

Submission to the Joint Select Committee on Future Gaming Markets

The Secretary, Joint Select Committee on Future Gaming Markets Legislative Council Parliament House Hobart 7000

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## RE: Submission to the Joint Select Committee on Future Gaming Markets

The ANMF is the largest professional and industrial organisation in Australia representing nurses and midwives. Our Tasmanian branch is the voice for the thousands of nurses, midwives and carers working within Tasmania's health system. ANMF has over 7,500 members Tasmania wide who are dedicated to their work and to the health and wellbeing for all Tasmanians. Our members work on the front lines in Tasmanian communities to improve the health of people who often struggle with poverty, trauma and intergenerational disadvantage.

It is becoming increasingly evident that problem gambling has an obvious negative impact on any individual's health and wellbeing. Problem gamblers experience severe psychological distress, with feelings of shame and despair. They are more likely to suffer depression and anxiety, to smoke, to abuse alcohol, to suffer other mental health issues and to consider suicide.¹ In many respects gambling addiction is the same as drug addiction in its neurological function, and in its consequences.

Chronic high levels of stress and the effects of sitting staring at a screen for hours are damaging to anyone's physical health.<sup>2</sup> Existing health conditions such as diabetes, arthritis or asthma may be exacerbated by such inactivity while age-related conditions may have an earlier onset or increased severity. Avoidable ill health has obvious consequences for the public health system and general community wellbeing.

The financial harm of problem gambling is also easy to imagine. Loss of savings and income affects not only the gamblers but also their families. Partners, children and other family members find there is less money for nutritious food, winter heating, out-of-pocket medical and dental expenses, sports and recreation and other components of a healthy lifestyle. It has been estimated for every problem gambler;

between five to ten other people are negatively affected. Within families, the effects can be severe. Relationship breakdown is common. Children who live in the household of a problem gambler are in a similar situation to children in the household of an alcoholic and experience the same levels of trauma. Every moment a parent is sitting in front of a poker machine is time that is not spent with the child. Furthermore, there is a strong link between problem gambling and family violence, with problem gamblers represented as both victims and perpetrators.

Problem gambling is not solely caused by the individual's inability to take responsibility or control his or her own behaviour. Gambling behaviour can be attributed to social determinants (as understood through the Social Determinants of Health Framework and study). Factors such as culture, education and income levels, influenced by socio-economic forces like policies and legislation can impact on personal behaviours.

All in all, the harm from problem gambling and the consequences for public health are clear. Harm minimisation measures have not succeeded in stopping problem gambling, and the Government has continually refused to introduce stronger measures such as a \$1 bet limit and a pre-commitment scheme. Poker machines are well known to be the most damaging form of gambling. Removing electronic gaming machines from pubs and clubs in Tasmania will make them less accessible and remove the greatest risk factor for problem gamblers.

Preventative health measures are required with investment in public health strategies that contain the economic, political and social drivers, which intensify gambling. This includes regulating and restricting the availability and distribution of pokie machines across Tasmania, de-normalising gambling and regulating its marketing and promotion, and reducing the governments' reliance on gambling revenue. Interventions that minimise the harm associated with gambling activities are necessary. Because problem gamblers often present with multiple and complex social and psychological issues, cross-sectoral responses are required.<sup>3</sup> This includes an integrated health and service system that includes primary health, family services, drug and alcohol services, and mental health services across the state.

The ANMF joined *Community Voice on Pokies Reform* because we want to see poker machines removed from our local communities and for Tasmanian community members to have an opportunity for preventative health strategies across their community. We would be happy to speak to the Committee about our concerns.

Yours sincerely

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Neroli Ellis

**Branch Secretary** 



https://ama.com.au/sites/default/files/documents/problem gambling battersby article.pdf

<sup>&</sup>lt;sup>2</sup> http://www.mayoclinic.org/healthy-lifestyle/adult-health/expertanswers/sitting/faq-20058005

<sup>&</sup>lt;sup>3</sup> Marotta, J, (2003). Oregon's problem gambling services: public health orientation in a stepped-care approach. Journal of Gambling Issues 9 [online no.: doi: 10.4309/jgi.2003.9.8]. Department of Justice (Victoria), (2008). Strategic policy framework for gambler's help services. Victorian Government: Melbourne. Productivity Commission, (2010). Gambling: Productivity Commission inquiry report. Commonwealth of Australia: Canberra