

10 December 2021

The Star Pty Ltd - 5 year ILGA review

Thank you for the opportunity to make a submission to the administrative review of The Star Casino, Sydney NSW. Our submission deals briefly with the public interest and gambling harm.

Holding a casino license in any jurisdiction is not a right. As well as any license fee and the conditions applying to a casino license that the Regulator and government may set out, the operators of gambling venues must consider the costs of their social license. What may have been tolerated in 1994 may no longer be acceptable. What might be understood of gambling harm in the past is very likely to have been changed by recent research. It is timely that the Review reconsider the meaning of “the public interest” in regard to The Star, and how that might be evaluated.

The Alliance argues that it is also time properly to consider the disbenefits of gambling harm and violence, along with any criminal activity that might be associated with the casino, to counterbalance the simple enumeration of the taxes and levies the casino contributes to state revenues. As research in Victoria has indicated, by using a public health methodology it is possible to calculate the cost to communities of gambling harm.¹

Previous administrative reviews appear to have rarely considered the testimony of organizations or individuals beyond those directly involved in the administration or operation of the casino, or in its regulation. It is a pleasing development that this 2021/22 review is considering a broader evidence base, and will be holding public hearings. The Alliance acknowledges the endeavours of the Review to accommodate the needs of individuals who are unaccustomed to participating in reviews of this nature. We are confident that the protocols which have been developed by the Review, clearly out of a concern to ensure that individual testimonies would be able to inform the investigation by Mr Bell, SC, will form the basis for reviews of the activities of gambling venues in the future.

The Alliance attempted to conduct community outreach and consultation to ensure the voices of lived experience were able to be heard directly by the Review. It is regrettable the timeframe made it difficult for many individuals to contribute to this process. Early uncertainty around confidentiality and a failure to engage with gambling counselling and community services, or the United Workers Union, by the Review itself meant that it is unlikely that it will hear from the full range of people with an interest in this issue. The

¹ Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, *Assessing gambling-related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, Melbourne

shame and stigma surrounding gambling harm continues to act as a significant barrier for people coming forward, as does the fear of actively speaking out against a powerful institution like The Star and the Department of Liquor and Gaming.

This submission draws upon testimony from people and families impacted by gambling harm. In some cases testimony has been provided on the condition of anonymity, however, the Alliance is able to furnish further evidence of these claims should this be required.

Our submission specifically addresses the following Terms of Reference:

3.3 The maintenance and administration of systems by The Star to contain and control the potential of the casino to cause harm to the public interest and to individuals and families.

7. The implementation, and administration of, gaming harm minimisation programs within The Star.

Thank you once again for the opportunity to contribute to the Review. If you have any questions about this submission, please do not hesitate to contact us.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kate da Costa', written in a cursive style.

Dr Kate da Costa
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The Alliance for Gambling Reform

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Recommendations

1. That an independent research study be commissioned by the NSW Government to use public health methodology to measure the impact on NSW of gambling at The Star in Sydney, to form a database against which to measure the benefits Star offers the state, and to benchmark improvements in gambling harm reduction initiatives.
2. That The Star be obliged to adhere to Responsible Conduct of Gambling guidelines and
 - a. These guidelines should be developed in consultation with academic experts, experts by lived experience of gambling, venue staff and other stakeholders
 - b. These guidelines should be published online and be easily accessible, and available on demand within the casino at any time
 - c. The guidelines should form part of the statutory framework of the state, rather than a self-developed voluntary code and

- d. Compliance with the guidelines by The Star should regularly be assessed by independent reviewers who are commissioned by the Regulator, but paid for by The Star
3. That the Star be obliged to publish de-identified data from its gambling incident registers so that it is clear how often staff identify concerning behaviour, what that behaviour is, how frequently they intervene, and what the outcomes of those interventions are.
4. That the regime of exclusions and self-exclusions administered by The Star (excluding exclusions by order of the police) be amended to better reflect the effects of gambling harm, so that Liquor and Gaming no longer act as the enforcers for The Star and that gambling harm is not criminalized.
5. That no gambling machines in The Star be able to operate with different settings than similar machines in other venues, including bet limits, return to player rates, speed, and features, unless the settings of machines in the Star are demonstrated to better reduce gambling harm than the statutory settings; if necessary, the 2016 Ministerial Directive that allowed unlimited bets be revoked.
6. That as Star uses the data it possesses to comply with 'Know your Customer' AUSTRAC requirements in relation to AML/CTF rules, this data also be used to develop affordability checks or to detect concerning behaviour, and then to take action.
7. That any customer interaction technology that The Star introduces or operates, including but not limited to facial recognition technology, satisfies the Privacy Commissioner in relation to the collection, storage, use and disclosure of all data generated by the technology, and in no circumstances be sold, rented, lent or otherwise made available to third parties
8. Loyalty programs should be prohibited for products that incentivise harmful consumer behaviours, including gambling. The evidence presented through our community of lived-experience advocates overwhelmingly demonstrates that loyalty programs significantly exacerbate harm.
9. That any further expansion of The Star's gambling facilities be assessed against a public interest test that takes the government's goal of zero harm from gambling as the principle objective
10. That future administrative reviews of gambling venues, especially of casinos, include a range of stakeholders, make efforts to publicize submission dates through gambling counselling services and state peak community sector bodies, have submission deadlines of at least 60 days from announcement, and adopt protocols related to confidentiality, non-publication and alternatives to written submission that are based on the protocols established for this Review

Details supporting some recommendations

Measure the impact of gambling at The Star

It is not clear to the Alliance that the Review has access to adequate data to properly consider whether The Star can contain and control the potential to cause harm to the public interest, or individuals or families. Previous reviews have taken a narrow view, relating largely to the activities of organized crime in or at the casino, and having (possibly incorrectly) surmised that these activities are not occurring, have therefore decided that neither individuals nor the public interest has been harmed.

However, if gambling harm is considered as a public health matter, then the public interest can be affected by it as well, clearly as individuals are. This harm can be generated by a person's own gambling or by the gambling of others, whether or not that has been identified as the source of experienced harm. By this we mean that a person gambling at The Star to the extent that their behaviour includes spending many hours each week in the casino, spending more than can be afforded, perpetrating violence as a response to stress caused by gambling, or committing crimes to support gambling expenditure, will inevitably cause harm to their family and the community they live in, even if the family and community do not know that the lack of money, stress, violence or crime stems from gambling. It is also not in the public interest for there to be significant loss of productive time, increased reliance on social services, or reduction of mental and physical health related to gambling.

Research in NSW lags behind that in Victoria. But recent studies show that the prevalence of harm, rather than "problem gambling" is significant with approximately 15% of adults reporting gambling related harm.²

In addition, Victorian financial modelling suggests that while that state received \$2billion in revenue in 2014, costs associated with gambling were around \$7billion - significantly harming the public interest.³ Given those figures were derived some time ago, and in another state, and included all gambling, it would be timely to undertake research in NSW related to The Star's contribution to social costs.⁴ It is possible however to start to see the contribution of Star, purely on monetary terms. The most comprehensive survey of

² Hing, N., Russell, A. M. T., Browne, M., Rockloff, M., Greer, N., Rawat, V., Stevens, M., Dowling, N., Merkouris, S., King, D., Breen, H., Salonen, A., & Woo, L. (2021). *The second national study of interactive gambling in Australia (2019-20)*. Sydney, NSW: Gambling Research Australia.

³ Browne, M, Greer, N, Armstrong, T, Doran, C, Kinchin, I, Langham, E & Rockloff, M 2017, *The social cost of gambling to Victoria*, Victorian Responsible Gambling Foundation, Melbourne.

⁴ 2018 "The Expansion of Casino Gambling in the United States - State Revenues and Public Interest Implications", J. Camp, C Hartley, P Kelly, *Accounting and the Public Interest*, 18.1, 81-103

gambling in Australia are the national statistics,⁵ and the most recent are for FY2019. In that year in NSW the following figures are relevant

FY2019 State Government revenue from “gaming” (excludes online gambling, race wagering and sports betting)	\$2.4billion
Total “gaming” losses	\$8.8billion
Casino losses (16% of total)	\$1.4billion
Non-casino EGMs (74% of total)	\$6.5billion
Reported revenue in Star Financial statements	
Total domestic “gaming”	\$1.196billion
Including EGMs	\$0.347billion

For FY2021 Star has reported the following

Reported revenue in Star Financial statements	
Total domestic “gaming”	\$0.813billion
Including EGMs	\$0.278billion

Crudely, if the ratio of tax to social costs reported in Victoria was constant, NSW revenue in FY2019 was just over the amount in Victoria, and we could assume that the social cost could be as high as \$8.4billion. The Casino contributed 16% of the “gaming” losses in that year in NSW, and potentially therefore, 16% of the social costs as well, coming to \$1.3billion. While this figure is dwarfed by the losses incurred by pub and club poker machines in NSW, it is not an insignificant figure.

Recommendation: That an independent research study be commissioned by the NSW Government to use public health methodology to measure the impact on NSW of gambling at The Star in Sydney, to form a database against which to measure the benefits Star offers the state, and to benchmark improvements in gambling harm reduction initiatives.

⁵ Australian Gambling Statistics, 1993-94 to 2018-19, 36th edition, prepared by the Queensland Government Statistician’s Office

Improved and independent Responsible Conduct of Gambling guidelines

The Alliance follows the view outlined in the recent NSW Responsible Conduct of Gambling Study.⁶ Rather than following an “informed choice” or “responsible gambling” model,⁷ the current requirement of NSW legislation, which shows no evidence of effectively reducing levels of gambling harm, a move towards a “harm minimization” approach as in other jurisdictions would be more effective. Recommended changes are venue led, rather than requiring individuals to monitor their behaviour which given the nature of gambling addiction is an unrealistic expectation.

Star’s responsible gambling system is spread across several documents: The Group Code of Conduct, Responsible Gambling Policy and Responsible Gambling Code. Other relevant documents were not publicly available.

The Policy (section 4.2) suggest that staff should encourage customers to notice the passing of time and take breaks in play; staff should not allow intoxicated customers from gambling; staff provide accurate meaningful and accessible information to allow customers to make informed choices; and provide sensitive and confidential information to customers who wish to self-exclude. None of these are obligations on the staff.

Section 6.2 requires staff to report any intoxicated customers attempting to gamble (but not to stop them); to recognize and report (to whom?) suspected extended and intensive play (but not to intervene to draw the customer’s attention to the passing of time); and to know where to get further information (rather than be able to provide it when asked, as in section 4).

The internal document “Identifying problem gamblers in the casino” appears to list concerning behaviours which are based on research. However, staff are simply to report these signs to supervisors, on the reasonable grounds that customers should first be approached by a Responsible Gambling Liaison Officer.

In the Code, while Star tells its staff that people with gambling related problems should not be exploited, it labels these identifying behaviours as “inappropriate practices” (2.4) or “unacceptable behaviour” (4.2), which we argue predisposes staff to think that the customer’s behaviour is controllable and entirely their responsibility, rather than understanding that it may well be the result of a gambling disorder.

Section 4.2 tells staff to “be aware of and respond to indicators of distress ... sensitively and within an appropriate timeframe” but these instructions conflict with others, where staff

⁶ 2020 *Responsible Conduct of Gambling Study*, N. Hing, A Russell, V Rawat, CQU for the NSW Responsible Gambling Fund

⁷ 2017 “Critiquing the Reno Model I-IV International Influence on Regulators and Governments (2004-2015) - the distorted reality of “responsible gambling”” L. Hancock, G. Smith, *International Journal of Mental Health and Addiction*, 15, 1151-1176

are directed to report concerns to supervisors, and do not specify what an appropriate timeframe is.

The Alliance contends that directing staff's attention only to the most extreme manifestations of distress or concerning behaviour obscures early indications of developing issues. Intervention earlier could prevent greater harm.

Regardless of all these internal guidelines, the fact remains that The Star, like all other gambling venues, has a conflict of interest. Those customers most likely to be experiencing problems or harm from their gambling are also most likely to be the customers providing significant amounts of profit. The most recent NSW data indicates that people categorized as problem gamblers account for 36.7% of losses, and low to moderate risk gamblers for another 34% together.⁸ It is not in the commercial interests of The Star to stop these people gambling.

Recommendation: That The Star be obliged to adhere to Responsible Conduct of Gambling guidelines and

- These guidelines should be developed in consultation with academic experts, experts by lived experience of gambling, venue staff and other stakeholders
- These guidelines should be published on line and be easily accessible, and available on demand within the casino at any time
- The guidelines should form part of the statutory framework of the state, rather than a self-developed voluntary code and
- Compliance with the guidelines by The Star should regularly be assessed by independent reviewers who are commissioned by the Regulator, but paid for by The Star

Improve exclusion processes

Customers can be excluded from The Star for one of four reasons: the Police Commissioner excludes them (a power intended to be used to keep persons with known links to criminal activity out of the casino), they apply for self-exclusion, a third party or family member applies for exclusion, or The Star excludes a person for anti-social or violent behaviour.

⁸ 2019 *NSW Gambling Survey 2019*, M Browne, M Rockloff, N Hing, A Russell, C Murray Boyle, V Rawat, K Tran, K Brook, K Sproston, prepared for The NSW Responsible Gambling Fund, iii

The Alliance recognizes the right of The Star to exclude patrons who threaten others, commit acts of violence or other anti-social behaviour. We recognize the right of staff to have a safe workplace.

While it appears that The Star's practices recognize that people under the compulsion of gambling will breach or attempt to breach self-exclusion orders, and the *Casino Control Act* itself gives the courts the option to take into account compulsion, the general framework that operates appears to be punitive. If a person breaches their self-exclusion deed on multiple occasions, The Star may, and does, escalate the matter by issuing a non-voluntary exclusion order. If that is breached, it is open to Liquor and Gaming to take legal action.

It is unclear, because the data is not available, to what extent people who are excluded from The Star due to anti-social or violent behaviour have been exhibiting behaviour linked to their gambling problems. If this is the case, The Star's staff should have been observing and acting on signs well before incidents arise. By issuing exclusion orders, whether or not the police are involved, before properly recognizing customers who are distressed and angry due to gambling, The Star is criminalizing gambling addiction rather than assisting people to get therapeutic support. It is a matter of personal opinion that a person who is frequently breaching a deed of self-exclusion might need the shock of a court appearance to modify their behaviour. We know of no research that indicates this is a useful intervention to deal with gambling addiction.

Better recording of gambling and violent incidents, and better publication of de-identified data would assist in determining the real reasons for behaviour that must be addressed. Better mechanisms to detect people at the entrances to the casino or gambling areas so they can be refused entry, rather than having to be escorted from the premises after they breach their deed, would reduce the likelihood of violent or threatening behaviour.

The Star has its own system for ending self-exclusion deeds. The Alliance was recently asked for comment from the Queensland Attorney-General over the conflict between Star's procedure, which is to require a letter of support from a family member before lifting the deed, and Queensland law, which simply allows a person to apply to remove their deed after 12 months. We commended The Star for taking steps beyond those required by legislation, and attempting to ensure that customers who end a self-exclusion deed are indeed able safely to enter a casino. However, we are unconvinced that the particular conditions The Star imposes are as helpful as we would wish.

The Star requires evidence that the person has attended counselling. (We may add that the *Casino Control Act* also provides for courts to mandate counselling). The Queensland Issues Paper which related to this year's proposed changes acknowledged that forced counselling is unlikely to succeed.

We have spoken with people who did seek counselling help, but not until years after they stopped gambling. While it may seem obvious that if someone has such problems that they

need a self-exclusion order, then they should clearly benefit from counselling, that logic is not necessarily consistent with the mindframe of the person at the time of revocation.

The additional Star requirement of a letter from a significant other person does two things - it implies that the person seeking revocation is not responsible enough to judge if they can safely revoke and it forces them to disclose their gambling issues to another person who is not in a therapeutic relationship. While this “significant other” person is not defined, we are assuming The Star is thinking of a family member, close friend (of “good” standing), work colleague, or faith or community leader.

Former gamblers have told us that if a self-exclusion regime seems impossible to get out of, counter-intuitively then they would not even take the step of applying. Having to disclose their “failings” to a family member or faith leader may seem impossible, and therefore act as a barrier.

A frequently unrecognized issue related to gambling is the link to family and domestic violence. ANROWS research shows that many people, usually women, turn to gambling as a refuge from FDV⁹. If one of these people is compelled to reveal their situation to family, or in a way that a family member may find out, they may be placed in a situation of danger.

Finally, the 2016 Review into Star described Star’s Exclusion Review Committee. None of the members appeared to have specialist understanding of gambling harm. We suggest that for this Committee, if it still operates, and for any other gambling harm related internal committees, gambling counsellors and lived experience advocates be included.

Recommendation: That the regime of exclusions and self-exclusions administered by The Star (excluding exclusions by order of the police) be amended to better reflect the effects of gambling harm, so that Liquor and Gaming no longer act as the enforcers for The Star and that gambling harm is not criminalized.

Data Analytics

We make several recommendations regarding the use of data and ensuring that data collected about customers is managed to the satisfaction of the Privacy Commissioner. These recommendations are based on our knowledge of the efficacy of big data and of individualized data that The Star very probably already collects. We also rely on the reviews of Crown Melbourne, where recommendations on the use of customer data to proactively identify people at risk of harm were made in the Sixth review of Crown in 2018.

⁹ Hing et al 2020 *The relationship between gambling and intimate partner violence against women*, ANROWS Alliance for Gambling Reform Submission to The Star 5 Year Review, 2021-2022

The 2019-20 Victorian Commission for Gambling and Liquor Regulation (VCGLR) annual report indicated that there was still no active use of data analytics despite this being in place in other international casinos and being raised with Crown Melbourne over 10 years ago. The VCGLR made very clear recommendations to Crown to implement these tools.

Manual identification of people experiencing harm from their gambling will – even with optimal training and support – inevitably result in missed identification. The Star is one of the only continuously open gambling venues in NSW and, as such, has a strong obligation to provide protection against harm from protracted and intensive gambling.

Data analytics is a potentially powerful tool to support manual identification of people experiencing or at risk of harm based on their gambling data. Historical data can be analysed against modelling to identify patterns of gambling that indicate risk of harm (e.g., placing very large bets; a sudden or continuous upward trend in losses), and live data can be used to provide real time risk monitoring alerts to staff based on indicators of elevated risk of harm (e.g., gambling for extended periods of time; breaching self-imposed limits). Data can also support self-limiting via tailored and dynamic messaging about relative risks that can be pushed to users in real time.

Both The Star and Crown use loyalty programs, which generate considerable data. We acknowledge that we make another recommendation that the loyalty program should be banned, as it incentivized gambling. However, gambling behaviour data can be collected through other means, including universal digital or card payment systems.

The Star should in any case be collecting this kind of data in order to comply with anti-money laundering/counter terrorism financing requirements.

Recommendation: That as Star uses the data it possesses to comply with 'Know your Customer' AUSTRAC requirements in relation to AML/CTF rules, this data also be used to develop affordability checks or to detect concerning behaviour, and then to take action.

End loyalty schemes that incentivise gambling

As with other gambling venues, The Star has a membership club where members can accrue reward points and receive benefits. While this might be a common and reasonable practice for a shoe shop or hairdresser, rewarding customer loyalty, in a state with a single casino, supplying a potentially dangerous product, the risks of harm are enormous.¹⁰

Loyalty programs reward spending and can encourage increased spending, with the lure of 'something for nothing'.¹¹ The research on the links between loyalty cards and gambling harm is clear - loyalty card members tend to spend more time and money gambling, gamble more frequently, and are more likely to report gambling problems than non-program members.¹²

During our research for our submission into the Crown Melbourne Royal Commission, we heard from many community members that the provision of 'free' parking was a particularly dangerous inducement for those who worked in the city where parking costs are high.

'At Crown I had a [loyalty] card that gave me access to free parking anytime - not an insignificant inducement in the city! All I had to do was gamble for 30 minutes a day. Of course I never stayed only 30 minutes, [I] always stayed until nothing was left. Turns out that was the most expensive parking I ever used.' **Anna, retired business woman**

The Star Club promotes the benefits that members can obtain. We note that free parking will no longer be available from January 2022, but can be purchased for a few loyalty or "Tier" points. Discounts or free meals, hotel rooms, casino currency and other attractive offers encourage people to gamble more than they had planned, in order to accumulate "Tier" points. The higher the tier of membership, the greater and more attractive the benefits.

Any such scheme is demonstrably incompatible with harm minimization or reduction principles.

Recommendation: Loyalty programs should be prohibited for products that incentivise harmful consumer behaviours, including gambling. The evidence presented through our community of lived-experience advocates overwhelmingly demonstrates that loyalty programs significantly exacerbate harm.

¹⁰ Alliance submission to the Australian Competition and Consumer Commission's (ACCC) Customer Loyalty Schemes (2019) https://d3n8a8pro7vhmx.cloudfront.net/gx/pages/2292/attachments/original/1573357135/AGR_Submission_to_ACCC_Customer_Loyalty_Scheme_Review_Oct_2019.pdf?1573357135

¹¹ McCall, M., & Voorhees, C. (2010). The drivers of loyalty program success, *Cornell Hospitality Quarterly*, 51(1), p35-52

¹² Van Dyke, N. et al 2016, "The role of loyalty programs in gambling", commissioned by Gambling Research Australia

Subsidiary matters

Gambling harm

Definition

The Alliance takes a public health approach to gambling harm. In this submission, we use the term 'harm' to describe any negative consequence that results from a person's own or another's gambling. These commonly accepted harms include:

- Financial problems
- Relationship conflict or breakdown
- Health problems
- Emotional or psychological distress
- Reduced capacity in other parts of your life
- Cultural harms
- Criminal activity

Gambling harm extends beyond addiction, often impacting many people, not just the person who is gambling. Family members, friends, employers and the broader community can also be harmed by someone else's gambling. As a community, we have recognised the harms to others that tobacco represents, and have policies that aim to prevent passive smoking. We need to build protections for those who are harmed by an activity they cannot directly control.

'I saw a gentle caring person, becoming violent and unpredictable. It came to a stage where I feared living with this person. I had to seek help from the police and the courts to keep my daughter safe and to not end up on the streets.' **Divya*, former partner**

These harms can be quantified, either in terms of productive years lost, as a standard public health modelling exercise, or in broader social costs. Victorian research shows that gambling causes more "years lost to disability" than osteoarthritis, diabetes, bipolar affective disorder, schizophrenia and epilepsy combined.¹³

Prevalence

It is difficult to correctly estimate the level of harm in the community because prevalence studies are based on self-reporting of time and financial losses, estimates of harm, and assumptions about survey participation.¹⁴ Shame and stigma also act as a barrier to accurate self-reporting.

¹³ Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, *Assessing gambling-related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, Melbourne, figure 20

¹⁴ Auer, M., & Griffiths, M. D. (2017). Self-Reported Losses Versus Actual Losses in Online Gambling: An Empirical Study. *Journal of gambling studies*, 33(3), 795–806. <https://doi.org/10.1007/s10899-016-9648-0>

The Victorian Responsible Gambling Foundation (the Foundation) estimates:¹⁵

- about 330,000 adults in Victoria who gamble (9.6 per cent) experience at least one form of gambling-related harm
- poker machines alone account for 37.7 percent of gambling harm in Victoria
- 70 percent of gambling harm is experienced by people whose behaviour is not classified as problem gambling*
- 6.1 percent of Victorian adults – about 300,000 people – are harmed by someone else’s gambling.

Based on the 2019 National Telephone Survey, 15% of adults report experiencing harm from their own or another's gambling. ¹⁶ This is a considerably higher figure than is reported based on the use of the PGSI, which reports on problem behaviour rather than harm.

These findings reinforce that gambling harm is experienced on a spectrum, by a cross section of society, with wide-ranging implications for the individual and community.

This understanding is reinforced by the results of the recently published study of banking data in the UK and the researchers’ analysis of links between gambling expenditure and negative impacts on health and finances.¹⁷ That study, examining the banking transactions of six million customers over seven years, showed that for every 10 percent increase in gambling expenditure, significant negative consequences are observable. These include increased risk of payday loans, mortgage defaults, unemployment, recourse to disability pensions for people previously not needing that support, reduction of expenditure on health and education, and increased risk of death.

*Language disclaimer

A widely used, standard definition of disordered gambling is that “Problem Gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community”¹⁸. While there is no agreement on definitions of “difficulties” or the scale of “adverse consequences” that would constitute harm, the Alliance believes that any difficulties and any adverse consequences are harmful. We avoid the use of the term “problem gambler” as it is stigmatising and victim-blaming. We recognise the Problem Gambling Severity Index is widely used in research and clinical settings, but consider that even those gamblers

¹⁵ Rockloff, M, Browne, M, Hing, N, Thorne, H, Russell, A, Greer, N, Tran, K, Brook, K & Sproston, K 2020, Victorian population gambling and health study 2018–2019, Victorian Responsible Gambling Foundation, Melbourne.

¹⁶ Hing, N., Russell, A. M. T., Browne, M., Rockloff, M., Greer, N., Rawat, V., Stevens, M., Dowling, N., Merkouris, S., King, D., Breen, H., Salonen, A., & Woo, L. (2021). *The second national study of interactive gambling in Australia (2019-20)*. Sydney, NSW: Gambling Research Australia.

¹⁷ Muggleton, N., Parpart, P., Newall, P. *et al.* The association between gambling and financial, social and health outcomes in big financial data. *Nat Hum Behav* 5, 319–326 (2021). <https://doi.org/10.1038/s41562-020-01045-w>

¹⁸ Neal, P., Delfabbro, P., & O’Neil, M. (2005). *Problem gambling and harm: Towards a national definition*. Commissioned for the Ministerial Council on Gambling. Prepared by the SA Centre for Economic Studies with the Department of Psychology, University of Adelaide. November 2005.

<http://www.adelaide.edu.au/saces/gambling/publications/ProblemGamblingAndHarmTowardNationalDefinition.pdf>

characterised using that system as being at low or medium risk, can in fact experience significant harm.¹⁹ The Alliance aims to prevent or reduce harm from gambling, regardless of the risk factor of individual gamblers, and particularly with regard to their families, carers, colleagues and community, who are also impacted by gambling.

Who we are

The Alliance for Gambling Reform is a national advocacy organisation and registered health charity formed out of an urgent need to address the harmful and unfair impacts of gambling and its normalisation in Australia. We are a non-partisan alliance of more than 60 organisations who share our objectives of preventing and minimising harm from gambling, and we are entirely funded by individuals, foundations and local governments that do not have any ties with the gambling industry.

We take a public health approach to gambling reform, centring those with lived experience of gambling harm at the core of our work based on the principle that those closest to the harm are those closest to the solutions. We seek to collaborate meaningfully with elected representatives, local councils, service agencies, faith and community groups to prevent and reduce harm through policy change. The Alliance also provides coordination, expert advice and practical resources to our supporter organisations, community groups and the media.

¹⁹ Browne et al 2016 *Assessing gambling-related harm in Victoria: a public health perspective*, Victoria Responsible Gambling Foundation