say, are already exploring mental health issues and other health issues, so they are already divulging a lot of personal information. Even at that point, generally you find they are not also saying there is this other major problem. Why do you think that is the case?

Ms Schiefelbein: Again, this is anecdotal. It could be that they think the problem is not the gambling; the problem is their lack of income or their personal circumstances that impact on their ability to gamble more readily.

MS FITZHARRIS: Do you have a sense from your work of what it is about gambling that means people—the evidence before was 0.5 per cent of the population, which might be around 1,000 people—end up having a severe gambling problem? Do you have a sense when they come and talk to you of what it is about particularly electronic gaming machines—what their experience of it is like and why it is so addictive for them? Is it the highs and lows? Is it the accessibility of it? Is it the fact that they can go to one venue and then trot around a whole lot more? What are some of the things that lead to the problem?

Ms Schiefelbein: The fact that it is an addiction to that high; then obviously the downside is the low.

MS FITZHARRIS: Do you hear anecdotally from any of them whether they tend to stay in one venue or go to multiple venues?

Ms Franklin: I think it is variable. Quite often people attend a venue that is in their local area, and there might be other reasons that they go there. For people who are at the more extreme end, they may even exclude from one club but try to sneak in to somewhere else where they are not as well known. They might try that because the addiction is a strong pull. Because there are sometimes some wins, that is one of the things that gives you that high and keeps you going.

MS FITZHARRIS: We also discussed online gambling with the ANU centre. Do you see any of your clients making a move from what I assume is much more private,

where you can deal anywhere with a device, and move from visible gambling in clubs, for example, to online gambling? Are you seeing a shift with the same group of people?

Ms Schiefelbein: No.

Ms Loaney: The thing to say up front is that we have been operating the service for one year, so in terms of having a history of data that we can compare to, we do not have that to fall back on. All we can say is that for the clients that have presented at the service in the last year, 53.7 per cent of them identified gaming machines as being their preferred source of gambling.

MS FITZHARRIS: What was the other 47 per cent?

Ms Loaney: I have a series of breakdowns. Following down from there, there is horse and dog racing, sports betting, casino table games, internet sports bet. So it does feature there. There are a couple of other ones that come up a little bit further down.

Ms Franklin: I think it is going to be a huge problem—and there was a paper launched today at Parliament House about online sports betting—because it is a bit more hidden. It is people gambling in their own living areas. It is not being picked up by somebody at the club who might notice that there is somebody staying for a long time, because it is somebody who is hidden away. There is also potential that they can lose a lot of money in a short space of time. With the gaming machines, there is a certain amount of money that you can access from an ATM. Online, unfortunately, you can access a lot of money very quickly. I think it will be a very big problem, but we are probably not seeing it as much as it is prevalent.

Ms Loaney: Certainly not yet. The reality is that it is like any form of addiction. There can be a time period from when people start to develop an issue to when they are reaching the point where they are going to present at a service like ours.

MS PORTER: My question is around that group of people. Given that they are operating from home and you are not seeing them coming through, would you expect over time that they will come through, or would you think that because they are a hidden group and they are self-motivated, and not seeing other people around them who may give them other information about their behaviour, apart from their family, would they maybe not seek any help—they would continue to keep thinking they can find their way out of it through another means?

Ms Schiefelbein: I would think it would be only a matter of time before they start presenting at the service. While it might be hidden at home or doing it during their lunch hour at work or in their car on the way home, it is only a matter of time before it starts to impact on their family and friends. That will bring it up to the surface for them.

Ms Franklin: Also, you can lose a lot of money in a short space of time. My understanding is that with sports betting and other online forms of betting, behind the scenes they are going to be following up that money very quickly. So people stand to lose their whole life savings or everything they have borrowed very quickly. People

do not traditionally come to support services until things are fairly dire. I expect what will happen is that when they get to the point where you have a debt collector on your door saying that you might lose your home or chasing you for a debt, that is the point at which we are going to see them, sadly.

MS PORTER: My other question is around people who have been to seek help but then maybe reoffend, for want of a better word.

Ms Schiefelbein: Relapse.

MS PORTER: Relapse; that is the word I was trying to find. Do they come back to seek further help?

Ms Schiefelbein: Yes, we see what we call re-presenting clients. Part of that is that gambling cycle where they get help and get a little bit of a handle on things and then maybe get a bit complacent and think, "I could have a gamble," or "I've got a little bit of money saved up, so if I spend $50 or $100,' or whatever the case may be, "that's not really going to have an impact," and then they get back into the cycle.

Ms Franklin: Definitely; we find the same. Somebody this morning rang that had not contacted the service for the last four months or so. The fact that they might have had a good experience at a service does not mean they will not relapse but it probably means they are more likely to re-contact the service at that point.

Ms Loaney: In 2014-15 we had a re-presenting rate of five per cent. We think that will increase as we continue the service into the next financial year. But it is one of the things we have taken into account, particularly with community education and industry liaison—emphasising the fact that we do not want people to feel that they are a failure for needing help again because it can take multiple times before they are able to manage their addiction.

Ms Schiefelbein: Part of the counselling is that cycle of education with the problem gambler around the cycle of gambling and also for the affected others that come in, doing that education around that, so that people can start to read the signs a little bit quicker.

MS PORTER: When you are talking about "affected others", is this family members that come in as well?

Ms Schiefelbein: Yes.

MS PORTER: Is that held in group sessions or individual sessions? How does that work?

Ms Schiefelbein: Affected others at this point come in as individuals and seek counselling. That does not always mean that the problem gambler is undertaking their counselling as well. The affected other might come in to get support for themselves to be able to support their family member or friend. We have a SMART recovery group that is for the problem gamblers that we run every week. We are looking at rolling out a support group for affected others.

MS PORTER: Recently we launched here in the ACT a move towards having restorative justice. Were you at that?

Ms Schiefelbein: No. Mary Pekin, the CEO, was there.

MS PORTER: Do you see a role in using restorative justice practice with the individuals and their families, the other people in the family and friends who are harmed by the behaviour of the person, as a way of helping the person to overcome their addiction?

Ms Schiefelbein: I certainly think there is scope for that, but that would be one of a suite of approaches that would need to be delivered for the problem gambler.

Ms Franklin: There is also a "proceed with caution" with that, because a lot of people with gambling issues suffer a lot of guilt and shame. You have to be very careful. Anecdotally, there is also a suggestion that they might be more prone to thoughts of suicide. You would have to be very careful in the way it was set up so that it was done so that you could then support the person and not leave them perhaps feeling worse than they did.

MS PORTER: It actually does not do that.

THE CHAIR: You mentioned the cycle of gambling. What is the cycle of gambling?

Ms Schiefelbein: It is where everybody else thinks they may have a problem but for them they do not have a problem. They have means. The problem gambler does not see it as adversely affecting anybody, right through to them thinking about this as not being as enjoyable as it used to be, the financial effects or the effects on the relationship, through to them thinking that they might need help, to getting support, to getting a handle on that, right through to lapse and relapse.

THE CHAIR: In your opening address or in the earlier part of the conversation you quoted some statistics. You said for 48 per cent it is because of financial issues and for 20 per cent it was for family issues—causing them to present. What about the other 32 per cent? Is it possible to get a copy of the breakdown of that data?

Ms Schiefelbein: Yes.

Ms Loaney: I do not have the actual stats but I have a graph. Looking at that, in terms of the order, it is financial issues, family relationship issues, interpersonal issues such as depression and anxiety, physical health issues, leisure issues—which could be things like loneliness or boredom—and then other excessive behaviours and living situations seem to be fairly much on par there.

THE CHAIR: You mentioned 28 per cent had identified pokies as their chosen form of gambling. What were the other percentages?

Ms Schiefelbein: That is in a small three-month snapshot.

THE CHAIR: I understand this is only a year old and it is a small cohort, but we have not had this data from other sources. As it is ACT-specific it is quite interesting. The question would be: would you be willing to put that in a format that you might give to the committee?

Ms Schiefelbein: Yes. We do not have that stat to hand but we could certainly take that on notice.

THE CHAIR: All right. If there is information in the document that you feel able to give to the committee, can we have that as an update to your submission?

Ms Schiefelbein: Yes.

THE CHAIR: Members, other questions?

MS FITZHARRIS: We talked earlier with the ANU centre around some demographics. Do you have a typical client when it comes to people that come to you for gambling-related counselling?

Ms Schiefelbein: In terms of the data that we collect, we do not have a demographic as such. We do a lot of work out at the AMC, so that skews our data in terms of a postcode demographic, if you like.

MS FITZHARRIS: Is that all of your work or just the gambling?

Ms Schiefelbein: That is the gambling and the financial counselling.

MS FITZHARRIS: Could you make a call on whether it is more men than women?

Ms Schiefelbein: Certainly, our stats show that out of the 403, of the 166 that were gambling clients, 52 were female and 114 were male.

THE CHAIR: There being no further questions, thank you for attending this afternoon. When it is prepared, a draft copy of the *Hansard* will be provided for correction or any suggestions you would like to make. If, as you ponder our conversation this afternoon, there are other things you think you should tell us, we would be happy to have suggestions, particularly for practical solutions to assist you in your work. We thank you for your attendance today. The hearing is at an end.

The committee adjourned at 3.07 pm.