



GAMBLING HARM MINIMISATION IN THE NORTHERN TERRITORY

**Submission to the Productivity Commission
by Amity Community Services Inc.**

Debra Mill

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Amity Community Services Inc (Amity) is a non-government agency that has delivered services to the Darwin community and to the broader Northern Territory community for over thirty years. Amity provides intervention, information, education, consultative and training services in relation to behaviours of habit. These include issues related to drugs, alcohol, drink-driving and gambling.

The Gambling Harm Minimisation and Education Program in the Northern Territory assists the community to address issues that may arise from gambling behaviour. Amity currently provides a gambling intervention service that incorporates:

- individual assessment and counselling
- community and professional consultation
- development and delivery of professional training to health and welfare providers and the community
- development and delivery of harm minimisation training within gaming venues
- community education via printed resource materials, newsprint, TV, radio broadcasts and community workshops
- 24hr Gambling helpline
- web based information, personal gambling management strategies and email contact
- Collaboration between industry, government and other organisations

Amity's Indigenous gambling model involves:

- Extensive relationship development with key stakeholders
- Strategic community development and harm minimisation approaches
- Community education, feedback and action plans
- Working with communities to identify goals and solutions to their identified issues

Definition of Problem Gambling

The debated prevalence rate of problem gambling (1-2%) contributes to a perception that problem gambling is not really an issue. However when you collate the numbers of gamblers that have a low, moderate and high level risk of gambling related problems, plus the possible 5-10 other people affected (Productivity Commission 1999), this perception changes. The prevalence rate of 1-2% fails to adequately describe the complete picture of problem gambling.

In addition, this prevalence rate does not address the higher incidence of problem gambling in vulnerable populations. For example problem gambling rates may be higher in indigenous groups, research in Ontario Canada with First Nation Peoples identifies prevalence rates ranging between 19% – 42% depending on the community and their accessibility to gambling (Wynne & McCready, 2005) while the prevalence in the general population was 2% (Canadian Journal of Psychiatry,2005).

Indigenous people inform Amity that they have greater concerns for people who do not gamble with family or who play on their own rather than the amount of time or money spent, which are included in mainstream methods of determining problems. This does not imply these are the only concerns Indigenous people have. Northern Territory Aboriginal communities identify both different and similar issues in relation to gambling, for example, concern relating to unsupervised children because of adult gambling is raised in some communities.

Exploratory and unpublished research by Stevens (2008) from the School of Social Policy and Research at Charles Darwin University in the Northern Territory reveals that gambling related concerns for Australian Indigenous people are 2 – 3 times higher than other populations.

Amity's work with gaming venues and with Indigenous people in the Northern Territory indicates a need to further address the definition of problem gambling.

Harms

Amity Community Services Inc. identifies and assists individuals and the community to work through the negative impacts of gambling. The negative impacts, which are evident, across urban and remote regions including:

Personal: stress, depression, anxiety, poor health, suicide, family isolation, and legal problems.

Family/Friends: neglect of family, overlooking of social and cultural obligations, unsupervised children, borrowing money, arguments, loss of friends, domestic/violence, and family breakdown.

Livelihood: workplace absenteeism, poor performance, theft from business, job loss, debts, loan sharks, bankruptcy, pawning essential household items, and begging.

Community: costs associated with divorce, government intervention services including Family and Community Services, theft and fraud, imprisonment, courts, provision of support services and hospitalisations.

Treatment for gambling issues cannot be divorced from the structural determinants. The World Health Organisation has found clear structural determinants that directly relate to health and wellbeing outcomes. Spooner, Hall and Lynskey (2001) argue that a range of factors including unemployment, taxation, urban development, education and other government policies all impact on the social and physical environment which have direct consequences for the development and maintenance of unhealthy behaviours. A predominance of these issues within particular cohorts results in the development of vulnerable groups within communities.

Within the Northern Territory context those who experience issues related to marginalisation, mental health, alcohol and other drugs, poverty, inadequate housing, low education and co-morbidity are acknowledged as vulnerable groups.

Stevens (2008) research on gambling in the Northern Territory amongst Aboriginal people found strong links between the presentation of gambling problems and alcohol and other drug problems. When gambling problems were identified in a family these other issues (alcohol and drug problems, witness to violence, abuse and/or violent crime and trouble with police) were also reported as problems in that family group. This provides evidence which demonstrates that structural determinants significantly affect the health of the population. International research in the UK has identified the same issues (UK Prevalence Survey, 2007).

Another vulnerable group that has been identified by Amity's work is that of employees of gaming venues. Training delivered across the Northern Territory demonstrates that workers who experience problems related to gambling remain often remain within the

gaming industry since there are limited employment opportunities within smaller communities. Hing and Breen (2005) identified the risks gaming businesses face when employees develop problems related to gambling. Amity's observations are that these employees continue to work in environments with minimal or no support for intervention due to the perceived (and perhaps actual) consequences of being identified as a problem gambler within their work place and small community.

Amity engages in capacity building and training work with the gaming industry throughout the Northern Territory. This work has enabled Amity the opportunity to provide minimal interventions to employees experiencing gambling related problems.

Provision of Intervention Services in the NT

Amity's service delivery experience has identified that specialist services are not viable in all regional and remote areas across the Northern Territory. The main rationale for this comes from the difficulties in attracting and retaining skilled staff as well as there being a limited numbers of clients within that region in comparison to metropolitan areas. The Northern Territory has a small population that is spread over a great area. Therefore, the service delivery model that is useful for addressing problems related to gambling is one in which capacity building of generalist services occurs.

Other issues relating to effective gambling intervention services include: oral languages without the benefits of interpreter and written language; cultural understanding and education practices; extensive cost of travel to remote locations; quality of relationships effected by ability to have regular connections and meetings; an absence of social marketing infrastructure in remote locations; issues with technological support e.g. phone and internet coverage.

Demand

The Northern Territory population is diverse. It includes unique demographics in comparison to other place in Australia. Characteristics include:

- cultural diversity
- young population
- higher household disposable incomes
- perceived as a holiday and party destination
- higher rates of incarceration & self-harm
- increasing disparity between socio-economic groups
- higher co-morbidity rates
- almost twice per capita alcohol consumption
- higher gambling expenditure
- lower education and health standards
- large proportion of the population not participating in mainstream economic & social life

It is apparent that the costs associated with gambling are borne by individuals, the local community and the public purse; whilst the rewards are accumulated within commercial gaming.

Indigenous people in the Northern Territory regularly play in card games to participate in economic and social life. Gambling harm minimisation and education workshops, conducted by Amity throughout the NT, reveal a persistent belief that winnings will be increased by investing the profits of card games into commercial racing and gaming activities. This belief is encouraged by stories of big wins from family and friends with avoidance of discussion around the losses.

Supply

Gambling in the Northern Territory is administered by the Department of Justice. Even though enforcement is a necessary part of the response, the engagement of a whole of government and harm minimisation response is limited. It is difficult to have a harm minimisation approach when gambling-related issues are managed primarily through enforcement approaches.

The adoption of harm minimisation, through the Northern Territory Code of Practice, has had a minimal effect. Amity's work across the Territory has revealed that compliance and capacity from gaming venues is limited due to a range of issues including: high staff turnover, low level of knowledge and skills around harm minimisation, limited allocation of resources to harm minimisation, and management priorities for the business.

Compliance to the Northern Territory Code may be increased if it was a legislated requirement which is tied to the engagement of harm minimisation strategies and training. This model already exists regarding the responsible service of alcohol (RSA)

and would be helpful if it was also applied to the service of gambling.

The supply of gambling in smaller communities may provide jobs and economic activity however it can also deplete the social and economic capital. Although a number of popular sports are supported in the community through the proceeds of gambling, we have observed a narrowing repertoire of activity that do not have gambling or alcohol involved. A healthy community requires a diversity of social, leisure and sporting interests that cater for age, gender and socio-economic capacity.

The Northern Territory Community Benefit Fund Annual Report (2007) notes that approximately 10% of income directed at sporting and leisure benefit with approximately 90% of club income directed at administration and generation of income. It appears from this, that what was once considered a sports-focused club has now evolved into a alcohol and gaming venue with ancillary sporting and leisure interests.

Currently, no independent analysis is required to assess benefit versus harm in a particular community. Applications for gaming licenses require a Community Impact Analysis be undertaken and this is conducted by the applicant. This provides little insight into the harm factors associated with the activity, due to the self-serving nature of the analysis. Guidelines for community benefit need to be more rigorous to promote community benefit whilst protecting vulnerable individuals and groups.

Amity Community Services Inc concludes that the three issues that will progress harm minimisation in the NT include:

1. Implementing a harm minimisation approach across the whole of government and industry, which involves community engagement, education, protection and intervention.
2. Balancing both the costs and benefits across public and private interest to ensure protection of vulnerable groups and broadening the repertoire of community activity.
3. An independent assessment of community impact, which is regularly reviewed, to ensure accurate evaluation of applications and ongoing monitoring of gambling impact.

If you have any questions or queries in regards to this submission we welcome further discussion.

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