



The South Australian
Centre for Economic Studies

Adelaide & Flinders Universities



Evaluation of Self-exclusion Programs and Harm Minimisation Measures

REPORT A

Prepared for:
Gambling Research Panel, Victoria

Prepared by:
The SA Centre for Economic Studies

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Acronyms

AGC	Australian Gaming Council
AHA (Vic)	Australian Hotels Association (Victoria)
CCSC	Crown Customer Support Centre
EGM	Electronic Gaming Machines, “poker machines” or “pokies”
GA	Gamblers Anonymous
GRP	Gambling Research Panel
OGR	Office of Gambling Regulation, Victoria
IGA	Independent Gaming Authority, South Australia
SACES	South Australian Centre for Economic Studies
SEGO	Self-Exclusion Goes On-Line. Provision of photographs on-line to venues that have installed computer facilities.
VCGA	Victorian Casino and Gaming Authority
VGMI	Victorian Gaming Machine Industry

Executive Summary

The **Evaluation of Self-exclusion Programs and Harm Minimisation Measures** has been divided into two reports. This was necessary because of the volume of information collected in the course of the study on self-exclusion programs operated by the industry, by casinos and legislated by individual State governments. There is no one, single self-exclusion program. In addition, the central focus of the study was concerned with the effectiveness of the self-exclusion programs operating in Victoria. Comparative analysis and comment on other jurisdictions' programs are considered in the reports.

Report A — **Evaluation of Self-exclusion Programs and Harm Minimisation Measures** — deals principally with the programs in place in Victoria. The report describes the programs currently operating in clubs, pubs and casinos, considers the international literature and theoretical framework said to support the programs and summarises our wide ranging consultations, interviews and surveys with stakeholders. We provide conclusions regarding the effectiveness of self-exclusion and recommendations to improve the program. Table E.2 summarises the principal characteristics of self-exclusion programs in Australian States and Territories. Self-exclusion programs operating in casinos are covered by legislation.

Report B — **Summary of Australian States and Territories: Self-exclusion Programs and Harm Minimisation Policies/Strategies** — provides a comprehensive description of self-exclusion programs operating in all States and Territories. Based on information provided to the Centre by respective State/Territory Gaming Ministers, regulators and others, we summarise current harm minimisation strategies, policies and approaches within each jurisdiction. For a variety of reasons, including *inter alia*, the rapid growth of the industry, community concern about the accessibility of gambling, concern with problem gambling and the adequacy of consumer protection, technological innovation within the industry and the on-going interests of lobby groups, harm minimisation policies and practices continue to evolve. The rationale for some strategies is not always clear. The lack of empirical data in support of policies and programs is a significant concern.

Self Identification: Helping the Industry to help Itself

The gambling industry is faced with a dilemma. The industry:

- recognises that gambling can become addictive for some people;
- genuinely desires to assist problem gamblers;
- wants problem gamblers out of gaming facilities, in order to minimise harm to those whose gambling behaviour causes harm and also, to meet prevailing community standards and expectations;
- has established voluntary Industry Codes of Practice to cover, *inter alia*, operators, venues and advertising; and
- seeks to foster responsible gaming practices.

The industry realises that unless it accepts and attempts to address the issue of problem gamblers it risks the negative perceptions and continuous litigation the tobacco industry has experienced. The dilemma for the industry is that, *a priori*, it is not able to determine who is, or who is likely to become, a problem gambler.

The answer to this dilemma is to provide the opportunity for problem gamblers to identify themselves. Programs reliant on self-identification are significant for this reason — that self-identification is a clear and unambiguous signal to industry to take action. Having identified themselves to industry then the nature and quality of intervention is important. The following set of logical and sequential statements sets out the process and pathway to self-exclusion.

Statement 1: Despite their differing points of interest, patrons, counsellors and the industry, (comprising venues, industry associations and operators), all agree that they wish to see problem gamblers and self-excluded individuals out of gaming facilities. All are committed to responsible gaming. A sustainable industry is not one that relies on problem gamblers. This is the basis of the Australian Gaming Council Responsible Gaming Code.

Statement 2: There is a broad general agreement that it is not possible, *a priori*, to identify a problem gambler.
(We include a qualifying statement to this, that currently there is no system in place in Australia to identify problem gambling behaviours that might facilitate early intervention. This qualifying clause rests on a willingness to act, to introduce such a detection system capability, utilising technology solutions and providing a higher degree of consumer protection.)

Statement 3: Because industry is not able to identify a problem gambler, then industry offers the opportunity for a problem gambler to identify themselves. They may elect to do so through a self-exclusion program.

Statement 4: Having self-identified and thus resolved the dilemma of problem gambler identification for the industry, the industry offers a program of exclusion to restrict access to gaming facilities.

Statement 5: Critical to the success of this program are the systematic procedures in place to ensure that the individual is then excluded from gaming facilities.

This is the crux of the issue for the industry.

The process of self-identification by the problem gambler necessary to enter a self-exclusion program has resolved a significant dilemma for the industry. It informs the industry that the seller's pecuniary interest in selling is to be further restricted. It is required not to sell to minors. It is required not to sell to intoxicated persons. It is now also required not to sell to those participating in a self-exclusion program.

This is the obligation which the industry must accept. However, although it has embraced self-exclusion as a central pillar of its approach to addressing problem gambling, the industry does not currently accept this obligation, principally because there is not a reliable system of identification, detection and enforcement in place to enable it to accept and act on this obligation. This is precisely why Section 14 of the Victorian Deed of self-exclusion states that “there is no obligation, duty and/or responsibility on industry ... to undertake any or all of the actions or things so authorised”.

The challenge for the industry (and government) is to put in place an effective system to keep out or deny entry to gaming facilities.

This is the essential basis for measuring the effectiveness of the program:

- that the system in place enables the industry, and particularly, individual venues to identify those who have already self-identified and to follow through on protocols related to enforcement of a self-exclusion program. Objectively, the current system is not capable of doing this.

Background Considerations

While self-exclusion is currently seen as a voluntary self-control procedure by the individual, problem gambling can also be viewed as a public health issue, given that the community as a whole bears social and financial costs arising from problematic behaviours, and as further explained in Section 2 of this report.

Research into problem gambling suggests that those who have developed a problem with gambling are also likely to be facing a complexity of other related issues. A comprehensive model of problem gambling includes the role of the individual, behaviours that detract from good health and contributing environmental factors. One of those broader environmental factors is the accessibility to opportunities to gamble.

Self-exclusion as it is currently organised and promoted to the individual problem gambler and the community, offers abstinence rather than controlled gambling. The intention is to exclude; to achieve harm minimisation by effective support for an abstinence regime.

The available literature suggests that people who experience gambling problems are also likely to have other co-occurring problems, and thus it is concluded, that self-exclusion (as a relatively blunt instrument) may be more effective if supported by a broad repertoire of interventions.

It is probable that biological, psychological and social factors (biopsychosocial theory of gambling) are all relevant to the development of problematic levels of gambling. Public policy should therefore recognise the multi-faceted nature of problem gambling and encompass individual consumer protection, enforceable regulation and responsible behaviour by industry.

Self-exclusion is *one* tool to help minimise harm by assisting some individuals to control their gambling. It can be supported by a range of clinical techniques as well as environmental changes, such as reconfiguration of poker machine design, betting limits and a review of the location of ATMs.

Notwithstanding the availability and effectiveness of a variety of therapeutic approaches, the cessation of problem gambling remains as the primary goal of any intervention. Effective exclusion practices must be viewed as a critical support to the problem gambler seeking this type of assistance.

From interviews with self-excluded patrons we conclude that inconsistent identification and detection weaknesses erode a client's feelings of self-efficacy and confidence in the program. They represent major weaknesses in the current program.

Data Management

The data supplied by the AHA (Vic) and Crown Casino tell us very little about the effectiveness of the program. Industry data for clubs and hotels summarise the utilisation rate and selected administrative aspects of the program. There is no information on outcomes including compliance/non-compliance, rates of detection reported by venues, "reminder letters" forwarded to clients, performance rates on detection relative to the number of photographs etc.. The situation is similar for Crown Casino, except information is available on the number of persons detected breaching their Deed (15 per cent detection rate) and the total number of breaches detected (average rate calculated 3.2 breaches per detected person). While women represent 55 per cent of all Gambler's Help clients (and 51.4 per cent of Victoria's population) they represent 64 per cent of the industry based self-exclusion clients but only 23 per cent of Crown's self-exclusion clients.¹

Overall, the limited data available on self-exclusion is input not outcomes based; it is not possible to meaningfully comment on compliance by venues, rates of detection or notification rates and hence the effectiveness of exclusion as a protective measure. The reporting of breaches of self-excluded persons is inconsistent and infrequent. There is no systematic procedure followed by venues in regard to reporting and the industry has failed to implement such a system.

Assessment of the Program

Most venues surveyed or directly interviewed considered that the self-exclusion program had had little or no effect on problem gambling overall.

Identifying self-excluded patrons from photographic information is highly problematic from the venues perspective, and the problem of detection can only be compounded with any expansion of the program. If the police conclude it is difficult to identify someone from a photograph only, we have concerns as to whether this method is appropriate and realistic for gaming venues and their staff.

¹ Jackson (2000), and data supplied by Crown Casino to SACES.

Self-excluded patrons report that it is commonplace for breaches to occur and to go undetected. There are no systematic procedures in place to counter this.

In a recent paper sponsored by the industry, it is reported that “monitoring and enforcing self-exclusion requirements has met with varying degrees of success. There are suggestions that venues find it difficult to enforce”.² There is also a conflict of interest where enforcing self-exclusion may impact directly on operator income. Clearly, discretionary systems are vulnerable to the actions of self-interested parties.

Implementation of the program is not regarded highly by Gambler’s Help counsellors. The detection system is regarded as a major flaw which needs to be addressed. The failure of venues to adequately identify self-excluded patrons under current program processes, and hence to effectively exclude, is impacting on the credibility of the program.

Table E.1 summarises the results of the consultations with a wide variety of stakeholders regarding the assessment of the effectiveness of the industry-based self-exclusion program.³

Table E.1
Assessment of the Effectiveness of the Industry based¹ Self-exclusion Program

Measure of Effectiveness	Rating
<i>Individual</i>	
Utilisation rate	Low
Ease of accessibility ²	High
Achieve abstinence	Unknown
Breaches recorded for individual	Unknown
Visitations to non-nominated venues	Unknown
Renewal/Extension of Deed	Very easy
<i>Venue</i>	
Success in excluding persons from gaming area	Unknown
Ease of identification/detection	Very difficult
Number of persons not detected	Unknown
System of notification - report and respond	Inadequate
Relationship with support agencies	Variable
<i>Industry</i>	
Central record of patrons detected	Non-existent
Number of revocations	Known
Persons who attend other venues	Unknown
Number of letters responding to detected breaches	Unknown
Overall cost to implement	Not provided
Credibility with problem gamblers, community	Low
Number who attend counselling/support	Unknown

- Notes:**
- ¹ “Industry based” refers principally to the program operating in Clubs and Hotels. The Crown Casino program and data generated by that program is covered by legislation. The Crown Casino program is considered in this report.
 - ² Ease of accessibility refers to ability to enter the program and not location of interview to sign the Deed. The geographical location of the AHA office at Malvern was suggested as one factor leading to drop out between the initial expression of interest in signing up and attending an interview.

² Australian Gaming Council (2002), p. 18.

³ Rating calculated by SACES based on consistent set of questions posed to problem gamblers, venues and industry.

Key Conclusions

- Objectively, the current system is not capable of enforcing self-exclusion and this runs counter to the expectations of self-excluded patrons, counsellors, the media, and the community. A failure to detect seriously undermines the program;
- All key stakeholders want a system of self-exclusion which is readily enforceable. However, whilst the industry maintains that “the system is not designed to be enforced by the venues”, its offer of marginal support runs counter to individual and community aspirations regarding the meaning and effect of self-exclusion; and
- A significant amount of time and energy is devoted to maintaining the “bluff” component of the program i.e., defending the credibility of the program rather than developing appropriate monitoring systems and an effective self-exclusion system that could work in an integrated way with complimentary harm minimisation measures.

Recommendations

We conclude:

The program is used by only a relatively small number of people. Notwithstanding, there are significant weaknesses in implementing the program as it now stands.

We recommend:

A new system of uniform identification should be investigated to restrict access to gaming areas. A system of identification specifically intended to overcome flaws in the current system is necessary. It must be able to be enforced by individual venues and the Crown Casino. A Statewide, uniform, and comprehensive system of identification could also help to restrict access to gaming by minors.

We conclude:

The low utilisation rate of self-exclusion programs indicates other consumer protection strategies are necessary. Insufficient attention is given to “hard policy” options designed to provide consumer protection. It is undeniable that Industry Codes of Practice almost exclusively address the soft policy options; they undeniably lack compliance procedures; monitoring of programs and activities is input focussed, very rarely outcome/results oriented.

Pre-commitment betting limits offer consumer choice and necessary consumer protection, providing distance in time between setting a limit and the activity of gambling.

We recommend:

That self-exclusion be broadened to encompass a range of behaviours including self-exclusion from venues and other voluntary measures such as pre-commitment betting limits. That the Victorian Government and the industry

cooperate to develop cost-effective, technology-based capability for pre-commitment betting limits.

We conclude:

That the industry based self-exclusion program (i.e., operated by the AHA (Vic)) should not be legislated in its current form. Legislating the current program without other necessary changes would not improve the effectiveness of the current program. The problem of identification and detection at the venue level is a significant weakness of the program and this will remain, as long as photo recognition-based identification is relied upon.

Notwithstanding, we **consider** that to improve the operation of the current program the following would need to be undertaken:

- mandate venue participation in SEGO (the on-line computer based system for transferring photographs to venues, being trialled by the AHA (Vic)), with computerised central notification system, central data management system, automatic reporting of breaches and follow-up;
- mandate support technology such as high quality colour printer;
- venues should have the capacity to issue a reminder of self-exclusion notification at the time of detection and a copy should automatically be forwarded to a central authority;
- data system should record details of breaches, including time of day, location patterns, use of identification, attempt at disguise, response to request to leave;
- significantly increase financial resources available to the program;
- provide additional staff to support venues in implementing the program including data management, monitoring and compliance;
- introduce a research development and evaluation budget to improve the day to day management of the program;
- establish consistent and transparent procedures for reporting and recording of information and incorporate these into staff training (current procedures are inconsistent and unclear);
- information should be displayed more prominently within venues; and
- the Sample Copy and actual Deed needs to be translated into other major languages including Chinese, Vietnamese, Greek and Italian.

Consideration should also be given to relocating the self-exclusion secretariat group which is currently located within the AHA (Vic). The current location is not appropriate, it lacks transparency and most importantly is not sufficiently independent. The principle of separating revenue responsibilities from program responsibilities should be used to govern the decision of the location of the secretariat.

Should a system of uniform (i.e., scannable) identification be introduced then, we consider that the management and operation of the program should reside with the Office of Gambling Regulation. Such a system should be made a condition of a gaming licence.

Table E.2
Self-exclusion Programs in Australian States and Territories

	VIC	ACT	NSW	NT	QLD	SA	TAS	WA
Self-exclusion Programs (Voluntary, Mandatory (Codes of Practice), Legislated)								
– Casino(s) ¹	Legislated Required under voluntary code of practice	Legislated Included in voluntary code of practice	Legislated	None	Legislated Legislated and voluntary codes of practice	Legislated	Legislation	Legislated
– Clubs/Hotels	Required under voluntary code of practice	Included in voluntary code of practice	Legislated	None	Legislated and voluntary codes of practice	Legislated	Legislation	NA
Process of Self-exclusion at Clubs and Hotels								
– Duration	AHA (Vic) & ClubsVic Program 6 months – 2 years	ClubsACT Program Indefinitely	AHA(NSW) Program – GameChange ² 12 – 36 months	–	Queensland Clubs and Hotels Negotiable but recommended 6 – 12 months	IGA Program ³ At least 12 months	Clubs and Hotels Program Typically 3 years although other periods (including indefinite) can be selected	–
– No. of venues (individual, option to choose number, all venues)	Option to choose from 1 to all venues	One venue only	Option to choose from 1 to all venues	–	One venue only	Option to choose from 1 to all venues	Option to choose which venues and gambling activities	–
– Place of administration (venue, central body)	AHA (Vic)	Venue (with guidelines from ClubsACT)	AHA(NSW)	–	Venue (with guidelines from industry)	Independent Gambling Authority	Tasmanian Gaming Commission (administration) DHHS (monitoring of service delivery) & AHA(Tas) (liaison with venues)	–
– Notification of breaches to administrator/counsellor	No	No	No	–	No	No	No	–
– Revocation	Can be revoked after 6 months by attending an interview with AHA (Vic)	Can be revoked after a minimum period (usually 3- 6 months) by attending a revocation interview at the venue	Can be revoked by attending an interview with the AHA(NSW) and providing a letter from a qualified problem gambling counsellor	–		May not be revoked within the first 12 months	Can be revoked at any time by completing a Revocation of Self- exclusion Notice	–

	VIC	ACT	NSW	NT	QLD	SA	TAS	WA
Staff Training								
– Voluntary, mandatory (codes of practice), legislated	Required under voluntary code of practice	Voluntary	Legislated	–	Voluntary	Legislated	Condition of licence	–
Data Management								
– Numbers	Yes (recorded by AHA (Vic))	No	Yes (recorded by AHA(NSW))	–	Yes (at a venue level only)	Yes (recorded by IGA)	Yes (collated by TGC)	–
– Breaches and follow-ups	No	No	No	–	Yes (at a venue level only)	No	No	–
– Evaluation of effectiveness	No	No	No	–	No	No	No	–

¹ Self-exclusion programs in place in casinos around Australia tend to include the following features. They are often:

- included in and required by legislation (at least as part of general casino exclusion provisions);
- of indefinite duration;
- supported by penalties/ fines on patrons and/ or venue operators; and
- enforced by casino security staff.

See Appendix H for relevant legislation for Crown Casino.

² The AHA(NSW) self-exclusion program is one of a number of industry self-exclusion programs operating in NSW. The AHA(NSW) program – GameChange – is for implementation by hotels only while programs for clubs are operated by ClubsNSW and BetSafe.

³ A second self-exclusion program run by AHA(SA) operates in South Australia but is significantly from programs run by other AHAs around the country. The program is individual venue based (patrons self-exclude at a particular venue and self-exclusion is for that venue only). There is no central management and no central records or data are kept.

Section One

Introduction and Methodology

Section One of this report outlines the terms of reference, the objectives of the research and our approach to the task. The study placed a considerable emphasis on face-to-face interviews and consultations with stakeholders, data gathering (“fact and opinion”) by industry survey, discussions with venues, Gambler’s Help agencies and self-excluded patrons. The Centre also sought quantitative data (numbers on the program, compliance and breaches, follow-up, financial data) to summarise inputs into self-exclusion programs and quantitative data on outcomes of the programs.

Section Two reviews the available literature on self-exclusion in Australia and overseas. It considers the theoretical frameworks said to both support the program and to identify the limitations of self-exclusion.

Section Three provides a description of the Victorian Industry self-exclusion program and the Crown Casino program, including data supplied by the AHA (Vic) and Crown. Report B includes a summary of self-exclusion programs and other harm minimisation measures in all States and Territories. Data on gambling trends is also provided.

Sections Four and Five draw together the results of the consultations and issues raised with the two independent research teams⁴ as well as information from survey returns and discusses the key strengths and weaknesses of the current programs. International and interstate experience is also considered.

Finally, in Section Six we provide our conclusions and recommendations, set against the effectiveness of current practices, and the desirability of future reforms.

1.1. Background and Objectives of the Research

The Victorian Gambling Research Panel (GRP) was established under the *Gaming Machine Control Act 1991*, and commenced active operation in November 2000. The primary function of the GRP is to commission and monitor research relating to:

- the social and economic impact of gambling; and
- the causes of problem gambling and strategies to minimise harm from gambling.

The GRP commissioned the South Australian Centre for Economic Studies to undertake Project 4 of its 2001-2002 Research Plan. Research Project 4, titled **Evaluation of Self-exclusion Programs and Harm Minimisation Measures**, aims to evaluate the effectiveness of self-exclusion programs and other voluntary initiatives to restrict or control gambling behaviour at venues.

⁴ We describe these as Research Teams A and B in Section 1.4, Section 5 and Section 5.2.

It stated that the *Casino Control Act 1991* allows customers of Crown Casino to apply for voluntary exclusion and customers of nominated licensed clubs and hotels may also self-exclude via a 'Deed of Self-exclusion'.

The primary objective of this research project is to investigate voluntary self-exclusion programs and related initiatives in operation in Victoria and other jurisdictions, with a view to improving their effectiveness in relation to problem gambling.

A related objective is to examine allied initiatives which may effectively restrict or control problem gambling, such as, but not limited to, the introduction of nominated betting limits and maximum cash withdrawals from bank accounts.

1.2 Scope of the Research: Terms of Reference

The Centre was requested to:

- examine the available relevant Australian and international literature and make contact with designers and administrators of self-exclusion programs so that the way they operate is clearly and fully documented (**see this Report, Sections 3, 4 and summary of all State/Territory programs in Report B**);
- describe the theoretical or clinical underpinnings of self-exclusion programs, the expectations of them vis a vis gambling behaviour modification, how they operate, where responsibilities lie for their implementation and monitoring, and their interface with both management and problem gambling help services (**see Section 2 and 4**);
- obtain from the Australian Hotels Association, Crown Casino and any other organisations elsewhere in Australia using some type of self-exclusion program, information on the operation of their current programs, bearing in mind some information may require the permission of clients before it is made available (**see this Report Sections 3, 4 and Report B**). Of particular interest would be: how the programs are administered in different regions, including whether and how they are outsourced; how easy it is to apply to join the program and how long it takes for clients in different regions to be accepted into one, including any requirements for rural clients to travel to city locations; how often enrolment needs to be repeated; how easy it is to revoke participation; what procedures and staff training are used to detect and manage self-excluded patrons; what data is systematically collected; what information is available to other venues and how data is used; and the effectiveness of communication and publicity regarding these programs;
 - determine the methods and criteria for measuring effectiveness of self-exclusion programs including, but not restricted to: ease of participation, the use of 'cooling-off' periods, deed compliance, linkages with other services, usage of program data bases, staff training, and methods used to identify and monitor program participants (**Sections 3 and 6**);

-
- consult with venue operators, industry associations, counselling services and where possible, program participants, to determine how present programs are operating and to identify any areas for improvement (**Sections 4 and 5**);
 - explore other self-exclusion measures and related initiatives which might be contemplated for problem gamblers and attitudes to their potential introduction held by operators, help services and problem gamblers (**Sections 4.7 and 5.2**); and
 - determine the parameters of a State-wide, effective, comprehensive self-exclusion program, or suite of programs which may contain voluntary measures that stop short of self-exclusion, such as prevention of losses over a predetermined amount. This program or suite should also include allied initiatives which may effectively restrict or control problem gambling, such as, but not limited to, the introduction of nominated betting limits and maximum cash withdrawals from bank accounts. The desirability of having family members, employers, counsellors etc. involved in relevant programs should also be canvassed (**Section 6**).

1.3 Project Outcomes

Outcomes of this research were stated as being to:

- describe the rationale for establishing self-exclusion programs and how they fit with other harm minimisation and problem gambling initiatives;
- describe and compare a range of self-exclusion programs and related measures which have been established in Australia and elsewhere;
- describe, evaluate and suggest any improvements necessary to current programs and initiatives operating in Victoria in particular, drawing on best practice in other States or countries as appropriate;
- outline the key design parameters for a program or suite of programs, which is likely to be acceptable to the Victorian industry. It should also be recognised by counselling services and other industry observers as a significantly improved means for handling current and potential problem gambling clients and able to be applied throughout Victoria (and potentially, Australia); and
- outline relevant recommendations for improvement and innovation in self-exclusion and voluntary harm prevention programs for problem and potential problem gamblers, including effective method(s) for their development, testing implementation and monitoring, including estimated implementations costs and suggestions as to how these could be met.

The Centre was requested to evaluate current research on the effectiveness of various self-exclusion programs, which have been established in Australia and elsewhere. In considering our methodology we were asked to consider engagement with venue operators, industry association representatives, financial and problem gambling counsellors and individuals who had elected to self-exclude. Our methodology

incorporated these requirements. Finally, the project requested the consultants to think innovatively about a range of possible initiatives that the industry might be prepared to adopt to help individuals (and if appropriate, their families) who have recognised that their gambling behaviour has, or has the potential to, become a problem.

1.4 Proposed Methodology and Activity Plan

The Centre acknowledged a need to involve a very diverse range of stakeholders. The methodology reflected this, in proposing to conduct:

- face to face interviews principally with venues and self-excluded gamblers, and others as well;
- data requests on numbers who choose to self-exclude (e.g., industry program, the Crown Casino and selected Casinos);
- mail out survey to venues, interviews with education providers;
- interviews with counsellors, the Inter-churches Task Force;
- telephone interviews for non-metropolitan agencies and email based surveying;
- discussion with research bodies, academics, review of conference presentations, overseas literature, and review of Gambler's Help data; and
- a review and documentation of the management, operation and funding specifically of the Victorian self-exclusion program, and programs and procedures in the various States and overseas.

A literature review was also proposed, to incorporate analysis of self-exclusion programs and document the critical aspects of these programs. The Centre proposed to consider the theoretical and practical aspects (i.e., the stated policy and actual implementation) of self-exclusion programs. However, we note that there is very little overseas research and no research conducted on self-exclusion programs in Australia. Policy conclusions and recommendations about the effectiveness of such programs are limited.

A multi-disciplinary team of researchers with qualifications in Psychology, Social Work, Social and Public Policy Administration and Economics contributed to the overall study. Specific tasks to be undertaken included analysis of current self-exclusions programs from a management perspective (i.e., quality of the program, barriers to implementation, financial and human resources) to occur at five levels:

- a review of Australian research papers, publication and seminar presentations;
- a review of the actual programs through site visits to the Crown Casino, and Victorian venues;
- discussion and documentation of programs sponsored and co-ordinated by the AHA (Victoria and South Australian), and Clubs Victoria including the role of the licensed operators;
- interviews with Gambler's Help counsellors in Victoria and Breakeven Counsellors in South Australia, and human services agencies; and

- interviews with other stakeholders (e.g., regulators, problem gamblers, training providers, other researchers, etc.).

The Centre indicated it would also write to each State and Territory Gambling Minister and the relevant gaming authorities to document self-exclusion programs and support for such programs. We also indicated we would write to each of the local AHA branches to gain information on their industry program.

The effectiveness of the Victorian industry-based self-exclusion program needed to be assessed from a range of perspectives, including, *inter alia*, self-excluded patrons themselves, venue staff, venue operators, the training providers. It was also to include an assessment of the policy and the practice of voluntary self-exclusion (i.e., this includes the numbers availing themselves of self-exclusion, breaches of the arrangements, any difficulties in monitoring the program, relationship with Gambler’s Help, the use of technology including the quality of photographs and related information, the quality of signage, the available data base, and the sharing of data). Interview schedules for those involved in face-to face-interviews were designed by the Centre and were used to guide interviews with self-excluded patrons, venues operators and others.

The Centre created two independent research teams (independent of each other) to conduct interviews with multiple stakeholders of the self-exclusion program. This research technique was designed to ensure that a comprehensive assessment of the Victorian program (and other State programs), including the widely diverse views of stakeholders, could be gathered and considered. Table 1.1 summarises the tasks undertaken by each team.

**Table 1.1
Tasks Undertaken by Research Teams**

Research Team A	Research Team B
<ul style="list-style-type: none"> • data collection, program administration • information on State programs • Ministerial requests • interviews with AHA/Clubs • interviews with TABCORP, Tattersall’s • interviews with training organisations • literature review of programs • liaison with Gambler’s Help, discussions with Gambler’s Help, community organisations, other researchers • discussion with Crown Casino 	<ul style="list-style-type: none"> • literature review focussing on psychological/therapeutic issues • literature review of self-exclusion only • interviews with hotels/clubs • interviews with self-excluded patrons • interviews with Gambler’s Help • liaison with program administrators

This allocation of tasks ensured that both teams held discussions with program administrators and Gambler’s Help and independently considered the literature on self-exclusion. The research team structure aided in the allocation of specialist skills to specialist topics and ensured a diversity of opinion was able to be gathered.

Face to face interviews were proposed as a critical aspect of the Centre's methodology in order to canvass current practices, their limitations and effectiveness, potential changes or improvements and other allied measures. At the time of interview, all participants were invited to comment on current practices and any new initiatives they considered would help to improve the program of self-exclusion or contribute to harm minimisation overall.

A mail out, postal reply paid survey was sent to 150 randomly selected venues across Victoria. The Centre conducted the random sampling and advised the AHA (Vic) and Clubs Victoria of the venues to be surveyed. The Centre sought the support of these two bodies in encouraging responses to the survey. Clubs Victoria provided unnecessary guidance to their membership, instructing individual venues on how to respond to certain questions in the survey. This compromised the data we received in endeavouring to assess the effectiveness of the self-exclusion program at these venues. We informed the GRP of this and took additional steps to interview other venues. The Centre and the AHA (Vic) cooperated in the selection of venues to be interviewed, selecting venues in metropolitan and non-metropolitan areas, with equal representation of clubs and hotels, and those with small/large numbers of self-excluded patrons.

Gambler's Help assisted the researchers with access to self-excluded patrons.

In a study of this nature, it is critical to understand and analyse the actual experiences of the range of individuals involved across the program.

The Centre, as an independent research group, was fully aware that stakeholders often have a particular position to "advance or defend". Program administrators have their individual concerns. Venue staff express difficulty in using photographic information to identify self-excluded patrons. Venue managers must respond to an expanding number of photographs, and they have other responsibilities. Many will tell you that self-excluded gamblers are detected; gamblers tell you they are infrequently detected and describe how and how often they breached their deed, or changed visitation patterns or localities. Gambler's Help have their own experiences, issues, and frustrations. Industry groups lobby. Anti-gambling groups lobby. The media demonstrates one of the limitations of the self-exclusion program, while the courts convict, penalise and fine, commenting upon the ease of access for supposedly self-excluded patrons.

We have approached this important research project with no preconceived perspective or judgement. Our role as an independent research group has been to invite participation, to encourage comment, to listen and to seek information; we have reviewed and listened to the comments, considered the literature, gathered the experiences of many stakeholders and endeavoured to reach an objective judgement with practical and realistic options/strategies for consideration.

Section Two

Literature Review and Theoretical Frameworks

Summary

- Self-exclusion is *one* of the tools that can be used to reduce the harmful effects that problem gambling can have on the individual and the community.
- Problem gambling can be viewed as a public health issue because the resulting harms are not limited to the individual. The community as a whole often bears the social and financial costs arising from behaviours that are prejudicial to the interests of others.
- While self-exclusion may be seen as a voluntary self-control procedure, the public health perspective would suggest that, if self-exclusion programs are to maintain credibility, they should be implemented and be 'seen to be implemented' effectively.
- As it is currently implemented, self-exclusion is a form of abstinence. Because of the temptation to 'slip through the net', mastery and support of personal efficacy, preventing commencement of a gambling session and evidence of external locus of control for high frequency gamblers, it is imperative that the objective of exclusion is able to be delivered (i.e., exclusion supports an abstinence environment). Repeated failures can lower an individual's mastery expectations and community support for the program.
- Current flaws, including inconsistent identification and detection weaknesses, need to be addressed to ensure compliance and to meet community expectations.

2.1 Introduction and Definitions

To date, there seem to exist only two published papers specifically on self-exclusion programs, and both relate to casino programs. The definitions they have used for self-exclusion are:

- Ladouceur et al (2000):
 - "a useful means to facilitate self-control among problem gamblers";
 - "a non-intrusive intervention"; and
 - "an attractive self-control procedure for the gamblers who may have difficulties regulating their gambling activities but are not yet ready to seek professional help" (p. 454).
- Nowatzki & Williams (2002)⁵:
 - "a program that enables individuals to have themselves banned from entering a casino"; and
 - "different from the involuntary bans that casinos initiate to exclude unruly customers, people suspected of cheating, and criminals or figures of organised crime" (p. 3).

⁵ Considered further in Section 4.7.

The Productivity Commission (1999) mentioned self-exclusion in its report into Australia's Gambling Industries. The Commission referred to self-exclusion in the 'Consumer Protection' chapter and concluded that: "*overall, self-exclusion is a useful adjunct to responsible gambling policies*" (p. 16.67).

2.2 The Concept of Public Health

This concept takes into account three different elements: the individual, the behaviours that detract from good health, and the contributing environmental factors. Public health looks beyond the individual who suffers the severe consequences of a particular behaviour, and aims to change the broader environmental, community and social factors that are contributing to the problem (Ryder 2000).

Ryder advocates that, in the case of gambling, regulation of the industry is one means by which the environment can be influenced in order to reduce problematic behaviours: "*Regulation of the gambling industry can therefore be seen as a means, and perhaps the major means, by which harm can be minimised and benefits maximised from gambling*" (p. 155). Some would find this statement to be rather provocative, and would maintain that people have the right to drink, smoke and gamble as much as they like. However, Ryder argues that:

- smoking, drinking and gambling are unlike most other consumer products because they have the capacity to cause significant harm for those who use them to excess; and
- the harms are not limited to the individual who uses the products. Significant others and the community as a whole are affected by bearing the social and/or economic consequences.

This view is entirely consistent with the ideas of John Stuart Mill (1859) in that where a person's behaviour impacts prejudicially on the interests of others, then society has a responsibility to act. Mill states quite categorically, that "*whenever, in short, there is a definite damage or a definite risk of damage, either to an individual or to the public, the case is taken out of the province of liberty and placed in that of morality or law*".⁶

Ryder therefore concludes that "*regulations will only be effective if they are enforced (and) are seen to be enforced*" (p. 157). He adds that a voluntary code will not achieve the desired public health outcomes, and recommends that "*Regulations must be set by a powerful agency separate to the (gambling) industry*" (p. 157).

2.3 Abstinance Versus Controlled Gambling

There are two different and opposing principles of treatment for gambling problems: the goal of one is abstinence, and the goal of the other is 'controlled gambling'. Self-exclusion, as it is currently organised, offers abstinence rather than a controlled gambling approach.

⁶ Mill, J.S., (1859), *On Liberty*, p. 149.

Gamblers Anonymous advocates complete abstinence as the essential goal of any therapeutic intervention. Brown (1989) cites studies which indicate that in Gamblers Anonymous, total abstinence after two years was found to be about 7 per cent, and comparable to the total abstinence rates in the alcohol field. Blaszczynski (1998) defines abstinence as “*absolutely no participation in any form of gambling on any level*” (p. 73). He goes on to say that abstinence is a very narrow criterion for success because it ignores evidence from the psychological and psychiatric literature that significant improvements can also be achieved through ‘controlled gambling’ whereby gamblers successfully reduce the frequency and amount of money they bet.

Blaszczynski (1998) considers that perhaps some gamblers may respond better if they try controlled gambling rather than abstinence to start with. In particular, those who are feeling ambivalent may find control a more realistic and achievable goal because a lapse does not mean failure. However, he also points out that while controlled gambling may be possible, the difficulty is that we do not yet know how to differentiate between:

- those gamblers who can achieve control over compulsive gambling habits and those who cannot; and
- the factors that predict who will resume compulsive gambling after a relapse and who will not.

In a study of 120 subjects diagnosed with pathological gambling who were followed up after 2 to 9 years, Blaszczynski et al (1991) found that a third of the subjects achieved controlled gambling over an average of five years after therapy. The researchers concluded that:

- abstinence is not the only possible therapeutic outcome in behavioural treatment. Abstinence and control were found to be comparable in outcome;
- controlled gambling is not just a temporary response which is followed by a return to continued uncontrollable gambling. Research has shown that some people can maintain controlled gambling over a long period of time; and
- however, even though the findings suggest that controlled gambling is an acceptable outcome, the authors add “*it seems prudent to encourage abstinence as the preferred treatment goal until predictor variables are available which could identify the subjects able to maintain controlled gambling following treatment*”.⁷

The recommendation for abstinence in the first instance seems to lend some support to the notion that, self-exclusion is a tool that may be very useful for some gamblers provided it is able to effectively support an abstinence regime.

⁷ Blaszczynski (1991), p. 305.

2.4 Self-exclusion in the Context of Theoretical Frameworks

Self-exclusion is *one* tool that may possibly help to minimise harm by assisting some individuals to control their gambling. It will not necessarily be a suitable measure for all people who have a gambling problem. In this section, a number of theoretical viewpoints are examined and discussed in relation to the implications they may have for self-exclusion programs.

Summary

- A review of the literature suggests that the reasons for beginning and maintaining problematic gambling behaviours can be multi-faceted. Increasingly, a biopsychosocial theory of gambling is espoused, which encompasses both individual and environmental factors. It therefore seems reasonable to suggest that measures used to reduce harm should also be multifaceted if they are going to provide the means of dealing with a broad range of individual and environmental determinants of problem gambling behaviour.
- Different types of gamblers are likely to need different approaches. A self-exclusion program on its own may be too blunt an instrument because it does not differentiate sufficiently.
- Some individuals will achieve change on their own, while others are likely to need specific intervention and support that targets the stage of change the individual is in.
- Evidence suggests that people who have a gambling problem are also likely to have other co-occurring difficulties. Therefore, a program such as self-exclusion may be more effective if it is supported by a broad repertoire of interventions that can be offered when appropriate.
- An individual's ability to undertake successfully a self-exclusion program can be affected by a mixture of internal factors (such as the stage-of-change the individual is currently in) and external factors (such as gambling stimuli). In order to maximise the likelihood of success, any intervention needs to match what the client's needs are at the time. The self-exclusion interview can play a vital role in assessing what an individual is likely to need.
- Even when self-nominating to undertake a voluntary program such as self-exclusion, the process of change can be a very stressful one for individuals, and strewn with potential pitfalls. An individual's sense of efficacy and confidence in this process can be enhanced by a system that works effectively. Successful avoidance of gambling is likely to raise the problem gambler's feelings of efficacy.
- Overseas experience suggests that an electronic identification system can assist to make self-exclusion programs more effective by increasing the likelihood of identification.
- Bandura (1997) pointed out that successes can raise an individual's mastery expectations (i.e., feelings of control, expectations of success) but repeated failures can lower them. This stresses the importance of taking self-exclusion programs seriously and making them as effective as possible because, if self-excluders repeatedly slip through and gamble, then it is likely that they will lose confidence in themselves and in the system.

2.4.1 A Biopsychosocial Theory of Gambling: A Comprehensive Model

In recent years, there seems to have been a move towards a multifaceted explanation of problem gambling which is known as the biopsychosocial model (e.g., Griffiths 1999, Blaszczynski 2000, Griffiths & Delfabbro 2001, Sharpe 2002).

Griffiths (1999) stated, "*Gambling behaviour is a biopsychosocial process and must therefore be explained in biopsychosocial terms using the best theoretical strands of contemporary psychology, biology and sociology....It is probable that sociological, psychological, and biological processes are involved in an interactive and complex fashion in its etiology*" (p. 444). Griffiths quite rightly notes that no single, simple explanation will ever be sufficient on its own to explain all cases of gambling.

Sharpe (2002) states that "*Evidence now exists that biological, psychological, and social factors are all relevant to the development of problematic levels of gambling*" (p. 1). She argues that behavioural, arousal or cognitive theories on their own cannot fully explain the acquisition of gambling behaviour, the development of problematic levels of gambling, and the maintenance of these behaviours to the point where people jeopardise important aspects of their lives. Sharpe therefore moves towards a comprehensive, biopsychosocial model of pathological gambling.

Blaszczynski (2000), while examining pathways into pathological gambling, concluded that problem gambling is "*the end result of a complex interaction of genetic, biological, psychological and environmental factors*" (p. 7). He identified three different pathways into gambling and argued that each type contains different implications for management strategies and treatment interventions.

1. ***The "normal" problem gamblers*** (A group with no pre-existing psychopathology. May lose transient control over their gambling behaviour, but their disordered gambling can remit spontaneously or with minimal intervention):

This group may need minimal interventions, counselling and support services. Self-help and self-control educational materials as well as self-help groups such as Gamblers Anonymous can be effective. They may resume controlled gambling after intervention.

2. ***The psychologically vulnerable group of gamblers*** (Gamblers who try to deal with their emotional distress or life's pressures by 'escaping' through gambling):

Blaszczynski (1998) advises that, for this group, "*Abstinence is perhaps the best goal of treatment*" (p. 37). In addition, these gamblers can benefit from psychotherapeutic interventions to resolve internal conflict and deal with anxiety. This could include stress management, problem-solving skills, and strategies to enhance self-esteem.

3. ***Group with biologically based impulses: The impulsive gamblers*** (Defined by the presence of neurological or neurochemical dysfunction, reflecting features such as impulsivity and attention deficit):

This group require intensive cognitive behavioural interventions aimed at impulse control. Medication can be considered, with a view to reducing impulsivity through its calming effects. Blaszczynski et al., (2001) advised that genetic vulnerability is unlikely to be amenable to harm minimisation strategies.

This group may therefore be better off abstaining from gambling while receiving treatment.

Co-occurring Problems

Research into gambling suggests that those who have developed a problem with gambling are also likely to be facing a complexity of other related issues including relationship problems, domestic violence, financial problems, depression, anxiety, suicidal ideation and substance abuse. Dickerson & Baron (2000) noted that negative emotions such as feelings of anxiety and depression are consistently nominated by gamblers as being a common precipitant of a gambling session.

Ladouceur et al (2000) found that 71 per cent of clients signing up for their self-exclusion study reported having gambling debts. A number of researchers and helping agencies have noted that stress and emotional problems created by financial pressures can be a significant factor in relapse. Some gamblers are therefore likely to need support and skills development around these related issues, in order to minimise the chance of relapsing, and maximise the chance of the self-exclusion program succeeding.

Given the multi-faceted approaches outlined above, it is suggested that any intervention for the reduction of harm would also need to reflect this multi-faceted approach by offering a range of tools for the management of problem gambling behaviour. It does not seem appropriate to confront a multi-dimensional issue with a blunt, one-dimensional instrument such as self-exclusion. Prochaska and DiClemente (1986) argued that "*The complexities of changing addictive behaviors require multivariate rather than univariate solutions*" (p. 4). It is highly likely that measures which suit one person may not suit another, depending on the special mix of reasons that led the individual into problem gambling in the first place.

While some gamblers who nominate for self-exclusion will recover on their own, others will need specific intervention and support. Therefore, self-exclusion can be viewed as only one of a broad repertoire of tools that are available to those who wish to control their gambling behaviour. It can be supported by other tools including counselling, community education, financial counselling, cognitive-behavioural techniques, self-esteem building, goal-setting, decision-making skills, reconfiguration of poker machine design, the opportunity to apply self-imposed bet limits and a review of environmental factors such as the location of ATMs.

2.4.2 The Stages-of-Change Model

The industry reports that the self-exclusion program is based on the "model of change". Prochaska and DiClemente developed a comprehensive model of how and why people change. Initially, their work in this field described steps through which people pass during self-change. Subsequently, they came to the conclusion that these same stages of change occur whether people are going through formal treatment or undergoing self-change (Prochaska and DiClemente 1986). Their model is generally presented as consisting of four, five or six stages which include:

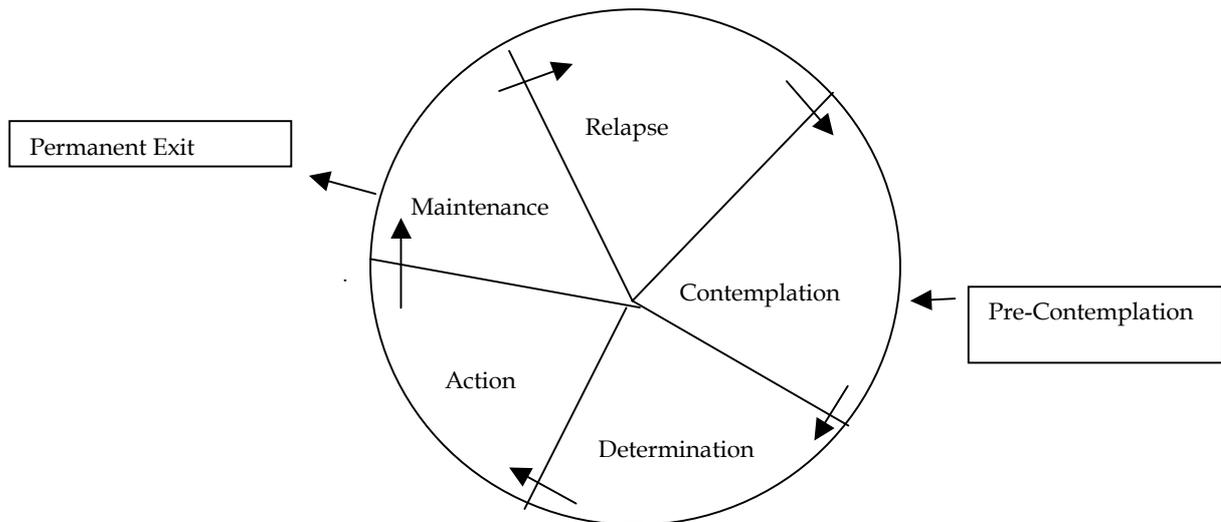
-
- **Pre-contemplation:** People are not yet thinking about changing. They show little awareness of their problem, or the need to change.
 - **Contemplation:** People are seriously thinking about changing a behaviour that is causing them some difficulty. It can be a period of ambivalence during which the contemplator goes back and forth, both considering change and rejecting it. The client may be oscillating between motivation to change and reasons not to change. However, showing an interest in change does not necessarily mean commitment.
 - **Determination:** This stage occurs when the balance tips on the side of the client *wanting* to do something about the problem, thus becoming committed to action and prepared to make the change. If the client then enters into action, the change process continues. If not, the person may slip back into the contemplation stage.
 - **Action:** The person engages in implementing specific actions which are intended to bring about a change.
 - **Maintenance:** The period following the action phase, until the problem behaviour is terminated by maintaining abstinence or moderation over time.
 - **Relapse:** Slips and relapses are seen as normal occurrences in the process of changing behaviour patterns.

As Figure 2.1 illustrates, for most individuals, the treatment of addictive behaviours is not a neat, linear progression through the stages of change. A cyclical pattern is far more common with people who are trying to overcome addictive problems. Prochaska and DiClemente (1986) cite studies which indicate that 70 to 80 per cent of people with alcohol, heroin, smoking and obesity problems tend to relapse within a year following treatment. However, they found that most individuals do not give up after relapse, with 84 per cent of relapsers moving back into the contemplation stage. They reported that, on average, self-changers might go around the stages of change about three or four times before they become relatively free of the temptation to smoke. They also point out, however, that a proportion of individuals never succeed in freeing themselves from their addictive behaviours.

We note that the act of self-exclusion fits into the action stage of the model. From that point, the individual may, or may not, elect to access other forms of help.

Theorists have suggested that counselling techniques such as motivational interviewing (Miller and Rollnick 1991) and relapse prevention can assist to maintain self-motivation and support self change. A range of motivational approaches including well timed advice, positive feedback, therapists' empathy as support for clients' motivation and reinforcing a client's self-efficacy (belief that they can make a successful change) can be a very effective technique. For our purposes, we are less concerned with counselling techniques used by Gambler's Help and others once an individual has identified they have a problem with gambling. However, there are a number of ways in which the Change Model may be significant for self-exclusion programs.

Figure 2.1
Prochaska and DiClemente's Six Stages of Change



[Adapted from Miller & Rollnick (1991), p. 15]

The model normalises and explains why some individuals who sign self-exclusion deeds will sometimes relapse. Prochaska (1991) commented that: *“Traditional assessments of behaviour change relied on discrete measures based on assumptions that changes occur quickly, dichotomously, and without relapse. People were expected to shift dramatically from ... unhealthy to healthy lifestyles”*. He went on to argue that this is an inaccurate belief and that the reality is quite different: *“some people progress linearly from contemplation to maintenance, others relapsing back to contemplation, and others remaining in a stage like contemplation for long periods”* (p. 805).

The problem with holding inaccurate beliefs about the process of change, is that it can lead us to expect people to change quickly. Then we may be disappointed when they relapse or take a long time to change or, in the case of self-exclusion, we may be tempted to blame the gambler for having ‘failed’. To illustrate that people do not change chronic behaviours quickly or discreetly, Prochaska (1991) cites data from self-changing smokers who took about three serious quitting attempts spaced over seven to ten years on average before successfully quitting. Having an understanding of the realities about how people change may assist in our attempts to help gamblers, and it may also help to eliminate any tendency to ‘blame’.

Prochaska & DiClemente (1986) cited a 2-year longitudinal study of self-change approaches to smoking cessation. This study revealed that, while the confidence of participants showed a steady increase as they progressed through the stages of change, temptation to relapse, on the other hand, showed a steady decrease over the same stages. More importantly, the levels of confidence and temptation were about equal throughout the Action stage. It was not until participants moved into the Maintenance stage that self-confidence became greater than the temptation to smoke. As a consequence of this finding, the researchers decided to particularly emphasise confidence-building exercises during the Action phase. As one gambling counsellor has said: *“Depending on determination alone is often not enough for lasting change”* (Gunner (1998) p. 113).

Given the above information, if some parallels can be drawn between smoking and gambling, it is vital that, once the individual has taken the action of nominating for self-exclusion, then:

- the response from the industry needs to be *timely*. Miller & Rollnick (1991) cite studies which suggest that long delays or assignment to a waiting list can discourage participation in change strategies;
- it is very important that the system really does work efficiently (i.e., excludes) because the temptation to slip through the net and to gamble at this stage is at least as strong as are any feelings of confidence;
- if the industry and the community are serious about self-exclusion, then the confidence of self-excluded individuals needs to be supported until they at least reach the Maintenance stage. If the system lets them down during this Action stage (by “not recognising the face”, etc.) they can be very vulnerable to relapse and consequently lose confidence in themselves and the system.

There is a strong argument here for:

- introducing an electronic identification system that can work across venues and increase the likelihood of the individual ‘not slipping through the net’; and
- offering some sort of confidence-building support from the time that the individual applies for self-exclusion. The type of support will need to be acceptable to the individual and may include such strategies as counselling, goal-setting, teaching resiliency skills, providing self-help material, or setting up a ‘buddy system’.

2.4.3 Self-Efficacy

Self-efficacy was a concept presented by Bandura (1977) as a critical variable in behaviour change. Bandura hypothesized that: “*expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences*” (p. 191). Historically, it was presumed that new behaviour was shaped by its effects (in a stimulus-response fashion). However, it has now been recognised that “*cognitive processes play a prominent role in the acquisition and retention of new behaviour patterns*” (p. 192). Thoughts and beliefs can have a significant influence on behaviour; psychological interventions can create and strengthen expectations of personal efficacy.

An efficacy expectation is “*the conviction that one can successfully execute the behaviour required to produce the outcomes*” (p. 193) (e.g., the gambler believes that he/she can honour their self-exclusion agreement in order to stop gambling). This issue of self-efficacy is important in behaviour change because, even if individuals estimate that a particular course of action can produce certain outcomes, *their* behaviour will not change if they have serious doubts about whether they can perform the necessary activities to achieve the desired behaviour change.

The implications for self-exclusion programs is that expectations of personal mastery can affect whether individuals will initiate a self-exclusion commitment and whether they persist with their commitment. The strength of people's belief in their own effectiveness is likely to affect whether they will even try to cope with the tensions and pressures caused by a self-exclusion commitment.

Given that people with a gambling problem are likely to also be faced with a number of related issues (e.g., anxiety, depression, interpersonal conflict, financial difficulties), there may be some self-excluding patrons who would benefit from participation in skills development in order to maximise their chances of success. Skills development may include identifying the danger signs and goal-setting to overcome these, creating support systems, and identifying alternative fulfilling activities.

If individuals do not *believe* that they are capable of sticking to their self-exclusion agreement, and if they are not helped to gain positive self-efficacy expectations, then it can become a self-fulfilling prophecy.

Bandura (1997) pointed out that: "*Mastery expectations influence performance and are, in turn, altered by the cumulative effects of one's efforts*" (p. 194). Successes can raise an individual's mastery expectations but repeated failures can lower them. This stresses the importance of taking self-exclusion programs seriously and making them as effective as possible. Successful avoidance of gambling is likely to raise the recovering gambler's feelings of efficacy.

Bandura (1977) warns against trying to imply that individuals possess the capabilities to master difficult situations without firstly providing them with the necessary skills for effective action: "*to raise by persuasion expectations of personal competence without arranging conditions to facilitate affective performance will most likely lead to failures that discredit the persuaders and further undermine the recipients' perceived self-efficacy*" (p. 198). This warning underlines the notion that, if the community is going to raise gamblers' expectations that self-exclusion programs can be helpful, then we need to ensure that these programs are as efficient and effective as possible, and that we provide gamblers with the opportunity to develop and practise the skills that they need to maximize the probability of success.

2.4.4 Behavioural Theory

Dickerson (1991) cites research that provides support for the notion that control of session duration is harder than the control of the frequency of sessions (particularly for continuous forms of gambling). This finding is seen to be consistent with behavioural theory which states that once engagement with a cue to a behaviour occurs, it is harder to resist a previously learnt pattern of excess (Department of Human Services, Victoria 2000).

Behavioural theory provides strategies through which control over gambling can be regained. The assumption is that, if problem gambling is the result of behavioural conditioning (at least partly) then it is also possible to provide deconditioning strategies. Strategies can include avoidance, changing environmental cues, substituting alternative behaviours, cue-exposure to relearn control, and use of a support person in the early stages.

The findings reported by Dickerson (1991) lend support to the usefulness of self-exclusion programs because the implication is that it is easier to avoid starting a gambling session (i.e., exclusion is a reality) than to try controlling it once it is under way. Self-exclusion provides an opportunity to recapture control over gambling.

2.4.5 Locus of Control

This theory states that, when an individual perceives reinforcement for a behaviour as being under his/her control, this is known as internal locus of control. On the other hand, if an individual perceives the reinforcement for a behaviour as not contingent upon his/her action but rather a consequence of chance, the control of powerful others, or as unpredictable, then this is known as external locus of control. In the latter case, the reinforcement is perceived as being outside the individual's control.

People with an internal locus of control are inclined to take responsibility for their actions. By comparison, people with an external locus of control tend to blame external circumstances for their mistakes and credit their successes to luck rather than their own efforts. The available research regarding locus of control and gambling behaviour is not conclusive. Overall however, what little agreement exists in the personality studies, it suggests a difference in locus of control, with high frequency gamblers being more external than low frequency gamblers (Walker 1992).

Self-exclusion may look more attractive to gamblers who have an external locus of control (if they believe that an external agent will take responsibility). It may in fact be more likely to work with those gamblers who have an internal locus of control (if they believe that they are empowered to take responsibility for controlling their own behaviour). On the other hand, gamblers who have an internal locus of control may be more likely to break their self-exclusion agreement if they believe that they can 'control' the gambling outcomes.

It is unclear whether self-exclusion would be more effective with individuals who have an internal or external locus of control. Nevertheless, locus of control is potentially a framework that can have implications for the way in which individuals *respond* to self-exclusion programs.

2.5 Summary of Discussion

2.5.1 The Usefulness of Self-exclusion Programs

In the Productivity Commission (1999) report, although the shortcomings of the current self-exclusion program are acknowledged, the concluding remark is that "*overall, self-exclusion is a useful adjunct to responsible gambling policies*" (p. 16.67).

There is a need to distinguish between the potential benefits of a well-run self-exclusion program and the current implementation of the program (with its current limitations). There are some indicators from overseas programs that "*when properly implemented, self-exclusion can be a valuable tool in helping to curb problem gambling*" (Nowatzki & Williams 2002). Ladouceur et al (2000) noted that about 30 per cent of self-excluded patrons self-

reported that they had managed to completely stop gambling for the duration of a previous self-exclusion program. The researchers comment that this intervention program achieved better results than the reported success rate of about 8 per cent achieved by the non-professionally run GA program. The critical phrase here is “when properly implemented” as the overseas studies cite data from casino programs or situations where the detection capability is more advanced (e.g., use of identification to enter venues) than in any Australian jurisdiction.

In behavioural terms, self-exclusion can be a valuable tool because, by preventing the commencement of a session (theoretically), it is preventing engagement with gambling cues that could easily become a temptation to return to old gambling patterns. Again, a critical determinant of effectiveness is the ability/success in prevention of commencement.

The study by Ladouceur et al (2000) supports the argument that there is a place for self-exclusion, on the basis that it may meet the needs of at least some individuals who have a gambling problem.

2.5.2 Difficulties with Current Self-exclusion Programs & Suggested Improvements

An Incomplete Instrument

Given that recent trends in the literature have tended to suggest that the reasons for beginning and maintaining problematic gambling behaviours can be multi-faceted, it would be reasonable to suggest that any attempts to reduce harm should also be multifaceted if they are going to be effective and not superficial. Therefore, self-exclusion can be viewed as only one of a broad repertoire of harm-reduction tools that are available to those who wish to control their gambling behaviour.

Research suggests that many of those who have developed a gambling problem are also likely to be facing a complexity of other related issues (e.g., financial and relationship difficulties, depression etc.). Therefore, a comprehensive intervention program would need to offer self-exclusion applicants a broad array of options in service provision (e.g., relationship and financial counselling). A multi-faceted approach may achieve better results than self-exclusion on its own. Notwithstanding, the first objective is to successfully exclude.

Self-efficacy theory warns that, if people’s expectations of personal competence are raised without firstly providing them with the necessary conditions to facilitate effective performance, then this will most likely lead to failures that discredit the persuaders and further undermine the recipients’ perceived self-efficacy. This warning underlines the notion that, if the community is going to raise gamblers’ expectations that self-exclusion programs can be helpful, then we need to ensure that the programs are as efficient and effective as possible.

In the self-exclusion study by Ladouceur et al. (2000), even though a 30 per cent success rate was reported, the fact remains that the majority of participants on the self-exclusion program did not cease all gambling. The researchers therefore made two suggestions:

- that it may be useful to inform all those who sign a self-exclusion deed about the likely success rate, in order to raise awareness about the potential for relapse; and
- that self-control gambling clinics be offered in, or as alternatives to the self-exclusion program.

Given the complex nature of gambling problems, it would seem highly appropriate to offer a broad range of support strategies from which self-excluding individuals would be free to select. This could include counselling, relapse prevention, skills building etc.. However, the literature presents a mixed picture regarding the provision of support mechanisms to accompany self-exclusion programs. Research is needed to determine to what extent offers of broader assistance will be acceptable to patrons, and how best to implement such measures.⁸

Unclear Definitions and Expectations

It seems that there may be some discrepancy between many gamblers' perceptions of self-exclusion and what the program (as it currently stands) is able to actually deliver.

Self-exclusion may in fact be a misleading or at least confusing term. From interviews conducted with gamblers, there seems to be an expectation that someone will stop them if they try to enter premises from which they are excluded. At the same time, some venues seem to expect that the self-excluded patron will take full responsibility for honouring their own agreement. We consider this issue further in Section Five.

Implementation and Identification Issues

Inconsistent identification is a common complaint amongst self-excluders. There are numerous reports of detection weaknesses, in interviews with self-excluded gamblers, with venues, Gambler's Help and in the media. From the perspective of public health policy, clients' feelings of self-efficacy, and maintaining clients' confidence in the program, is of the utmost importance and it is imperative that there be consistent and effective implementation of the self-exclusion program.

Self-efficacy theory suggests that successes can raise an individual's mastery expectations (i.e., conviction and belief in a successful outcome) but repeated failures can lower them. This stresses the importance of the community taking self-exclusion programs seriously. The effects of repeated 'failure' to maintain self-exclusion agreements can have far-reaching, negative implications for the individual and the community.

Overseas experience indicates that the use of an electronic card may be one of the most efficient ways of delivering consistent identification of self-excluded patrons (notwithstanding that there will always be people who may attempt to circumvent the system). Nowatzki and Williams (2002) reported that a much higher compliance occurs

⁸ We note the Bracks Government commitment to trial a new Recovery Assistance Program to assist recovering problem gamblers participating in self-exclusion programs and their families.

in the Netherlands where personal identification is required to enter the 12 casinos, with a computer immediately identifying any self-excluded patrons. A computerised system across venues would make it possible to monitor whether self-excluded patrons try to enter other gambling venues.

Significant effort is expended by the gaming industry in Victoria on supporting the credibility of the program against challenge by the media (in demonstrating the flaws of the current program) and the widely held, community expectation of enforceable exclusion. This effort would be better placed in remedying the flaws of the existing program. Once this is achieved then self-exclusion should be better advertised. Self-excluded participants indicate that they would have excluded themselves earlier if they had known about the program.

Finally, a question that needs to be followed up in the Australian context is whether those who comply with their self-exclusion deed turn to other forms of gambling that are not covered by their agreement, or attend venues not covered by their agreement. There is a lack of evidence based, empirical data, on self-exclusion programs.

Section Three

Description of Self-exclusion Programs

3.1 Victorian Industry Self-exclusion Program

The Victorian Gaming Machine Industry Accord and Industry Codes of Practice were established in 1997. The Victorian Gaming Machine Industry (VGMI) consists of the Gaming Machine Operators (TABCORP and Tattersall's), Gaming Venue Operators (the Australian Hotels and Hospitality Association (Victoria) (AHA (Vic)), Clubs Victoria and Venue Operators licensed by the Victorian Casino and Gaming Authority (VCGA)) and Crown Casino. The VGMI Accord binds the signatories to abide by their respective Codes of Practice which are:

- Gaming Machine Industry Advertising Code of Ethics;
- Gaming Machine Operators Code of Practice (TABCORP and Tattersall's);
- Licensed Venue Operators Code of Practice (represented by AHA (Vic) and Clubs Victoria); and
- Crown Limited Code of Practice.

The Industry Codes of Practice are **voluntary codes of self-governance** and augment relevant Acts (the *Gaming Machine Control Act 1991* and the *Casino Control Act 1991*), regulations, rules, procedures and directions.

As part of the Gaming Machine Operators Code of Practice, TABCORP and Tattersall's agree to promote the concept of responsible gaming:

"The signatories recognise that if gaming machine play develops into a problem for individual players, assistance should be readily available from the gaming machine operators and venues to assist customers and venue operators.

Assistance will take the form of:

- *Information to help players recognise whether their gaming is giving rise to problems for themselves or their families;*
- *Information concerning the availability of problem gambling services support groups to be made available at cashier stations at all gaming machine venues; and*
- *The availability and promotion of self-exclusion procedures."*

In accordance with the Licensed Venue Operators Code of Practice, Venue Operators agree:

"To conduct their business in a manner that precludes the following persons from entering their restricted gaming rooms:

- minors;
- intoxicated persons;
- persons known by the venue operator to be participating in a self-exclusion program.

To assist patrons to whom gaming machine play presents problems by supporting a venue self-exclusion program, displaying signage and brochures promoting accredited counselling services and directing those patrons to avenues of effective support.

That all members of staff who work in gaming rooms are to complete an accredited responsible service of gaming course and a responsible service of alcohol course.

A condition precedent for entering into a contract with TABCORP or Tattersall's is for the venue operator to sign this Code of Practice and adhere to its provisions."

The Crown Casino operates under the regulatory framework of the *Casino Control Act 1991* and relevant legislation pertaining to the operation of Crown's self-exclusion program is discussed in Section 3.2. Notwithstanding the legislation and regulatory framework which governs the operations of the Casino, Crown is also a signatory to the VGMI Industry Code of Practice.

Under the Crown Limited Code of Practice, Crown commits to assisting problem gamblers:

"In recognition that gaming can cause problems for some patrons, Crown has prepared policies and procedures to assist in dealing with these problems as follows:

- *Crown will process applications from patrons for self-exclusions from the casino and encourage compliance;*
- *Crown will work co-operatively with Gambler's Help and any other support services including industry reference groups;*
- *Crown will train its staff in the responsible service of gaming.*

Crown will maintain and fund the Crown Assistance Program (CAP),⁹ which provides free consultation, professional and confidential counselling services. Crown will have on display information about the CAP at the casino.

Crown will provide applicants for self-exclusion with information about the CAP and other support services.

Through its Training College and where necessary, in concert with accredited agencies and providers, training programs will continue to be provided and developed which focus on special patron needs and which will include and not be restricted to the following:

- *Responsible service of gaming;*
- *Responsible service of alcohol."*

⁹ The development and extension of the CAP, into a much broader Crown Customer Support Centre service is discussed in Section 3.2.

3.1.1 Codes of Practice and the Deed of Self-exclusion

Codes of Practice are voluntary forms of self regulation which sometimes extend upon existing legislative requirements; in other cases, they are agreed by industries in the absence of legislative requirements. They can be used for a variety of reasons, including to forestall government intervention in an industry.

The VGMI Codes of Practice are not intended to replace Victorian Government Legislation which governs the operation of gaming. It is also expressly stated that the Codes of Practice are “not intended to replace the authority of the Victorian Casino and Gaming Authority in its administration of the various statutes and regulations”. They should therefore, be properly understood as a voluntary and cooperative initiative of the industry to extend upon existing legislation. One aspect of the Industry Code is to foster responsible gaming which includes “... self-exclusion from gaming venue programs ...”.

Thus, the Victorian Industry Code of Practice provides for the “availability and promotion of self-exclusion”, “a venue self-exclusion program”, and to preclude from entering restricted gaming rooms “persons known by the venue operator to be participating in a self-exclusion program”.

The administration of the program is considered in Section 3.1.2 and the Crown Casino self-exclusion procedures are discussed in Section 3.2. Suffice to say, an important aspect of each program is that the patron signs a Deed of Self-exclusion confirming the fact that they are experiencing problems in controlling the use of gaming machines and that they wish to “... deny myself the right of entry to and exclude myself ... from restricted gaming areas”.

The Deed of Self-exclusion is not a contract between two parties. As expressed in Section 4 of the Deed, the “agreement is made voluntarily and does not place any obligations, duty or responsibility on anyone except myself”. However, under the Code of Practice, venues do have an obligation to conduct their business so as to preclude persons known to be participating in a self-exclusion program.

3.1.2 Administration of the Program

For gamblers wishing to self-exclude from a gaming venue at a licensed club or hotel in Victoria, the process takes place in a number of steps as follows:

1. Gamblers can become aware of the program through a number of different channels including: brochures/information/staff at venues, pamphlets available from a number of sources including the VGMI Secretariat, Gambler’s Help and other counselling services.
2. After deciding to follow up on the information, the gambler must contact the AHA (Vic) by telephone or by using the reply paid application for information form available from gaming venues.
3. Gamblers will receive a letter of introduction outlining the process and including a draft copy of the “Deed of Self-exclusion”. The gambler is advised to contact a counsellor if they have not already done so.

4. Arrangements will then be made for the gambler to attend an interview with the AHA (Vic) and to sign the Deed of Self-exclusion (this interview may take place in Melbourne or at regional locations as required and translation and interpreting services are available on request). We were advised by the AHA (Vic) that up to 50 per cent of interviews are held at the offices of Gambler's Help. The gambler may bring any person or materials that they wish to the interview and they are asked (at the time of arranging the interview) to nominate by name the venues from where they wish to be self-excluded. The gambler is also asked to bring any membership cards they may have for any of the venues they have nominated for self-exclusion.
5. The Deed provides that the gambler undertakes not to enter the restricted gaming area of nominated venues and not to play gaming machines at the nominated venues.
6. The Deed authorises management of the nominated venues to take any reasonable steps ("such action as is necessary, including the use of reasonable force") to ensure the gambler does not enter the restricted gaming area or play the gaming machines, or to remove them from the restricted area if they are detected breaching their self-exclusion and refuse to leave.
7. The gambler nominates the period of self-exclusion — a minimum of six months and up to a maximum of two years.
8. It is recommended to self-excluded patrons that they undertake problem gambling counselling and, in fact, as part of their undertakings outlined in the Deed of Self-exclusion, the gambler undertakes to "seek and continue to seek the advice of a Problem Gaming Counsellor".
9. The gambler's photo is taken which, along with a copy of the Deed, is forwarded (by mail) to those venues from which the gambler has nominated to be self-excluded. There is now in place (currently being rolled-out to venues), an on-line facility to transmit a photograph of the self-excluded gambler.
10. The gambler can add venues to their list of those that they wish to be excluded from at any time by contacting the Self-exclusion Officer at the AHA (Vic). The term of the Deed can be extended in the same way.

One of the important elements of the program is that it does enable a patron to nominate multiple venues. While this introduces significant complexity into the program it is an important feature of the Victorian program.

How easy is it to apply to join?

A gambler can apply to join by contacting the Self-exclusion Officer at the AHA (Vic) or the VGMI Secretariat, attending an interview at the AHA (Vic) and signing the Deed of Self-exclusion. Because the AHA (Vic) would not provide the researchers with financial data for the self-exclusion program, we are unable to assess whether staffing and financial resources impact on responsiveness and/or waiting times.

How long does it take to be accepted into the program?

In principle, there is no waiting time in order to be accepted into the program, so that gamblers need only to respond to the letter of introduction which is forwarded to them. The AHA (Vic) arranges the interview at which the Deed of Self-exclusion is signed and the photographs are taken.

How often does enrolment need to be repeated?

The self-excluded person is notified by mail of the opportunity to renew the Deed up to three weeks prior to the date the Deed is due to lapse. They are then able to renew their Deed for a further period of between six months and two years.

Enrolment may be repeated as often as desired.

How easy is it to revoke participation?

To revoke the Deed of Self-exclusion earlier than the nominated time, the customer must attend an interview with a gambling counsellor and then attend a meeting with the AHA (Vic) Self-exclusion Officer to sign the revocation Deed. The Deed can only be revoked after the expiration of a minimum period of six (6) months. At the time of interview, the individual must produce written evidence they have received counselling from a qualified person in order to revoke the Deed.

What procedures and staff training are used to detect and manage self-excluded patrons?

As part of the Licensed Venue Operators Code of Practice, venue operators agree that all members of staff who work in gaming rooms are to complete an accredited responsible service of gaming course. William Angliss Institute of TAFE, in consultation with Tattersall's, TABCORP, Clubs Victoria and the AHA (Vic) and with representatives of Gambler's Help has developed responsible gaming training courses for staff and managers employed within gaming venues across Victoria. It conducts a Responsible Service of Gaming Course (half day) and a Responsible Service of Gaming Advanced Course (full day). The content of the courses includes:

- The profile of the gaming industry;
- Relevant legislation and regulations and Industry Codes of Practice;
- Understanding the concept of harm minimisation;
- Appropriate support services available to assist patrons; and
- Some methods to assist distressed patrons or customers displaying unacceptable behaviour in the gaming room.

3.1.3 Staff Training

A Brief History

In 1996, an industry based course in responsible gaming management was established by two industry partners, namely the AHA (Vic) and Clubs Victoria. These two groups designed and delivered the course as an industry initiative.

In 1997, the VGMI formed closer working relationships, particularly through the creation of the Gaming Machine Industry Accord and the creation of four voluntary codes of practice:

- Gaming Machine Industry — Advertising Code of Ethics;
- Gaming Machine Operators Code of Practice (TABCORP and Tattersall's);
- Licensed Venue Operators Code of Practice (represented by the AHA (Vic) and Clubs Victoria); and
- the Crown Casino Code of Practice.

Through the Gaming Machine Industry Accord of 1997, parties to the Accord were able to work more closely together on a range of industry initiatives. An Industry Secretariat was established, an Independent Complaints Resolution Process was also developed to resolve complaints concerning a breach of the industry code of practice, a self-exclusion program was created and responsible service of gaming training now involved four major parties — TABCORP, Tattersall's, AHA (Vic) and Clubs Victoria.

From 1997, the Responsible Gaming Service course was extended and developed by the four principal industry partners and this continued until November 2001.

In December 2001, the William Angliss Institute of TAFE launched a new responsible gaming training course to meet the specific needs of the Victorian gaming industry. This followed a mutual approach to William Angliss Institute by the four industry partners, to cooperate in the design, development and teaching of a course to meet identified local needs. The course has been endorsed by the four partners and included consultation with representatives of Gambler's Help. Any proposed changes to the two courses would have to first have the agreement of all four partners.

The structure of course offerings in Victoria is as set out here:

1. ***Responsible Service of Gaming:*** half day, incorporates nationally accredited module THHADG03B (ANTA), \$70 per person, GST exempt; course incorporates specific information on Victoria gaming industry; qualification is Certificate with national code of completion (ANTA). Conducted at William Angliss Institute of TAFE and other TAFE Institutes.
2. ***Responsible Service of Gaming (Advanced):*** full day, \$110 per person, GST exempt, designed for gaming duty managers, venue operators, includes specific information on the Victorian gaming industry, no national accreditation and so does not qualify for Certificate, but course completion is acknowledged.

Specific information on the Victorian Gaming industry in both courses includes:

- relevant legislation, regulations, and Industry Codes of Practice;
- Independent Complaint Resolution Process; and
- the industry based self-exclusion program, its management and operation, including the concept of harm minimisation.

The two courses are designed for current employees and potential future employees, of both Clubs and Hotels.

Table 3.1 provides an overview of course attendances.

We note here that the Crown Casino conducts its own internal training courses and the totals in Table 3.1 do not include Crown employees.

Table 3.1
Course Attendance, Total and by Sector
December 2001 to June 2002

Course	Staff ¹	Other ²	Total	Clubs	Hotels
RSG: Advanced	622	49	671	318	246
RSG: Basic	657	346	1,003	371	283
Total	1,279	395	1,674 ³	689	529

- Notes:
- ¹ Staff includes venue staff for Tabaret and Tattersall's and staff from central agencies responsible for gaming activities or regions.
 - ² Other includes students in hospitality courses some who attend William Angliss Institute, unemployed and employed persons.
 - ³ As at end August 2002, estimated total student attendance was 2,300 persons.

Participation in Training

Under the industry code of practice it is stated, that it is a requirement to have undertaken training to work in the gaming room. Specifically, the Licensed Venue Operators Code of Practice in regard to responsible gaming states, that the licensed venue operators agree:

“that all members of staff who work in gaming rooms are to complete an accredited responsible service of gaming course and a responsible service of alcohol course. Individuals who have completed such courses will have badges signifying such completion available to them”.

In practice, given the nature of the industry and the turnover of employees, it is often the case that an individual employee will be employed for a probationary period. During this time they may not have attended a responsible gaming course.

In fact, under the industry code there is no critical time frame for employees to have undertaken a responsible gaming course, as this is something that is often negotiated between the employee and employer. There is no criticism of this arrangement implied here. However, though the code of practice is in place, it remains possible for an

individual employee to work in a gaming room without having attended a responsible gaming course.

3.1.4 Data Management

The AHA (Vic) maintains a section of its website which includes SEGO (Self Excluded Gamblers Online) Statistics which is available to AHA (Vic) staff only. The information presented here includes Deeds by Month, Deeds by Location and Deeds by Region. There is also information on the number of currently active Deeds, number of expired Deeds, number of revoked Deeds, a metro/country breakdown and a male/female breakdown.

Since the commencement of the Self-exclusion Program (in 1997) and as at October 2002, self-exclusion statistics reveal the following:

- total number of interviews conducted — 4,083;
- total number of persons chosen to self-exclude — 2,248;
- current active number of self-excluded patrons — 1,411;
- average period of self-exclusion — 1.7 years;¹⁰
- average number of venues nominated — 16.4 venues;¹¹
- males — 36.0 per cent;
- females — 64.0 per cent; and
- number of revoked deeds — 60.

Up to 30 per cent of self-excluded patrons have more than one deed, where a second deed was taken out to add on a number of venues or to change nominated venues following a change of residence.

A sample survey, undertaken by the AHA (Vic), of 671 self-excluded patrons who have taken out the Deed of Self-exclusion with the AHA (Vic), showed the following:

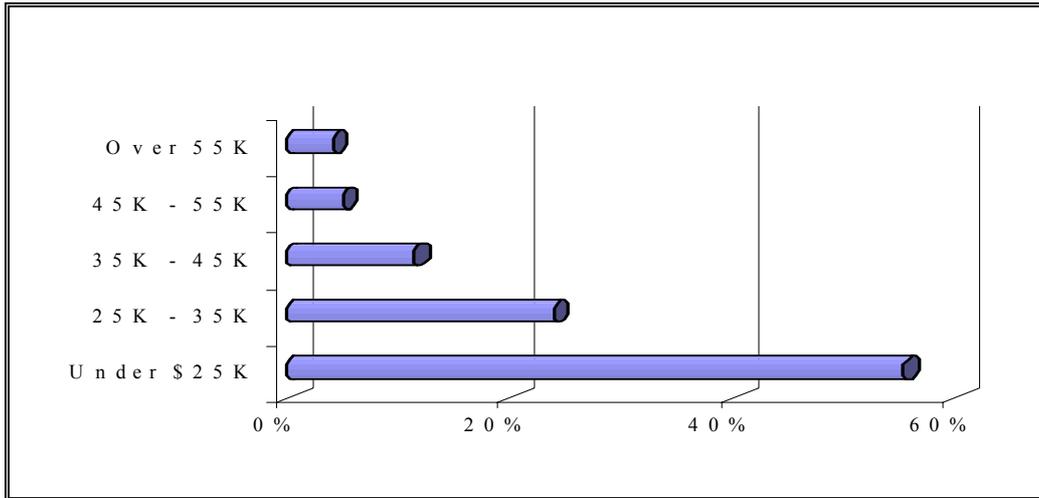
- 69 per cent were female, 31 per cent male (sample similar to the population);
- 55 per cent reported income of less than \$25,000 per annum and a further 24 per cent in the range of \$25K to \$35K per annum (see Figure 3.1);
- 37 per cent were recommended to self-exclude by Gambler's Help or other counsellors, 33 per cent by a family member or friend and 22 per cent from the venue (this last category may refer to the original source of information about self-exclusion being located/provided by the venue);
- the age profile is shown in Figure 3.2;
- the occupational profile is shown in Figure 3.3¹² with the single largest occupation being identified as home duties; and

¹⁰ Derived from a random sample of 100 data units.

¹¹ Derived from a random sample of 100 data units.

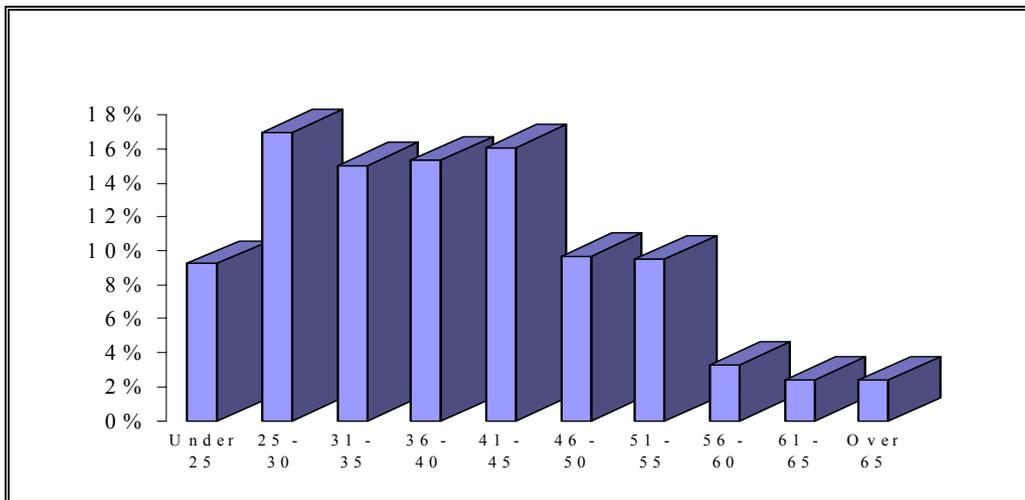
¹² Figures 3.1 to 3.3 supplied from data derived by AHA (Vic).

Figure 3.1: Income of Self-excluded Persons: AHA Patrons Survey



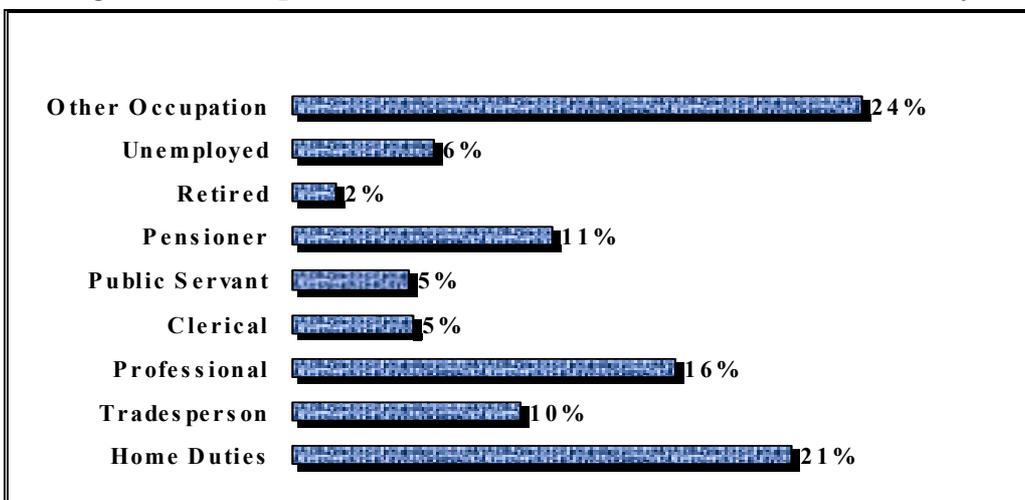
Source: Provided by AHA (Vic).

Figure 3.2: Age of Self-excluded Persons: AHA Patrons Survey



Source: Provided by AHA (Vic).

Figure 3.3: Occupation of Self-excluded Persons: AHA Patrons Survey



Source: Provided by AHA (Vic).

- in the survey sample, 671 persons had an average expenditure on gambling of \$6,114 per annum, with an expenditure range of \$200 to \$70,000 per annum.

There are no central records held on breaches of the Deed, on information relayed to the AHA (Vic) by individual venues or data on the number of "reminder letters" sent out to those who breach their Deed.

3.2 Crown Casino

The Crown Casino is governed under the *Casino Control Act 1991* and as such, it is required to provide and manage a legislated exclusion program. Details of the relevant legislation and the specific obligations of the Crown Casino are described in Appendix H.

The relevant legislation (Sections 72-78A) covers exclusion orders, duration of exclusion orders, list of persons, removal of persons, controls on advertising and appeal to the authority in regard to an exclusion order.

3.2.1 Administration of the Program

As outlined above, under section 72 of the *Casino Control Act 1991*, Crown Casino is required by the legislation to provide the option for a gambler to voluntarily exclude themselves from the Casino. The process works in the following way:

1. Gamblers can become aware of the program through a number of different channels including: brochures/information/staff at the casino (especially the Crown Responsible Gaming Customer Support Centre¹³), pamphlets available from a number of sources including the Victorian Gaming Machine Industry Secretariat, Gambler's Help and other counselling services.
2. Having decided to seek further information about the program, the gambler telephones to make an appointment or attends the Crown Responsible Gaming Customer Support Centre, located on-site away from the gaming floor within the Casino complex.
3. Once the gambler has decided to apply for self-exclusion, they attend an interview with a Responsible Gaming Liaison Officer or Manager where:
 - a. it is explained how the voluntary self-exclusion program works and information is provided which may be taken away for consideration or legal advice;
 - b. the Responsible Gaming Liaison Officer/Manager conducting the interview offers to make an appointment with a Crown Responsible Gaming Coordinator (a registered psychologist) or a Government funded problem gambling support or welfare service if the gambler indicates an interest to pursue such a course;

¹³ The Crown Customer Support Centre was launched on 13 March 2002 to provide on-site information, support, assistance and counselling services to casino patrons. The services of the Customer Support Centre are available 24 hours a day, seven days a week and include a strictly confidential, professional counselling, referral and information service. All services are free of charge.

- c. if the gambler wishes to continue with their application, a written application for self-exclusion is prepared (i.e., the gambler signs an "Application for Self-exclusion from Crown Casino" form) which must be signed in the presence of a category of person authorised by the Office of Gambling Regulation to witness such an application (e.g., various categories of persons are authorised to witness such a document including Justices of the Peace, members of the police force etc.). Previously, because of the availability of the Victoria Police Casino Crime Unit (CCU) which is located in an office in the casino complex, a member of the police force attended to witness the application. Due to a revision and subsequent reduction of police manning levels at the CCU resulting in reduced availability of police, the OGR approved in writing that a person (casino employee) with an A category licence is able to witness applications for self-exclusion;
 - d. the gambler is photographed and a copy is forwarded to the OGR, the Crown Surveillance Department and the Crown Security and Service Department and when required a copy is made available to the Casino Crime Unit;
 - e. the Self-exclusion Order is issued;
 - f. the gambler is provided with a Self-exclusion Kit which contains a copy of their application, a copy of their Self-exclusion Order and material relating to the Customer Support Centre, various problem gambling support services (including, Gambler's Help, Financial and Consumer Rights Council and Gamblers Anonymous).
4. A copy of the application, the Order and the photos are provided to the OGR, to the CCU (on written direction from the OGR), to Crown's Surveillance Department and to Crown's Security & Service Department.
 5. It is an offence under section 77 of the *Casino Control Act 1991* for a person who is self-excluded to breach a Self-exclusion Order (i.e. to enter or remain in the Casino). The penalty for a breach is 20 penalty units (currently a fine of up to \$2,000 for the self-excluded person). Increasingly, for breaches of the Self-exclusion Order, clients are directed to diversionary programs rather than receive a fine.

Based on the presentation of the process to the researchers by Crown Customer Support Centre staff, the step by step process, which is administered by the Crown Customer Support Centre, can be summarised as:

- the patron contacts or attends the Crown Customer Support Centre;
- an interview is conducted with a Responsible Gaming Liaison Officer (an interpreter can be arranged to attend if required);
- an application for Self-exclusion is completed;
- the application is duly signed by the applicant and the authorised person (witnessed);
- an exclusion order is prepared and issued to the applicant;
- photographs are taken and forwarded to relevant departments and authorities;

- a self-exclusion kit is issued containing a copy of the application, exclusion order and various support service brochures; and
- a referral is offered or is made for the applicant to speak to a relevant Problem Gambler Support Service.

This process does not involve Crown Casino in providing on-going counselling — Crown's program (and policy) is based on crisis intervention, assessment and referral.

How easy is it to apply to join?

It is relatively easy to join. A gambler can apply to join by contacting the Crown Customer Support Centre, attending an interview with the Responsible Gaming Liaison Officer or Manager and signing a voluntary (within the legal concept) application for self-exclusion, in the presence of an approved witness. Acceptance into the program is virtually automatic following the self-exclusion process as outlined above. Enrolment does not need to be repeated as exclusion from Crown Casino is for an indefinite period.

How easy is it to revoke participation and breaches of self-exclusion?

A person taking out a Self-exclusion Order has the right to appeal to the OGR against the issue of the Order (*Casino Control Act 1991*, section 73). The appeal must be made within 28 days after receiving the direction/Order, must be made in writing and must specify the grounds on which it is made.

Under section 75 of the *Casino Control Act 1991* an individual may request that the self-exclusion order be revoked. Crown requires the person's request to be supported by a report from a psychologist, psychiatrist, counsellor, medical practitioner or other suitably qualified professional person who is in a position to advise Crown that the applicant's gambling activities are under control. The self-excluded person is also required by Crown to sign an indemnity as part of the application for revocation process.

In addition, a written application is required, stating the grounds/ reasons for the request and supporting documentation, as outlined above, is required. A Self-exclusion Revocation Committee of the Casino operator must consider the request and notice of revocation must be forwarded to the Director of the Casino and Gaming Authority.

Breaches of Self-exclusion

Under the *Casino Control Act 1991*, section 77, if a person subject to an exclusion order enters or remains in the casino they may be subject to a penalty of up to \$2,000 for a breach of voluntary self-exclusion. We were informed that in the 'early days' the VCGA did prosecute, although the action now consists of the OGR inspector attending, requiring the person to leave the gaming floor, confirming identity, conducting an interview with the person and referring the person to the Responsible Gaming Liaison Officer who will offer support and assistance, including referral to a diversionary program. Apparently, breaches of Self-exclusion are not being prosecuted at the present time.

The process employed by Crown Casino is in accordance with section 78 of the *Casino Control Act 1991*. Once a person subject to an exclusion order is identified, an OGR Inspector is notified and attends. The individual is approached by the OGR Government Inspector in attendance. (OGR: Government Inspectors are on duty 24 hours a day). The OGR are required to establish the identity, through an interview and questioning of the patron. The OGR Inspector must then cause the removal of the person from the gaming floor.

This process is necessary to protect the Casino operator and staff employed by Crown. Cause for removal would clearly consist of a current self-exclusion order (local or interstate exclusion order), a previous ban or exclusion initiated by the Casino for unacceptable behaviour and an inability of the patron to be able to verify their age or identity. A self-excluded patron who crossed the boundary of the gaming floor has clearly committed an offence.

A Responsible Gambling Liaison Officer (RGLO) will then speak with the person and advise of available support and offer assistance.

3.2.2 Staff Training

Crown Casino has recently established the Crown Customer Support Centre (CCSC) based within the Casino complex, discretely located away from the gaming floor, to provide information, support, assistance, counselling and referral services. This initiative replaced the more limited Crown Assistance Program (CAP) which has been running since the opening of the temporary casino at the World Trade Centre on 30 June 1994 and which was located off-site. A press release announcing the CCSC is provided at Appendix F.

The CCSC is more than a logical extension of the CAP. The CCSC employs registered psychologists on-site, but more relevant to this study, it is actively involved in implementing and training for the self-exclusion program through courses and induction programs run by Crown's Registered Training College (Crown College). An expert consultative group (see membership: Appendix F) is able to provide input into the programs for responsible services of gaming including staff training. Some 7,500 staff have completed training.

In regard to Responsible Service of Gaming training, which includes the self-exclusion process, the CCSC facilitates these training sessions for all staff working in table games, electronic gaming machines, security and service, surveillance, as well as other employees (e.g., loyalty program staff and Host).

3.2.3 Data Management

The data that is collected during the process of self-exclusion includes that which is necessary to satisfactorily carry out future identification and to enforce statutory requirements, including, *inter alia*:

- name;
- address;
- date of birth;
- identification required (e.g., valid drivers licence, passport, etc., and verification of residence); and
- a description of the individual, including photographs.

Data, provided by Crown Casino for the self-exclusion program (approved for release by the OGR), indicates that some 933 patrons undertook self-exclusion in the period 1994 to 2002. It is not known whether they were also subject to the industry based self-exclusion program. The two data base are quite separate.

Males represent 77 per cent of all self-exclusion orders, 77 per cent of those currently active, and contribute 77 per cent of all recorded breaches. These figures are in contrast with the figures supplied by the AHA (Vic) hotel/clubs self-exclusion program, where 64 per cent of self-excluded persons are females and 36 per cent are males.¹⁴ Both data sets contrast sharply with client numbers registered with Victoria's problem gambling counselling services, where women represent 55.0 per cent of all Gambler's Help clients, yet they represent only 51.4 per cent of the population of Victoria (1996 Census).

Table 3.2
Self-exclusion: Crown Casino
1996 — September 2002

	Male	Female	Total
Total Number	719	214	933
Currently Active	667	193	860
Revocations	52	21	73

Note: Does not include other forms of exclusion or barring initiated by the Crown Casino.

There are potentially numerous explanations for the gender imbalance reported here, including *inter alia*, the male orientation of non-EGM gambling provided by a Casino, accessibility of gaming venues in local areas, travel considerations, etc.. While "it is a general finding in other health and human service contexts that women tend to have a greater propensity for help seeking than men", (Jackson, 2000), this of itself does not explain the gender difference between casinos and hotels/clubs. An analysis of Gambler's Help data shows that female problem gamblers were more likely to live with other family members than male problem gamblers. They were also less likely to live alone; so that for both these reasons, there is an environment where problem gambling

¹⁴ Based on population data maintained by the AHA (Vic). Data provided by AHA (Vic).

behaviour and implications of that behaviour is more likely to be detected/felt by concerned others, thus encouraging a desire to seek help.

Nowatzki (2002) cites the demographic characteristics of self-excluded casino patrons analysed in several overseas studies, and reports that casino 'self-excludees' were predominantly male:

- in the Netherlands 75 per cent were male;
- in Switzerland 84 per cent;
- from a sample in Quebec, 62 per cent; and
- from a sample in Connecticut 60 per cent.

International literature on casino self-exclusion programs closely mirrors the actual data for the Crown Casino.

The total number of people detected breaching their Self-exclusion Order was 137 or 15 per cent of the total self-excluded patrons (see Table 3.3). Summary of breach data is shown in Table 3.3. Based on total number of breaches (437) and persons breaching their Self-exclusion Order, there was on average 3.2 breaches detected per person. However, only thirty individuals were detected breaching their self-exclusion on more than two occasions. Eight per cent of self-excluded persons have applied for and been granted revocation.

Table 3.3
Summary of Breach Data: Crown Casino

	Male	Female	Total
Total Persons	101	36	137
Total Breaches Detected	339	98	437
Multiple Breaches	19	11	30

Taken together, the data — on the total number of self-exclusions in place, those currently active, the number of breaches detected and the average rate of breaches — tell us very little, except that almost 1,000 persons have voluntarily sought self-exclusion from Crown Casino.

3.3 Key Features of Self-exclusion Programs

A comprehensive description of self-exclusion programs in all States and Territories is presented in Report B. The key features of self-exclusion programs in all Australian States and Territories are summarised in Appendix I, Tables I1 to I6 in this report.

Section Four

Consultations with Industry Peak Bodies and Others

Summary

- The self-exclusion program operated by the AHA (Vic) has evolved from a single site program to a statewide program covering multiple venues. This development introduced greater complexity into the program. Evolutionary changes over time have led to an over-emphasis on the self-help component and a downgrading of the search for an effective system for monitoring compliance and detection.
- There are very significant pressures on venues and staff trying to implement and manage a flawed system.
- Over emphasising the “self” component is not consistent with the broader concept of public health and contributing environmental factors (e.g., accessibility, ease of entry) or the biopsychosocial theory of gambling.
- There is an obligation and a community expectation that, in surrendering rights and liberty to enter restricted gaming areas in nominated venues, the self-excluded *individual should not enter* and the *venue should prevent* the patron from entering. Exclusion should mean exclusion!
- The limitations of the program and its implementation are summarised as:
 - significant problems with photographic identification;
 - the network-based program is impossible to monitor to ensure compliance;
 - hotels/clubs are left with a role in the system which is essentially flawed and difficult to administer;
 - a lack of enforcement (“current program is toothless”) which conflicts with community expectations;
 - no proper procedures to record, report and manage breaches, limited response and no penalties; and
 - current difficulties give rise to staff frustration, a perception of token compliance and there are no external disciplines to ensure compliance.
- What is required is a new system to successfully identify and regulate (i.e., exclude). A computer identification system would provide an improved protective measure.

A series of discussions, interviews and group meetings were held with a range of stakeholders including Clubs, the AHA, TABCORP, Tattersall’s, Gambler’s Help, local government and the Inter Church Gambling Taskforce. The outcomes of those discussions are reported in this section, along with subsequent telephone interviews and email correspondence exploring issues raised over the duration of the research. A second team of researchers (our “team B”) conducted specific interviews with venue owners/managers, Gambler’s Help staff and self-excluded patrons. The results of this research and a mail-out survey to venues are reported in Section 5.

4.1 Clubs Victoria and AHA (Vic)

The history of the self-exclusion program is that the program was launched by the AHA (Vic) and Clubs Victoria with the support of the licensed operators in early 1997. The Crown Casino, while also a member of the VGMI supported the initiative, but was not centrally involved, as it operated its own program. The industry states that the self-exclusion program was designed to assist problem gamblers to help themselves, although it was recognised that many problem gamblers suffer from diminished internal controls which impact their behaviour and that some form of externally imposed control was often necessary. Thus, self-exclusion was designed to “reinforce internal locus of control” and to provide external support, to offer a therapeutic tool to assist in controlling behaviour and to support self-responsibility (i.e., helping people to help themselves). The industry viewed self-exclusion as a therapeutic tool for problem gamblers ‘who cannot control their habit’.

From the initial design of the program the policy and practice of self-exclusion continued to evolve and change over time. Two examples of the evolution of the program are recorded here. The first, was that interviews for self-exclusion were originally held at the venue where the person was known, often with Gambler’s Help in attendance. Attendance at the venue was discarded as this was believed to be intimidating for the patron, principally because of the number of people in attendance. Nevertheless, where the patron was only self-excluding from a single site, then attendance at the venue helped to reinforce the direct venue-patron relationship.

The second major change, was that the patron was able to nominate multiple venues for self-exclusion. This fundamentally altered the relationship between venue and patron, because nominated sites may never have been used by the self-excluded person.

The industry ascribes this evolutionary change to pressure from Gambler’s Help and the public more generally to expand the coverage of the program.

Representatives of the two industry peak bodies informed the Centre that they had concerns about the decision to “globalise” or expand the coverage of the self-exclusion program from a small number of specific venues, as nominated by the patron, to a much larger number of venues.

It is now the case that, in some localities — in Geelong (37 venues) and Sunraysia (12 venues) — self-excluded patrons are advised to nominate every venue.

It appears that the decision to expand the number of venues able to be nominated caused a change in the basic policy, philosophy and practical aspects of the program.

From an original philosophy of joint responsibility — shared by the individual to adhere to self-exclusion and the Industry Body and the Licensee of Venue/s to conduct their business in a manner to preclude ... “persons *known by the venue operator* to be participating in a self-exclusion program” as stipulated in the industry Code of Practice¹⁵ — it appears to have been understood that the program could only be expanded if there

¹⁵ The Deed of Self-exclusion expands on the Code of Practice to enable venues to “take such action as to ask to stop using EGM’s, ... to remove ... and ... to prevent from entering ...”.

was a greater emphasis on the “self” in self-exclusion. This is not entirely consistent with the model of change which is said to underpin the self-exclusion program. We have already noted (discussed in Section Two) the reasons why an effective system of exclusion is required to balance personal motivation with external support.

Notwithstanding, the implementation of the program was re-oriented as a result of these decisions. It has evolved from a program wherein the self-excluding person was *known by the venue operator*, or could reasonably be known to be participating in a self-exclusion program, to one in which the person is not personally known, but is identified by other means (e.g., photographs). The result of this change is that venues now have to deal with significant numbers of persons, “known only by a photograph”. This change elevated to greater importance the issue of patron identification.

We were advised by the industry that the scope of the program meant that “it won’t work without the “self” component being stressed”. It was stated that, venues are encouraged to do ‘their best’ and to assist, but the program is designed to reinforce self commitment. Equally, the venues must comply with the Industry Code of Practice for the code to be meaningful. In reality, the difficulty in making the current arrangement work satisfactorily is double-sided: that the problem gambler will sometimes try to break their Deed and the current system of identification and detection is deficient and unworkable.

Moreover, the emphasis on “self” is not consistent with the broader concept of public health (it is silent on contributing environmental factors such as the accessibility of venues/machines, ease of entry) and the biopsychosocial theory of gambling. While we certainly would not deny that personal motivation is important in order to successfully change behaviour, over emphasising the role of self, in our view, has contributed to the neglect of the system of detection and exclusion. It is also not consistent with the Deed of Self-exclusion, the Industry Code of Practice, nor we think, community expectations.

In summary, based on learning and experience gained over time, advice from service providers and some pressure from public campaigns, notably the daily newspapers, the program has evolved from a local, venue specific program to be a statewide, networked program. This development introduced greater complexity into the program.

At about the time that patron identification became a priority, the VCGA removed the mandatory training requirement for the special employees licence, so that there is now no certainty that staff have undertaken training. A component of the training course deals with self-exclusion and identification issues.

Under the voluntary code of self governance (Codes of Practice), while it is a requirement that staff should participate in training, and the industry claims that all venues would “have some person with training”, the:

- lessening of the obligation/requirement for training;
- expansion of the number of photographs; and
- necessity of being even more vigilant following the ‘globalisation’ of the self-exclusion program;

represented new threats to the practical implementation of the program.

The program of self-exclusion covers only the Restricted Gaming Areas of the venue. From the perspective of the venue, it is designed to deal with problem gambling arising from the use of electronic gaming machines. We were told that there is no support for self-exclusion from the venue in its entirety, even though opportunities to gamble are available outside of the restricted gaming area. The Deed refers only to electronic gaming machines.¹⁶ However, we know from previous research that moderate risk gambling groups and problem gambling groups report gambling activities to include Keno at club, hotel or casino. Popular gambling activities for each group include *inter alia*,

- moderate risk gambling group: gaming machines (82 per cent), Keno at a club, hotel or casino (54 per cent); and
- problem gambling group: gaming machines (92 per cent), Keno at a club, hotel or casino (64 per cent).¹⁷

On the question of whether self-exclusion should extend to all forms of gaming while in a venue, there is no substantive reason why this could not be offered. However, it would be difficult to monitor particularly where the TAB outlet and Keno point of sale are outside the gaming area. Experience with the TABCORP self-exclusion program for wagering may provide useful insights on this matter.

The industry and others also stated that clubs have been established around sporting activities such as bowling, football, cricket and community social clubs, and as with many hotels and especially in regional areas, they represent a major centre for entertainment, meeting friends, for social outings and for meals. We agree that self-exclusion should not extend to prohibiting entry to a venue.

Finally, the industry reported they were strongly opposed to criminal sanctions¹⁸ on the substantive grounds that “the problem gambler has a habit they cannot control — that is why they are a problem gambler”. Therapeutic/helping solutions are sought rather than criminal sanctions. We note here that the problem gambler was identified as having a habit or problem which “they cannot control”, suggesting that self and supported/reinforced self-exclusion may be necessary. In any case, we do not believe that financial penalties should be introduced within the current system.

4.1.1 Funding the Program

It is our understanding that AHA (Vic), Clubs Victoria, Tattersall’s and TABCORP each contribute \$50,000 to the VGMI. One half of this is provided to the AHA (Vic) to run the self-exclusion program and the other \$100,000 is retained by the VGMI for the operation of the Industry Complaints Tribunal and for other purposes. Any additional costs of running the program are presumably met by the AHA (Vic).

¹⁶ We note the recent initiative of TABCORP to introduce self-exclusion for wagering.

¹⁷ “Queensland Household Gaming Survey, 2001”, p. 11-12.

¹⁸ Sanctions in regard to the individual and financial penalties for venues.

The Centre requested the AHA (Vic) to “provide an overview of the resources committed to the self-exclusion program” (by email 25th October, 2002 and earlier verbal communication) by answering the following questions:

- budget for the total program, financial resources last calendar/financial year, other resources committed by Clubs, operators, etc.;
- how is the budget resourced (e.g., levy, etc.);
- staffing levels;
- financial resources committed to SEGO online installation; and
- resources provided to evaluation, methodology and R&D.

The AHA (Vic) responded that:

“in regard to the resources committed to the program [the CEO] ... does not consider it either appropriate or relevant to the purposes of the research project for this information to be released”, (email 25th October, 2002).

This response from the AHA (Vic) seems to betray a lack of understanding of the objectives of this research project and is disappointing given the AHA’s stated support for the research.

The amount of funding clearly determines the scope, resources and effectiveness of the program. Is the funding adequate for R&D, evaluation, and monitoring of the program? Is there sufficient funding to meet the level of demand for interviews and follow-up letters? Has the funding increased to meet the increase in demand (i.e., number of interviews)? What is the average cost of an interview, how well are hotels and clubs supported by the program? If we cannot measure or consider the inputs then how is it possible to discuss the outputs and final outcomes?

It is quite obvious that measures of effectiveness, *inter alia*, accessibility, transparency, accountability, responsiveness and program development/evaluation (measuring outputs relative to inputs) are impacted by the level of available resources. The current lack of transparency and a lack of public accountability leaves the program open to legitimate public criticism.

All we are able to say is that the program does not appear to have an evaluation component, the system of data referral (from venues) and recording is deficient and there appears to be no systematic sending out of letters following notification (if this actually occurs) of breaches. The AHA (Vic) has met the requirement to put a system in place but we have serious reservations about the adequacy of that system. Overall, we have heard from a variety of sources sufficiently disquieting stories concerning the operation of the referral, data management and lack of follow-up, to have grounds for concern as to whether the current level of funding is adequate to properly implement, manage, monitor, develop and evaluate the self-exclusion program.

4.1.2 What Else Could be Done?

In the interviews with industry representatives we canvassed options for improving the self-exclusion program and possible other harm minimisation measures. Most importantly, suggested improvements to the self-exclusion program were not referred to by industry representatives. No person raised possible solutions in regard to the difficulties of identification, the detection of non-compliance or management/administrative issues to improve the program.

It was clear to the researchers that there are problems to be addressed, including *inter alia*, the issue of patron identification, the expanding number of photographs, community expectations of the program, monitoring compliance with the Deed, systems for data collection and the capacity (i.e., financial) of the AHA (Vic) to manage the program and provide support to venues. None of these issues were raised.

4.2 TABCORP and Tattersall's

Representatives of the two Licensed Gaming Operators suggested that the self-exclusion program was successful for those who were internally motivated to address their gambling addiction. This standpoint (and we do not necessarily dispute this view) is consistent with those individuals who are defined as having a stronger internal locus of control. However, *a priori*, it is not possible to determine those specific individuals from all individuals who elect for self-exclusion.

The self-exclusion program does not purport to differentiate between personality types. Nowhere in the literature is this suggested. Further, while those with a stronger internal locus of control may perhaps better understand the importance of self motivation, what of those subsequently classified as individuals with an "external locus of control" who are less inclined to take responsibility for their own actions? It follows that active exclusion is more important for this group.

We have already discussed that, what little agreement exists in personality studies tends to suggest a difference in locus of control, "with high frequency gamblers being more external than low frequency gamblers" (see discussion 2.4.5). For this group, it follows that active and successful exclusion from the destination or physical location in which gaming is regulated, may require external intervention or reinforcement. Self-exclusion is a blunt instrument. This is not to diminish the role of self-responsibility to achieve maximum therapeutic benefit; however and most importantly, "exclusion means exclusion" to obtain the benefit of reduction in harm.

There is an expectation on the part of the individual that they are excluding themselves and, that they will be removed or excluded if detected in a restricted gaming area. There is a clear community expectation that the program excludes. The program itself does not seek to differentiate between classifications of problem gamblers.

In addition to individual and community expectations, it must be recognised that the individual is surrendering their rights and liberty to enter restricted gaming areas in nominated venues. The Deed of Self-exclusion specifically states that the person denies “myself the right of entry and to exclude myself from areas at the Venue/s set aside for gaming purposes only (Restricted Gaming Areas)” (Section 2).

The Deed then states:

“I desire the AHA/Licensed Clubs Association of Victoria, the Licensee of the Venue/s and or their servants or agents to take such action as is necessary to prevent me from entering the Restricted Gaming Areas ...” (Section 3). This seems to imply that the self-excluded person desires the industry and/or venue to act. The self-excluded patron is being advised that they are entering some form of partnership or mutual obligation in which they desire the venue to act. Do they desire or do they not desire?

The Deed further authorises the Industry Body, the Licensee of the Venue/s and/or their servants or agents, during the period of self-exclusion (Sections 9a and 9b),

- to ask the patron to immediately stop using EGMs and/or to immediately leave the Restricted Gaming Area;
- if the patron refuses ... agents can take such action as is necessary (including the use of reasonable force) to remove the patron ... and to stop using EGMs at the Venue.

Section 9 of the Deed also refers to action to prevent the patron from actually entering the Restricted Gaming Area (Section 9c: Authority).

We were informed that the self-exclusion program “cannot be enforced by the venues and was not designed to be enforced by the venues”. This statement is somewhat puzzling. We must ask why exclusion is not able to be enforced by the venue. Are the impediments based on legal, social, management or system wide operational difficulties?

However, while the patron does express a desire for the venue to act, there is no obligation, duty or responsibility to act as Section 4 of the Deed states that:

“I understand that Self-exclusion from Restricted Gaming Areas at the Venue/s is made voluntarily and does not place any obligation, duty or responsibility on anyone except myself”.

Section 14 of the Deed also refers to “... there is no obligation, duty and/or responsibility [on the industry/agent] ... to undertake any or all of the actions or things so authorised”.

We do not wish to engage in a debate about the legal niceties of a deed versus a contract, what is implied in the Deed, etc., but certainly it is reasonable to ask, if the current program cannot be enforced by industry then what is necessary for it to be able to be enforced.

The Licensed Venue Operators — Code of Practice states that venues should:

“conduct their businesses in a manner that precludes the following persons from entering their restricted gaming rooms, minors, intoxicated persons, and persons known by the venue operator to be participating in a self-exclusion program.” The Code of Practice expresses more than a commitment by industry to simply put a program in place. We are aware, as we believe is the industry, and certainly Gambler’s Help counsellors are aware, that individual venues frequently cite Section 14 of the Deed, claiming they have no responsibility, duty or obligation to undertake any action.

The program is placed and operates in a spatially diverse environment. Within the current environment of:

- freely available access to any venue;
- a multiplicity of venues;
- limited sign-in arrangements;
- often no proof of identification necessary to enter, and the network based operation of the self-exclusion program; and
- it appears that there are simply too many loose ends that work against the full effectiveness of the program.

For example, the individual is not breaching their Deed if they enter a non-nominated venue and this is not a concern for the industry under existing arrangements. However, the obvious reality is that such actions do not constitute an effective harm minimisation policy, they do not support abstinence and they clearly fail to effectively exclude.

A critical issue, then, is the effectiveness of a program within the environment in which it is located. What is most appropriate for the “environment in which gaming takes place”?

A wide range of practical difficulties were identified in the implementation of the program, including *inter alia*:

- staff experienced problems with photographic identification;
- globalisation of photographs and their limitations hinder the management of the program, the need for better identification (e.g., personal characteristics such as height, weight), as photographs were too small;
- too many faces for staff to recall;
- the network-based program is difficult, if not impossible to monitor;
- there is no centralised management data on individuals who are detected breaching the Deed, and of course, for individuals who technically do not breach the Deed by attending a non-nominated venue;
- limited response and no penalties for a person caught breaching their Deed;
- the need for other responses/strategies for people who might continually break their Deed; and

- extended waiting periods of up to three weeks to arrange an interview with Gambler's Help in some cases.

Some hotels/clubs had more than 100 self-excluded patrons, many had photographs for upwards of 60 to 80 patrons. Refrigeration mechanics and tradespersons were reported able to view patrons photographs when working in the venue. Privacy of photographs were compromised. We find that the concerns listed above are similar to those raised by counsellors, hotel and club staff and others. Appropriate training for staff is not mandated, so it is possible for staff to be working in a restricted gaming venue without having undertaken any formal training.

There is opposition in the industry, according to TABCORP and Tattersall's, to mandated requirements for venue owners, managers and their staff — whether it be financial penalties, self-exclusion, or training — the favoured course of action is to seek to enforce requirements via negotiation and the voluntary code of practice, although there are obvious shortcomings with this approach.

4.2.1 Industry Reflections on the Program

While there is acknowledgement of the limitations of the current program and procedures, the following comments reflect an understanding of the utility of the program:

- there is a general acknowledgement of the limitations of the practice of self-exclusion in that it appears to work for some individuals, and certainly while they are on the program, but not for all;
- it is stated that the program is not designed to be enforced by the venues and exploitation of this (by newspaper articles) only serves to reduce the credibility of the program. The researchers suggests this reflects not just a different understanding of the program, but more importantly, very different expectations of the program;
- there is a need to work closely with individual counsellors while on the program (no industry program can mandate this);
- self-exclusion could consider coverage of Keno, but it should not extend to blanket exclusion from any venue, and this was important in regional areas;
- as self-exclusion has evolved into a statewide program, this has placed significant pressure on venue operators and their staff; and
- the Crown self-exclusion program was adjudged to be easier to administer; it operates on a single site, with limited access points that are able to be supervised, is supported by better surveillance including video surveillance and has a legislative backing.

Under the legislative framework which Crown Casino operates, those people who have self-excluded and surrendered their right "must not enter or remain in the casino". In addition, to support those who have the responsibility not to sell to the self-excluded

patron, Crown “must remove or cause to remove” the self-excluded patron. Both the individual and the operator have clear responsibilities and obligations.

In the hotel/club network based self-exclusion program, no equally clear lines of responsibility or obligation (and hence compliance) are specified. Hotels and clubs are left with a role in the system which is essentially flawed and difficult to administer. There are no systematic procedures to monitor the effectiveness of the program. The reliance on “self” (certainly for problem gamblers who often experience a complexity of other related problems) is not theoretically based; rather it is administratively argued (principally, but not exclusively) to support a flawed detection and monitoring system, which the industry acknowledges cannot be enforced by venues under current arrangements.

An additional industry perspective is provided in a summary report of a self-exclusion forum held in February 2002. In that forum very few of the substantive issues relating to the effectiveness of the program were raised. It was decided that two working groups would consider:

- investigating ways to ‘warn’ people of their obligation under the deed if they breached the deed a certain number of times (we ask, how is this information even known if breaches are only recorded in a venue incident register, rather than a central managed system?);
- investigate methods to better integrate the program with services provided by Gambler’s Help and other service providers; and
- a major priority should be to investigate ways to increase awareness of the program to patrons, counsellors and others.

Nothing in the summary of discussion refers to improving the effectiveness of the program. The difficulties experienced by venues in implementing the current program are largely ignored. The conclusion that the program is “well run and managed” is not substantiated. There is no critical assessment of the program or prioritising of essential improvements. The document does not reflect the current difficulties that venues and staff experience, that self-excluded patrons refer to and the current management system in place for the program. Some examples should suffice, with our brief comments in end brackets:

- “statistics on the program are helpful” (they are limited and informative, but not capable of being used as management tool, there are no monitoring data, and no procedures to improve quality);
- “need for procedures and processes for venues — i.e., staff training” (no organisation should introduce a program without proper procedures; what procedures and processes are referred to here?, for what purpose?, why aren’t they in the existing training courses?, staff appear confused now?);
- “good that on-line photos will have people with most reported breaches on top” (what commitment is there to 100 per cent self-exclusion on-line (SEGO), by what date, with what support, how will SEGO overcome difficulty of photo recognition-based identification?);

- “could look at ‘formalising’ or improving the reporting structure for breaches” (it is necessary to look at essential flaws in the current system. Not “could” but should).

The lack of critical assessment of the program is a genuine concern as it does not reflect the important issues raised with our evaluation teams. What this also demonstrates in our view, is that program development and implementation cannot be left solely to the industry.

4.3 Representatives from Gambler’s Help and Local Government

Following discussions with industry representatives, the researchers then held discussions with groups of counsellors and practitioners, conducted individual telephone calls, emailed questions and queries and conducted face to face interviews with Gambler’s Help, representatives of the Salvation Army, local government staff and representatives of peak bodies in the human services. We consider those discussions here.

There is an acknowledgement that the program of self-exclusion can work for a small number of people. They are usually highly motivated individuals who have come to recognise that gaming is causing substantial problems in their lives; they have made a decision to stop and self-exclusion is part of that process. However, by definition many problem gamblers are not so self-disciplined (otherwise they would not be problem gamblers!); they may enrol in the program under pressure from wives/husbands. For this group, the early motivation reinforced by pressure from others “tails off”. In the experience of counsellors, members of this group are most likely to break the deed, or visit venues which they have not nominated. This group is most likely to benefit from detection and exclusion.

Of particular interest is the view, reported by Gambler’s Help, that problem gamblers feel a sense of relief in signing up to self-exclude, in that “they have assistance, they have enlisted help, and they only have to do so much”. There is an understanding on the part of the self-excluded patron that once they sign up, they expect the gaming venue to enforce self-exclusion. Problem gamblers we interviewed expressed similar expectations.

General comments on the management of the program at the venue level, from counsellors and helping agencies can be summarised as follows:

- that the program is too difficult to supervise and monitor, especially with the expansion of the number of photographs;
- in Geelong and other regional centres such as Mildura, there is encouragement to exclude from all venues (37 in total in Geelong and surrounding district) which leads to expansion in the number of photographs;
- “no energy put into the program by individual venues” and there are no penalties for not doing so, token compliance in many cases;

- difficult to enforce, staff feel frustrated and often do not understand the requirements of the deed; and
- it does not work in practice, unsatisfactory, (as the recent example reported in the *Herald Sun*¹⁹ demonstrated).

A number of reasons were advanced as to why the self-exclusion program is less effective than it might otherwise be. They include, that in practice:

- there is no legislative backing to the program, the Industry Codes are purely voluntary, they cannot be mandated and some venues simply do not comply;
- the network arrangements across hotels and clubs are more difficult to manage and more easily circumvented;
- by definition, many problem gamblers are not self-disciplined, so that it is inappropriate for the industry to upgrade “self” and downgrade the venues role in exclusion; and
- there is often no incentive for a venue to “exclude their best customers”. There are performance based incentives within the structure of the Victorian industry that may mitigate against removal of the patron.

Counsellors are critical of the AHA (Vic)²⁰ and venues for failing to enforce exclusion (“don’t call it self-exclusion and then not administer the exclusion component”). Most respondents considered the program to be virtually unworkable, easily able to be circumvented, non-existent follow-up, and unable or unwilling to intervene against “less helpful venues that get away with token compliance”.

Following face-to-face meetings and group discussion, the researchers expanded contacts with non-metropolitan Gambler’s Help staff through a series of randomly selected telephone interviews (the week of 9th September) and email correspondence. The focus of these consultations was on the effectiveness of the program and suggested areas for improvement.

In regional areas Gambler’s Help staff felt that self-exclusion was easier to administer because people were known in the area. In Sunraysia, self-exclusion usually covered all 12 venues — 6 in and around Mildura (including the town of Robinvale and down to Ouyen) and six across the border in New South Wales. It was stated that the majority of venues were cooperative, although there were instances where one venue was failing to intervene to evict known self-excluded patrons.

The limitations of the policy and its implementation were stated as:

- lack of enforcement, current program was toothless and had to be enforced;
- often staff were apprehensive about what to do. “It is a bit hard to ask someone to leave”, “patron given gentle warnings, that next time you’ll be asked to leave”, staff feel uncomfortable;

¹⁹ *Herald Sun* demonstrated undetected access by a self-excluded patron to a number of venues.

²⁰ They were very supportive of the Self-exclusion officers conducting the program located within the AHA (Vic).

- failure to ensure that, if patron did not have ID or could not prove their identity, then they can be asked to leave;
- Gambler's Help staff often informed by hotel staff that "they have asked Mr X three or four times to leave", and what should they do about this;
- problem gamblers report that they believe they have been recognised but were not asked to leave the gaming area; and
- there are often too many access points into the gaming area, too difficult to monitor.

In summary, the major failing was that there were no consequences for either venues or self-excluded patrons.

The weight of numbers of photographs meant that visual identification was extremely difficult, if not impossible. High turnover of staff, the level of casual and temporary employment within the industry often meant that staff do not know who the regular patrons are. They experience even greater difficulty with identifying and matching photographs to self-excluded patrons. Having to provide a photograph caused some individuals not to elect to enter the program, due to issues of privacy in regional centres.

It was felt that to properly monitor self-exclusion it was necessary to implement a system of identification checks or some other technical solution such as face recognition software. The expansion of the number of photographs already posed a significant threat to the viability of the scheme.

It was reported that several venues had adopted the attitude that if the patron had self-excluded then it was their problem. There is a clear view that some venues are not "fair dinkum" about enforcement. Of considerable interest is the fact that venue staff ring Gambler's Help seeking assistance with evicting a patron or seeking advice on how to ask a patron to leave (particularly younger staff).

Interestingly, in regional areas, unlike the more populace metropolitan centres, venue staff and counsellors did suggest they could "tell who had a gambling problem". Knowledge of local circumstances clearly comes into play. We are not suggesting that local knowledge is a basis for intervention. However, the observation of behaviour in a gaming venue including, *inter alia*, time at the venue, frequency of visitation, verbal frustration (and abuse) to staff regarding "the bloody machines", the state of individuals when they leave the venue when combined with daily contact and some local knowledge of an individuals circumstances, provides an insight into the potential problem gambling behaviour.

Finally, Gambler's Help counsellors did report that self-excluded patrons with whom they had contact, held an expectation (rightly or wrongly) that they would be detected and excluded, but many found that this was not always so.

4.3.1 Issues and Key Conclusions: Gambler's Help

The program is used by only relatively small numbers of people and there are significant weaknesses in implementing the program as it now stands. It can work well, if external enforcement is a reality. Some clients do go through the program several times, finally achieving a positive outcome. It works best where venues are consistent and actively enforce the Deed, as this acts as intermittent reinforcement to a client who may seek to breach the Deed.

Key Conclusion

A system of uniform identification should be introduced to access restricted gaming areas. It could be used to bar self-excluded patrons and minors. It was suggested that all gaming venues should have sign-in provisions or a simple computerised personal identification system.

Key Conclusion

One possible option suggested to the Centre for consideration is that responsibility for the self-exclusion program be relocated with VGMI. The current location was criticised for not being sufficiently impartial, possessing a vested interest and lacking transparency.

The Centre asked the question "in your view should the program be managed by a third party (e.g., not Gambler's Help or AHA) who would work closely with Gambler's Help". Respondents clearly indicated that a major concern is that the industry spends considerable energy and time in defending a flawed process and that this will continue unless action is taken. We quote one respondent:

"Given the current management of the process, it is worth considering changing auspice. My concern is that if it remains industry based, the current practice of defending a flawed process will continue. Management of the system needs to be objective and unbiased, hence a third party may work better. If it must remain with industry, it could be located within a revamped VGMI Secretariat".

It was generally felt that the program should be administered by an independent body. Self-exclusion was seen as useful intervention, but only if it could maintain credibility. Independent monitoring was important to the credibility of the program.

Key Conclusion

There is strong support from outside the industry for legislation. Respondents indicated that the program should be legislated and the reasons for supporting such action included, *inter alia*,

- lack of uniformity in compliance;
- lack of monitoring, evaluation, follow-through by venues and the AHA (Vic);

- inadequate reporting procedures between venues and the AHA (Vic);
- lax venues, no sanctions, token compliance; and
- failure to comply with the most basic requirements of the self-exclusion program.

Legislating the current program, without other changes would not necessarily improve the effectiveness of the program. In the view of one respondent it may elevate the status of the program “as being more important than it is”. The key point is that respondents want a more effective system of detection.

4.4 Interchurches Gambling Taskforce

The Centre held discussions (in Melbourne and by telephone) with representatives of the Interchurches Gambling Taskforce, in their capacity as a stakeholder group on gambling policy that assesses the efficacy of harm minimisation measures.

Representatives of the Inter-church Gambling Taskforce (ICGTF) considered that research was excessively focussed on “identification issues” rather than structural reforms across the gaming industry.

Self-exclusion was acknowledged as a useful program for a relatively small number of problem gamblers; those essentially who had individually identified they had a problem and were highly motivated to address the problem.

However, the program was seen to have limited coverage for moderate risk gambling and problem gamblers. In relation to the issue of “identification”, they noted that

- the program places too great an emphasis on the individual with venues ‘straining’ under the weight of a greater number of photographs;
- there are incentives not to exclude “a venue’s best customer”, including because of revenue/performance targets set by the operators; and
- the self-exclusion program places considerable onus on staff who are relatively untrained, in an industry characterised by high turnover of staff and casual employment.

Summarising the above, identification and intervention strategies are extremely complex to devise and to implement. The Taskforce believed the “individualisation” of problem gambling led to an over emphasis on self-exclusion and identification issues. The program had only a very small role to play in addressing problem gaming, particularly given the raft of other changes and behaviours within the industry.

The ICGTF has presented a five point action plan to government that deals exclusively with structural changes to the industry. They have recommended the following:

-
- A reduction in the maximum number of EGMs to no more than 15,000;
 - Legislation to reduce the intensity of play and to limit the maximum amount of money that is able to be lost on an EGM. The limit to be set at \$50 per hour;
 - Removal of ATMs from venues and restricting EFTPOS cash withdrawals;
 - Winnings over \$250 to be paid by cheque. Currently, winnings over \$2,000 in Victoria must be paid by cheque; and
 - Restructure of the Regulation of gambling.

As can be seen, these recommendations address structural issues, the scale and scope of the industry, with the goal of addressing harm minimisation and do not seek to address strategies based on “individual identification” or management of individual behaviours.

4.5 Training: A Practical Perspective

Training in the management of the self-exclusion program in Victoria is included in Sections 8-10 of the Responsible Service of Gaming course, dealing with:

- Industry self-regulation (Section 8);
- Providing Customer assistance (Section 9); and
- Support Services (Section 10).

A number of practical problems were identified to Centre staff by training providers. The first concern related to the ‘observational factor’, where there are often in excess of 60 to 80 photographs. A practical consideration is that staff were unlikely to recognise any person, aside from the very regular patron and certainly not be able to recognise those individuals who made an effort to conceal their identity. There were simply too many photographs, either on-line or in hard copy.

The second difficulty occurred where the size of the venue and the small number of staff presented supervision problems. Staff pressures, the large number of machines in many venues, other work activities/duties, presented practical supervision problems.

Finally, truly effective monitoring of self-exclusion required that staff be “switched-on” to the possibility of self-excluded patrons entering the gaming area. Often such patrons were not known to the venue and there were often multiple access points to enter the restricted gaming area. This has become a more critical aspect of the program, with the expansion of gaming venues able to be nominated by the self-excluded patron.

It must be acknowledged that a combination of factors, including the ability to remember/recall individual photographs, the limitations of photographs in that they do not display other characteristics such as height and weight, the observational alertness of staff, the size of gaming area (i.e., number of machines) and the multiple duties of staff present practical difficulties.

The element of detection within the program can be compromised by any of these factors.

4.6 The South Australian Experience

The Centre examined the programs for self-exclusion available in South Australia to compare and contrast with the situation in Victoria; were there similar problems, what policy lessons could be learned etc.. Written documentation on self-exclusion was received from the then State Minister for Gambling (The Hon. John Hill, see Report B) and interviews were conducted with representatives of the Independent Gaming Authority (IGA), the Office of the Liquor and Gambling Commissioner and the AHA (SA).

Details on self-exclusion programs and procedures are included in Report B: South Australia. There are various ways in which self-exclusion can be initiated in South Australia, including:

- ‘licensee barring’ which encompasses voluntary self-exclusion, is provided for under the *Gaming Machines Act 1992*;
- ‘authority barring’, statutory scheme of exclusion is administered by the IGA under the *Independent Gaming Authority Act 1995*;
- the Liquor and Gambling Commissioner may bar a person from the Casino (Section 45 of the *Casino Act 1997*); and
- the Casino conducts and manages its own self-exclusion program.

‘Licensee barring’ or voluntary self-exclusion — the hotel/club industry based program — is estimated by the AHA (Vic) to have been used by 500 persons,²¹ the majority of cases involving self barring (voluntarily initiated by the patron) rather than licensee initiated. Barring is on a single venue basis only. It must be repeated for each venue. The BetSafe Program in New South Wales, self-exclusion in the Australian Capital Territory and Queensland are also conducted on a venue by venue basis (see details in Report B).

Under the *Gaming Machine Act 1992*, penalties apply to both the gambler and the venue operator:

- Maximum penalty of \$2,500 for a person who enters a gaming area from which he or she is excluded (i.e., they commit an offence); and
- Maximum penalty of \$10,000 in the case of licensee barring where the licensee or an employee suffers or permits an excluded person to enter or remain in a gaming area (i.e., the commit an offence and are liable for prosecution).

The justification for a financial penalty in South Australia is that because the self-exclusion is undertaken for a single site and/or it is able to be initiated by the licensee, then there is clearly a greater likelihood that the “person is known”. It could be stated as a highly personalised system. There are clearly incentives for a licensee potentially

²¹ The Centre expresses no confidence in this estimate and there has been no research or evaluation of the use or effectiveness of the program. No central records are maintained, nor has there been any independent audit of the industry based program.

facing a significant fine not to initiate licensee barring. Again, there are no records/data to comment further on this.

Authority barring, the statutory scheme of exclusion administration by the IGA under Section 15 of the *Independent Gambling Authority Act 1995*, came into operation on 1 October 2001. There were 121 persons subject to 'authority barring' in the first year of operations. The individual applies to the IGA and may be barred from a single venue or all venues within the State. There are no statutory penalties for licensees. However, the licensee must have policies and procedures in place to implement the binding direction of the IGA. Failure to comply or to take reasonable steps to ensure that excluded persons do not enter or remain in areas from which they are barred and to implement procedures ensuring that this occurs, attracts a maximum penalty of \$35,000. The IGA informs the relevant venues of authority barring and it provides a photograph, thereby adding to licensee and voluntary self-excluded patron numbers to be administered by the venue.

Neither the licensee process nor the Authority process involves a contract. There is no standard term for licensee barring and a licensee may revoke at any time. An order made by the Authority is indefinite and it must remain in force for a minimum of 12 months.

The AHA (SA) has expressed concern about the potential 'blanket coverage' of Authority barring, indicating the compliance burden this places on venues, the difficulties of identification that this creates and the implications for the maintenance of a workable system of self-barring. The compliance burden and the difficulty of identification are shared concerns in the Victorian and South Australian gaming industries.

The AHA (SA) stresses the relationship component of the industry scheme where the person is "known to gaming room staff". They provided to us examples of venues receiving IGA barring notices where "not one person is known to gaming room staff". The IGA seek to encourage people to "nominate a more limited number of venues" but it is reasonable to assume that detailed interviews and negotiations with IGA clientele are only a realistic option while the numbers are relatively small. Greater awareness and utilisation of the IGA program will necessitate changes.

Neither Authority nor licensee barring is systematically linked to support or consultation with trained Gambler's Help²² counsellors. There is no on-going obligation, monitoring or treatment/counselling linked to either program. The therapeutic value "is that it will work only if people want it to work" or that the agreement with a licensee is observed. Without links to counselling, with no data on breaches, no central management system of the venue based program, no record of identification and enforcement, it is not possible to assess the coverage and effectiveness of the existing self-exclusion procedures.

Interestingly, industry representatives in Victoria put a strong case against the "identification of problem gamblers" and implicitly, the ability to implement licensee barring mechanisms. In opposition to this, BreakEven counsellors in South Australia, venue operators and licensees in regional Victoria, plus of course, the very existence of

²² Known as BreakEven Counsellors in South Australia.

licensee barring in South Australia, suggest that there are clearly circumstances and possibilities where 'local knowledge and observation' would support intervention. It is clear that in some metropolitan venues and many regional venues, patrons are "known to gaming room staff", there is a long-term relationship between the venue, the patron and the licensee, that staff are "switched on" and have the necessary maturity, knowledge, training and even longevity in employment, to know a considerable amount about individual patrons. Factor such as time on machines, frequency of visit, attitude of the person, request for credit or borrowing — those factors able to be observed in the venue over a long period of time — combined often with knowledge of personal, familial and employment circumstances, have all been suggested as reasons why "persons are known (i.e., their gambling behaviour included) to the licensee and gaming room staff".

The objection of the Victorian industry seems to be founded on the basis that the self-exclusion system is now a statewide ("global") system, and hence venues maintain an ever expanding register of self-excluded patrons of whom most are not known to the venue (rather than a blanket, outright ability to "know a problem gambler" or to detect and observe problem gambling behaviours).

Identification and enforcement issues were also raised in the South Australian context:

- the expansion of barring orders meant that identification issues are far more significant;
- it is difficult to identify an individual from a photograph only; and
- it was not appropriate for staff to be given responsibility for identification using only a photograph.

On the difficulty of identification, the AHA (SA) responded:

"As police will attest, it is extremely difficult to identify someone from a photograph only. A photograph does not reveal a person's height, build, gait or standard of dress. It does not reveal the sound of their voice, whether they smoke or not. It does not reveal if they are extroverted or introverted, whether they attend gaming rooms alone or in groups, whether they wear their hair up or down or both or whether they sometimes alternate between glasses and contact lenses.

Clearly, the people who work in gaming rooms are not professionally trained in the skills of identification, and many have expressed concerns to management that their task is an impossible one, where the person is not known to the venue. Management is equally concerned ...".²³

Finally both BreakEven counsellors and the AHA (SA) have concerns about self-exclusion and authority barring without a requirement for support or consultation with a trained counsellor, especially given the co-morbidity of gambling with other health and personal issues and our understanding of problem gamblers.

²³ Correspondence in reply to SACES request for information on self-exclusion program. 5 July 2002, AHA (SA).

In summary, there are shared difficulties across the various programs. The more “personalised” system of individual venue barring (by licensee or voluntarily by the patron) is unique to South Australia.

The IGA scheme which provides for a statutory scheme of exclusion, offers a depersonalised, statewide system of self-exclusion. The IGA is endeavouring to limit the number of venues that problem gamblers nominate. It is too early to observe how this will play out, but already we believe that the

- highly personalised venue based system, and
- the potentially state-wide, network system of the IGA

impose practical management difficulties, administrative complexity and identification issues similar to those in Victoria.

4.7 International Research on Self-exclusion programs

There is very little research into the effectiveness of self-exclusion programs. Two papers by Ladouceur (2000) and Nowatzki (2002) have reviewed casino self-exclusion programs with the latter paper providing some views on the effectiveness of overseas, casino based programs.

The demographics of self-excluded patrons were discussed in 3.2.4. Nowatzki (2002) comments that the utilisation rates (0.4 per cent to 1.5 per cent) of total self-exclusion contracts is very low, and Victoria is no different in this regard, while violations (detected breaches) are also very low. It is also not possible to comment about the effectiveness of self-exclusion based on the number of reported violations. They are likely to reflect the administrative system in place (i.e., security guards, scannable cards, video surveillance, etc.), rather than the effectiveness of self-exclusion.

On this last point, and as is the experience of Crown Casino in Victoria, those who did break their self-exclusion order reported going back a median of six times (Quebec), and nine times (Connecticut). The highest rate of compliance “occurs in the Netherlands where personal identification is required to gain entry into gaming venues”. In addition, various studies cited by Nowatzki (2002) reported that self-excluded patrons found other ways to gamble. In the Victorian context we do not know whether Crown self-excluded patrons visit hotels, clubs or vice versa.

The most active self-exclusion program reported in overseas studies is the computerised visitor registration system introduced by the industry for the network of casinos in the Netherlands. They had achieved high utilisation rates and more extensive coverage of problem gamblers. The registration system records the history and frequency of any visitor and this is able to be checked against self-excluded patrons. Further, the system is able to do precisely what all Australian systems cannot do:

“the system can also generate reports on the number of protective measures requested, signs of compulsive gambling (sudden increase in frequency of visits), and the number of talks staff have with visitors about compulsive gambling. Effectiveness measures can be computed for each casino, thus providing a management tool that enables casinos to make mutual comparisons. National and/or local gambling figures can be reviewed immediately, and consequently trends can be reacted to and adjusted more quickly”. (Nowatzki, p. 11).

Nowatzki cites the Holland Casino 2000 Report and goes on to explain that the:

“... computerised visitor registration system at Holland Casino allows for the early identification of problem gambling: it detects increase in gambling frequency, and provides automatic notification when a guest attends Holland Casino 20 times or more over a period of three to six months. This notification allows employees to approach potential players-at-risk for an ‘interview’. An interview involves talking with the guest, and it generally steers the individual toward a protective measure. While guests are free to refuse such a measure, most interviews result in either a self-exclusion or visit limitation agreement. A study found that of 790 patrons detected and approached, 85% accepted a protective measure (i.e., ban or visit limitation), 13% greatly reduced their visits of their own accord, and only 2% showed no response to the interview”. (Nowatzki, p. 20).

Nowatzki (2002) concludes that “effective self-exclusion does not necessarily have a serious negative impact on profits, ... a workable balance between efforts to prevent compulsive gambling and making a profit. It would appear that good visitor care is not an obstacle to a profitable turnover”, (p. 22).

Eight recommendations were provided by Nowatzki (2002) and they are summarised below:

1. **Mandatory Promotion of Self-exclusion:** mandatory for gaming venues to act on attempts by gamblers to self-exclude. This mandatory obligation provides an objective and obvious off-setting response to the reality that gambling is a commercial activity.
2. **Irrevocable contracts and minimum ban length of 5 years.**
3. **Jurisdictional-wide programs administered by a jurisdictional regulatory body.**
4. **Extending exclusion to all gaming venues.**
5. **Computerised identification checks for enforcement of self-exclusion:** In Victoria (and elsewhere in Australia) it is not possible under the current system to effectively identify patrons from photographs. This will present a severe problem as the numbers grow. Nowatzki states that “self-exclusion policies will continue to be little more than lip service unless measures such as scannable identification to enter a restricted gaming venue are implemented”.

6. **Penalties for both venue and gambler upon violation of agreement.** This has been resisted by the Victorian gaming industry. The Deed of Self-exclusion, notably clause 14²⁴ effectively absolves the industry of any requirement or responsibility to act. We have had reported to us in the course of this study, examples of citing clause 14 by a venue, to allow a known self-excluded patron to enter. Such actions minimise compliance with self-exclusion.
7. **Optional counselling and mandatory gambling education seminar prior to reinstatement.**
8. **Increased training and education of casino employees (all gaming staff).**

In considering the policy implications arising from discussions with the industry, Gambler's Help and others, and international experience, we conclude that currently, gaming regulations are heavily oriented towards protecting or regulating the destination (i.e., the venue) where gambling takes place. The current state of "problem gambling" and programs such as self-exclusion illustrate that stakeholders have paid too little attention to what behaviours occur at, or inside the destination. Self-exclusion as a harm minimisation tool (by endeavouring to enforce abstinence) is truly effective where it successfully excludes from the destination. Currently, we are uncertain whether it even does this adequately. What is required is a mechanism to successfully identify and regulate (i.e., exclude). A computer identification system would provide enhancement of the current, inadequate arrangements in that it would provide:

- a destination based policy instrument (all restricted gaming areas in all venues);
- a management tool with jurisdictional uniformity;
- a system to ensure high compliance rates by venues and self-excluded patrons;
- improved monitoring of self-exclusion and added benefit of restrictions on minors;
- support to the therapeutic tool of self-exclusion; and
- removal of current reliance on photographic identification.

What is so striking, when comparing the Netherlands system with that in Australia in casinos, hotels and clubs, is the emphasis on early identification, detection, notification, data collection, and analysis and the emphasis on protective measures. A system of scannable identification can provide for:

- effective exclusion;
- a data collection system for analysis, early intervention, and speedier policy response; and
- a system for early intervention for problem gamblers combined with analysis of trends, rates of attendance, etc..

²⁴ Clause 14. I understand and accept that although I give the above authorities there is no obligation, duty and/or responsibility on the Industry Body, the Gaming Operators, the Licensee of the Venue/s and/or their servants or agents to undertake any or all of the actions or things so authorised.

What is also notable about the Australian gaming environment following the introduction of EGMs into hotels and clubs in each State and Territory, except for Western Australia, is that almost the entire data collection and monitoring systems in place are solely designed for taxation and profit sharing purposes. Depending on the structure of the industry and the way in which a licence may be issued in each State/Territory, the regulations governing gaming have created a situation of asymmetric information. The industry (and sometimes the government) are in possession of significant and powerful information which is used to “plan the industry”, while the community is information poor. One example of an attempt to address this information asymmetry is the stipulation that industry is required to provide economic and social impact statements when considering a new gaming venue. Yet, even in such situations, industry has access to data that researchers and local government do not.

It is the case in Australia that regulators, analysts, and researchers spend inordinate amounts of time gathering data rather than proactively evaluating data for sound public policy outcomes.

We find support for this view in the recent statement of the Chairman of the Productivity Commission that:

“Regulation was found to be driven mainly by revenue raising and probity considerations, rather than the more fundamental objectives of consumer protection and amelioration of social costs” (Banks, p. 7).

Section Five

Survey and Consultations with Venues

Summary

Venues:

- Most venues surveyed or interviewed considered that self-exclusion programs had had little or no effect on problem gambling overall. Only small numbers were said to be utilising the program and many were still accessing gaming facilities. From the perspective of the venue, significant implementation problems were noted.
- Identifying self-excluded patrons from photographic information is highly problematic. Paradoxically, the problem of detection can only be compounded further as the program continues to grow. The important but difficult task of identifying self-excluded patrons has emerged as the central point of concern from all key groups interviewed.
- Staff were not equipped to undertake this task.²⁵ The number of photographs, the quality of photographs, the turnover of staff, the ability to disguise one's appearance and the mobility of gamblers, compound the task of identification.
- Reporting of breaches by self-excluded persons is inconsistent and infrequent. There is no systematic procedure followed by venues in regard to reporting.
- Repeated breaches of the Deed of Self-exclusion too often are determined by the venue as "no longer the responsibility of the venue" and are not responded to. Instances of this were confirmed by the AHA Self-exclusion officers. Currently there are no inherent incentives to comply or disciplines (i.e., penalty, additional actions) to support such cases.

Self-excluded Patrons:

- Self-excluded patrons report that it is commonplace for breaches to occur and to go undetected.
- Personal attitudes towards breaching differ. Those with less severe gambling problems and greater self-awareness report the "fear and shame of detection" as a motivating factor. Those with the lowest levels of self-responsibility were more likely to breach and expressed anger that they were not detected.
- The decision to self-exclude usually originated from a personal crisis situation, which most often led to contact with a gambling help service. Venues had a limited role in the decision to self-exclude and literature in venues was considered to be irrelevant or difficult to identify within the overall promotional material dominating the venue.

Gambler's Help:

- Implementation of the self-exclusion program is not regarded highly by Gambler's Help counsellors. The detection system is regarded as a major systematic flaw which needs to be addressed.
- The failure of venues to adequately identify self-excluded patrons under the current program processes, and hence, to effectively exclude, is impacting on the credibility of the program. A failure to detect seriously undermines the program and its ability to assist problem gamblers.
- Reported delays in accessing Gambler's Help counsellors were most frequently cited in metropolitan areas.
- Coin dispensing machines had broken the nexus between the gambler and accessing the cashier.

²⁵

As the AHA (SA) has submitted, the police conclude it is difficult to identify someone from a photograph only.

5.1 Survey Returns and Analysis

5.1.1 Methodology

As part of its consultation process and in order to ascertain the opinions and concerns of clubs and hotels, the Centre undertook a mail out, postal reply paid survey to 150 randomly selected venues across Victoria. The survey included twenty questions, including a range of open and closed questions. Questions seeking factual information as well as others attempting to solicit the views, opinions and understanding of venue managers/owners about the self-exclusion program were also included.

Overall, 93 venues responded including 55 clubs and 38 hotels, representing a 62 per cent response rate. The researchers are aware that Clubs were advised specifically how to answer a number of questions. We have discussed the quite different answers that this intervention generated, in reporting on the survey. In our interviews with Clubs and Hotels (see Section 5.2) several questions in the survey were asked again, in a face-to-face situation.

5.1.2 Data Analysis

About the Venue

The first part of the survey asked respondents for some basic information about the venue.

Managers or owners of the venue had spent anywhere between three months and 45 years at the venue with the median period of time being three and a half years. Venues surveyed were of varying sizes with the number of electronic gaming machines on the premises ranging from 5 to 103 machines. The number of machines in the median venue was 42.

Survey responses showed that venues had housed electronic gaming machines for varying lengths of time ranging from two years three months to over eleven years. Some, 62 per cent of respondents indicated that EGMs had been on the premises for 8 or more years and 79 per cent of venues had housed EGMs for 7 or more years. We conclude that respondents were very experienced in the industry, knowledgeable about the impact of EGMs and able to respond professionally to the survey.

Employment, Training

The employment and training section of the survey attempted to extract information about the numbers and training backgrounds of staff working in the gaming areas at different venues.

It is difficult to make conclusive comment on venue staff numbers since some venues clearly (and others not so clearly) gave figures for the gaming area only. The median number of total staff was 23. On average, 34 per cent of staff were full time while 66 per cent were part time or casual workers.

Almost all venues indicated that a gaming manager, supervisor or duty manager was utilised to manage and supervise the gaming area of the venue.

All venues reported that staff receive training in at least one of the categories mentioned in the question including administration of the self-exclusion program, other responsible gambling practices, intervening when a patron shows signs of distress and responding to a request for help. In particular, all venues indicated that staff undertake some form of training in responsible gambling practices while 98 per cent of respondents reported that staff were trained in responding to a request for help.

Considerably varied language was used to describe the types of training undertaken by staff at venues. However, the types of training can be grouped into the following loose categories: Responsible Service of Gaming courses run by William Angliss TAFE; Tattersall's and TABCORP training; in house training/staff meetings; industry briefings; presentations by counselling/community groups (e.g., Gambler's Help, church groups); and other.

Responses to the question regarding regularity of staff training also varied widely in both language and content. However, well over half of the respondents indicated that staff are trained on induction and 65 per cent reported that staff are trained on a regular (at least annual) basis.

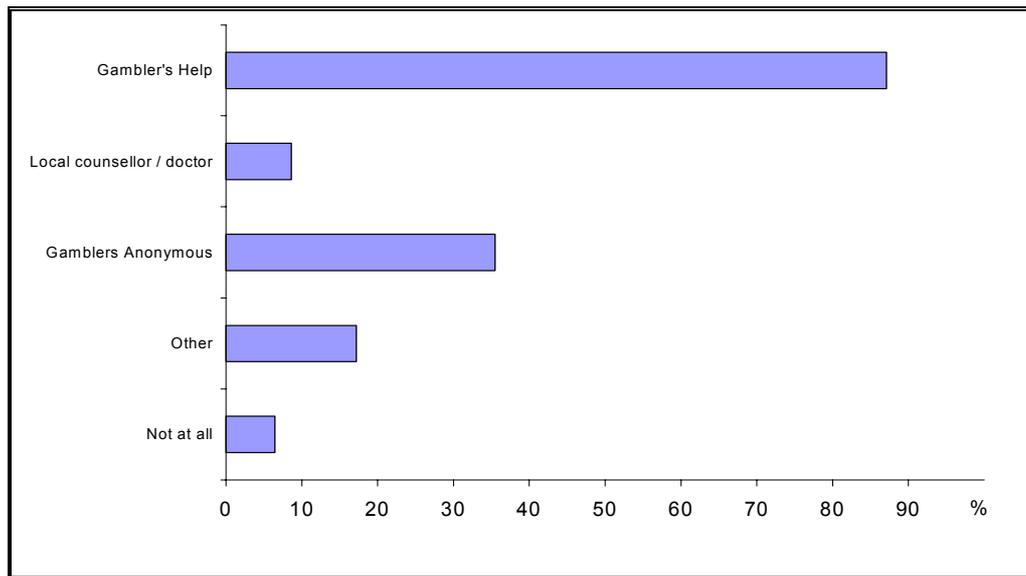
Respondents provided a large range of terms to describe the behavioural features that indicate distress. The most common of these were: aggression/anger/violence (towards machines, staff or other patrons); emotional distress (crying, swearing, agitation, mood changes); verbal communication (comments about machines not paying or about losses sustained, requests for help, asking patrons and staff for money); and general behaviour (long time spent playing machines, large bets, continuous smoking).

Annual staff turnover varied significantly from venue to venue with a median figure of 2.5 persons. One venue reported annual turnover of 50 staff while 23 per cent of venues indicated that there had been no change in staff over the previous year. Less than 5 per cent of respondents, however, indicated that staff turnover created any problems for the gaming area of the venue. However, Clubs Victoria advised their members to respond that staff turnover created "no special problems for the gaming area".

Figure 5.1 indicates the different ways in which venues refer patrons who indicate that they have gambling problems (either by the patron approaching staff at the venue or by staff noticing patrons showing signs of distress).

Survey responses showed that 87 per cent of venues referred patrons who requested assistance or indicated distress to the Gambler's Help counselling service. Thirty-five per cent suggested patrons contact Gamblers Anonymous and around 9 per cent of venues referred patrons to their local counsellor or GP. The 'Other' category included respondents that mentioned referring patrons directly to the self-exclusion program.

Figure 5.1
Referral of Patrons by Venues



Source: SACES survey of Clubs and Hotels, 2002.

Operation of the Self-exclusion Program

The third section of the survey sought to gain an understanding of how the industry self-exclusion program works in practice (both at the point that the patron requests and undertakes self-exclusion and if they are found in a venue during their period of self-exclusion) as well as ascertaining the magnitude of burdens placed on staff (e.g. how many patrons are self-excluded from each venue, how well known are they, how often are they caught breaching their deed, how difficult do staff find the identification process, etc.).

All venues indicated that the industry self-exclusion program was in operation in their venue.

The number of patrons self-excluded from venues varied significantly with two venues reporting no self-excluded patrons and one venue indicating that their list included 130 self-excluded persons. The median number of patrons self excluded from the respondent venues was 32 while the mean was closer to 40.

On average, 19 per cent of self-excluded patrons on a venues list were known to staff. At the extremes, one venue reported that all self-excluded patrons on its list were regulars and known to venue staff while nine venues indicated that none of the patrons self excluded from their venues were regulars or known to staff.

Responses to the question on how the self-exclusion program operates in practice were enormously varied. In general, respondents indicated that the process included the following broad steps:

- the patron approaches staff requesting help or entry into the program;
- the patron is given information and sets up an appointment for an interview;

-
- the patron attends the interview, executes the deed and has their photo taken; and
 - venues are notified and sent a copy of the deed (and photograph).

Some venues indicated that the venue then displayed the photo for staff to become familiar with and if a patron was found in the venue breaching their deed, they were asked to leave. If they refused, reasonable force could be used to evict them from the premises. One venue owner indicated that they operate a “reward system” for staff. To encourage staff to be active in memorising faces and keeping a watch for self-excluded patrons, the owner offers a \$20 reward for any staff member who finds a self-excluded patron in the venue.

Around 15 per cent of venues indicated that they believed the patron attended counselling before requesting self-exclusion.

Respondents indicated varying frequencies of identification of self-excluded patrons breaching their deed.

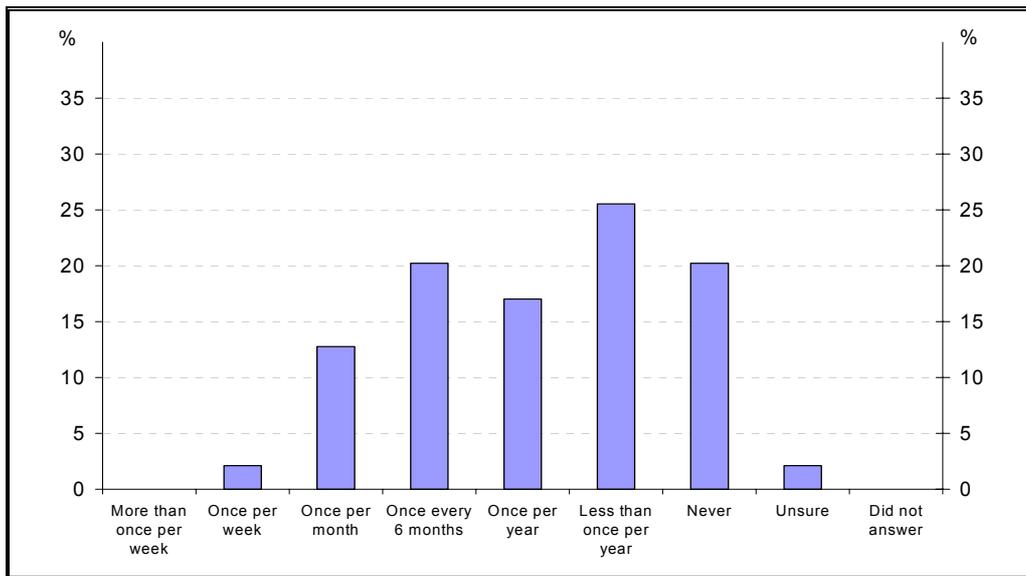
Figure 5.2 indicates response rates for each category in the survey. Only 15 per cent of respondents reported that they identified a self-excluded patron in their venue at least as frequently as once a month. Thirty-seven per cent of respondents indicated that self-excluded patrons were apprehended in their venue between once and twice per year while 26 per cent recorded identifying self-excluded patrons less than once per year. Hence, 63 per cent of venues were found to identify a self-excluded patron breaching their deed once per year or less often. Just over 20 per cent of survey responses indicated that a self-excluded patron had never been identified in the venue.

Figure 5.3 shows the breakdown of responses into ease of identification of self-excluded patron. Of the 93 respondents, only 77 per cent answered the ease of identification question using the suggested categories. Only 17 per cent of all respondents indicated that staff found identifying self-excluded patrons easy or very easy while 51 per cent related that identifying self-excluded patrons breaching their deeds was difficult or very difficult. Subsequent interviews at venues confirmed these findings.

The procedure followed when a self-excluded person is apprehended in a gaming area of a nominated venue was relatively consistent across respondents. In most cases the process is roughly as follows:

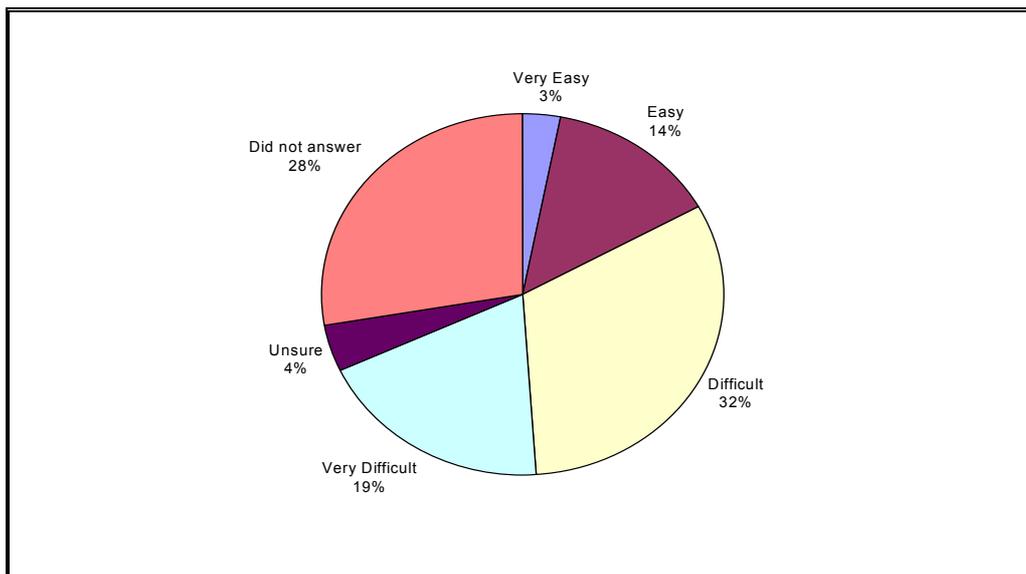
- the person is approached in a discreet manner by a member of the management team (in one case the venue said that they paged the patron with the excuse of the person needing to answer a telephone call);
- ID is requested;
- the person is reminded of their status as a self-excluded person; and
- the person is asked to leave.

Figure 5.2
Frequency of Identification of Patrons breaching Self-exclusion Deed



Source: SACES survey of Clubs and Hotels, 2002.

Figure 5.3
Ease of Identification of Self-excluded Patrons who are breaching their Deed



Source: SACES survey of Clubs and Hotels, 2002.

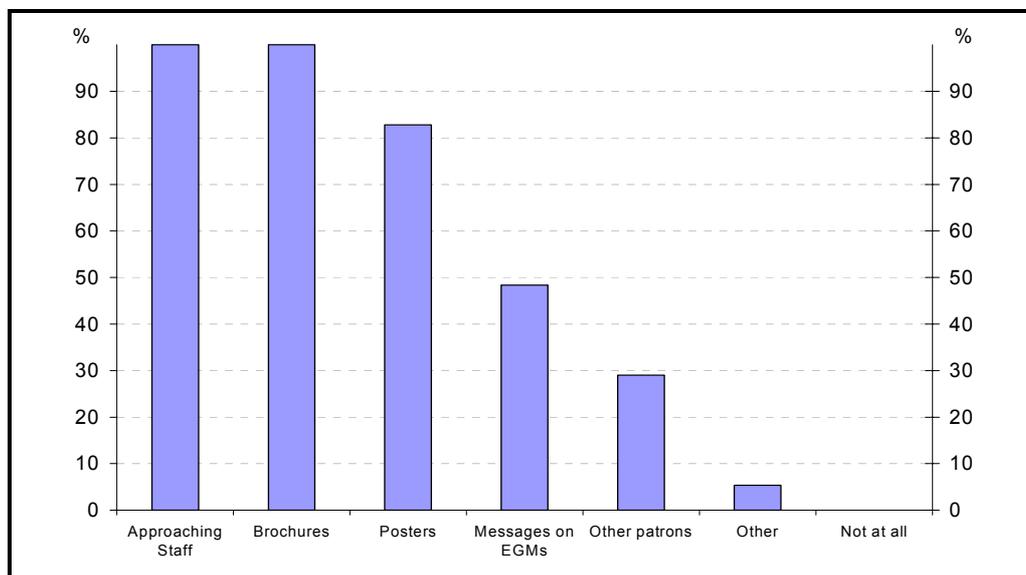
There were a few variations in responses. In explaining the step in the process where the patron is asked to leave, 59 per cent of respondents indicated that the person was asked to leave the venue while 34 per cent specified that the person was asked to leave the gaming area only (in some cases, the respondent noted that the self-excluded patron was reminded that they could use other facilities at the venue, but that they were simply excluded from entering the gaming area and using the gaming facilities). Also, a small number of venues indicated that if the person did not leave then they were entitled to use “reasonable force” – in most cases this resulted in the venue calling (or threatening to call) the police to remove the patron rather than attempting to force the patron out using venue security staff.

A very small number of venues reported that, when they identify a self-excluded person in their venue they contact either Gambler's Help or the AHA (Vic) to report the breach to the person's counsellor/self-exclusion officer for follow-up.

Some inconsistencies also arose from this question, notably because Clubs Victoria advised venues how to respond. They advised venues to answer that when a person is asked to leave, that "the person always leaves". Dutifully, the venues reported that "the person always leaves", but at least 17 per cent of respondents who used these words also indicated that they had NEVER identified a self-excluded person at their venue. On balance, our assessment is that hotels and clubs, when detecting a self-excluded patron, do so professionally and in a discrete manner. The AHA (Vic) and Clubs Victoria claim that the "embarrassment of being detected" is a powerful motive force; we sought to assess this claim (which we do not dispute), but interference in the survey made these sets of questions redundant.

All survey respondents indicated that patrons could find out about the self-exclusion program by approaching staff at the venue or through brochures and 83 per cent of venues indicated that they had posters on display which advertise the self-exclusion program. Just under half (49 per cent) of all responses reported that advertisements/messages about the self-exclusion program were displayed on gaming machines (see Figure 5.4).

Figure 5.4
Means of learning about the Self-exclusion Program



Source: SACES survey of Clubs and Hotels, 2002.

Effectiveness of Self-exclusion Program

When asked to assess the effectiveness of the self-exclusion program in controlling or restricting problem gambling behaviour at individual venues, 29 per cent of respondents did not provide an opinion. A number of these reported that they were unable to assess whether a patron had a gambling problem or not.

Question 16 of the Centre's survey sought to assess, in the judgement of the venue owner/manager, "to what extent the self-exclusion program had helped to control or restrict problematic gambling behaviours". We provided five categories — tick a box — from 'completely eliminated' to 'had no effect', 'unsure', and provided space to comment.

We received two sets of responses.

The first set were the answers provided by clubs and hotels (36 responses) who answered using the categories provided by the Centre's survey, and before they were "advised what and how to answer" by Clubs Victoria.

Using the categories provided, most believed the program had only slightly reduced problem gambling behaviour at their venue or indicated that they believed the self-exclusion program to have had no effect at all. A number of responses indicated that, given its voluntary nature, only a very small number of the problem gamblers were utilising the program and those on the program were often still playing (or trying to). Therefore, they believe the industry self-exclusion program has had little or no effect on problem gambling as a whole.

The second set of responses, following instructions from Clubs Victoria to clubs on how to respond (57 responses), recorded that 30 per cent believed that the self-exclusion program had significantly reduced the incidence of problem gambling behaviour at the venue. A further 4 per cent of respondents believed that the program had completely eliminated the occurrence of problem gambling behaviour at the venue. Thirty-five per cent of venues indicated that "self-excluded patrons rarely attempt to breach the Deed". They were advised to record that "at our venue, self-excluded people rarely attempt to breach the Deed". On balance, we must accept the first set of responses.

The main strength of the program as reported by survey respondents is its voluntary nature and the fact that it, therefore, allows gamblers the opportunity to help themselves. Some 67 per cent of responses indicated that the self help nature of the program was a main strength although we note that this is a feature or design of the program. Whether it is effective is another issue. Also, 42 per cent of venues suggested that a strength of the program was that it allowed venues to assist problem gamblers.

The observation of other common themes from respondents included some of the features of the program such as its discrete, simple and easily accessible nature. A few venues also indicated that the formality of the program was a positive in that "people that join the program feel that signing a deed helps them confront their problem" and that the possibility of being caught is a "major deterrent". The flexibility of the program — the fact that patrons can choose the venues they wish to be excluded from and the duration of their exclusion — was also praised.

The uniformity across venues was important to a number of respondents as well as the fact that the program is run by a third party (rather than the venue).

The problem with these responses is that they tend to reflect what venues were advised to answer, specifically that the strengths of the program were:

- its voluntary nature (self-help);
- easy accessibility/simplicity;
- that it provides venues with a means to assist problem gamblers;
- uniform across all venues; and
- third party (Association not the venue) endorsement.

Given what we reported previously, that many believed the “program had little or not effect at all”, it is difficult to reconcile these responses. Once again, they reflect the characteristics or design of the program and not its effectiveness.

Venues indicated that identification was the main weakness/difficulty of the self-exclusion program. Surveyed venues reported that the number of people on the program was overwhelming (notwithstanding the relatively small numbers of problem gamblers who self-exclude) with almost half the venues indicating that this was a major weakness and made it difficult for staff at venues to implement the program. Almost a third of venues also indicated that venues had difficulty identifying patrons when so many on the self-excluded patrons on their list were not regulars and not known to staff.

Venues also indicated various other weaknesses with regard to the identification element of the program including that people’s appearance can change (whether through disguise or over time) and that photos are too old, small or poor quality.

Some comments from venues included that “floor staff in the gaming room are too busy to identify self-excluded people”, that staff “cannot force people to provide ID”, that it is “difficult to get staff to commit faces to memory or to refer to the self-exclusion list”, that it is “too easy to gamble undetected” and that the process of identification is “embarrassing for both staff and patrons”. High rates of staff turnover are likely to add to these difficulties.

Other weaknesses identified included that self-exclusion is too easy to revoke and also that self-exclusion from any one (or more) venues means that the patron is still able to gamble at other non-nominated venues. Venues also believed that more counsellors were required and that follow up of breaches was important and lacking. A couple of venues also indicated that there is “no legal support to the program so that the law supports eviction from a venue or a fine, as we have with the Liquor Act and intoxicated persons” and that the program is “not enforceable by law”.

Improvements to the Self-exclusion Program

Only two thirds of survey respondents had suggestions for improvements to the program. Of these, 43 per cent of venues suggested the reporting of breaches to the AHA (Vic) for follow-up would be useful and 38 per cent recommended a stronger emphasis on counselling. While we do not disregard these suggestions, both were provided by Clubs Victoria and copied by the venues. A number of venues believed that the program would be improved by limiting the number of venues a person is able to exclude themselves from while, on the contrary, other venues believed the program

would gain from ensuring that patrons wishing to exclude were forced to exclude themselves from every venue in the State.

5.2 Interviews

To complement the survey results, the second research team (Team B) conducted face-to-face interviews and visits with venues, self-excluded patrons and Gambler's Help staff. The results of these are considered in this section. Interviews with venues repeated several questions which the Centre had previously asked in the mail out survey. Previous answers had been "biased" following instructions from Clubs Victoria.

5.2.1 Venues

Introductory Comments

The Centre interviewed 12 gaming venues, 7 city and metropolitan venues, 2 venues in Ballarat and 3 venues in Geelong covering both clubs and hotels.

There was considerable difficulty in acquiring a suitable representative sample of venues willing and available for interview. Notwithstanding, a representative sample was achieved with the venues ranging in size, servicing between sixty to just over one hundred electronic gaming machines. The majority of venues had only one access point into their gaming room. Only one venue had more than two access points. The cashier's station at most venues afforded an uninterrupted view of the venue, however there usually were a small number of machines that were not visible to the cashier. Significant staff presence in the venues was generally apparent.

Adherence to the Code of Practice

Managers reported an awareness of the Industry Code of Practice and the venue's obligations relating to the self-exclusion program including identification and intervention procedures. All venues visited complied with the Code by displaying literature about problem gambling, including the self-exclusion program. Gambler's Help information was also available from dispensers located in the bathrooms. The EGMs all displayed working clocks and there were clocks visible in the venue. Venue managers reported no difficulties in relation to implementation of the Code with the exception of the identification and removal requirements under the self-exclusion program.

Identification and Authorised Removal of Self Excluded Patrons

All venues found the identification of self-excluded patrons difficult given the numbers of gamblers on their registers, as this demands committing large numbers of photographs to memory.

Register sizes varied between 25 to 160 names, with predominance in the 60 to 90 range. The highest numbers were found in country venues, which reported significant growth in numbers since the programs inception. This was attributed to slowly increasing awareness of the program, particularly via local responsible gaming networks and close cooperation with Gambler's Help services in regional locations.

The majority of venue managers said they recognised 10 per cent or less of the photographs as regular customers, although one regional venue reported as many as 25 per cent. Particular difficulties were encountered with identifying patrons who were occasional or unknown users of the facilities, as they required confirmation of identification.

The quality and clarity of the photographs was described as detrimental to the identification process although use of newly available profile shots was positively reported. Three venues said they frequently accessed the AHA (Vic) SEGO Internet site where the photos were much clearer, however a lack of access to photo quality printers precluded quality downloaded prints. One club checked the patron's signature against the members/visitors register if identification was proving difficult.

Venues also reported experiences of self-excluded patrons using disguises or seeking to avoid contact with staff when they came into the venues. Changes in hairstyle and colour, particularly with female patrons, caused photos to become outdated quite easily. For patrons on the program for an extended period of time this problem was exacerbated.

Identification and removal of a self-excluded patron occurred approximately once every 6 weeks per venue. One venue offers an incentive of a \$100 shopping voucher to staff for each successful identification. This venue had the highest identification rate, with approximately one a week. One venue said they had never identified a self-excluded patron.

The eviction of a self-excluded patron was not generally deemed to be a matter of concern. However, when a problem existed or was threatened then the venue manager or senior staff assumed responsibility. Whilst all venues maintained an Incident Register, breaches were rarely included unless a disturbance was created. Only one venue notified the AHA (Vic) of any breaches.

Some managers discussed the issue of repeat breaches. Most said that once a self-excluded patron was asked to leave they very rarely returned to the venue. However, when a self-excluded patron repeatedly breached their deed at the venue, some suggested it was no longer the problem of the venue. (The AHA (Vic) self-exclusion officers independently confirmed similar experiences with venues). Many managers believed that this represented a failure of self-exclusion for these individuals.

Identification Of Problem Gamblers

The majority of venue managers believed that very few of their patrons were problem gamblers. Identification of patrons who may have a problem was seen as not possible without some familiarity with the patron's financial status. There was a reluctance to

intervene, based on a belief that the customers themselves need to recognise a problem existed and that any interference would otherwise be unwelcome and may adversely impact upon staff. We support this view.

However, some experienced managers were confident that they and their experienced, trained supervisors were able to recognise a problem gambler. It was suggested that identification cannot be linked to the amount gambled but by the behaviour of the gambler. Troubled patrons commonly displayed distress or aggression towards the machines or staff. One manager referred to patrons becoming "grey faced". Each of these managers said they had actively intervened on a number of occasions by suggesting to the patron the organisations that were able to offer help and supplied them with the corresponding literature including self-exclusion material. The country based managers in this group had constructive relationships with Gambler's Help agencies; however city based managers were frustrated by long delays for patrons to access Gambler's Help services. It was reported that patrons had a three-week waiting period to obtain an appointment.

Further, it was suggested that the ability to determine a problem gambler had also reduced since the introduction of coin dispensing machines. Under the previous system patrons were obliged to use the cashier facilities and repeated visits to get change facilitated interaction between the staff and the patron. This interaction was likely to be of greatest benefit with regular customers. Note acceptors also reduce the potential for contact between venue staff and the gambler.

Administration and Support

All venues visited maintained a self-exclusion patrons' register either in a folder or on a board that was accessible to staff and several had duplicate registers in the reception area, and at the cashier's station. Each venue said staff were encouraged to make themselves familiar with the register and to check for new photos before each shift.

Venues received new photos at different rates, ranging from one per month to two new photos per week. There was limited usage of the SEGO service provided by AHA (Vic) due to limited knowledge and a lack of available computer resources. As a result most venues manually maintained the register by adding or removing photos and personal details. Attempts were made by some regional venues to prioritise patron photos based on a risk assessment developed in concert with Gamblers Help agencies or AHA (Vic) records on past breaching behaviour. This approach helped overcome the difficulty of remembering all photos on their list. Only one venue believed they were being serviced adequately by the AHA (Vic). Most were not aware that a position had been designated solely to the self-exclusion program.

Staffing and Training Issues

Venues employed between 2 and 11 employees with reports that all staff had been trained in Responsible Service of Gambling (RSG) and Responsible Service of Alcohol (RSA) with some supervisory staff undertaking the advanced training in RSG and RSA. Staff had also received training from Gambler's Help, which enabled improved

responses and understanding of problem gamblers and their behaviour and management. Staff turnover rates were generally low, particularly for permanent and full time employees. The initial identification of the patron was said to be the only difficulty for staff.

Suggested Improvements to the Self-exclusion Program

Despite the difficulties involved with identification of self-excluded patrons and the growing number of photos, there were few suggestions as to how to improve the delivery of the program. Venues were universally opposed to the prospect of any fines being incurred if they failed to detect a self-excluded patron given the problems of identification. Again it was the more experienced managers who proposed some suggestions such as restricting entry to a single point into gaming rooms or ensuring all venues have a system of signature-based membership so as to provide another form of ID. This latter suggestion was determined to be particularly viable in clubs given existing membership requirements.

Concern was expressed about patrons who breached their deeds repeatedly. There was interest in some system of penalty, action or support in these cases, although there was uncertainty as to the availability of the resources necessary to monitor such a system.

However, the prospect of imposing financial penalties or sanctions on the breaching patron was not well received. It was generally felt that the prospect of being fined could dissuade problem gamblers from self-excluding and would add further to the financial burden of these individuals.

Overall there was widespread support for the program and a belief that it worked well when the customer genuinely wanted to stop gambling. Several managers were able to provide anecdotal comments to support their belief.²⁶ These "success stories" all included the patron seeking support through counselling in addition to self-exclusion. Some managers believed that the program should also cover Keno and TAB services.

Comments on other Harm Minimisation Strategies

All of the venues canvassed said the smoking bans had negatively affected their business by between 15 per cent and 25 per cent although some were noticing that their takings were slowly improving. However, the ban was not necessarily seen as a significant deterrent for chronic problem gamblers.

Managers frequently commented on the preference of patrons for 1 cent, 2 cent and 5 cent machines over \$1.00 machines, as they believed they were getting better value for money. Machines that allow the patron to play 20 to 24 lines could encourage the patron to play faster and may exacerbate losses. Both factors could impact on problem gamblers although chronic gamblers were believed to play until their money ran out.

²⁶ See: Problem Gambling in a Social Context, by New Focus Research, upcoming report for GRP, wherein success stories are reported.

Additional support for Gambler's Help was raised, particularly to ensure minimum waiting time for an appointment. This issue is already subject to further research.

Key Issues of Venue Interviewees

(a) Identification of Self-excluded Patrons

This issue clearly emerged as the one of greatest concern for the venue operators. Difficulties occurred due to the numbers and quality of the photos and changes in appearance of patrons whether deliberate or otherwise. The limitations of photo identification were most apparent when the patron was less well known in the venue. Any growth in numbers of self-excluded patrons must be seen as problematic given the current difficulties with this method of identification. Access to technology, a single secure entry point and extended use of membership rolls are possible options for consideration on this issue.

(b) Human Resources and Relationships

The ability of a venue to successfully operate the self-exclusion program also appears to be affected by the motivation, training and experience of venue staff and management. The higher quality services also operate in a cooperative environment with local Gambler's Help agencies, responsible gaming networks and/or the AHA (Vic) self-exclusion staff. This serves to promote the program, train staff and encourage appropriate targeting and monitoring of at risk patrons. The forging and maintenance of relationships between venues and Gambler's Help agencies as a best practice model appears most significant in regional areas where community links are more cohesive. The desirability of establishing such networks and relationships throughout the State is worthy of attention.

5.2.2 Self-excluded Patrons

Introductory Comments

A series of in depth interviews were conducted with Gambler's Help clients currently on the program.²⁷ Two thirds were female and all currently resided in regional locations. Two individuals had relocated from Melbourne in a belief that this would assist them to control their gambling addiction due to reduced numbers of accessible venues and ease of recognition. All were engaged in counselling, many for a number of years. Varying degrees of self-control was evident within the sample group. There was diversity in the backgrounds of the interviewees, however in most instances there was evidence of an underlying psychosocial difficulty. All had an accurate understanding of the Deed and each party's responsibilities within it.

²⁷ Interviews conducted in Ballarat, Geelong and Melbourne. Sample obtained through local assistance of Gambler's Help.

Breaching Issues

It was commonplace for breaches of self-exclusion undertakings to occur and to go undetected.²⁸ The majority reported positive attitudes towards the potential of the program, particularly at the time of signing the deed. Despite an awareness of the deed's contents most believed and hoped that venues would act to exclude them. When detection had occurred, some patrons spoke positively of the supportive impact detection had on their desire not to re-offend. This attitude existed despite and because of the considerable embarrassment felt by detected patrons. In instances where breaching had not been detected there was a sense of having been let down by the process.

Patrons' attitudes towards breaching and detection appeared to vary subject to the level of self-responsibility and awareness they exhibited towards their gambling problem. Those expressing the lowest levels of self-responsibility were more likely to breach and expressed anger that they were not detected. These attitudes were persistent regardless of the severity of the gambling problem. In addition this group was more difficult to engage on their reasons for breaching or to determine their reactions to detection when it did occur.

Those with seemingly less severe gambling problems but who exhibited greater self-awareness and motivation described the fear and shame of detection as an important factor in regulating their behaviour, and were less likely to have breached or attempted to breach their deeds. They clearly expressed feelings of relief at being on the program.

However, the self-aware patrons with chronic long-term problems were more likely to have breached on a number of occasions and described their breaching behaviour as indicative of the depth of their gambling problem. These individuals were desperate for tighter detection. They saw this as vitally important in order to assist them control their problem and limit the financial damage gambling was doing to their lives. It was seen as an adjunct and support to the counselling they were receiving, and was described as critical to their long-term recovery. They did not express anger towards lax detection, but were worried by it. They were frightened by their own knowledge of the 'easy' venues as this provided them with an escape mechanism when their desire to gamble exceeded their desire to stop. This anxiety was particularly applicable to those individuals who had relocated to regional areas in the belief that this would enable their self-exclusion to be more effective. Those in highly mobile work situations also described their particular vulnerability to accessing venues outside their listed venues. The result of non-detection was described in devastating terms in one instance. Several patrons were contemplating leaving the program at the time of the interview as they felt it was a pointless exercise in which they had lost faith. This decision was of concern given their failure to express hope in their ability to manage through other means.

²⁸ The reported experience of self-excluded patrons in this study is similar to that reported by New Focus Research in their interviews with problem gamblers.

Factors leading to Self-exclusion

All interviewees bar one described the venues as having no role in their decision to self-exclude or in the detection of any concerns regarding their gambling patterns. Equally, no venue was reported as having taken an active role in encouraging a continuation to gamble once the individual recognised that they had a problem. In effect, the venue was not identified as a factor of any consequence.

There was mixed awareness of the program prior to contact with either a Gambler's Help agency or Gambler's HelpLine. Most patrons reported some awareness of literature in venues but saw it as either irrelevant to their needs at the time, and/or difficult to identify within the overall promotional material dominating the venue.

The decision to self-exclude came about as a result of various crisis situations identified by the individual, family members or a welfare agency. This led to contact with a gambling help service and the offer of self-exclusion as part of the helping process. It is noteworthy that the program was not taken up immediately by a number of interviewees, but occurred as a result of the longer-term counselling process and a conscious decision on their part to self-exclude. This was particularly evident amongst those with chronic problems and some awareness of the seriousness of their circumstances.

Key Issues of Patron Interviewees

(a) Reliable Detection

The dominant theme of most interviewee suggestions regarding improvements to the program related to a desire for detection to be consistent and comprehensive. It was felt that all venues should be made to apply the same standard of detection or the system is too easily avoided. In their view self-exclusion needs to be Australia wide with automatic blanket coverage given the prevalence of gaming venues. The temptation to go to venues not on the patron's list is very high, particularly where high mobility or chronic problems exist.²⁹ Counters and access points need to be located in ways that enhance control and monitoring of gamblers' activities. Gaming rooms should be completely separate so patrons can still attend the venue for other social activities without fear of embarrassment or distress.

(b) Community Awareness

Patrons believed that the program requires much more promotion, particularly outside the venues, as problem gamblers were unlikely to acknowledge their problem until after the damage is done. Increased community awareness of the program would ensure more knowledge of support options and reduce the stigma associated with seeking help.

²⁹ We are aware of situations where self-excluded patrons travel across State borders from Victoria into South Australia and New South Wales (and no doubt, vice versa).

(c) Support Services

The total elimination of waiting times for access to Gambler's Help agencies was urged along with the provision of different types of services e.g., Gamblers Anonymous may not suit everyone. Some method of Gambler's Help staff attending venues on a regular basis was also suggested.

(d) Other Harm Minimisation Strategies

Ideas were canvassed including restricting the numbers of venues, machines and hours of opening and cash withdrawals from ATM machines. Obliging patrons to access the cashier more often and limiting the speed and dollar-value taken by machines were also proposed.

5.2.3 Gambler's Help Staff

Introductory Comments

An additional series of interviews was undertaken with six staff at three different agencies. All were qualified psychologists or social workers with counselling and/or community development and education roles exclusively directed towards gambling concerns.

There was widespread reluctance to criticise the program for fear that it may not continue if negative comments were reported. The veracity of professional opinion on the effectiveness of the program varied, however the desire to see it exist and be subject to significant improvements was consistent throughout all interviews. The extent to which counsellors referred clients to the program were subject to their assessment of the individual, the availability and reliability of the program in their area, and the counsellors professional opinion of the program.

Benefits of Self-exclusion

A reliance on self-exclusion as the sole treatment option was viewed with negativity. All counsellors were concerned that clients be empowered to take responsibility for their own actions and accepted that change cannot occur without self-motivation. However the view was strongly asserted that many individuals lacked the capacity to change immediately, and that failure to comply with the Deed on a number of occasions did not necessarily equate to a failure of the program or the individual.

Opinion as to the desirability of the program had altered over time for the most experienced gambling counsellors. Generally their view had become more supportive of the program, although not in regard to its implementation. The program was viewed most favourably where clients, counsellors and venues worked in close cooperation. This was most likely to occur in smaller community settings.

The primary advantage of self-exclusion was cited as its capacity to serve as a circuit breaker for clients. It enabled some sense of control and order to be re-established in their lives and offered a framework of support while longer term issues were tackled. At a minimum it provided financial damage control on the occasions when the client chose

not to enter premises or was turned away. The extent to which self-exclusion was of long term benefit was subject to a number of variables. These included the severity of the gambling and related psychosocial difficulties, the levels of capacity and willingness to engage in change behaviour associated with overcoming an addiction and its underlying causes, and the clients' beliefs, experiences and expectations of the program.

It was seen as particularly effective where the client had a belief or a fear that they would be excluded, as a last resort mechanism for the client group exhibiting out of control behaviour, or as a result of a decision made within a long term counselling process. Those with developing internal control skills were less likely to test the program by breaching, however this was by no means guaranteed.

Some counsellors described having clients who sought self-exclusion only, and had a strong resistance to any form of counselling. This observation was particularly applied to clients of diverse ethnic backgrounds where cultural barriers towards counselling were identified. While not seen as a desirable decision, there was a reluctance not to offer self-exclusion in these circumstances as it may still prove to be of therapeutic value or at least serve as a method of financial damage control for these clients.

Limitations of the Self-exclusion Program

The limitations of the program were seen as a result of factors inherent in any treatment or harm minimisation scheme directed towards problem gambling and in the extent to which the program was adequately implemented. The dominant concern related to the consistent failure of many venues to identify self-excluded patrons. There was frustration that non-detection undermined some clients' belief in the supportive value of the program, and that this caused a regressive response in some clients. There was concern regarding the recent media exposure of weaknesses in the detection system as this served to further undermine the credibility of the program as a viable treatment option.

Counsellors were able to name venues in their areas that were seen by clients to be very lax on detection. In some instances Gambler's Help staff had approached these venues seeking their cooperation in relation to at risk clients. The results of this contact was often most unsatisfactory from the counsellors' perspective. Some community education staff contacted venues with a view to help train venue staff and to encourage a more rigorous application of the AHA (Vic) SEGO service, including the reporting of breaching patrons. This latter action was deemed as important to enable venues to concentrate on those most at risk and to enhance uniformity in detection and notification procedures in line with the suggestions proposed by the AHA (Vic) Self-exclusion officers. These initiatives met with varying rates of success, and appear limited by the availability of resources and the absence of a framework of compliance on venues.

Fear of breaches of confidentiality, particularly in rural and regional areas, was cited as a significant deterrent for some clients registering for self-exclusion. Training on the importance of this issue for gaming staff or a completely different ID system were identified as the only possible remedies to this difficulty.

The lack of an effective national program was also seen as a severe limitation. This was of particular concern to those regions close to state borders, as clients could easily access interstate venues where no scheme or different schemes operated.

Key Issues

(a) Credibility of the Program

Counsellors appear committed to the program but had concerns regarding its deteriorating public credibility. The belief that venues would act to exclude self-excluded patrons was prevalent amongst both their client group and in the media. The increasing knowledge that the detection system was flawed was negatively impacting on the usefulness of self-exclusion as a tool. Those counsellors dealing with clients with chronic gambling problems were additionally unhappy with the weaknesses in the current program, as they believed a more comprehensive support network was essential to assist this group of individuals.

In their view breaching must be understood as inevitable and not seen necessarily as an indication of failure and accordingly, requires greatly improved management. It was widely felt that the program needed to be comprehensively and uniformly implemented across all venue types and locations, with an increased commitment by all venues to cooperate and detect. Failure to do so would serve to reinforce the belief that sections of the industry are disinterested in making self-exclusion work too effectively.

(b) Availability of Resources

There was discernible frustration at the lack of resources available through both the Gambler's Help agencies and the AHA (Vic) Self-exclusion program to promote, educate and support venues, clients and communities about the program, responsible gaming practices and identification and understanding of problem gambling behaviour across the State.

Summary of Key Issues from Consultations

The important but difficult task of identifying self-excluded patrons has emerged as the central point of concern regarding the operation of the program from all key groups interviewed. Despite their differing points of interest, patrons, counsellors and venue managers all want to see self-excluded individuals out of gaming facilities. However, the difficulty of the task rests with the current system of photo recognition-based identification. Paradoxically the problem of detection can only be compounded further if the program continues to grow in popularity.

This challenge is occurring simultaneously with growing publicity about the failure of venues to adequately identify self-excluded patrons under the current program processes. The profile of the program as one of *self-exclusion only* does not appear to meet public expectations of the program. Despite the existence of a deed that ultimately absolves venues of any responsibility to detect, it is clearly *believed* and *hoped* that the venues will assist by a commitment to detection and removal. This perception is keenly

felt by both patrons and counsellors and places considerable pressure on those venues keen to cooperate.

Further, there is evidence to suggest that a *belief* in the offer of exclusion is vital to enhancing the therapeutic value of the program and gives credibility to the notion of a supportive relationship between venues and patrons. A failure to adequately detect, therefore seriously undermines the program and its ability to assist serious problem gamblers.

However it should be noted that best practice models for responsible gaming operations and rehabilitation extend beyond the resolution of the photo identification problem of the program. The value of cooperative, educational relationships between venues and Gambler's Help staff in all regions was noteworthy. This was exemplified by the disparity between the venues accessible to the Centre's interview team and those commonly discussed by patrons and counsellors. That is to say, those venues identified as the "lax venues" by Gambler's Help and by self-excluded patrons, were also the same venues who would not agree to be interviewed. The capacity for effective evaluation and the monitoring of the incidence and responses to problem gaming in a given community is dependent upon open, committed, cooperative arrangements.

Section Six

Review and Commentary on Effectiveness of Self-exclusion

6.1 Self-exclusion: Policy in Practice

Self-exclusion programs need to be placed in a wider context of strategies, policies and tools able to be used to reduce harmful effects that problem gambling can have on the individual and the community. Included in the array of potential responses are more vigorous consumer protection policies aimed at preventing people gambling too much, including *inter alia*:

- restricting access to ATMs and EFTPOS facilities;
- card based access to EGMs;
- payment of winnings by cheques;
- limits on, or the barring of, note acceptors; and
- the introduction of betting loss limits and 'pre-commitment options to limit losses' utilising technology such as smart cards.

These measures and others seek to offer support for problem gamblers by providing a method of controlling gambling and gambling behaviours once at the venue.

Self-exclusion programs differ from some of the above in that they encourage self responsibility and offer to lend support for exclusion from designated restricted gaming areas. Self-exclusion does not offer support for controlled gambling; it seeks to achieve the goal of abstinence by denying the right of entry and allowing the removal of the patron if detected in a restricted gaming area. Self-exclusion is aimed at preventing people who have already gambled too much from gambling at all.

The critical criteria for assessment of self-exclusion is how effectively it achieves abstinence through either voluntary self motivated behaviour (of course, this may occur without enrolment in a self-exclusion program) or subsequent detection and removal.

Before reaching a conclusion on this point, it is also important to stress that self-exclusion programs have a very low utilisation rate. As best we can ascertain, set against the number of severe or moderate problem gamblers estimated for Victoria, the combined Crown Casino and industry based programs would have a utilisation rate of between 2.5 to 3.5 per cent of problem gamblers. The estimate for South Australia is approximately 3 per cent.

Certainly, it is the case that self-exclusion options have expanded since the report of the Productivity Commission in 1999. The Chairperson of that Inquiry recently reflected that "mechanisms to enable problem gamblers to exclude themselves from venues were limited (or poorly implemented)" ³⁰ at the time of the Commission's report. Even today,

³⁰ G. Banks, (2002), "The Productivity Commission's gambling inquiry: 3 years on", p. 7.

there is no consistent procedure or policy across the States and Territories for self-exclusion. In New South Wales, the Australian Capital Territory, Queensland and South Australia self-exclusion is conducted on a venue by venue basis. In Victoria, Tasmania and through the IGA in South Australia and Game Change in New South Wales, self-excluded patrons are able to nominate multiple venues. Casinos conduct their own programs, which are legislated.

6.2 Code of Practice, Self-exclusion and Effectiveness

Industry programs, generally hosted and supervised by State AHA bodies, operate under voluntary, industry codes of practice. Our finding is that voluntary industry codes generally lack compliance procedures. More particularly, the codes cover what has been termed “softer or more discretionary” voluntary initiatives, including advertising, gambler information, responsible promotions and complaints procedures and we include, voluntary self-exclusion options.

In a review of the Industry Codes of Practice, including the Victorian Code, Doherty (1999) concluded that “a major failing of the Victorian Code is a lack of compliance procedures. No provisions occur in the code for incentives or disincentives for non-compliance, or effective monitoring of the code’s implementation across the industry”.³¹

We understand that since that time (1999) a review of the Codes of Practice has been undertaken and there have been changes, for example, to include nominated self-exclusion for TABCORP wagering services. Our particular interest is in the effectiveness of the self-exclusion program operating under the broader framework of the Code of Practice. Notwithstanding the review, we concur with Doherty that the code lacks compliance procedures, while it reflects an input and not an outcomes/result based framework. Specifically, in relation to self-exclusion there is no systematic monitoring and evaluation of outcomes.

Banks (2002, p. 12) quotes researchers reviewing Codes of Practice and considers “that none of the codes contained processes for independent monitoring of their implementation or the collection of independent evidence of compliance rates, and few contained processes for periodic independent review and evaluation”.

Importantly, and relevant to the incentives faced by venues (and the industry) to develop a far more effective system of self-exclusion, Banks (2002) reiterates the concern of the Productivity Commission, that

“... the danger of relying on such voluntary codes of behaviour is that venue operators face an inherent conflict of interest in dealing with problem gambling, given the extent to which their earnings depend on the disproportionate spending of problem gamblers. Indeed they have a strong financial incentive to do as little as they can get away with. This is not to denigrate them. It is entirely understandable and logical”. (p. 12).

³¹ “Gambling Industry Codes of Practice: A Critical Review”, p. 514.

We have already commented on these incentive effects as well as the prospect of some venues being relatively more lax than others (as is the experience of Gambler's Help counsellors) and effectively "free riding" on other venues.

In effect, the Industry Code of Practice "offers" a self-exclusion program, it "offers to put a system in place", although it is silent on the allocation of resources to the program and available resources for the purposes of monitoring, evaluation compliance and development.

The AHA (Vic) chose not to supply financial data to the Centre, leaving them open to accusations of a lack of accountability and transparency around the program, and an unwillingness to submit to an independent evaluation. The level of financial and human resources clearly impact on the effectiveness of any program — if only that they facilitate/or inhibit the administering authority to do what they say they will do.

Table 6.1 provides an assessment of the effectiveness of the industry based self-exclusion program as it currently operates in Victoria, for the individual, the venue and the industry.

Table 6.1
Assessment of the Effectiveness of the Industry-based¹ Self-exclusion Program

Measure of Effectiveness	Rating
<i>Individual</i>	
Utilisation rate	Low
Ease of accessibility ²	High
Achieve abstinence	Unknown
Breaches recorded for individual	Unknown
Visitations to non-nominated venues	Unknown
Renewal/Extension of Deed	Very easy
<i>Venue</i>	
Success in excluding persons from gaming area	Unknown
Ease of identification/detection	Very difficult
Number of persons not detected	Unknown
System of notification - report and respond	Inadequate
Relationship with support agencies	Variable
<i>Industry</i>	
Central record of patrons detected	Non-existent
Number of revocations	Known
Persons who attend other venues	Unknown
Number of letters responding to detected breaches	Unknown
Overall cost to implement	Not provided
Credibility with problem gamblers, community	Low
Number who attend counselling/support	Unknown

Notes: ¹ Excludes Crown Casino.

² Refers to ease of entering the program for an individual.

The difficulty in commenting on the effectiveness of the current program is that the program is focussed on inputs not outputs and data collection, monitoring and servicing of the program is input oriented. In addition to this, there is no systematic quantitative data collection to evaluate detection rates or compliance behaviours nor any evaluation of the actual experience of self-excluded patrons.

On other measures of effectiveness such as responsiveness, transparency, independence and integrity, the experience of the Centre in conducting this study gives rise to a very cautious assessment. We were not provided with financial data by the AHA (Vic) and therefore, are unable to comment on certain administrative aspects of the program. However, we are convinced that the level of resources devoted to the program is inadequate. We consider the level of support to venues to be inadequate, there are poor notification procedures, a lack of follow-up and inadequate central record/data management. We find no evidence of program evaluation. Individual venues report that they require a higher level of support from the AHA (Vic).

On matters of independence and integrity, we have already commented on the “suggested answers/comments to questions” provided by Clubs Victoria to their membership. This action indicates an unwillingness to participate properly in independent evaluation and suggests that the same stakeholders “are not serious about doing things that are effective”.

In relation to the Industry Self-exclusion Program:

There are no binding sanctions on the individual if they are discovered to have breached the Deed. It is stated that the procedure involves the individual being contacted by letter by the AHA (Vic) and reminded of their obligations. However, we are informed that no record of the number of letters sent out is maintained, and in any case, notification of a detected breach would first need to be transmitted from the venue. We find no clearly established procedure for this to occur and as a result there is no consistent, central recording of breaches. There are no binding sanctions on venues.

Importantly, there is no real ability to monitor non-compliance with the Deed across the networked-based system of hotels and clubs, or conversely, actual compliance. Monitoring non-compliance relies ultimately on detection. Detection rates are problematic and they are not centrally recorded. In addition, if a self-excluded person gambles at a venue that they have not nominated, then they are not in breach of the Deed, although clearly the objective of abstinence is not being achieved.

The implementation of the Code of Practice covers only EGMs and not other forms of gaming such as Keno. We note the recent introduction by TABCORP for self-exclusion for wagering.³²

³² However, this scheme is not part of this evaluation and it is new and small in scale to date.

In relation to the Crown Self-exclusion Program:

The single site, self-exclusion program conducted by Crown is administratively more manageable and tighter than the industry-based, network program. The other significant difference is of course, that it is backed by legislation, which carries penalties for breaches of the legislation. The amount of video surveillance coupled with a greater number of staff employed on the gaming floor also provides greater opportunities for monitoring and detection of self-excluded persons. An overall detection rate of 15 per cent is reported by Crown. Breaches of a Self-exclusion Order may lead to the possibility of a fine, appearances before a magistrate or referral to a designated diversionary program. However, even in this environment there have been notable cases where a self-excluded person was not automatically detected.

The Crown Customer Support Centre thought that the administration of self-exclusion could be enhanced by a memorandum of understanding between Crown and Gambler's Help support service providers, with the intent of ensuring that when Crown refers a self-excluded patron for counselling, that the person does actually attend. Statistical monitoring of the program would benefit from a Memorandum of Understanding (MoU) with service providers.

Another possibility is that the government inspector could immediately refer the self-excluded patron to a nominated Gambler's Help support service. Attendance would need to be monitored through information sharing under the MoU. Immediate referral to a counsellor or a diversionary program would help to convey to the patron the seriousness of the breach, and the need to seek assistance. Any further breaches may then result in appearance before a magistrate.

Crown has established an "Expert Consultative Group" to inject new ideas and provide expert advice to Crown, covering all aspects of responsible gaming, training and self-exclusion programs. Suggested improvements, such as the MoU and those referred to the Customer Support Centre, are possible because of the high level of monitoring, reporting and program management able to be achieved on-site.

6.3 Harm Minimisation

From the venues perspective, most believed the program had only slightly reduced problem gambling behaviour at their venue or indicated that they believed it had had no effect at all. Venues identified a range of practical implementation difficulties:

- staff experienced problems with photographic identification;
- too many faces to recall plus there were no other identifying characteristics (e.g., height, weight, etc.);
- no procedures for notification of breaches;
- no centralised management system;
- no penalties for a person caught breaching their Deed; and
- experience delays in seeking to arrange interviews with Gambler's Help (mostly in metropolitan settings).

Clearly, individual venues and staff are experiencing significant problems in being able to implement the policy as it now stands. Practical implementation difficulties for the venue undermine the efficacy of the program. Its voluntary nature and limited take-up restrict the scope of the program.

Gambler's Help counsellors and other conclude that:

- the program is too difficult to supervise and monitor (ensure compliance) across the network of hotels and clubs;
- the expansion of photographs places undue pressure on venues and staff, staff feel frustrated;
- token compliance or non-compliance in some cases with no penalties for lax venues;
- easily circumvented by problem gamblers;
- sellers have a pecuniary interest in not 'excluding their best customers', particularly given the performance based incentives within the structure of the industry;
- there is no legislative backing to the program ('it is toothless'); and
- variable standards of detection applied by individual venues (that are known to problem gamblers), such that the program is not uniformly implemented.

Key Conclusions

- Objectively, the current system is not capable of enforcing self-exclusion and this runs counter to the expectations of self-excluded patrons, counsellors, the media, and the community. A failure to detect breaches seriously undermines the program;
- All key stakeholders want a system of self-exclusion which is readily enforceable. However, whilst the industry maintains that "the system is not designed to be enforced by the venues", its offer of marginal support runs counter to individual and community aspirations regarding the meaning and effect of self-exclusion;
- A significant amount of time and energy is devoted to maintaining the "bluff" component of the program and defending the credibility of the program rather than developing appropriate monitoring systems;
- Self-exclusion programs, if means are found to overcome the problem of identifying people who set out to breach their undertakings, can help address problem gambling. The programs need to be well publicised, well managed, and well supported by other services. They are however no universal panacea and will only be effective for a (possibly fairly small) proportion of problem gamblers. They need to work alongside other harm minimisation measures and cannot be seen as an alternative to the broad range of changes already introduced or being considered for venues;

- The industry is half hearted in its support for the existing programs. Some venues are more diligent than others in policing the scheme;
- The media has been unhelpful in continuing to highlight the shortcomings of the scheme, as bringing it into disrepute will make it more difficult to attract clients in the future. There are acknowledged shortcomings which must be addressed but there is no doubt that some problem gamblers are being helped, do not try and breach their undertakings and are being overlooked in the publicity given to those who are not really serious about excluding themselves in the first place; and
- The future of self-exclusion programs needs to address a range of policy issues which potentially impinge on privacy and civil liberties. Governments need to decide whether the cost of problem gambling to society as a whole is such that all gamblers need to be screened and/or register before they enter a venue, a step that would make detecting self excluders very much easier.

6.4 Summary and Conclusions

Self-exclusion programs do not offer support for controlled gambling; rather they seek to achieve the goal of abstinence by denying the right of entry and removal of the patron if detected in a restricted gaming area.

The key conclusion of this report is that the current system is not capable of enforcing self-exclusion. The important but difficult task of identifying self-excluded patrons has emerged as the central point of concern regarding the operation of the program from all key groups involved in this study.

According to self-excluded patrons (and others) it is commonplace for breaches to occur and to go undetected. All key stakeholders want a system of self-exclusion which is readily enforceable, consistent and comprehensive.

A significant amount of time and energy is devoted to maintaining the “bluff” component of the program and defending the credibility of the program. This time and effort would be better spent on implementing effective arrangements to monitor and enforce individual and industry compliance.

The program has a relatively low utilisation rate which is consistent with overseas experience of self-exclusion programs.

This report has identified significant weaknesses in implementing the program as it now stands. All stakeholders have agreed that photographic identification poses significant problems for venues.

Incentives

“Venue operators face an inherent conflict in addressing problem gamblers given the extent to which their earnings depend on the disproportionate spending of problem gamblers”.³³ It is important to acknowledge this conflict. Only a uniform and consistent implementation of the program will stop the “lax venues” free riding on the more committed venues. Currently there are no penalties on venues for failure to comply.

Under the current program, penalties will not overcome the major implementation problem for venues — specifically the effective identification of self-excluded patrons within the spatial environment of multiple clubs and hotels.

The experience of Crown Casino (and other venues) demonstrates that self-excluded gamblers do attempt to breach their undertakings with detection rates around 15 to 20 per cent. There is no evidence to suggest that rates of breaching are any different for clubs and hotels.

The reality is that it is not possible to introduce a program of self-exclusion and then rely on photo identification to effectively implement the detection component of the program.

An effective system of self-exclusion should:

- enhance the objective and the achievement of responsible gambling;
- actively support patrons, venues and operators to meet their commitment to responsible gambling; and
- be capable of being implemented as a universal system, in Victoria but also within a national framework.

We recommend:

A new system of uniform identification should be investigated to restrict access to gaming areas. A system of identification specifically intended to overcome flaws in the current system is necessary. It must be able to be enforced by individual venues and the Crown Casino. A Statewide, uniform, and comprehensive system of identification could also help to restrict access to gaming by minors.

The Victorian Government could take a leadership role in introducing a uniform identification system, which could have relevance for a range of harm minimisation measures.

There should be no objection to such a proposal. Objectively, how different in principle is this to the requirement for signing in to a club? How different is it to a young person being required to provide identification (proof-of-age) when entering a night club or hotel? The State and the owner/licensee require proof of age for minors in many

³³ G. Banks (2002), p. 12.

instances, as is the case for purchasing cigarettes. There are numerous examples where identification is used to limit access (e.g., see the health field as well, including prescription drugs, pharmaceuticals).

There is insufficient attention given to “hard policy” options designed to protect the consumer. Industry codes of practice are almost exclusively addressed to the soft policy options.³⁴ Because the pool of problem gamblers is significantly larger than those who elect to participate in self-exclusion programs, it is necessary to offer higher levels of consumer protection than are currently in place. Loyalty schemes provide for limiting the amount of time and limiting participant’s net losses in any 24 hour period, while some EGMs require a player card to access. Harnessing technology to assist with exclusion and, as well, maximise opportunities for self responsibility is an urgent requirement.

We recommend:

That self-exclusion be broadened to encompass a range of behaviours including self-exclusion from venues and other voluntary measures such as pre-commitment betting limits. That the Victorian Government and the industry cooperate to develop cost-effective, technology-based capability for pre-commitment betting limits.

We understand that there is likely to be opposition from some quarters to these recommendations, although it must be said that technical solutions are the most feasible solutions. Section 41 of the *Gaming Legislation (Amendment) Act 2002* provides for time and loss limits, and a 24 hour time delay to modify such arrangements under existing loyalty schemes.

We **do not recommend** that the industry based self-exclusion program be legislated in its current form. Legislating the current program without other necessary changes would not improve the effectiveness of the current program. The limitations of photo recognition-based identification have been well documented.

In our view, a second best solution must address the question of how to introduce sustainable reforms to improve what is a limited program.

First, the program must be able to demonstrate outcomes and results. It needs a strong protective framework because it is not sufficient to say hotels/clubs “do their best”; it is not sufficient to assume that people will not attempt to continue gambling; the complexity of causation and the very problem of excessive gambling illustrates that problem gambling is often not a rational process.

Secondly, good management of the program is not an option, but an obligation. The current program requires more financial and human resources than are presently provided. If self-exclusion is to be viewed as a serious program, for serious people with a serious problem, then the industry should be required to increase the level of resources

³⁴ Include use of clocks on machines, pamphlets, and brochures, information etc..

to the program. Venues were critical of the current level of support able to be provided by the AHA. We are unsure as to why procedures for monitoring, evaluation, data management and program development are not well developed. Are these requirements limited by financial resources, human resources or management decisions?

We **consider** that to improve the operation of the current program the following would need to be undertaken:

- mandate venue participation in the Self-exclusion Goes On-Line program (SEGO), with computerised central notification system, central data management system, automatic reporting of breaches and follow-up;
- mandate support technology such as high quality colour printer;
- venues should have the capacity to issue a reminder of self-exclusion notification at the time of detection and a copy should automatically be forwarded to a central authority;
- data system should record details of breaches, including time of day, location patterns, use of identification, attempt at disguise, and response to request to leave;
- significantly increase financial resources available to the program;
- provide additional staff to support venues in implementing the program including data management, monitoring and compliance;
- introduce a research development and evaluation budget to improve the day to day management of the program;
- establish consistent and transparent procedures for reporting and recording of information and incorporate these into staff training (current procedures are inconsistent and unclear);
- information should be displayed more prominently within venues; and
- the Sample Copy of the Deed and actual Deed needs to be translated into other major languages including Chinese, Vietnamese, Greek and Italian.

These improvements are necessary but they will not overcome the major weakness of the program, specifically the problem with photo recognition-based identification and other implementation issues.

Consideration should also be given to relocating the self-exclusion secretariat group which is currently located within the AHA (Vic). The current location is not appropriate, it lacks transparency and most importantly is not sufficiently independent. The principle of separating revenue responsibilities from program responsibilities should govern the decision about the future location of the secretariat.

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Appendix A

Anecdotal Information and Methodological Considerations

During the course of this study a number of comments/statements were provided to the researchers which we believe have relevance for this study into harm minimisation and self-exclusion. They are in the form of hearsay comments and cannot be treated as evidence, although they were so consistently reported as to cast doubts about the implementation and effectiveness of the self-exclusion program.

- Self-exclusion is only from the restricted gaming area in each venue. We were told of one case where a self-excluded patron played Keno, which was located in a restricted gaming area, and staff collected the money and placed the money to enable Keno to be played by the patron. The role of staff in this is the issue.
- Numerous instances reported to us where staff did detect a self-excluded patron in the gaming venue and advised the patron that “this was a warning only”.
- There is wide reporting of self-excluded patrons being able to gamble quite freely, often when known to the staff. Reports have been forwarded to the AHA about some specific venues but it is claimed that little has changed (not that AHA did not follow up, but that little has changed).
- Staff are *instructed* to provide change for drinks and other purchases in \$1 coins. This action is encouraged through specific instructions, while staff disagree and are unhappy with the requirement.
- Section 14 of the Deed was cited frequently by some venues, both to Gambler’s Help counsellors and to the AHA Self-exclusion officers, as the reason why a venue may not have acted to exclude a patron. ‘Lax venues’ were well known to both sets of individuals referred to above.
- We know of instances where self-excluded patrons from Crown Casino transferred their gambling behaviour to metropolitan hotels and clubs.
- Hotels are not encouraged to refer or report detected breaches to the AHA for reasons we have not been able to ascertain. It is said that in the South Australian environment, the prospect of a \$10,000 fine actively discourages hotels from initiating licensee barring.

In undertaking this study, a number of methodological concerns were highlighted.

The first involved Clubs Victoria interference with the survey posted out to 150 clubs and pubs across the State. We have referred to this in the body of the report and elsewhere. There was no justification for such a direct and ill considered attempt to influence responses from the clubs. Unfortunately, the impact of this was to reduce the validity and reliability of survey responses; for some questions it led to contradictory responses, but most of all, it interfered with member organisations responding frankly to the obvious difficulties they (and their staff) were experiencing with photographic identification.

Such unnecessary actions weaken the credibility of the industry, Clubs Victoria and the program itself. It also illustrates a lack of responsibility and openness to independent scrutiny. How serious is the industry about “responsible gaming practices” when it does not behave responsibly itself?

Appendix B
Self-exclusion Survey

26 August, 2002

The Manager

Dear Sir/Madam,

The Victorian Government's Gambling Research Panel (GRP) has recently commissioned the South Australian Centre for Economic Studies ('the Centre') of the Adelaide and Flinders Universities, to conduct an **Evaluation of Self-exclusion Programs and Harm Minimisation Measures in Victoria**. The Centre has sought the support of the AHA (Victorian Branch), Clubs (Victoria), TABCORP and Tattersall's in conducting this evaluation.

The primary objective of this project is to investigate voluntary self-exclusion programs and related initiatives in Victoria, with a view to improving their effectiveness in regard to reducing problem gambling.

It is extremely important for this study that **club/hotel managers** are given this opportunity to contribute and to assist the Centre evaluate the self-exclusion program, other harm minimisation measures and to record your experience and comments on:

- the operation of the self-exclusion program;
- the effectiveness of self-exclusion programs;
- the difficulties you may have with the current program, including identifying problem gamblers; and
- any improvements to the self-exclusion program that you may wish to suggest.

I wish to stress that:

- the information you provide will be **strictly confidential**; and
- it will be summarised and reported in aggregate **only**.

We invite your assistance and ask for your considered response. In filling in the questionnaire it would be greatly appreciated if you could consult with staff at the venue who work on the gaming floor. Could you please return the completed questionnaire to the Centre in the enclosed (stamped and self-addressed) envelope by **Friday 6th September**.

If you have any queries, want further information or wish to discuss any matter, then please feel free to contact:

Marianne Herbert (08-8303 4546, email marianne.herbert@adelaide.edu.au), or myself (08-8303 4545, email michael.oneil@adelaide.edu.au).

Thank you for your assistance.

Yours sincerely,

Michael O'Neil
Director

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13th September, 2002

The Manager

Dear Sir/Madam,

I refer to my recent letter (and enclosed questionnaire) regarding the South Australian Centre for Economic Studies being commissioned by the Victorian Government's Gambling Research Panel (GRP) to conduct an **Evaluation of Self-exclusion Programs and Harm Minimisation Measures in Victoria**. The Centre has the support of the AHA (Victorian Branch), Clubs (Victoria), TABCORP and Tattersall's in conducting this evaluation.

I am extremely aware that you receive many requests for information regarding your business, but your response to the questionnaire is vitally important for the outcome of this study. To date the Centre has only received back 45 questionnaires out of 150 mailed out to hotels and licensed clubs in Victoria. This is simply not sufficient number to properly report on the industry or your own views regarding the self-exclusion program.

It is very important for your industry that the Centre is able to report accurate facts and figures and not anecdotal evidence. We will be making recommendations to the Gambling Research Panel and the Victorian Government and it is vital we have a balanced input from the hotel and clubs industry.

I have enclosed another copy of the questionnaire which we would like you to complete and return to the Centre in the enclosed envelope by **Friday, 27th September 2002**. It is important to the overall study that you are given the opportunity to contribute and to assist the Centre. We stress that the information you provide to the Centre will be treated as *strictly confidential* and will only be reported in an aggregated form. Your venue will not be identified.

We invite your assistance and encourage your response. If you have any queries, want further information or wish to discuss any matter, then please feel free to contact Marianne Herbert on (08) 8303 4546 (email: marianne.herbert@adelaide.edu.au), or myself on (08) 8303 4545 (email: michael.oneil@adelaide.edu.au).

Yours sincerely,

Michael O'Neil
Director

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EVALUATION OF SELF-EXCLUSION PROGRAMS AND HARM MINIMISATION MEASURES

SURVEY OF GAMING MACHINE ESTABLISHMENTS

Codes to Protect Confidentiality:

ABOUT THE VENUE

1. For how long have you been the owner/manager of the venue?

Number of Years:

2. How many electronic gaming machines are currently at your venue?

Number:

3. For how long has your venue had electronic gaming machines?

Years: or Months:

EMPLOYMENT, TRAINING

4. How many staff are currently employed at this venue?

	Number
Full Time	
Part Time	
TOTAL	

5. Do you employ a designated manager for the gaming area or how is the gaming area supervised? *(Please advise)*

.....
.....
.....

6. (i) Do staff at your venue receive any training in: *(Please tick)*
- a) Administration of the self-exclusion program YES NO
 - b) Other responsible gambling practices YES NO
 - c) Intervening when a patron shows signs of distress YES NO
 - d) Responding to a request for help YES NO

(ii) If you answered **YES** to either a) or b), what type of training is provided? *(Please describe)*

.....

.....

.....

(iii) How often is training undertaken? (e.g., upon induction, annually for all staff, irregularly for gaming floor staff, etc.) *(Please describe)*

.....

.....

.....

(iv) If you answered **YES** to parts (c) or (d) what in your experience are the behaviours that indicate "signs of distress" and the potential for gambling problems? *(Please comment)*.

.....

.....

.....

7. Can you estimate staff turnover, on an annual basis, and describe any difficulties this creates for the gaming area?

Staff turnover (number of staff)

.....

.....

.....

8. Do you refer patrons who have self identified (or show signs of distress) as having gambling problems to: *(Please tick all relevant boxes)*

- Gamblers' Help
- Local counsellor/Doctor
- Gamblers Anonymous
- Other: *(Please describe)*.....
- Not at all

OPERATION OF THE SELF-EXCLUSION PROGRAM

9. Does a self-exclusion program operate in your venue? *(Please tick)*

Yes: Industry Club and Hotel, Voluntary Self-exclusion

Yes: Own House, Self-exclusion Program

No: Currently No Voluntary Program *(If you answer NO, then please go to Q. 20)*

10. (i) How many people are currently self-excluded from your venue?
people

(ii) How many of these people would you consider are regular patrons and are known to staff at your venue?
people

11. From your experience, how does the self-exclusion program operate? *(Please describe the critical steps)*

.....

.....

.....

.....

.....

.....

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.....

12. Approximately how often is a self-excluded person apprehended (identified) in the gaming area of your venue? *(Please tick one box)*

More than once per week	Once per week	Once per month	Once every 6 months	Once per year	Less than once per year	Never	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In your experience, staff find that identifying self-excluded patrons attempting to enter into gaming areas of your venue is: *(Please tick one box and add comments)*

Very Easy	Easy	Difficult	Very Difficult	Unsure
<input type="checkbox"/>				

Comments:

.....

.....

.....

14. If a self-excluded person is apprehended (identified) in the gaming area, what procedure is followed? *(Please describe)*

.....

15. In which of the following ways inside the Club/Hotel can a patron find out about the self-exclusion program: *(Please tick)*

- a) By approaching staff YES NO
- b) Through advertising material:
 - Brochures YES NO
 - Posters YES NO
 - Messages on gaming machines YES NO
- c) Other: *(Please describe)*
- d) Not at all YES NO

EFFECTIVENESS OF THE SELF-EXCLUSION PROGRAM

16. **In your venue**, to what extent has the self-exclusion program helped to control or restrict problematic gambling behaviours? *(Please tick one box and comment)*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Completely eliminated | Significantly reduced | Slightly reduced | Had no effect | Unsure |
| <input type="checkbox"/> |

Comments:

.....

17. What are the main **strengths** of the self-exclusion program? *(Please comment)*

.....

18. What are the main **weaknesses** of the self-exclusion program? *(Please comment)*

.....
.....
.....
.....
.....

IMPROVEMENTS TO THE SELF-EXCLUSION PROGRAM

19. In what ways do you think that the current self-exclusion program could be improved?

.....
.....
.....
.....
.....

20. Do you think that the current responsible gambling strategies in place at your hotel/ club are adequate? *(Please tick)*

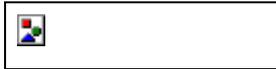
YES NO

If **NO**, what else do you think could be done to assist problem gamblers or those at risk of having a gambling problem? *(Please comment)*

.....
.....
.....
.....
.....

**Thank you very much for completing the survey.
Please return it to the Centre in the envelope provided.**

Appendix C
Industry Codes of Practice



INTRODUCTION

1. THE VICTORIAN GAMING MACHINE INDUSTRY ACCORD

- 1.1 OBJECTIVES
- 1.2 CODES OF PRACTICE
- 1.3 CONSULTATION
- 1.4 RESPONSIBLE GAMING
- 1.5 HANDLING OF COMPLAINTS

2. THE VICTORIAN GAMING MACHINE INDUSTRY - ADVERTISING CODE OF ETHICS

- 2.1 APPLICATION
- 2.2 THE CODE

3. THE GAMING MACHINE OPERATORS - CODE OF PRACTICE

- 3.1 SIGNATORIES
- 3.2 VENUE SELECTION
- 3.3 VENUE LOCATION
- 3.4 RESPONSIBLE GAMING
- 3.5 WORKING WITH VENUE OPERATORS
- 3.6 ROLE IN THE COMMUNITY
- 3.7 STAFF POLICY

4. THE LICENSED VENUE OPERATORS - CODE OF PRACTICE

- 4.1 SIGNATORIES
- 4.2 THE CODE

5. CROWN LIMITED - CODE OF PRACTICE

- 5.1 CROWN AND ITS PATRONS
- 5.2 CROWN AND ITS STAFF
- 5.3 CROWN AND THE COMMUNITY
- 5.4 CROWN AND THE GOVERNMENT

 Codes of Practice**Introduction**

The Victorian Gaming Machine Industry has been established by the key participants in the gaming machine industry in Victoria.

This Accord and the Codes of Practice are not intended to replace Victorian Government Legislation which governs the operation of gaming, nor is it intended to replace the authority of the Victorian Casino and Gaming Authority in its administration of the various statutes and regulations of the State of Victoria. The Codes are under continuous review by the VGMI Codes of Practice Working Group to ensure that there is immediate response to changing circumstances and requirements.

The companies, associations and their member businesses that constitute The Gaming Machine Industry Accord are:

The Gaming Machine Operators:

- TABCORP Holdings Limited (TABCORP)
- Trustees of the Estate of the Late George Adams (Tattersall's)

The Gaming Venue Operators:

- Australian Hotels and Hospitality Association Inc (Victoria) (AHHA Inc)
- Clubs Victoria Inc (formerly LCAV)
- Venue Operators licensed by the Victorian Casino and Gaming Authority

Crown Limited (Crown Casino)

The Victorian Gaming Machine Industry Gaming Machine Industry Accord is facilitated by the following Codes of Practice:

- Gaming Machine Industry – Advertising Code of Ethics
- Gaming Machine Operators Code of Practice
- Licensed Venue Operators Code of Practice
- Crown Limited Code of Practice

In addition to the Codes of Practice, the Gaming Machine Industry Accord provides the Independent Complaint Resolution Process (**ICRP**), the VGMI Secretariat that administers the ICRP and Voluntary Self Exclusion programs to assist those who have difficulties with their gambling.

Codes of Practice

1. GAMING MACHINE INDUSTRY ACCORD

1.1 OBJECTIVES

- To further develop and promote guidelines and programs for the honest and responsible delivery, advertising and marketing of the gaming machine industry.
- To promote economic development generally throughout the State of Victoria.
- To enhance the continuing development of the gaming machine industry generally throughout Victoria.
- To ensure that gaming machine play constitutes a socially rewarding leisure and entertainment activity.
- To enhance the public image of the gaming machine industry.
- To consider legitimate community concerns related to issues covered by the Victorian Gaming Machine Industry Codes of Practice.
- In fulfilling the above objectives, to comply with Government policy.

To facilitate these objectives, specific voluntary Codes of Practice for adherence by the relevant signatories form part of this Accord.

1.2 CODES OF PRACTICE

The Codes of Practice are voluntary Codes of self governance and are to be read in conjunction with the requirements for the conduct of gaming which are set out in the Gaming Machine Control Act 1991, the Casino Control Act 1991 and their relevant regulations, rules, procedures and directions.

The handling of complaints related to the Victorian Gaming Machine Industry Codes of Practice is not intended to replace any policies or procedures that may exist as part of Government legislation.

1.3 CONSULTATION

The signatories recognise that the Codes of Practice may require periodic review due to changing circumstances. Accordingly, the Victorian Gaming Machine Industry Codes of Practice Working Group (the Working Group) comprising one voting representative of each of the Accord signatories meet on a regular basis to consider issues and consult regularly with regulatory bodies, key community and other groups.

1.4 RESPONSIBLE GAMING

The Accord signatories agree to implement and maintain community awareness activities and programs, self-exclusion from gaming venues programs and training courses for the responsible service of gaming machine play and to make available information on problem gambling support groups.

1.5 HANDLING OF COMPLAINTS

The timely and effective resolution of complaints is a major objective of the Victorian Gaming Machine Industry Codes of Practice.

Accordingly, the industry has established a Secretariat and an Independent Complaint Resolution Process ([ICRP](#)). The Secretariat provides information relating to the Codes of Practice and facilitates the conduct of an Independent Complaint Resolution Process.

Codes of Practice

2. VICTORIAN GAMING MACHINE INDUSTRY- ADVERTISING CODE OF ETHICS

2.1 APPLICATION

- This Code covers gaming machine operations only.
- This Code covers communication activities associated with gaming machine operations including advertising and promotion in media, venue point of sale material, leaflets, displays and other materials designed for public communication.
- The Television Commercials Production Checklist definition of Betting and Gambling is that determined under Section 6.9 and 6.10 of the Federation of Commercial Television Stations (FACTS) Code of Practice referred to in 2.2 The Code listed below. The Product Description is defined as:

Any commercials relating to betting or gambling such as the TAB, clubs promoting poker machines or gambling facilities, casinos, race clubs which feature bookies etc. but do not include Government lotteries, lotto, keno or contests.

2.2 THE CODE

- Advertising shall not be false or misleading and deceptive, particularly with respect to winning.
- Advertisements should be in good taste, not offend prevailing community standards and not focus on minors.
- In all instances, the target audience will be people 18 years and over and media selection and placement will be in accordance with the Federation of Commercial Television Stations (FACTS) Code of Practice as follows:

Commercials Relating to Betting or Gambling

- 6.9 *Except in news, current affairs and sporting programs, a commercial relating to betting or gambling must not be broadcast in "G" classification periods Monday to Friday, or on weekends between 6.00am and 8.30am, and 4.00pm and 7.30pm.*
- 6.10 *Commercials relating to betting or gambling do not include commercials relating to such things as Government lotteries, lotto, keno or contests.*
- Advertisements must comply with the laws of the Commonwealth of Australia and the State of Victoria.
- The conformity of an advertisement with the Code will be assessed in terms of its probable impact taking its contents as a whole upon a reasonable person within the class of those to whom the advertisement is directed and taking into account its probable impact on persons within other classes to whom it is likely to be communicated.
- The advertising of gaming should not be associated with excessive consumption of alcohol.

Codes of Practice

3. GAMING MACHINE OPERATORS - CODE OF PRACTICE

3.1 SIGNATORIES

- TABCORP Holdings Limited (TABCORP)
- Trustees of the Estate of the Late George Adams (Tattersall's).

3.2 VENUE SELECTION

Subject to the gaming machine operator's normal assessment of viability:

- Preference will be given to venues that can demonstrate the ability to provide the following attributes:
 - The provision of public facilities that can be used by patrons for purposes other than gaming machine play which could include:
 - restaurants
 - bars
 - live entertainment
 - convention centres
 - sporting facilities
 - adequate parking
 - adequate hours of opening
 - easily accessible location.
 - Experienced and professional venue management.
- Preference will be given to venues that can clearly identify a plan for the investment of a reasonable proportion of the proceeds from gaming machine play into enhanced leisure, entertainment and sporting facilities for customers of the venue.
- Preference will be given to venues that agree to comply with and where appropriate, have proved their commitment to all conditions of the Codes of Practice.
- Consideration will be given to venues that can demonstrate a clearly defined program for contribution to and participation in the local community.

3.3 VENUE LOCATION

New venues will be located in accordance with all current Victorian Government policy including the policies of the Victorian Casino and Gaming Authority, the Liquor Licensing Commission, the Department of Infrastructure and the relevant planning laws. These policies include the following:

- New gaming machine venues are not to be located in major shopping complexes.
- All new gaming machine venues, including those located in strip shopping centres, can only be established if they represent:
 - A bona-fide hotel venue providing an appropriate mix of customer facilities; or
 - A bona fide club venue providing an appropriate mix of member, guests of member and authorised gaming visitor facilities.

3.4 RESPONSIBLE GAMING

The Accord signatories will promote the concept of responsible gaming:

- The signatories agree that marketing will be directed towards marketing gaming machine play as a valid leisure and entertainment product.
- The signatories recognise the public has a democratic right to participate in their chosen form of entertainment in surroundings that do not impair their right to enjoy the product.
- The signatories recognise that if gaming machine play develops into a problem for individual players, assistance should be readily available from the gaming machine operators and venues to assist customers and venue operators.

Assistance will take the form of:

- Information to help players recognise whether their gaming is giving rise to problems for themselves or their families,
- Information concerning the availability of problem gambling services support groups to be made available at cashier stations at all gaming machine venues; and
- The availability and promotion of self-exclusion procedures.

Codes of Practice

3. GAMING MACHINE OPERATORS - CODE OF PRACTICE

3.5 WORKING WITH VENUE OPERATORS

- TABCORP and Tattersall's undertake in relation to their respective venues, as far as is reasonably and commercially possible, to ensure that venue management and staff implement and adhere to the sections of the Victorian Gaming Machine Industry Code of Practice that are relevant to venue operations. The relevant sections of the Codes of Practice will be appended to their contracts with the venue operators.
- TABCORP and Tattersall's undertake training for venue operators and assist them in ensuring that gaming machine play is managed in compliance with the Victorian Gaming Machine Industry Codes of Practice.

3.6 ROLE IN THE COMMUNITY

- TABCORP and Tattersall's will consider the contribution of venue operators to the local community when assessing venue applicants.
- TABCORP and Tattersall's will work with community organizations such as [Gambler's Help](#) if customers require assistance in responsible gaming.
- TABCORP and Tattersall's will respond to comments received by them by ensuring that the comment is referred to the relevant venue.
- TABCORP and Tattersall's will maintain an active program of community support.

3.7 STAFF POLICY

TABCORP and Tattersall's have policies in place that prohibit their employees from engaging in any gaming activities while they are on duty except where required to do so as part of their duties.

Codes of Practice

4. LICENSED VENUE OPERATORS – CODE OF PRACTICE

4.1 THE SIGNATORIES:

- The Australian Hotels and Hospitality Association (Victoria) – AHHA.
- Venue Operators Licensed by the Victorian Casino and Gaming Authority.
- Clubs Victoria Inc (formally LCAV).

4.2 THE CODE

- To abide by all acts and regulations applicable to the delivery of gaming in the State of Victoria and to promote the spirit of the Victorian Gaming Machine Industry Codes of Practice.
- To abide by the Gaming Machine Industry – Advertising Code of Ethics.
- To ensure that gaming machine play is conducted as an ancillary activity to a reasonable range of traditional hospitality services
- To conduct their businesses in a manner that precludes the following persons from entering their restricted gaming rooms:
 - minors
 - intoxicated persons
 - persons known by the venue operator to be participating in a self-exclusion program.
- To assist patrons to whom gaming machine play presents problems by supporting a venue self-exclusion program, displaying signage and brochures promoting accredited counselling services and directing those patrons to avenues of effective support.
- To prohibit any form of credit being available for gaming machine play by patrons.
- To encourage patrons with large collects to have a cooling off period and take payment by cheque.
- To work together with the gaming machine operators and the Government to progress the orderly and responsible delivery of gaming to the Victorian community.
- To support the local community as part of it's commitment to the provision of responsible gaming.
- That all members of staff who work in gaming rooms are to complete an accredited responsible service of gaming course and a responsible service of alcohol course. Individuals who have completed such courses will have badges signifying such completion available to them.
- To prohibit their staff from taking part in gaming activities while on duty unless in the act of duty.
- To clearly mark machines that are unplayable to avoid customer confusion and disappointment.
- To support the Codes of Practice in respect of complaints and disputes and to fully cooperate with the Independent Complaint Resolution Process (**ICRP**).
- Separate to any annual industry body membership fee, to subscribe to an annual levy to cover the costs of compliance with the Victorian Gaming Machine Industry Codes of Practice, the Independent Complaints Resolution Process, the Secretariat and the Self-exclusion Program.
- A condition precedent for entering into a contract with TABCORP or Tattersall's is for the venue operator to sign this Code of Practice and adhere to its provisions.

Codes of Practice

5. CROWN LIMITED - CODE OF PRACTICE

5.1 CROWN AND ITS PATRONS**Entry Controls**

- Entry of patrons to casino is at discretion of the operator.
- Accredited crowd controllers will be employed for security purposes to ensure only appropriate persons are permitted entry to the casino.
- Minors, intoxicated persons and other undesirable persons will not be permitted entry to the casino.
- Dress code standards for patrons to be enforced.
- Crown will exclude persons from the casino who behave in an unacceptable manner.
- Signage is located at all public entrances to the casino providing patrons with information relating to Crown entry controls.

Safety and Security

- Crown will maintain a safe, secure and comfortable environment for the enjoyment of patrons and staff.
- Crown will maintain an emergency/Evacuation Plan for the safety of patrons and staff.

Problem Gamblers

In recognition that gaming can cause problems for some patrons, Crown has prepared policies and procedures to assist in dealing with these problems as follows:

- Crown will process applications from patrons for self-exclusions from the casino and encourage compliance.
- Crown will work co-operatively with [Gambler's Help](#) and any other support services including industry reference groups.
- Crown will train its staff in the responsible service of gaming.

Crown Assistance Program (CAP)

- Crown will maintain and fund the Crown Assistance Program, which provides free consultation, professional and confidential counselling services. Crown will have on display information about the Crown Assistance Program (CAP) at the casino.
- Crown will provide applicants for self-exclusion with information about the CAP and other support services.

Assistance to Patrons

- Trained Crown staff is available to assist

Non-English Speaking Patrons

- Crown will provide language and other assistance to non-English speaking patrons.

Responsible Service of Alcohol

- Operational Crown staff will continue to be trained in accredited responsible service of alcohol programs.

Player Information

- General information pertaining to the conduct of games, including rules, basic strategies and odds, is available within the casino to patrons.

Cheque Cashing Facilities

- Crown does not generally operate cheque cashing facilities for patrons visiting the casino.

ATM Provisions

- Automatic Teller Machines are not permitted within the licensed gaming envelope.

Prohibition of Credit

- Crown will not extend any form of credit to any of its patrons who reside in Australia.

EFTPOS Unavailable

- EFTPOS machines for cash transactions are not permitted within the licensed gaming envelope.

Co-Operation with Counselling Services

- Crown will advise applicants for self-exclusion of the assistance available from Crown Assistance Program, Gambler Help Services and other counselling services, including providing information as to assistance which is available.
- Crown will participate in counselling training programs.

Customer Complaints Procedures

- Crown will maintain the opportunity for patrons to refer on comments or complaints to management and will subsequently address and respond to the issues brought to its attention.
- In all unresolved disputes or complaints related to the conduct of gaming, Crown will advise

ill/injured patrons or staff.

- Crown will not disclose commercial information on patrons except in the case of a lawful request from a law enforcement agency such as the Victoria Police, Australian Federal Police or the NCA.

patrons of the availability of a Government Inspector and shall direct that person to the Government Inspector if requested or as required.

Patrons with Disabilities

- Crown will support a disability non-discrimination policy and procedures.

Codes of Practice

5. CROWN LIMITED - CODE OF PRACTICE

5.2 CROWN AND ITS STAFF

Training of Staff

- Crown, through its Training College, will continue to develop and provide innovative training to facilitate a pleasant and welcoming environment and to be responsive to changing community and patron requirements.
- Through its Training College and where necessary, in concert with accredited agencies and providers, training programs will continue to be provided and developed which focus on special patron needs and which will include and not be restricted to the following:
 - Responsible service of gaming
 - Responsible service of alcohol
 - Crown and its interaction with the community
 - 5 star quality patron service and guest relations.

Occupational Health and Safety

- Crown is committed to maintaining a safe working environment for all of its employees and ultimately its patrons.

Gaming Restrictions

- It is Crown policy that no employee is permitted to gamble using the gaming or wagering facilities available at Crown.

Gifts, Tips and Gratuities

- No person who holds a Special Employee's License as prescribed under Part 4 of the Casino Control Act is permitted to receive a gift, tip, gratuity or benefit from a patron.

Codes of Practice

5. CROWN LIMITED - CODE OF PRACTICE

5.3 CROWN AND THE COMMUNITY

Crown as a Responsible Corporate Citizen

Crown will maintain a comprehensive program for community support and interaction to be reviewed from time to time to ensure Crown remains and contributes to the economic, social and cultural life of Melbourne and the State of Victoria. This will include the following matters:

- As a substantial one-site employer, to maintain its commitment to the training and employment of long term unemployed youth.
- Promote both within Australia and internationally the attributes of Melbourne and Victoria and its tourism and investment opportunities.
- Through the diverse facilities available at the Southbank complex site and where applicable foster community participation in the social and cultural development of Melbourne and Victoria.

5.4 CROWN AND THE GOVERNMENT

Crown will continue to responsibly conduct and promote its gaming operations within the comprehensive regulatory framework established which governs the operations of the casino, in particular, the provisions of the Casino Control Act 1991, the relevant regulations, rules of the games, directives and systems of internal controls and administrative procedures approved by the Victorian Casino and Gaming Authority and/or the Director of Casino Surveillance.

Venue Layout and Approval

- Crown will continue to adhere to the condition of its license and the provisions of the Casino Control Act 1991 which provides that the Director of Casino Surveillance approves the facilities for and associated with the conduct and monitoring of casino operations.

Gaming Restrictions

- Crown agrees to provide and maintain Security & Service and Surveillance Departments in order to uphold the integrity of the casino operations, maintain patron and employee safety on the premises and to ensure compliance with legislation.

Victoria Police

- The Victoria Police (Casino Control Unit) maintains a squad of detectives deployed in the casino on a 24-hour basis to maintain a law enforcement, intelligence and liaison function with other departments within Victoria Police and other law enforcement agencies.

Crown agrees to adhere to all lawful requirements and requests from the casino Control Unit for co-operation and assistance wherever practicable.

Austrac

- Crown will adhere to the legislative requirements pursuant to the Commonwealth Financial Transactions Reporting Act 1989 and will participate in training support programs prepared by Austrac, the agency responsible for this legislation.

Crown will adhere to the prompt reporting to Austrac of all significant and suspect financial transactions relating to the operation of the casino.

Co-operation with Safety and Emergency Services

- Crown agrees, in the interest of the safety of both patrons and staff, to maintain an emergency and evacuation plan, a Staff Training Plan and close working relations with the various safety and emergency services.

Appendix D
Deed of Self-exclusion

DEED OF SELF EXCLUSION

THIS DEED made on Sunday, December 16, 2001 by A. Citizen,
Date Of Birth: 02-Oct-1960 of 555 Main Street, Melbourne, 3000 in
the State of VICTORIA

WHEREAS:

1. I believe that I have a problem controlling my use of gaming machines at the gaming venue at:

1) «insert venue», «insert suburb»

2) «insert venue», «insert suburb»

3) etc;

(We usually suggest patrons choose 6 - 12 gaming venues that are near their home or their work, or on a regularly traversed route. Some people only need to list one venue and some people need more than twelve. You will need to be able to name the venues for us to include them in your deed.)

2. I desire to deny myself the right of entry to and to exclude myself from areas at the Venue/s set aside for gaming purposes only (Restricted Gaming Areas) and to deny myself the right to use gaming machines at the Venue/s (such exclusions and denials hereafter called "Self-exclusion").

3. I desire the Australian Hotels Association / Licensed Clubs Association of Victoria (such Associations hereafter called the "Industry Body"), the Licensee of the Venue/s and/or their servants or agents to take such action as is necessary to prevent me from entering the Restricted Gaming Areas and using gaming machines at the Venue/s and to remove me from such restricted Gaming Areas.

4. I understand that Self-exclusion from Restricted Gaming Areas at the Venue/s is made voluntarily and does not place any obligation, duty or responsibility on anyone except myself.

5. I understand and accept that upon signing and lodging this document with the Industry Body, I become self-excluded from the Venue/s and as such I will not enter any Restricted Gaming Areas or use any gaming machine at the Venue/s (Self Excluded Person).

6. I understand and accept that upon signing and lodging this document with the Industry Body, I become ineligible to participate at any Tattersalls' venue in the Tatts Pokies Advantage program conducted across Victoria at participating Tattersalls' venues ("Tatts Pokies Advantage" program) for the period of self-exclusion. I authorize the Industry Body to forward details of my Self-

exclusion to Tattersalls Gaming Pty Ltd ACN 081 925 680 (Tattersalls) and I acknowledge that I shall have no further claim for any points or entitlements that I have accrued in the Tatts Pokies Advantage program.

7. I understand and desire that Self-exclusion from the Venue/s will remain in force for a minimum period of six (6) months, and will expire on 01-December-2003[Period of Self-exclusion].

UNDERTAKINGS

8. I UNDERTAKE that I will, during the Period of Self-exclusion:
- a) consider myself as a Self Excluded Person;
 - b) not withdraw or revoke any undertakings, authorities, release, covenant and/or indemnity contained in this Deed;
 - c) not enter the Restricted Gaming Areas at the Venue/s and will not use the gaming machines at the Venue/s;
 - d) immediately stop using gaming machines and/or leave the Restricted Gaming Areas at the Venue/s at the request of the Industry Body, the Licensee of the Venue/s and/or their servants or agents;
 - e) seek and continue to seek the assistance and advice of a Problem Gaming Counsellor; and
 - f) Not seek to become a member of the Tatts Pokies Advantage program.

AUTHORITY

9. I AUTHORISE the Industry Body, the Licensee of the Venue/s and/or their servants or agents during the Period of Self-exclusion:
- a) to ask me to immediately stop using gaming machines and/or to immediately leave the Restricted Gaming Areas at the Venue/s;
 - b) if I refuse to immediately stop using gaming machines and/or to immediately leave the Restricted Gaming Areas at the Venue/s, to take such action as is necessary (including the use of reasonable force) to remove me from such Restricted Gaming Areas and/or the Venue/s and to stop me using any gaming machine at the Venue/s; and
 - c) to take such other action as the Industry Body, the Licensee of the Venue/s and/or their servants or agents deem necessary (including the use of reasonable force) to prevent me from entering the Restricted Gaming Areas and from using gaming machines at the Venue/s and to remove me from such Restricted Gaming Areas and/or the Venue/s.

10. I AUTHORISE the Industry Body to take my photograph.
11. I AUTHORISE the Industry Body to retain a copy of my photograph and all records relating to my Self-exclusion and to deal with such copies and records as it sees fit in connection with the Industry Body's Self-exclusion program, including the anonymous collection of data by the Industry Body. I further authorize the Industry Body to notify Tattersalls and TABCORP (Gaming Operators) of my undertaking of Self-exclusion in order that my name and address may be deleted from their mailing list to enable them to cancel any entitlements to any of the Gaming Operators promotions.
12. I AUTHORISE the Industry Body, the Licensee of the Venue/s and/or their servants or agents, within the Period of Self-exclusion, to retain and display my photograph and name at the Venue/s in an area accessible to Venue staff and not the general public for the purpose of allowing Venue staff to identify me as a Self Excluded Person, AND I FURTHER AUTHORISE the use of the photograph for this purpose.
13. I AUTHORISE the Industry Body to advise Tattersalls of the details of my Self-exclusion, and I AUTHORISE Tattersalls to do all things necessary to remove me from the Tatts Pokies Advantage program.
14. I understand and accept that although I give the above authorities there is no obligation, duty and/or responsibility on the Industry Body, the Gaming Operators, the Licensee of the Venue/s and/or their servants or agents to undertake any or all of the actions or things so authorised.

RELEASE

15. I and my administrators and assigns HEREBY RELEASE AND COVENANT NOT TO SUE the Industry Body, the Gaming Operators, the Licensee of the Venue/s, their nominees, servants, agents, contractors, and the legal personal representatives of any such persons (the Released Persons) from all actions, suits, claims and demands whatsoever which, but for this document, could now or hereafter be asserted brought or made by me, or by anyone on my behalf, arising from any damage or injury or otherwise caused directly or indirectly as a result of any act, default or omission of the Released Persons in relation to this Self-exclusion, including but not limited to:
 - a) the display, keeping and dissemination of photographs and records relating to my Self-exclusion;
 - b) any interviews with me relating to Self-exclusion;
 - c) preventing me (including the use of reasonable force) from entering the Restricted Gaming Areas of the Venue/s and/or the Venue/s, from using gaming machines at the Venue/s, removing me from Restricted Gaming
 - d) wholly or in part failing to act upon or respond to my desire for and my

- d) wholly or in part failing to act upon or respond to my desire for and my undertakings and/or authorities in respect of my Self-exclusion.
16. I accept that the Industry Body, the Licensee of the Venue/s, their nominees, servants or agents, contractors and/or legal personal representatives may plead this release and covenant not to sue as an absolute bar to any and all actions, suits, claims and demands made by me my administrators and assigns or on my behalf whether made now, proceeding, or hereafter arising directly or indirectly in any way whatsoever out of my Self-exclusion.

INDEMNITY

17. I and my administrators and assigns now and will at all times in the future INDEMNIFY AND KEEP INDEMNIFIED the Industry Body, the Gaming Operators, the Licensee of the Venue/s, their servants or agents, nominees, contractors, and the legal personal representatives of such persons (the Indemnified Persons) against all actions, liabilities, proceedings, losses, claims, damages, costs and expenses which the Indemnified Persons may suffer, incur or sustain in connection with or arising directly or indirectly from any act, default or omission by or on behalf of the Indemnified Persons in relation to my Self-exclusion.

ACKNOWLEDGMENTS

18. I ACKNOWLEDGE THAT:
- a) the contents of this document have been read to me by the Industry Body at my Self-exclusion interview held on Sunday, December 16, 2001;
 - b) I understand and accept the effect, obligations, duties and/or responsibilities on me and my administrators and assigns created by this document, including the undertakings, authorities, release, covenant, indemnity and acknowledgments;
 - c) the Industry Body, the Gaming Operators, the Licensee of the Venue/s and/or their servants or agents make no assurances to me of confidentiality in respect to any matter connected with my Self-exclusion, including the display of my photograph and name and/or the keeping and/or dissemination of records and any other information relating to my Self-exclusion;
 - d) my Self-exclusion will remain in force and will not be withdrawn during the Period of Self-exclusion;
 - e) the Self-exclusion process is entirely voluntary involving voluntary undertakings by me (but which are enforceable against me) and is not a contract and does not require any action or responsibility by and in no way binds the Industry Body, the Gaming Operators, the Licensee of the Venue/s, their nominees, servants or agents, contractors and/or legal personal representatives;
 - f) it is not my intention to create any legal duty, obligation or responsibility on the Industry Body, the Gaming Operators, the Licensee of the Venue/s and/or their nominees, servants or agents, contractors and/or legal personal representatives;

- g) Tattersalls will be advised of my undertakings contained in this Deed and that Tattersalls shall be at liberty to forthwith remove me from future participation in the Tatts Pokies Advantage program;
- h) I hereby forgo any rights whatsoever to any points or entitlements that I have accrued at any time by participation in the Tatts Pokies Advantage program and that I have no future claims against Tattersalls or the venues or any person for any such points or entitlements; and
- i) Tattersalls shall be at liberty to make a gratuitous payment to me in respect of any rights or entitlements that I have accrued by participation in the Tatts Pokies Advantage program, and that any such payments is totally at the discretion of Tattersalls and that I shall have no right to demand any payment whatsoever in respect of my participation in the Tatts Pokies Advantage program.

REVOCAATION AND TERMINATION

- 19. Notwithstanding paragraphs 6 and 7 above, I may revoke this Self-exclusion but only:
 - a) after the expiration of a minimum period of six (6) months from the commencement of the Period of Self-exclusion;
 - b) by arranging and attending another interview with the Industry Body;
 - c) by producing written evidence that I have received counselling from a qualified Problem Gaming Counsellor in respect of revocation of Self-exclusion; and
 - d) after signing and lodging with the Industry Body the Deed of Revocation of Self-exclusion.
- 20. At the expiration of the Period of Self-exclusion or upon revocation in accordance with paragraph 17 above, my Self-exclusion shall be at an end and I may thereafter enter Restricted Gaming Areas and use the gaming machines at the Venue/s.

EXECUTED AS A DEED POLL

Signed, Sealed and Delivered by me)
on
the Wednesday, November 7, 2001)
at Melbourne)

Witnessed by:
Name of Witness: Graeme S. Baker
Address of Witness: 322 Glenferrie Road, Malvern

CERTIFICATION OF REPRESENTOR

I,..... of
hereby certify that I have read and explained the contents of this Deed to
..... on day of 2001 .
Signed:

Appendix E

Introductory Letter to Self-exclusion and Support Notices (AHA)

Thank you for your interest in our Self-exclusion program.

Self-exclusion is an entirely voluntary process. It is an agreement you make with yourself, and for yourself. It involves no other person in any responsibilities - legal or otherwise.

To become self excluded you will need to attend an interview with an AHA officer. At the interview your photo will be taken, and you will be required to sign the Deed of Self-exclusion.

You may view a sample copy of the Deed here. Please ensure that you read the draft thoroughly and if required, seek independent advice concerning the contents of the Deed. The contents of the Deed will be explained to you carefully and in detail at the interview.

You may bring any person or material you wish to the interview. When you call to arrange an interview time, you will be asked to nominate by name the venue/s you wish to be self-excluded from.

For your benefit, could you also please bring your membership card (if any) for the venues to which you would like to be excluded. This will aid in your Self-exclusion. You will also need to provide AHA approved identification.

If you have not as yet contacted a counsellor, we urge you to do so. I have included a link to the VGMI (Victorian Gaming Machine Industry) contact details here, where you will find a list of the services available to you.

Please call myself, or any Self-exclusion Officer, at the AHA on (03) 9822 0900 as soon as possible to arrange an interview time.

Yours faithfully,

Graeme S. Baker
Manager
Self-exclusion Program

Letter reproduced from <http://www.ahha.com.au/sego/index.html>

Salvation Army Communications Director John Dalziel was consulted by Crown and supported the initiative by allocating the services of an experienced Salvation Army/Gambler's Help Counsellor to the Expert Consultative Group, Mr Tim McCorriston.

"We support this latest initiative by Crown to provide professional support to people who may experience problems associated with their gambling behaviour", Mr Dalziel said.

"We are pleased to provide the services of our Senior Problem Gambling Counsellor Mr Tim McCorriston to join Crown's Expert Consultative Group overseeing the operation of the centre", Mr Dalziel said.

Open Family Chief Executive Officer Nathan Stirling also applauds the initiative and said:

"We were pleased to have been consulted and to be involved in such a wonderful initiative. It is good to see support services such as the Salvation Army and others being involved", Mr Stirling said.

Crown Limited General Manager Community Affairs Bill Horman said Crown recognised a need for customer care from the outset. The centre is an extension of the Crown Assistance Program that has operated since the opening of the Casino.

"From the first opening of the Casino, Crown recognised that whilst the large majority of patrons enjoy and gamble responsibly as a legitimate leisure activity, there are a number who may experience difficulties associated with their gaming activities", Mr Horman explains.

"With this in mind, the Crown Assistance Program was established in 1994 and has been providing independent, professional, confidential counselling and referral services for patrons and/or members of their families — but was located off-site. This service has always been fully funded by Crown.

"Crown will continue to work closely with the various problem gambling support services and offers the use of the Centre's counselling rooms and conference room to these groups. I have no doubt that this initiative will strengthen the already positive relationships that exist and will provide even greater support to those in need of assistance", Mr Horman said.

Mr Rowen Craigie, Crown Limited Chief Executive Officer, congratulated Mr Horman and his staff on the effort and time they have committed to the project. Mr Craigie also thanked the members of the Expert Consultative Group for agreeing to participate in ensuring the success of the centre.

"Crown is a leader in responsible gaming and will continue its effort to develop new initiatives and to work together with Government, Gambler's Help and other support and welfare services", Mr Craigie said.

The Responsible Gaming Council (Canada) has invited six representatives from Australia to present papers at its global conference on Responsible Gaming "Discovery 2002" in Canada in April 2002. Two of those presenters are members of the Crown's Expert Consultative Group, Professor Alex Blaszczynski and Chris Freethy. Crown has also been invited to give a presentation on the Customer Support Centre.

For media information, please contact Trish Palmonari – 0411 832 517

Appendix G

Interview Schedules

Male/Female

SELF-EXCLUDED PATRONS

Explain purpose, confidentiality, release form and 3 categories of questions

Behaviour

- Q 1. How long on self-exclusion, are they still self-excluded?
- Q 2. What was happening for the person at the time of seeking self-exclusion?
- Q 3. Clarify gambling background/behaviour, attendance at one or more multiple venues.
- Q 4. Were any of the venues concerned aware of the difficulties? What was their attitude towards the person?
- Q 5. What role, if any, did venues play in the decision to self-exclude?
- Q 6. What ways, if any, did the venues encourage the person to continue to gamble?
- Q 7. Any ways in which the venues could have assisted more?

Process

- Q 8. Process: who they asked, what they did, venues barred from?
- Q 9. Assistance from Gambler's Help in regard to accessing and remaining under the program.
- Q 10. What do they understand as their obligation?
- Q 11. What do they understand as the venues obligation?
- Q 12. Other Gambler's Help counselling?

Effectiveness

- Q 13. Have they breached the Deed, if so, how often?
- Q 14. How easy to breach; detected and asked to leave?
- Q 15. In what ways the program has met the persons' expectations (or not)?
- Q 16. How significant is self-exclusion as a part of the individuals' gambling rehabilitation program?
- Q 17. What "makes it work for you"?
- Q 18. Other suggested improvements.

Appendix H

Casino Control Act 1991 — Relevant Legislation

72. *Exclusion orders*

- (1) *The Director or a casino operator or the person for the time being in charge of a casino, may, by order given to a person orally or in writing, prohibit the person from entering or remaining in the casino.*
- (Note: “Director” means the Director Casino Surveillance appointed under section 94).*
- (1A) *An oral order lapses after 14 days.*
- (2A) *The Director or a casino operator may give a written order under this section to a person, on the voluntary application of the person, prohibiting the person from entering or remaining in a casino.*
- (2B) *An application under sub-section (2A) must be in writing and signed by the applicant in the presence of a person authorised by the Authority to witness such an application.*
- (3) *As soon as practicable after a casino operator gives a written order under this section, the operator must cause a copy of the order to be given to the Authority and the Director.*
– Penalty: 50 penalty units.

73. *Appeal to Authority*

- (1) *A person receiving a direction in writing under section 72 prohibiting the person from entering or remaining in a casino may within 28 days after receiving the direction appeal against the direction to the Authority.*
- (2) *The appeal must be made in writing and specify the grounds on which it is made.*
- (3) *The Authority may cause such inquiries to be made by the Director in relation to the direction as the Authority thinks fit and the results of the inquiries to be reported to it.*
- (3A) *If the exclusion order was given on the application of the person to whom it applies, the inquiries made by the Director are, if possible, to include inquiries made of the witness to the application.*
- (4) *Upon a consideration of the grounds of appeal specified by the appellant and any matters reported upon to the Authority by the Director in relation to the direction, the Authority may –*
- (a) *reject the appeal; or*
- (b) *allow the appeal.*
- (5) *The decision of the Authority shall –*
- (a) *be communicated in writing to the appellant and the casino operator;*
- (b) *be final and conclusive and shall not be appealed against, reviewed, quashed or in any way called in question in any court on any account whatsoever.*

75. *Duration of exclusion orders*

- (1) *An exclusion order remains in force in respect of a person unless and until it is revoked by the person who gave the order.*
- (2) *An exclusion order given by a person for the time being in charge of a casino may be revoked by any other person who is for the time being in charge of the casino or by the casino operator.*
- (3) *If the Chief Commissioner of Police revokes an exclusion order, he or she must notify each casino operator, the Director and each interstate Chief Commissioner of the revocation.*

- (4) *When an exclusion order is revoked by a casino operator or by the person for the time being in charge of a casino, the casino operator must give notice of the revocation to the Director as soon as practicable after it occurs.*
- Penalty: 20 penalty units.

76. List of excluded persons

- (1) *A casino operator must, immediately before gaming or betting commences in the casino on any day –*
- (a) *prepare a list of names bearing the date of that day; or*
- (b) *add the date of that day to an unchanged list of names applicable under this sub-section on the last preceding day –*
- those names being the names of persons who, immediately before the only day, or each day, of which the date appears on the list, were the subject of exclusion orders for the casino, or interstate exclusion orders, of which the operator is or was aware.*
- Penalty: 50 penalty units.
- (2) *The operator must –*
- (a) *on each day on which the casino is open for gaming and betting, provide an inspector on duty in the casino with a copy of the list referred to in sub-section (1) that bears the date of that day; and*
- (b) *notify an inspector on duty in the casino of the making, or the revocation, of an exclusion order or interstate exclusion order of which the operator becomes aware during that day.*
- Penalty: 50 penalty units.
- (3) *A person must not provide any part of a list prepared under sub-section (1) to any person except –*
- (a) *the casino operator; or*
- (b) *a casino employee; or*
- (c) *the Authority; or*
- (d) *the Director; or*
- (e) *an inspector; or*
- (f) *a person approved by the Director for the purpose.*
- Penalty: 10 penalty units.
- (4) *As soon as practicable after becoming aware of the making or revocation of an interstate exclusion order, the Chief Commissioner of Policy must notify each casino operator and the Director.*

77. Excluded person not to enter casino

- (1) *A person the subject of an exclusion order relating to a casino must not enter or remain in the casino.*
- Penalty: 20 penalty units.
- (2) *A person the subject of an interstate exclusion order must not enter or remain in the casino.*
- Penalty: 20 penalty units.

78. Removal of excluded persons from casino

- (1) *This section applies to the following persons in a casino –*
- (a) *the person for the time being in charge of the casino;*
- (b) *an agent of the casino operator;*
- (c) *a casino employee.*
- (2) *A person to whom this section applies who knows that a person the subject of an exclusion order or interstate exclusion order is in the casino, must notify an inspector as soon as practicable.*

– Penalty: 20 penalty units.

- (3) *The inspector must remove the person from the casino or cause the person to be removed from the casino.*
- (4) *It is lawful for a person to whom this section applies, using no more force than is reasonably necessary –*
- (a) *to prevent a person the subject of an exclusion order or interstate exclusion order from entering the casino; and*
- (b) *to remove such a person from the casino or cause such a person to be removed from the casino –*
- but nothing in this section authorises a person to do anything in contravention of the Private Agents Act 1966.*

78A. No advertising to excluded persons

- (1) *A casino operator must not knowingly send or direct by any means advertising or other promotional material relating to the casino to a person who is the subject of an exclusion order relating to the casino or an interstate exclusion order.*
- Penalty: 50 penalty units.
- (2) *For the purposes of sub-section (1), a casino operator does not send or indirect material to a person only because the casino operator makes the material available generally to members of the public.*

Examples:

Examples of making material available generally to members of the public include publishing it on the Internet, television or other medium or displaying it on a billboard.

Appendix I

Key Features of Self-exclusion Programs

The relevant legislation governing gaming in each jurisdiction is shown at the top of each table, for Casinos and Gaming Machines, while the body of each table describes the status of self-exclusion programs and their key features. There is currently no self-exclusion program for club and hotel patrons in the Northern Territory. In South Australia there are two programs established to operate in clubs and hotels, under the Gaming Machines Act (1992) and more recently, the Independent Gaming Authority Act (1995).

Table I1
Australian Capital Territory
Key Features of the Self-exclusion Program: ClubsACT

Relevant Legislation	<i>Casino Control Act 1988</i>
Program Features	
Initial contact	The patron approaches staff at the venue and will be directed to the designated senior manager. The patron will be supplied with the 'Self-exclusion – Guide for Patrons'.
Interview	The patron may fill in a 'Request for Self-exclusion Interview' form and return it to the club or make direct arrangements to attend a self-exclusion interview with club management. The patron attends the interview with a representative from the club and another person of the patron's choice and receives a copy of the 'Deed of Self-exclusion'. The patron is advised to seek legal advice before signing.
Venues	Self-exclusion is conducted on a venue-by-venue basis.
Signing of contract	If the patron decides to go ahead with the self-exclusion then they must sign the Deed (witnessed by the manager of the club and an adult who is not an officer of the club) and provide four clear photographs.
Duration of self-exclusion	Self-exclusion will normally remain in force for a minimum of six months (although this could be as short as three months) and will continue to operate until it is revoked by the patron.
Revoking self-exclusion	Self-exclusion remains in force until it is revoked by the patron by arranging and attending a revocation interview at the club, producing written evidence that the patron has received counselling from a qualified problem gambling counsellor in respect of the revocation of self-exclusion and signing a 'Notice of Revocation of Self-exclusion'.
Staff Training	Currently there are no legal requirements as regards training of staff in the responsible conduct of gaming. However, many clubs put their staff through training courses conducted by accredited responsible gambling service providers such as Club Managers Association, ClubsNSW and Lifeline.
Data Management	Individual venues maintain records of participants on the program and gambling incidents. This is club specific and there is no central monitoring system.

Table I2
New South Wales
Key Features of the Self-exclusion Programs

Relevant Legislation	<i>Gaming Machines Act 1991</i> <i>Gaming Machines Regulation 2002</i> For Casino, <i>Casino Act 1992</i>	
	<i>GameChange</i>	<i>BetSafe</i>
Program Features Initial contact	The patron arranges and attends an interview with the AHA(NSW) (contact may be made through the GameChange Hotline, through staff at hotels, through counsellors or by contacting the AHA(NSW) directly).	Patrons arrange self-exclusion by approaching staff at the venue they wish to be excluded from.
Interview	At the interview, the AHA(NSW) gaming counsellor or a representative solicitor will go through the Deed and explain its meaning (the patron may request other people to attend the interview for support)	The patron will meet with designated staff at the venue and submit an Application for Voluntary Exclusion form. Once accepted, the form is sent to Paul Symond Consultancy for follow-up and any other nominated venues.
Venues	The patron nominates by name the venues (or the districts) they wish to be excluded from.	The patron will generally only be excluded from the venue where the application was submitted. However, they can also make an application for self-exclusion from multiple clubs using a different form and the venue will then pass on the information to other nominated venues.
Signing of contract	The patron signs a Deed of Self-exclusion and passport photographs are taken of the patron.	The patron must sign an Application for Voluntary Exclusion form.
Duration of self-exclusion	The length of self-exclusion is chosen by the patron with a minimum time of 12 months and a maximum of 36 months.	The minimum exclusion period is six months. However, after the six month period has expired, if the patron wishes to re-enter the venue then they must apply for re-entry.
Notifying venues	The photos are sent to nominated venues with advice about length of self-exclusion.	Since exclusion requests are often only for the venue at which they are initiated, this is less of an issue. However, where the request is for exclusion from multiple venues, then the application form is sent to each venue who must each then accept or reject the application.
Revoking self-exclusion	To revoke a self-exclusion Deed, the patron must attend a further interview with the AHA(NSW) providing evidence from a relevant qualified professional that the patron no longer has a gambling problem.	After the six month period is up, the patron must apply to have their self-exclusion revoked. The patron requires a letter of support from two referees (which may be followed up) to support their argument that they have successfully dealt with their gambling problem.
Staff Training	It is now a legislative requirement that all people working in gaming areas of hotels and registered clubs must have completed an approved course in the responsible conduct of gambling.	
	Courses in the Responsible Conduct of Gaming are conducted by a range of Registered Training Organisations with the content of courses varying across these organisations.	BetSafe provides training courses for all staff members including Responsible Conduct of Gaming, Problem Gambling Awareness and Intervention Training courses.

Table I2 (continued ...)
New South Wales
Key Features of the Self-exclusion Programs

Relevant Legislation	<i>Gaming Machines Act 1991</i> <i>Gaming Machines Regulation 2002</i> For Casino, <i>Casino Act 1992</i>	
	<i>GameChange</i>	<i>BetSafe</i>
Data Management	AHA(NSW) maintains records of participants in the program but no records of breaches are kept. 505 people have been self-excluded since November 2001.	Records of all applications for self-exclusion and revocations of self-exclusion are kept by Paul Symond Consultancy. Aggregate numbers of self-exclusions are published quarterly in the BetSafe newsletter. 643 people have self-excluded using the BetSafe program.

Table I3
Queensland
Key Features of the Self-exclusion Program: Clubs/Hotels

Relevant Legislation	<i>Gaming Machines Act 1991</i> For Casino: <i>Casino Control Act 1982</i> .
Program Features	Application for self-exclusion in Queensland clubs and hotels is conducted at individual venues. A patron approaches any venue staff member to begin the process. The patron is supplied with information about the program.
Initial contact	
Interview	The patron is directed to the customer liaison officer who discusses the patron's needs with regard to self-exclusion. The patron is given a copy of the Application for Self-exclusion or Deed of Self-exclusion with the suggestion to seek legal advice.
Venues	The patron is encouraged to self-exclude from other gambling venues in the area. However, to self-exclude elsewhere, the patron needs to attend interviews at each venue.
Signing of contract	If the patron wishes to self-exclude, the customer liaison officer will facilitate the signing of the Deed/Application between the venue and the patron.
Duration of self-exclusion	The duration of self-exclusion varies between patrons and is to be mutually agreed upon but it is recommended at a maximum of 12 months and a minimum of 6 months.
Revoking self-exclusion	Once the period of self-exclusion has elapsed, the process of self-exclusion must be repeated if the patron wishes to continue their self-exclusion.
Staff Training	Under the Code of Practice, venues are to nominate a staff member to perform the role of customer liaison officer through which all gambling issues and requests for self-exclusion are to be directed. Venues are to ensure that all management, senior gaming staff and the customer liaison officer are familiar with the protocols and other venue staff should also be made aware of this process by management although the form of training taken is at the discretion of the venue.
Data Management	All clubs and hotels maintain a Register of Self-exclusion which includes all information relating to self-exclusion including applications/enquiries for information. No data is collected at a central location or shared between venues.

Table I4
South Australian
Key Features of the Self-exclusion Programs

Relevant Legislation	<i>Gaming Machines Act 1992</i> For Casinos: <i>Casino Act 1997</i>	<i>Independent Gambling Authority Act 1995</i>
	<i>Gaming Machines Act Program</i>	<i>IGA Act Program</i>
Program Features Initial contact	The patron must approach staff at the venue and request barring.	The first step a patron must take when considering barring is to make an appointment with the IGA.
Interview	The patron will meet with the licensee to discuss the patrons request.	The patron must attend an interview with staff at the IGA. At the interview they will be given a Request for Voluntary Barring form and the process of self-exclusion will be explained.
Venues	Barring must be undertaken at each venue	The patron decides which venues they would like to be excluded from (ranging from one venue to all venues in the state).
Signing of contract		If the patron wishes to go ahead with the voluntary barring then they must sign the Request for Voluntary Barring form and have their photo taken.
Duration of self-exclusion	Barrings may range from a period of up to 3 months for a first barring, up to 6 months for a second barring, or indefinitely for a third barring or in the case of the welfare of the barred person or their dependant being at risk.	An order given under this Act may not be revoked or varied for a period of 12 months.
Notifying venues	No requirement to notify other venues. Patron must visit individual venues.	If the application is accepted, the patron's photograph and a copy of their barring order will be sent to each venue the patron has nominated to be barred from.
Revoking self-exclusion		The self-exclusion order cannot be revoked in the first 12 months.
Staff Training	All gaming machine managers, gaming machine employees and licensees are now required to undertake mandatory training in responsible gambling. Training is conducted by various Registered Training Organisations.	
Data Management	Individual venues have no obligation to report barring orders or breaches to the Liquor and Gambling Commissioner and hence no data is systematically collected.	Since its inception on 1 October 2001, the program has received 121 successful requests for barring. Beyond this, no data is collected.

Table I5
Tasmanian
Key Features of the Self-exclusion Program: Tasmanian Clubs and Hotels

Relevant Legislation	<i>Gaming Control Act 1993</i> For Casino: <i>Gaming Control Act 1993</i>
Program Features Initial contact	When a patron decides to learn more about self-exclusion, they need to contact the local service providers (Registered and Accredited Provider – Anglicare, Relationships Australia, Gambling and Betting Addiction) or the Gambling Helpline Tasmania to make an appointment to discuss and arrange a self-exclusion.
Interview	The patron attends an interview with a service provider who will explain the self-exclusion program and its implications and explain the individual's rights and responsibilities.
Venues	The patron will be asked to identify those venues or types of gambling from which they wish to be excluded from.
Signing of contract	If the patron decides to go ahead with the self-exclusion, then the service provider will assist with the completion and signing of the Self-exclusion Deed and the Self-exclusion Notice which will list the chosen excluded gambling venues or gambling activities and arrange to have free passport size photos taken;
Duration of self-exclusion	The patron will be asked to nominate the duration of the exclusion. A self-exclusion notice is typically three years in duration. However, a different period can be nominated or the notice can be made indefinite.
Notifying venues	The service provider – as well as providing the individual with a copy of the signed Deed and Notice – will send a copy of the Notice to the AHA(Tas) for distribution to the nominated venues and to the TGC.
Revoking self-exclusion	At the conclusion of the stated exclusion period in the notice, the applicant can either renew it and stipulate a further exclusion period, or allow the exclusion notice to expire. The Self-exclusion Notice can be revoked at any time by completing a Revocation of Self-exclusion Notice which is available from a service provider.
Staff Training	It is a condition of a gaming employee's licence that the employee undertakes a Responsible Service of Gaming course. Staff are trained within their venue to manage patrons who are listed on a self-exclusion program. Course attendees are given exposure to the Deed of Self-exclusion and their responsibilities and limitations are outlined. The AHA(Tas) conducts this course and provides advice to its members on management of staff/patron issues.
Data Management	All data provided on the Self-exclusion Notice is recorded at the point of distribution (that is the AHA(Tas)) and is electronically recorded and forwarded to the TGC. The TGC has developed a database that captures a wide variety of information about excluded persons. The database includes demographic and regional characteristics as well as exclusion type and duration of exclusion notice/order.

Table I6
Western Australian
Key Features of the Self-exclusion Program: WA Club and Hotels

Relevant Legislation	<i>Gaming Control Act 1984</i> <i>There is no legislative requirement for the provision of a self-exclusion program at Burswood Casino</i>
Program Features	Western Australian legislation does not permit electronic gaming machines in clubs and hotels. Consequently, there are no self-exclusion programs relating to electronic gaming machines at these venues.