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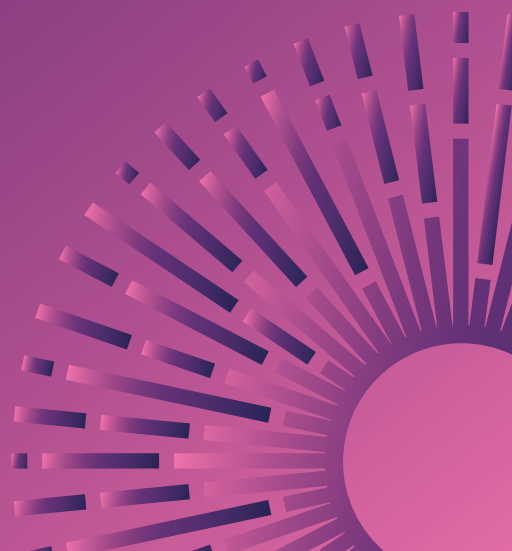
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# Gambling in Suburban Australia

STUDY REPORT 2019

Angela Rintoul and Julie Deblaquiere



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This report has been reviewed by internal and external experts in the gambling and allied fields. Views expressed in this publication are those of the authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

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1902 Gambling in Suburban Australia

# Contents

Glossary .....	v
Overview .....	vi
Executive summary .....	vii
<b>1. Introduction .....</b>	<b>1</b>
1.1 Purpose of this report .....	1
1.2 Place and health .....	2
1.3 Rationale .....	3
1.4 Aims and research questions .....	3
<b>2. Method .....</b>	<b>4</b>
2.1 Overview .....	4
2.2 Recruitment of study participants .....	5
2.3 Data analysis and triangulation of results .....	6
2.4 Ethical approval .....	6
<b>3. Community context and local environment .....</b>	<b>7</b>
3.1 Census, crime and gambling statistics .....	7
3.2 Amenity and recreational facilities Site 1 .....	8
3.3 Amenity and recreational facilities Site 2 .....	10
3.4 Geographic accessibility of gambling venues .....	11
3.5 Summary .....	13
<b>4. Venue promotions, amenity and ambiance .....</b>	<b>14</b>
4.1 Cross-promotion of EGMs .....	14
4.2 Experiences at local EGM venues .....	20
4.3 Summary .....	22
<b>5. Life stressors .....</b>	<b>23</b>
5.1 Chronic social and financial stress .....	23
5.2 Services struggling to meet complex needs .....	24
5.3 Employment .....	24
5.4 The role of social isolation .....	25
5.5 Summary .....	26
<b>6. Financial and crisis harms .....</b>	<b>28</b>
6.1 Financial harm .....	28
6.2 Crisis harms occurring for those already disadvantaged .....	32
6.3 Legacy effects of financial harm .....	36
6.4 Summary .....	36
<b>7. Harms to health .....</b>	<b>37</b>
7.1 Physical health problems .....	37
7.2 Mental health issues .....	38
7.3 Suicidal ideation and suicide .....	39
7.4 Summary .....	39
<b>8. Relationship harms .....</b>	<b>40</b>
8.1 Relationship demographics .....	40
8.2 Partner relationships and other stressors .....	41
8.3 Guilt and distrust .....	43
8.4 Family harms: Effects on children .....	43
8.5 Summary .....	45
<b>9. Benefits to the local community .....</b>	<b>46</b>
9.1 Reports of benefits from participants .....	46
9.2 Community benefit statements .....	48
9.3 Summary .....	49

10. Conclusions.....	50
10.1 Strengths and limitations of the study .....	50
10.2 A lack of alternative social spaces .....	51
10.3 Harms magnified in disadvantaged areas.....	52
10.4 Recommendations.....	53
References .....	55
Appendix A: Methodological detail .....	59
Appendix B: Study materials.....	68
Appendix C: Brief historical overview .....	76

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The authors endorse the Auckland Code of Ethics for Gambling Research and adhere to the best practice principles described in that document.

# Glossary

ABS	Australian Bureau of Statistics
ALH	Australian Leisure and Hospitality Group
CATT	Critical Assessment and Treatment Team
CBD	Central business district
CBS	Community benefit statement
CoC	Code of conduct
EGM	Electronic gambling machine
GP	General practitioner (doctor)
GIS	Geographic information system
IRSD	Index of relative socio-economic disadvantage
ISIS Primary Care	Renamed in 2016 as IPC Health (Improving and Promoting Community Health)
NAATI	National Accreditation Authority for Translator and Interpreters Ltd
PGSI	Problem Gambling Severity Index
RSL Vic.	Returned and Services League Victoria
SEIFA	Socio-economic Indexes for Areas
VCGLR	Victorian Commission for Gambling and Liquor Regulation
VEC	Victorian Electoral Commission



# Overview

This study explores how the characteristics of local neighbourhoods and gambling activity interrelate. Its particular focus is on electronic gambling machines (EGMs, or ‘pokies’) and the venues that host them.

The report presents a novel mixed-methods study of a social phenomenon that has not yet been well explored: that is, the relationships between place, social circumstances, gambling and harm. It compares socially distinct areas of a major city (Melbourne, Victoria) to identify a range of issues that warrant further exploration for policy purposes. It considers:

1. how socio-environmental factors may influence local gambling consumption
2. how the characteristics of local communities may interact with local gambling opportunities to influence gambling consumption
3. the localised effects of gambling on people who gamble and their ‘significant others’.

The study found that high-intensity EGM gambling was easily accessible, especially in the site of higher disadvantage. It found that while gambling consumption is affected by a range of factors, the availability and nature of high-intensity EGM gambling influenced gambling uptake and participation by those who participated in this research, and contributed to a range of health, financial, relationship and emotional harms. These findings have led the authors to propose a range of harm-prevention and reduction measures that may improve public health and protect consumers from gambling-related harms (see section 10.4, page 53).

## Key messages

- Like other research, our study found that high EGM availability or saturation coincided with social stress and disadvantage. This poses a risk of higher and more severe levels of gambling-related harm.
- Community members and families are attracted to gambling venues by a range of heavily promoted, loss-leading, non-gambling activities and facilities including free or subsidised meals and drinks. The use of these promotions may lead to outcomes that are contrary to venues’ Responsible Gambling Codes of Conducts.
- Even in the less disadvantaged site, with relatively fewer opportunities to gamble, the nature of high-intensity gambling products in local venues may lead people who gamble there, and their significant others, to experience harm from gambling.
- Local residents in both sites reported modest benefits and significant harms from the presence of gambling venues in their neighbourhoods. Analysis of clubs’ community benefit statements found that benefits claimed by operators can be overstated.
- Policies aimed at reducing harm from EGMs should consider the distribution and availability of EGMs in local communities, and the introduction of harm-reduction measures such as universal pre-commitment systems and the restriction of indirect venue promotions.

# Executive summary

Australia is unique in the world for the widespread availability of electronic gambling machines (EGMs, or 'pokies') in local community hotels and clubs. In most other countries, high-intensity forms of gambling are largely confined to casinos, meaning people who gamble must make a deliberate effort to visit these venues.

While gambling consumption is affected by a range of factors, including those at the individual level (such as life experiences and stressors), place and social context also play a substantial role in determining the use of available gambling opportunities.

This report will explore the role of social and environmental factors in influencing EGM use in local hotels and clubs. It will show how availability (and, in some cases, saturation) of gambling venues influences EGM use, and how, in disadvantaged areas, the problem is compounded by a lack of alternative social spaces. It will also show how gambling-related harm can be significantly magnified and intensified in areas already experiencing socio-economic stress, when compared with less disadvantaged areas.

## Method

The report presents findings of an exploratory place-based study of two geographical areas, each comprising a six-suburb cluster. The study investigates a social phenomenon that has not yet been well explored; that is, the relationship between place, social circumstances, gambling and harm. Site 1 is an area of higher socio-economic disadvantage and EGM density in Melbourne's west; and Site 2 is an area of average socio-economic status and EGM density in Melbourne's east. The method involved: analysis of secondary regulatory and census data to compile a socio-demographic and EGM profile of each site; neighbourhood and EGM venue ( $n = 11$ ) observations; and interviews and/or focus groups with people who gamble ( $n = 44$ ), their significant others ( $n = 20$ ), the general resident population ( $n = 65$ ) and professionals ( $n = 30$ ), comprising a total of 159 participants across both sites. The final stage of analysis involved the triangulation of methods to test the validity of findings between the study methods.

## Findings

The study found a higher level of geographic and social gambling availability in Site 1 compared to Site 2, as measured through the density of machines and as reported by participants. It also found that the harms from gambling were more pronounced and prevalent in Site 1.

Participants across both study areas reported substantial financial, health, relationship and emotional harms from frequent gambling. However, in Site 1, these harms were magnified by existing disadvantage.

Participants in Site 1 reported that the problem of a high level of gambling venue availability was compounded by a lack of alternative social spaces. Many participants reported that they inadvertently ended up at gambling venues when they were undertaking routine daily activities, such as attending their children's sporting events. This contrasted with evidence from Site 2, where the reported relative abundance of alternative social spaces and activities were combined with fewer EGM venues (see section 3.3, page 10).

It is apparent both through researcher observations and reports from people who gambled and venue professionals (in both sites) that EGM operators seek to increase the crossover between the use of non-gambling facilities in venues, such as sporting facilities, the bistro and bar, and the EGM area (see section 4.1, page 14). Participants frequently reported using EGMs in venues that they had initially attended for other purposes such as

dining or socialising. Participants noted that offers such as free coffee and tea provided in the EGM area may also encourage the use of EGMs.

These offers of free or heavily discounted food, beverages and activities were also seen as impacting other non-gambling businesses who may subsequently experience lower demand for their goods and services (see sections 3.4 and 6.2). Most participants were also sceptical about purported benefits provided by EGM operators to the local community, and the data presented (see chapter 9, page 46) support previous recommendations that subsidising local clubs that derive considerable income through operation of EGMs may not be the most efficient way to fund community activities.

Previous research has shown a relationship between people who gamble problematically and social isolation. Trevorrow and Moore (1998) found an association between loneliness, social isolation and women's use of electronic gambling machines. Data from our study (see section 5.4, page 25) indicate that social isolation is a risk factor for use of EGMs, and also a result of gambling harm. Some participants who already experienced isolation and loneliness reported they began gambling as a way to address that situation. Others reported that, as a consequence of their harmful gambling behaviour, they were dislocated from their families and social networks.

These experiences were magnified and intensified in areas already experiencing considerable social stress and disadvantage. Participants cited the apparently 'non-threatening' environment of the EGM venue, in which lone attendance is common and where staff seem friendly and welcoming (see section 5.4, page 25).

It is possible, since participants self-selected to take part in this study, that they may be more likely to have experienced gambling harms than others in the community. However, we found that, even if our participants' gambling harms were more pronounced than usual, both the immediate and legacy effects of gambling harms represented substantial opportunity costs, and imposed real and often enduring costs in both our study sites on people who gamble, their families, communities and society (see chapters 5, 6, 7 and 8). This finding may illuminate research conducted by Markham, Young, and Doran (2015) that demonstrated that there is no 'safe' level of EGM use.

The harms described by some participants included family breakdown, family violence and other crimes, mental illness and suicide. All participants who gambled reported financial harms, with some describing going without meals, struggling to make mortgage or rental payments, house repossession and homelessness (sections 6.2 and 6.3). In Site 1, where many participants were already under considerable financial and social stress, it was reported that the severity of harms could escalate to crisis levels very quickly. By comparison, many participants in Site 2 were in a position to draw on their own assets or the wealth of extended family to mitigate the damaging effects gambling had on their finances, relationships, health and careers.

## Recommendations

The findings of this report highlight the need for further consideration of EGM licensing and regulation, such as the location and number of community-based EGMs and the manner in which they are provided. This was a perspective expressed by many participants in this study (see section 9.1, page 46). New policy settings are also recommended.

In section 10.4, 'Recommendations', we propose a range of options to address some of the harms of EGM use. These include:

- Restrict the distribution and level of EGM availability in local communities.
- Provide less harmful gambling machines by introducing a range of well-documented harm-reduction measures.
- Separate alcohol from ambient gambling.
- Create alternative non-gambling spaces where local residents can meet and socialise.
- Restrict indirect venue promotions, including 'family-friendly' subsidies and activities for families and children.
- Increase resources to police and regulators to ensure EGM venues comply with existing laws and regulations.
- Review tax concessions to 'not-for-profit' clubs that operate EGMs, and reform 'community benefit' schemes.
- Require venues and the financial and banking sector to implement improved customer protections.
- Require venues across Australia to provide detailed data about EGM use at venues.
- Invest in research that can inform policies to support the prevention and reduction of gambling-related harm.
- Develop and implement a National Gambling Strategy to provide coordinated direction and support to the prevention and reduction of gambling harm across Australia.



# 1 Introduction

## 1.1 Purpose of this report

Gambling is recognised as a significant public health and policy issue in Australia. Australians lose approximately \$22 billion on legal forms of gambling each year, representing the largest per capita gambling losses in the world (Queensland Government Statistician's Office, Queensland Treasury, 2016; The Economist online, 2014). The largest proportion of gambling expenditure is on land-based EGMs, which account for 62% of all gambling losses (Queensland Government Statistician's Office, Queensland Treasury, 2016). While state governments regulate gambling across their jurisdiction, EGM availability, activity and harm can vary widely at the local level. For instance, studies have demonstrated a social gradient in gambling losses, with areas of higher socio-economic disadvantage losing more than areas of lower disadvantage (Rintoul, Livingstone, Mellor, & Jolley, 2013). This suggests that gambling may be entrenching inequality in already disadvantaged areas.

To date there has been relatively limited research into gambling at the local level. While there have been desktop analyses of locally available administrative data and modelling of predicted and observed EGM catchments (Doran & Young, 2010; Marshall & Baker, 2001; Marshall & Baker, 2002; Rintoul et al., 2013), there have been relatively few qualitative studies that capture the experiences of local residents, and their own explanations of and attitudes towards local gambling opportunities. Reith and Dobbie (2011, 2013) explored the role of the environment and social networks in the development of gambling in Scotland. They argue that qualitative accounts of the social, environmental and political context in which gambling takes place have been lacking. Reith (2012) also argues that the policy and regulatory context in which gambling takes place can have a determinant effect on the prevalence and nature of gambling problems.

Australia provides a unique environment for the study of community-based, high-intensity gambling opportunities. In all but one Australian jurisdiction (Western Australia), EGMs are widely available in local community hotel and club venues. Around 30% of the Australian population use EGMs at least once a year (Queensland Government Statistician's Office, Queensland Treasury, 2016). EGMs are associated with the most gambling-related harm of any form of gambling: around 85% of people who experience gambling harms report EGMs as their main problem (Productivity Commission, 2010).

Using a burden of disease model,<sup>1</sup> a recent study revealed that the burden of harm associated with gambling problems is about 60% of that associated with alcohol use and dependence (Browne et al., 2016). In 2010, it was estimated that the social costs of problem gambling in Australia ranged from \$4.7 billion to \$8.6 billion annually (Productivity Commission, 2010). However, a more recent estimate, which included the costs associated with people who gamble at low- and moderate-risk levels, estimated the social costs to be about \$7 billion in Victoria alone (Browne et al., 2017).

This current report contributes to building a framework of understanding of the key determinants of EGM gambling, many of which are yet to be properly investigated. By understanding the key determinants of gambling consumption and harm, solutions to address these harms can be developed in a more coordinated way. It is hoped this study's findings will assist in developing a systematic response to gambling harm in line with, for instance, the responses developed for road transport injury prevention and tobacco control.

<sup>1</sup> Burden of disease measures the impact of living with illness and injury and dying prematurely. The summary measure 'disability-adjusted life years' (or DALY) measures the years of healthy life lost from death and illness (Australian Institute of Health and Welfare [AIHW], 2018).

## 1.2 Place and health

This study hypothesises that EGM gambling consumption is influenced by the built environment in which one lives.

There is a growing body of public health research that reveals how the built environment and social and commercial factors influence health outcomes (Commission on Social Determinants of Health, 2008; Kickbusch, Allen, & Franz, 2016; Malambo, Kengne, De Villiers, Lambert, & Puoane, 2016; Marmot & Wilkinson, 2005; Townshend, 2017). This research describes how unhealthy retail stores and services affect health, and argues that health promotion and illness prevention efforts should take in to account the neighbourhood attributes of communities.

The social determinants of health<sup>2</sup> describe, in part, how inequalities in outcomes differ across the population. Often these inequalities appear to be avoidable and are the result of structural (or socio-economic) inequity. Increasingly, a tendency of some research to focus on individual choices and lifestyle factors, in the context of addictive consumption such as of tobacco, alcohol and gambling, has been criticised for failing to account for significant commercial, social and economic influences on population consumption patterns (Kickbusch et al., 2016; Livingstone et al., 2017).

To date, little gambling research has reflected the social determinants of health approach. The gambling accessibility literature has gone some way to explaining local EGM venue expenditure patterns by predicting the catchment areas of venues using EGM density, losses, venue size, socio-economic disadvantage and local population to show ecological associations<sup>3</sup> of likely levels of harm. However, to date, the research has not progressed beyond evidence of an association between increased EGM density and rates of family violence incidents and assaults (Markham, Doran, & Young, 2016).

Further, little research has progressed beyond abstract statistical description to explain high expenditure clusters in areas of socio-economic disadvantage. Therefore, the authors of this study sought to qualitatively explore factors underpinning the link between socio-economic disadvantage and gambling consumption. Understanding this phenomenon, and its effects on people who gamble, and their families and communities, will assist in the development of improved public policy designed to prevent and reduce gambling-related harm.

Gambling affects a wide range of domains, including household functioning and relationships, health and wellbeing, productivity and employment and, in more extreme cases, can lead to contact with the criminal justice system, family violence, suicidal ideation and suicide (Black et al., 2015; Blaszczyński & Farrell, 1998; Dowling et al., 2016; Productivity Commission, 2010; Wong, Kwok, Tang, Blaszczyński, & Tse, 2014). Harms attributable to high-risk gambling at a population level are similar to major alcohol-use disorder, and moderate-risk gambling has a higher burden of harm than moderate alcohol-use disorder (Browne et al., 2016). It is estimated that for every person who gambles at high-risk levels, on average at least six others are directly affected. For people who gamble at low- and moderate-risk levels, around one and three others, respectively, are affected. Immediate family members such as partners and children are most likely to be affected (Goodwin, Browne, Rockloff, & Rose, 2017).

There are also likely economic effects on local communities via the diversion of money to gambling businesses. For example, subsidised food and other social activities drawing on profits generated through EGM operation may disadvantage non-gambling enterprises offering the same services.

There is some debate about the reasons for high levels of gambling accessibility, and high per capita losses in disadvantaged areas. Typically, EGM operators argue that they are meeting demand for their product. An alternative explanation, explored in this study, is that exposure; that is, supply of gambling products, is a key factor for uptake.

Further, it is possible, and likely, that people living in disadvantaged areas experience higher levels of stress (Boardman, Finch, Ellison, Williams, & Jackson, 2001) and may find temporary relief from this stress through the use of EGMs. Recent studies in neuroscience have demonstrated that use of an EGM can stimulate the striatal dopamine system (Yücel, Carter, Harrigan, van Holst, & Livingstone, 2018). Such stimulation is likely to lead to a temporary sense of relief and reduced anxiety, but clearly can also lead to and entrench excessive gambling.

<sup>2</sup> The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries (World Health Organization [WHO], 2018; see [www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)). The commercial determinants are a subset of this field and describe 'strategies and approaches used by the private sector to promote products and choices that are detrimental to health' (Kickbusch et al., 2016).

<sup>3</sup> Ecological associations describe the frequency with which an outcome of interest occurs in the same geographic area. These studies are useful for generating hypothesis but cannot be used to infer causal conclusions (Jekel, Katz, Elmore, & Wild, 2007).

## 1.3 Rationale

This study explores the interaction between EGM supply and demand through the experiences and attitudes of local residents, in particular by concentrating on the experiences of people who gambled, and their significant others, in two selected neighbourhoods. While acknowledging that gambling consumption is a function of individual characteristics, neighbourhood context and macro-level influences, the theoretical basis upon which this study was developed is that populations living in more disadvantaged areas:

- have less social and economic resources, leading to higher levels of stress (Boardman et al., 2001)
- experience higher levels of accessibility and exposure to high-intensity EGM products, and are more likely to be exposed to the promotions of these venues and the products that they offer
- have reduced community amenities.

In combination, these factors were hypothesised to contribute to increasing the attractiveness of EGM venues and their promotions. Our aim was to use qualitative data to explore the validity of this hypothesis.

## 1.4 Aims and research questions

This study is grounded in an approach drawing on the social determinants of health. It is focused on two spatially defined communities in Melbourne, selected for their differing EGM gambling availability and consumption and socio-economic characteristics. This study seeks to understand the effects of these differences in the distribution of gambling opportunities between these areas. This comparison allows us to interpret findings in relation to the distribution of advantages and burdens at a population level (Gostin & Powers, 2006).

The primary aims of the study are to:

- explore and document local environmental factors that influence gambling consumption patterns in selected local areas or suburb clusters. This involves exploring the features and characteristics of gambling venues, as well as the local community context in which gambling occurs
- document the nature and consequences of gambling-related harm among people who gamble, their families and local communities.

The key research questions are:

- How do different environmental factors contribute to gambling consumption in each local area? How does this differ between the two selected local areas?
- How do the characteristics of the local community interact with gambling opportunities to influence gambling consumption?
- What are the nature, consequences and effects of gambling on people who gamble and 'significant others' in this local area?

The study explores factors that determine the ways in which people live, work and socialise in each site. It explores how the characteristics of this local environment (e.g. venue operations, social, economic, geographic and regulatory factors) influence gambling consumption. The study seeks to understand how exposure to gambling and the social capital (community resources and available opportunities), combined with the relative availability of alternative non-gambling recreational facilities, may influence engagement with local gambling opportunities.

The report provides:

- an overview of the methodology (chapter 2, details provided in appendices A and B)
- results that describe:
  - factors influencing EGM gambling activity and consumption, including amenity and recreational facilities, and venue accessibility and promotional strategies (chapters 3 and 4)
  - life stressors experienced by local residents, including social, financial and structural stressors (chapter 5)
  - gambling-related harms, including financial and crisis harms (chapter 6), physical and mental health harms (chapter 7), and relationship harms, including conflict and violence within personal relationships and intergenerational harms (chapter 8)
  - community benefits of gambling (chapter 9)
- recommendations and conclusions for preventing and reducing gambling-related harm, particularly harm related to EGM consumption (chapter 10).

## 2 Method

### 2.1 Overview

This exploratory place-based study investigates gambling consumption in two sites in suburban Melbourne, Australia. Each site comprises a geographic area consisting of six suburb clusters specially developed for the purposes of this study.

Site 1 was selected for high levels of EGM gambling availability and consumption. This area incorporates six suburbs in western Melbourne within the City of Brimbank, an area of Victoria's highest EGM losses, as well as one suburb in the City of Maribyrnong. The suburbs selected were: Sunshine, Sunshine North, Sunshine West, Ardeer, Albion and Braybrook.

Site 2 was selected as it has around-average levels of gambling consumption compared to the rest of Victoria, and is a similar proximity to the city to Site 1, as well as a similar size (geographical and population). Site 2 comprises a cluster of six suburbs located in eastern Melbourne within the City of Whitehorse, including Box Hill, Box Hill South, Box Hill North, Blackburn, Blackburn South and Blackburn North.

The Box Hill district comprises part of the only 'dry area' in Victoria, where hotel, bar, club and retail liquor licences have been substantially restricted, and licences must be approved through a poll of local residents conducted by the Victorian Electoral Commission (Victorian Commission for Gambling and Liquor Regulation [VCGLR], 2017). Given that it is a prerequisite for EGM licence holders to have a liquor licence, this provides a unique environment for a study of this nature. This arrangement allows for great collective community agency relating to the licensing of unhealthy commodities in Site 2.

In total there were 11 EGM venues in these areas, with eight venues in Site 1 and three in Site 2 (see Appendix A, page 59).

The study adopted a range of qualitative and quantitative methods. The report uses data obtained from the following components of the study:

- *Secondary data* were used to develop a community profile of each site:
  - Australian Bureau of Statistics (ABS) 2016 Census population and housing and socio-economic indexes for areas (SEIFA) data
  - Victorian Commission for Gambling and Liquor Regulation (VCGLR) EGM data
  - review of socio-historical information relating to each site.
- We carried out site and venue *observations* ( $n = 11$  venues) and compared activity in these venues against venue Responsible Gambling Code of Conduct (CoC) documents.
- A total of 159 people participated in *interviews* or *focus groups*. These included:
  - semi-structured interviews with people who gambled and have experienced gambling harm and significant others (e.g. partners, siblings and children of people who gambled) ( $n = 64$ )
  - focus groups with the general resident population: English language in Site 1 ( $n = 12$ ) and Site 2 ( $n = 12$ ); people with a disability/carers ( $n = 3$ ); and Vietnamese language focus groups in Site 1 only ( $n = 38$ )
  - semi-structured interviews and focus groups in both sites with gambling professionals from venue, treatment and policy and regulation areas, community and social welfare organisations, and local government professionals ( $n = 30$ ).

The data sources and methods are described in more detail in Appendix A (on page 59). Appendix B (on page 68) provides study materials.

## 2.2 Recruitment of study participants

A short survey was developed for the purpose of screening and recruiting potential participants for in-depth interviews with people who gambled and their significant others, and focus groups with other local residents in the general population (described in Appendix A, page 59). This survey collected information about usual recreational activities, gambling attitudes and participation, EGM venue visitation, and socio-economic and demographic information (see Appendix B, page 68).

### Survey administration

The survey was programmed using LimeSurvey™ and a website was developed to support the study. The survey was piloted and minor changes were subsequently made. The online survey completion time averaged 12 minutes. To facilitate the participation of those less comfortable in the online environment, the survey was also adapted to a paper version that could be completed by a researcher face-to-face or over the telephone via a toll-free number.

### Survey promotion

All local residents (aged 18+) in each site were eligible to participate in the survey. A variety of approaches were used to promote the study and to recruit participants (see Appendix A for details). Residents were encouraged to complete the survey through the award of \$100 supermarket vouchers for randomly selected respondents ( $n = 50$  across two sites).

Advertisements were placed in local newspapers over several weeks in each site as well as online via Twitter, Facebook and Gumtree. A study flyer was distributed to household letterboxes (see Appendix B). Posters and flyers were circulated throughout each study area with support from local councils and services. Local media outlets were contacted with information about the study, with one newspaper in Site 1 publishing a feature story about the study, and a local radio station conducting an interview with a researcher in Site 2 (no equivalent station existed in Site 1). Local Gambling Help Services provided support in the form of dissemination of study promotional materials, referrals of a small number of people who gambled to the study, and the use of interview rooms. The local government and a number of community services within each of the sites also helped by promoting the study and our recruitment information through their networks and providing interview rooms.

Further promotion was conducted directly by attending local community groups and activities including: local cultural groups, the Men's Shed, knitting groups, community lunches, local markets and festivals, neighbourhood houses, non-government organisations and faith-based organisations in each site.

Analysis of survey responses demonstrated that letterboxing of flyers to all households in Site 1 yielded the highest number of survey participants, and social media the least. In Site 2, an opposite pattern was found with social media promotion, primarily Gumtree advertisements, yielding the highest number of participants, while letterboxing achieved lower numbers of participants. Local newspaper advertisements and promotion through local services and community events were moderately successful in both sites.

### Timelines

Recruitment in Site 1 was undertaken for 37 weeks from March to September 2015 and from November 2015 to February 2016. In Site 2, recruitment ran for 23 weeks from September 2015 to February 2016. A total of 411 completed survey responses were received; 252 in Site 1 and 159 in Site 2. A small number of participants who lived in suburbs immediately adjacent to the study area (22 in Site 1 and 18 in Site 2) were included in this total. Seventeen responses were excluded as participants reported living in Melbourne but not within the study area or adjacent suburbs.<sup>4</sup>

From this, sample participants were invited for an interview based on their responses to categories of people who gambled intensely or who reported lifetime harms from gambling and their significant others. Local residents who did not gamble at harmful levels were selected to participate in focus groups. We sought a balance of men and women in each site, as well as a mix of younger and older participants.

### Study participants

In addition to those described above (recruited through the survey), local Vietnamese-speaking residents were recruited through the networks of a locally based Vietnamese-speaking research assistant in Site 1. Professionals

<sup>4</sup> The primary purpose of the survey was as a recruitment conduit for interviews with people who gamble and significant others and English language focus groups. However, quantitative data on gambling at the local area level in each of the two sites were also collected and are intended to be the subject of a later publication.

were recruited by direct approach based on searches of services available in the area and existing researcher networks. A summary of the sample is provided in Table 2.1 below.

**Table 2.1:** Study participants

Type of participant	Number of participants		
	Site 1	Site 2	Total
Person who gambled and has experienced harm/problems	24	20	44
Significant other	12	8	20
Focus group (English language)	12	12	24
Focus group (disability/carer)	3	–	3
Focus group (Vietnamese language)	38	–	38
Professional	19	11	30
<b>Total</b>	<b>108</b>	<b>51</b>	<b>159</b>

**Note:** Detailed participant data and demographic tables are provided in Appendix A, page 59.

Twenty-four people who gambled (16 female, eight male) and 12 significant others (all female) were interviewed in Site 1. In Site 2, a total of 20 people who gambled (16 male and four female) and eight significant others (seven female and one male) were interviewed. A more detailed description of this sample is provided in Appendix A, Table A2 (on page 61).

EGMs were the primary problematic form of gambling for 75% of people who gambled in Site 1 and 70% of people who gambled in Site 2. Of participants who gambled at harmful levels, seven of 24 in Site 1 (29%) and eight out of the 20 in Site 2 (40%) also reported visiting the casino in central Melbourne in the past month. Further detail is provided in Appendix A, Table A3, (on page 62).

## 2.3 Data analysis and triangulation of results

Descriptive profiles were compiled for both sites. This consisted of the ABS census population in each site, the ABS SEIFA Index of relative socio-economic disadvantage (IRSD) for each suburb, and the VCGLR EGM data for each venue.

All qualitative interviews and focus groups were digitally recorded with consent from participants, and subsequently professionally transcribed. Vietnamese-language focus group recordings were translated and transcribed into English by an accredited National Accreditation Authority for Translators and Interpreters (NAATI) interpreter. These transcripts, along with venue CoC documents and summary site observation notes, were uploaded into NVivo 11™ software. Documents were initially thematically coded to nodes by the authors. Codes were refined, sorted and clustered as analysis progressed (Miles, Huberman, & Saldaña, 2013; Saldaña, 2015). Coding was cross-checked and validated between both authors who frequently discussed the themes to test observations and insights that were emerging from the data.

The final stage of analysis involved the triangulation of methods to test the validity of findings between the study methods. Triangulation of data from multiple sources enhanced the consistency and applicability of the qualitative components of the study (Noble & Smith, 2015).

The authors presented their findings to staff and/or councillors in each local government area prior to publication.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

## 2.4 Ethical approval

Ethical approval for the study was provided by the Australian Institute of Family Studies Human Research Ethics Committee (ref. 14/27) and multicentre approval was obtained from Cohealth and IPC Health (formerly known as ISIS Primary Care).

To address any local concerns about the study, the authors presented their findings to staff and/or councillors in each local government area prior to publication.



# 3 Community context and local environment

The following chapter examines local community characteristics in relation to the accessibility and use of EGM venues in each of the two sites. This chapter presents analysis of secondary data comparing the two sites, followed by results from local residents and observations by researchers about the nature of amenity of each site. These data describe participant reports about access to alternative recreational facilities and public transport, their experiences or perceptions of crime and safety, and the availability of local gambling venues.

## 3.1 Census, crime and gambling statistics

Sites for this study were selected on the basis of a range of similarities and differences. Analysis of census and regulator data assisted in determining appropriate sites for this study. The 'vulnerability model' of Melbourne<sup>5</sup> (Rintoul et al., 2013) helped to identify boundaries for each site. The two sites are similar in terms of population and land size and are nearly equidistant from the central business district (CBD), in opposite directions. They also have a similar number of households. However, they are markedly different in terms of their history, socio-economic status and ethnic composition. A narrative description of the social and historical context of each site is provided in Appendix C (on page 76).

As Table 3.1 demonstrates, Site 1 has a high level of socio-economic disadvantage – with population-weighted mean suburb SEIFA IRSD scores (872) well below the state average of 1,010. By comparison, Site 2 has an IRSD score of 1,042, above the state average (ABS, 2016).<sup>6</sup>

The VCGLR provide venue-level data on their website for each hotel and club EGM venue in Victoria (Victorian Commission for Gambling and Liquor Regulation, 2016). This shows Site 1 has higher levels of EGM density and utilisation compared with Site 2, reflected through the number of EGM venues, number of EGMs, losses per EGM and overall losses. Site 1 has many more venues (eight vs three), double the number of EGMs (416 vs 208), and more than three times the amount of EGM losses per adult (\$1,252 vs \$383).

Victorian crime statistics show that there are much greater incidents of police-reported family violence in Site 1 compared to Site 2 (State of Victoria, 2018). This reflects recent research that has shown a significant association between the number of family violence incidents and assaults and the density of EGMs (Markham et al., 2016).

The key differences between these sites include the proportion of people born overseas, the level of accessibility to gambling opportunities and the higher level of disadvantage in Site 1. All suburbs within Site 1 are ranked in the SEIFA IRSD Deciles 1–2, whereas the range of rankings from Site 2 are 4–9.<sup>7</sup> Table 3.1 shows that the rate of police-reported family violence is also higher in this area (8.9/1,000 people in Site 1 vs 3.1/1,000 in Site 2).

The following section reports the views of participants in each site and the research team observations about the community context and local environment. This is intended to provide context about 'pull' and 'push' factors that may lead local residents into gambling venues. It covers alternative recreational facilities available locally, public transport and perceptions and/or experiences of crime.

The responses of participants are largely reported separately by site, given there were very different experiences described.

<sup>5</sup> This study developed a geographic information system (GIS) of venue locations, losses and population data to predict vulnerability to gambling-related harm across Melbourne.

<sup>6</sup> Victorian State suburb IRSD scores taken from [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016?OpenDocument)

<sup>7</sup> SEIFA IRSD Decile 1 is the most disadvantaged and Decile 10 the least disadvantaged.

**Table 3.1:** Census, gambling and crime statistics, by site

Characteristic/variable	Site 1	Site 2
<b>Geographic and demographic data</b>		
Land size	34.36 km <sup>2</sup>	23.13 km <sup>2</sup>
No. of households	21,581	26,495
Adult population (18+)	45,255	50,718
SEIFA IRSD population-weighted mean score	872	1,042
Australian born (%)	39.5	56.1
Top 3 countries of birth other than Australia	Vietnam, India, Malta	China, India, Malaysia
Top 3 language groups other than English	Vietnamese, Mandarin, Cantonese	Mandarin, Cantonese, Greek
Rate of police-reported family violence-related incidents <sup>a</sup> /1,000 adults	8.9	3.1
<b>Gambling data</b>		
No. of EGM venues	8	3
Clubs	3	2
Hotels	5	1
No. of EGMs	416	208
Range venue no. of EGMs	18–78	39–103
Total EGM losses	\$56,673,722	\$19,402,885
Range EGM venue annual losses	\$516k–\$13.65m	\$2.5m–\$8.56m
Loss per EGM	\$135,486	\$90,761
Expenditure per adult <sup>b</sup>	\$1,252	\$383
EGMs/1,000 adults <sup>b</sup>	9.2	4.1

**Notes:** In 2015–16, Victoria had 509 club and hotel EGM venues, 320 of which were in Melbourne. During that financial year, \$2.6 billion was lost on EGMs at these venues across the state, \$2.06 billion in the Melbourne Metropolitan area. <sup>a</sup> Police-reported family violence rates are calculated using an aggregation of reports from the Victorian Crime Statistics and the 2016 Census population data. Reports include family violence-related: common assault, stalking, harassment and private nuisance, threatening behaviour, serious assault, breach of FV order, breach of FV intervention order. <sup>b</sup> Expenditure (or EGM losses) per adult and EGM density are calculated using 2015–16 VCGLR EGM data and the 2016 ABS Census population.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

## 3.2 Amenity and recreational facilities Site 1

Consistent with socio-economic data reported in section 3.1, Site 1 was described by many local resident participants as a traditionally working class and disadvantaged area. Researchers and participants observed indications of gentrification in this area, such as increasing real estate values, houses undergoing renovation, and council improvements to streetscapes and infrastructure such as lighting and building redevelopments. However, despite this, large industrial areas are located within Site 1, and enduring disadvantage remains apparent. Overall, Site 1 was described as lacking in a range of amenities.

Participants reported a lack of appropriate and accessible recreational and other facilities in the area:

*It's boring always, all night, all day, doing something, especially those pensioners. 'Is there anything we can do not gambling?' Yeah, there should be an alternative [to EGMs]. (IGF)*

*There's not enough local parks, there's not enough meeting spaces ... like there is a few hotels in the area. They're not necessarily what I would call family-orientated places ... There's a lot of alcohol, a lot of gambling. (ISOF)*

Public transport accessibility and safety were a concern for a number of participants in Site 1. Difficulties included living in areas not serviced by the local train network, limiting accessibility to activities for the whole family:

*We don't even have an actual Metro train 15 kilometres from the city that stops at our station ... we only have a V/Line train. So, we can wait around for a bus and they're talking about ... taking away one of the bus services that runs past our street ... Or, you wait for a V/Line train. On a weekend, there can be four hours between V/Line trains that stop at our station ... it's really hard to send [teenage] kids off to do stuff on their own ... a lot of the community centres in this particular council area are very spread out like that. So you need to be able to drive to get to these places. So, it's not – you can't just pack your kids off or if you don't have a car ... whereas all pubs and clubs are actually quite easily accessible. (ISOF)*

Many participants reported a need for improvements to accessible activities to support community cohesion:

*They've got a culture day once a year ... That's not enough for the whole community to get in ... We've got a neighbourhood [house] around the ... corner from my house. I've seen bugger all people there. Back in the day, the neighbourhood house would chuck odd street parties. Not just a street party, they'd have Santa come around, there'd be flyers left, right and centre, there'd be colour in the street ... The world's so grey now ... I reckon, around this whole Brimbank area ... people need to see life. Not people dying, 'cause that's what it is in a pokie venue. It's death on the street ... There's no footballs kicking around in the middle of the street. (IGF)*

Some participants in Site 1 mentioned that there were great local Vietnamese restaurants and others acknowledged recent improvements to infrastructure such as parks, street lighting, bike paths, playgrounds and railway stations. However, there was a general lack of awareness about the facilities and activities available to residents:

*I think nearly every local park I've seen has got new play equipment. And we go up to a park up in Sunshine North that has ... new concrete paths and they've got a dog park there now. (ILR)*

*Many people aren't aware of [facilities available] ... we've just built a \$12m centre down in Braybrook. And [a] lady said to me one day, 'When's the hospital going to be finished across the road?' I said, 'It's not a hospital. It's a community centre with all the facilities for the community in the area and a library as well'. (ILR)*

Problems associated with gentrification were also reported:

*The process of gentrification again is not pushing people out, it's because people don't know where else to go now ... At the same time, they see other people who are cashed up coming in and buying houses and the ... the price of everything is going up across the board. (IP)*

Participants in all categories (local residents, professionals, people who gambled and significant others) in Site 1 described awareness, or experiences of, crime and an overall sense of a lack of safety in this area. This contrasted with participants in Site 2 who overwhelmingly reported low crime levels (see section 3.3, page 10).

Some participants in Site 1 reported that the long opening hours of EGM venues allowed them to leave the house, and were often the only place in their community where they could go at night:

*I'm very scared ... for my safety and my daughter's safety ... Some women got stabbed and killed on the [traffic] lights not long ago ... people are not friendly anymore ... anything can happen to you. (ISOF)*

*I'm scared ... I don't go for walks anymore ... When ... you're home with your husband and if you're not getting along and ... he's sitting watching TV, I'm here, not a word, no nothing, I might as well go out and I may go to the poker machines, where else do I go? (IGF)*

A number of participants felt public transport in Site 1 was unsafe to use:

*There's a lot of substance use, there's a lot of – you see a lot of violence around there. (ISOF)*

*Oh yeah, at the station, the new station. Not long ago, there was a stabbing there ... People are not going, especially after dark. (IGF)*

Concerns about public drunkenness and drug use were reported by residents and local professionals alike in the Site 1 area:

*For years, you know, people have known it [EGM venue] to be ... pretty rough ... especially at the moment ... every Friday night ... they're always in that park [across the road] fighting. (1GM)*

*Where I live there are drugs readily available. I know of the people that deal in our area ... I know who they are, I just keep out of their way. Look, where I live, I feel safe most of the time ... I often see people who seem to be on ice. From what I've heard described, people come, you know, close by our house and are affected by ice (crystal methamphetamine) because they've purchased it. (1SOF)*

The Brimbank Council was running a series of community cultural events during 2015 to address concerns about safety. This included infrastructure improvements and local events such as an outdoor cinema in a local park and live music at the train station:

*Sunshine's been fraught with danger and there is a lot of trepidation from the local population about wandering around at night. So ... the place managers had organised to get the lighting improvements around the inner-city area. (1P)*

A community professional involved in the campaign reported that it had some level of success but acknowledged that the underlying causes of crime and safety concerns would take time to address:

*I don't think we completely shattered any notions about safety in Sunshine but we ... made some impression that safety ... is possible ... We had several touchy situations ... at the bus interchange, there was ... a group of people that would gather there every evening. Highly aggressive, always intoxicated or high on drugs [ice and other drugs]. Um, the police there constantly ... But again, police are overstretched. (1P)*

There was a convergence of reports from many sources relating to crime at EGM venues, including armed robberies, drug dealing, stolen goods and money laundering. Gambling-related criminal activity in commercial venues is reported separately in section 4.2 (on page 20). Links between gambling, drug and alcohol use are reported in sections 4.2 (on page 20) and 7.1 (on page 37).

### 3.3 Amenity and recreational facilities Site 2

In contrast to these largely negative reports from participants in Site 1, participants in Site 2 spoke proudly of their local area and reported that people aspired to live locally as the area 'has got a lot going for it'. Also in contrast to Site 1, low crime levels in Site 2 were described as key to the area's liveability. This does not suggest that residents in this area haven't experienced crime or had safety concerns, but Site 2 participants did report a lower degree of concern about safety than Site 1 participants.

Overall, Site 2 was described by locals as 'well-established' with 'history', and a great 'variety of food and culture'. Participants reported their area as relatively spacious, characterised by areas with trees and green space. The Blackburn creek reserve was described as a great natural asset. Participants also praised the good 'public transport accessibility', and the local hospital was described as 'phenomenal' and 'fantastic'. Participants in Site 2 were in agreement that it is a desirable area to live and residents are well catered for:

*I think these sorts of suburbs here are attracting people who are trying to move into, moving up the social scale. People are moving from the outer, outer suburbs to this area, the houses are expensive here now and they've always been just that little bit [better]. (2LR)*

One participant described his use of the range of local sporting and exercise facilities:

*Our local area is ... quite well set up ... we actually have a personal swimming pool but there's a [public] pool at the end of our street, which we can take our granddaughter to, where it has slides ... We're heavily involved in cricket ... I ... usually go to every Victorian [football] match and quite often, a couple of interstate ones as well ... I have family who play golf, so there's a link with the golf club. (2GM)*

Others in this area also reported participating in a wide range of activities locally such as attending private gyms, mountain biking, pottery, yoga and meditation:

*We come to the local library almost every week. There's story time for little kids. The [council] run things like the Australia Day fireworks, they run the Christmas concerts ... music sessions ... I even went and did mindful parenting [course] ... there are lots of things out there ... And then, yeah, we pay for additional things on top of that. (2SOF)*

Most participants in Site 2 were enthusiastic about the '[g]ood variety of great food and culture' (2LR) in their area. A number of participants also noted the convenience and suitability of local cafes for meals with children:

*But there's so many other nice restaurants to go to than the pub ... When you can go to a really nice restaurant here at Box Hill or Thai or whatever and get much more value for your money. And I'd rather have kids eating that food than, you know, parma and chips or whatever. (2SOF)*

Observations of the local area made by the research team noted more pleasant streetscapes with electricity wires hidden underground and more open green spaces.

### 3.4 Geographic accessibility of gambling venues

#### High density of gambling venues in Site 1

Many participants in Site 1 reported that they found the high density of EGM venues in close proximity to their homes to be problematic, as they would end up attending these venues due to the convenience of their location rather than an intentional interest in gambling:

*How many [EGM venues] I've got not far from me? I tell you. One, two, three, four, five. About six. It's only 10 minutes' drive. That's terrible ... Lot of them and they're in where the houses are and right where the neighbourhood is. (1GF)*

*There's a really high density of pokies in this area ... it's terribly hard to go anywhere without the pokies, you know? (1LR)*

Some described this saturation of gambling opportunities as predatory:

*I'd say that maybe they've [operators] possibly targeted certain areas of Melbourne, assuming, 'Okay, this end is going to be more vulnerable, more desperate. This is where we can get our money back' ... So, they've just gone ... 'Okay, dump a whole lot of pokies there.' ... I think they should have a restriction on the area, for the whole area ... in poorer areas, they should have less. (1LR)*

Accessibility of local venues is a major influence on visitation. People who gambled described how the venues were located in areas incidental to their everyday activities, and many described visiting venues to use bathroom facilities or for free tea and coffee facilities. Some participants would find themselves using machines without previously intending to:

*I had family living right across the road from [Venue name 1] ... [Venue name 2] was like on the way to the supermarket ... there's the venues if you're on your way to shopping and you look and, 'Oh I'll just go in there for a little bit'. (1GF)*

One person who gambled described spending so much time at his local EGM venue that he used the venue's phone number as the place his mother's carers could contact him in the event of an emergency:

*Because it was close to home and you know ... especially the last couple of years of Mum's life ... she was in a nursing home, we didn't know whether we'd be called, so we gave the nursing home our home address and the [Venue name]. (1GM)*

Another person who gambled described the proximity to the local hospital where family were attending appointments as creating opportunities for him to gamble:

*I lost \$700 and I come back. My wife [in hospital], she didn't know nothing because I hid the [lost] money ... Oh many times. My wife, she had problem in hospital and my son too but I tried to get the time for me to go there [Venue name] half an hour, an hour. (1GM)*

While some participants described visiting local Vietnamese restaurants as an enjoyable feature of the Site 1 area (see section 3.2, page 8), many participants reported often reluctantly attending EGM venues, in part due to the lack of other options for dining out:

*We really struggled to go somewhere for a nice meal that doesn't have pokies ... I would prefer it [an alternative venue], having a 12-year-old child, but every time we go in there, he's like, 'Can we have a gamble on the horses?' (1LR)*

Some described that dining at a gambling venue might lead them to gamble unintentionally:

*I mean if you go in and have a beer or a feed, you're going to go into the TAB or the pokies. (1GM)*

*I want to take the kids out to dinner over Christmas, you know? But they [EGMs] happen to be there ... there's not a lot going on for the kids and I probably will get to the point where I need a break. There's no one to give me one, so, I will probably go to a pokie venue. Unfortunately. They're too fucking close. (1GF)*

## Venue accessibility in Site 2

Although there were far fewer venues in Site 2 (three venues), proximity to gambling venues was still a factor for some participants' gambling:

*Basically, it's about nearness. It's [venue] near. (2GM)*

Participants often reported visiting the venue closest to their house more frequently:

*Yeah, it's the closest too. I can walk there. (2GM)*

This person who gambled described the attractiveness of EGM venues as being that they are well maintained, clean and conveniently located on his way home from work:

*Really just convenience and just having a bit of fun really and just spinning the wheel. It's kept very clean, yeah. I quite like that whole aspect and all that ... Coming home from work, it would definitely be on the way, yeah. (2GM)*

Similar to reports in Site 1, close proximity of the local hospital to a venue in Site 2 provided gambling opportunities for hospital staff finishing their shifts:

*Mum's a shift worker, she used to work at the Box Hill Hospital. So, she'll finish her shift in the morning, she'll go straight from work into the RSL, she'll stay there all day, [then] go and do her nightshift. (2SOF)*

However, unlike Site 1, where participants reported a lack of alternative activities in which to engage, in this area some participants described a wide range of alternative activities that could be diverting from EGM use:

*I read the local paper, I see lots of free events and different things that I would choose to go to rather than go out to a pokie venue. So, I guess it depends if there are things that might tempt people to do other things apart from go to that venue, potentially that might help. (2SOF)*

The range of alternative social activities in Site 2 described by participants is discussed earlier in this chapter (see section 3.3, page 10).

## Distance from EGM venues described as protective

The only 'dry area' of Melbourne covers about half of Site 2. While alcohol is available for purchase in this area, additional hotel, club or on-premises liquor licences can only be granted if approved by residents of this area. This has reduced the number of venues able to operate EGM licenses in the area. The existence of the 'dry area' indicates that where local communities have a decision-making opportunity – in this case, through a requirement to conduct a liquor license poll on each application – the harm-creating potential of dangerous commodities can be significantly reduced. This has led to a very different landscape of EGM accessibility compared to Site 1, as regulations stipulate that only those venues with a license to serve liquor can operate EGMs:

*I mean if you're going to get in your car and go and drive there and it's a hassle and traffic and all that sort of thing, you tend to not ... [My preferred pub is] in Auburn Road and, look, I love it down there because there are no machines, there's no betting, there's no TAB. I'm meeting up with a bunch of guys [tonight] that um none of them are into gambling at all. So, we'll just have a nice night ... I'll buy a meal and a couple of beers and go home and I'll be very happy with that ... And there's no guilt trip, you don't wake up in the morning thinking you shit, I shouldn't have spent [that money on gambling] ... [Whereas] you can go to other places and have a beer and then bet on dogs ... or feed 50 bucks into a machine and not get it back ... that night can cost you 150 bucks and tonight might cost me 50 bucks ... If they're [EGMs] not around, you don't think about 'em. (2GM)*

However, some people who gambled in Site 2 reported how a lack of other available venues with a liquor license in the area actually exposed them to EGMs at the local RSL club:



*You go to the RSL because it's the only licensed place in Box Hill ... You don't go to restaurants just because they've got a liquor licence, you go to the RSL. It's a substitute hotel ... I would like Box Hill to have a proper hotel, no machines, because then you can sit and talk with friends, you can go out for a counter lunch without worrying about the machines in another room. (2GM)*

## Migrant experiences of gambling venues

Migrant participants in both sites reported that they were unaccustomed to the widespread availability of legal and commercial forms of gambling offered in Australia and noted the difference between the laws in their country of origin and Australia. In many other countries commercialised gambling is illegal:

*I think it's different absolutely because ... it is illegal in Vietnam [in a commercial setting]. (1LRV)*

*It [gambling] was not legal so there were no casino or no pokies or nothing else ... And when I first came here I just faced them for first time in my life. (1GM)*

One South-Asian migrant described how she found herself in an EGM venue and felt a sense of shame in gambling, which is considered taboo in her culture of origin:

*I went inside because I was curious ... it's almost like a forbidden fruit that you're not allowed to take 'cause you're not allowed to see. And growing up, my parents [would say] 'All pubs are all full of drugs and alcoholics' ... So, there were all these fears put into me. (1GF)*

## 3.5 Summary

Participants in Site 1 described a lack of non-gambling facilities in their area, compounded by an overabundance of gambling venues. Gambling venues encourage a wide range of people to attend their premises by providing a wide range of facilities and activities, appealing to a broad demographic.

An earlier study (Rintoul, et al., 2013) identified a social gradient in expenditure on EGMs across the metropolitan Melbourne area. This study developed a regression model, which found 40% of the apparent effect of disadvantage was accounted for by machine density. The uneven distribution of venues between the two sites explored here highlights a structural inequity in the regulation and governance of gambling in Victoria. This uneven distribution of EGM availability is readily amenable to policy change and regulation.

Data from the census demonstrates that Site 1 is an area of higher socio-economic disadvantage compared to Site 2. VCGLR data shows Site 1 has more venues (eight vs three), with double the number of EGMs (416 vs 208; or 9.2 EGMs per 1,000 adults vs 4.1/1,000 adults) and losses of over \$56 million per year vs \$19.4 million in Site 2. The findings presented in this chapter demonstrate how widespread availability of EGMs, as in Site 1, compounded by a lack of alternative recreational options, resulted in residents reporting that they reluctantly attended EGM venues.

The venues in Site 1 were described as being easy to access from home and offering a range of affordable food and drinks and other facilities, making them a main option for socialising when outside the home. This contrasts with evidence from Site 2, where a relative abundance of alternative social spaces and activities were combined with far fewer EGM venues. However, even in Site 2, where there are significantly fewer opportunities to gamble, people who gambled described difficulties in avoiding the use of EGMs in their local clubs.

Some participants in Site 2 reported that the co-location of EGMs with hotels is potentially problematic, in that it exposes those who were intending to meet for a social drink to machines when they may otherwise not have chosen to attend an EGM venue. Several people who gambled reported that they ended up using EGMs because they were available in the hotels or clubs they originally attended for social drinking purposes.

The requirement that EGM operators must have a liquor license in order to operate EGMs may lead some residents who may not otherwise gamble to use machines. This aligns with findings from the recent Household, Income and Labour Dynamics in Australia (HILDA) report (Wilkins, 2017) that found that frequent drinkers were much more likely to gamble and to report gambling problems (Wilkins, 2017), indicating that the co-location of these activities may be problematic.

## 4 Venue promotions, amenity and ambiance

It is illegal to directly promote EGMs in Victoria. However, indirect promotional strategies are customary, including free or subsidised meals and drinks and co-locating other activities at the venue in order to cross-promote gambling there. This chapter presents data about the ways in which venues promoted themselves in Sites 1 and 2. Also their effectiveness in encouraging residents to attend the venue (Bestman et al., 2016). Using the reports from local residents, it describes how venues embed themselves in local communities by providing spaces that may act to fill gaps in community amenity.

Participants reported on experiences in venues, including the range of activities available at these venues and the appeal of promotions, which influenced the way they frequented and used these spaces. Additional data about factors contributing to the characteristics of venues, including a range of illegal activities in and around venues, are also presented (see section 4.2, page 20).

The findings from the study are reported under the following thematic headings:

- cross-promotion of EGMs
- family-friendly venues
- free drinks, cheaper meals and food service to machines
- mood and ambiance
- illegal activities in or around venues.

These findings are reported together, rather than by site, as the promotional strategies were very similar across venues. For instance, one corporate entity operated three venues across both sites.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

### 4.1 Cross-promotion of EGMs

Participants in both sites reported receiving venue marketing and promotions, such as venue vouchers that could be redeemed either for food, drinks or on machines in the venue.

Participants in both sites also described going to venues for purposes not related to gambling; for example, to take advantage of free or subsidised meals and drinks, or to use toilets, carparking or other facilities offered by venues, such as sporting grounds.

One mother reported developing gambling harms from EGMs while attending a venue through her son's sport training, which is held at an EGM venue:

*When [I] took my son to [sport facility provided at the venue] ... it was cold ... so I'd go in [to the venue] and have a cup of coffee. And then I wanted to wander around and see what else you can do. So, I went and had a look and to try [an EGM] and - I think I put \$5 in one time. But then when you go Tuesdays, Thursdays, Saturday for training ... Training goes for like two hours sometimes ... Me being the single mum, I had to stay there ... You can't make many friends ... the one thing that got to me, was just having free tea and coffee. (IGF)*

Several participants who gambled described using EGMs after initially visiting a venue only to use their bathroom facilities:

*I'm a bit wary of ... railway station toilets ... If you've got like a club where you know the toilets are going to be clean ... you just walk in and you go, 'Oh whilst I'm here'. You feel a little bit guilty just using the loo and then walking out again ... so you might put \$10 in [an EGM] ... It's an expensive way of doing it. (2GM)*

Venue layout and the ambient sounds of the EGMs in the bar and bistro areas tempted some patrons who previously had no intention of gambling to use EGMs:

*We'd have a counter lunch and a few beers and it was really good. But to get out of the hotel, you had to walk through the gaming room ... And that'd be the trap. Because [friend] would say, 'Oh you know, let's put \$20 in'. Rubbish. It'd be \$200 by the time you'd leave ... you went to the bar and you'd start hearing the bells and whistles from the machines and, 'Oh well, let's go over'. (2GM)*

**Figure 4.1:** Subsidised alcohol and live music promotion, Site 2



In Site 1, participants were more likely to report that heating and air-conditioning available in EGM venues made them attractive during different seasons:

*They're nice and warm in there, they don't have to put the heater on [at home in winter] ... Why go home anyway? I have to put the heater on ... I might as well stay here. And you have coffee when you want it, then at 6 or 7 o'clock and savouries will go around ... For that little piece of pizza ... they will spend maybe another \$100. They [venue] do it on purpose. (1GF)*

A venue professional described the club's desire to increase crossover from the non-gambling spaces at the venue to the EGM gambling area:

*We actually did a survey about ... our bistro patrons and also of our junior [sport] players' parents and families ... And there's only 8% of the families that actually play the pokies ... And they're here, you know, a couple of nights a week for junior training and then they're here for games on the weekend ... And we did a survey of bistro patrons and about the same there ... We get about a 10% crossover from bistro to games ... I thought that was a bit on the low side [in terms of crossover]. (1P)*



Figure 4.2: Venue promotions, Site 1



Figure 4.3: Promotions targeting a broad demographic (e.g. 'model waitresses' and a singing group) at EGM venue, Site 1



## 'Family-friendly' venues

Participants in Site 1 found the provision of playgrounds and activities such as free face painting and free meal offers particularly appealing. They described attending EGM venues with children. This appeal is compounded by the lack of alternatives described by participants in Site 1, as documented in chapter 3 (on page 7). While there are no EGM venues with children's play areas in the immediate vicinity of Site 2, participants in both sites described the 'family-friendly' nature of EGM venues generally:

*If it's school holidays and we've got them [children], there's not many places you can take special needs kids. So, we go [to EGM venues]. (ISOF)*

*Even though my children are not that young anymore, in the past that's a big pro if your children can have a little bit of a play ... So very family friendly even though ... through the glass wall you can see the pokies, nearly. So, it's very contradictory in that sense. (TLR)*

Almost all participants who commented on this in both sites were concerned about exposing children to gambling:

*A lot of these places have really low-priced meals and families will go there ... and its impossible not to see the flashing lights. If you're a child, they're very quick, they pick up on anything that's like that and so it looks enticing right from the get-go. (2LR)*

When describing a venue in Site 2, one participant felt the hotel environment was not one she would like to take her child regularly, especially when there were many other suitable places to visit in her neighbourhood.

## Free drinks, cheaper meals and food service to machines

Many participants in Site 1 and some in Site 2 reported attending venues for the subsidised food.

**Figure 4.4:** Promotions targeting children at an EGM venue in Site 1



**Figure 4.5:** Seniors meal promotion, Site 1

However, some participants in Site 2 noted that the meals in this area were now expensive:

*Now the local RSL, for example, you used to be able to get a massive counter meal for \$7 or \$8, now you go to the RSL and the pokies, that counter meal is now \$32. (2P)*

Vietnamese participants in Site 1 reported that gambling businesses ran specific promotions for their community:

*On the Viet News newspaper. Every week, weekly paper, there are ads for the hotels and poker machines included, with some free services and free items. In Sunshine, it has the voucher so when you go there you can redeem the voucher for food. (1LRV)*

On the whole, participants were cynical about many promotions such as loyalty cards and free meals:

*They'd be getting it back in the pokies. Oh, for sure. I mean, there's never a free meal, is there? (2SOM)*

*I know it is nothing for free. They are after something else. (1LRV)*

However, these marketing strategies were still reported to be effective. Many people who gambled responded favourably to free drinks:

*A lot of venues give free coffees and that, which I appreciate. (1GM)*

For some participants, promotions offered through club memberships were attractive, people who gambled described how these promotions encouraged them to use EGMs. For instance:

*I park there. See, I parked there today [for free] ... they charge you \$40 [per yearly membership]. And when it's your birthday, they give you a drink and they give you \$30 worth of food. (2SOM)*

Some venues were reported to provide free bus transport and subsidised meals for seniors' groups to encourage use of their gambling facilities:

*They'd contact the groups and tell them they're going to organise buses for them ... offer them ... discounts on their meals and bring the crowd in and that's how they'd hook people in as well from this area to take them into town. And then the groups might make a couple of dollars on the deal. (1LR)*

*We're going on tours and they would take us somewhere to a buffet restaurant where all you can eat and then you gamble. So, you go and have a meal and then you go in to the machines and play the machines. (1SOF)*

A number of professionals in Site 2 described how bus trips were often targeted to particular ethnic groups by some venues, including the casino:

*Those groups were mainly aimed at Europeans, so, we'd try and hit the Greeks and Italians and Croatians and Spaniards and stuff. Because they're more social. So, they generally have more social clubs whereas*



*the Asian market was predominantly ones or twos, most singles or double gamers ... They'd pay for their own bus but we'd provide them with a meal voucher, a drink voucher and \$10 of gaming credit ... All bus groups, we were targeting pokie players ... You do the bus drop off at five and then the buses weren't allowed to go [back] ... until nine 'cause that gave them time to have their free meal and drink ... [and] three hours to have a punt ... It's pretty well targeted. (2P)*

*And we found a lot of ethnic groups were ... getting on buses and going to casino and we actually – with the group's consent, surveyed some of their losses and they were amazed with how much the group had lost. And we're talking about people mainly on Centrelink payments ... And we had one group spend about \$3,000. This was a bus of 50 people. The other one spent about – another one spent about \$600 to \$700 ... And the condition was that they had to stay within the casino complex for at least three or four hours. (2P)*

The service of food and drinks to participants using EGMs was described as particularly problematic:

*They're sitting there, they don't have to move ... During the football season I saw them wheeling around pies to people ... I was like, are you serious? Like those people are not going to leave those machines ... That's terrible. (2SOF)*

*If you're sitting there and you're winning 10 or 20 bucks or something and next thing this girl comes next to you, you know, she gives you a little paper plate with a couple of sausages and, you know, you've got your beer there or whatever or your glass of wine and 'ka-ching, ka-ching', you've got everything. Two hours later, something goes off. You know, number whoever machine's on, you've just won \$100, you know. Oh great. They don't make you sit there for 10 minutes, they make you sit there for 10 hours. (2GM)*

This matched researcher observations; for example, a coffee and cake trolley circulating at machines mid-morning was a scheduled weekly occurrence at some venues:

*They wheel a cart around there to all the people and it has coffee and tea and biscuits and they don't have to move from their chair ... Like if they're thirsty, they have to get up off that machine and maybe that gives them a couple of minutes of not wasting their money and a couple of minutes is better than nothing. But if they're wheeling around coffee to people, nah [they won't move]. (2SOF)*

**Figure 4.6:** EGM user served food while using two machines simultaneously



Some participants reported that draws, raffles, mystery boxes or other promotions happening at a venue would encourage them to stay longer and, in some cases, bet faster:

*One of the things that does increase my gambling that the RSL does ... [is] giving out tickets when you get certain combinations on your machine and then having a draw ... If you're playing and, you'll have somebody calling out, and it'll be for like an hour or so and they'll say, okay if you get a king in each corner ... put your hand up ... and they give you like a little raffle ticket and then at the end of every 20 minutes or so they do a draw ... It might be a grocery grab or something ... I always have found that I bet faster, I play more to try and get whatever combination it is. (2G1F)*

The Responsible Gambling Codes of Conduct indicate that people who gamble should not be encouraged to gamble for long periods of time. These industry-developed codes require staff to intervene when they observe a gambler demonstrating signs of problematic use of machines. However, researcher observations, combined with reports from people who gambled and professionals, demonstrated that codes were regularly breached in both sites. A full description of this issue is provided in an earlier paper (Rintoul, Deblaquiere, & Thomas, 2017).

## 4.2 Experiences at local EGM venues

### Mood and ambiance

Venues were described by some participants as providing comfortable recreational and dining opportunities:

*I think it was mainly – I think just cosiness, the lights, the relaxation of it all. Um but in the end it's not [relaxing]. (1GF)*

In some cases, convivial surroundings were described as facilitating long periods of gambling:

*The staff are welcoming, you know, they make it a nice place for people to go, have a drink, you know, take your time. If you want to socialise, you can, if you don't, you don't really have to ... It's an inviting place and they can sit there for hours and really not have to think about anything and just zone out if they need to. (1P)*

While some participants described venues as welcoming and warm, many participants in both sites – significant others, people who gambled and local English-speaking residents – described EGM venues as 'depressing'.

*There's no buzz, it's like real depression ... You can just feel that they're there to win and they're trying but you can actually sense it's really flat. And even the staff know it 'cause even they're not as bubbly. They try to be but there's not – there's this real lull. It's almost like a funeral, like – it's like a wake. (1SOF)*

One participant reported that visiting an EGM venue left her feeling anxious:

*I'll go into the [club venue] with my boyfriend, watch football ... have something to eat ... maybe twice a month and I watch the people feed the money in there ... It gives me really bad anxiety. (2SOF)*

Others observed the aggressive reactions of gamblers who were frustrated:

*Heaps of times ... People come and hit the machine, you know? They swear at the machine. Get quite cranky. I mean you know, partners are fighting as well. (1GM)*

The mesmerising effects of EGMs often led to prolonged machine usage, reportedly affecting hygiene:

*You smell – if you go to other chairs, it's urine, because some of those players, they urinate in the thing because they're hooked into it. They don't move. (1GF)*

*The smell. Some people would go in there not having showers or some people would be quite dirty ... It can be depressing sometimes ... The [local venues] ... they're very depressing. (1GF)*

### Illegal activities in or around venues

Some participants in Site 1 reported attending EGM venues because they felt other spaces in the community were unsafe (see section 3.2, page 8). Paradoxically, however, there were a range of illegal activities observed at venues by the researchers and reported by all categories of participants. An explanation for this paradox may be that some venue patrons were not attuned to the activities of others when attending venues, as noticing these activities sometimes requires relatively prolonged observation of the behaviours of others. However, participant and researcher observations documented evidence of drug dealing, particularly in Site 1:

*Gambling venues are also used to deal drugs ... Oh, it's usually in the car park, yeah. Car park or hop in the car ... That ... quite often happens. (IGF)*

One participant reported her ex-partner purchased cocaine at an EGM venue in Site 1:

*Before we eventually split, he was also drawn to drugs ... He bought them at some of the [EGM] venues ... And then he brought them home and I confronted him and I said, 'Don't bring them in the house, we've got a child'. (ISOF)*

A venue professional in Site 1 confirmed drug dealing was not uncommon:

*We do have problems with a few druggies [sic]... We get some that like to do their deals in the car park ... especially around sporting grounds and whatever, they seem to be a prime spot for them. (1P)*

Drug-affected patrons were also commonly observed by researchers in Site 1. An ice (crystal methamphetamine) user reported that EGM venues are attractive places for people using this drug, aside from being the only place open overnight, as the lights and sounds of the machines complemented the stimulating effects of this drug:

*[The drug] ice and gambling go hand-in-hand together ... Well, because ice you're up all the time, so you're up all through the night, what's open at night? Nothing but pokies. So, you find yourself on ice in there in a - like in a bad state of mind. (1GM)*

As this professional reported:

*There's a link between alcohol and drugs and gambling as well, especially with pokies. Um, I've heard a lot about that with clients too who, when on drugs or heroin or ice or anything like that, they tend to enjoy the pokies because of the lights and the colours and it keeps them in that sort of trance so they feel like that provides them with something, I guess. (1P)*

Money laundering was also reported by many professionals and some participants who gambled in Site 1 and some professionals in Site 2:

*Money launderers tend to operate around the local gaming venues and their modus operandi is to purchase cheques off people who've won. [Venue] had a lot of money laundering troubles ... People were standing over players who might have \$1,500 on the machine, a security guard or a staff member, neither of which are working there anymore, would alert this particular gentleman, you know, 'There's one over there'. They would then go and buy the winning off them for a reduced price. You know, if it was \$1,400 [cheque], they might give them \$1,100 cash. And the security guard would keep his \$50, the staff member would keep their \$50 and it was going on for a while. (1P)*

*There'd be an occasional time where the venue could give you ... a payout because the machines weren't working or their computers were down or whatever and they'd give you a piece of paper and you'd have to come back the next day and get it. And then you would get the floating people around to come and offer you the cash for the ticket ... They knew that you were regular and vice versa 'cause you'd see them. And you'd just say, 'Hi', and sometimes they would have pockets of money. And if you could get paid that day at the venue, they all say, 'Do you need the money? I'll help you, I'll give you the money', and you give them the ticket. (1GF)*

Venues are typically open late at night, often for up to 20 hours a day, and have large volumes of cash circulating through the premises. As a result, they are attractive targets for armed robberies. During the course of fieldwork in Site 1 there were a series of armed robberies reported by participants and the media. Observations of venues and the local area undertaken by the research team were suspended for several months as a precautionary measure. Armed robberies also affected the willingness of some people who gambled to attend venues:

*There's one big, big reason [I no longer go], now [my local venue] has been held up three times. And I would hate to be in there on a day they're held up, especially how they go up to you and have you get on the floor. (1GF)*

Venue staff were also significantly affected by these experiences:

*[Venue name 1]'s been robbed the most ... There's one lady that works at the [Venue name 2] that left the [Venue name 2] and went to the [Venue name 1] and the [Venue name 1] got robbed ... She was the manager on duty and she's still suffering with pain now ... This is like six years ago. (1GM)*

*Armed robberies ... they're getting nasty, yeah. It was alright when they were just affecting staff and security but now they're starting to get to patrons as well ... They're brandishing guns and machetes in people's faces, they're taking wallets and purses ... For old [venue] they've three [robberies] in four weeks. (1P)*

## 4.3 Summary

Participants reported that community members and families are attracted to gambling venues by a range of heavily promoted, loss-leading non-gambling activities and facilities, including free or subsidised meals and drinks.

While there were many similarities in terms of venue facilities and marketing strategies in both sites, illegal activities in and around venues were reported by participants more frequently in Site 1 than in Site 2. Researchers observed, and professionals and participants who gambled across both sites reported, that the presence of illegal activities, and of people who gambled who may present as depressed or who are prone to violent outbursts, undermines venues' presentation of themselves as welcoming locations for community members.

Despite this, many residents still attend these venues. According to participant reports, this may be because there are few alternative spaces for affordable meals, particularly in Site 1, or that for people who gambled this does not detract from their attendance, given many of these participants have experienced gambling-related harms, which may override other potential concerns about ambiance.

Venues across both sites use a range of similar marketing and promotion strategies to encourage attendance at their venues. It is customary for a range of facilities to be offered in order to encourage those using non-gambling focused facilities or activities to also use the more profitable EGM area of the venue. Indirect promotions, such as subsidised or free meals and drinks are also attractive to young families with children. Previous research (Bestman, Thomas, Randle, & Pitt, 2017) has found that peripheral exposure to EGMs through attendance at venues influences children's attitudes towards gambling and may normalise EGM use.

Participants and researchers observed that Responsible Gambling Codes of Conduct are routinely breached in both sites, not just in individual cases but systematically. Some of the policies and promotions described (e.g. serving food to people who gamble in situ) appear to be designed to achieve outcomes that are contrary to the codes, raising further questions about the effectiveness of the current approach to regulation (Rintoul et al., 2017).

Recent media reports appear to support this study's researcher observations and reports from people who gambled about the actual practice of EGM venue operations. Australia's largest local hotel gambling operator has been described as maintaining a database of regular or 'VIP gambler' profiles. Details recorded include favourite sporting teams, the name of the gambler's partner, and other personal information. This information, along with preferences for free drinks and food, is allegedly shared among venues operated by this company and then used to provide a familiar and welcoming environment for people who gamble to 'keep them in the room' gambling longer (Klaus, 2018). It is notable that this behaviour is not illegal, although it almost certainly breaches Responsible Gambling Codes of Conduct in all states and territories.

This conflict – between marketing designed to extend time on devices and codes intended to protect people who gamble from harm – is something that regulators and policy makers may wish to explore further in the light of the evidence presented both in this report and through revelations reported in the media (Klaus, 2018).

# 5 Life stressors

Chapter 3 discussed the higher level of socio-economic disadvantage and lower level of reported amenity and recreational activities in Site 1 compared to Site 2, and how some participants, particularly in Site 1, reported reluctantly attending EGM venues due to a lack of affordable alternatives. Chapter 4 explored the venue environments in each site and the range of similar marketing and promotional strategies that are offered in both sites.

Moving beyond an examination of site and venue characteristics, this chapter presents findings about the social, financial, health and institutional stresses reported in each site. It describes how social stress may create conditions that leave people vulnerable to increased participation in gambling, particularly in an area where non-gambling alternatives may be scarce. These findings are reported under the thematic headings:

- chronic social and financial stress
- welfare and social support services struggling to meet complex needs
- employment and under or unemployment
- the role of social isolation, migration, grief.

## Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

## 5.1 Chronic social and financial stress

In this section, we report on life stressors that were experienced in both Sites 1 and 2. Overall, participants in Site 1 reported a wider range and severity of chronic stressors than participants in Site 2. These stressors may have preceded, co-existed and/or resulted from gambling harms. Traumatic experiences – such as family breakdown, injury leading to long-term health issues, mental illness, social isolation, violence and incarceration – were reported in both sites. Participants in Site 2 more frequently reported having greater social, emotional and financial capital, which helped both people who gambled and their families manage gambling-related harms.

Participants in Site 1 frequently reported complex and strained life circumstances. Many described living in poverty. Financial stress was often described as a direct reason for gambling:

*Do they wanna know why people go and gamble? 'Cause the money is not enough to live on ... But when you've got two kids with disability and they need speech therapy or they need an occupational therapist ... they're two, \$300 tests ... There's no prospects around here, there's no big goldfield. (1GF)*

Of the 16 female participants who gambled and have experienced gambling-related harm in Site 1, 15 reported multiple, chronic life stressors. For example, five of these women described themselves as single parents with full-time caring responsibilities for children with high need disabilities and with no ongoing support from other family members. All five reported having also experienced family violence (reports of these experiences will be the subject of a future paper). One woman described that the stress of overwork and caring responsibilities for six children led her to use EGMs:

*I had, like, three or four jobs at the time ... I was working 120 hours a week ... And I'm just, like, 'Well, work gets you nowhere'. If it does anything to you, it kills you quicker ... One day rolled into the next and I'd done that for three years ... So, I started gambling to get money in to help pay for the kids. (1GF)*

For men, especially in Site 1, sustained substance use, injuries, institutionalisation and isolation from family members contributed to their life stress. One male participant who gambled and experienced gambling-related harms had spent decades in both juvenile detention and adult prison and was struggling to cope with everyday activities. At the time of the interview, he was waiting to enrol in a cooking class to learn how to cook for himself.

## 5.2 Services struggling to meet complex needs

The need for crisis and health services in Site 1 was reportedly greater than Site 2 due to the reported strained life circumstances of local residents. Professionals noted that this demand for services is continuing to increase. In Site 1, not only were service needs high and described as increasing, one service had recently been defunded:

*We used to have a drop-in group ... And it used to be centred around people with mental illness ... We'd all meet on a regular basis and have coffee and do activities and stuff like that, yeah. So, the funding got cut last year. So, we don't have ... a drop-in place ... We used to have a caseworker as well that would help us with issues. (1GF)*

One food bank in Site 1 provided emergency food supplies on a relatively large scale with a storeroom and counter service for clients to select food. This service reported providing on average emergency food packages to 30 adults and 30 children each day. No services were observed in Site 2 that matched this scale. One local community service in Site 2 reported providing emergency food once a week and another reported that local residents were more likely to drop in for social contact rather than for food parcels. Researchers also observed, for instance, an opportunity to collect free fruit and vegetables after a free church lunch in Site 2 was taken up by only a very small number of people in attendance.

## 5.3 Employment

A greater number of participants in Site 1 reported a connection between underemployment or unemployment and increased gambling:

*I know one family, when they are busy with their work, then they don't have any problem. Till she lost the job, they have a lot of time in hand, they don't know what to do, and no income, they start gambling. (1LRV)*

A professional agreed that lack of employment was a stressor that in some cases led to gambling:

*They get bored at home, can't find a job, they go and do - relieve their stress or have a drink and they end up playing pokies. (1P)*

Also of concern was a report from a person who gambled in Site 1 that her employment service was intending to arrange a work placement for her in an EGM venue, despite her current gambling problems:

*I've got all these other issues happening like trying to get work. I'm upskilling at the moment to get work ... Well, my agency put me in hospitality but it's just - I feel that I'm just really unsure about it ... One of them, I may even have to bail out because it [requires] a gaming licence ... I think that's going to have a bad impact on me. (1GF)*

### Shift work

While this study did not specifically seek to explore the links between shift work and gambling, several connections between gambling and this type of work pattern were reported in both sites. These included how gambling related to unsociable working hours and how some professions were particularly affected, such as restaurant workers.

Gambling venues have long and late opening hours, which were described by professionals and shift workers themselves as a key feature contributing to gambling participation among these workers. The casino was often a destination for those finishing shift work in the city area:

*My husband is also working at [business name] and he finish at six o'clock in the morning. We are dismissed about two or three o'clock in the morning. That gap, while waiting for him, I spent it all to casino ... Yeah because so close. (1GF)*



Of participants who gambled at harmful levels, seven of 24 in Site 1 (29%) and eight out of the 20 in Site 2 (40%) also reported visiting the casino in central Melbourne in the past month.

A partner of a person who gambles described how the late working hours contributed to his gambling:

*He have long hour working ... and he say, 'I could not go to bed because I get excited, I can't fall to sleep' ... I think most of the chef – Chinese chef have the habits of the gambling ... His shift is start from around five o'clock to the late night ... His available time is after work, maybe he will go to casino. (2SOF)*

Some people who gambled described how shift work meant that their recreational hours didn't coincide with their friends', which led them to take up gambling as an alternative activity:

*You don't actually have days off similar to your friends. So you kind of have nothing to do, you know, 'cause of, you work shift work so I guess that's probably something where you get invited to go to the pub and just, you know, start gambling I guess, that's probably part of it. (1GM)*

*I was working and I was studying at the same time. And I only had spare time after midnight or in the, in the meantime, ah, only casino was open after midnight for these days. And then it just start become like a habit for social activities, ah, I didn't feel like, you know, I'm playing gambling. (1GM)*

Another person who gambled who did casual work for a care service as well as collecting children from school often visited venues to fill in short periods of vacant time during her workday:

*Ten minutes I go ... I'm no longer caring for many people now, I'm caring kids, bringing them to school. Right. While I'm waiting the pickup time, 2.30 pickup time ... I go pokies again. (1GF)*

Professionals described how split shifts for predominantly Asian restaurant workers were linked to gambling harms:

*They get in, if they're chefs they get in at 9, 10 o'clock in the morning, they work through till 2 o'clock at the end of lunch then they have from 2 until 4. Well they're not going home, they get changed and they go to a venue. (2P)*

*In the Chinese community with the Box Hill area, and the worst part is Chinese restaurant workers ... when they have a break between 3 o'clock, 5 o'clock [they gamble] ... I was working in this Chinese restaurant for 10 years ... Sometimes they can sleep in their cars but you know, they feel – if they don't want to be in the car, then probably the TAB is the only one option they can go and stay. (2P)*

## 5.4 The role of social isolation

Participants who gambled and their families in both sites often reported a lack of family and community social support as coexisting with gambling harms. Stressful life circumstances left many isolated from family and other potentially supportive networks, which may have provided a protective barrier to EGM use.

Gambling was reported to be the only social outlet for some participants, with professionals who worked in venues describing these as 'play centres' for the elderly. One older participant who enjoys attending EGM venues when the opportunity arises reported:

*I live on my own. I'm always in a mess. I don't often have visitors, I don't drive and there's times I'd like to get out and I can't. It can get a little bit depressing ... I'm getting a bit old. And me friends are disappearing. And everybody seems to be busy now ... It's hard when you don't drive. Very isolating. (2GF)*

Migrant participants in both sites commonly reported that a lack of usual social support and connection following migration had contributed to isolation, and that this led to use of EGMs. One female migrant in Site 1 described:

*You are in the house most of the time, just working and going back home, not many friends etc. (1GF)*

The partner of a person who gambled in Site 2 reported that although her partner had both emotional and financial support from his family, migration had been a stressor and gambling had escalated upon arrival in Australia:

*He's got limited English. He didn't have much entertainment and much friend ... I also found he felt isolated ... I can see the gambling, I think it affect him, yeah. And also affect the family. (2SOF)*

Gambling provided a form of social connection for some participants for a variety of reasons. This participant from Site 2 described gambling after a family breakdown and separation as a way to cope with loneliness:

*And there are times where you won't be enjoying it and particularly if you're losing, you're not enjoying it, but you feel like you're trapped there ... 'I'm going to – the next pull is going to be a win or something'. And*

*then you think, 'Well, even if I leave now, I'm just going to walk home and, oh, you know'. Because it's in walking distance. But you feel numb just going back [home]. (2GM)*

Many participants who gambled from both sites, however, described the experience as superficially social. Some initially expected to gain a social benefit from attendance at venues. However, with many people who gamble engrossed in their own EGM use, social interaction was limited and, for many, this was ultimately dissatisfying at a social level:

*All gamblers I see are pretty lonesome. (2GM)*

Others reported being isolated from family and friends. This isolation in some cases related to grief and bereavement, in other cases family conflict or as a result of gambling harms causing conflict with friends and relatives.

One participant who gambled described how, following the death of her mother, her gambling escalated and her relationship with other family members deteriorated:

*That was the worst time of my life because my mum – I looked after my mum and we were inseparable ... My mum passed away and that's when I went a bit silly. [EGM use escalated] ... and then the addiction took over ... I lost my family because of it. (1GF)*

Strained family relationships and grief left this participant isolated from his family and friendship networks, although he thought family support would help reduce his gambling:

*My dad died when I was 14 ... I'm not close with my mum, I don't really have much family ... A lot of my friends are on drugs so I'm trying to not be rude to them and trying to stay away from them because they're all hooked on either heroin or ice ... Being around my family and stuff like that [would help me to gamble less]. (1GM)*

One gambler described his lack of social connection following the death of his mother and brother who he had lived with throughout his adult life:

*I'm like unemployed because I'm now [at retirement age] and I do things to fill in my life like – if I've got no money, I'll sit at home, watch TV, maybe have an afternoon nap ... I haven't got a car ... I don't follow football. Ah, I'm not a golfer ... I'm not into a great deal of any other sports ... the best way to put it is I'm a loner. (1GM)*

Professionals also described the connection between social isolation and gambling:

*A lot of people go to pokie venues because they're lonely. (1, 2P)*

*The best way to isolate yourself is to develop a gambling problem ... So, you often hear people saying, 'Oh yeah gambling is caused by isolation'. Often the gambling actually causes the isolation. Which again, may be triggered by another event. Like, you know, loss of job. (1, 2P)*

For many, EGM venues were perceived as providing a 'safe space' for people who feel isolated:

*When you feel low and you go to that place, you feel excited, you feel accepted, you feel like warmth ... You feel safe. You feel when people acknowledge you and say, 'Hello, good morning' with a smile, you feel like, 'Oh they've, you know, recognised me, acknowledged me' ... You sort of shake off little stuff and you feel good. (1GF)*

## 5.5 Summary

The findings in this chapter indicate that in Site 1 in our study, where social, health and other support services were described as less accessible due to availability, cost or demand, the harms associated with gambling were increased relative to Site 2.

While a range of life stressors were identified in both sites, a higher number of chronic and crisis stressors were reported in Site 1. In Site 1, female participants in particular reported trying to manage stressful caring responsibilities for children and parents alongside intimate relationships where conflict and/or violence were common. These women were also more likely to report experiencing multiple and ongoing life stresses such as overwork, exhaustion and difficulties finding social and health services that could meet their needs. Entrenched disadvantage in this area was also demonstrated through the difficulties with everyday activities or living situations such as finding housing and employment.

Typically, professional participants and participants who gambled suggested that shift work and unemployment tended to increase engagement with gambling. However, this was not always the case: a small number of participants who gambled reported that their gambling decreased when they were unemployed due to a lack of money, and increased again when they were employed. The relationship between employment and gambling activity thus requires further research.

While participants in Site 2 also experienced a range of challenging life events, they were more likely to report having support from family and friends, and the ability to pay for additional services to support them through crises created by gambling. In both sites, participants reported loneliness and isolation as both a precursor to and consequence of their gambling.

The data we gathered from professionals and people who gambled suggest that chronic life stressors, when combined with gambling, may have more harmful effects in more disadvantaged areas, where there may be increased barriers to accessing support services. For many participants, life stressors and gambling harms were interconnected and difficult to disentangle. However, what is clear is that the presence of multiple and coexisting life stressors adversely affect the ability of people who gamble and their families to ameliorate gambling harms.

## 6 Financial and crisis harms

A study of the social costs of gambling in Victoria recently estimated these to be around \$7 billion annually (Browne et al., 2017), a figure more than four times the state taxation revenue generated by all forms of gambling in Victoria (ABS, 2016). Findings about the nature and extent of gambling-related harm reported by participants in this study are presented thematically in this chapter and the following two chapters, and provide a description of:

- financial losses and the relationship to crisis and legal harms (this chapter)
- physical health, emotional/psychological issues (chapter 7)
- relationship harms (chapter 8).

The severity and nature of financial and crisis harms reported by participants across both sites are described in this chapter under the following thematic groupings:

- financial harm
- crisis harms occurring for those already disadvantaged
- legacy effects of financial harm.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

### 6.1 Financial harm

#### Losses were unaffordable

Analysis of self-reported expenditure on EGMs in Australia found higher losses on this product compared to other forms of gambling, with users losing an average of \$1,292 per year (Armstrong & Carroll, 2017). The structural characteristics of an EGM ensure that the longer a gambler spends on a machine, the more money they will lose (Livingstone, 2017). EGMs available in local hotel and club venues across most of Australia are high intensity, with machines in Victoria capable of taking *on average* about \$600<sup>8</sup> per hour when a maximum of \$5 is wagered per 'spin'. During venue observations, the research team regularly noted EGM users losing money at an even greater rate than this average, demonstrating that thousands of dollars can be lost in an hour.

As would be expected for people who gamble and experience related harms, all participants who gambled reported substantial financial losses. The consequences of these losses varied, often according to their available financial and social capital. While many participants reported that they may have initially spent relatively small sums of money, many described their gambling eventually spiralling out of control.

<sup>8</sup> Observations also noted much larger sums of money being lost. This is an average amount and actual losses are dependent on the volatility of the machine. It is possible gamblers could lose more or less money.

## Short-term losses: Session expenditure and pay cycle

Participants in both sites commonly reported losses of several hundred dollars in a session. In many cases this pattern of expenditure persisted over years, or even decades. One person who gambled stated:

*If it was a Saturday, you know, you could walk in there with \$600-odd and you'd say, 'Look I'm going to walk home if I lose \$300', and you very rarely did [leave]. You might have [left with] \$50 in your pocket. (2GM)*

Many people who were experiencing gambling-related problems reported regularly continuing to gamble until their funds were exhausted:

*Every day my pocket is empty, I don't go home with anything in there. Even if I win \$2,000 there, I will gamble it there. (1GF)*

People who gambled also frequently described remaining at the venue beyond their pre-determined limits:

*I just go in with the idea of like, 'Well if I can double my money I'll leave'. Do you know what I mean? If I can make 100 bucks I'll leave, and then you get trapped and you're like, 'Well maybe I can make \$200'. And then you'll lose it all. (2GM)*

Several people who gambled in both sites reported their gambling activity coincided with their pay cycle, creating serious shortages for essential household spending over the remainder of the fortnight. For many who gambled, losses equated to a substantial proportion of their wage; in some cases, most – if not all – of their income. One person who gambled who, on some occasions, spent up to \$450 per week at EGM venues described:

*That would be about half my weekly income ... Like, normally I probably spend about \$150. (2GM)*

*I get paid on a certain day and then the next day I might spend it all and then I'd have to wait a week to get other money to do other things. (2GM)*

However, even relatively modest expenditure can have substantial effects on a household. For instance, a single mother reported:

*Sixty dollars or \$80 a week, that's still a lot of money ... Especially when you're not coming from anything ... you need every single cent ... [It] makes a big difference. (1GF)*

Professionals reported encountering clients who viewed gambling as a way to earn regular income:

*Newly arrived communities seem to be presented with the idea of, you know, if you're struggling to pay your bills or, you know, buy your car or live the Australian dream, go to the venue, there's this machine that gives you money and a lot of people consider quitting their jobs and making gambling their full-time or part-time job ... I recently had a young client who came to Australia I think 10 years ago ... he um watched somebody gamble and got this misperception that he could actually win a lot of money ... spending a lot of time at the casino. And often um, you know, if they meet people from their community, they will tell them this as well. (1P)*

## Credit cards and short-term loans exacerbate debts

People who gambled and significant others in both sites reported spiralling debts from the use of credit cards and short-term loans to fund gambling:

*Credit cards [are] so easy to get hold of these days ... He ended up getting three credit cards and maxing them out and then, of course, that he was going to win to pay them all off and I'd never know. And he'd never do it again. He got himself into that catch ... I think it was about \$42,000 in the end. And, then, lost his job over it. And then it all came out. It was pretty horrific at the time. (2SOF)*

Participants in both sites described using short-term loans and/or selling their possessions as a last resort to pay for food and utilities. High interest rates on these loans further exacerbated debts:

*You'd lose all your money and then you'd have no money for food so you go to the [payday lender] and you hock anything ... I lost so much stuff over the years like just because the interest rates at those [payday lenders] are crazy ... You'd get \$50 on some CDs and you'd have to pay them \$100. (2GM)*

*We do see a lot of clients that will go and hock stuff at [Pawnbroker name] and then ... pay a 25% interest on whatever you borrow ... I've got one particular client ... She probably visits [Pawnbroker name] once a fortnight. She'll hock her jewellery in and she'll go and buy food or whatever she needs ... then she's broke the next fortnight because she's paying back the [Pawnbroker name high interest] loan ... It's a catch 22, she's always broke. (1P)*



## Informal loans

One gambling professional who worked across both sites commented on differences between working with the financial debt of his clients between the two areas. He noted that dealing with 'mainstream' or formal debts was easier than informal loans. He reported that clients in Site 1 were more likely to have informal loans than those in Site 2:

*They're [Site 2 clients] not as confronting in the casework ... It's fairly easy in that they tend to have mainstream debt ... they're older and it's easier to deal with the credit cards when there's mainstream debt, mainstream credit providers. (1, 2P)*

Another professional working in Site 1 described gambling debts as complex and debilitating:

*[For] my clients it's usually a combination of formal and informal debts ... [They] tend to have very little or no income, so Centrelink income, and then ... a wide variety of payday loans, and then a wide variety of ... small to medium debts to family or friends. (1P)*

## Income-generating illegal activity

A number of people who gambled and significant others in both sites reported engaging in crime to support their gambling. This ranged from theft of money from family and friends to robbery, drug trafficking and unregulated sex work. For some these activities had resulted in criminal prosecutions and jail sentences.

Although this person who gambled reported he paid back money stolen from relatives, he also acknowledged that it was sometimes difficult:

*I have stolen it [money from family] ... As soon as I won it, I gave it back ... But yeah, they have noticed some missing ... I know that stealing from family is not good and - yeah, sometimes you may not get it back. And you just dig yourself up a further hole. (2GM)*

Another participant from Site 2 reported that her partner had lost his job due to attempting to commit fraud at work and had found it difficult to gain employment since:

*He'd got himself in such a mess that he'd try and [de]fraud the company to pay the debt and got caught. Luckily, he got caught before it actually happened. But still, it's horrific to think that he would plan all that ... Put a dodgy receipt in to pay it off and never do it ever again ... So, once he got the sack, it actually got out why. So, he's wrecked his career ... It's been about five or six years. So, he's still trying to get jobs. And yeah, just often gets to the interview and doesn't get there. So, I often wonder if they ring his old company to get a reference ... A lot of our marriage problems was also financial arguments that I had to go more hours and work harder and stuff like that. (2SOF)*

Two people who gambled, one in each site, reported that they had served significant jail sentences for crimes related to gambling. One male reported he had served multiple sentences for gambling-related crime resulting in him spending much of his adult life incarcerated:

*I've actually been to jail through stealing to go gambling. You know like drugs and gambling. I don't know, it's very hard, I will say, ice and gambling go hand-in-hand together ... Seven times in total ... No violence ... Shop theft. Large amounts. (1GM)*

A small number of participants in both sites reported that unregulated sex work occurs in EGM venues, with some noting that 'it's not as tolerated as it used to be' (2P). Sex work was reported as a means to earn money to pay off gambling debts:

*Sex workers. I don't think there's a venue that I've got that does not have, does not know of that sort of service ... One of my venues, it was [happening in] a big car park. (2P)*

*In some cases, they will be forced to carry the drug into the country and selling the drug on the street. And some other types of selling [sex work] ... If they female gambler, they could sell themselves for money. (1LRV)*

In Site 1, some residents and professionals reported drug trafficking being undertaken as a consequence of gambling debts, which often resulted in criminal prosecutions and jail sentences:

*My experience, I saw one of my friends who never had any experience in gambling before. The first time she gambled, she won \$2,000. Since then she started getting into it and eventually she lost everything, including trafficking or buying and selling drugs. (1LRV)*

*We're talking about a loan shark who lend money per month. The lowest one is 15% into – up to 30%, okay. So, we take an average 20%. If you've got \$10,000 – then one month you have to find \$2,000 to pay. And no negotiation ... if you pay \$2,000 interest a month, the debt's still sitting there, \$10,000 ... And they also have multiple debt ... to different people ... They may have \$50,000 of that but owed to four or five people so the pressure ... And that leads, some people had to – like, for example Vietnamese people dealing drugs to find some money or grow marijuana ... I've got a Vietnamese client referred to me by correctional and she said that because of that \$40,000 debt she cannot pay, she under a lot of pressure and someone advised her to grow marijuana ... And some people even go overseas to carry back some heroin back here ... So, it happen quite often ... The last time I went there [women's correctional centre], there were about between 40, 45 Vietnamese women in the prison. And most of the women is – had to involve criminal activity, you know, in order to repay the [gambling] debt. (1P)*

## Borrowing from friends and family strains relationships and isolates people who gamble

All participants who gambled reported borrowing from family and friends to help pay for essentials such as rent and bills and/or to fund further gambling.

*I've borrowed money from every single member in my family and 80% of them I've not paid back ... They'll be there for me if I ring up and said, 'Hey, I need to go to hospital, I've broken down' ... But if I ring up and said, 'I need \$50', they'll go no. Anything to do with money is a taboo now with my family. (1GM)*

A person who gambled, who borrowed from friends and had served a jail sentence for gambling-related crime recalled how debts with friends isolated him further from his support network:

*And I haven't got a friend in the world now because I would have to tell them that many lies that I needed the money for ... Once that bug [gambling] hit, you've got to lie, you've got to borrow, you've got to steal ... There was nothing that was going to stop me, not even handcuffs. (2GM)*

A sister of a person who gambled described that she and her mother were often asked to pay for living and gambling expenses for her adult brother, creating stress for the whole family:

*He doesn't have money for his bills and then she [Mum] pays the bills ... Well, then it means that Mum's stuck in the financial situation. 'Cause obviously her finances are stressed and she's emotional. (1SOF)*

Strains on finances also caused guilt for people who gambled, finding they could no longer provide their usual level of support to family:

*Plus my stress in losing. Gambling never go good. I used to send money to [overseas family] for the past. I didn't even give them that last Christmas. When you are a gambler, you cannot do charity more. All you think is you put it in the pokies. (1GF)*

Further discussion of social isolation experienced by people who gambled is provided in section 5.4 (on page 25).

In both sites, many participants who gambled reported spending household money to fund gambling without the knowledge of their partner, often accumulating significant debts for both parties. Financial abuse – including how this is defined in the context of gambling – is relatively understudied and requires more research to understand the dynamics and issues involved.

## Superannuation and redundancy payments used to fund gambling

When other income had been exhausted, some participants who gambled in Site 1 reported spending superannuation or redundancy payments. They lost very large sums; this could result in difficult financial circumstances that were compounded by a reduced earning capacity. One participant was unable to afford the expenses of owning a car, and reported:

*I lost my super on pokies [almost \$100,000 in the mid-1990s]. Nine months later, I couldn't go into the bank, I had nothing in there. (1GM)*

Another person who gambled described taking a redundancy payout in order to pay off credit card debts:

*I am gambling everything ... [then work] offered some [redundancy] packages ... I have to take it because my credit card is soaring [due to] gambling debts ... \$30,000 in credit cards ... All my supervisors said*

*insane for me because I'm earning a lot of money ... I said, 'And I'm [early 60s], I'll get all my super. I'll get about \$300,000 super and I had \$100,000 in redundancy ... I [lost] ... nearly \$300,000 superannuation [in] four years ... gambling. (IGF)*

However, for this participant the losses did not stop with her superannuation. She also reported redrawing over \$100,000 on her mortgage and was still spending about \$1,000 a day on EGMs.

Only one participant in Site 2 reported using superannuation to pay for gambling debts. In this case, the partner of a person who gambled described the financial support received from extended family to help them repay gambling debts of over \$40,000, which included a component where 'his mum got some super out' (2SOF).

Financial and emotional support provided by family and its role in helping families, particularly in Site 2, to recover from substantial gambling debts is discussed in more detail later in this chapter.

## 6.2 Crisis harms occurring for those already disadvantaged

The following section describes how participants who gambled and had experienced harms were unable to contain their spending, resulting in their inability to meet day-to-day needs for themselves and their families. These harms are described as crisis harms, as they result in an inability to meet basic needs.

Participants reported that money needed for essential items such as food, transport and housing were frequently diverted to fund gambling. A person who gambled in Site 1 estimated she spent between \$200 and \$250 a week on gambling, which has created ongoing housing stress and transport issues. Having recently reduced her car insurance coverage, she subsequently lost her car in a collision:

*I can't pay my rent on time ... I am a month behind at the moment ... And then recently my car met with an accident and I couldn't buy a car, it went through the house ... and also I had changed, you know, my insurance from comprehensive to third party so I'm not getting any [compensation to replace my car]. (IGF)*

Difficulties in maintaining or purchasing a car were reported by several participants in Site 1, but no similar instances were reported in Site 2. For these participants, this resulted in the further shrinking of their social world, and limited access to a range of opportunities for employment and alternative recreational options.

### Food stress vs restricting discretionary spending

Participants in Site 1 were more likely to report food stress than in Site 2, reflecting the particularly strained circumstances of many in this more disadvantaged area.

A single parent with two adolescent children with significant disabilities in Site 1 reported:

*[Because I have no money left after gambling] I've stopped eating just so that they can all eat 'cause ... I cook ... just enough for all of them without including myself. I've lost a shitload of weight. I feed all of them and then when I go to dish up mine, they've already finished. And they go, 'Is there more?' So, I have to give them my food. (IGF)*

Professionals identified food stress as common among people who gambled in Site 1:

*People would come to us for food parcels but they would tell me how they've been, you know, down the pokies or at the bingo ... (ISO&P)*

Participants in Site 2 were more likely to report reducing the quality of food they purchased when debts accumulated after gambling losses:

*We just ate more basic food ... like powdered milk. I would make up the milk. So, that would last ... I'd buy the \$1 loaf of bread. (2SOF)*

*You know, our quality of life changed and stuff like that. And maybe a little bit for the kids too. But then, they're young and adaptable. And gosh, we're not – we're not desperate or anything. (2SOF)*

Participants who gambled in Site 2 also reported managing losses by restricting other discretionary spending:

*So, if you've just blown a couple of hundred bucks on the pokies then you sort of tighten up for the next week or so and think oh I'd better not spend pittance on – any money on anything else. (2GM)*

*Random shopping y'know, buying that shirt that you might like in the window or go and spend 150 bucks in a restaurant or y'know, buy really, y'know, an expensive bottle of wine rather than a cheap bottle of wine*

*or things like that, you, for me anyway, I mean, I tend to sort of like if I've, y'know, you've got sort of, you know, a balance sheet floating around in your head the whole time ... I'm lucky that I can afford to lose 200 bucks and it doesn't really matter. (2GM)*

A professional in Site 2 explained how gambling in more advantaged families may have less severe immediate financial consequences:

*We had a client come in once and she was paying for [her husband's] golf membership ... and I pointed out to her that until she stopped doing that he wouldn't feel the effects on his gambling. They were relatively well-off. But they weren't getting anywhere ... they weren't paying the mortgage off at a rate they could've for instance ... whereas with both of them working they could've been doing a lot better. It concerned the wife. It didn't concern the husband. But she was bailing him out by paying for his luxuries. (2P)*

## Housing stress

People who gambled and significant others in both sites reported payments for housing and utilities being diverted to gambling, with around half the participants in each site reporting harms ranging from rent or mortgage arrears, to redrawing home loans to mortgage foreclosure.

A total of five participants (of 44) who gambled across both sites reported the forced sale of their family home due to gambling debts (three in Site 1 and two in Site 2):

*Lost my house and yet we [had] owned it [outright]. (1GF)*

An additional three professionals in Site 1 described clients who had recently been forced to sell their houses due to gambling debts, and another two participants in Site 1 described their houses were in imminent danger of repossession due to escalating gambling debts.

Another participant who had experienced serious gambling-related harms that started when she turned 18 – more than two decades ago – reported never having been able to save a deposit for a house in the first place:

*I could get my ... bank account statements out and ... if I added it all up over 22 years, well that's my house that I don't have. (2GF)*

Several participants in both sites managed their gambling-related housing stress by returning to live with family members:

*I was um just in rentals and have been ever since, to the point of um six years ago I got to the stage where I was homeless. And I stayed with my daughter for a few months and then I got some help and ... eventually ... I got transitional crisis housing and, then, I have now got permanent public housing. (2GF)*

A small number of people who gambled in each site described periods of homelessness. One participant from Site 1 described staying in a hotel at a local EGM venue:

*I've had homeless problems before ... They've [venue] got cheap rooms ... it's \$69 a room [per night] ... I've stayed in the rooms and played [EGMs] ... I think they're about the cheapest [place to stay]. The rooms aren't the best but you're not really in the room, you're in the gambling part, so. (1GM)*

Those who reported homelessness in Site 2 were not long-term residents of this area and described somewhat more transient lives than other study participants in this site. All described living either interstate and/or across Victoria for long periods of time. One reported having lived in a motel in regional Victoria with five children:

*We had nowhere to live. I was with bags and backpacks all day until we'd get a motel room, which would be \$130 for the night or I'd make a deal with them, \$700 for the seven days. But I would still gamble the rest of the money away. (2GM)*

Another Site 2 participant described a more mobile life than many other participants and reported developing gambling problems while living in other parts of Australia:

*I've had a gambling problem since I was in my 20s [over 30 years] that spanned Canberra, Queensland and Victoria. Um I've lost a home, I've lost quite a bit over that period of time. I'm now on a pension, so what I gamble is limited to what I get. (2GF)*

Another, reporting periods of homelessness as a result of gambling beginning after his mother's death in Queensland, described the stress of relying on friends across Melbourne for support. More recently he had been evicted from his rental property twice:

*Look it must have been a year or so ... Just bumming on people's couches and you'd shower once a week or, you know, it was really tough like and then you'd put people out and you'd feel really bad. So, you'd hang in the parks until like 9 or 10 at night, till those people went to bed so you wouldn't see them. You'd have a key to the house and stuff and that's fine but you'd still feel bad. (2GM)*

It was more common for professionals in Site 1 to report their clients with gambling problems were facing homelessness. They also noted that their financial problems often involved high interest loans from payday lenders with an increasing number of 'lenders of last resort' moving into the area:

*[Some of my clients are] getting very close to homelessness because they're prioritising their payday loans over their rent ... We offer like vouchers ... People do come in not being able to pay for their food ... nappies, that sort of thing. (1P)*

A male who gambled in Site 1 described waiting over 25 years for public housing before being allocated a unit next door to an EGM venue, which he subsequently frequented.

## Coping with debt by eroding assets

Overall, the reported experience for the majority of people who gambled and their families in Site 2 was markedly different and participants in this site generally had more financial resources to draw on to buffer them from major crises – either their own or assets of extended family. While assets had been significantly eroded, these participants more often reported the ability to avoid the loss of their home or family relationships.

For instance, one participant whose marriage had broken down due to gambling had managed to maintain relationships with his extended family and had some ongoing contact with his child. He had maintained his permanent employment and was able to access leave to seek treatment for gambling problems. However, curtailed time with his child was an ongoing stressor.

The degree of social and financial capital described in the Site 2 area was much higher:

*My best mate's reaction was awesome ... So my mum and my two sisters know ... and my mother's fantastic ... We've borrowed large – substantial amounts of money from her to help get through ... The other brother has been reasonably supportive that knows but also supportive in – in the right way. He hasn't asked too much ... They lent us a bit of money to help us out. We've paid them back. (2GM)*

One participant who gambled in Site 2 who 'grew up in a family where gambling was what happened in the family, all day, everyday' remembers his family's financial circumstances as being frequently constrained throughout his childhood because of gambling. He subsequently had gambling problems himself as a young adult but reflected on how shared values with his life partner had contributed to a financially and emotionally stable family life and recovery from gambling harm:

*Look we, we think that we're just average people and – but we've been married for 35 years and we know we're very lucky to have had two children and they're both quite comfortable ... So we, we do feel very blessed ... But we, we wouldn't want to be in a position where we blew it, do you understand? ... I'm actually retired ... We own our house, we live comfortably, go on holidays. (2GM)*

A partner of a person who gambled in Site 2 reported the steps she had taken to ensure her family were insulated from her partner's gambling debts. They included negotiating for the family home to be put in her name and returning to part-time work. The couple had also received substantial financial and emotional support from her partner's family:

*I used to [have financial difficulties] because when I had my younger children and before that ... I didn't go to work but now I got some part-time job and then I got ... certain amount of income so that makes me feel more secured ... [Our house] used to in, under both our name but last year he agreed to put it all under my name. I think he probably knows about he can't control himself ... So for me I think the financial pressure not that big. (2SOF)*

Several families experiencing gambling-related harm in Site 2 reported the help of extended family in reducing debts and providing emotional support. For instance, the partner of a person who gambled in Site 2 reported that her extended family helped to bail her partner out of significant debts:

*He owed probably about \$8,000 then. And then, yes, we fixed – my parents paid and he paid them back over time and had some counselling ... I found the strength I didn't know I had. And felt – lots of family and support and friends around me. (2SOF)*



Another participant in Site 2 reported that extended family paid off her partner's gambling debts:

*We found out his gambling habit during that time is very bad and he owed about ... \$40,000 and then his family [were able to help him]. (2SOF)*

There were no similar reports of debt repayments by extended family in Site 1.

A number of participants in Site 2 who had previously been stay-at-home parents reported returning to work to relieve the financial strain of gambling debts on the family. In both sites, participants who had mortgages reported drawing down on these to fund gambling. However, in Site 1 people who gambled and had experienced harm generally had fewer assets to buffer them from crisis harms:

*There was a secondary home loan account that had \$40,000 in there and my dad had withdrawn it all and gambled it all away ... Yeah, it's just sucked the life out of them. This gambling. So yeah I've actually said to my mum, you know, what if you guys can't meet your repayments or, at least, you'll have to sell. That's the reality. (ISOF)*

*I probably had access to over a \$150,000 ... Money I could take off the mortgage ... When I started gambling I had a mortgage of \$350,000. I now have a mortgage of \$650,000. But my house is worth \$1.2m. But ... I could've sold up and probably had no mortgage during this time, right. I could be starting to buy investment properties. (2GM)*

The effects of gambling were significant in Site 2, and the erosion of assets was problematic, but participants in this site were less likely to report experiencing financial crises that they were unable to recover from. As this person who gambled in Site 2 went on to describe:

*I'm paid extremely well ... in the vicinity of a quarter a million a year. While I could be way better financially off, it's not dire ... My kids don't miss out on anything ... They still do two sports per week and get ... a computer for school and stuff like that ... iPods and you know ... But financially for my retirement, financially what I'd be able to give my kids, maybe to help get a house and stuff, which is what I was planning on, I probably don't have those options ... We could be much better off, my wife shouldn't really be working at all, she had to work ... I've had to wait six months to buy, you know, an extra charger for an iPhone, that's how bad it got right when I had to wait six months to, to fix a broken dishwasher, we went six months without a dishwasher. (2GM)*

## Reduction in earning capacity and job loss

Reduced work performance and, in some instances, job loss due to gambling had immediate effects for people who gambled and their families. Anxiety and stress from gambling-related worries intruded in to work hours. Participants commonly reported reduced performance at work as a result of gambling:

*I'm a senior person so I didn't have to be in the office ... You could work from anywhere. So that enabled me to hide a bit and ... not work as hard probably or ... come in late or sleep, you know, stay like, back until 4 am and come in at 10 o'clock ... At times I was able to get away with not, not functioning at work ... I wasn't on my game and functioning ... I got retrenched in the end. (1GM)*

A number of people who gambled reported leaving work early to gamble:

*I risked [my job] a few times too ... If I got the chance to get out of there, and just disappear for a few hours, I'd do that ... But ... when you start missing meetings and things because, and having to make up excuses for, oh I wasn't feeling well and I just had to go to the doctors ... you start lying to people about it. (1GF)*

*If I have the money in my pocket, I work, I tell my boss lie. 'Oh I have to pick up my son at school today 2 o'clock.' I went home early two hours and then I straightaway to the machine ... Everybody, not only the boss. My wife, my children, everybody, as long I get to the machine. (1GM)*

Gambling through the night resulted in exhaustion leading to underperformance at work, and ultimately job loss:

*I spent too much after midnight so it takes me daytime [morning], like today so I had to start work at 11 o'clock but I feel sleepy ... I did that regularly for a couple of weeks and then my boss ... wasn't happy with my ... work performance, I lose my job. (1GM)*

As one significant other in Site 2 reported (see also section 6.1, page 28), the whole family bore the stigma after her partner was dismissed from his employment for attempted gambling-related fraud:

*So, once he got the sack, it actually got out why. So, he's wrecked his career. So, that, we've had to live with as well. (2SOF)*

Unemployment was linked to an escalation in gambling by some participants who gambled, who described frustration with not being able to find employment despite spending many months searching for work.

### 6.3 Legacy effects of financial harm

The severity of financial losses left a painful and devastating legacy on gambling participants. Professionals working with clients experiencing gambling harms reported many who had lost large sums of money in both study sites:

*There have been some cases where it's gotten to the point of bankruptcy. Losses of house and assets and things like that where it has gotten way out of proportion and they have had to really lose everything because of their gambling behaviour. (1P)*

*My largest client ever ... as far as numbers of debts, lived in [Site 1] ... She had 15 credit cards, three personal loans, a home loan and a husband. (1, 2P)*

*I've had [an elderly] lady who did \$2.5 million on pokie venues. I've got [another] who's done \$200,000 worth of credit card on horses and online betting. (2P)*

Another participant who gambled was working with a financial counsellor and intending to apply for bankruptcy at the time of interview:

*Because of gambling of – my financial debts are still shocking. I still haven't faced them all ... thousands and thousands of dollars in debt ... We are going to apply for bankruptcy. (1GF)*

### 6.4 Summary

A recent study estimated that gambling costs Victoria \$7 billion annually in social costs (Browne et al., 2017), which is more than four times the state taxation revenue (\$1.6bn) generated by all forms of gambling (ABS, 2016).

The experiences of financial harm reported in this chapter demonstrate the ways in which gambling can have devastating effects, not only on people who gamble but their families and friends. Small losses were reported to escalate to very large amounts of money for many participants, with some reporting spending hundreds or even thousands of dollars a day. The effect of this was to deplete available assets. Where assets were already limited or non-existent, participants who gambled reported resorting to loans, including high-interest payday and informal loans. Mounting debts could cause food insecurity, housing crises and homelessness.

Those with social and financial capital eroded assets to avoid crisis and/or drew on family resources for support. The legacy harms resulting from the depletion of assets, including loss of superannuation, homes and bankruptcy, are long lasting and likely to affect the ability of many participants to adequately provide for themselves and their families in the future.

Many participants who gambled reported obtaining access to lump sums, drawing down on superannuation accounts, spending redundancy payments or using a reverse mortgage to fund gambling.

Our data suggest that financial institutions should be alert to large-scale withdrawals or transfers to cash accounts, particularly where other parties (e.g. partners or spouses) are unaware of such transactions, as these may be indications of gambling harm.

These harms were compounded by the loss of earning capacity for those already in work, and by the loss of employment due, for instance, to reduced productivity or unexplained absences. Food and housing stress was more likely to be experienced by those already in impoverished circumstances. Participants reported that in extreme cases, people who gambled resorted to crime to fund their gambling.

Many participants described using credit cards to support gambling, and the harms this caused. The high interest rates attached to credit card debt causes overall indebtedness to escalate even more quickly than it might otherwise. Credit cards are often available to people with limited alternative forms of credit at their disposal. Our data suggest that the impacts of the use of EFTPOS cash transactions in gambling venues require further investigation.<sup>9</sup>

This chapter also reported evidence of harms experienced as a result of short-term lending through formal payday lenders, who charge high interest rates. The effects of these services on people who gamble and their families also requires further investigation.

<sup>9</sup> Previous work has demonstrated the limitations of self-regulation in this area (Rintoul et al., 2017).

# 7 Harms to health

This chapter describes the impact gambling had on the overall physical wellbeing and mental health of study participants and their families. Stress, anxiety and fatigue from gambling were reported to contribute to reduced work performance and productivity; at times, this threatened employment, which, in turn, contributed to increased stress and anxiety. There are links between the harms discussed in this chapter and those discussed in the preceding chapter.

## Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

## 7.1 Physical health problems

Participants who gambled commonly reported a variety of physical health problems caused by prolonged EGM use. Complaints included skin disorders (rashes), insomnia, exhaustion, coughs, eye strain, sore back and neck and headaches:

*Sometimes I don't eat for eight hours, I don't even go toilet, yep. You can sit – I have sore back in my sitting because I sit like this [it's] very painful and my eyes is strained as well. My neck and my head [are sore after] doing this for hours. (1GF)*

*I got psoriasis ever since I started to, you know, like gamble ... So probably caused the depression and things like that from gambling, so ... Psoriasis is a major cause from stress. (1GM)*

Fatigue was also a factor causing injuries; one person who gambled reportedly had two major car crashes as a result of driving home tired after gambling:

*He crashed, he – there were two cars crashed in, totally damaged ... At the moment he is just going to work, you know, just by the public transport so he don't drive anymore at the moment. So yeah, because his driving licence has been suspended twice [following car accidents]. (2SOF)*

Other participants who gambled in both sites reported that high levels of frustration led to destructive and sometimes violent outbursts resulting in injuries:

*And you know how many times I have walked out, gone to the side street and I have smashed a brick wall ... And then I missed one day and then I had eight stitches there when I smashed a glass. Gambling is the worst thing in life. (2GM)*

*No machine pay and then I sweat and then sometime I cry on the machine, 'What you doing?' and sometimes I hit myself on the face. I get the bottle, I smack on my head. (1GM)*

*Like sometimes I honestly feel like putting a lasso around them and taking it with the car, I'm not going to lie, you know, but I never would but that's how angry they make me. You know, I've been in pubs where I've been kicked out because I've punched screens and stuff like that. Cause it's taken me money. (1GM)*

Men in both sites often described alcohol consumption and, in some cases, illicit drugs as contributing to their excessive gambling:

*When you drink two or three, then you start, you know, you don't even know what happens at times. You start playing more. (1GM)*

*You don't think about the consequences when you're drunk and you go there and gamble. You'd just drink more and gamble and gamble more ... Yeah, they go hand in hand. Like gambling goes in hand with drinking. One hundred per cent. (2GM)*

## 7.2 Mental health issues

Almost all people who gambled and significant others in both sites reported decreased mental health as an effect of gambling in their lives. Conditions ranged in severity from those that may have been symptomatic of gambling harms, such as stress, anxiety and depression, to other mental illnesses that were likely to have preceded gambling such as bipolar and obsessive-compulsive disorders. Regardless of the sequence in which mental illness developed, all people who gambled in the study reported instances of stress, guilt and anxiety following gambling sessions where they had lost control and spent more than they intended:

*I feel, you know, depression ... I hate myself, I say, 'What you doing ...?' Oh my God. (1GM)*

*Stress, can't concentrate on work. Too much of pressure you feel because you're blowing so much of money at the end of the day then you have to repay your credit cards bills, yeah ... It affects my sleep, I feel anxiety, and then you know, I can't concentrate on my work. (1GF)*

Professionals also noted that mental illness was a common experience for people who gamble:

*I think 60% of problem gamblers ... are dealing with depression and anxiety, I think, roughly from my education presentations ... Then there's schizophrenia and other more serious, you know, bipolar, borderline personality disorders. (1LR)*

One participant reported that her doctor loaned her money to cover mortgage arrears, allowing her to avoid homelessness, and addressing one immediate and major stressor leading to her suicidal ideation:

*I gambled \$5,000 and I couldn't pay my mortgage and I was lying in bed very depressed for, I think it was 29 days. And then I decided to call the CATT [crisis assessment and treatment] team and then I got a letter from the bank saying they were going to foreclose my house unless I paid the \$5,000. So ... they admitted me to [acute psychiatric ward]. And I was prepared to let the house go ... I came out and ... I went to see my GP and she said, 'Where have you been?' I told her and ... she paid my arrears for me. (1GF)*

Some participants described how their mental illness related to their gambling. For instance, the following person who gambled was diagnosed with obsessive-compulsive disorder as an adolescent and described how this condition made gambling particularly problematic for him:

*So, let's just say I'll have like four coins. I need to bet evenly, so I'll get all four of them, not just one or two ... I have very strange beliefs so I always have to abide by them. But If I see a gold card machine ... my brain will tell me, you have a go [and use the machine] or else something bad will happen. (1GM)*

A number of significant others reported their partner's stress and exhaustion affected their ability to participate in everyday activities at home:

*Even when he was present, he really wasn't present because he'd be exhausted ... To get him to do anything ... was like a little chore for him. (2SOF)*

Many partners of people who gambled also recounted that they, their children and often the wider family experienced high levels of stress as a result of gambling. This participant described how her husband's gambling problems had affected their family:

*He had depression and then he was put on antidepressants for a while ... I sort of hit rock bottom and then couldn't sleep ... I had a couple of weeks off work and then sort of slowly got back up on my feet and brushed myself off and - this all took time ... I was very scared ... And then he started turning into an angry drunk. Not a violent drunk, just a snappy - and if the kids did one thing wrong, he'd blow up over nothing and it was all that ... It was terrible. My parents were disgusted, his mum was upset. (2SOF)*

Overall, significant others reported experiencing gambling harms such as high levels of stress and anxiety as a result of their partner's gambling. This participant described how mutual support was compromised when both partners were suffering from extremely high levels of stress:

*I've been exceptionally stressed. We used to take it in turns to be what we called, 'up our tree' and the other one would ... coax the other down and at one point we were both up our trees and no one was getting us down. (ISOF)*

### 7.3 Suicidal ideation and suicide

A small number of professionals and people who gambled in both sites reported suicide and suicide attempts related to gambling. A single father who recently served several years of jail time for gambling-related crimes described suicidal ideation in the context of homelessness, family violence and depression:

*At the same time [as gambling] I raised six children at one stage and then the other daughter came because her mother turned into a drug addict and I had to raise her up too ... But the gambling never leaves you. And it just hurt so much ... We had nowhere to live ... And every time I had a dollar, it has to go there [gambling] ... Probably twice I was going to commit suicide because of - I couldn't stop. (2GM)*

One person who gambled at the same time as living with bipolar disorder described her suicide attempt when her house was about to be foreclosed:

*There was a time where I was very depressed when I gambled and I wanted to kill myself ... I was on the second rail on the West Gate [bridge] and I turned around and the police were there and they capsicum-sprayed me and put me in the van and took me to hospital and then ... I went into the psychiatrist's hospital. (1GF)*

Professionals in both sites also reported regularly working with people who gamble where suicide was a concern:

*The worst one if you work in a venue, and it doesn't happen very often anymore, but you find someone in the toilets who's attempted suicide. (2P)*

However, experiences differed among professionals on the regularity of reported suicide at venues:

*It's not less common. It's less heard of. (2P)*

### 7.4 Summary

Participants reported that the threats to health from gambling harm were significant and long lasting, and affected the whole family. Understanding these threats and how they affect people who gamble and their significant others is critically important for community health and wellbeing.

Participants reported a variety of physical health problems such as coughs, stress injuries and exhaustion. Fatigue was reported as an underlying factor contributing to potentially serious and long-term consequences, including traffic injuries and withdrawal from activities that compounded isolation from family and friends. Emotional and mental stress ranged in severity; however, generalised stress and guilt and anxiety were reported by nearly all participants who gambled. Gambling was also identified by participants as a factor involved in other mental illnesses such as bipolar and obsessive-compulsive disorders. In a small number of severe cases, participants reported suicidal ideation and suicide attempts.

People with mental illness may be particularly susceptible to developing gambling-related harms. It may be that people with such health issues use gambling, especially EGMs, as a form of 'self-medication'. However, our findings suggest that gambling will not assist management or recovery from such illnesses and may, in fact, exacerbate poor health and contribute to other gambling-related harms such as financial and relationship harms.

The threats to health reported by participants were not trivial. Understanding these threats and how they affect people who gamble and their significant others is critically important for community health and wellbeing. Browne and colleagues (2016) have produced evidence of the burden of harm attributable to gambling, which should better inform public debate about the appropriate balance between the acceptable level of gambling exposure, associated harms and the protection of vulnerable populations.



## 8 Relationship harms

This chapter presents participants' reports of relationship dysfunction, family violence and intergenerational transmission of gambling harms. A recent report on the social costs of gambling in Victoria found that of the \$7 billion that gambling costs Victoria, \$2.2 billion could be attributed to family and relationship problems (Browne et al., 2017). Previous research with separated parents has found that gambling involvement generated safety concerns for around 8% of these couples (Kaspiew et al., 2015).

A profile of the relationship status of participants who gambled and significant others is provided at the outset of this chapter to contextualise these harms. In the current study, data on family violence emerged during the course of interviews with people who gambled and significant others from open-ended questions about harms. This may mean that more participants in this study experienced domestic and family violence than was reported to researchers as specific questions relating to domestic and family violence were not asked of all participants.

Almost all participants who gambled in both sites reported negative effects on their relationships as a result of their gambling.

These results are reported under the following themes:

- relationship demographics
- guilt and distrust
- relationship and other stressors
- effects on children of people who gambled.

While this study did not seek to deliberately explore or quantify instances of domestic and family violence, a range of forms including coercive and controlling behaviour, physical and verbal assault and emotional and financial abuse were reported by some participants. For some people who gambled, abuse was multidirectional, with both perpetration and victimisation sometimes experienced. Reports of domestic and family violence were overwhelmingly – but not exclusively – reported by women. Reports of these experiences will be the subject of a future paper.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

### 8.1 Relationship demographics

Half of the female gamblers (eight) interviewed in Site 1 reported being separated or divorced at the time of interview. Of these, one attributed gambling and four reported domestic violence as the cause of their relationship breakdown. In one case, the former husband of a recently divorced participant had committed suicide due to gambling problems. Of the eight female gamblers in partnered relationships in Site 1, six reported experiencing significant conflict and dysfunction in their relationships. In summary, almost all of the female participants who gambled and had experienced harm in Site 1 (14 of 16 females who gambled) had experienced a partner relationship breakdown or were persisting with very strained relationships.

Half of the male gamblers in Site 1 (four) were single or separated/divorced. One of these men reported that gambling was the main reason for his relationship breakdown. One of the four men in a relationship described that it was under considerable strain due to his gambling.

Of the four significant others in Site 1 who were partners of people who gambled, all reported having experienced relationship strain. Half were still in a relationship with the person who gambled, and the other half had separated at the time of interview.

In Site 2, all four females who gambled reported being single or divorced. Of the two women who had experienced divorce, one reported that this was due to her gambling problems.

Over two-thirds of the males who gambled (10) interviewed in Site 2 were single or divorced. Three of these men were single, under 24 and still living at home with their parents. One separated man reported gambling as a major reason for his relationship breakdown. Of the six men partnered in Site 2, one reported experiencing considerable relationship strain due to gambling, and one reported a previous relationship that had broken down due to gambling.

Of the four significant others who were partners in Site 2, three had either separated for a period of time or considered separating and all described substantial strain on their relationships due to gambling problems.

Relationship stress, including family disruption, conflict and breakdown, was reported frequently by people who gambled and significant others in both Site 1 and Site 2. However, it was more common among people who gambled in Site 1 to describe gambling as ruining their lives:

*My family broken, everything. (1GM)*

## 8.2 Partner relationships and other stressors

Some participants who gambled described difficulties in establishing new relationships or maintaining functional relationships due to ongoing gambling harms. This participant described the conflict in a new relationship:

*[I] didn't tell him I was gambling. And then obviously there were issues, financial issues ... Obviously the arguments, the trust ... Now we're still battling everything and don't know whether we are going to be able to actually get the relationship back on track because of my gambling. (1GF)*

*When he met me he knew I had a gambling problem so he tried to help me escape it ... Over time I would go back to gambling, for periods of time and he would find out and then - yeah, then there'd be massive wars at home, of course. (1GF)*

Case study 1 demonstrates how stress, grief and family violence, combined with easy access to gambling venues, led to the development of a gambling problem for this participant in Site 1.

### Case study 1

#### Diane,<sup>10</sup> who gambled in Site 1

'I had so much stress in my life at the time that I was not coping. My daughter passed away only a few weeks after I gave birth to her. The grief I felt at this time was overwhelming and that's when I first started to distract myself with poker machines. But at that stage I wasn't really hooked.

A year later I fell pregnant again, and my son was born with a severe disability. I was caring for him while still grieving for my daughter and it was so hard. On top of this, my husband, struggling with his own grief, started drinking, and became quite violent towards me. I believe it was depression and his way of dealing with his own grief. I tried to get him help but he didn't want to talk about it.

It was like something would just snap inside him ... I just had to find ways to get out of the house as much as possible, so I started to go to the pokies pub near our house and that's when things really started to escalate with my gambling.

The stress and the fear went on for a decade until he [husband] died from a chronic illness. During this time I feared for my son's safety - and my own. My husband was so manipulative that he isolated me from my family and friends. Did I think about taking my boy and leaving? Yes. But with the ongoing

<sup>10</sup> A researcher worked with this participant to develop this case study. The name used here is a pseudonym.

manipulation and mind games, I believed my husband when he told me that I would never see my son again if I left him.

When my son was at school or the day centre, I didn't have to worry about him, but all I wanted to do was have some time to myself and forget about all this stuff that's going on. So, you know, it snowballed. I'd start with \$5 and end up taking a \$100, \$200 or whatever, and think nothing of it if I lost it all; which I did, more often than not.

It wasn't a case of wanting to win the money, it was more about just filling in the time and you know, sort of, as I said, the lights, the sounds and just cutting yourself off and forgetting. I mean, in my world I would never hear the words, 'You're a winner'. My life was full of doubts and putdowns. Everyone is in their own world there at a venue. They don't care about anyone around them; they are fixated with their own machine.

At lunchtime or on the way home I'd stop and have a go at the pokies. There were lights and noises and just this environment of you didn't know what time it was, where it was, it was just, you and the machine.

As my wider family had no idea about the violence that my husband subjected me to, I had no one I could talk to about it. They all thought he was fine but he was a 'chameleon' that could appear to be many things to many people. It comes back to the gambling being an escape from extended family not being able to understand disability, from being anywhere near the violence and manipulation at home.'

In Site 2, participants were more likely to report having resources available to work through relationship problems; in some cases, managing to save them. For instance, some couples described seeking private psychological help to manage their relationship crisis.

Two female gamblers in Site 2 who screened very high on the Problem Gambling Severity Index (PGSI) scale<sup>11</sup> – 20 and 25 respectively – reported multiple significant life stressors. One of these women experienced an abusive and violent childhood and is now a single parent of an adult child. The other woman has been a long-term carer of a parent and experiences an ongoing mental illness. In contrast to Site 1, all four female gamblers interviewed in Site 2 reported receiving ongoing support from family and, in some cases, from friends:

*You know look, if I need counselling, like I'm going to go and get it. Mum was great, like mum was really, really happy that I had taken that step ... My mum's really supportive ... My brother is, you know, reasonable too. (2GF)*

*But I did like, share with my friends ... I told them everything so that's why they were like, nah, you should stop [gambling]. So, they were the ones who were like, supporting me ... I've got another friend who I talk to and she's the one like ... 'you know you need to stop, like don't go with her [another friend who gambled]', kind of a thing. (2GF)*

While some male gamblers in Site 2 also experienced similar severe life stressors to those described here; overall, most reported having fewer chronic stressors and greater family and community supports than experienced by participants in Site 1 (see section 5.1, page 23).

## Case study 2

### Darren,<sup>12</sup> who gambled in Site 2

This male who gambled is a survivor of domestic violence and was homeless at the time of the interview, couch surfing with friends in Site 2. He reported having sought refuge from grief on the death of a parent and intimate partner violence in venues:

'Well I grew up in a pretty rough housing commission. Domestic violence. Family. This is in [interstate] and my father was an alcoholic. Died when I was [still at school] and then I lived with my grandparents and my mum. But then my mum died of cancer when I was in my early 20s ... and I was looking after her for a year or two and when she died I think I started gambling around that period ... It was bad after my mother died

<sup>11</sup> The PGSI is a nine-item scale that is measured from 0 = non-problem gambler, 1-2 = low-level problems, 3-7 = moderate-level problems, 8-27 = high-level problems, 'problem gambler'.

<sup>12</sup> The name used here is a pseudonym.

'cause I did gamble too much and I became homeless ... I got on Valium like a few years ago. Which sort of worked for the depression. Like especially when my mum died as well ... [Some years later] I was in a bad relationship then with a girl who ... it was a really bad domestic violence relationship but with her with me. The opposite [of what you usually expect]. So, I went to the police a few times and did this and that but we had to break up and it was great when we broke up ... That was a really stressful relationship. I think that may have triggered gambling as well ... It's really hard to find a job these days for someone my age. Like I'm [over 40] now. So, I find it harder and harder to get interviews, which is annoying. So, and I really want to work so I don't gamble, do you know what I mean? So, it's been tough.'

### 8.3 Guilt and distrust

The consequences of a loss of trust due to money being diverted for gambling, often without the knowledge of other household members, were reported to be ruinous for some relationships. Participants who gambled commonly reported experiences of relationship dysfunction triggered by gambling, in some cases leading to separation or divorce. In addition to financial distress, the loss of quality time and energy to invest in building and maintaining constructive relationships was also part of the relationship harm associated with gambling. One person who gambled described that her gambling addiction meant she had no room for anything else in her life, including relationships:

*It completely takes over your life ... Your whole mind and body is consumed by gambling. (IGF)*

Participants who gambled also described the heavy burden of their guilt due the scale of their losses:

*All that money's gone ... There are times when the guilt does come back ... It just weighs me down ... I can't seem to get rid of that guilt. (IGF)*

For many, the loss of trust of partners, family and friends continues to have a major effect on lives, even when the person has discontinued gambling:

*Total distrust ... This wasn't the person that I thought he was ... Every time he stepped out of the house, I'd be questioning what he was doing and where he was going. (ISOF)*

Even in instances where families remained supportive, the trust had been lost:

*Finally, of course ... they found out. And I mean, they were mad, they were hurt, they were disappointed ... By then, I was thousands and thousands of dollars in debt too ... So, even though I knew my family ... [was] pretty much dying because of ... my gambling, it wouldn't make me stop ... They haven't disowned me ... [but] whenever I borrow something [they say] ... 'Just make sure you don't sell it' ... It still is sort of painful you know, little jabs. (IGF)*

Many professionals and people who gambled spoke about breakdowns in family relationships:

*I was lying to her where I was. I wasn't going to work and lying where all the money went and I was borrowing money from family and friends to fund it all and yeah, ... I'd started stealing money out of her purse, I stole money from my mother-in-law out of her purse and things like that. And then ... she asked me, 'How come you got no money? Why are you always asking me for money?' and she goes, 'If there's something wrong, just tell me' and I said, 'I can't tell you'. I was ashamed and we had a son, you know, a 12 month old. And I don't know, one night I felt really depressed, really sad about who I became and the stuff that I'd been doing behind everyone's back. And I got up and left the household and left my wife, left my child because I didn't want them to be exposed to the monster that I've become. (2GM)*

### 8.4 Family harms: Effects on children

The adult children of people who gambled described the impact of growing up in a family where a parent had a gambling problem:

*Huge, huge impact ... [Dad was] always looking for a way to sort of gamble and borrowing money from myself and my brothers, my mum struggled to pay bills ... [I didn't feel] that financial security as a child. (ISOF)*

*Remember 'cause I was a young child and it affected me as a child. I had a nervous disorder because my dad would always be yelling at the TV or yelling at the horses because when he wouldn't win, he would yell. Not particularly at Mum but yell at the TV and swear and say, 'F'ing idiot' to this – to a jockey or whatever it might be. And yeah, he would lose big amounts of money. And Mum used to give Dad the rent money to pay and all the bill money to pay and he started to gamble that money and Mum never knew until she was \$6,000 in debt and they wanted to evict her ... And the car got repossessed, they started to take possessions off Mum. (1GF)*

The concerns of participants who gambled in Site 2 were often centred on the lost time with children:

*I've lost things that money can't buy. You know, time with my son ... I missed his first few steps, missed the first few words that he spoke ... I think about that a lot. (2GM)*

Another father who gambled in Site 2 described his guilt at not being able to contribute substantial gifts for his daughter's wedding:

*My daughter got married last year and I felt embarrassed that I didn't have enough to really give her ... Dads are supposed to shower – you know, gift some money on their daughter. You try and you think Christ, if I had that money that, you know, I gambled, I could've, you know, done something a bit better for her. (2GM)*

Participants also described that some children missed out on activities. A partner of a person who gambled described that her husband's gambling problem developed part way through the expansion of their family of five children, meaning their younger children had greater limitations on their activities than their older siblings:

*The younger kids didn't do swimming lessons ... Whereas [the oldest children], when they were their age, they had lessons ... I didn't go out of my way to put them into lessons and ... extracurricular activities ... we limited those [to save money]. (2SOF)*

Difficulties managing time when gambling were also reported, with a mother who gambled in Site 1 describing being late to collect her children from activities:

*He was only young back then ... but I'd keep an eye on the time so I know, 'Okay, I've gotta go back to go pick him up' ... Although a couple of dads there, they would just sort of wait with the kids [after soccer] until their parents came so they were pretty good. So, I would come [eventually]. (1GF)*

Another participant who gambled described how she and her husband would gamble overnight at the casino after finishing shift work in the city, sometimes forgetting to take their children to school in the morning:

*Slowly, slowly, we don't go home [after work] no more. Sometimes it's already like this time, nine [am], and we still there ... Sometimes my kids I forgot, 'Oh I have to bring them to school' or something, we are still there. 'Where are you?' [the children would ask]. (1GF)*

Participants who gambled and their partners also reported trying to protect their children from gambling-related harm:

*Like I'd try and um not let the kids see me the way – you know, feeling upset and miserable. Um, very hard, very hard. (1GF)*

Children in both sites were often aware and, in some cases, traumatised by what was happening within their family:

*I had no food in the house for my daughter. She asked me if she could go live with her grandmother [which she did, age 14]. (2GF)*

*[Dad was] always looking for a way to sort of gamble and borrowing money from myself and my brothers, my mum struggled to pay bills ... My poor little brother ... my dad even owes him money and it's just shocking ... I've even said ... he should be kind of ashamed that he's borrowing money [from me] – A that I'm a parent; B I'm a single mum as well ... [My younger brother] he'll audit things, which is something that I've done and he's doing it now ... It's just really sad that a kid, like well he's 17 now, but even [when he was] younger had to sort of worry ... there was never sort of that financial security as a child ... It's not really fair – it's a level of stress that you don't really want for kids to grow up with. (1SOF)*

They also observed the ways in which gambling affected their parents' relationship:

*Then my dad blamed [my mother], that she was away [looking after a sick relative] and that's why he did it [blamed my mother] ... He can't take the blame. (1SOF)*



A now adult child whose parents had gambling problems described the neglect she experienced from her parents who she described were largely absent from her life due to their serious gambling problems. As a child she had been physically and sexually abused by those responsible for caring for her and unable to complete high school:

*I actually tried to kill myself many times ... I wanted help and I needed help and they sent me to a mental health institution for teenagers ... I could mask all of [my symptoms of mental distress] and seem 'normal' ... but what it did was it affected everything and I didn't actually finish my Year 12. (2GF)*

## Intergenerational gambling

Males who gambled in both sites reported the intergenerational transfer of gambling problems from their father to them. In Site 1, the majority of males who gambled (five of eight interviewed) reported a history of gambling problems in the family. In addition, they were more likely to report multiple chronic life stressors. Females who gambled in both sites reported parental gambling less frequently as a major factor influencing their gambling behaviour.

Males who gambled in Site 1, in particular, typically described gambling as embedded in their family and in some cases where they began gambling as a child and continued as an adult:

*Well, I've done it since I was roughly six and a half or seven years old ... And like Mum and Dad, you know like they were interested in the horses ... And, of course, being a baby, Mum and Dad go with him like and take me. Now of course I toddled around and some of the bookmakers would, you know, give me a few bob bets. (1GM)*

Another male participant in Site 1 reported gambling with his father as a child and talked about the implications of his father's gambling on the rest of the household:

*My old man [does gamble] ... Back then, it did ... [cause] money issues ... blowing ... money that was supposed to be for food on the table ... It was pretty bad. But nowadays it's more controlled, I guess ... Back then he used to take me as a little kid. Like, when I was say 10, 11, 12, whatever. I used to go with him. But I just never bet, obviously. But I started betting myself [eventually]. (1GM)*

Three males who gambled in Site 2 (of 16 interviewed) also reported similar circumstances of gambling being embedded in their childhoods – of these, two were more mobile throughout their lives and were relatively new residents in the area. All three of these had experienced family violence as children and in their adult lives and all reported a loss of family bonds either through the death of a parent they were close to and/or a breakdown of relationships with family members.

## 8.5 Summary

The adverse ripple effects of gambling on the health, wellbeing and functioning of the whole family include harms to relationships that can culminate in family breakdown. Financial ruin and the intergenerational transfer of gambling harms to children demonstrate the legacy effects of gambling harms.

Most participants described adverse effects on their personal and family relationships as a result of gambling – people who gambled and their partners, children and parents frequently reported distrust and anxiety as a result of gambling. For those with greater financial and emotional resources, recovery was often possible, while for others the consequences were reportedly ruinous, resulting in family breakdown, separation or divorce.

Much more research is required to understand the relationship between gambling and family violence, including in relation to financial abuse. Women who gambled were more likely to report gambling on EGMs as a way to escape violence at home. For some families, gambling had been present across multiple generations demonstrating the enduring legacy of gambling harms.

Chapters 5, 6 and 7 have reported the harms experienced by study participants who gambled, and their families. Participants in both sites reportedly experienced a range of interconnected and often accumulating harms. For instance, the depletion of assets may have led to poor mental health, relationship problems, insecure housing and/or homelessness. The ripple effects on the health, wellbeing and functioning of the family and community are also described. While a range of harms were identified in both sites, the overall severity of harm was somewhat different between sites, with participants in Site 1 more likely to report experiencing crisis level harms.

## 9 Benefits to the local community

This chapter presents evidence relating to the benefits of gambling venues to the local community. The benefits of gambling were rarely reported by participants but can be quantified through analysis of clubs' community benefit statements (CBS). These statements must be submitted by licensed clubs each year to report on revenue allocated to community purposes in order to receive a lower taxation rate than hotels.

The first section of this chapter considers the reports from participants relating to the benefits of gambling to the community, in the context of the wider evidence available to test these statements. The second section presents an analysis of CBS from clubs in each site.

### Participant codes

Quotes from participants reported in the results section are coded to provide anonymous context with reference to the site (1 and/or 2), study categorisation (person who gambled [G], significant other [SO], local resident [LR], Vietnamese local resident [LRV] or professional [P]) and gender [M] or [F].

### 9.1 Reports of benefits from participants

A few participants described some income-generating benefits of gambling to community groups and governments:

*Is it sort of a necessary evil to take the revenue from something like a pokies venue and put it back into the community? I mean, there is inherent value in it. (1LR)*

*I mean, the gambling industry does provide a lot of work. (2GM)*

A small number also described that some people who gambled derived genuine enjoyment from the opportunity to use EGMs:

*We have plenty of people who come in in their Merc who just for shits and gigs come in and chuck in like a hundred bucks 'cause they can. It's not everyone who plays the pokies is poor. (2LR)*

Some clubs were considered more beneficial to the community than others:

*I believe the RSL does good work in general and I believe their profits that they make are used in that environment of looking after ex-servicemen and women. I think it's a very big positive. (2GM)*

*The intrinsic community benefit at a sporting club generally is the infrastructure that it's providing both physical in terms of the playing fields and the changing rooms and everything that goes with it and the organisational infrastructure for the presentation of the competition. (1P)*

As indicated in the quotes above, a small number of participants suggested that employment and the development of community amenity were some of the benefits of gambling.

### Maintaining and renovating venues

Resources directed to maintaining the venue were acknowledged by some participants but the overall value of this in the context of the harm that accompanies this expenditure was questioned:

*They upgrade their grounds and that sort of thing, which beautifies the area but, again, to what expense? It's always at the expense of someone. (1P)*

The provision of a social space that is open late at night was described as positive by some participants:

*I reckon they're fine ... I know a lot of people are lonely and 'cause they're open until four, they can go sit there and they don't play and they do drink the coffee for free and they'll sit outside and either smoke other people's [cigarette] butts or – it's that loneliness. (ISOF)*

## Support for community and activities

A venue professional described the efforts made by the venue to subsidise local children to develop their sporting skills:

*There's a lot involved with maintenance on them [sport facility], um, so we do all that for the [game]. Um, we subsidised a number of kids ... last year \$40,000 bucks worth, for their memberships ... And we actually get coaches over from ... [overseas] to actually coach the kids and try and improve their skills. And that costs us – you know, we do put a certain amount of charge on it because we've got the kids here ... We've got them here from 8.30 in the morning till 4.30 ... We try to get the locals ... down to look after them, you know ... Admittedly they put money into the machines but being a club, whatever you make – and a lot of their money's around that too. They come in and you know, 'I'm coming to – I'm coming to make me donations for the week', you know. They come in to put their \$20 or \$30 through the machines but they also appreciate what we make. It goes back into the community anyway. It either goes back into improving the facilities here or doing something like subsidising the kids for [sport] or helping out with one of the school functions or whatever, you know. (1P)*

However, not all were comfortable with accepting donations from the proceeds of gambling to support community groups, as this participant noted:

*I would personally feel guilty taking money out of a gambling venue to run a craft group or something 'cause these people here are – you know, are they single? Are they a family? And the family are suffering? (1LR)*

## No overall benefits of gambling in the community

Overall, participants were generally negative in their attitudes towards gambling:

*Even if they raise the money and can build schools and all that, on the other side they do more harm than what they do good. (2LR)*

*Gambling leads to stealing and a lot of bad things could happen ... When you don't have money, you could do anything, including committing the crime. Even kill the wife for money. So gambling, I can't say it's good. (1LRV)*

*It's completely detrimental ... I see no benefit to having them whatsoever. (1P)*

*Not only has the poker machine taken over, it's actually taken away the role of the local pub as a social hub for small groups and people like that. (1P)*

These sentiments align with other research on community attitudes to gambling in Australia (McAllister, 2014). Moreover, a recent statewide survey of Victorians recognised major forms<sup>13</sup> of gambling as very harmful, with 80% of respondents agreeing that the number of EGMs in Victoria should be reduced (Thomas et al., 2017).

Many were cynical about the relationship between the regulation of gambling and the money derived by the state:

*I think the government is too addicted to revenue from the taxes that they make out of it that they will never make waves or else I think that the clubs and pubs lobby have got way too much power, and they'll get whatever way they decide they want to go with it anyway. (2P)*

Others were not convinced that the contributions by clubs to community purposes offset the harms:

*It's lip service that the gambling venues say that they put back into the community ... You don't put five cents in the dollar back in the community and say you're doing a public service. That's rubbish. (2LR)*

*That kind of tax break was brought by the gambling corporation. It was not the kind of tax break that the people asked for and it's not a fair tax break and I don't think that's right. (2LR)*

<sup>13</sup> Major forms of gambling in Australia are typically the highest grossing products, which include EGMs, casinos and wagering on sports and racing (horses and dogs).

Evidence from previous studies has also demonstrated that gambling is actually a net drag on the economy by concentrating spending in businesses that employ fewer staff than other like venues such as restaurants or other hospitality, effectively displacing economic activity in non-gambling businesses (Victorian Competition and Efficiency Commission, 2012). An earlier study also found that 3.2 jobs were created for every \$1 million dollars of EGM losses, whereas 8.3 jobs were created for the equivalent amount of spending from the sale of alcoholic beverages and 20.2 jobs for every million spent on food and meals (South Australian Centre for Economic Studies, 2005).

Given the overall lack of benefits perceived by most participants, the next section assesses the operation of the CBS and whether it provides cost-effectiveness in terms of adequate benefits to the community, in line with the tax subsidy provided to individual clubs.

## 9.2 Community benefit statements

Under the *Gambling Regulation Act 2003*, Victorian clubs operating EGMs are entitled to a tax concession if they can demonstrate that at least 8.33% of EGM revenue has been expended on 'community purposes' (Victorian Commission for Gambling and Liquor Regulation [VCGLR], 2008, 2012). Claims must be outlined in an audited CBS and submitted annually to the VCGLR (VCGLR, 2010–2015a). The VCGLR publish the CBS on their website. The three allowable categories of claims (with Class A subset further) are:

- Class A
  - (a): *direct* community benefits including donations, gifts, sponsorships
  - (b–e): maintenance of sporting facilities; subsidies for goods and services; voluntary services by members or staff; advice support and services by RSL to ex-service personnel and their families
- Class B: *indirect* community benefits, such as capital expenditure
- Class C: *miscellaneous* such as CBS auditing costs and reimbursement for volunteers.

Items falling into Class B and C benefits have been subject to questions about the legitimacy of some benefits to the broader community given the indirect nature of benefits associated with the operation costs of the venue (Livingstone, Francis, & Wynen, 2015). This typically incorporates operational costs such as staff wages and building rates/rent, renovations and maintenance or development. Furthermore, examination of CBS over time show that some clubs have submitted claims for Class B benefits directly related to gambling, which were specifically excluded as an allowable expense by Ministerial Direction in 2008 (VCGLR, 2008). A further 2012 Ministerial Direction provided additional clarity on the allowable items that can be claimed under each class of benefits (VCGLR, 2012).

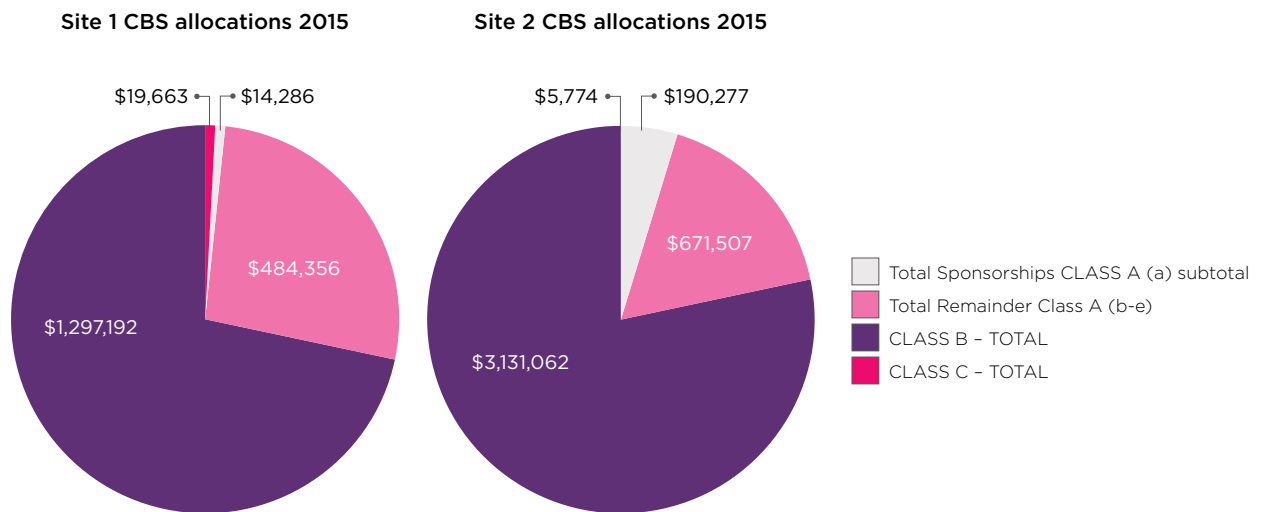
In Site 1 there were three clubs, including an RSL, a sports (bowls) and a sports/cultural/social club. In Site 2 there were two clubs: an RSL and a golf club.

**Table 10.1:** Community benefits by site, 2015

	Total CBS items A, B, C	Total Club EGM losses	CBS ABC as % of losses	CBS Class A as % of losses
Site 1	\$1,815,497	\$9,480,795	19.1	5.3
Site 2	\$3,998,620	\$9,888,922	40.4	8.7

Analysis of the CBS shows that the proportion of claimed items in classes A, B and C was 19% of club revenue in Site 1 and 40% of club revenue in Site 2. As a percentage of gambling losses, only a very small proportion of Class A 'direct' community benefits were made (5.3% in Site 1 and 8.7% in Site 2). Items under these categories included the cost of subsidised goods and services, voluntary work (sport, charity), and RSL welfare assistance in Site 1 and golf course maintenance and equipment repairs, meal subsidies and RSL welfare assistance in Site 2.

The bulk of items claimed fall under Class B and include capital expenditure, the provision of buildings and equipment and operating costs such as staff wages and utilities. These classes of claim typically provide limited benefit to communities, as indicated through their categorisation of 'indirect' and 'miscellaneous'. The overall proportion of CBS allocated to these indirect or miscellaneous costs ranged between 73% in Site 1 and 79% in Site 2.

**Figure 10.1:** Classes of community benefit claims in Site 1 and Site 2, amount of total CBS, by venue, 2015

Source: VCGLR CBS website, [www.vcgr.vic.gov.au](http://www.vcgr.vic.gov.au)

A closer inspection of CBS shows that while some items appear to provide a genuine benefit to local members, such as medical costs, taxi services and haircuts for members at an RSL in Site 2, others were of questionable benefit to the wider community, such as ongoing maintenance costs for the golf course and gardening services. In 2011, a club in Site 1 claimed the cost of counterfeit money used at the venue as an operating cost (Class B) on their community benefit statement.

### 9.3 Summary

Participants reported that they were sceptical about the benefits of EGM gambling venues to the local community. Analysis of community benefits statements from clubs in both sites also raises questions about their benefit to the wider community. Further review of community contribution schemes and taxation mechanisms for clubs operating EGMs is warranted.

Most participants were sceptical about purported benefits provided by EGM operators to the local community. Reconsidering the status of EGM-operating clubs as not-for-profit entities was also raised in a review of Australia's tax system (Henry, Harmer, Piggott, Ridout, & Smith, 2010). This report argued that governments should consider ways to better capture economic rent (excess profits gambling businesses are able to generate (p. 58) and recommended that tax concessions for gambling businesses such as clubs should be abolished (p. 94). Our research supports the suggestion that subsidising local clubs already deriving considerable income through operation of EGM licences may not be the most efficient way to fund community activities.

The current taxation arrangements for clubs, and the language used to describe these arrangements, may give a misleading impression of the benefits of gambling. In some cases, these benefits are overstated. Our research supports previous suggestions that the primary function of donations and provision of community benefits is to act as a form of legitimisation or 'alibi' for gambling (Kingma, 2004) because their actual value is questionable (Livingstone, 2017). The Productivity Commission (2010) argued that the gross value of social contributions by clubs is likely to be substantially less than the support governments provide to clubs through tax and other concessions.

Individual cases also warrant further investigation. For example, reports by one venue professional who participated in the study of the employment benefits of gambling are not substantiated by relevant economic data (Browne et al., 2017; Victorian Competition and Efficiency Commission, 2012).

There have been at least two significant reviews of the benefits of gambling, including reviews of tax exemptions for clubs operating EGMs. Both reviews recommended abolishing these exemptions on the basis that given the high revenues from EGM operations, clubs are not true 'not for profit' entities. They argued that there are more efficient ways of distributing resources to local activities than through these tax exemptions (Henry et al., 2010; Productivity Commission, 2010). Further review of community contribution schemes and taxation mechanisms for clubs operating EGMs is warranted.

# 10 Conclusions

This study focused on exploring the influence of environmental factors on the uptake of gambling and the harms emanating from gambling in two local areas. In the following section we:

- discuss the strengths and limitations of the study
- lay out the study's main findings
- present our recommendations for further actions.

## 10.1 Strengths and limitations of the study

The use of multiple methods generated rich data that provided insights in a number of areas that were not the initial focus of the research. This includes data describing the connection between family violence and gambling as well as the experience of migrants in each area. However, the exploratory nature of this research means that it has not exhaustively studied all issues that have been raised in this report. More research is needed to fully understand these complex phenomena.

Those who participated in this study were a self-selected sample who responded to invitations to participate through advertisements and/or referrals from professional services. This may mean that the sample reflects residents with strong views about gambling and may not be representative of the wider local population in each area.

Challenges with recruiting participants from a small local area meant there was an imbalance of genders between the two sites, with only four female gamblers participating in Site 2, compared to 16 in Site 1. The difficulty in recruiting more females who gambled in Site 2 may suggest comparatively low gambling activity among this demographic in this area. However, it is also possible that, despite the multiple forms of recruitment employed, the study was not successful in recruiting a sufficient representation of women from Site 2. Similarly, a significantly lower number of community professionals were interviewed in Site 2. However, triangulation of the data from multiple sources indicated a lower level of professional services relating to social support and welfare in Site 2, suggesting that this reflects the nature of service provision in this area.

The study population sample was uneven between sites overall, with 108 total participants in Site 1 and 51 participants in Site 2. The bulk of these differences in numbers relate to the large sample of Vietnamese focus group participants in Site 1, which was not replicated with a non-English speaking community in Site 2 due to lack of resources.

The core group of participants in this study, with relatively similar numbers between sites, were people who reported being harmed by their own gambling (24 vs 20 in Site 1 and 2 respectively) and significant others (12 in Site 1 and 8 in Site 2). Aside from the relatively small number of female people who gambled and experienced harm in Site 2, we were able to recruit a relatively diverse group of participants in both sites (in terms of age, country of birth and time living in the area).

While the data are based on self-report, and participants self-selected to take part in the research and therefore may not be representative of the population who live in each area or gamble at harmful levels. The patterns of gambling and harm reported by people in these sites are indicative of trends requiring further investigation. Further, these data were supplemented by researcher observations in venues, reports from professional key informants and local resident community members, and VCGLR and ABS census secondary data. This triangulation is a key strength of the study.

Researcher venue observations totalling more than 34 hours (2,060 minutes) were conducted. This involved multiple observations per venue, enabling the emergence of clear patterns of gambling behaviour within and across the venues in the study. In interviews, many observational inferences were confirmed by participants'



descriptions of their own and others' gambling behaviours; for example, multiple withdrawals of cash. However, observations may be limited in representativeness as researchers were not fully immersed in the venue environment for extended periods of time, particularly overnight or in the very early morning.

The PGSI was developed to measure the likelihood of experiencing gambling problems and adverse consequences and, as recommended by those who designed this instrument, was only administered to survey participants who reported having gambled in the past 12 months (Ferris & Wynne, 2001). However, during interviews with participants who were in recovery and who had not gambled in the previous 12 months, it became apparent that many long-term effects of gambling harm were still being felt, even many years later. These 'legacy' harms were not captured with the use of the PGSI scale administered in this way. In future studies, it would be beneficial to employ a gambling harm measure capable of assessing lifetime or legacy harms, in order to overcome this methodological issue and provide additional quantitative data.

## 10.2 A lack of alternative social spaces

Our study found that high-intensity EGM gambling was easily accessible in both sites, but especially in Site 1, the area of higher disadvantage.

Evidence presented in sections 3.1 and 3.2 demonstrated a very high level of geographic and social gambling accessibility in Site 1, as measured through the number of venues and machines, and as reported by study participants. Participants also described this as being compounded by a lack of alternative social spaces in this area.

Residents in Site 1 in particular, including people who gambled, significant others and local residents, asserted that gambling was too accessible locally (section 3.2, page 8). Many found that they inadvertently ended up at gambling venues when they were undertaking routine daily activities. They also described reluctantly attending venues with their children because of the convenience and indirect promotions that made these venues seem more affordable compared to available alternatives (chapter 3, page 7).

This contrasted with evidence from Site 2 where the reported relative abundance of alternative social spaces and activities were combined with fewer EGM venues (section 3.3, page 10). Nevertheless, despite the lower level of EGM access, several people who gambled in this area also described the convenience of these venues as problematic. In this context, it should be noted that the comparison to Site 2 is a relative measure, and that local accessibility of high-intensity EGM gambling even in Site 2 remains unusual internationally, given very few other jurisdictions allow EGMs to operate in local communities, particularly when combined with access to alcohol.

### Venues encourage the use of EGMs through the promotion of other activities

It is apparent both through researcher observations and self-report from participants in both sites that many EGM venues utilise the crossover between the use of non-gambling facilities in their venues, such as sporting facilities, the bistro and bar, and the EGM area (section 4.1, page 14). For instance, activities or promotions such as 'morning melodies' for seniors, subsidised lunches, 'model waitresses', and/or exercise classes attract a wide cross-section of local residents, enabling venues to portray themselves as local hubs for a range of activities, and to enmesh themselves into the fabric of the local community.

Participants frequently reported using EGMs in venues that they had initially attended for other purposes such as dining or socialising. Further, offers such as free coffee and tea provided in the EGM area also appear to be part of a strategy to encourage use of this space in the venue.

### EGM venues divert money from other businesses in the local area

EGM operators are able to offset losses on food and beverages, for example, against high-level profits made on EGMs through the taxation system. Other published evidence has shown that a consequence of these subsidies available to EGM venues is that other businesses subsequently experience lower demand for their goods and services. This was demonstrated by participants in this study who described that they would restrict spending on discretionary – and, at times, essential items – in order to gamble (see sections 3.4 and 6.2). This affects the viability of businesses that do not operate EGMs, which may be seen as a form of market distortion, providing EGM venues with a significant market advantage while effectively limiting competition (Carmignani & Eslake, 2018).

Recent research has demonstrated that low- and moderate-risk gamblers account for 85% of the burden of harm at the population level (Browne et al., 2016). Chapters 3, 4 and 5 highlight how limited community amenity and high levels of social stress, combined with seemingly attractive EGM facilities and promotions, leads to higher levels of EGM use.

## 10.3 Harms magnified in disadvantaged areas

Gambling did harm in both sites but the harm was intensified in the already-disadvantaged site.

A 2015 study (Markham et al., 2015) demonstrated that there is no 'safe' level of EGM use. That is, harm increases with increased EGM use. As summarised in the previous section, in some communities, particularly those that are socially and/or economically disadvantaged or otherwise stressed, it can be difficult to avoid EGMs in social settings, such as Site 1. Markham and colleagues' (2015) findings demonstrate that gambling can do harm to anyone, anywhere and may affect any community. However, harms are more pronounced and prevalent in communities that have a higher density of EGMs (see chapters 5 and 6).

Participants across both study areas reported substantial financial, health, relationship and emotional harms from gambling (chapters 6, 7 and 8). Gambling harms were often enduring and affected everyday life, including the ability to regularly maintain essential expenditure such as food, housing, transport and education. Participants who gambled would frequently experience strained or damaged relationships with immediate and extended family members, often as a consequence of unpaid loans or other financial impositions and/or distrust. The ongoing and long-term effects of such harm were described by some participants as severe and resulting in distrust, relationship dysfunction, family violence, other crimes, mental illness and suicide.

In Site 1, where many participants were already under considerable financial and social stress, the severity of harms among those who gambled reached crisis levels relatively quickly. Recovery, on the other hand, could be slow and difficult, creating an enduring legacy. This included difficulties such as struggling to make mortgage or rental payments, having a house repossessed, bankruptcy and/or homelessness (sections 6.2, page 32 and 6.3, page 36). In several cases, these crises amplified existing chronic life stressors, such as pre-existing poverty, family violence and/or intensive caring responsibilities. Stressful life events, such as the death of a family member or divorce, put further strain on many households, which in some cases led to an escalation in gambling (chapter 5, page 23). The consequences of such life events could be ruinous for families with limited resources.

Many participants in Site 2 were in a position to draw down on their own assets, or the wealth of extended family, to endure the damaging effects gambling had on their finances, relationships, health and/or ability to work (section 6.2, page 32). This reflects the findings (section 3.1, page 7) of the secondary data, showing higher average socio-economic status in Site 2. Many participants reported diverting rent or mortgage payments for gambling. However, those in severe and ongoing crises in Site 2 were in the relative minority.

For those participants in Site 2 with access to more significant social and financial capital, the diversion of funds into gambling meant that they were not able to allocate spending to other non-gambling activities or discretionary items. The erosion of assets, such as home ownership or superannuation, resulted in a reduction in socio-economic status and loss of lifestyle amenity both immediately and in the longer term (chapter 6, page 28). While life events had inevitably affected people in this area, many reported having strategies in place that would support their recovery. However, these harms should not be considered less important. They represent substantial opportunity costs, and impose real and often enduring costs on people who gamble, families, communities and society.

### Ripple effects of harms are widespread and significant

Participants in this study reported a range of gambling harms experienced not only by those who gambled but also affecting significant others, workplaces and employers and the wider community (chapters 5–8). A recent study reported that for every 'problem gambler', an average of six others are directly affected (Goodwin et al., 2017). In communities where individuals and households experience significant underlying financial and social stress, it is plausible and likely that the number of affected others will be higher. These harms also extend beyond the household and affect the local economy and community via the erosion of social and financial capital, the effects of implicit subsidies on local expenditure patterns and the associated diversion of spending into less employment-intensive industry sectors (South Australian Centre for Economic Studies, 2005).

People who gamble who experience an addiction may be unable to make rational decisions about their gambling expenditure (Yücel et al., 2018). In line with this, research participants reported the need to obtain emergency food supplies, or forgo meals, and re-mortgage their homes in order to continue to gamble (chapter 6, page 28). This suggests that money intended for essential household spending has in these cases been diverted into profits for gambling operators.

In the current study, participants reported concern about reliance on government revenue from gambling, as well as policies that allow high levels of EGM availability in low socio-economic areas (section 9.1, page 46). This is

an essential policy-relevant consideration with ethical implications and requires further exploration of upstream population-level measures to support better informed debate about the consequences of current EGM gambling arrangements.

These findings highlight the need for further consideration of EGM licensing and regulation, such as the current location and number of community-based EGMs and manner in which they are provided. This was a perspective expressed by many participants in this study (section 9.1, page 46). New policy settings may be required to address this significant transfer of resources from families and communities to corporate interests (and their shareholders). Further, the significant effective regressivity of existing gambling tax arrangements requires careful consideration.

Specific recommendations are provided in section 10.4 (on page 53).

## Social isolation can be a risk factor for use of EGMs

Social isolation can also be a result of gambling harm.

Social integration (a form of social capital) has been shown to improve health status (Berkman & Glass, 2000). Many participants who gambled reported dislocation from their families and social networks (chapter 5, particularly section 5.4, page 25). In some cases, those who already experienced isolation and loneliness began gambling as a way to address this situation. Participants described the apparently 'non-threatening' environment of the EGM venue, in which lone attendance is common and where staff seem friendly and welcoming (section 4.2, page 20). In other cases, isolation was a consequence of harmful gambling behaviour that strained relationships. For these participants, it was very difficult to rebuild trust with friends and family, even after they had reduced or ceased gambling (section 8.2, page 41).

Under these circumstances, gambling-related harm is significantly magnified and intensified in areas already experiencing considerable socio-economic disadvantage (Site 1), when compared with a less disadvantaged area (Site 2). This is unsurprising, given households with fewer resources struggle to absorb continued losses of large sums of money.

The relationship between disadvantage and EGM density and expenditure has been well established in other studies (Doran & Young, 2010; Livingstone, 2001; Marshall & Baker, 2001; Rintoul et al., 2013). The 2013 study by Rintoul and colleagues described a regression model, where 40% of the apparent effect of disadvantage was accounted for by the density of gambling opportunities. This indicates that an oversupply of gambling opportunities drives high losses, rather than consumer demand. This observation is supported by the views of residents who described major concerns about the ubiquity of EGMs in their community, arguing that there were too many opportunities to gamble, particularly in Site 1 (see section 9.1, page 46).

## 10.4 Recommendations

The relationship between life stressors and gambling harms is reflexive, with no single pathway of causation. This does not mean that the issue is too complex to address (Petticrew et al., 2017). Rather, this reflexivity should be considered in the development of appropriate responses, acknowledging that multiple strategies at multiple levels of government and regulation will be required to reform harmful gambling arrangements.

The range and magnitude of gambling-related harms described by many participants in this study, combined with their overwhelmingly negative attitudes towards gambling, mirror findings from other population surveys in Australia. These other studies have similarly found current industry operations and government regulation are not in line with community expectations. Further, the overwhelming majority of the population are in favour of EGM reform (McAllister, 2014).

When considering what reforms might be possible, it is useful to explore lessons from other contexts. In 2006, in response to widespread public protests, the Norwegian Government removed their monopoly-operated EGMs from the community completely. A study of this experiment demonstrated a decline in gambling problems following this significant change. Eventually, in 2008, the Norwegian Government re-introduced newly designed gambling machines incorporating a range of harm minimisation features including a universal pre-commitment system, statutory loss limits and account-based operation (Rossow & Hansen, 2016).

While gambling has a range of other substantial and significant negative externalities that are still not well understood, there are some obvious options that could prevent and reduce gambling-related harm, thereby increasing the net benefits of gambling. Exploration of policy options to significantly reduce harm from EGMs is required within the Australian context. This could include, among other things, consideration of the

appropriateness of the widespread availability of EGMs in local communities, the modification of EGM structural characteristics, and features such as a reduction in maximum bet sizes and universal pre-commitment systems (Livingstone, 2017; Rintoul & Thomas, 2017). A range of options are possible and include:

- Restrict the distribution and level of EGM availability in local communities.
  - This could range from the removal of non-casino-based EGMs, as in Norway and as has been recently proposed in Tasmania (Carmignani & Eslake, 2018), through to restricting access to EGMs in local neighbourhoods (e.g. reducing opening hours, the number of venues and number of machines in venues).
- Provide less harmful gambling machines by introducing harm reduction measures such as:
  - universal pre-commitment systems
  - an effective electronic and universal self-exclusion system
  - reduction in maximum bets
  - modification of machine characteristics known to increase reinforcement (e.g. free spins, losses disguised as wins).<sup>14</sup>
- Separate alcohol from ambient gambling, as in the UK.
- Create alternative non-gambling spaces, including those open during the day, and at night,<sup>15</sup> for local residents to meet and socialise.
- Restrict indirect venue promotions, including ‘family-friendly’ subsidies and activities for families and children.
- Increase resources to police and regulators to ensure EGM venues comply with existing laws and regulations, including active enforcement of the provision of responsible gambling and improved codes of conduct (Rintoul et al., 2017).
- Review tax concessions to ‘not-for-profit’ clubs who operate EGMs and reform ‘community benefit’ schemes.
- Implement improved protections by venues and the financial and banking sector. For instance, this may include:
  - preventing the use of credit cards and the provision of other high-interest loans to fund gambling
  - preventing the use of superannuation funds and reverse mortgages to fund gambling
  - limiting EFTPOS transactions in venues
  - reviewing withdrawals of large sums of money and checking with joint account holders to prevent financial abuse in families.
- Require venues across Australia to provide, to regulators and public interest researchers as a condition of licensing, detailed data about EGM use at venues (e.g. individual bet size per spin, machine utilisation, session length).
- Invest further in research to facilitate the continued development of the evidence base to inform policies that will support the prevention and reduction of gambling-related harm. This should include independent research to:
  - understand the nature and dynamics of gambling and family violence, including financial abuse in the context of gambling
  - understand the biological mechanisms between social stress and gambling
  - undertake analysis of detailed machine-level data from EGM venues (when available)
  - assess the policy implications of the long-standing regulatory requirements such as the practice that requires EGM operators to hold a liquor licence.
- Develop and implement a National Gambling Strategy to provide coordinated direction and support to the prevention and reduction of gambling harm in communities across Australia.

<sup>14</sup> For further information about the nature of these and other EGM features see Livingstone, C. (2017). *How electronic gambling machines work: Structural characteristics*. Melbourne: AIFS.

<sup>15</sup> For example, the Libraries After Dark Program, see [www.theage.com.au/national/victoria/the-libraries-opening-late-as-a-pokies-alternative-20180617-p4z1zc.html](http://www.theage.com.au/national/victoria/the-libraries-opening-late-as-a-pokies-alternative-20180617-p4z1zc.html)

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# Appendix A: Methodological detail

## Secondary data

Site profiles were compiled using publicly available suburb-level population information, incorporating information on the socio-economic status and demography of these areas as well as information about the EGM venues in those areas. A brief historical profile of each site was also developed using published secondary source materials (Alves, 2010; Ford, 2001, 2012).

The socio-economic and demographic information is drawn from the Australian Bureau of Statistics (ABS) 2016 Census data (ABS, 2017 and 2018). To measure relative socio-economic status, we referred to the Socio-Economic Indexes for Areas (SEIFA) Index of relative socio-economic disadvantage (IRSD).

Data about EGM venues were collated using regulator data, which included EGM venue numbers and type, machine numbers and gambling losses in each site (VCGLR, 2010–2015b).

Secondary data about the EGM venues also came from published Responsible Gambling Codes of Conduct (CoC). These documents describe EGM operator commitments to reducing harm from gambling. In Victoria, CoC are required under licensing regulations, as described in the *Gambling Regulation Act 2003* (Vic.). CoC documents were obtained for each venue, and the analysis of the eight CoC published by the 11 venues has been reported elsewhere (Rintoul et al., 2017).

## Site and venue observations

Researchers conducted observations of the characteristics of each local area, and of all EGM venues in the two sites. This allowed us to familiarise ourselves with the built environment and the local context of gambling. This provided an understanding of the diversity and quality of local recreational facilities, as well as gambling opportunities and EGM venue practices. Both local area and venue observations were valuable in refining interview and focus group instruments and enabled the triangulation of our own observations with secondary data and reports from participants.

Each of the venues in both sites were observed by researchers on between two and five occasions (Table A1, page 60). A series of prompts about the venue environment (such as: who are at the venue, what activities are they engaging in, what types of promotions are there, is there the presence of children, what are the betting styles of people who gamble, and what is the interaction between staff and patrons inside the venue?) were used by researchers to assist observations. Researchers familiarised themselves with the venue CoC documents to develop an understanding of expected venue practices. The gambling behaviour checklist was used to identify validated signs indicating problematic gambling. Observation of such signs should warrant a supportive interaction from staff (Delfabbro, Thomas, & Armstrong, 2016; Thomas, Delfabbro, & Armstrong, 2014).

Observations within venues were unannounced, and involved the researcher participating as a 'detached insider' (Li, 2008). In this study, this meant that interactions with other patrons were avoided and researchers used EGMs periodically to maintain an unobtrusive presence in the venue. Observations were recorded using a smartphone, and narrative notes were subsequently produced, based upon these voice and image recordings. The two authors regularly discussed their observations to assist in their comprehension of these observations, and to monitor and prevent adverse occupational health and safety outcomes for research team members.

Venue observations were between 20 and 100 minutes in length, with an average length of 50 minutes. These were predominantly conducted on weekdays between 9 am and 8 pm, between January and October 2015 in

Site 1, and between February 2015 and February 2016 in Site 2. Venue EGM numbers and losses, as reported by the regulator, provided an overall indication of venue scale and activity (Table A1).

**Table A1 : Venue observations**

Venue type	Instances observed	Cumulative time (mins)	Venue losses (\$AU) <sup>a</sup>	Total venue EGMs <sup>b</sup>	Losses/EGM (\$AU) <sup>a</sup>
<b>Site 1</b>					
Club A	4	150	6,173,931	60	102,899
Club B	3	210	516,534	18	28,696
Club C	2	135	3,650,148	60	60,836
Hotel F	4	260	13,654,131	88	155,161
Hotel G	4	165	8,932,615	55	162,411
Hotel H	2	85	8,436,834	85	99,257
Hotel I	5	150	5,564,880	45	123,664
Hotel J	4	315	9,744,649	50	194,893
<b>Site 2</b>					
Club D	5	180	2,510,251	39	64,365
Club E	5	210	8,335,537	103	80,928
Hotel K	4	200	8,557,097	66	129,653
<b>Total</b>	<b>41</b>	<b>2,060</b>	<b>76,076,607</b>	<b>669</b>	
<b>Average observation (mins)</b>		50			

**Notes:** Observations were undertaken by the first two authors with both visiting each venue at least once. Eight venues were located in Site 1 and a further three venues were located in Site 2. <sup>a</sup> Rounded to nearest dollar. <sup>b</sup> Annual loss and EGM machine numbers for each venue to financial year 2016 (VCGLR, 2016).

## Interviews with people who gamble and significant others

This component of the study involved semi-structured, in-depth interviews with people living within each of Site 1 and Site 2 who were identified either as a person who gambles or as a 'significant other', meaning someone who had experienced harms from a close family member's gambling (e.g. partner, child, or close family member of a person who gambles and has experienced harms/problems).

Given each site comprises a relatively small area, and the topic of gambling can be sensitive for individuals affected by gambling harms, recruitment was challenging. Multiple recruitment strategies were employed to achieve a sufficient sample. The main recruitment method for the qualitative interviews with people who gamble and significant others was a survey of local residents (see chapter 2, page 4). The key inclusion criteria for participating was that the participant lived in one of the local sites, they had indicated in the survey that they had experienced harms from their own gambling or that a close family member had experienced gambling harms, and they had expressed willingness to participate in a follow-up interview. A small number of survey respondents ( $n = 4$  in Site 1,  $n = 6$  in Site 2) who lived in neighbouring suburbs bordering one of the sites were interviewed in the study. The intention was to recruit a mix of male, female, young and old, and oversample those classified as high- and moderate-risk gamblers according to the PGSI scale, as far as it was possible within the sample generated by the survey. In addition, a small number of people who gamble were recruited through direct referral from a help service or other local contacts.

Interviews with people who gamble sought to understand what features of the local area they believed influenced their gambling activity and how gambling affected their lives. The interviews covered a range of topics including: their experiences of gambling, details about venue visitation, betting style, interactions with staff, impacts of gambling and any support services they may have received.

Interviews with significant others were directed toward understanding how gambling affected their relationship and household functioning, and to understand the broad impacts of gambling harm on the family. Significant others were asked about the gambling of the person in their life and about the impact of this on themselves and their family.

Semi-structured, in-depth interviews (Galletta, 2013) were conducted with people who gamble and significant others in English. Question guides for these interviews are provided at Appendix B. Most interviews were conducted in person ( $n = 54$ ), with a smaller number of participants interviewed by phone ( $n = 10$ ; six in Site 1 and four in Site 2). Interview participants were offered a \$50 supermarket voucher in recognition of their time.

Twenty-four people who gamble (16 female, eight male) and 12 significant others (all female) were interviewed in Site 1. It also emerged during interview that three significant others in Site 1 were professionals working in allied fields who encountered people who gamble professionally. The average length of interviews with people who gamble was 59 minutes with a range of 30–159 minutes. With significant others, the interview length averaged 60 minutes with a range of 38–93 minutes. These interviews were conducted from May 2015 to February 2016.

In Site 2, a total of 20 people who gamble (16 male and four female) and eight significant others (seven female and one male) were interviewed. Four of the people who gamble in Site 2 were also significant others. The average length of interviews with people who gamble was 54 minutes with a range of 36–110 minutes. With significant others, the interview length averaged 56 minutes with a range of 36–93 minutes. These interviews were conducted from October 2015 to January 2016.

Significant others (12 in Site 1 and eight in Site 2) comprised: partners of people who gamble (four in each site), adult children of parents who gamble (four in Site 1, three in Site 2), siblings (two in Site 1) and other relationships (two in Site 1 and one in Site 2).

A summary of the demographics of people who gamble and significant others interviewed for this study is provided in Table A2, and their gambling activities are summarised in Table A3 (on page 62).

**Table A2:** Demographic characteristics, interviews with people who gamble and significant others

	Site 1				Site 2				Total			
	Gamblers		SOs		Gamblers		SOs		Gamblers		SOs	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Number of interview participants	24		12		20		8		44		20	
Gender												
Female	16	66.7	12	100.0	4	20.0	7	87.5	20	45.5	19	95.0
Male	8	33.4	0	0.0	16	80.0	1	12.5	24	54.5	1	5.0
	100		100		100		100		100		100	
Ages												
18–24	1	4.1	1	8.3	3	15.0	1	16.7	4	9.1	3	12.5
25–34	6	25.0	1	8.3	7	35.0	2	33.3	13	29.5	5	20.8
35–44	4	16.7	6	50.0	3	15.0	2	16.7	7	15.9	8	33.3
45–54	6	25.0	1	8.3	2	10.0	2	16.7	8	18.2	3	12.5
55–64	5	20.8	3	25.0	3	15.0	0	8.3	8	18.2	4	16.7
65–74	2	8.3	0	0.0	2	10.0	0	0.0	4	9.1	0	0.0
75–84	0	0.0	0	0.0	0	0.0	1	8.3	0	0.0	1	4.2
85+	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	100		100		100		100		100		100	
Time in area (years)												
Range	0.1->50		5.2->50		0.1-50		0.1->50		0.1->50		0.1->50	
Average time	19.1		27.8		16.4		21.6		17.8		25.3	
Median time	17		27.5		14.2		11.6		16.4		22.5	
SD	13.4		17.3		15		21.8		16.2		19	
Main language at home <sup>a</sup>												
English	15	75.0	10	83.3	16	75.0	5	62.5	31	77.5	15	75.0
Other language	5	25.0	2	16.7	4	25.0	3	37.5	9	22.5	5	25.0

Table continued over page →

	Site 1				Site 2				Total			
	Gamblers		SOs		Gamblers		SOs		Gamblers		SOs	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No data	4		0		0		0		4			
	100		100		10		100		100		100	
Country of birth <sup>b</sup>												
Born in Australia	9	47.4	9	75.0	14	70.0	5	62.5	23	60.0	14	70.0
Born in another country	10	52.6	3	25.0	6	30.0	3	37.5	16	40.0	6	30.0
	100		100		10		100		100		100	
Length of interview												
Average (mins)	59.1		59.6		54.3		51.5		57		56.4	
Range (mins)	30–159		38–93		36–110		36–67		30–159		36–93	

**Notes:** Data presented was obtained from completion of the online survey. For two participants who gamble in Site 2, EGMs were a significant tertiary form of gambling: this data is not included in the table. <sup>a</sup> Language spoken at home only if, when asked birth country, answered not born in Australia. Main language at home other than English: Arabic, Chinese, Filipino, Indian, Italian, Nepali, Maltese and Vietnamese. The language spoken at home was only asked if their birth country was not Australia. <sup>b</sup> Countries of birth other than Australia: Egypt, Fiji, Germany, India, Italy, Nepal, Netherlands, Poland, Turkey and Vietnam.

**Table A3: Gambling characteristics, interviews with people who gamble and significant others**

	Site 1				Site 2				Total			
	Gamblers		SOs		Gamblers		SOs		Gamblers		SOs	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Interview participants	24		12		20		8		44		20	
Gambling form/s affected by												
Primary gambling form												
Scratchies	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bingo	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Keno	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Lottery	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Poker	1	4.2	1	8.3	1	5.0	1	12.5	3	6.8	2	10.0
Casino table games	1	4.2	1	8.3	2	10.0	4	50.0	3	6.8	5	25.0
Poker machines	18	75.0	4	33.3	14	70.0	3	37.5	31	70.5	7	35.0
Horse or dog races	1	4.2	4	33.3	1	5.0	0	0.0	2	4.5	4	20.0
Sports betting	3	12.5	2	16.7	0	0.0	0	0.0	3	6.8	2	10.0
Other gambling-type games	0	0.0	0	0.0	2	10.0	0	0.0	2	4.5	0	0.0
	100		100		100		100		100		100	
Secondary gambling form												
Scratchies	0		0		0		0		0		0	
Bingo	0		0		0		1		0		1	
Keno	0		0		0		0		0		0	
Lottery	0		0		0		0		0		0	
Poker	1		0		1		0		2		0	
Casino table games	2		0		1		0		2		0	
Poker machines	3		1		1		0		4		1	
Horse or dog races	4		3		4		0		8		3	

Table continued over page →



	Site 1				Site 2				Total			
	Gamblers		SOs		Gamblers		SOs		Gamblers		SOs	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Sports betting	2		1		2		0		3		1	
Other gambling-type games	0		0		0		0		0		0	
PGSI												
Did not gamble in past 12 months	3	12.5	2	16.7	0	0.0	2	25.0	3	6.8	4	20.0
Recreational gambler (PGSI = 0)	0	0.0	6	50.0	3	15.0	3	37.5	3	6.8	9	45.0
Low-risk gambler (PGSI = 1 or 2)	1	4.2	3	25.0	2	10.0	2	25.0	3	6.8	5	25.0
Medium-risk gambler (PGSI = 3–7)	6	25.0	1	8.3	5	25.0	1	12.5	11	25.0	2	10.0
High-risk gambler (PGSI = 8–27)	14	58.3	0	0.0	10	50.0	0	0.0	24	54.6	0	0.0
	100		100		100		100		100		100	
Average	12.4		0.7		8.8		2.6		10.7		1.6	
SD	8.4				7.8				8.2			
Median	10				7.0				9			
PGSI range of participants who had gambled in the past 12 months	1–27		0–3		0–25		0–3		0–27		0–3	
Lifetime gambling problem												
Yes	21	95.5	0	0.0	16	80.0	1	12.5	37	88.1	1	5.0
No	1	4.5	12	100.0	4	20.0	7	87.5	5	11.9	19	95.0
No data	2		0		0		0		2		0	
	100				100		100		100		100	

**Notes:** Percentages are based on available data. Percentages may not add to 100% due to rounding. Data presented was obtained from completion of the online survey supplemented by interview data.

It was anticipated that around 20 interviews with people who gamble and 12 interviews with significant others in each site would result in saturation for the study to distinguish differences between the two sites. Previous qualitative studies have found 12 interviews are usually sufficient to reach saturation (Guest, Bunce, & Johnson, 2006). Unfortunately, challenges with recruitment meant there was an imbalance of genders between the two sites, with only four female people who gamble in Site 2. It is possible that the difficulty in recruiting more female people who gamble in Site 2 was actually a function of the comparatively low gambling activity among this demographic in this area. We did achieve data saturation in Site 2 and other gender categories of interest, with no novel data emerging from interviews prior to the completion of interviews (Fusch & Ness, 2015).<sup>16</sup>

## General resident population focus groups

This component of the study involved focus groups with members of the general resident population of Sites 1 and 2. The focus groups explored community attitudes to gambling and perceptions of the amenity of the local area.

Recruitment for focus group discussions was primarily from participants who *did not* indicate their own experience of gambling harms (either their own or a close family member's).

<sup>16</sup> Data collection was undertaken in Site 1 initially and fieldwork experiences were used reflexively to refine the data collection in Site 2. Fieldwork in Site 1 was longer (37 weeks) and more costly than anticipated due to the efforts required to boost recruitment. It became clear from the analysis of interview transcripts in Site 1 that saturation had been reached with a smaller number of interviews and focus groups. Therefore, in Site 2, data collection was scaled back slightly with a shorter data collection period (23 weeks) and a smaller number of interviews conducted.

Focus group participants were asked about the amenity in their local area, their knowledge of gambling and their perceptions of the benefits and harms of gambling in the community (question guides are provided in Appendix B, page 68). All focus groups were held locally in each site. All focus group participants were offered a \$50 supermarket voucher in recognition of their time.

In Site 1, three English-language local resident focus groups were conducted in July 2015. A total of 15 participants (seven female, eight male) attended, including one focus group with three participants that focused specifically around gambling issues affecting people with a disability in the Site 1 local area. These three focus groups ranged from 59 to 68 minutes in length.

A very high proportion of residents in Site 1 spoke a language other than English at home, with the Vietnamese language the most common non-English language spoken.<sup>17</sup> To ensure the study captured the perspectives of these local residents, four Vietnamese-language focus groups were also conducted in Site 1. The study team engaged a locally based Vietnamese consultant, Dr Thai Ohtsuka, to assist in developing Vietnamese-language recruitment materials and to facilitate these groups. These focus groups were conducted in April 2015 with a total of 38 participants (25 women, 13 men) attending, and ranged between 79 and 95 minutes in length.<sup>18</sup>

In Site 2, two English-language local resident focus groups were held in February 2016, attended by a total of 12 participants. Resources were insufficient to conduct focus groups with non-English speaking participants in Site 2.

Further details are provided in Tables A4 and A5.

**Table A4: Demographic characteristics, local resident focus groups**

	Site 1		Site 2		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Number of focus group participants	15		12		27	
Number of focus groups	3		2		5	
<b>Gender</b>						
Female	7	46.6	7	58.3	14	51.9
Male	8	53.3	5	41.7	13	48.1
	<b>100</b>		<b>100</b>		<b>100</b>	
<b>Age</b>						
18–24	0	0.0	2	16.7	2	7.4
25–34	1	6.7	1	8.3	2	7.4
35–44	4	26.7	1	8.3	5	18.5
45–54	4	26.7	0	0.0	4	14.8
55–64	5	33.3	7	58.3	12	44.4
65–74	0	0.0	0	0.0	0	0.0
75–84	0	0.0	1	8.3	1	3.7
85+	1	6.7	0	0.0	1	3.7
	<b>100</b>		<b>100</b>		<b>100</b>	
<b>Time in area (years)</b>						
Range	0.5–80		0.7–50			
Average time	18.2		17.1			
Median time	12		13			

Table continued over page →

<sup>17</sup> Fifty-six per cent of the population in Site 1 speak a language other than English at home. Over 20% of the population in the Sunshine area speak Vietnamese at home, making Vietnamese the largest non-English speaking group in this area. A decision was made to focus on the Vietnamese community in Site 1 as this was the largest non-English speaking population in the area, albeit a well-established migrant group in this area. While there are many non-English speaking groups in this area, it was not possible to engage specifically with all these groups with the resources available for this study.

<sup>18</sup> A Vietnamese-speaking researcher with established contacts in Site 1 was employed to assist with recruitment for the Vietnamese-speaking population, and to facilitate Vietnamese-language discussions. Study flyers were also translated into Vietnamese and distributed throughout the Site 1 business area. Focus group questions and consent forms were also translated into Vietnamese and question guides were the same as the English-language local resident focus groups, although some additional questions were added directed at gathering data around Vietnamese gambling and cultural practices within the Vietnamese community (the question guide is provided in Appendix B, page 68).

	Site 1		Site 2		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Gambled in past 12 months</b>						
Yes	9	60.0	6	50.0	15	55.6
No	6	40.0	6	50.0	12	44.4
	<b>100</b>		<b>100</b>		<b>100</b>	
<b>Types of gambling in past 12 months<sup>a</sup></b>						
Scratchies	6	66.7	5	83.3	11	73.3
Bingo	0	0	0	0	0	0
Keno	3	33.3	0	0	3	20.0
Lottery	6	66.7	5	83.3	12	80.0
Poker	1	11.1	0	0	1	6.7
Casino table games	1	11.1	1	16.7	2	13.3
Poker machines	5	55.5	1	16.7	6	40.0
Horse or dog races (but not sweeps)	4	44.4	4	66.7	8	53.3
Sports betting	1	11.1	2	33.7	3	20.0
<b>PGSI</b>						
Did not gamble in past 12 months	6	40.0	6	50.0	12	44.4
Recreational gambler (PGSI = 0)	8	53.3	4	33.3	12	44.4
Low-risk gambler (PGSI = 1 or 2)	1	6.7	2	16.7	3	11.1
Medium-risk gambler (PGSI = 3–7)	0	0	0	0	0	0
High-risk gambler (PGSI = 8–27)	0	0	0	0	0	0
Average	0.2		0.3		0.2	
Range (participants who had gambled in the past 12 months)	0–1		0–1		0–1	
	<b>100</b>		<b>100</b>		<b>100</b>	
<b>Main language at home<sup>b</sup></b>						
English	13	86.7	12	100	25	92.6
Other language	2	13.3	0	0	2	7.4
	<b>100</b>		<b>100</b>		<b>100</b>	
<b>Country of birth</b>						
Born in Australia	11	73.3	9	75.0	20	74.1
Born in another country	4	26.7	3	25.0	7	25.9
	<b>100</b>		<b>100</b>		<b>100</b>	

Notes: <sup>a</sup> Multiple forms of gambling could be reported. <sup>b</sup> Language spoken at home only asked if reported not born in Australia.

**Table A5:** Demographic characteristics, Vietnamese focus groups, Site 1

Characteristics	Total	
	<i>n</i>	%
Number of focus group participants	38	
<b>Gender</b>		
Female	25	65.8
Male	13	34.2
	<b>100</b>	
<b>Age<sup>1</sup></b>		
18–34	15	40.5

Table continued over page →

Characteristics	Total	
	<i>n</i>	%
35-45	8	21.6
46-55	8	21.6
56-65	3	8.1
65+	3	8.1
No data	1	0.3
100		
Time in area (years)		
Range	0.2-25	
Average time	9.2	
Median time	7	
Gambled in past 12 months		
Yes	21	55.3
No	17	44.7
100		
Types of gambling in past 12 months <sup>a</sup>		
Scratchies	8	38.1
Bingo	1	4.8
Keno	0	0.0
Lottery	13	61.9
Poker	1	4.8
Casino table games	4	19.0
Poker machines	1	4.8
Horse or dog races (but not sweeps)	1	4.8
Sports betting	3	14.3

**Note:** <sup>a</sup> Multiple forms of gambling could be reported. Interviews and focus groups with professionals

## Interviews and focus groups with professionals

Professionals in each site were purposively contacted and invited to participate in the study to gather information about the role of gambling in the local area, and factors that contribute to the development of gambling harms in each of the two local sites. Interviews and focus groups were arranged by a direct approach to relevant organisations. This included Gambler's Help services, local government, welfare organisations, gambling operators and the gambling regulator (VCGLR).

Further, all 11 venues operating within the two study sites (five clubs and six hotels) were contacted to participate in this study. This approach was made through letters, email, telephone calls and/or directly in person at the venue. The invitation requested venue support for the study by inviting staff to participate in interviews and by displaying research materials such as posters and flyers in their venues to assist in recruiting local community members and people who gamble. This approach had very limited success with only two venues agreeing to display materials and one venue agreeing to an interview. Most venues did not respond to repeated requests to participate and two operators responsible for four venues across the sites specifically declined to participate.

Gambling professionals, including venue, treatment and policy and regulation professionals, were recruited to provide insight into what they believe helped or hindered the reduction of gambling harms in the two study areas. Two professionals worked in both sites. Interviews also explored management practices in venues and gambling-related harm they encounter in their work including the effects of this on their clients. Professionals were also asked what they thought encouraged or discouraged gambling in venues, and what had helped or hindered the reduction of gambling harm in the local area. Question guides for focus groups and interviews with professionals are provided in Appendix B (on page 68).

Community sector professionals, including from local government, non-government, and faith-based organisations, were also interviewed. These interviews assisted understanding of the ways in which gambling was perceived to influence the local community, as well as ways in which organisations support local residents to respond to gambling harms.

Semi-structured in-depth interviews with professionals enabled documentation of knowledge and experience as well as their reflections on gambling and gambling-related harms. Focus groups were also used to capture discussion and debate from a larger number of participants in a relatively short period of time. All professional participants were asked to complete a short demographic form at the outset of the interview or focus group.

In Site 1, a total of 19 professionals (11 gambling and eight community professionals) participated in the study. Two focus groups were conducted; six gambling professionals attended one group (67 minutes) and eight professionals from the community sector who regularly encounter the effects of gambling in their practice attended another (48 minutes). Eight individual professional interviews were also conducted in Site 1 with venue (two), treatment (three), policy and regulation (one) and community sector (two) professionals (average length 59 minutes, range 47–68 minutes).<sup>19</sup>

A total of 11 professionals (10 gambling and one community professional) participated in interviews and/or a focus group in Site 2. Eight professionals attended a focus group discussion (99 minutes, three venue and five treatment professionals), one venue professional by chance attended a local resident focus group, and four individual interviews were conducted with venue (one), treatment (one), policy and regulation (one) and community sector (one) professionals (average length 67 minutes, range 35–94 mins).<sup>20</sup>

Professional focus groups and interviews were conducted from April to September 2015 in Site 1 and from November 2015 to January 2016 in Site 2. Further details are reported in Table A6.

**Table A6:** Demographic characteristics, interviews and focus groups with professionals

Type of professional	Site 1				Site 2				Total			
	Gambling		Community services		Gambling		Community services		Gambling		Community services	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Number of interview and focus group participants	11		8		10		1		21		9	
<b>Gender</b>												
Female	6	54.5	3	37.5	5	50.0	1	100.0	11	54.5	4	44.4
Male	5	45.5	5	62.5	5	50.0	0		10	45.5	5	55.6
	<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>	
<b>Ages</b>												
Under 35	3	27.3	0	0.0	3	30.0	0	0.0	6	28.6	0	0.0
35–45	1	9.1	2	25.0	0	0.0	0	0.0	1	5.0	2	22.2
46–55	1	9.1	3	37.5	5	50.0	0	0.0	6	28.6	3	33.3
56–65	3	27.0	2	25.0	1	10.0	1	100.0	4	19.0	3	33.3
Over 66	0	0.0	0	0.0	1	10.0	0	0.0	1	5.0	0	0.0
No data	3	27.3	1	13.0	0	0.0	0	0.0	3	14.0	1	11.1
	<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>		<b>100</b>	
<b>Time in professional role (years)</b>												
Range	0.4–33		5, 20 <sup>a</sup>		0.1–20		30		0.1–33		5–30	
Average time	9.0				10.1				9.6		18.3	
Median time	5.0				11.0				7.5		20.0	

**Note:** <sup>a</sup> Data were available from only two professionals in this category.

<sup>19</sup> One professional attended a focus group and an interview in Site 1.

<sup>20</sup> Two professionals attended a focus group and an interview in Site 2.

# Appendix B: Study materials

## Interview guide

### People who gamble

1. Could you tell me what your favourite leisure activities are? (probes: TV, cycling, reading, video games, cinema, etc.)  
And has gambling affected the time you have for these?

### Gambling activities

2. What are the main types of gambling you do? Do you do any online? (probes: pokies, sports betting, racing, etc.).
3. And what is it about gambling that you like? (probes: relaxation, fun, to get out of the house, to earn money to pay bills, etc. – benefits as well as harms)

### Gambling in the local area

4. Is there anything about this local community area that you think influences or encourages your gambling (probes: lack of alternative recreational facilities, many venues, etc.)
5. Which venues in this area do you go to? Which one(s) most often? And why? What do you like about it? Ask if go to venues out of area? – What's good/different about them? (probes: opening hours, other patrons, friendly staff, good atmosphere, cheap meals, close to home, anonymity, etc.)
6. Anything you don't like about any of these gambling venues? (ask for each venue visited)
7. In your usual routine are there any places you go, trips you make, that are more likely to lead you to gamble? (probes: kill some time, pass venue when doing other things – paying rent, going to supermarket)
8. Are there other things you do to make you less likely to gamble? (probes: hide ATM card, transfer control of money to partner, avoid going out with friends/family at gambling venues, etc.)

### What helps control spending?

9. Is there anything about the venues you go to that helps you to spend less money than you might otherwise? (probes: cash access, staff observations/interactions, can do other activities there, etc.)
10. Do you have any strategies, things that you do personally to keep a handle on the amount of money you spend when you are already in the venue/gambling?
11. What features of these venues do you think encourage you to spend more money? (probes: easy to gamble uninterrupted – e.g. coffee trolley, accessibility of cash – cash cheques on spot/EFTPOS), sensory cues (celebratory sounds, lights, etc.), in venue promotions (jackpots, cheap drinks and food), pleasant space to spend time, friendly staff patrons, organisation (e.g. club needs the money, etc.)
12. If you win do you usually continue gambling? Check what is the attitude towards the money that is won? (i.e. entitled to it, club's money anyway so can spend it, post-win justification to spend more, etc.)
13. What usually prompts you to leave a venue/end gambling session? Why do you decide you'll go?

### At the venue – staff and amenity

14. Do staff regularly talk to you at venues? Do they know who you are? (probes: greet by name, chat to you?)
15. Do you think that staff at venue(s) notice how much you are gambling? What do they do?



16. Have venue staff ever approached you to discuss your gambling? Have you ever seen venue staff approach other people who gamble? (probes: e.g. suggest gambling less, talk about self-exclusion, referral to support services)
17. Have you ever talked to venue staff about your gambling? (probes: talked about gambling less, asked about assistance or support, etc.)

## Impacts and harms

18. Do you/have you experience/d problems relating to your gambling? What sorts of problems?
19. Why do you think gambling became a problem for you?
20. What has been the impact of your gambling on you? Your relationship? Your immediate family? Relationship with extended family? Friends? (probes: social isolation, family conflict, violence [perpetrator or victim?], diversion of household money, e.g. food, housing, education, health)
21. What impact do you think your gambling problems will have on your future? And on the future of your family?
22. Who manages the money in your household? If partner knows about gambling problems, has this changed since they discovered you had a problem with gambling?
23. What is the most significant change that has happened to you since you have been gambling?
24. Why would you choose this as the most significant amongst all of these changes that you have already described?

## Can you tell me some more about what gambling feels like for you

25. What does gambling give you in your day-to-day life that other activities do not?
26. What does gambling feel like? (probe: is it a rush, relaxing, does it help alleviate stress?)

## Support services

27. Are you in contact with other services (e.g. Gambler's Help, financial counsellors) to help with your gambling problems? Have they been helpful or not?
28. If not, are there services that you would find particularly useful? What? Why/why not?

## Interview guide

### Significant others (partners, children, family members)

1. To start could you tell me a bit about local recreational activities *you* like to do in your spare time in this local area? (probe: parks, sporting, community events, cinema, restaurants, library, pubs, water, local show, shopping, time with friends and family, TV/movies at home, internet, games, hobbies, read, etc.)

### Nature of gambling impacting on interviewee

2. Could you tell me a bit about their gambling?
3. When did you realise they were experiencing problems with their gambling?
4. Why do you think gambling became a problem for them? (probe: life factors, geography, etc.)
5. Do you know where he/she gambles/gambled? (probe: specific venues if they know)
6. Why do you think they gamble there? (probe: proximity to home, anonymity of staff, etc.)

## Impacts

7. What has been the impact of this gambling on you? (probe: Your relationship? Your immediate family? Children? Relationship with extended family? Friends? Financial? Health? Distracted you from study/work?)
8. What impacts do you think this will have on your future and that of your family?
9. Do your friends and family know about these gambling problems? What has their reaction been? (probe: supportive or difficult to manage, stigma, isolation?)
10. Who in your wider family has been impacted by this, either directly or indirectly?
11. Could you tell me how satisfied with their life you think the gambler feels? Do they do a lot of activities? How connected are they to their family? (probe: resilience, social cohesion)
12. Any other aspects of your life that are/have been impacted by the gambler's gambling?

## Person's gambling

13. I'm wondering, do you gamble at all? How often? How much? On what? Which venues?
14. Do you/did you ever gamble together?
15. Do you think you've ever had your own problems with gambling?
16. ASK if the person gambles: Do you have any strategies, things that you do personally to keep a handle on the amount of money you spend when you are already in the venue/gambling?
17. ASK if they are present when the gambler gambles: How do you feel seeing them gamble? (probe: excited, happy, bored, sad/depressed, frustrated, anxious, curious, proud, like it)
18. Have you ever been approached by staff about your gambling/seen others approached?

## Venues

19. Is there anything in the local community area that influences or encourages gambling (probe: lack alternatives, many venues, etc.)
20. ASK if person goes to venues: What do you like/dislike about venues? (probe: opening hours, other patrons, friendly staff, good atmosphere, cheap meals, close to home, anonymity, etc.)
21. ASK if person goes to venues: Do you go to other venues out of the area? What's good about them/why do you go there? What's different to local venues?
22. Do you think EGM venues are good or bad in the community? And why?
23. Do you think that EGM venues are 'family friendly'? Why/Why not?
24. What would you think of EGM venues starting to provide say child care or aged care as part of their services? (probe: catering to the needs of families)

## Support

25. What do you think would/did help your parent to overcome/stop problematic gambling? (probe: industry and accessibility factors as well as services). And, if they have had gambling problems themselves, what helped them?
26. Are you getting this support? What is lacking?
27. Do you try to support the gambler to reduce gambling? If so, how? If not, why not? (probe: limit access to cash, have discussions about it, etc.)
28. Who manages finances in your household? Has this changed (since you discovered <name> had a gambling problem)?
29. What would help your family to recover from this problem? (probe: better management of debt/bankruptcy, overcome stigma isolation)

## Transition question

30. Have you seen a financial counsellor about financial problems that have resulted from gambling? Where response is 'no', do you think this may be useful? If not, why not?
31. Are you in contact with other services (e.g. Gambler's Help, other counsellors) to help with your gambling problems? Have they been helpful or not?
32. If not, are there services that you would find particularly useful? What? Why/why not?

## Focus group guide

### Local residents

1. What do you perceive to be the main forms of gambling in this area? What are the main venues/sites and which do you consider to be of significance?
2. What does gambling mean to this community? (probe: a positive or negative influence, a way to relax, spend time with family, etc.). Do you think about various forms of gambling differently? (e.g. EGM vs TAB?)
3. What characteristics of this neighbourhood do you think influence gambling behaviour? Give rise to gambling problems/harm? Protect from harm? (probe: cultural, political, social, economic, built environment aspects)
4. Do you think religion or culture plays a part in this community's attitudes towards gambling? If so, how?

5. What other gambling opportunities are available here? Do you consider these to be more or less problematic? Why/why not? (probe: about ideas, knowledge of online gambling, especially sports betting)
6. Do you think EGM venues are good or bad in the community? And why?
7. Are gambling products promoted to you? What do you think about these promotions? (probe: direct and indirect promotions: sports betting advertisements, meal and drink promotions, 'kids eat free', keno, courtesy bus, events linked to sporting activities, function rooms, etc., at venues, events such as morning melodies at venues)
8. Are there particular promotions or characteristics of gambling venues or products in this area that you find more or less attractive? Do you have any concerns about any of these? Do you find some promotions particularly appealing or valuable? (probe: meal promos, model waitresses)
9. Do you go to places that have poker machines but not use them? What do you do on these occasions? Do you find yourself contemplating using the machines? What stops you? Does not stop you?
10. Do you think that EGM venues are good spaces for families to spend time together? If yes/no why/not? (e.g. good for wellbeing and health)
11. What would you think of EGM venues playing a greater role in catering for the needs of families through the provision of aged and child care?
12. Is this area influenced by gambling opportunities/venues in nearby places? Affected by alternative activities in other places?

*Facilitator to present community profile of gambling activity based on secondary analysis and observations (i.e. scale, diversity, statistics on community benefits of gambling providers, available opportunities in this neighbourhood).*

13. Discuss reactions to this information.
14. What alternative leisure activities are available to local residents? (probe: cinema, sporting facilities, green spaces: river/lake, BBQ areas, cafes, libraries, bars, pubs, etc.)
  - Are they adequate? (If not what would you like to have here?)
  - Do you think they are accessible and affordable?
  - Are there reasons why you (or others) may not use some of these facilities?
  - Do you think the council has a role in providing activities encouraging different groups in the community to participate – families, singles, different age groups and different cultures?

## Focus group guide

### Vietnamese community members

1. What do people in this room/community think of when we say gambling? (probe: activities, money involved, etc., is this a positive or negative influence, a way to relax, spend time with family etc.? Do perceptions differ according to forms of gambling? EGM? TAB?)
2. What traditions or cultural practices are associated with gambling for your community?
3. What do you perceive to be the main forms of gambling in this area (describe Site 1 as we have defined according to the six suburbs)? What are the main venues/sites/products and which do you consider to be of significance?
4. What other gambling opportunities are available here? Do you consider these to be more or less problematic? Why/ why not?
5. Do you think gambling has a special meaning in Vietnamese cultures? Do you think this differs much from other cultures in Australia?
6. What alternative leisure activities are available in this area? (e.g. cinema, sporting facilities, green spaces: river/lake, BBQ areas, cafes, libraries, bars, pubs, etc.) Are they adequate? Do you think they are accessible and affordable? Are there reasons why you or others you know may not use some of these facilities?
7. Are you aware of gambling products promoted to you? (probe: sports betting advertisements, meal and drink promotions, 'kids eat free', keno, courtesy bus, etc.). What do you think of these promotions?
8. Do you think that EGM venues are 'family friendly'? If yes/no why/why not?
9. What would you think of EGM venues playing a greater role in catering for the needs of families through the provision of aged and child care?

10. Are there particular activities or deals promoted to you, things about gambling venues in this area that you find more or less attractive? (appealing or put off by – e.g. social hub, place to catch up with mates. Are 'kids eat free' and other family friendly promotions a good or bad thing? What do people think of the model waitresses and other promotions?)
11. Is this area influenced by gambling opportunities/venues in nearby places? Are there places nearby that people travel to? Casino?
12. What about non-gambling amenities nearby (outside Site 1) that people travel/go to?
13. What things about this neighbourhood in particular do you think influence the level of gambling? Give rise to gambling problems/harm? (If not much response – present in context of info we have compiled about high levels of expenditure in this area and then ask again.)

*Facilitator to present community profile of gambling activity based on secondary analysis and observations (i.e. scale, diversity, statistics on community benefits of gambling providers, available opportunities in this neighbourhood).*

14. Discuss reactions to this information.
15. Are you supportive of the gambling opportunities in this area? Some forms/venues more than others? Why/why not?

## Interview guide

### Non-venue professionals (local government, Gambler's Help counsellors, financial counsellors, community service professionals, etc.)

#### Questions

1. To start could you tell me about your work and the issues your clients are dealing with? (probe: causes of clients' problems in the area)
2. In what ways do you engage with gambling/people who gamble as part of your job in this local area?
3. Does your organisation have a position on gambling? Does it support having more or less gambling opportunities available here? Under what circumstances (formally and informally). What does it do to reflect this position?
4. What are the main forms of gambling in this area?
5. What are the main sources of gambling problems in this community?
6. What are the range and primary problems that they report? What other problems do they encounter as a result of gambling? Anything else? (probe: multicultural groups, older people, other groups in the community)
7. Are you aware of any particular problems associated with EGM venues in this area? Which venues? (probe: gambling → financial house/job/relationships/legal/mental health/physical)
8. Do you perceive EGM venues to be beneficial or detrimental to the local community? Why?
9. Are there valuable amenities or services that these venues provide to community members in your opinion? (probe: economic, social gathering, community support e.g. sports clubs, facilities – kids, cheap meals, convenience, fill gap)
10. What things about this area do you think encourage people to gamble or reduce the likelihood of gambling? (probe: e.g. availability of other activities, many opportunities to gamble, good promotions, are there strong attitudes in community about gambling. Positives and negatives in the local area)
11. Do you think there are any positive aspects of gambling for your clients? (probe: helps them to relax or diverts attention from stressful circumstances, etc.)
12. What do you think would reduce the level of gambling-related harm in this area? (probe: venue and local environmental factors – alternative activities, bet size, pre-commitment, venue size, venue promotions, better information about EGM design, etc.; extra supports clients need that are not currently available)
13. Do you enjoy your job? What aspects are positive? Negative?
14. Does your job make you feel like gambling (more/less)? Do you gamble? If yes, what on?

## Interview guide

### Professionals (venue staff and venue support workers)

1. What proportion of the customers in this venue/venues do you think are regular people who gamble? (Check how they define 'regular'.)
2. Do you think the gambling at this venue is mostly recreational or mostly problematic or somewhere in-between?
3. Do you think there are customers that visit this venue who may have a gambling problem? (probe: duration and frequency of gambling, repeated withdrawals of cash, other red flag behaviours)
4. Do many people attend this venue without gambling? Is this encouraged? Discouraged? If so, is this more likely at certain times of the day/days of the week?
5. Thinking about particular venues (or the one they work in), what do you think helps people who gamble to 'gamble safely'? (probe: code of conduct, training of staff, management practices, interventions by staff, access to cash, pre-commitment systems, etc., who they come with, setting own limits)
6. Do you believe that the code of conduct is useful in supporting safe levels of gambling? Do you refer to this very often, enforce this? If so, how? If not, why not?
7. Still thinking about this venue, what do you think may lead to harmful gambling? (Probe: jackpots, lights, sounds, set-up of venue, management practices, access to cash, lack of universal pre-commitment systems, etc., people they come with, coming alone)
8. What would you change about this venue environment (and/or any venue environment) if you wanted to decrease harmful gambling? (probe: products and other facilities – access to cash/EFTPOS, meals, play areas, pre-commitment technology, opening hours, management aspects)
9. Do you enjoy your job? If yes, what do you like about your position? What do you dislike? Would you like to stay in this role for the next year? Five years? Beyond?
10. What aspects are positive? Negative? (Probe: working in a social venue, witnessing behavioural issues)
11. Have there been any memorable incidents or events relating to gambling during your time working here? Can you describe these and what was significant for you about this incident?
12. Does the venue contribute to the community? In what ways?
13. Does your job make you feel like gambling (more/less)? Do you gamble? Do you feel like gambling when you work or when you finish work? If yes, what on?
14. Did you gamble before you worked in a role in the gambling sector?

## Focus group guide

### Professionals (therapeutic and financial counsellors, venue support workers, community service professionals)

1. To start could you tell me a bit about your work and the issues your clients are dealing with? (probe: causes of clients' problems in the area)
2. What are the main forms of gambling in the surrounding area?
3. What are the main sources of gambling problems in this community?
4. Are you aware of any particular problems associated with EGM venues in this area?
5. Do you perceive EGM venues to be beneficial or detrimental to the local community? Why?
6. Are there valuable amenities or services that these venues provide to community members/local residents in your opinion?
7. What things about this area do you think encourage people to gamble or reduce the likelihood of gambling? (probe: e.g. availability of other activities, many opportunities to gamble, good promotions, strong attitudes in community about gambling [positive or negative])
8. What are the range of problems that they report? What other problems do they encounter as a result of gambling? Anything else? Which are the most common problems? Less obvious problems that you are aware of?
9. Do you think there are any positive aspects of gambling for your clients? (probe: helps them to relax or diverts attention from stressful circumstances, etc.)

10. Thinking about the particular venue/[compare venues in our study area if they work across them], what do you think helps people who gamble to 'gamble safely'? (probe: code of conduct, training of staff, management practices, interventions by staff, access to cash, pre-commitment systems, etc., who they come with, setting own limits)
11. Does the group think the code of conduct is useful in supporting safe levels of gambling?
12. What would you change about this venue environment (and/or any venue environment) if you wanted to decrease harmful gambling? (probe: products and other facilities (access to cash/EFTPOS, meals, play areas, pre-commitment technology, opening hours, management aspects)
13. Would anyone be prepared to share a memorable (de-identified) incident or experience relating to gambling that has stuck out to you during your time working here? Can you describe these and what was significant for you about this event?
14. What do you think would reduce the level of gambling-related harm in this area? (probe: also around environmental factors – alternative activities, bet size, pre-commitment, venue size, venue promotions, better information about EGM design, etc.; extra supports clients need that are not currently available)
15. What do you like about your current job working with people who gamble? What do you dislike?
16. Does your organisation have a position on gambling? Does it support having more or less gambling opportunities available here? Under what circumstances (formally and informally). What does it do to reflect this position?
17. Do you gamble? If yes, what on? Does your job make you feel like gambling (more/less)?

### For people who work in venues:

18. What proportion of the customers in these venue/venues do you think are regular people who gamble? (check how they define 'regular')
19. Do many people/what proportion attend venues and not gamble? Is this encouraged? Discouraged? If so, is this more likely at certain times of the day/days of the week?
20. Do you refer to this [the code of conduct] very often, enforce this? If so, how? If not, why not?
21. Still thinking about this venue/venues you work with, what do you think may lead to harmful gambling? (probe: jackpots, lights, sounds, set-up of venue, management practices, access to cash, lack of universal pre-commitment systems, etc., people they come with, coming alone)

## Recruitment materials

Similar recruitment materials comprising posters and flyers of varying sizes were used in both locations with some samples included below.







**We want to know more about gambling in your community**

**Box Hill  
Blackburn  
Box Hill North  
Box Hill South  
Blackburn North  
Blackburn South**

A \$50 store voucher will be offered to all eligible participants who complete an interview



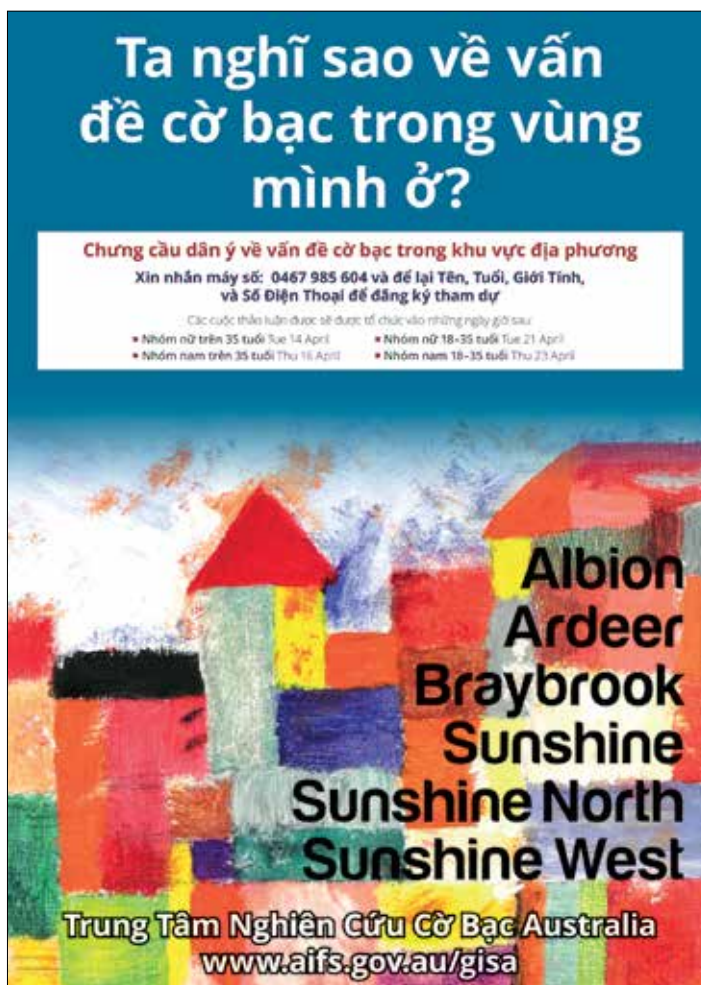
**We want to hear what you think about gambling in your community**

contact the  
Australian Gambling Research Centre  
[www.aifs.gov.au/gisa2](http://www.aifs.gov.au/gisa2)  
☎ 1800 184 140

All responses and enquiries will be treated confidentially

Australian Government  
Australian Institute of Family Studies  
Australian Gambling Research Centre

A \$50 store voucher will be offered to all eligible participants who complete an interview



**Ta nghĩ sao về vấn đề cờ bạc trong vùng mình ở?**

**Chưng cầu dân ý về vấn đề cờ bạc trong khu vực địa phương**

Xin nhắn máy số: 0467 985 604 và để lại Tên, Tuổi, Giới Tính, và Số Điện Thoại để đăng ký tham dự

Các cuộc thảo luận được tổ chức vào những ngày giờ sau:

- Nhóm nữ trên 35 tuổi Tue 14 April
- Nhóm nữ 18-35 tuổi Tue 21 April
- Nhóm nam trên 35 tuổi Thu 16 April
- Nhóm nam 18-35 tuổi Thu 23 April

**Albion  
Ardeer  
Braybrook  
Sunshine  
Sunshine North  
Sunshine West**

**Trung Tâm Nghiên Cứu Cờ Bạc Australia**  
[www.aifs.gov.au/gisa](http://www.aifs.gov.au/gisa)

# Appendix C: Brief historical overview

Appendix C provides some historical context to the development of each site.

## Site 1

Kurung-Jang-Balluk and Marin-Balluk people of the Kulin nation have been the traditional owners of the land on and around Site 1 for over 40,000 years. Following British settlement in the 1830s, the Sunshine area quickly became a manufacturing hub for Melbourne. Early industries established in the area included quarrying and meat processing, with carriage works, horsehair factories, piggeries and fireworks manufacturing. The establishment of the Sunshine Harvester Works, the then largest factory in Australia, followed in the early 1900s.

Advocacy for better wages and conditions within the manufacturing industries in Sunshine brought about basic working conditions. Notably, the 'Harvester Judgment' in 1907 established the concept of a minimum 'living' wage. Community concern around pollution problems such as noxious fumes and the dumping practices of various industries has been an ongoing issue in the Sunshine area (Ford, 2001, 2012).

Successive waves of post-war migrants from Europe provided labour for the factories. By 1961 over 55% of Sunshine workers were in manufacturing jobs, the highest proportion in the Melbourne metropolitan area. While in 1939, 90% of the population in the Sunshine area was from an Anglo-Celtic background, by 1979, 40% of the population was born overseas and Sunshine was one of the most diverse municipalities in Victoria. At this stage, migrants from the Mediterranean area, Eastern Europe, Asia and South America had settled in the area (Ford, 2012). More recently, new waves of migrants and refugees from Vietnam, Sudan and Somalia continue to contribute to the diversity of the Sunshine community. The top three countries of birth at the 2016 Census were Vietnam, India and Malta (ABS, 2017).

The development of suburban facilities and infrastructure in this area was slow, despite local residents' persistence in their struggle to obtain better funding from government. Initially, few settlement services were available for newly arrived migrants, and the absence of sealed roads, houses, schools and other amenities, demonstrated an under-investment in the area by successive governments. This lack of infrastructure became a defining characteristic of the area. Ill-equipped to deal with the high rate of population growth in the area, the area became known as 'the deprived west' (Ford, 2012). Public housing projects were eventually developed but were marred by issues around inappropriate land selection and poor quality construction. Sunshine Council protested in 1950 that these were 'not up to the standard of the average private home' and 'there would be an outcry if these houses were dumped in some other more fashionable suburb' (Ford, 2012).

In the 1970s, an economic downturn and the changing industrial landscape saw many factories initially scale back their operations, with many retrenchments. This was followed by large-scale factory closures, including the Sunshine Harvester Works (Ford, 2012).

The ongoing influx of both internal and newly arrived overseas migrants continues and, in 2016, 16% of the population in Site 1 was born in Vietnam (ABS, 2017).

## Site 2

For over 40,000 years the Wurundjeri-Balluk people have been the traditional custodians of the land on and around Site 2. In the early 1800s, British and some German migrants were attracted by the cheap land prices and the area remained predominantly Anglo-Celtic until after World War II when Dutch migrants began to arrive.

A higher rainfall in this area than in the drier west (Alves, 2010) saw the land used for both residential and a variety of farming purposes (dairy, orchards, market gardens, flowers). Industries such as timber milling, blacksmithing, engineering and clay factories existed for over 100 years until the mid-twentieth century.

In residential terms, suburb building began in the Box Hill area in the late 1890s, with sealed roads, footpaths and street lighting. This was followed by electric power and reticulated water, deployed across the area in the early 1900s. In 1920, following an anti-liquor campaign by some politicians and churches, Box Hill was proclaimed as a “dry area”.

In the mid 1950s, increased demand for urban expansion took over and residential suburbs in the leafy undulating east were preferred to the flat industrial west. With the area touted as offering ‘suburban conveniences and country advantages’ (Alves, 2010, p. 59), many farms and orchards were converted to suburban streets in the post-war period. Box Hill became the largest shopping and commercial centre in the area, as well as a major transport interchange (Alves, 2010). Industry also decreased as residential development expanded, with the closure of factories and the redevelopment of these sites into apartments beginning in the 1970s.

There is a long history of support for the visual and performing arts in this area as well as a long history of public activity and influential residents (Alves, 2010), for instance the state legislative seat of Nunawading was held by R. G. Menzies from 1929–34 before he entered federal politics to become Australia’s longest serving prime minister (State of Victoria, n.d.).

In the 1970s there was increased migration from China and South East Asia. By 2016, 14% of Site 2 residents were born in China (ABS, 2017).