

Amity

Community Services Inc



Availability, density and size of venues matter in the context of increased harm: A response to a possible increase in EGMs in our community.

Preamble

Amity Community Services Inc. (Amity) is a non-government, not-for-profit, non-religious agency that has been providing intervention, information, education and training services to the Darwin and broader Northern Territory community in relation to behaviours of habit since 1976. Amity believes in helping people help themselves. Amity supports the view that health is more than the absence of disease, and sees health as a complete state of physical, mental, emotional and spiritual well-being.

Amity accords with the World Health Organisation description of health as a resource for life and a product of lifestyles and living conditions. At Amity it is recognised that lifestyles contain different patterns of human behaviour encompassing both benefits and costs to the individual, family and the community.

Amity aspires to be a leading community based organisation that values and actively promotes the adoption of healthy habits and lifestyles. Amity has been involved in the field of harm minimisation and community education and development for almost four decades. Amity is the primary deliverer of a range of prevention and intervention services in the area of gambling throughout the Northern Territory and has been working in the area of problem gambling for over twenty years.

Amity espouses a Public Health view to gambling issues in the Northern Territory. Public health is the science and art of prevention and of promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals. Amity's view is that the existence of gambling and its related problems arise from a complex interaction between the:

- **Games people play** - such as diversity, type and speed of play; degree of skill vs. chance; cost and accessibility.
- **Individuals** - factors within the person that increase or decrease individual desire to gamble.
- **Socio-political, environmental or systemic factors** - factors and parties within our society and economic system that encourage and discourage responsible gambling.

“There is much merit in economic progress, but there is also an overwhelming role for intelligent and equitable social policies”

Amartya Sen, Nobel Prize-winning economist, 2001.

Executive Summary

With speculation around an increase in community gaming, electronic gaming machines in hotels and clubs, Amity takes this opportunity to present evidence in the field.

Before reviewing, updating or introducing new legislation, consultative government is best placed to assess current evidence behind the legislation and the potential effects on the community. One of the recognised principles for socially responsible gambling policy is community consultation whereby affected communities play an important role in contributing to the cost benefit analysis (Smith & Rubenstein, 2011). The Australian Capital Territory, for example, introduced social impact requirements for new and expanding EGM venues in 2004 which includes a six week public consultation period where feedback is incorporated into the application process (Fogarty & Young, 2008).

According to the Northern Territory Gambling Prevalence Survey conducted in 2005, 73% of adult residents of the Northern Territory (NT) participated in a gambling activity in the past year (Young et al., 2006). It has been reported that 27% of the adult population in the NT participates in playing electronic gaming machines (EGMs), it is believed that problem gamblers are more likely to play EGMs over any other form of gambling activity (Young et al., 2006). The NT Gambling Prevalence Survey conservatively estimated that problem gamblers in the NT each spend, on average, over \$30,000 per annum on gambling with the true figure likely to be anywhere up to \$60,000 per annum. Problem gamblers (SOGS5+), who comprise an estimated 1.1% of the adult population, were responsible for an estimated 31.3% of total gambling expenditure. During 2012-2013 the average net loss by players in community venues in the NT was \$141 per machine per day. This figure equates to an overall net loss by players of approximately \$61,135,000 (The Licensing Commission Annual Report 2012-13).

The Productivity Commission’s (PC) 1999 report stated that 2.1% of the adult population could be defined as people who have trouble controlling their gambling. Barratt and colleagues (2014) found within the adult population about 1.4% - 2.1% of people to be at a moderate risk of developing problems and between 0.5% - 1% of the adult population to experience significant problems (Barratt et al., 2014). The catchment of people affected by gambling extends far wider with 5-10 significant others affected for every individual experiencing problems with gambling (PC, 2010).

People from indigenous communities, where it has been identified there are issues around structural determinants to health outcomes e.g. poor housing, high unemployment, lower attainment of education, tend to experience higher levels of problem gambling with research indicating that gambling causes significantly more problems within this population compared with non-Indigenous populations (Stevens & Young, 2009). Problem gambling rates have been demonstrated to be up to nine times higher among gaming staff than the general population (Hing & Gainsbury, 2011).

There is a plethora of research demonstrating the negative effects of problem gambling which include: physical and mental health and wellbeing; financial; relationship; employment; and legal issues. Most recently problem gambling has been suggested as a specific risk factor for family violence (Suomi et al., 2013). The Productivity Commission (2010) estimated the social costs of problem gambling, including suicide, depression, relationship breakdown, lowered work productivity, job loss, bankruptcy and crime, to be over \$4.7 billion per year In Australia.

Aside from the identified harms to the community regarding gambling, evidence states that a clear, albeit complex relationship existing between increasing availability and/or density of gambling opportunities and increased levels of problems associated with gambling (La Planté & Shaffer, 2007; Storer et al., 2009; Reith, 2012, Williams et al., 2012).

The Northern Territory Gambling Prevalence Survey (2006) is the only comprehensive report documenting community attitudes towards gambling throughout the Territory. In this report respondents were asked if they thought EGM numbers in the local community should increase, decrease or remain as they are, 90.2% of respondents believed that they should decrease or stay the same. While the public clearly recognises the enjoyment various members of the community derive from gambling, it appears people may remain sceptical about the overall community benefits of this activity. When asked *'do EGMs do more good than harm within the community context'*, 71.7% of respondents disagreed.

Current research into the best practices implemented abroad, within Australia and reviewing the current practices in the NT is important in order to grasp what opportunities there are to strengthen and implement strategies around responsible gambling.

Amity acknowledges the complexity of problematic gambling and recommends a public health framework to be implemented and maintained from policy to community level.

Recommendations

- A community consultation process.
- A review of the Northern Territory Code of Practice:
 - Practices with minimal compliance to be addressed and strengthened;
 - Any misunderstandings of wording and ambiguity to be clarified;
 - Links with service providers to be strengthened and formalised;
 - Strengthen self-exclusion to align with best practice models; and
 - Stronger focus and support for staff to respond to 'red flag' behaviours in their venue.
- Independent third party to conduct social impact studies.

Overview of Gambling in the Northern Territory

In 1999 the Productivity Commission brought gambling to the national arena with a spotlight on the release of the first comprehensive report on Australia's gambling. In 2010, a release of a follow up report was produced updating developments within industry a decade on.

According to the Northern Territory Gambling Prevalence Survey conducted in 2005, 73% of adult residents of the Northern Territory (NT) participated in a gambling activity in the past year (Young et al., 2006). Participation rates for various forms of gambling across the NT are consistent with Australia wide figures. Martin Young and colleagues in 2006 determined that in the NT, lotto is the most common form of gambling with 52.8% of adults participating in this gambling activity followed by instant scratch tickets (28.6%); electronic gaming machines (27.0%); keno (22.6%) and race betting (19.0%). In the same report it was suggested that there was potential for large-scale growth for new gambling sectors such as online gambling.

While these forms of gambling are considered regulated activities, other forms of gambling in the NT, including card games in Indigenous communities, fall outside the formal structures of government monitoring and control and are therefore defined as unregulated (Young et al., 2007; Stevens & Young, 2009). As a result, reporting accurate figures of unregulated gambling in the NT can be challenging as qualitative screening tools fail to capture the overall picture (Stevens & Young 2009).

Amity Community Services Inc. has worked in the area of problem gambling with target groups across the NT including the general population, prison population, gaming staff, international students, culturally and linguistically diverse groups, indigenous people, seniors and youth. Of significant concern are youth, indigenous people and industry workers. Youth gambling is on the rise and research indicates that exposure to gambling in formative years can be a precursor to developing a problematic gambling habit later in life (Productivity Commission, 2010). People from indigenous communities tend to experience higher levels of problem gambling with research indicating that gambling causes significantly more problems within this population compared with non-Indigenous populations (Stevens & Young, 2009). In a review of 11 international studies Wardman and colleagues (2001) identified that First Nation people experience problem gambling rates of 2 - 16 times higher than non-aboriginal populations. Problem gambling rates have been demonstrated to be up to nine times higher among gaming staff than the general population (Hing & Gainsbury, 2011).

The Productivity Commission's (PC) 1999 report concluded that 2.1% of the adult population could be defined as people who have trouble controlling their gambling (PC, 1999). Between 0.5% - 1% of the adult population experiences significant problems with between 1.4% - 2.1% at moderate risk (Barratt et al., 2014). The catchment of people affected by gambling extends far wider than this reported figure with 5-10 significant others affected for every individual experiencing problems with gambling (PC, 2010).

Electronic Gaming Machines

In the Territory electronic gaming machines (EGMs) were exclusive to the two casinos until the 1996 when they were introduced into community venues (clubs and hotels); changing the landscape of the Territory's gambling culture. This move extended the accessibility of EGMs to a greater catchment area which encompassed not only urban populations, but regional and remote populations (Young et al., 2007). Since then the number of EGMs in the NT have increased as community venues move towards their upper allowable EGM limits as well as new licensed venues coming into operation.

Across the NT there is estimated to be 2269 electronic gaming machines of which 428 feature in forty-five hotels, 753 are in thirty-two clubs and 1088 in the two casinos, SKYCITY and Lasseters (Australasian Gaming Council, 2014). The number of EGMs in community venues is currently capped at 1190 while the NT's two casinos are uncapped and face a separate process of regulatory approval.

While only 27% of the adult population in the NT participates in gambling in the form of EGMs, it is believed that problem gamblers are more likely to play EGMs over any other form (Young et al., 2006). The NT Gambling Prevalence Survey conducted in 2005 conservatively estimated from their data that problem gamblers in the NT each spend, on average, over \$30,000 per annum on gambling with the true figure likely to be anywhere up to \$60,000 per annum. With a high risk profile, EGMs have become the focus of much research and policy response in Australia (Barratt et al., 2014).

During 2012-2013 the average net loss by players in community venues in the NT was \$141 per machine per day. This figure equates to an overall net loss by players of approximately \$61,135,000 (The Licensing Commission Annual Report 2012-13). The Productivity Commission (1999; 2010) reported that EGMs are the dominant source of gambling revenue in Australia. In the NT Budget Strategy and Outlook, gambling tax revenue is forecast to be \$63.9 million during 2014-2015, or the fifth largest contributor to own-source revenue. Of this, 29% will be from the tax collected from community gaming machines (\$18 366 000) with an additional \$2 214 000 from hotels in the form of the Community Benefit Levy.

The Proposal

As of July 2008, there has been a cap of 1190 gaming machines approved to operate in community venues. The maximum amount of machines allowed in NT clubs is 45 and 10 machines in NT hotels. The proposed changes indicated by the NT Government is a three-fold increase of EGMs in NT hotels to a maximum of 30 machines per venue and a two-fold increase in NT clubs with up to 90 machines per venue.

Before reviewing, updating or introducing new legislation, consultative government is best placed to assess current evidence behind the legislation and the potential effects on the community.

Community consultation

One of the recognised principles for socially responsible gambling policy is community consultation whereby affected communities play an important role in contributing to the cost benefit analysis (Smith & Rubenstein, 2011). Considering reports such as The Productivity Commission (2010) and the general

concerns of gambling presented by extensive empirical evidence, public participation would be vital in making the decision to increase gambling availability. Consultation with the community needs to be proportional, timely, focused and transparent enabling community and industry to contribute their views.

To date, there has been no community consultation regarding the proposed changes to EGM legislation, making it difficult to identify what the Territory community wants. The Northern Territory Gambling Prevalence Survey (2006) is the only comprehensive report documenting community attitudes towards gambling in the NT. In this report respondents were asked if they thought EGM numbers in the local community should increase, decrease or remain as they are with 90.2% of respondents believing that they should decrease or stay the same. Of this 90.2% about one third (33.3%) responded with a 'large decrease', 12.2% with a 'small decrease' and 44.7% indicated that they thought the numbers should 'stay the same'. There was minimal support from the community for the increase in EGMs with only 1.8% of participants indicating a view of support for an increase and 8% of respondents indicated that they had 'no opinion'. While a majority of participants supported EGM numbers to be reduced or remain the same in community venues, casinos were viewed as specific gambling venues with validation for hosting machines.

While the public clearly recognises the enjoyment various members of the community derive from gambling, it appears people may remain sceptical about the overall community benefits of this activity. When asked '*if EGMs do more good than harm within the community context*', 71.7% of respondents disagreed of which 49.6% 'strongly disagreed'. This study further indicated that the public recognises the social drawbacks of gambling to be linked with the individual and community while benefits flowed into the industry.

Health concerns

Research indicates (Soumi et al., 2013; PC, 1999; PC, 2010; Victoria Dept. of Justice & ANU, 2005; Adams & Rossen, 2012; Adams et al., 2009; Raeburn 2001) that gambling is a public health issue with health concerns being both a trigger for problems developing as well as consequences of problem gambling behaviour. There is a plethora of problem gambling research that demonstrates the effects of problem gambling which include: physical and mental health and wellbeing; financial; relationship; employment; and legal issues. Problem gambling has been suggested as a specific risk factor for family violence in recent research findings (Suomi et al., 2013) and has been linked to elevated levels of suicide (Philips et al., 1997). In addition the Specialist Homelessness Services Collection Report (Australian Institute of Health and Welfare, 2013) found that problematic gambling was one of the three primary reasons people accessed homelessness services in the NT. Problematic gambling was not included in the top three reasons Australia wide.

The Productivity Commission (2010) estimated the social costs of problem gambling, including suicide, depression, relationship breakdown, lowered work productivity, job loss, bankruptcy and crime, to be over \$4.7 billion per year In Australia.

Availability/density relationships

Aside from the identified harms to the community regarding gambling, evidence states that a clear, albeit complex relationship exists between increasing availability and/or density of gambling opportunities and increased levels of problems associated with gambling (La Planté & Shaffer, 2007; Storer et al., 2009; Reith, 2012, Williams et al., 2012). These links have been recognised using both machine expenditure and help-seeking behaviours as measures of harm (Barratt et al., 2014).

Community venue EGM density is 6.7 machines for every 1000 adults in the NT, a rate higher than Tasmania, Victoria and Western Australia but below the average across Australia. If EGM density is calculated to include the two casinos in the NT that operate within our community, this machine density figure jumps to 12.9 machines per 1000 adults, a figure above South Australia, Tasmania, Victoria and Western Australia, and higher than the national average of 11 machines per 1000 adults (AGC, 2014).

Western Australia (WA) is the only jurisdiction in Australia that prohibits gaming machines in community venues, with access being restricted to its only casino. Data on counselling services across Australia indicates that in 2010, 22% of clients in WA were experiencing problems with EGMs compared with 74-79% in the ACT, NSW, VIC, and the NT (PC, 2010) jurisdictions where EGMs were accessible throughout community venues. A joint study by the Dept. of Justice and ANU (2005) established that in WA only 18% of gambling related financial problems seen by financial counsellors were linked to EGMs, whereas the figure was 86% in Victoria. Williams and colleagues (2012) reported that the lowest standardized rates of problem gambling occur in Western Australia.

It has been identified that some community venues around Darwin are predicted to have estimated numbers of up to 240 'high risk' gamblers who prefer to visit those particular venues, with catchment areas that spatially extend out further than predicted (Young et al., 2013). This information along with the correlation between EGM density and problem gambling raises the concern that community venues in the Northern Territory set to increase their EGM numbers, may already experiencing high numbers of problem gamblers. These venues having already reached their upper limit under current licensing will be poised to receive more EGMs under the proposed changes.

Evidence demonstrates that communities experiencing widespread social and economic problems are those communities that have higher concentrations of convenience gambling venues (Community Impacts on EGM Gambling, 2005). With the expansion of EGM accessibility, this regulated gambling appears to be diverting funds from card games in communities, an activity which traditionally distributed funds within the community, to regional centres where EGMs are found (Christie, et al., 2009; Young et al., 2006; Young et al., 2007).

Public health approach

Public health is concerned with broad population issues regarding mental, physical and social health and wellbeing. Raeburn (2001) indicated that problem gambling and its widespread impacts should be recognised as a public health issue. The Australian Network of Academic Public Health Institutions' public health model (ANAPHI) (2009) has five core public health functions as follows: health monitoring

and surveillance; disease prevention and control; health protection; health promotion; and health, policy, planning and management. A comprehensive public health framework for gambling policy can be viewed in the three broad dimensions of prevention, intervention and protection. Similar to the National Drug Strategy framework that has the three pillars of harm minimisation: demand reduction, harm reduction and supply reduction. Harm minimisation moves top-down from policy to community, using evidence-based strategies and policy to identify harms around gambling and proactively offer solutions (Adams et al., 2009).

Contemporary harm reduction was developed to decrease the risks associated with injecting drug use. Strategies were implemented that decreased the prevalence of behaviours associated with the specific risk without necessarily reducing drug use. McMillen and Pitt (2005) wrote that “in theory, Australian, harm minimisation policies incorporate strategies for prevention, treatment and rehabilitation”. Moving beyond reactive responses of purely intervention and rehabilitation is the only effective policy response given the complex web of associations with gambling harms (Steven & Young, 2009).

Interventions such as problem gambling counselling or financial counselling are reactive harm minimisation measures that address people already affected by problem gambling. The holistic approach to harm minimisation recognises that intervention alone is not the solution to reducing the prevalence of problem gambling, with proactive preventative and protective measures needing to be introduced into the larger framework when exploring the determinants of harm. Self-responsibility has been argued by some segments of industry (as noted in the PC, 2010), suggesting that emphasis should be on personal responsibility rather than regulatory measures to resolve difficulties experienced by some because of the nature of the gambling products. However, broader social approaches recognise that ‘problem gamblers’ are a result of collective impacts including the nature of the product and the venue behaviours, not simply the psychological characteristics of the gambler being the sole source of the harm (PC, 2010; Adams et al., 2009). The public health perspective of harm minimisation recognises and aims to address the complex interaction of vulnerabilities of different communities, consumer behaviours, industry practices, the gambling product and the environment of gaming venues (Fogarty & Young, 2008).

The gambling product

Industry faces scrutiny and regulation that other businesses may not because it has been widely accepted that industry are involved in selling products that have the potential to be harmful. Doughney (2007) in his article on public policy, EGMs and ethical blindness published in the International Journal of Mental Health Addiction suggests that “regular use works to extinguish control by users, and it is this that sets in motion the chain of events and decision that cause harm”.

Political determinants

Williams and colleagues (2008) suggested policy has been recognised to largely be commercially orientated rather than public health orientated, and generally directed by Government and Industry. Smith and Rubenstein (2011) state that public policy needs to be grounded in evidence-based research; an area which some studies have highlighted is not necessarily the case with government reluctance to

interrupt revenue flow. With Government as well as various community groups viewing themselves as dependent on revenue, it becomes increasingly difficult to form strong and independent accountability, and well-informed public health strategies may not be successfully implemented (Adams & Rossen 2012).

Adams & Rossen (2012) reviewed the New Zealand Government 2001 announcement of a public health approach to be formally introduced into gambling legislation. They attributed community and government reliance on gambling profits and failure to establish independent accountability as the main reasons of the failure in the approach a decade on. To create strong public health policy, Williams and colleagues (2008) argued that there needs to be acceptance that effective problematic gambling prevention will likely correspond with decrease in gambling revenue, however Governments have before implemented socially responsible policies that have adversely affected their revenues to support a healthier society (e.g. restrictions on tobacco consumption and advertising).

It is recognised that large-scale behavioural change takes a long time to occur and therefore preventative measures within the harm minimisation framework need to be sustained and long-lasting to be effective (Williams et al., 2008).

Review of practices/ future direction

Key reports and various studies, the empirical evidence in the field, have repeatedly suggested adopting the precautionary principle from the perspective of harm minimisation when examining public policy (PC, 2010; Barratt et al., 2014; Storer et al., 2009; Doughney, 2007). This principle has been suggested in the format of maintaining current EGM caps or by employing proactive intervention, such as reducing densities of EGM in areas affected by problem gamblers (PC, 2010; Barratt et al., 2014; Storer et al., 2009) through to a total overhaul of the product, making it qualitatively safer (Doughney, 2007).

When reviewing initiatives in problem gambling prevention, Williams et al., (2012) estimated initiatives with a moderately high effectiveness included; substantial restrictions in the number of gaming venues, restrictions in the types of harmful gambling available, restrictions of location and restricting the concurrent use of tobacco and alcohol. Some of these measures have taken place already (Fogerty & Young, 2008).

It is important to draw upon the current research and best practices that have been implemented abroad, within Australia and locally to grasp what opportunities there are to strengthen and implement strategies around responsible gambling. It is also important to acknowledge weaknesses in the current Code and to strengthen and update these requirements in line with best practice.

NT Code of Practice

The Northern Territory Responsible Gambling Code of Practice (The Code) was launched in April 2003 along with the supporting Manual, beginning on a voluntary basis and later becoming mandatory in 2006. Strategies are outlines which can be adopted by industry to minimise harm to consumers who

may be adversely affected by gambling. There are nine practices in the present code relating to provision of information, interaction with customers and community, staff training, self-exclusion, the environment of the venue, protecting minors, financial transactions, advertising promotions and privacy policies.

The Code recognises that;

“best practice” is constantly evolving and changing in the light of new research, new technology and new business practices, the Code and the Manual will be subject to regular review and evaluation’

Review of the Code

In 2005 the *Voluntary Implementation of the Northern Territory Code of Practice for Responsible Gambling* was released, fulfilling phase one of the three-phase model for reviewing the Code. In the ten years since this review, phase two and three have not been carried out, despite the importance of the evaluation being a central component of harm minimisation, which needs to be completed in order to determine the effectiveness of the Code and its awareness within the community (Foggarty & Young, 2008). Much new research has been conducted since the Code was launched suggesting practices may be outdated or in need of strengthening based on current research. Foggarty and Young (2008) suggest that a comprehensive review of Australia wide industry codes would assist in determining which practices would be most suitable to the NT. Other jurisdictions have recognised the importance of regular code reviews with SA only allowing a maximum of five years between reviews of its Code.

Limitations

Through Amity’s observational data and information collected through feedback mechanisms during training, knowledge of aspects of the Code appear to have had limited infiltration at gaming staff level. Community Liaison for venues can rarely be identified by staff with a review of the Code in 2004 indicating that community liaison requirements had compliance rates of just 20% in clubs and 11% in hotels (Crundall & Boon-Ngork, 2005). Confusion in terminology in the Code may be problematic with this review also highlighting that sections of the code are ambiguous and can be interpreted at the will of the venue (Crundall & Boon-Ngork, 2005). For example, awareness for the passage of time, a requirement of the code lists natural lighting as one aspect of this, however it is required to be implemented ‘where possible’ (Department of Social Services, 2010).

While South Australia’s Code of Practice mandates a reporting process whereby problem gambling records are reviewed at least fortnightly with requirements to intervene, the NT’s responsible gambling records practice was recognised as having low compliance by both the 2004 review and Amity’s observational data. Through Amity’s observations and feedback at training sessions, it is widely established that venue employees are able to identify people that displayed problem gambling behaviour, although many would not respond due to hesitations in approaching customers, concerns over embarrassing patrons and lack of confidence in their skills.

When examining harm minimisation strategies across different jurisdictions of Australia, warnings on electronic gaming machines is a requirement of every state and territory except the NT (DSS, 2010). Warning labels have been a public health tool used in the tobacco and alcohol industry to enhance knowledge and shift attitudes and behaviours in a direction towards reduced harm. A recent Commonwealth Department of Social Services report into trials of dynamic warning messages of EGMs (2014) reported that participants responded to the informative and self-appraisal messages on their screen positively by leaving the gaming area, decreasing their playing speed and cashing out their wins sooner. In a review of the relevant literature, Monaghan & Blaszczynski (2009) found that messages used to encourage self-appraisal and self-regulation was more effective than information associated with odds and probability. Pop up messages reminding players of their pre-set limits was determined an effective form of harm minimisation, assisting people in making informed decisions and should be included in policy (Wohl et al., 2013). In South Australia's 2011-2013 Codes of Practice Review it stated that it was considering implementing the strategy of a 20 second suspension from gaming every 30 minute period, a strategy already implemented into New Zealand.

Bet limits

Currently in the NT, maximum bet limits on EGMs are \$5 in community venues (DSS, 2010). Sharp et al., (2005) infers that reductions in maximum bets (to \$1) generated a positive harm minimisation effect while non-problem gamblers were not significantly affected in the process. After trialling various modifications on EGMs, this study concluded that reductions of maximum bets was the modification likely to effectively minimise harm with decreased losses and time spent on machines, less alcohol consumed, and fewer wagers made.

Self- exclusion

Self-exclusion is a harm minimisation measure offered in all Australian jurisdictions. However aspects and requirements of the various self-exclusion (and exclusion) programs available vary. In the Territory the onus is on the individual to provide required paperwork to each and every venue they decide to self-exclude from. Anecdotal evidence suggests that this practice is fraught with challenges for people. Other jurisdictions in Australia assist individuals who wish to self-exclude through an independent process that does not require the person identifying as having problems with gambling to enter venues to self-exclude. Queensland gaming venues can initiate exclusion for patrons from gambling activities and may accept third party requests for venue-initiated exclusion of the gambler. Third party self-exclusion in South Australia is a proactive measure allowing family members to reduce the harms of gambling on an individual. Foggarty & Young (2008) suggests in their report, *gambling harm-minimisation measures post 1999* that a third party exclusion policy within the NT should be examined for applicability.

Social Impact Assessment

One recognised weakness of the approval process for increased EGMs in the NT is the lack of independence. This assessment can be carried out by venues. While the NT Licensing Commission must also take into account any community submissions, there doesn't appear to be a clear, transparent process for venues to inform their members of this opportunity to contribute their views, which may

potentially discourage community input. The Australian Capital Territory introduced social impact requirements for new and expanding EGM venues in 2004 which includes a six week public consultation period where feedback is incorporated into the application process (Fogarty & Young, 2008). In NSW, this assessment must encompass the views of patrons of the venue applying for more EGMs, as well as relevant community organisations (Fogarty & Young, 2008). In order for the Licensing Commission to obtain a transparent, relevant assessment, a more robust and independent framework needs to be developed (Fogarty & Young, 2008).

Venue responsibility

While community venues may not feel obliged to adhere to all practices, research indicates in some cases communities linked to the venues may be sceptical about whether or not the local clubs are truly embracing harm reduction strategies. Hing (2003) in her study, found that of member's awareness of responsible practices in their clubs respondents appeared to have low levels of awareness of available counselling services and self-exclusion programs and criticized placements of ATM machines in relation to EGMs. In addition, respondents were unable to recognise any measures their club had done to monitor the passage of time (e.g. natural lighting and clocks). Hing proposes then that venues may be inclined to apply only the bare minimum responsible gambling requirements, neglecting the voluntary unlegislated practices important for greater harm minimisation. While substantive changes need to occur within The Code, more stringent compliance is also required.

In conclusion, Amity acknowledges the complexity of problematic gambling and recommends community consultation prior to decisions on an increase in community gaming machines, a review of the Northern Territory Code of Practice and a public health framework to be implemented and maintained from policy level to community level.

References

- Abbott, Max. (2006). Do EGMs and problem gambling go together like a horse and carriage? *Gambling Research: Journal of the National Association for Gambling Studies*, 18(1), 7-38.
- Adams, P. & Rossen, F. (2012). A tale of missed opportunities: pursuits of a public health approach to gambling in New Zealand. *Addiction*, 107, 1051-1056.
- Adams, P. J., Raeburn, J., de Silva, K. (2009). A question of balance: prioritizing public health responses to harm from gambling. *Addiction*, 104 (5), 688-691.
- Australian Institute of Health and Welfare (2013). Specialist homelessness services: July-December 2012. Cat. no. HOU 270. Canberra: AIHW
- Australasian Gaming Council, A database of Australia's gambling industry 2013/14.
- Barratt, M., Livingston, M., Matthews, S., & Clemens, S. (2014) Gaming machine density is correlated with rates of help-seeking for problem gambling: a local area analysis in Victoria, Australia. *Journal of Gambling Issues*, 29, 1-21.
- Christie, M., Greateorex, J., Gurruwiwi, D., Djirrimbilpilwuy, F., Galathi, J., Gapany, D., Garngulkpuy, J., Guthadjaka, K., Gurrumulwuy, C., Gumbula, I., Lawurrpa, E., Dhamarrandji, M., Gumbula, M., Nyunyunyunju, M., Gaykamanju, W., and Guyula, Y. (2009). Regulated gambling and problem gambling among Aborigines from remote NT communities: a Yolngu case study. Charles Darwin University.
- Crundall, I., & Boon-Ngork, L. (2005). Voluntary implementation of the Northern Territory code of practice for responsible gambling, Northern Territory Government, Department of Business.
- Delfabbro, P., Lahn, J., & Grabosky, P. (2005). *Adolescent Gambling in the ACT*. Canberra: Centre for Gambling Research, Australian National University.
- Department of Social Services. (2010). National snapshot of harm minimisation.
- Department of Social Services. (2014). Trial of dynamic warning messages on electronic gaming machines. Cummunio.
- Doughney, J. (2007). Ethical blindness, EGM and public policy: a tentative essay comparing the EGM and tobacco industries. *International Journal of Mental Health Addiction*, 5, 311-319.
- Fogarty, C. & Young, M. (2008). Gambling harm-minimisation measures post 1999: an Australian overview with particular reference to the Northern Territory. Community Benefit Fund, Department of Justice, Northern Territory Government.
- Hing, N. (2003). An assessment of member awareness, perceived adequacy and perceived effectiveness of responsible gambling strategies in Sydney clubs. Centre for Gambling Education and Research, Southern Cross University.

- Hing, N. & Gainsbury, S. (2011). Risky business: gambling problems amongst gaming venue employees in Queensland, Australia. *Journal of Gambling Issues*, 25, 4-23.
- Independent Gambling Authority 2011-13 Codes of Practice Review, Inquiry Report, South Australia.
- La Plante, D., & Shaffer, H. (2007). Understanding the influence of gambling opportunities: expanding exposure models to include adaptation. *American Journal of Orthopsychiatry*, 77, 616–623.
- McMillen, J., & Pitt, S. (2005). Review of the ACT government’s harm minimisation measures. Canberra, Australia: Centre for Gambling Research.
- Monaghan, S. & Blaszczyński, A.(2009). Electronic gaming machine warning messages: information versus self-evaluation. *Journal of Psychology: Interdisciplinary and Applied*, 144 (1), 83-96.
- Northern Territory Government (2003). Northern Territory Code of Practice for Responsible Gambling.
- Northern Territory Licensing Commission Annual Report 2012-13, Department of Business, Northern Territory Government.
- Northern Territory Budget Strategy and Outlook, Department of Treasury and Finance, Northern Territory Government.
- Raeburn, J. (2001). Towards healthy gambling: A health promotion approach to gambling in New Zealand, A Draft Statement, The Gambling Studies Institute, Auckland.
- Reith, G. (2012). Beyond addiction or compulsion: the continuing role of environment in the case of pathological gambling. *Addiction*, 107(10), 1736-1737.
- Phillips, D. P., Welty, W. R. and Smith, M. M. (1997). Elevated suicide levels associated with legalized gambling. *Suicide and Life-Threatening Behaviour*, 27, 373–378.
- Productivity Commission (1999). Australia’s Gambling Industries, Report No. 10. Canberra.
- Productivity Commission (2010). Gambling, Report no. 50, Canberra.
- Smith, G., & Rubenstein, D. (2011). Socially responsible and accountable gambling in the public interest. *Journal of Gambling Issues*, 25, 54-67.
- Soumi, A., Jackson, A., Dowling, N., Lavis, T., Patford, J., Thomas, S., Harvey, P., Abbott, M., Bellringer, M., Koziol-McLain, J., and Cockman, S. (2013). Problem gambling and family violence: family member reports of prevalence, family impacts and family coping. *Asian Journal of Gambling Issues and Public Health*, 3 (13), 1-15.
- Stevens, M. & Young, M. (2009). Betting on the evidence: reported gambling problems among the Indigenous population of the Northern Territory. *Australian and New Zealand Journal of Public Health*, 33, 556-65.

- Sharpe, L., Walker, M., Coughlan, M-J, Enersen, K. and Blaszczynski, A. (2005). Structural changes to electronic gaming machines as effective harm minimization strategies for non-problem and problem gamblers, *Journal of Gambling Studies*, 21(4), 503–20.
- Storer, J., Abbott, M., Stubbs, J. (2009). Access or adaptation? A meta-analysis of surveys of problem gambling prevalence in Australia and New Zealand with respect of concentration of electronic gaming machines. *International Gambling Studies* 9 (3), 225-244.
- The Commonwealth of Australia (2011). National Drug strategy 2010-2015.
- Victoria. Department of Justice & Australian National University. Centre for Gambling Research & South Australian Centre for Economic Studies & Victorian Department of Justice. Office of Gaming and Racing 2005, Community impacts of electronic gaming machine gambling (part a + b), Department of Justice, Melbourne.
- Williams, R.J., West, B. L. & Simpson, R.I. (2012). Prevention of problem gambling: A comprehensive review of the evidence and identified best practices, Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Long-Term Care.
- Wardman, D., el-Guebaly, N. & Hodgins D. (2001). Problem and pathological gambling in North American Aboriginal populations: a review of the empirical literature. *Journal of Gambling Studies*, 17 (2), 81-100.
- Wohl, M., Gainsbury, S., Stewart, M. & Sztainert, T. (2013). Facilitating responsible gambling: the relative effectiveness of education-based animation and monetary limit setting pop-up messages among electronic gaming machine players. *Journal of Gambling Studies*, 29 (4), 703-717.
- Young, M., Barnes, T., Morris, M., Abu-Duhou, I., Tyler, B., Creed, E., & Stevens, M. (2006). *Northern Territory Gambling Prevalence Survey 2005*. Darwin, Charles Darwin University.
- Young, M., Barnes, T., Stevens, M., Paterson, M., Morris, M. (2007). The Changing Landscape of Indigenous Gambling in Northern Australia: Current Knowledge and Future Directions. *International Gambling Studies*, 7(3), 327-343.
- Young, M., Doran, B., and Markham, F. (2013) *Gambling harm in the Northern Territory: An atlas of venue catchments*. Southern Cross University.