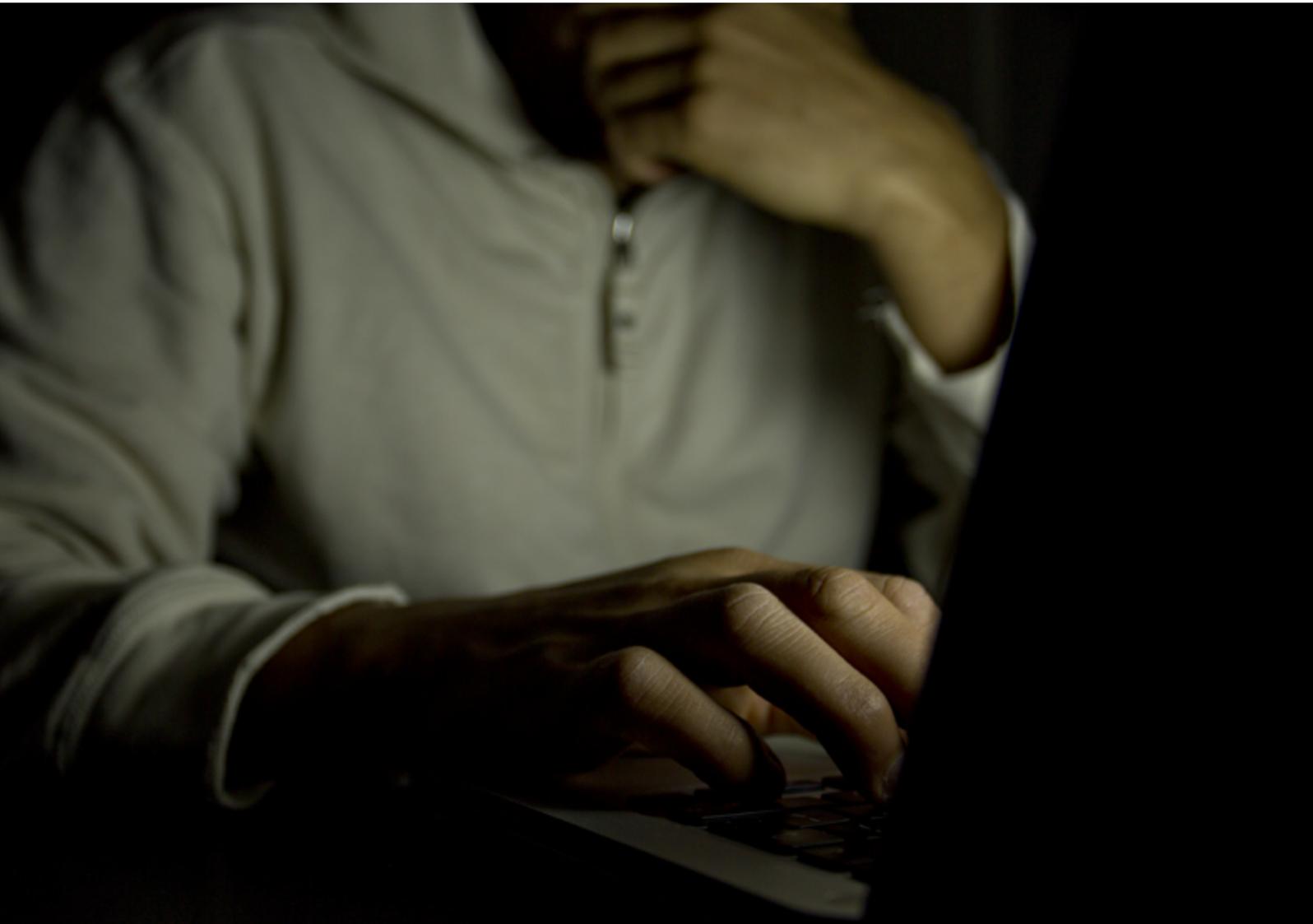


GAMBLING AND SUICIDE PREVENTION

A roadmap for change



January 2022





About this report

This report documents a virtual policy roundtable held with representation from the gambling industry, government, financial counsellors and therapeutic gambling counsellors, the gambling and mental health helplines, regulators, coroners, banks, peak bodies, people with lived experience, and others touched by gambling.

The purpose of the roundtable was to consider what each sector could do, and what could be done collectively, to reduce gambling-related suicide. To our knowledge, this is the first time this topic has been considered in such a wide-ranging way.

The "roadmap for change" in the report has been put together by Suicide Prevention Australia and Financial Counselling Australia, drawing on the wisdom of participants in the roundtable, as well as our own knowledge and experience.

Suicide is a sensitive and emotional topic for many people. This report includes stories from people with living and lived experience. Please reach out for support if you find any of the report distressing.

Imagine a world without suicide

There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

Gambling Helpline: 1800 858 858
www.gamblinghelponline.org.au

National Debt Helpline: 1800 007 007
www.ndh.org.au (Mon-Fri)

Acknowledgement Statement

We remember those we have lost to suicide and acknowledge the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. We extend a special acknowledgment and thank you to those who shared their powerful stories at our policy roundtable for the purpose of creating change and saving lives.

We acknowledge the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea, and community. We pay our respects to them and their cultures, and to Elders past, present, and emerging.

Foreword



Nieves Murray
*Chief Executive Officer
Suicide Prevention Australia*



Fiona Guthrie
*Chief Executive Officer
Financial Counselling
Australia*

Suicide Prevention Australia is the national peak body for suicide prevention, with experience providing support to the sector for more than 25 years. We have over 400 members including many of the largest and smallest suicide prevention organisations, as well as individuals with lived experience of suicide, research, and subject matter expertise.

Our vision is a world without suicide, which we believe can be achieved by understanding the complex social and economic factors that might increase someone's vulnerability to distress.

More importantly, we work with experts across sectors to identify how to reduce suicide risk and intervene well before someone reaches the point of crisis.

We know that problem gambling is often a hidden issue, and that it can heighten two key risk factors for suicide: financial hardship and relationship breakdown.

With our partner, Financial Counselling Australia, we brought together a range of experts across sectors and people with lived experience to collaborate and unify against a common goal: to reduce the harms of gambling and save lives.

The creativity, passion and innovation demonstrated at our policy roundtable is reflected in this report and outlines a path forward for reform that we can travel together to address this important issue.

Together – we can work towards a world without suicide.

As far as we know, this workshop is the first time there has been a specific focus on trying to understand more about gambling-related suicides. We know that these suicides happen because, sadly, financial counsellors see this in their case work, and it is devastating for anyone affected. For some families, it is only when they lose a loved one that they become aware of the existence of, or the extent of gambling issues for that person.

Addressing any difficult social issue starts first and foremost with awareness. Holding this forum, which brought together a wide range of people, was therefore an important step on focusing on the scourge of gambling-related suicides. But we wanted to do much more than just bring people together to understand the problem.

After understanding, comes action. There is a lot more that each of our organisations can do, either separately or collectively, to shine a spotlight on this issue and to help prevent gambling-related suicides. It was heartening, therefore, to see the ideas and enthusiasm of everyone at the workshop and to know that change is afoot.

We look forward to working with this broad group of stakeholders in the future.

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Summary of key insights

The issues

Gambling links with financial distress and relationship breakdown



The industry needs more responsible gambling regulation, especially to curb emerging online forms of gambling



The community needs greater education and awareness of the signs of problem gambling for individuals, families, and frontline workers. Stigma prevents help seeking



Gambling warrants a public health approach where responsibility is shared by individuals, community groups, gambling companies, banks and governments at all levels



What will make the greatest impact

A ban on gambling industry advertisements



Banks to promote harm minimisation options and develop options for supporting those at risk



Governments to implement stronger regulations on the industry to make gambling providers accountable for proving whether they were aware or not of harmful gambling patterns



Regulation should be stronger with more measures to minimise gambling-related harm



Roadmap for change



10 things that need to change

This roadmap for change has been developed by Suicide Prevention Australia and Financial Counselling Australia. The roadmap is based on the discussions at the roundtable, but also draws on our own research and knowledge in the area.

1. IDENTIFY AND RECORD:

Police and coroners to consciously look for problematic gambling as a contributing factor in their investigations of an unexplained death. Investigators should use open banking data through Consumer Data Right, gambling records and family interviews, and then record gambling as a contributory factor. This data needs to be captured nationally and be included in Australian suicide datasets. All states and territories need to establish suicide death registers, and report on gambling-related suicides.

2. BANK SAFETY:

Establish a plan for banks to reduce gambling harm, including banning of debt-funded gambling (such as credit cards), introduce friction and consumer awareness points when large amounts of money are being moved to gambling accounts, provide safe accounts for managing savings and lump sums, and spend control tools. Banks and others to promote the banks' gambling blocks and other forms of help.

3. TREATMENT:

Improve accessibility of integrated treatment facilities for people with gambling problems (with peer-based care as part of the model).

4. REFERRAL PATHWAYS:

Ensure all helpline operators are trained to have conversations about gambling and know how to refer callers to specialist gambling assistance services. Banks, gambling companies and other organisations to have protocols for correct referral of customers with gambling issues who are at risk of suicide.

5. GOVERNMENT NATIONAL GAMBLING SUICIDE PREVENTION PLAN:

Address gambling in a National Suicide Prevention Plan that includes short-term and long-term actions for gambling industries, regulators, and relevant stakeholders to implement.

6. GOVERNMENT TO IMPROVE CONSUMER PROTECTION LEGISLATION AND REGULATION:

Gambling regulation is failing to provide adequate consumer protection and the myriad of state and federal regulators involved in gambling regulation operate in silos. We call for an urgent review and recommend the establishment of a coherent, adequately funded, national regulatory structure.

7. SELF-EXCLUSION REGISTER:

Government to operationalise the national online gambling self-exclusion register for people who want to stop gambling and extend it to all forms of gambling, including casinos and land-based forms of gambling.

8. GAMBLING INDUSTRY:

Adoption of a National Suicide Prevention Strategy that involves proactive harm minimisation, staff training and operational protocols particularly for customers entering VIP programs.

9. COMMUNITY EDUCATION:

Strategy to increase awareness of bank and gambling industry consumer tools to protect those at risk of gambling harm, to promote self-exclusion and pathways for accessing help. The strategy should reduce the stigma associated with gambling harm and normalise help seeking.

10. GAMBLING ADVERTISING BAN:

As with tobacco advertising, it needs to be banned.

1.1 Genesis of the roundtable

The roundtable came about because a man called Christopher contacted Financial Counselling Australia to share his gambling story in the hope that it would help improve policy outcomes. He tragically took his life a few months later. His family were unaware of his catastrophic gambling losses. Christopher's death wasn't captured in the coronial gambling reporting process.

Suicide Prevention Australia acknowledges the risk that gambling can play in leaving people vulnerable to suicide. The two organisations shared an interest in delivering meaningful work in the area of gambling and suicide. As such, Financial Counselling Australia approached Suicide Prevention Australia to partner on delivering a policy roundtable on gambling and suicide.

1.2 A note on the causes of suicide

Suicide is complex, multifactorial human behaviour with many associated and varied risk factors. Gambling behaviour and problem gambling can contribute to several of these risk factors, including financial loss and relationship breakdown. This report considers the voice of lived experience and of the available data and research related to suicide deaths where gambling is a contributing factor. Any references to gambling-related suicides needs to be considered alongside the knowledge that there is no single causal risk factor for the tragic loss of life from suicide.

1.2 About the roundtable and its purpose

The roundtable was held in October 2020 and was a virtual event due to COVID-19 restrictions.

Participants included people from the gambling industry, government, financial counsellors and therapeutic gambling counsellors, the gambling and mental health helplines, regulators, coroners, banks, peak bodies, people with lived experience, and others touched by gambling. There were 49 participants in total and the organisations represented are listed in Appendix 4.

This was the first time that anyone in Australia had brought together a cross-section of people who see gambling-related suicides in their jobs and in their lives. The goal of our discussions was to share what we knew from our own vantage points and then identify actions that would prevent suicide among people who experience problems with their gambling. The aim is to save lives.

We thank facilitator Karyn Schluter-White, who led an excellent and engaging online workshop for the 49 participants. We recognise the huge number of hours that went into preparing for the roundtable.

1.3 Structure of this report

This report is largely based on the structure of the workshop but, in some places, it also includes information from other sources to provide more context.

- **Section 2** has quotes and case studies from a number of the participants in the workshop. These illustrate what is being seen on the frontline. Some of the quotes are from the roundtable itself, while others are from emails from participants collected during the preparation phase for the roundtable.
- **Section 3** is Christopher's case study. This was used to highlight how gambling-related suicides are not always picked up.
- **Section 4** is a summary of the discussion at the roundtable about what we can glean from the current research and data.
- **Section 5** were suggestions from roundtable participants, organised by industry sector, about what needs to change to reduce gambling-related suicide.
- **Section 6** is our conclusion, describing the roadmap for change recommended by Suicide Prevention Australia and Financial Counselling Australia.

In some places, the names of the people quoted are included, but in others it was more appropriate for the quote to remain anonymous. We have used participant names where speakers prepared talks, but have used Chatham House rules where we picked up on discussion in the roundtable. We used Christopher's name with the consent of his family.

What we heard from roundtable participants



2.1 Background

The first part of the workshop was designed to capture the experiences of participants about gambling-related suicides. To understand the issue in a practical sense, the roundtable also included a session that looked at Christopher's gambling records (see Introduction) as a way of understanding the indicators of problem-gambling.

The quotes and case studies in this section are from participants in the workshop and illustrate what is being seen on the frontline¹. We have used pseudonyms to de-identify the case studies. Some minor changes have been made to protect privacy, but the essence remains.

2.2 Voices from the frontline

Gambling-related suicides are happening

How do I know that gambling-related suicides are happening? I have wanted to kill myself from lived experiences and tried. I have heard many stories of people who have tried. I know of a few where the noted reason for the death was different, but the cause of it was really from gambling.

Email from participant before the roundtable with lived experience/peer support

The secrecy is having an impact

I know what it's like to sit and think about it. How did I feel? I felt the secrecy. You don't want anyone to find out, so the secrecy is what kills people.

It's letting down people and the shame, not the money.

The secrecy of gambling needs to be spoken about around the dining table between wives and husbands.

Lived experience participant



The risk of suicide is far reaching

This case study illustrates that people affected by a family member's gambling are also at risk of suicide.

Stefan came to see me to get help with his debts. His wife, Janet was in hospital after having attempted suicide. Janet had received a significant compensation payment that she put into paying off their mortgage. Without Janet knowing, Stefan re-drew on the mortgage and gambled the entire compensation payment. Stefan and Janet are now separated.

A gambling financial counsellor

It is not enough to stop gambling. That is just the first part. Lives are lost many years later.

Over 21 years I've seen many people take their own lives. I'm quoting a treating doctor for almost 40 years at a gambling rehabilitation detox facility. He said "it takes 6-24 months to emotionally detox, up to four years to get stable, and it is only about five years on that they begin to fly". This parallels my own experience of 21 years in the field. It takes time to get stable and stopping gambling is just the first part. If nothing more is done than stopping gambling, you're still at high risk.

A gentleman named Rick got to peer support group in the 1970s and he had done well, got married and they were successful as a normal couple and had even acquired a couple of properties. Then he forgot to keep treating himself and relapsed 20+ years later.

1. Some of the quotes are from the roundtable itself, while others are from emails from participants collected during the preparation phase for the roundtable.

His assets were gone, the marriage had gone, and some years later he took his life, and he hadn't gambled for four years at that point. All he had done is stop gambling and hadn't done the necessary things to treat himself.

It is not just the gambler in action, it is the gambler out of action. I heard about another gambling-related suicide just 10 days ago. At peer support last night someone was talking about his ideation.

I know of more than 80 suicide case studies from my 21 years...

Gambling counsellor

There was no indication that suicide was imminent

A few months ago, I was told about a young man in his early to mid-20s who had taken his life. Now Terry had not returned to gambling as far as it was known by members of the various groups of Gambling Anonymous he was attending. It came as a very great shock. No indication to any of the GA family that this was imminent.

Gambling counsellor

A life that could have been saved

This call from a mother stayed with me. It is a case that I carried with me because I really consider this to be a life that could have been saved. The mother was packing up her son Jonathan's home after he took his life. Jonathan was in his early 30s. She found a card with the financial counselling services' number on it and called us. I reviewed the file. This is what I discovered.

Jonathan had always gambled but not excessively. He worked, had bought a house, paid his living expenses and mortgage. Then he lost his job, couldn't find another, and went on Newstart. He spiraled into depression and every fortnight spent his entire Newstart on gambling. He was behind in his mortgage and his bank sent him a default notice. On getting the default notice he reached out for help and support in the form of financial counselling, and other support services were also set up to assist him. The financial counsellor notified the bank that s/he was assisting Jonathan and a hardship arrangement was put in place for the mortgage debt.

But Jonathan had more bad depression days than good days and isolated himself from the support services. The services were busy, and no-one heard from him, nor followed up. Jonathan presumably didn't engage with the bank either, and the bank, without notifying the financial counsellor repossessed and sold his home. He took his life in his home and left a note for his distraught mother.

My observation is that people in trouble can't always get out of the deep hole. It is not unusual for people to disengage. He would have benefitted from a community-of-care approach, instead of support workers like financial counsellors who just see someone when that person makes an appointment. We have long waiting lists. It is not unusual for this to occur.

Financial counsellor in a rural area

I recently had four out of six clients in a day admitting that they were considering suicide

On any given week, we are getting two to three clients who are presenting as high risk. That means that they are openly admitting to considering suicide. On a daily basis, we are referring people to get treatment and we are always doing welfare checks.

Lawyer, gambling legal service

Do we see suicide in our case work? Absolutely. But we don't know what happens to the suicidal clients.

Yesterday, I saw a professional man who earns over \$200,000 p.a. He is really smart. He attempted suicide and was rescued, and then brought in to see me to help with the gambling debts.

Another retired lady lost her son and gambled all her super. A lot of the clients have tremendous trauma. They gamble a little, then some incident triggers catastrophic gambling, of say \$10,000 in a week.

We don't know what happens to the clients. There is a questionnaire follow up but that isn't relayed to us as practitioners.

Financial counsellor



Irresponsible provision of gambling is linked to suicide

My mother is a strong woman. She's fought for everything we've ever had and upon learning of my brother's actions [he gambled \$300,000 of her home loan mortgage money] she just broke down and started crying. I don't think I ever saw her cry like that. She cried because [my brother] said he was going to take his own life, she cried and blamed herself for failing him as a parent, she cried because of the fear of being thrown out on the streets.

I find it baffling that an individual that had a \$100 deposit limit just one week prior to all this was allowed to deposit more than \$300,000 without arousing any suspicion.

Email from a brother seeking financial counselling help (sent after roundtable to Financial Counselling Australia, not a participant)

The bank gave an aged pensioner \$120,00 in credit card debt. He should not have been given so much credit. He attempted suicide.

I saw a man who attempted suicide. The hospital referred him to us for financial counselling help. He had a \$120,000 credit card debt that was due to gambling. The bank should not have given that level of credit to an aged pensioner. We got his debts waived by the bank.

Financial counsellor

RSL helps veterans get compensation, and it is gambled at the RSL pokies

A participant reported the dual role the Returned Serviceman's League (RSL) plays in advocating at an individual level for veterans to receive medical compensation for combat injuries, while also raising money for the organisation through gambling. The RSL worker often invites the veterans into the RSL venue.

I am a veteran and I work for a mental health organisation advising on the implementation of a suicide prevention program. We know that veterans are at increased risk of suicide. Young men and veterans are a high-risk combo. And many suffer from mental health challenges that prey on stimulus... chemical responses in their brains. Clear evidence to say that gambling is a component of the latter. PTSD is linked and some Vets, but not all, are attracted to the lights and sounds of poker machines.

Vets do have a regular income but are not meaningfully employed so have a lot of money to go and gamble. They also have large sums of compensation that is available at time when they are really vulnerable, like when they have lost their friends, career... and then receive hundreds of thousands compensation (eg. \$300,000).

We are sick of our mates dying at their own hands and we want to stop it. The most effective way is to stop poker machines.

Former Australian Defence Force employee, now a worker in a mental health organisation

2.3 Voices from emergency departments

This section was informed by:

- Dr Rebecca Hope, Consultant Psychiatrist, Gambling Minds (the Victorian Statewide Mental Health and Gambling Harm Service) and Alfred Emergency Department

We see people with gambling and suicidal thoughts in the emergency departments of hospitals. Clinicians are reluctant to ask questions about gambling in this setting.



There is one study showing a link between suicide and gambling. The Alfred Hospital in Victoria has the only gambling counselling service provided within a hospital setting. The consultant psychiatrist explained:

We see a lot of people in crisis in the emergency department who have difficulty with gambling and have suicidal thoughts. Not only do people feel reluctant to express it [gambling] to clinicians but clinicians themselves are reluctant to ask the questions. There is the perception that gambling isn't as important as something like suicide.

Our team did a study just over 10 years ago². One of the great things that came out... is the increased publicity about this important link between suicide and gambling. It is... under-reported because of the shame. We involved 893 individuals over a six-month period where each person who presented in crisis was asked specifically about any history of gambling-related harm.

Found almost one-fifth of people had a history of gambling problems and almost 80 to 90 percent of these reached the criteria for gambling dependence. And half of those one-fifth with gambling problems were presenting with suicidal thoughts or attempts.

The people are presenting to the emergency department or emergency services, and it is a really good opportunity for us to ask [questions about gambling] and pick up some of these people who wouldn't otherwise disclose gambling to services.

In the study, those with gambling problems were referred to gambling help services. When the study followed up, almost half had found it useful and had practised the strategies, including self-exclusion.

2. With Monash Alfred Psychiatry Research Centre. Problem gambling in people presenting to a public mental health service, October 2011, Authored by Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic, Professor Jayashri Kulkarni

2.4 Voices from the helplines

Several helplines receive calls from people who are at risk of gambling-related suicide. Common referral pathways for people at risk are to Lifeline, Gamblers Help or Beyond Blue. The National Debt Helpline staffed by financial counsellors also receives some distress calls. Banks and gambling operators also refer suicidal customers to the helplines.

Many organisations contact the police requesting a welfare check at the person's home³.

Ask callers about gambling and suicide

There are questions about suicide and gambling that should be asked of people who ring hotlines.

Lived experience participant

The gambling industry doesn't know the best referral points. Educate us.

The gambling industry doesn't know who the best contact point for referral is: Gamblers Help, Lifeline, or police welfare checks. Educate the industry to know what to do, so everyone understands the tools and processes that are available.

Gambling industry participant

Significant numbers with gambling-suicide issues presenting to our mental health helpline

I worked with people who have attempted suicide or gone to hospital. My program connected them to a GP, financial counsellor, or relationship counsellor. We saw a significant number in financial difficulty present with suicidality and gambling-related issues. It might be gambling debt, loss of money or relationship difficulties. (The program was run via my organisation's helpline.)

Suicide project manager, mental health program

Most people on the financial counselling helpline are not trained in gambling issues.

They refer suicidal callers to Lifeline. The gambling industry refers to Lifeline too... Lifeline doesn't train its helpline volunteers to specifically ask about gambling.

On the financial counselling helplines, not everyone is trained in working with gambling issues. If someone rings and is suicidal, they will probably be referred to Lifeline. But as far as we know, Lifeline doesn't train its workers to talk about gambling or how to refer. You can see what is happening.

They might get walked back from the cliff edge, but then what happens next? People go around in circles in a disjointed way, and some lose their way not getting help with gambling, or the debts.

The gambling companies also refer suicidal customers to Lifeline and so do the banks. But if Lifeline isn't asking about gambling, how do people get the help that they need? We have some serious structural issues.

Staff member, Financial Counselling Australia

Lifeline trainees do not get specialist support in problem gambling

Lifeline offers crisis support by phone and chat and text help. It receives over 3000 calls a day.

Trainees do not get specialist support in problem gambling. We focus the training on managing crisis in any way that it presents. We focus on hearing the pain to lower the distress. We don't screen for particular presentations (including gambling). That is not the role. We are providing a human-to-human connection at that point. Listening deeply and fully can reduce distress for help seekers, including people devastated by gambling.

We are not a mental health service per se. We really do see people in suicidal crisis due to gambling-related financial distress, and there is a very strong sense within those individuals around powerlessness. This word comes up regularly amongst callers. And shame and guilt, and a sense that the individual really can't recognise themselves and their own behaviours, so a real crisis of personality is happening there.

Gambling is an interesting one, because it often is the only condition that people feel genuinely that they can get out of the situation that they are in by continuing with the behaviour that has got them into the problem in the first place. So chasing losses and recovery to a big win sits large in people's mind, and this can be dangerous and deadly.

Participant, Lifeline

3. The police were not directly represented at the roundtable. However, they should also be part of the solution.

2.5 Voices involved with suicide prevention

One participant spoke about the importance of learning from people with lived experience and how co-design should shape the policy and planning for suicide prevention.

Action could occur now, rather than waiting for all the data to be available

We do know that anyone who gets into deep financial crisis and in deep family crisis, with lots of other social-psychosocial factors... can feel trapped and may not see a way forward... (working on these issues) is a key opportunity in suicide prevention.

We need to look at opportunities for policy and regulation, including responding much earlier to levels of distress.'

The gambling sector, financial counsellors, and social sectors should consider working together to prevent people falling through the cracks. The way to do this is to create better linkages between services.

There (is a challenge in) requiring someone to go through door A for their alcohol and drug problems, through door B for their relationship support, through door C in suicidal crisis, through door D if it is a gambling treatment. How can we provide the linkages... and provide warm and hot referrals (between services)? How can we bring case coordination back to our system that is isolated and siloed?

There are a lot of people who die by suicide, and a lot of people who attempt suicide or live with suicidal distress who never come into contact with services. We're looking at what can be achieved by responding earlier, instead of waiting for people to seek help or waiting to provide treatment services.

There was another opportunity with workforce training

What are we doing to ensure that every single person who has contact with someone who is in distress, whether they be financial counsellors or banks or other networks, has contemporary (skills) and the right kind of professional development to know how to respond in the here and now and not just give people a number and expect that they will make the next call on their own?

There is a need to link data to understand how different risk factors, such as domestic violence, alcohol and substance misuse, and co-morbidities, interact and can place individuals at risk of suicide⁴. There is an opportunity for early identification of people who may be more vulnerable to suicidal distress.



4. There are various research studies showing a significant rise in family violence assaults against women and children on sports days like Grand Final Day and State of Origin games. The studies have asked about alcohol consumption and have highlighted links between [alcohol promotion and consumption and increased presentations in emergency departments and police recorded assaults](#). Other studies show links between gambling and family violence. It is likely that increased gambling is also a factor in the spikes in family violence on these big days in the sporting and racing calendars but to our knowledge no research has looked at the gambling-alcohol-sports triangle of linkages with family violence. See the 2020 Anrows Research study, [The relationship between gambling and intimate partner violence against women](#), that showed that problem gambling exacerbates violence against women. See also Vic Health's report: [Drinking cultures and social occasions: Alcohol harms in the context of major sporting events](#) and [Play Our Part: Family and domestic violence organisations encourage Australians to play their part against violence ahead of grand final weekend](#) (20 oct 2021)

Christopher's case study and coronial findings



3.1 Background

Using Christopher's actual betting records, the purpose of this part of the roundtable was for participants to see what wagering operators have in front of them. A further purpose was to honour Christopher's wish to help change the policy landscape. It was for this reason that Christopher had contacted Financial Counselling Australia and shared his data and story.

Christopher's siblings and mother attended the roundtable. They gave their permission to share Christopher's gambling statement and letter from the NSW Coroners Court. We thank them for their support and encouragement.

To place Christopher's story in the broader policy context, roundtable participants also heard from David Byrne, former police investigator with experience in coronial investigations (page 15) and Justice John Cain from the Victorian Coroner's Court (page 15).

3.2 Christopher's gambling records and the coroner's report

This section was informed by:

- **Lauren Levin, Director of Policy, Financial Counselling Australia (based on content shared by Christopher)**

The roundtable examined Christopher's Crownbet five-week gambling activity statement and observed that from the first day he opened the account, it was evident that this new customer had gambling issues.

In Christopher's own words to a journalist describing his gambling, he said "it was an absolute frenzy – bet, bet, bet, late into the night, early into the morning. Three months, half a million bucks ... it's all gone now". The article went to print a few days before Christopher's death. Christopher wanted his story told⁵.

Date	Time	Description	Amount
13/02/2018	9:50:39 PM	Deposit - Credit Card	\$100.00
13/02/2018	9:47:16 PM	Deposit - Credit Card	\$190.01
13/02/2018	9:07:40 PM	Deposit - Credit Card	\$599.48
13/02/2018	8:46:29 PM	Deposit - Credit Card	\$100.00
10/02/2018	12:31:18 AM	Deposit - Credit Card	\$10000.00
9/02/2018	9:42:23 PM	Deposit - Credit Card	\$5000.00
9/02/2018	7:33:37 PM	Deposit - Credit Card	\$5000.00
8/02/2018	12:58:58 AM	Deposit - Credit Card	\$5000.00
6/02/2018	12:56:06 AM	Deposit - Credit Card	\$2000.00
11/01/2018	8:15:43 PM	Deposit - Credit Card	\$10000.00
11/01/2018	3:50:04 PM	Deposit - Credit Card	\$10000.00
11/01/2018	2:13:49 PM	Deposit - Credit Card	\$8000.00
11/01/2018	3:15:27 AM	Deposit - Credit Card	\$45000.00
11/01/2018	3:00:40 AM	Deposit - Credit Card	\$20000.00
11/01/2018	2:25:01 AM	Deposit - Credit Card	\$20000.00
10/01/2018	8:52:18 PM	Deposit - Credit Card	\$5000.00
10/01/2018	7:03:32 PM	Deposit - Credit Card	\$5000.00
4/01/2018	11:33:38 PM	Deposit - Credit Card	\$50000.00
4/01/2018	10:53:32 PM	Deposit - Credit Card	\$50000.00
4/01/2018	10:31:21 PM	Deposit - Credit Card	\$50000.00
4/01/2018	8:17:09 PM	Deposit - Credit Card	\$20000.00
4/01/2018	6:20:56 PM	Deposit - Credit Card	\$20000.00
4/01/2018	5:47:27 PM	Deposit - Credit Card	\$1685.00
4/01/2018	4:57:29 PM	Deposit - Credit Card	\$10000.00
4/01/2018	3:01:23 PM	Deposit - Credit Card	\$5000.00
Total Non-Betting			\$355,014.49

Christopher was found deceased, the police were called. His family did not know about his gambling. Some weeks after his death, they discovered that Christopher had lost his entire accident compensation money (more than \$500,000), gambling with Ladbrokes and Crownbet.

The Crownbet statement shows how Christopher deposited \$206,685 the day he opened the Crownbet account. He lost \$355,014.49 in those first five weeks, without a single contact from Crownbet. He was left with \$0.79 in his bank account.

At the time of his death, his family did not know about his catastrophic gambling, so nothing was recorded on the police paperwork. The family discovered the gambling and empty bank account a few weeks later. The gambling statements were shared with the local police together with the newspaper article and other information obtained from Christopher discussing his gambling and its impact on him. The local police prepared their report for the coroner. Some months later, the coroner wrote to the family with its findings. There was no mention of the gambling as a direct or indirect cause of the death.

5. Nick Toscano, Three months, half a million bucks': Paying the price for a punt, 27 October 2018, <https://www.smh.com.au/business/companies/three-months-half-a-million-bucks-paying-the-price-for-a-punt-20181026-p50c5u.html>

3.3 What happens when police investigate an unexplained death or suicide

This section was informed by:

- **David Byrne, former senior police detective (Director Investigations, Intervention and Review Liquor and Gaming, NSW)**

Following on from Christopher's case study, where Christopher's death was not recorded as related to gambling, roundtable participants heard from a former senior police detective with extensive coronial expertise.

The police act as agents for the coroners on reportable deaths, including suicides.

The purpose of this discussion was to understand how the coronial system operates and why the clear links to gambling in Christopher's situation were not picked up.

Key points from the presentation

- With each death, the police go through a 'thorough and objective process' to ensure that the death has no suspicious circumstances, even when the death is a suicide. The focus is on ruling out suspicious circumstances, not necessarily establishing the motivation for a suicide.
- Single vehicle accidents may be suicides, including gambling-related suicides, but if the inquiries do not identify the motivation behind the suicide, the data may be missed, and the death will be recorded simply as a 'single occupant vehicle accident'. Data is often missed as the gambling is often hidden from family and friends.
- Suicides, such as those of Gary van Duinen, would not be recorded in NSW Police's computer system as having an association with gambling. Gary's suicide received extensive publicity at the time as his mother and wife had both contacted the local RSL where he went to gamble on the pokies to warn them of his precarious state⁶. Despite Gary's death being clearly related to gambling, the current system does not have the ability to record this as having a gambling association. This has been the case now for more than 20 years.

See Appendix 2 for suggestions for change from Suicide Prevention Australia and Financial Counselling Australia on page 30.

6. There are many media articles on Gary van Duinen's death, for example: [Gary went on a 13-hour gambling binge. By the time his family raised the alarm, it was too late](#), Sydney Morning Herald, 1 July 2018. It was a gambling related suicide, and his mother and wife had put the club on notice about Gary's precarious state.

7. [Gambling addiction linked to 128 suicides in Victoria](#), The Guardian, 20 Sept. 2013. See the report, [Gambling Related Suicides, Victoria 2000-2012](#), Coroners Prevention Unit.

8. The Victorian Suicide Register is discussed in this research paper. It points to the need for both qualitative data and coded, quantitative data to inform suicide prevention initiatives. See Georgina Sutherland et al, [Implementation and evaluation of the Victorian Suicide Register](#), Australian and NZ Journal of Public Health, Vol 42, issue 3, June 2018.

3.4 Coroners, the coronial process and prevention opportunities

This section was informed by:

- **Judge John Cain, Victorian Coroner**

The challenge for us... is that the findings we make as coroners and the data we capture is really only as good as the investigations we can undertake. We rely on the coroner's investigator, which is police, to be able to extract information from clinicians, family, and friends and whoever they can access. Sometimes the challenge in that is asking the right questions. Sometimes the challenge is stumbling on that bit of information that is a trigger or a guide.

What we really need to move towards is better national consistency in capturing suicide data generally. Then being able to drill into the specifics of that data.

Judge John Cain, Victorian State Coroner

Victorian State Coroner, Judge John Cain spoke about the coronial process and his thoughts on prevention opportunities, as summarised below.

There is a prevention opportunity in providing resources and guidance to family and friends to tackle the conversation around gambling. A Victorian study, based on Suicide Register data, showed that family members are the first point of call for people seeking help, not clinicians.

Key points from Justice Cain's speech

- The first Victorian study on gambling-related suicides found 128 gambling-related suicides between 2000 to 2012, with men accounting for 84 percent of these⁷.
- A more recent study showed about 20 gambling-related suicides a year in Victoria. Some states and territories have yet to establish a suicide death register and are still waiting for this to be a priority for their governments. Further, some state coroners do not have to produce a 'finding' for each death but in Victoria every death has a 'finding'. The Victorian Suicide Register⁸ has detailed information on people who die by suicide and the circumstances of their death.
- The challenge is that the findings made by coroners rely heavily on the investigative process and in turn that relies on asking the right questions.

See Appendix 3 for suggestions for change from Suicide Prevention Australia and Financial Counselling Australia.

Roundtable presentations on data and research



4.1 Background

This section of the report summarises presentations from participants about available data and research into gambling-related suicides. The presentations were from:

- Natalie Wright, Director, Office of Responsible Gambling (NSW)
- James Eynstone-Hinkins, Director of Health and Vital Statistics, Australian Bureau of Statistics (ABS)

4.2 NSW gambling help services

The NSW Office of Responsible Gambling funds gambling help services in NSW. The Office identified that only 10 percent of the people who need help with their gambling actually seek that help. Amongst this small cohort, many people have significant mental health issues.

Given the small number of people who seek help, it is important to equip family members and the general community to have informed conversations with people who may have gambling issues.

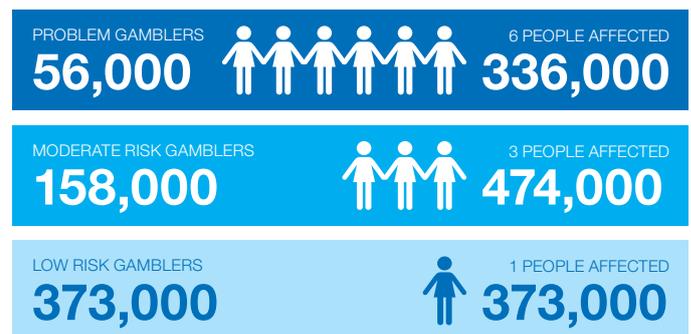
Director, Natalie Wright, explained how gambling intersects with other co-morbidities as evidenced in its annual survey of people seeking help.

1 in 10 people with gambling problems seek help through our services. So many more people who are impacted, who never reach out for help. But from those people, we found that gambling intersects with other co-morbidities, 45% diagnosed with anxiety, 45.7% were diagnosed with depression, 36.4% thoughts of suicide, and 11% attempt suicide.

Natalie Wright, Director of NSW Office of Responsible Gambling [2018-2019 data]

Most of the people receiving counselling were people with a gambling problem. However, 30 percent are partners or family members. The split is 60 percent male and 40 percent female and the pattern is similar each year.

However, no data is collected about the suicide of family members, so the reflection was that this was an omission.



4.3 Recording gambling-related suicides

The ABS's national mortality dataset is used extensively in policy, planning and further research. It is based on information contained on death registrations, medical certificates of cause of death and investigative reports stored on the National Coronial Information System (NCIS). Data relating to underlying and associated causes of suicide deaths are sourced from the NCIS, and can be based on policy, autopsy, toxicology and coroner's reports.

The ABS captures information relating to gambling using two codes from the International Classification of Diseases (ICD), F63.0 Pathological gambling and Z72.6 Gambling and betting (from 2017 onwards). Both codes can be applied when there is a clear indication in NCIS reports that gambling (pathological or otherwise) was a factor in that death. It was noted that circumstances relating to a suicide are complex and multifaceted and risk factors should not be considered in isolation.

Each year, the ABS records around 10-15 deaths where pathological gambling is an associated cause. An additional 20-30 deaths are assigned the Z72.6 code that indicates that gambling and/or betting was an identified risk factor.

The roundtable heard that the ABS' ability to capture this information is reliant on this information being uncovered in the course of the death investigation and on that information then being made available on the NCIS. Police reports and coronial findings are especially important in capturing information on gambling so questioning about gambling as part of an investigation and access to complete police or coroners reports through the NCIS are both important in terms of data completeness.



Roundtable discussions on data needs and opportunities

Almost every participant at the roundtable came with a story of a gambling-related suicide. One participant provided 10 case studies of people he personally knew before the workshop as part of the preparation. We heard of gambling-related suicides from counsellors, banks, gambling company workers, peer support participants, veterans, regulators as well as the devastating testimony from Christopher's mother and brother and how they had been affected by his suicide. We heard that in the gambling face-to-face help services in NSW, a staggering 11 per cent of people self-disclosed that they had attempted to take their lives.

Those in the room understood that the ABS data is not able to identify all lives lost to gambling.

Key points

- The ABS national mortality dataset includes information on all causes including suicide deaths. Underlying causes of death are commonly referenced in media, often as leading causes, while the dataset also contains data on associated causes including risk factors. The ABS national mortality data is coded following an international coding convention⁹.
- Suicide deaths are coroner referred so information on underlying and associated causes are sourced from information on the NCIS, including the findings of the coroner. Circumstances relating to suicide deaths are complex, so associated causes should not be considered in isolation.
- The ABS is only able to capture information that has been documented through the investigation of any death and recorded on the NCIS. If the investigation does not uncover gambling, or if that information is not recorded on the NCIS, the ABS data will not capture it, and gambling-related deaths will be under-reported.

See Appendix 4, for Financial Counselling Australia and Suicide Prevention Australia recommendations relating to the ABS, on page 31.

9. All countries capture data through the international classification of diseases (ICD) and World Health Organisation coding guidelines

Other relevant data and research



Roundtable participants discussed the evidence and agreed that there are many gaps in the data and research. For a start, we lack a true national picture of gambling-related suicides. While the Australian Bureau of Statistics (ABS) has a data category for gambling-related suicides, its ability to systematically capture gambling related suicide deaths is reliant on death investigations and documentation. Coroners investigating the cause of a death will look at health records for drugs and alcohol as contributory factors but do not look at bank records or gambling statements to see if gambling was a contributory factor¹⁰. Police who investigate a suicide or an unexplained death, do not ask about gambling or related financial difficulties.

5.1 What the research evidence says about gambling and suicide

Currently, the research evidence about the relationship between gambling and suicide is fragmented. We do know that gambling is linked to financial distress, unemployment, and relationship breakdown — all established risk factors for distress and suicide.

- According to the Australian Institute of Health and Welfare (AIHW), legal gambling losses are an estimated \$22 billion every year, making Australia the country with the highest rate of gambling losses per person in the world (Rintoul & Deblaquiere, 2019). The 2015 HILDA Survey found that of the 6.8 million regular gamblers (39% of Australian adults) who lost an estimated \$8.6 billion, people experiencing gambling-related problems accounted for almost half (42% or \$3.63 billion) of the total expenditure that year (Armstrong & Carroll, 2017).
- Men are over-represented among Australia's regular gamblers (54%) (Armstrong & Carroll, 2017) and also in deaths by suicide in Australia. The latest causes of death data from the ABS for the 2020 period reported males accounted for 75.9 percent of deaths by suicide (2,384 deaths).



- Key risk factors for suicide, such as financial distress and unemployment, were found to be over-represented in the sociodemographic characteristics among people who experience problems with their gambling (ie. people had low incomes, were unemployed, and lived in low socioeconomic areas) (Armstrong & Carroll, 2017). Indigenous people, men, and young adults (aged 18 to 29) were over-represented in people with gambling problems (Armstrong & Carroll, 2017). The rate of deaths by suicide among Indigenous Australians over the past five years is almost double the rate of non-Indigenous Australians (24.6 per 100,000 compared to 12.5) (Australian Bureau of Statistics, 2020).
- In 2020, 3,139 Australians died by suicide which is 12.1 deaths per 100,000 people (Australian Bureau of Statistics, 2020). For each person who dies by suicide, over 100 others will be affected (National Suicide Prevention Taskforce, 2020). Research estimates that for every individual with a gambling problem, up to 17 people can also be affected (The South Australian Centre for Economic Studies, 2010).
- Pre-COVID, of the 39 percent of Australians who were regular gamblers, 17 percent had problems with their gambling (Armstrong & Carroll, 2017). Those belonging to higher risk groups spent approximately seven times more than people who did not experience problems with their gambling over the year on gambling activities (\$6,241 compared to \$883) (Armstrong & Carroll, 2017). Of the population in Australia who are homeless, research indicates that between 15 to 20 percent are homeless due to a gambling addiction (Browne, et al., 2019).
- In 2020, the COVID-19 pandemic saw increases in gambling behaviour (Jenkinson, Sakata, Khokhar, Tajin, & Jatkar, 2020).
- Research has found almost one in five people presenting with suicidality also experience problems with their gambling (De Castella, Bolding, Lee, Cosic, & Kulkarni, 2011). Protective factors, such as social and financial supports, are compromised by the financial harms of gambling and this leaves people vulnerable to risk factors of suicide (Life in Mind, 2020) (Browne, et al., 2019).

10. There are two significant data innovations that allow authorised people to easily see the nature of someone's gambling. In November 2018 the [National Consumer Protection Framework for Online Wagering](#) was launched. One of the 10 measures was a consumer right to receive meaningful wagering transaction statements, called activity statements. The data details deposits, transactions, time of gambling, and net wins/losses and more. In July 2020, under ACCC rules, the [Consumer Data Right](#) went live for customer data sharing by banks. This means that accredited recipients can easily access individual customer bank data with appropriate consents. Investigating police could apply to access the deceased person's bank gambling data and data relating to financial distress to ascertain whether gambling was a contributory factor to the death.

5.2 Research on protective factors, risk factors and co-morbidities

Key risk factors for suicide, such as financial distress and relationship breakdown, are amplified by the harms associated with problem gambling.

- Problem gambling has been found to affect the functioning of family and intimate relationships, result in significant emotional impact on children that can carry into adulthood, is associated with family violence, and can often culminate in family breakdown (Australian Gambling Research Centre, 2014) (Rintoul & Deblaquiere, 2019) (Life in Mind, 2020). For every person experiencing problems with gambling, it is estimated that anywhere from seven to 17 other people are adversely affected (The South Australian Centre for Economic Studies, 2010).
- Protective factors for suicide, such as social support and connectedness in stable relationships, physical health, and employment, are compromised by the financial harms associated with problem gambling, including bankruptcy, inability to afford essentials such as food, losing or selling assets to cover gambling debts or continuation of gambling and job loss. This leaves people vulnerable to risk factors of suicide (Life in Mind, 2020) (Browne, et al., 2019).
- Risk factors for suicide include mental ill-health, and alcohol and/or other substance use (Life in Mind, 2020). The link between problem gambling and co-morbidities is evidenced in Australian research. One study using a problem gambling screening tool investigating problem gambling in people presenting to psychiatric services at the Alfred Hospital in Victoria found prevalence rates of problem gambling to be 17.2 percent, which was more than four times the rate reported in the broader community.
- Research has found almost one in five people presenting with suicidality also experience problems with their gambling (De Castella, Bolding, Lee, Cosic, & Kulkarni, 2011). These include 76 percent experiencing depression and anxiety, 57 percent with alcohol problems, and 24 percent with substance abuse (De Castella, Bolding, Lee, Cosic, & Kulkarni, 2011).
- NSW Office of Responsible Gambling annually reports on data collected by their funded Gambling Help services. For the period 2018/2019, 36.4 percent of clients had thoughts of suicide, 11 percent had attempted suicide, 38.5 percent were diagnosed with anxiety, 45.7 percent were diagnosed with depression, 21 percent had a problem with alcohol, 22.8 percent had a problem with other drugs, and 15 percent had committed an offence related to their gambling problem (Office of Responsible Gambling, 2019).

Evidence both nationally and internationally appears to be consistent in finding that individuals experiencing gambling problems are at risk of experiencing co-morbidities and suicidality.

5.3 CONSUMER DATA RIGHT: new tool to access bank records to identify gambling

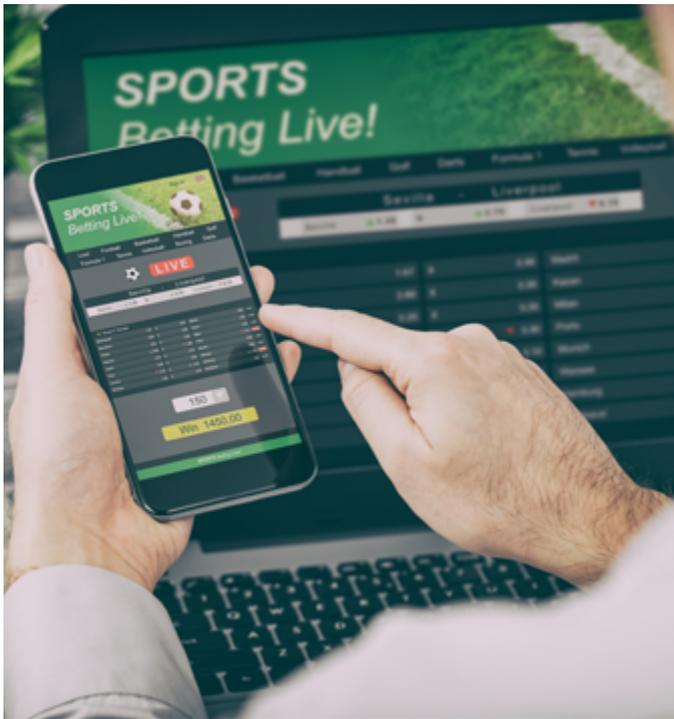
The new CONSUMER DATA RIGHT (CDR), also referred to as 'open data' is a new option to understand a person's financial position that the police and coroners have not yet made use of. This access to data will make it easy to search bank records to identify gambling¹¹. Under the consumer data right, banks must provide data in an interoperable format to those authorised by the Australian Competition and Consumer Commission (ACCC) to access that data. The regime is subject to strict rules to protect privacy.

The police (or coroners courts) can apply to the ACCC for permission to build a simple platform to access a deceased person's bank gambling transaction data. From this data, they can see the amounts spent on gambling, trends in the data, the names of the gambling companies, and credit related information.

Once the police identify the companies the deceased predominantly gambled with, they can then request the relevant online gambling activity statements (or gambling loyalty card records for clubs and casinos). In most cases, it will be easy to judge whether the gambling was problematic. For instance, a person with an income of \$50,000 who gambled \$500,000 in three months with one company has clearly identifiable gambling issues. A person who is not paying their energy bills but is spending 80 percent of their weekly salary gambling clearly has gambling issues. A person who has 10 credit cards and a host of payday loans and spends the bulk of that credit on gambling, clearly has gambling issues. Other cases will be less clear. A small sum spent gambling does not mean that gambling was not problematic.



11. The Australian Competition and Consumer Commission (ACCC) is the lead regulator of the CDR. The ACCC is working with the Office of the Australian Information Commissioner (OAIC). The major banks commenced Open Banking on 1 July 2020, and the smaller banks have to start by 1 July 2021.



5.4 Online gambling activity statements

Under the 2018 Online Gambling Consumer Protection Framework, online gambling operators must provide gambling activity statements to their customers. Additionally, each operator keeps file management notes on every case-managed customer, email records, call recordings, and more. Taken together, they provide a detailed record of the deceased person's gambling experience.

With the assistance of this rich source of untapped data, the police and coroners would be able to better understand the extent of the role that gambling and financial difficulty played in an unexplained death or suicide.

5.5 Access to information for legal personal representatives

Health data is protected after death. For example, NSW privacy laws continue to protect a deceased person's health information for 30 years but there are circumstances where family members and other interested parties can access information.

In contrast, information privacy is extinguished on death. This is because the right to information privacy is regarded as a personal right and is only required to be exercised during a person's lifetime. Should family members and executors be able to obtain the gambling related data? For many families, understanding their deceased's family member's gambling journey is part of their own closure, particularly in a suicide or unexplained death. Without this information, they do not know what happened. Many know that something has happened but cannot find out what.

Since information privacy is extinguished on death, it is practically impossible for most family members to get the answers they need. Grief is compounded by knowing that 'something happened' but not being able to get any answers.

Nevertheless, there must be strict protocols around who accesses this data. The executors and next of kin should be considered as persons with a presumed right to obtain this data, subject to an appropriate process. Any surplus funds in the gambling accounts should be returned to the estate.

12. Report by Financial Counselling Australia, August 2015, page 8.

13. The regulation would need to specify the duration that call recordings must be retained. Currently, they do not have to be retained for very long. Many calls outgoing made from VIP client managers to customers are on mobile phones and miss being recorded.

14. E.g. see this [Information and Privacy Commission \(IPC\) fact sheet - Access to a deceased person's health information Dec. 2020](#) (NSW)

15. There is a fact of death (FOD) file that is provided to approved agencies to cleanse their administrative records of deceased individuals. The Australian Coordinating Registry (ACR) controls the FOD files and access, and has developed principles and processes for release of data. There are strict protocols to ensure the confidentiality and data security of the information. See [Fact of Death FAQs, Dept of Justice and Attorney-General, Registry of Births, Deaths and Marriages \(Qld\)](#).

Case study: A small sum spent gambling does not mean that gambling was not problematic

Pete, a teenager living at home, used his parents' credit card one weekend and lost a few thousand dollars through online sports betting. He knew his parents would find out when they checked their account. He died by suicide, leaving a note and explaining his shame. The parents met with the financial counsellor to work out how they could repay the credit card debt.

Duds, Mugs and the A-List: the Impact of Uncontrolled Sports Betting (Financial Counselling Australia report)

The police can also identify signs of financial difficulty, such as frequent use of payday lenders or other high-cost credit, such as overdraft fees, the absence of payments for household essential services, missing rent or mortgage payments and so on. An algorithm would be able to identify and then score the level of financial difficulty. Credit reports are also rich in financial difficulty data because they include repayment history information and defaults (where a loan is unpaid for more than 60 days).

Financial counsellors are experts at understanding bank transactions and credit report data and would be able to assist with identifying markers.

Suggestions from roundtable participants: What can be done?



6.1 Background

In the afternoon session of the roundtable, we split into groups by sector to brainstorm actions that each sector could undertake. Each group selected three priority items. This section of the report outlines some of these discussions.

Disclaimer: Only so much could be achieved in one workshop. There may be some points missing and, on reflection, some of the discussion points may need to displace some items that were initially selected. Not every group had a full representation of participants from that sector.

Importantly, however, we made a start and there were many good ideas. The groups were:

- government	- health
- banks	- financial counsellors
- gambling industry	- gambling lawyers
- peak organisations	- helplines

6.2 What can government do?

The way the algorithms and analytics are operating are all targeted at draining the individual of their money. Clearly there are ethics involved here, and these companies are going beyond what is ethical in their behaviour...

What is obvious is these companies have failed in their ethical responsibilities and as a consequence, government needs to get involved and put more regulation in.

Roundtable participant

Key points from discussion

- There is currently no onus on the gambling industry to intervene early when there are clear indicators of gambling harm. If this did happen, it could potentially save lives. Often gambling providers can see gambling

problems through changes in patterns of time spent gambling, increases in the amount spent gambling and the frequency of gambling. Government has a role in articulating to gambling providers what expectations are in place for reducing harm and preventing suicide.

- Financial Counselling Australia’s Dud’s Mugs and the A-List Report: the Impact of Uncontrolled Sports Betting identified that betting companies share client data among each other (Financial Counselling Australia, 2015). A whistleblower disclosed that when customers ceased gambling with one company, the company traded its dormant client lists with another wagering company to offer targeted incentives or enticements to the person to induce them to begin gambling again with the new company (Financial Counselling Australia, 2015).

There is no regulation. It’s as if they’ve opened a highway and said gamble as much as you want, and no one stops me. My first bet might be \$100 and my next one might be \$30,000 and no-one says that should be an issue.

Lived experience participant

- Operators are not required to conduct financial risk assessments on clients prior to opening an account. One person shared how he would take out multiple credit cards and gamble 100 percent of the credit on each card, resulting in insurmountable debt.
- VIP marketing and inducements to gamble are not regulated which poses harmful risks to people who have trouble managing their gambling.

I seek a lot of help... it's very difficult when I still get calls from VIP managers asking if I would like to open an account. It's beyond me that I still get that.

Lived experience participant

- An important safeguard would be setting expectations that gambling operators will intervene in situations where people are being harmed by gambling, and stop accepting bets or severely limit them, and then provide warm referral pathways to support.
- Without stronger industry regulation, severe gambling harm will continue and this will ultimately result in further lives lost to suicide.

Priority recommendations for Government

1. Address gambling in a National Suicide Prevention Plan that includes short-term and long-term actions for gambling industries, regulators, and relevant stakeholders to implement.
2. Australian Government to develop nationally driven streamlined regulation of the gambling industry to provide consistency for jurisdictions in achieving outcomes and reducing gambling-related harms.
3. Governments to regulate accountability of gambling providers to prove they were not, or could not have been, aware the gambling was problematic for their clients.
4. Operationalise the national online gambling self-exclusion register for people who want to stop gambling and extend it to all forms of gambling including land-based gambling, such as casinos.

There was consensus for the urgent need for stronger, nationally consistent regulation of the gambling industry. The regulatory framework needs to be scrutinised to identify deficiencies and opportunities to minimise gambling-related harm and identify what currently prevents regulators from addressing them. This group discussed concerns over the rapidly emerging online gambling industry and its ability to use personal client data to target incentives and inducements to gamble especially for VIP marketing, the lack of social responsibility of gambling companies, and clarity around obligations to intervene when problem gambling presents.

6.3 What can banks do?

The obvious thing for me was when I used every possible bit of a credit card on a \$5,000 credit card to go into a gambling game, it escalated from there on. I lost two businesses, but most important to me was I lost three relationships and a marriage.

Roundtable participant

Key points from discussion

- Banks are unique in their ability to see harmful gambling patterns in real time via bank statements and can act as an intervention point. There is potential for banks to play a role in reaching out to customers when harmful gambling patterns are detected and to tactfully provide information and referral to support services.
- Banks already have data-analysis mechanisms in place that can be used for early intervention, for example by enabling alerts for large or first-time gambling-related transactions, or gambling fraud (often family members' cards are used).
- Banks are able to place restrictions on debt-funded gambling, starting with credit cards¹⁶. As is the case in the UK, credit cards should not be available to be used in gambling transactions. Banks could also impose spend limits to restrict access to large sums for gambling transactions via debit cards ("no one should be allowed to bet \$150,000 in the middle of the night, like Christopher did"). Automated alerts could also be put in place for customers when spending/transfer patterns indicate a problem with gambling.

16. The Big Four banks still allow their credit cards to be used to finance online gambling. Second tier banks including Bank Australia, Macquarie, Suncorp and Latitude no longer allow their credits cards used for gambling (but debit cards can still be used). Government regulation prohibits credit cards being used for land-based gambling. There is a currently a Parliamentary Inquiry on the use of credit cards for online gambling.

- Additional solutions identified by the banking sector group included:
 - being able to identify worrying upward trends in gambling spending volumes
 - providing limits on large transfers particularly overnight
 - increasing monitoring of gambling transaction patterns to identify people who might be receptive to accessing help
 - promoting the gambler assistance measures currently available and
 - developing thresholds for action (eg. what percentage of income spent on gambling becomes a point of intervention).
- Banks can also conduct welfare checks on customers at risk.

Priority recommendations for banks

1. Raise awareness of existing tools and supports for harm minimisation. All the big banks now allow their customers to place gambling blocks on transaction cards but consumer awareness is low. There is an opportunity to use bank data for targeted messaging (eg. automated alerts when spending/transfer patterns indicate a problem with gambling, plus promotion of help services).
2. Banks can further reduce gambling harm in a number of ways:
 - banning of debt funded gambling (such as credit cards)
 - introducing friction and consumer awareness points when large amounts are transferred for gambling transactions
 - providing safe accounts and spend control tools for at-risk people
3. Banks and gambling industry collaborate on resources to provide simple guidance for their common customers in referral and intervention (eg. identifying patterns in problem gambling). A banking industry resource was suggested along the lines of Safe and Savvy, produced by the Commonwealth Bank, to help older people avoid scams, fraud and abuse¹⁷.

17. See <https://www.commbank.com.au/support/preventing-financial-abuse-of-seniors.html>

18. Research supports this. (Parke, Rigby, & Parke, 2008)

6.4 What can the gambling industry do?

His gambling was unknown to anyone in our family; he went into a spiral. Just so people can understand the gravity, we're talking half a million dollars over a period of less than six months, and then not too long after that he took his own life.

Roundtable participant who lost a sibling to suicide

The gambling industry doesn't know who the best contact point for referral is. Is it Gamblers Help, Lifeline, or police welfare checks? Educate the industry to know what to do, so everyone understands the tools and processes that are available.

Gambling industry participant

Key points from discussion

- The industry wanted greater integration between the gambling industry and support services to enable clear referral pathways for individuals.
- Industry representatives noted there are ineffective regulations and regulatory discrepancies between jurisdictions. They proposed a coordinated approach to regulation – a concept highlighted also by government sector representatives.
- The onus cannot fall entirely on the individual with a gambling addiction to control or manage their problem gambling. People at-risk or experiencing problems with their gambling can often underestimate the amount of time and money spent gambling, and difficulties in making rational decisions on increasing wagers, continuing to play, or maintaining control¹⁸.

- Industry needs to work with the Office of the Australian Information Commission (OAIC) to develop guidelines for communications between stakeholders to support individuals at risk. If one company is seeing someone in serious trouble, they would want to alert the other companies. For example, if a person threatens self-harm because of gambling losses or opens an account using their elderly mother's ID and money, the company self-excludes them. However, can it do something to tell other operators that this person is at risk and not to open an account or to put controls on the account?¹⁹
- Need for an operational National Self-Exclusion Register is urgent.
- Third-party intervention: there needs to be a way for third parties to flag a person experiencing extreme gambling harm and who needs intervention and help. Third parties are often close family members or close friends but could also be frontline professionals. (We note the National Self-Exclusion Register legislation has omitted third-party processes.)
- Industry recognised that others sometimes see the harm but wanted solutions that complied with their legislative privacy obligations so they could listen to those individuals.

The priority gambling industry recommendations

1. Gambling industry to adopt a National Suicide Prevention Strategy that involves proactive harm minimisation, staff training and operational protocols particularly towards customers entering VIP programs.
2. Gambling industry to work with the Office of the Australian Information Commissioner (OIAIC) to develop guidelines for communications between stakeholders to support individuals at risk.
3. Gambling industry to utilise data collected on problem gambling to enhance communication and education to stakeholders. Gambling industry to fund and deliver community education on the consumer protections and harm minimisation options available.



These additional recommendations below are from Financial Counselling Australia and Suicide Prevention Australia

1. The industry proactively intervenes to prevent gambling harm, when there are red flags in the customer's gambling data and behaviour.
2. The industry stops VIP programs which target people most at risk of harm.
3. The industry identifies its customers' source of funds (to both comply with Austrac AML laws but also to prevent gambling harm, avoid being in receipt of crime-funded gambling and assess customers' gambling affordability).

6.5 What can the peak organisations do?

It's horrible, it's such a filthy dirty secret that you just can't bring yourself to tell the people you love.

Roundtable participant on the stigma and shame felt at their gambling behaviour

Key points from discussion

- Lobby for well-funded awareness campaigns to encourage people to seek help (both the person gambling and family and friends). Normalise help seeking by addressing the shame and stigma associated with gambling harmfully²⁰. Early intervention is better. People need to know where they can go for help. Good campaigns have input from those with lived experience. Any campaign needs a broader focus than a single slogan or advertisement, in the same way that the gambling companies do not use the same advertisement all the time.
- Advocate for an independent, national gambling industry regulator (independent from state revenue raising agencies).
- Advocate for stronger gambling consumer protection measures, particularly those that reduce the speed and intensity of gambling losses.
- Collaborate with other peak bodies – strength through collaboration. Also work with others who have a public health approach. A public health approach does not place sole responsibility on the individual.

- Advocate for enforcement of daily/hourly spend limits (some countries like Norway have implemented gambling spend limits across all forms of gambling as a response to COVID-19 stresses).
- Upskill government agencies on referral pathways and gambling support (eg. Centrelink staff).
- The Australian Government launched the National Suicide and Self-Harm Monitoring System in September 2020. This should enhance the availability of suicide data to inform suicide prevention across the country. However, its effectiveness will be contingent on the quality of data it receives and the establishment of suicide registers across every jurisdiction in Australia – not every jurisdiction has set up their own register. As noted earlier, we currently lack data collection on deaths by suicide where problem gambling is a significant contributing factor.

The priority peak organisations recommendations

1. Peak organisations to advocate that governments ban gambling advertisements and inducements to gamble²¹.
2. Peak organisations to advocate for better data on gambling-related suicide deaths (via police and coroners) and then use that data, combined with lived experience stories, to create momentum for change.
3. Peak organisations to lead training and work with other services to share knowledge, so they understand the trigger points for gambling harm. With that knowledge, there can be interventions to prevent harm as well as targeted referrals. Some trigger points include lump sum payments for redundancies, accident compensation, retirement and superannuation lump sum payments, abuse redress payments etc. Relationship breakdown is also a risk factor.

19. Some health professions have obligations to report harm.

20. A study into the perception from individuals and broader public into the stigma associated with problem gambling found over 80% of participants used secrecy to deal with the stigma of problem gambling (Hing, Russell, Nuske, & Gainsbury, 2015). Shame and fear of disclosing the degree of gambling behaviour occurring were found to pose barriers to help-seeking behaviours among participants, for example not participating in self-exclusion schemes for fear of being labelled as a 'problem gambler' (Hing, Russell, Nuske, & Gainsbury, 2015).

21. This concern was mirrored by almost half of participants in the Australian Gambling Research Centre study into gambling behaviour during the COVID-19 pandemic who stated the change they most want to see is a reduction in 'gambling promotion and advertisements – especially related to sports betting advertising' (Jenkinson, Sakata, Khokhar, Tajin, & Jatkar, 2020). A study commissioned by the Victorian Responsible Gambling Foundation on young men and their gambling behaviours found on average participants had 4 separate accounts with online betting companies, and that gambling uptake was driven by promotions from betting companies (Jenkinson, Carroll, & de Lacy-Vawdon, 2018).

22. A study found that 41 percent of people experiencing gambling problems had been diagnosed with depression, (Hare, 2014).

23. In a study of prevalence of gambling problems in patients attending community mental health services, high rates of substance use among moderate-risk and people experiencing gambling problems was found (Manning, et al., 2017).

6.6 What can the health sector do?

Gambling is the only addiction where people genuinely feel they can get themselves out of the situation by continuing the harmful behaviour.

Roundtable participant (gambling counsellor)

Doctors rarely ask about their patient's relationship to gambling. They will ask about alcohol and other drugs, but not gambling.

Roundtable participant

Most people have a GP. The Victorian Responsible Gambling Foundation found people at moderate risk of experiencing gambling problems visit their GPs on average seven to eight times per year (Hare, 2014). It makes sense for GPs to be a key link in helping people with gambling issues get the help they need. Depression has often been diagnosed in people experiencing gambling problems²². Because GPs see patients often, they are well positioned to both identify gambling harm and intervene early.

Research shows that people presenting with alcohol and substance abuse are more likely to have gambling problems so this cohort should be screened for gambling too²³.

Key points from discussion

- A participant from a hospital emergency department spoke about her study. It showed that in addition to a person's stigma around their gambling and suicide attempt, the clinicians that treated them were embarrassed to discuss the person's gambling. The solution that improved outcomes was training health professionals to discuss gambling, make use of gambling screening tools as part of the assessment routine, and to know how to refer and provide useful information. See also the section above on Emergency Departments.

- Some are in denial. How do you get someone to identify that their gambling is harmful? How do you get people to understand 'chasing losses' is not sensible?
- Social support reduces gambling... 'it is easier to tell a stranger than to tell family members that you have a problem'. Peer support was really helpful in gambling addiction treatment²⁴.
- Suggestion that when someone opened a new gambling account, they nominate a gambling buddy who can help monitor patterns and behaviours.
- Crisis intervention package – identify the components of help when someone is in crisis. This could be a GP, a gambling financial counsellor, therapeutic counsellor, or gambling consumer lawyer to check for breaches of legislation and avenues to recover funds.
- Remove the 'gamble responsibly' slogan. It is not useful to put the onus on the individual and create stigma for those who develop problems²⁵.
- A no-wrong door approach is critical for people experiencing co-morbidities to ensure they do not become disengaged with the healthcare system – which is a common experience when services are unable to treat multiple diagnoses concurrently (eg. mental illness, substance addiction and gambling addiction) and people can be turned away and referred on multiple times.

The priority health sector recommendations

1. GPs, mental health practitioners and emergency departments to implement problem gambling screening tools as part of regular assessments for mental health and/or drug and alcohol issues. People hide their gambling issues, and it is not possible to know who gambles without screening everyone. It helps to say 'I ask these questions for all my patients' as this reduces stigma and normalises talking about gambling. This screening should be routine for everyone. There are a number of internationally accepted, quick and easy-to-use screening tools, including one designed for Australia's Indigenous population. Gamblers Anonymous has a 20-question screening tool. Others are shorter²⁶.
2. Improve accessibility of dedicated residential treatment facilities for people with gambling problems. Strong peer-based care in these settings works well.
3. Strategies should focus on prevention and early intervention.

6.7 What can financial counsellors and gambling/consumer lawyers do?

I would like to see changes and clear signposts put up in terms of the amount of time people gamble, the different amounts they gamble and clear simple things that could be done – not to prevent people from having fun, but for people like me who can't help themselves.

Lived experience participant

Some people are more comfortable seeking help to deal with their debts than talking to a counsellor about their gambling. Once trust has been built, then their gambling problem may be disclosed, or it may become evident to an experienced financial counsellor, recognising that the numbers in the budget do not make sense.

Financial counsellors and specialist gambling community lawyers are on the frontline, often seeing people in a great deal of trouble. They attempt to help their clients deal with debts and the stress of debt collection action, family violence, loss of income and savings (including lump sums meant for other purposes) and more. They also help family members to protect assets. Sometimes bankruptcy is the best option. They advocate on behalf of their client to financial institutions and other creditors. They can make complaints to regulators and ombudsmen. Through their work, they are witnesses to a great deal of suffering among the people who gamble²⁷. The specialist gambling lawyers see gambling fraud. Some clients are kept out of jail, others are incarcerated.

24. A study looking at the relationship social support has in relation to problem gambling found lower levels of social support were associated with more problematic gambling, and higher levels of social support were associated with reduced gambling – indicating that social support is an important component of treatment outcomes (Petry & Weiss, 2009).

25. The Online Gambling National Consumer Protection Framework signed by all States and Territories and the Federal Government (Nov 2018) agreed to replace this slogan. However it has not been implemented yet. See <https://www.dss.gov.au/communities-and-vulnerable-people-programs-services-gambling/national-consumer-protection-framework-for-online-wagering-national-policy-statement>.

26. The Productivity Commission 2010 inquiry into gambling further recommended governments provide a one-item screening tool for problem gambling to be used when conducting mental health assessments, specifically when people present with 'anxiety, depression, high drug and alcohol use' (Productivity Commission, 2010).

A survey undertaken by Financial Counselling Australia reported the two most common impacts of problem gambling among clients was difficulty paying bills or debts, and relationship breakdown (Financial Counselling Australia, 2016). Agencies reported positive outcomes in physical and mental health among clients who were able to improve their financial positions through receiving specialised financial counselling (87 percent of which were able to), and further positive outcomes in reducing gambling behaviour when financial counselling was provided alongside therapeutic gambling counselling (Financial Counselling Australia, 2016). The sector group identified that there is a need for greater investment into specialised gambling services that can provide case management by specialised workers, as it is critical that people experiencing high risk debt receive support quickly.

Key points from discussion

- There is a need for a hub model with a lawyer, a gambling financial counsellor and gambling therapeutic counsellors to provide support for people with gambling issues. It is also important to be able to work with clients without time limits as gambling clients are complex. For example, time-based key performance indicators or limitations would interfere with the holistic supports that could be provided and would provide meaningful help.
- Clients to be automatically booked into both therapeutic gambling counselling (to address the underlying cause of gambling) and financial counselling – unless declined.
- Provide secondary consultations to other services. A secondary consultation is the provision of expert advice by one service to another, so that the second service is able to improve their assistance.
- Government-funded advertising campaign about the signs of problem gambling and how to seek help. This will go some way to reducing stigma. The campaign would also flag that there are supports available, as many people are not aware of the value of financial counselling.
- People with high-risk, gambling-debt problems need to be seen quickly (noting that debts can be easier to fix than the underlying gambling issue).

The priority financial counsellor/community legal recommendations

1. Adopt a collaborative/integrated case management approach between services with overall coordination and management undertaken by trained gambling specialist workers. Case management should support co-morbidities.
2. Advocate for stronger, nationally consistent gambling regulation and enforcement, including high penalties for breaches to act as real deterrents.
3. Government-funded advertising campaign about normalising seeking help (reduce stigma), and referrals to financial counsellors and gambling help services, including self-exclusion register.

6.8 What can the helplines do?

Telephone helplines, such as those provided by gambling services and financial counselling services, play a critical role in crisis intervention, suicide prevention and in connecting individuals and families with healthcare services. For some people, telephone helplines can be a first point of contact with the mental health system. Many of the helplines now include an online chat functionality.

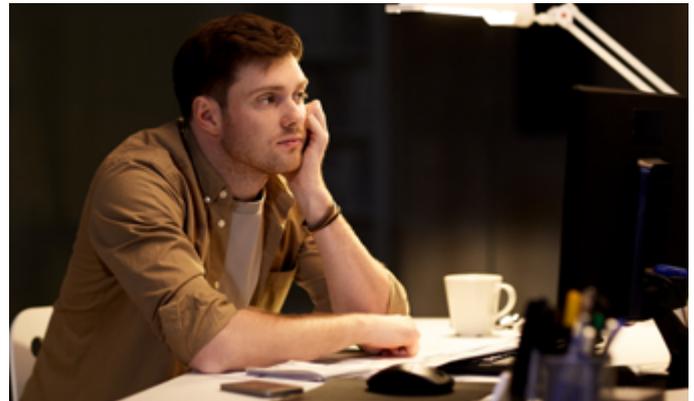
There are numerous helplines in Australia. Not all were at the roundtable. Participants included Lifeline, Beyond Blue, National Debt Helpline and Turning Point which runs Gamblers Help (for part of the day).

The gambling industry refers people presenting at risk of gambling suicide to Lifeline's helpline – as do many other services. However, we heard that Lifeline telephone helpline operators are not trained to ask about gambling and have conversations about gambling, and may not refer people to gambling treatment services. While people need support in an immediate crisis, they also need to be supported to deal with their gambling illness or subsequent issues.

Most National Debt Helpline financial counsellors are also not trained in gambling financial counselling, and that may have consequences for the quality of the assistance given to someone with gambling issues.

Key points from discussion

- Lifeline does not have specialist expertise with gambling as it operates as a crisis service. When gambling is an issue for the help seeker then referral to gambling treatment services via gambling help or other specialist services will occur.
- Helplines stabilise the person when they are in crisis. Everyone needs to know what sort of service is offered by a helpline service.
- Warm referrals are important. The first worker sends an introductory letter and outline to the second worker, asking for the new worker to contact and meet with the client. Warm referrals need to be traceable. “When I make a warm referral, I always ask the client if I can call them in the next 10 days to see if they have made contact And they always agree.”
- Warm phone or chat transfer to helplines would be useful. It is not easy getting someone with gambling problems to talk to a second stranger. A warm referral where the person is put through to the helpline, and where the operator receives a briefing, is better than leaving the person to call themselves (and more likely that they will not call). Some helplines have a policy of not taking warm transfers. Some have technology limitations that do not allow warm transfers. Banks may also wish to make warm referrals to helplines.
- Have protocols for the gambling industry to know which helplines should be referred to for different circumstances so they can refer appropriately.
- There does not appear to be a recent evaluation of the effectiveness of Gamblers Help, with the most recent document being a limited evaluation from 2008²⁸. As it is the main helpline number for gambling, we need to know if it is working. In some states, Gamblers Help only refers to a small group of gambling financial counsellors who are state funded, and not to the financial counsellors funded at the national level through the Department of Social Services. It is difficult to understand why that limitation is in place.
- National Debt Helpline staff to be trained in gambling awareness and to know who the gambling financial counsellors are so they can provide warm referrals.



The priority helpline recommendations

1. Have a ‘joined up’ referral process with an integrated online booking system made at the time the person calls one of the helplines. The software should allow warm referrals. The helpline operator should be able to make a tentative booking for the person to see a gambling financial counsellor, gambling therapeutic counsellor, and consumer lawyer (even if the initial helpline has to triage and then accept the booking).
2. No-wrong door approaches. Every helpline needs to upskill its workers to help prevent gambling related suicides. Helplines should adopt a no-wrong door approach by educating frontline staff on problem gambling, associated co-morbidities, and key referrals to improve links to gambling financial counselling and legal support.
3. Lifeline, Beyond Blue, and Gamblers Help need better links to gambling financial counselling. All their operators should know how financial counsellors can help, as well as when they cannot help, and know how to refer. There may also be other helplines that need to be included, such as Men’s Helpline.

Additional information

The National Suicide Prevention Taskforce interim advice to the Prime Minister released in November 2020 called for enhanced responses to suicidal distress through integrated crisis response and support through helplines (National Suicide Prevention Taskforce, 2020). The Taskforce recommended a cross-portfolio extension for key national helplines to enable direct referrals and timely follow up (National Suicide Prevention Taskforce, 2020).

28. Shandley & Moore, 2017. This survey was published in 2008 not 2017, ie 13 years ago in the International Gambling Studies Journal (it was added to the website in 2017). It is too old to be relevant.

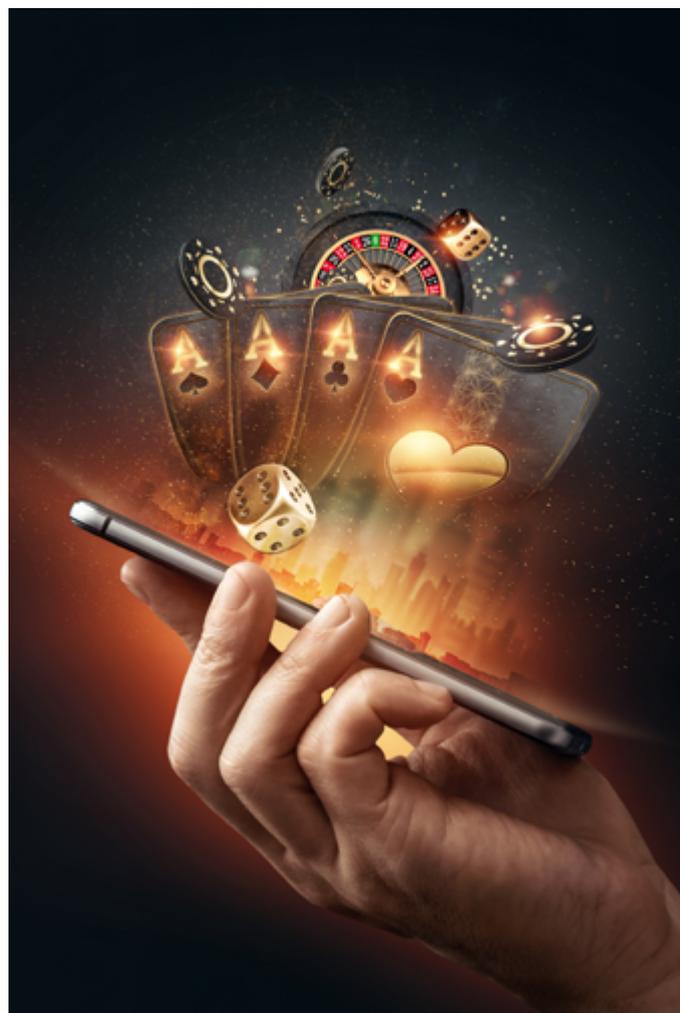
Conclusions, recommendations and next steps

We all have work to do. Everyone today has a role to play and if we all do our bit, collectively we can have a positive impact upon people's lives.

Roundtable participant

The Gambling Suicide Roundtable started with the questions: Are gambling suicides happening? How do we know? What do we all see?

We heard from each of the 49 participants through the course of the day, hearing how they have in some way witnessed gambling-related deaths, all tragic in their own unique way.



We heard from Christopher's mother that she would never recover from losing her son. We heard from our lived experience participants that they had considered taking their lives and knew of many in their gambling peer support circles who had died. We heard from an Australian Defence Force veteran that he would take action as he was sick of going to his mates' funerals. We heard from gambling financial counsellors and gambling lawyers that each one of them experienced suicidal clients and that it was common in their case work.

We reached the conclusion that gambling suicides are under-reported and not getting the policy attention they deserve.

While research has a role, we do not need to commission any further research projects to know that gambling suicides are happening and that we need to act with urgency.

Recommendations

See page 6 and our "Roadmap for change: 10 things that need to happen" reproduced below.

1. IDENTIFY AND RECORD:

Police and coroners to consciously look for problematic gambling as a contributing factor in their investigations of an unexplained death. Investigators should use open banking data through Consumer Data Right, gambling records and family interviews, and then record gambling as a contributory factor. This data needs to be captured nationally and be included in Australian suicide datasets. All states and territories need to establish suicide death registers, and report on gambling-related suicides.

2. BANK SAFETY:

Establish a plan for banks to reduce gambling harm, including banning of debt-funded gambling (such as credit cards), introduce friction and consumer awareness points when large amounts of money are being moved to gambling accounts, provide safe accounts for managing savings and lump sums, and spend control tools. Banks and others to promote the banks' gambling blocks and other forms of help.

3. TREATMENT:

Improve accessibility of integrated treatment facilities for people with gambling problems (with peer-based care as part of the model).

4. REFERRAL PATHWAYS:

Ensure all helpline operators are trained to have conversations about gambling and know how to refer callers to specialist gambling assistance services. Banks, gambling companies and other organisations to have protocols for correct referral of customers with gambling issues who are at risk of suicide.

5. GOVERNMENT:

Address gambling in a National Suicide Prevention Plan that includes short-term and long-term actions for gambling industries, regulators, and relevant stakeholders to implement.

6. GOVERNMENT TO IMPROVE CONSUMER PROTECTION LEGISLATION AND REGULATION:

Gambling regulation is failing to provide adequate consumer protection and the myriad of state and federal regulators involved in gambling regulation operate in silos. We call for an urgent review and recommend the establishment of a coherent, adequately funded, national regulatory structure.

7. SELF-EXCLUSION REGISTER:

Government to operationalise the national online gambling self-exclusion register for people who want to stop gambling and extend it to all forms of gambling including casinos and land-based forms of gambling.

8. GAMBLING INDUSTRY:

Adoption of a National Suicide Prevention Strategy that involves proactive harm minimisation, staff training and operational protocols particularly for customers entering VIP programs.

9. COMMUNITY EDUCATION:

Strategy to increase awareness of bank and gambling industry consumer tools to protect those at risk of gambling harm, to promote self-exclusion and pathways for accessing help. The strategy should reduce the stigma associated with gambling harm and normalise help seeking.

10. GAMBLING ADVERTISING BAN:

As with tobacco advertising, it needs to be banned.

Important note

We would like to make it clear that these recommendations are from Suicide Prevention Australia and Financial Counselling Australia. While they reflect the consultation, insights and feedback from the 49 participants, we did not have time to test each suggested action item. On reflection, some of the suggested changes may need to be given greater priority. However, we have started the conversation.

While the participants brainstormed a broad list of actions, we have highlighted 10 key actions for consideration. We note that the gambling industry clearly needs to play a central role in preventing gambling-related suicides. However, the industry was not singled out as the only sector that needs to examine its role in preventing deaths.

Next steps

Gambling harm requires a collaborative public health approach across a range of sectors. While there are many risk factors for suicide, there are also many opportunities to change trajectories for people.

During the roundtable, we saw that there was no shortage of actions that each organisation and sector could take. While government has an important role, we must not wait for government to act.

The actions that each organisation could take, together with the actions of other organisations will save lives. Our message is to start and do something. We all have work to do.

APPENDIX 1: SUGGESTED REFORMS FOR CORONERS

Nationally agreed protocol for all state coroners and police to investigate gambling-related suicides.

- Police to improve how they access and report information on gambling to coroners, including access to bank data (through the consumer data right/open banking) and gambling records. Following that, there should be conversations with family members and others close to the deceased. The person's gambling counsellor or financial counsellor might also provide relevant information.
- All states and territories establish suicide death registers, and report on gambling-related suicides.
- Provide national resources and guidance to family, friends and carers to tackle the conversation on gambling problems.

APPENDIX 2: SUGGESTED REFORMS FOR POLICE

Include gambling and related financial hardship as an 'associated factor' for suicide data to enhance data recording and accuracy.

- Educate law enforcement agencies on how gambling can be a risk factor for suicide.
- Police to examine bank records (and then gambling records) as part of the investigative process into suicides. The process needs to go further than ensuring 'no suspicious circumstances' to include a full and thorough investigation that includes scrutinising bank accounts for gambling.
- Police or coroners courts to apply to the ACCC for authorisation to access banking data via the consumer data right.



APPENDIX 3: SUGGESTED REFORMS FOR CAPTURING AND REPORTING ON GAMBLING-RELATED DEATHS

- State coroners to develop protocols to better capture gambling-related deaths.
- Once protocols have been developed, gambling-related deaths should be reported separately, each year.
- Gambling-related deaths be examined in a national project, to understand how these deaths are presenting, and what policy measures might follow to reduce these deaths.

Also noted

- State suicide registers currently exist in Victoria, Queensland, Tasmania and New South Wales. They are progressing in the ACT, South Australia and Northern Territory but are required in all jurisdictions and to report comprehensively, regularly and publicly.
- State suicide registers receive data from the coroners courts but, as mentioned previously, if gambling is not logged by coroners in their determinations, it does not get recorded in the suicide registers – which means it is also invisible in national ABS data reporting.

APPENDIX 4: LIST OF PARTICIPANT ORGANISATIONS

Financial Counselling Australia and Suicide Prevention Australia are grateful to the participants with lived experience who participated, particularly Christopher's mother and brothers, Anthony and John, and the participants who had dual organisation and lived experience roles. We have not named them to respect their privacy but are indebted to them.

We thank Karyn Schluter-White, who facilitated an excellent and engaging online workshop. We recognise the huge number of hours of work that went into preparing for the workshop.

Australian Bureau of Statistics

Banyule Financial Counselling

**Better Regulation Division,
Department of Customer Service**

Beyond Blue

Financial Counselling Australia

Financial Counselling Australia Board Member

Former Gambling Industry Legal Counsel

Gamblers Anonymous

**Gambling Minds (the Statewide Mental Health
and Gambling Harm Service) and Alfred
Emergency Department**

Lifeline Australia

Mental Health Australia

National Australia Bank

National Mental Health Commission

NSW Coroners Court

**Office of the Prime Minister's
National Suicide Prevention Taskforce**

**Prime Minister's Cabinet,
National Mental Health Commission**

Relationships Australia (RAQ)

Responsible Gambling NSW

Returned Service League (RSL)

Salvation Army

Sportsbet

Suicide Prevention Australia

The Alliance for Gambling Reform

Turning Point (Gamblers Help)

Victorian Responsible Gambling Foundation

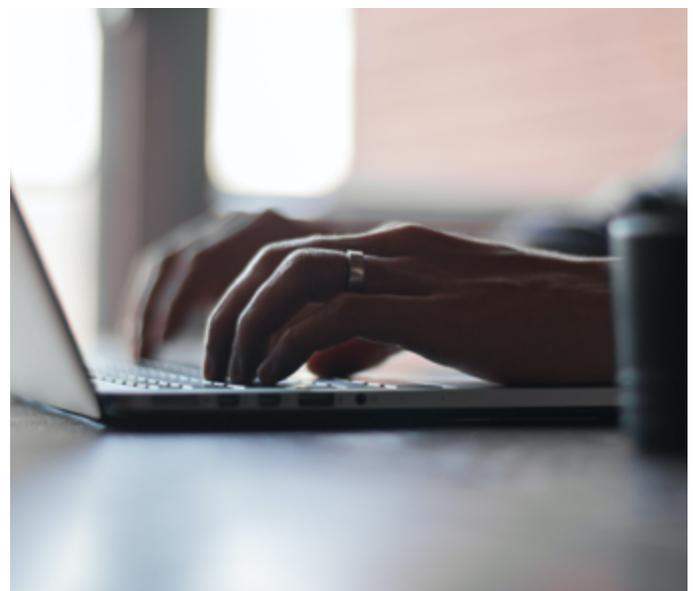
**Victorian Commission for Gambling
and Liquor Regulation**

Victorian Coroners Court

Wesley Community Legal Centre

Wesley Mission

Westpac



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There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

Gambling Helpline: 1800 858 858
www.gamblinghelponline.org.au

National Debt Helpline: 1800 007 007
www.ndh.org.au (Mon-Fri)

Acknowledgement Statement

We remember those we have lost to suicide and acknowledge the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. We extend a special acknowledgment and thank you to those who shared their powerful stories at our policy roundtable for the purpose of creating change and saving lives.

We acknowledge the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea, and community. We pay our respects to them and their cultures, and to Elders past, present, and emerging.