



**ALLIANCE FOR
GAMBLING REFORM**

**THE VICTORIAN SUICIDE PREVENTION
AND RESPONSE STRATEGY SUBMISSION**

ALLIANCE FOR GAMBLING REFORM

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■ Executive Summary

The Alliance for Gambling Reform (The Alliance) welcomes the development of and consultation for the Victorian suicide prevention and response strategy. The Alliance will address the impact gambling has on contributing to mental health problems and suicides in Victoria.

Victoria's new Suicide and Prevention and Response Strategy must include a dedicated focus on gambling related suicides. If the strategy's vision of 'towards zero suicides' is to be achieved, there must be significant gambling reform and a genuine focus on gambling as a public health concern.

Gambling related suicides are occurring and this problem needs to be addressed as a key priority area. It was a significant failing of the Royal Commission into Victoria's Mental Health System not to include gambling harm as a well known contributor to mental health, homelessness, family violence and deaths by suicides. However, this strategy provides a new opportunity to address the issue to improve mental health and reduce suicide in Victoria.

In July 2022 alone, Victorians lost \$270 million to electronic gambling machines (EGMs). This is the highest amount Victorians have lost to EGMs ever recorded. This is the third month this calendar year a new record has been set. Note that this only includes EGMs and does not include online and casino gambling. The issue is significant and there is a wealth of research and evidence that highlights the link between gambling and mental health that can no longer be ignored.

■ About

The Alliance for Gambling Reform is a collaboration of organisations with a shared concern about the harmful aspects of gambling and its normalisation in Australian culture and we are a registered health promotion charity. The Alliance supports public policy and regulatory regimes that prevent and minimise gambling harm. For this reason we prioritise policies and actively campaign for change that prevents harm being inflicted in the first place. Our positions are developed in consultation with people who have been harmed by gambling based on the principle that those closest to the harm are closest to the solutions, in addition to our understanding of public health policy evidence and research.

■ Gambling harm

Definition

The Alliance takes a public health approach to gambling harm. In this submission, we use the term ‘harm’ to describe any negative consequence that results from a person’s own or another’s gambling. These commonly accepted harms include:

- Financial problems
- Relationship conflict or breakdown
- Health problems
- Emotional or psychological distress
- Reduced capacity in other parts of your life
- Cultural harms
- Criminal activity

Gambling harm extends beyond addiction, often impacting many people, not just the person who is gambling. Family members, friends, employers and the broader community can also be harmed by someone else’s gambling. As a community, we have recognised the harms to others that tobacco represents, and have policies that aim to prevent passive smoking. We need to build protections for those who are harmed by an activity they cannot directly control.

The Victorian Responsible Gambling Foundation (the Foundation) estimates:¹

- about 330,000 adults in Victoria who gamble (9.6 per cent) experience at least one form of gambling-related harm
- poker machines alone account for 37.7 percent of gambling harm in Victoria
- 70 percent of gambling harm is experienced by people whose behaviour is not classified as problem gambling*
- 6.1 percent of Victorian adults – about 300,000 people – are harmed by someone else’s gambling.

These findings reinforce that gambling harm is experienced on a spectrum, by a cross section of society, with wide-ranging implications for the individual and community.

These harms can be quantified, either in terms of productive years lost, as a standard public health modeling exercise, or in broader social costs. Victorian research shows that gambling causes more “years lost to disability” than osteoarthritis, diabetes, bipolar affective disorder, schizophrenia and epilepsy combined.²

¹Rockloff, M, Browne, M, Hing, N, Thorne, H, Russell, A, Greer, N, Tran, K, Brook, K & Sproston, K 2020, Victorian population gambling and health study 2018–2019, Victorian Responsible Gambling Foundation, Melbourne.

²Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, Assessing gambling-related harm in Victoria: a public health perspective, Victorian Responsible Gambling Foundation, Melbourne, figure 20

Prevalence

It is difficult to correctly estimate the level of harm in the community because prevalence studies are based on self-reporting of time and financial losses, estimates of harm, and assumptions about survey participation.³ Shame and stigma also act as a barrier to accurate self-reporting.

This understanding is reinforced by the results of the recently published study of banking data in the UK and the researchers' analysis of links between gambling expenditure and negative impacts on health and finances.⁴ That study, examining the banking transactions of six million customers over seven years, showed that for every 10 percent increase in gambling expenditure, significant negative consequences are observable. These include increased risk of payday loans, mortgage defaults, unemployment, recourse to disability pensions for people previously not needing that support, reduction of expenditure on health and education, and increased risk of death.

***Language disclaimer**

A widely used, standard definition of disordered gambling is that "Problem Gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community".⁵ While there is no agreement on definitions of "difficulties" or the scale of "adverse consequences" that would constitute harm, the Alliance believes that any difficulties and any adverse consequences are harmful. We avoid the use of the term "problem gambler" as it is stigmatising and victim-blaming. We recognise the Problem Gambling Severity Index is widely used in research and clinical settings, but consider that even those gamblers characterised using that system as being at low or medium risk, can in fact experience significant harm.⁶ The Alliance aims to prevent or reduce harm from gambling, regardless of the risk factor of individual gamblers, and particularly with regard to their families, carers, colleagues and community, who are also impacted by gambling.

³Auer, M., & Griffiths, M. D. (2017). Self-Reported Losses Versus Actual Losses in Online Gambling: An Empirical Study. *Journal of gambling studies*, 33(3), 795–806. <https://doi.org/10.1007/s10899-016-9648-0>

⁴Mugleton, N., Parpart, P., Newall, P. et al. The association between gambling and financial, social and health outcomes in big financial data. *Nat Hum Behav* 5, 319–326 (2021). <https://doi.org/10.1038/s41562-020-01045-w>

⁵Neal, P., Delfabbro, P., & O'Neil, M. (2005). Problem gambling and harm: Towards a national definition. Commissioned for the Ministerial Council on Gambling. Prepared by the SA Centre for Economic Studies with the Department of Psychology, University of Adelaide. November 2005. <http://www.adelaide.edu.au/saces/gambling/publications/ProblemGamblingAndHarmTowardNationalDefinition.pdf>

⁶Browne et al 2016 Assessing gambling-related harm in Victoria: a public health perspective, Victoria Responsible Gambling Foundation

■ Response to discussion paper questions

Vision

The Alliance supports the Royal Commission suggested ‘towards zero suicides’ as a vision for the strategy.

Priority populations

In the discussion paper there are a series of groups that may need a greater focus in the strategy, the Alliance accepts the priority groups and it is crucial to highlight that most of those priority groups listed are also at high risk of gambling harm. If the Strategy is required to take an intersectional approach that considers the multiple and compounding factors that increases a group’s risk of death by suicide, suicidal thoughts and mental health problems, it is imperative to consider the co-morbidities that exist for these groups including gambling harm.

Priorities groups who are at greater risk of suicide are often also at risk of gambling harm, or are already experiencing harm including:

<p>People living with mental health problems:</p>	<p>People suffering from problems with gambling report higher levels of depression. A 2017 study commissioned by the Victorian Responsible Gambling Foundation found that 41% of people seeking treatment for mental health problems.⁷</p> <p>Of the people who gambled, over 50% gambled on electronic gaming machines (EGMs), almost 50% on lotteries, 26% on wagering, 13.8% on casino gambling and 12.1% on sports betting.⁸</p>
<p>People living with substance use and addictions:</p>	<p>Gambling harm was more likely to be experienced by patients of mental health services with:⁹</p> <ul style="list-style-type: none"> • A drug use disorder (3.6 times more likely); and • A psychotic disorder (2.4 times more likely). <p>‘Problem gambling’ was more likely to be experienced by patients of mental health services with:¹⁰</p> <ul style="list-style-type: none"> • A drug use disorder (3.4 times more likely); and • A borderline personality disorder (2.6 times more likely).

⁷Lubman D, Manning V, Dowling N, Rodda S, Lee S, Garde E, Merkouris S, and Volberg R, ‘Problem gambling in people seeking treatment for mental illness’, Victorian Responsible Gambling Foundation, July 2017, 2.

⁸Ibid, 7

⁹Ibid, 8

¹⁰Ibid

Veterans and ex-armed services:	Gambling harm at above population-average rates occur among veterans irrespective of length of service, other mental health problems, substance abuse or financial management. ¹¹
Women	<p>Research has demonstrated that women who gamble frequently are highly susceptible to developing gambling problems.¹²</p> <p>Women have been found to have a faster progression from initiation of gambling to the development of problems than males.¹³</p>
Aboriginal people	Gambling rates are much higher among Indigenous Australians than the wider population. ¹⁴
Children and young people	<p>Although not legally able to gamble, children are being positively influenced by the media and through family influence around their gambling attitudes and consumption intentions.¹⁵</p> <p>By the age of 15, half of all young Australians have gambled and around 20% of adults experience a gambling addiction start gambling before they were 18 years old.¹⁶</p> <p>Over three-quarters of children correctly recalled the name of at least one sports betting brand. Approximately one in four children were able to identify four or more sports betting brands.¹⁷</p>
Culturally and linguistically diverse people (CALD)	Those from CALD communities tend to participate in gambling less than the overall Australian population, however those who do are more likely to be experiencing harm. ¹⁸

¹¹Roberts, E., Dighton, G., Fossey, M., Hogan, L., Kitchiner, N., Rogers, R. D. & Dymond, S. (2020). Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans, *Military Behavioral Health*, 8(2), 212-221. doi: 10.1080/21635781.2019.1644263

¹²Svensson J, Romild U. Problem gambling features and gendered gambling domains amongst regular gamblers in a Swedish population-based study. *Sex Roles*. 2014;70(5-6):240-54.

¹³Castrén S, Basnet S, Salonen AH, Pankakoski M, Ronkainen J-E, Alho H, et al. Factors associated with disordered gambling in Finland. *Subst Abuse Treat Prev Policy*. 2013;8(1):24-33

¹⁴<https://aifs.gov.au/resources/policy-and-practice-papers/indigenous-australians-and-gambling>

¹⁵Pitt, Hannah, Thomas, Samantha L., Bestman, Amy, Daube, Mike and Derevensky, Jeffrey 2017, Factors that influence children's gambling attitudes and consumption intentions: lessons for gambling harm prevention research, policies and advocacy strategies, *Harm reduction journal*, vol. 14, no. 11, pp. 1-12.

¹⁶<https://www.problemgambling.sa.gov.au/understanding-gambling/understanding-gambling-harm/how-does-gambling-harm-young-people>

¹⁷Thomas, SL, Pitt, H, Bestman, A, Randle, M, Daube, M, Pettigrew, S 2016, Child and parent recall of gambling sponsorship in Australian sport, Victorian Responsible Gambling Foundation, Melbourne.

¹⁸<https://aifs.gov.au/research/research-snapshots/gambling-culturally-and-linguistically-diverse-communities-australia>

Priority areas

3. What priority areas should be included in the strategy to create the greatest impact and help us achieve our vision?

The example priority areas suggested by the discussion paper are all supported by the Alliance. There are a few areas the Alliance wishes to expand on further.

Lived experience

It is important that lived experience provides a touchstone for the Strategy. The Alliance hosts the Voices for Gambling Reform, a group of people who have lived experience of gambling harm and are strong advocates for change. Many of those people who have lived experience of gambling harm have also experienced the loss of a loved one from suicide, suicidal ideation or suicide attempts. Below are the stories of two of those Voices which highlights the need for this strategy to have a dedicated focus on gambling related suicides and suicide prevention, informed by those who have experienced real harm.

Attached to appendix a are two stories of people with lived experience of gambling harm and suicide, one of which is Anna Bardsley who the Alliance's Voices for Gambling Reform Coordinator.

Commitment to identify and record gambling related suicides

People who have died by suicide and also have experienced gambling related harm are rarely included in quality data and there is under-reporting on how widespread the problem is. There needs to be a commitment for police and coroners to look for problematic gambling when they investigate deaths by suicides and this can be done using Consumer Data Right and Open Banking. There is an opportunity to prevent gambling related suicides if we can use Open Banking data to identify historical deaths where gambling may have been harmful.

A better understanding of the scale of this problem will enable better and more informed responses as well as reduce the impact on our community.

Gambling harm prevention through intersectional and targeted approach from groups disproportionately affected by suicide

Financial Counselling Australia released a report, 'Gambling and Suicide Prevention - a Roadmap for Change' which looks at the need for a targeted approach for preventing suicides through **preventing gambling harm**. The Alliance supports the recommendations made by this report and submits that the Victorian suicide prevention and response strategy must take the report into account.¹⁹

The Alliance supports a 'Suicide Prevention Act' that has a whole of government focus including gambling departments and regulators. All agencies, departments and organisations within government must have their own suicide prevention plans and transparent reporting.

A responsive, integrated and compassionate system

Financial Counselling Australia also conducted a national survey of gambling, this explores data from financial counsellors supporting those who are experiencing gambling harm. It's important to highlight that it is not only those gambling who are dying by suicide, it is also family members who experience harm from their loved ones gambling who do too.²⁰ Strategies to prevent suicides must cover both cohorts of those experiencing gambling harm.

¹⁹https://www.financialcounsellingaustralia.org.au/fca-content/uploads/2022/02/Gambling-Report_2022-SPA-FCA-Final-high-res.pdf

²⁰<https://www.financialcounsellingaustralia.org.au/docs/gambling-harm-and-training-for-financial-counsellors/>

Principles

4. What principles should guide the development and implementation of the strategy?

The Alliance supports the example principles provided in the discussion paper. We also suggest the following also be included:

Independence from harmful industries including gambling

Although submissions should be encouraged from all sectors, it's important to recognise the vested interests of certain industries such as gambling and alcohol. If significant, evidence backed, person-centered approaches are genuinely implemented to ensure the vision of 'towards zero suicides' there will need to be significant gambling reforms in Victoria. These gambling reforms will reduce the gambling industry's profit (and taxes made available to the government) which are unlikely to be welcomed by the gambling industry. Industry profits and government revenue from gambling should not prevent reforms which will save lives.

People and communities over profit and taxes

Gambling is a public health issue which needs a whole of government approach if there is a desire to prevent gambling related suicides. This means looking for alternative taxes so the government does not rely on taxes from the gambling industry and is able to implement reforms that prevent gambling harm.

A dedicated health response to preventing gambling harm in the Department of Health

At the moment gambling is the responsibility of the Department of Justice and Community Safety. However there is a responsibility for this Department to support the gambling industry to thrive yet also protect people from gambling harm - a clear conflict. Therefore gambling harm prevention should be a responsibility of the Department of Health. To reduce gambling related suicides and mental health problems, we must take the issue seriously and take a public health approach to address gambling related harms. To do this, preventing gambling harm needs to be the responsibility of the Department of Health, not the Department of Justice and Community Safety.

Suicide prevention and response initiatives and actions

5b. What opportunities should be created for the Victorian community to be part of the change to reduce the stigma associated with suicide, increase understanding and awareness, and prevent suicide?

To decrease the stigma and normalisation of gambling in the Victorian community, there needs to be the capacity to raise awareness independently of the government. Currently, government messaging around gambling is at odds with a public health approach as it blames the individual and does not recognise that the product is harmful for many. Notably, the term 'responsible gambling' used by the 'Victorian Responsible Gambling Foundation' and the many industry sponsored gambling advertisements we see on television creates further stigma. It is crucial that lived experience stories are used to highlight the issue publicly, not the current 'responsible gambling' narrative that blames the individual. It is important that we begin recognising the responsibility of the industry and government to protect the Victorian community against a harmful product designed to addict.

5c. In addition to training, what else is needed to support frontline workforces and other social and health services workforces to respond compassionately to: people experiencing suicidal thoughts and behaviour; suicide attempt survivors; and families and carers?

There needs to be wide spread, in depth discussion and education around the complex harms gambling can cause to individuals gambling, their families, employers, support workers, and carers. There is a lack of understanding around the significant impact gambling can have on people and, as mentioned above, the damaging narrative that further creates stigma by shifting responsibility for gambling harm to the individual in the guise of 'personal responsibility'. This has been led by the gambling industry and government. Lived experience needs to inform the response that educates health and support workers to respond compassionately to those who may be experiencing suicidal thoughts and behaviours and gambling related harms.

Compassionate responses to those experiencing gambling harm should ideally recognise that addiction is an inherent part of gambling that cannot be solely the blame of individuals.

5e. What higher risk industries/workplaces should we prioritise for immediate suicide prevention action and why?

An important high risk workplace is gambling venues and there must be suicide prevention action from independent staff who do not also have a conflict of interest with delivering profits for the gambling business.

■ Conclusion

Gambling causes significant harm in our communities and Victoria's new Suicide and Prevention and Response Strategy must include a dedicated focus on gambling related suicides if we are to achieve a reduction in this harm. If the Strategy's vision of 'towards zero suicides' is to be achieved, there must be substantial and genuine gambling reform. Gambling harm in Victoria should be considered a public health issue and be the responsibility of the Department of Health just as interrelated issues such as mental health, alcohol and drug dependence and tobacco control are managed within a public health context.

There needs to be significant reform around the Victorian Government's individual responsibility narrative of 'responsible gambling' that creates stigma and normalises a dangerous product which can lead to mental health problems and gambling related suicides for vulnerable communities.

It is only when change in the way we approach gambling and its inherent harms occurs that we can hope to achieve a reduction in mental health and suicide from gambling in Victoria.

■ Appendix A

Reflection 1

Gambling and Mental Health:

I came to poker machine addiction to escape my very difficult home life. I went there to escape and it worked - until I couldn't escape.

My life was hard, two of my five children had died, my surviving children each had (different) mental ill health and my marriage was in a dark place, lots of constant, terrible arguing. So my mental health was fragile.

Sitting in front of a poker machine helped. It settled down my agitation, took me to another place, zoned me out. But nothing was better. Gambling made everything worse. I tried to stop countless times and couldn't. I thought the only way out was to be dead. This thought was a constant companion exacerbated by the message of 'responsible gambling'.

I have talked with hundreds of people affected by gambling harm in the last 12 years and every single one of them has had suicidal ideation - we all think about dying as an option and we know we are the lucky ones. We survived. The legacy of gambling harm never leaves. None of us can ever leave it completely behind. This happened to us, to our families, our communities.

We need to start looking at early interventions instead of 'ambulances at the bottom of the cliff'.

We need to start addressing gambling harm as a public health issue and respond accordingly.

'What's the cost, the real cost? Do we know, do we even care?'

The fact that we do not even have real data from the coroner office says so much about how we view gambling harm.

What is the problem and how do we fix it/change it.

Start by investigating and reporting on suicide deaths and the relation to gambling harm in an open and transparent way.

In my opinion, it's time to engage with people with lived experience of gambling harm in a different way. Those closest to the pain are the ones closest to the solutions.

Anna Bardsley, Somerville Victoria

Reflection 2

The connection between gambling and suicide is not just a theory for me, this is what happened to my sister. At some point her life was normal, working, owning a house, a pet and she loved going to the gym to keep fit. Then came gambling, I recall her telling me how she was getting free parking, free drinks and food and that I was crazy to stay at home. This is a person that would give blood just to get a free coffee and hot food, so combining free things like this plus the exciting atmosphere and machines to play she thought it was like Christmas every day. At this stage, I assumed gambling on poker machines was more fun, but at some point, it turned into an addiction that destroyed my sister's life. Inducements might seem like harmless treats but they are a powerful way to draw in vulnerable people to spend more time at gambling venues.

I experienced having possessions and money stolen and receiving calls asking for money with lies on what the money was needed for. I would freeze when the phone rang or there was a knock on my door late at night and didn't feel safe having my sibling in my home. In the early days I found it hard to say no, but eventually I was aware I was feeding the addiction so started saying no. The damage that this did to my siblings' relationships was huge and is why family members need support as their mental state gets harmed throughout the addiction and post suicide. On paper it's extremely difficult to portray the depth of harm and pain that my family has dealt with and how this has torn relationships apart.

Over the years her addiction got worse but she carried it alone. This was a load far too hard for one person to carry, and eventually led to her seeing suicide as the only way out.

You may wonder how I know what I do when my sister kept this secret to herself. Before ending her life, she left all her bank statements, payday lender letters, finance companies and offers for credit cards. Based on what was left, we saw how unbearable her life had become, being hounded by a predatory industry. The most predatory part is the PayDay lenders who loan money then charge huge interest and hound people to pay this money back. Its hugely irresponsible allowing this to continue as the pressure makes it hard for those with a gambling addiction to not see suicide the only way out.

What was left gave my family clarity of what our sister was carrying on her own shoulders and why she had distanced herself from us all.



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