

**Submission
No 21**

INQUIRY INTO IMPACT OF GAMBLING

Organisation: St Vincent's Hospital Sydney Gambling Treatment Program

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**ST VINCENT'S
HOSPITAL**
SYDNEY

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The Director
Select Committee on Gambling
Legislative Council
Parliament House
Macquarie St
Sydney NSW 2000

Dear Director,

**Re: Submission to the Select Committee
Inquiry into Gambling**

Thank you for the invitation to provide a submission. I am the Senior Clinical Psychologist and Service Coordinator of the St Vincent's Hospital Gambling Treatment Program, a role I have filled for the past twelve years. In this role I have assessed and treated numerous individuals experiencing difficulties with gambling and their affected significant others, as well as managing clinical staff conducting the same.

I would like to address two specific issues that are relevant to a number of the terms of reference provided, namely; 1) the role and effectiveness of voluntary self-exclusion as currently offered by gaming venues, and 2) the role of financial institutions in reducing the harm from gambling-related problems.

Minimising access to both gambling venues and money are two of the most important factors when attempting to cut down or stop gambling. Indeed, these two steps comprise some of the key behavioural components of the cognitive

behavior therapy (CBT) approach to treating problem gambling, currently considered as the best practice evidence-based treatment approach to problem gambling (see 'Guideline for Screening, Assessment and Treatment in Problem Gambling' 2011:

<http://www.med.monash.edu.au/assets/docs/sphc/pgrtc/guideline/problem-gambling-guidelines-web.pdf>). CBT is the treatment approach currently utilised by the St Vincent's Hospital Gambling Treatment Program.

1) The Role and Effectiveness of Voluntary Self-Exclusion

Voluntary self-exclusion is a process whereby individuals can exclude themselves from gaming venues, such as hotels and clubs. The government body responsible for overseeing the self-exclusion program is the NSW Office of Liquor, Gaming and Racing (OLGR). In theory, this is a very beneficial program to have available, but unfortunately in practice it does not always deliver what it promises.

I, and other clinicians at the Gambling Treatment Program, have on numerous occasions received feedback from clients that they have been allowed to enter the gaming venues from where they have been self-excluded, and have subsequently lost significant amounts of money gambling (most often involving electronic gaming machines). They further report that even when they have informed the venue that they have been allowed in to gamble despite being self-excluded, and have emphasized their self-exclusion, they have subsequently still been allowed to enter and gamble.

When these clients attempted to address the failure of the self-exclusion with either the venue staff or via OLGR, they have been told that the responsibility lies entirely with the individual requesting the self-exclusion, and that the venue staff cannot be held accountable for their failure to enforce the self-exclusion.

The Gambling Treatment Program staff, including myself, have contacted OLGR for further information and clarification, and the responses have been similar to those given to our clients, namely, that the responsibility for self-exclusion lies solely

with the individual requesting self-exclusion. We have been further told that there are no penalties in place when venues fail to enforce their self-exclusion scheme. In terms of avenues for complaints, inconsistent responses from OLGR suggest there is no established formal protocol for making complaints related to failures of the self-exclusion program.

The current legislation relevant to self-exclusion is the Gaming Machines Act 2001. Part 4 *Gambling Harm Minimisation Measures* states in reference to self-exclusion that:

(5) No civil or criminal liability is incurred by a responsible person for a hotel or club (or by the club itself):

(a) for any act done or omitted to be done in good faith, and in accordance with this section and the regulations, to or in respect of a participant, or

(b) if a participant enters or remains in the nominated area of the hotel or the premises of the club.

<http://www.legislation.nsw.gov.au/inforcepdf/2001-127.pdf?id=ee5f6021-d3cb-4324-f2eb-c33fa16ee19e>

This state of affairs raises serious concerns about the validity and genuineness of the self-exclusion program. If there are no regulatory consequences for failures to implement self-exclusion, and no formal complaints procedure, what incentive is there for venues to enforce their self-exclusion scheme?

2) *The Role of Financial Institutions*

It has been our clinical experience in working with individuals affected by problem gambling that banks, credit unions and other financial institutions play a significant role in harm reduction efforts related to problem gambling. As mentioned above, minimizing access to gambling venues and money are two of the most important factors when attempting to cut down or stop gambling.

Our clients report reduced desire to gamble when they have established minimal access to funds (i.e., knowing that they cannot access large amounts of cash prevents gambling urges). The key factor is eliminating *immediate* or *instant* access to *large* amounts of money. In our clinical experience, the majority of individuals who have restricted their access to funds do not turn to other measures to obtain money for gambling, such as pawning their belongings or theft.

Unfortunately, however, when attempting to reduce their access to money, our clients often report a lack of cooperation from their financial institutions. For example, when attempting to reduce the limit on daily withdrawal amounts on their ATM cards, or cancelling cash transfers/withdrawals from credit accounts, they are often told that this is not possible due to current technology, etc. It is usually only through determined and persistent effort that they can establish reduced access to their funds. Encouraging banks to be more cooperative in assisting customers wishing to restrict access to their funds, for example through the development and practice of clear problem gambling related policies, would aid in creating a more effective role for financial institutions in ameliorating problem gambling.

In conclusion, I would like to emphasize the very significant role potentially played by the self-exclusion program and financial institutions in efforts to reduce gambling-related harm, but current issues related to absent or inconsistent policies, regulation and practices limit their effectiveness. It is anticipated that establishing legislation addressing these shortcomings would significantly reduce gambling-related harm at individual, family and society levels.

Yours sincerely,

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Disclosure:

The St Vincent's Hospital Gambling Treatment Program is funded by the NSW Government Responsible Gambling Fund (RGF). The views here reflect the views of the author and not of the RGF.