

CHAPTER 11

DISCUSSION AND CONCLUSIONS

11.1 INTRODUCTION

While previous chapters of this report have concluded with substantial summaries setting out key findings of each phase of the study, this final chapter discusses and reflects on the main results of the study overall and its contributions to research on accessibility to gambling.

11.2 DISCUSSION AND CONCLUSIONS

Previous research has been inconclusive about the links between accessibility to gambling and gambling behaviour and gambling problems. Although some evidence supporting these links was discussed in Chapter Two, conclusive research has been hampered by uncertainty about what accessibility to gambling actually encompasses and the range of possible influences on this. While the Productivity Commission (1999) advanced our understanding with its multi-dimensional model of accessibility to gambling, no research has tested whether these constructs hold up under empirical investigation. Additional confusion has arisen from lack of clarity about whether it is population accessibility that should be examined, or individual accessibility, or both, in helping to explain gambling behaviour and gambling problems. Previous research has not always been particularly clear about making these distinctions. Additionally, researchers face problems with isolating the effects of accessibility from the many other possible factors that influence gambling behaviour and the development and maintenance of gambling problems.

Nonetheless, it is clear that people employed in gaming venues who are also allowed to gamble in their workplace have heightened physical accessibility to gambling, due to its proximity and convenience in their place of work. Further, if it is accepted that accessibility to gambling goes beyond just physical access, then all gaming venue staff, even those who cannot gamble in their workplace, have greater access to gambling than the general population. Some reasons for this include their heightened knowledge and familiarity with gambling by virtue of their occupation, the normalisation of gambling from working around gambling and gamblers, the social encouragement to gamble that may emanate from fellow employees, patrons and the workplace culture, and the limits on other social opportunities due to hours of work. Given this increased accessibility to gambling, previous research has suggested that gaming venue employees may be an at-risk group for the development and maintenance of gambling problems. Thus, gambling by staff of gaming venues was considered an appropriate focus for this research into accessibility to gambling. As explained in Chapter Three, a survey of 533 staff of Victorian hotels and clubs and interviews with 40 of those staff were conducted to collect empirical data for this study.

In Victoria, legislation prohibits hotel and club employees from gambling in their workplace whilst on duty, unless as a necessary part of their official duties. It is therefore up to the discretion of individual venues to develop and implement any restrictions around employees gambling in their workplaces when not on duty. The staff survey conducted for this study provided a current assessment of venue restrictions around staff gambling, finding that nearly half of the 533 survey respondents were allowed to gamble in their workplace on EGMs, keno and the TAB (where provided), but typically only on days off and before or after work while not in uniform. The qualitative interviews with 40 Victorian hotel and club staff also revealed that nearly half of those employees were allowed to gamble in their workplace, and further highlighted the variations in any associated rules and restrictions. For example, some staff

had to wait a certain period of time after a shift to commence gambling in their workplace (e.g. 15 minutes, 12 hours), others could only gamble for a limited time after a shift (e.g. 30 minutes, 45 minutes), others had to remove name tags or conceal or change from their work uniform, while others were barred just from playing linked jackpots. Some inconsistencies in how these policies were applied within venues were also apparent.

Given the unusual access to gambling that staff of gaming venues experience, the survey collected data on the gambling behaviour of all staff respondents and compared it, where possible, with the Victorian population, as reported in the *2003 Victorian Longitudinal Community Attitudes Survey* (Centre for Gambling Research, 2004a) to assess how staff gambling compared with that of the general population. On every comparison possible, the staff employed in gaming venues must be considered, as a group, very active gamblers. For the 12 month period examined in each study, the staff respondents exceeded the Victorian population on the average number of gambling activities they participated in, their overall participation rates in gambling, and their participation rates for every type of gambling, particularly for EGMs, betting on horse or greyhound races at a TAB and racetrack, and Club Keno. The staff respondents were also more likely to be regular (at least weekly) gamblers on most gambling activities for which comparisons could be made - EGMs, Club Keno, instant scratch tickets, horse and greyhound races and sportsbetting. Reflecting easier physical access, the staff respondents also usually travelled less distance to play EGMs than did the general population, with most travelling less than 2.5 kilometres. In fact, the majority of staff who gambled on the other gambling products which can be offered in hotels and clubs - Club Keno, horse/greyhound races at a TAB and sporting events at a TAB – as well as lottery-type games, usually travelled less than 2.5 kilometres to do so.

Most concerning was the much higher prevalence of problem gambling amongst the staff respondents, as measured by the CPGI. The problem gambling prevalence rate of 5.6 per cent amongst the staff respondents was nearly six times higher than that identified for the Victorian population, and the moderate risk gambling rate of 13.7 per cent around 15 times higher. Amongst the staff respondents, most of the problem gambling group were regular (at least weekly) EGM gamblers who spent at least \$20 per month on EGMs and over two hours per session of EGM play. Betting on horse and greyhound races at a TAB was also a common regular activity amongst this group, but more so amongst the moderate risk gambler group. When workplace and employment characteristics were examined, staff who assisted patrons with gambling-related activities and who had received less responsible gambling training were more likely to be moderate risk/problem gamblers than those who had received more training. In fact, amongst the staff who assisted patrons with gambling-related activities, 85.3 per cent of those who had received only a few hours or less of responsible gambling training were moderate risk/problem gamblers, compared with 32.9 per cent of those who had undergone at least half a day of this training. This suggests that extending the duration of responsible gambling training to at least half a day for staff who assist patrons with gambling-related activities would lower the risk of them becoming moderate risk or problem gamblers.

In considering this heightened gambling activity amongst the gaming venue staff surveyed, an obvious question is: how much staff gambling occurs in the workplace? The survey results showed that, of those staff able to gamble in their workplace, about one-sixth were regular (at least weekly) gamblers on workplace EGMs, about one-seventh were regular gamblers on workplace TABs, and about one in 20 were regular gamblers on workplace Club Keno terminals. Gambling on EGMs in the workplace, followed by TAB and Club Keno, was also endorsed by the interviewees as the most popular forms of staff gambling. These proportions of regular staff gamblers in the workplace are not inconsiderable, especially for EGM and TAB gambling. On investigating their profiles, it was found that staff holding a Gaming Industry Employee's Licence and assisting patrons with gambling-related activities in their job were over-represented amongst regular workplace EGM gamblers; while staff who

worked in a Tabcorp rather than a Tattersall's venue, worked in a hotel rather than a club, and who were male, were over-represented amongst regular workplace TAB gamblers. Thus, being actively involved in workplace gambling operations, such as assisting patrons with gaming machines, gaming promotions and cashier or change booth functions, appears to increase the likelihood of regular gambling on workplace EGMs, suggesting an exposure effect. Effects from the workplace environment also seem to influence TAB gamblers. Tabcorp, as well as operating EGMs in Victoria, also operates the state's network of TAB outlets. It is possible that a culture of punting on horse and greyhound races is more likely to prevail in Tabcorp venues and, along with the more 'undisciplined' environment in some hotels noted by one staff interviewee, tacitly encourages such gambling amongst some hotel staff, particularly males.

A further question of interest is whether the gambling behaviour of staff who can gamble in their workplace differs from that of staff who cannot gamble in their own venue. That is, does being able to gamble in the workplace explain the heightened gambling activity observed amongst the whole sample of venue staff? The short answer to this is 'partially'. When the gambling behaviour of the staff respondents who had access to the gambling products within their workplace was compared to the gambling behaviour of staff who did not, some important differences were apparent. For two activities available in their workplaces, EGM gambling and betting on horse and greyhound races at a TAB, staff who could gamble in their workplace had a higher participation rate and were more likely to be regular gamblers on these activities, whether they gambled on these at work or elsewhere. They were also more likely to spend more than \$20 per month on race betting at a TAB and to play EGMs for longer than two hours each session, although not necessarily in their workplace. It seems that the tacit endorsement of gambling through permissive policies on staff gambling in the workplace is accompanied by more active EGM and TAB gambling overall. However, there were no significant differences in gambling participation, frequency, expenditure and duration for the other types of gambling surveyed.

Despite more active engagement with EGM and TAB gambling amongst staff who could gamble in their workplace, there were no significant differences in the distributions of CPGI categories or total CPGI scores from respondents who could not gamble in their workplace. Thus, while staff who have the additional accessibility to gambling in the workplace were, as a group, more active gamblers on EGMs and race betting at a TAB, this did not appear to elevate their levels of problem gambling nor their risk of problem gambling beyond those of staff who cannot gamble in their own venue. Nevertheless, the fact remains that the gaming venue staff surveyed displayed much higher levels of gambling and problem and at-risk gambling than the general population.

If access to gambling in the workplace does not explain the higher prevalence of problem gambling amongst venue staff than amongst the general population of Victoria, then perhaps other dimensions of accessibility are the cause. To investigate this proposition, measurement scales were developed to capture multiple dimensions of access to gambling for the six most common gambling activities. Using these scales, the staff respondents rated EGMs as the most accessible of the six gambling activities, followed by lottery-type games, Club Keno, horse/greyhound racing, and sportsbetting, respectively. Casino table games were considered the least accessible of these six types of gambling. These relative accessibilities were generally reflected in the distance respondents usually travelled to gamble on these activities – less than 2.5 kilometres – except for casino table games for which most respondents usually travelled over 20 kilometres to play. However, geographic proximity to gambling opportunities is just one dimension of accessibility.

Further analysis revealed a common three-component structure across all six scales measuring access to the different types of gambling. These three components were interpreted as representing physical access, social access and cognitive access to gambling. The

constructs underlying physical access comprised convenience, proximity, choice of games/bets, lack of congestion, and opening hours relative to spare time. Of these, the most commonly mentioned in the staff interviews were convenience, proximity to both work and home, and opening hours relative to spare time given the constraints of working shiftwork. The constructs underlying the social access component were feeling socially accepted in venues where these products are offered, feeling comfortable within oneself about gambling on them and being able to afford to, and being confident of peer and family approval of gambling on these activities. Again, these aligned reasonably well with the interview findings, where social access to gambling was discussed mainly in relation to the potential familiarity, comfort and security of gambling in the workplace, encouragement from other staff to gamble, the influence of patrons, the normalisation of gambling, and the type of management and workplace culture that prevailed. The constructs underlying the cognitive access component comprised understanding how to bet on the activity and feeling familiar with how it works. The staff interviews also raised several themes relating to cognitive access, including enhanced knowledge of the odds of gambling, greater product knowledge, attraction to individual machines, heightened access to and greater knowledge of jackpot levels, a desire to know what competitive venues are offering, and cognitive distortions by some staff.

Given the common three-component structures and the good reliabilities of these access to gambling scales, an important contribution of this study lies in its verification of the Productivity Commission's model of accessibility to gambling (1999), on which this study's original scales were based (albeit, adapted for individual access to gambling only). Further, it seems that the Productivity Commission's dimensions of gambling can be conceptualised as components of physical, social and cognitive access to gambling. Naturally, further research might further test the reliability of these scales in other settings.

Returning to focus on the links between accessibility to gambling and gambling behaviour, the survey results generally supported some association. Easier physical access increased the likelihood of participation in Club Keno and casino table games, the frequency of playing casino table games, and expenditure on instant scratch tickets. Thus, convenience, proximity, choice, lack of congestion and relative opening hours influenced whether respondents engaged in casino table games and keno, but more importantly, their frequency of playing casino games and how much they spent on instant scratch tickets. These findings reflect the availability of only one casino in Victoria which may be physically remote from many respondents and perhaps the impulse nature of purchasing instant scratch tickets when it is convenient to do so. The lack of associations between gambling behaviour and physical access to the other types of gambling, particularly EGMs and lottery-type games, may reflect their extremely easy physical accessibility to most of the Victorian population, including venue staff, from those who have very active engagement in these activities through to those who do not. This extremely easy physical access is reflected in respondents' ratings of EGMs and lottery-type games as the most easily physically accessible of all the activities surveyed.

Easier social access increased the likelihood of participation in sportsbetting and EGM gambling, suggesting that respondents who felt socially accepted in venues where these products are offered, comfortable within themselves about gambling on them and being able to afford to, and confident of peer and family approval of their gambling on these activities, were more likely to try them. However, this easier social access did not influence their frequency, expenditure and usual duration of gambling on these activities. Again, the lack of associations between gambling behaviour and social access to the other types of gambling, particularly Club Keno and lottery-type games, may reflect their general social acceptance amongst all staff respondents, with these two forms of gambling rated the most socially accessible of the six types of gambling investigated.

Easier cognitive access – that is, understanding how to bet on the activity and feeling familiar with how it works - increased the likelihood of participation in all six types of gambling (lottery-type games, Club Keno, betting on horse or greyhound races, EGMs and casino tables games). Easier cognitive access was also associated with increased frequency of gambling on lottery-type games, betting on races, EGMs and casino table games, and expenditure on Club Keno, race betting and EGMs. Easier cognitive access was also associated with increased usual duration of gambling sessions on race betting and EGMs. Thus, those who understand and feel familiar with gambling activities are generally more likely to gamble on them, do so more frequently, spend more and gamble for longer each session. Perhaps a more logical perspective on this is that those with heightened levels of gambling activity become more familiar with and develop a better understanding of those activities.

A key question concerning links between gambling accessibility and gambling behaviour is whether increased accessibility increases problem gambling. Unfortunately, the findings on this were not particularly clear-cut. While the probability of being a problem or moderate risk gambler was found to be higher when gamblers have extremely easy physical access to betting on horse and greyhound races, these effects were mixed for ease of physical access to Club Keno and non-significant for EGMs, lottery-type games, sportsbetting and casino table games. Nevertheless, it is clear that ready physical accessibility to race betting increases the chances of problem or moderate risk gambling. This is of concern, given the ready availability of race betting via the internet and telephone, in addition to the physical venues where it is offered.

The influence of social access to gambling on problem gambling was an unexpected one. It was found that the probability of being a moderate risk or problem gambler was higher when gamblers have more difficult social access to betting on horse and greyhound races and EGMs. That is, the problem and moderate risk gamblers tended to rate their social access to EGMs and race betting as more difficult than the other CPGI groups. While this, at first, seems counter-intuitive, it makes sense when the construct of social approval is considered more closely. As noted above, social access reflected the degree of social acceptance the respondent perceived in venues where these products are offered, their level of comfort within themselves about gambling on them and being able to afford to, and their perceived level of peer and family approval of their gambling on these activities. It appears then, that the problem and moderate risk gamblers felt less social approval of their gambling on EGMs and races than the other CPGI groups. That is, their rating of social access appears to have been heavily influenced by their risky gambling behaviour, rather than their gambling behaviour being influenced by their social accessibility to gambling.

Cognitive access to gambling was also found to also influence problem gambling. The probability of being a moderate risk or problem gambler was found to be higher when gamblers have extremely easy cognitive access to Club Keno, betting on horse and greyhound races, EGMs and casino table games. Again however, a more logical interpretation is that problem and moderate risk gamblers have developed a greater understanding of, and familiarity with, the products they gamble on. Thus, like social access, their rating of cognitive access appears to have been heavily influenced by their active gambling behaviour, rather than their gambling behaviour being influenced by their cognitive accessibility. That is, while attitudes can shape behaviour, behaviour can also shape attitudes.

Thus, when investigating the link between access to gambling and problem gambling, cause and effect are unclear from a cross-sectional survey such as the one conducted for this study. It seems that actual gambling behaviour can (and did) shape respondents' assessments of their accessibility to gambling, at least in the social and cognitive domains. This suggests the need for a more objective measure of these dimensions of accessibility. However, this seems a particularly problematic task when the nature of these constructs are considered, particularly if accessibility and problem gambling are measured concurrently, as was done here. Thus,

while the accessibility scales developed for this study had good internal reliability and appeared to capture the constructs to be measured in ways that aligned with the interview results and with the model of accessibility to gambling developed by the Productivity Commission (1999), they were not able to isolate cause from effect. Whether social and cognitive access affect gambling behaviour, or whether gambling behaviour affects social and cognitive access, remains unclear.

11.3 OUTCOMES OF THE STUDY

Despite these limitations, this study has achieved the following outcomes:

- A comprehensive review of the international and Australian literature on accessibility to gambling, its links with gambling behaviour and problem gambling, and gambling by staff who work in gaming venues;
- An analysis of the restrictions on gaming venue staff in Victoria in relation to gambling in their workplace;
- A profile of the reported level of accessibility gaming venue staff have to gambling products and venues, along multiple dimensions of access;
- A analysis of the gambling behaviour of gaming venue staff within their workplace, including gambling type, frequency, duration and expenditure;
- A analysis of the gambling behaviour of gaming venue staff outside their workplace, including gambling type, frequency, duration and expenditure;
- A profile of gambling problems amongst gaming venue employees in Victoria, including levels of non-gambling and non-problem, low-risk, medium-risk and problem gambling;
- A analysis of the link between accessibility to gambling and the prevalence of gambling problems by comparing the gambling behaviour and prevalence of gambling problems amongst staff with differing reported levels of accessibility to gambling products and venues;
- A analysis of the link between accessibility to gambling and the prevalence of gambling problems by comparing the gambling behaviour and prevalence of gambling problems amongst staff who are allowed to gamble in their workplace to that of staff who are not allowed to gamble in their workplace;
- An analysis of the link between accessibility to gambling and the prevalence of gambling problems by comparing the prevalence of problem gambling amongst gaming venue staff with that of the general population of Victoria;
- Comparative analyses, where relevant, for staff with different demographic, workplace and employment characteristics; and
- A qualitative analysis of how working in a gaming venue influences the access that gaming venue staff have to gambling, both within and outside their workplace, and along various dimensions of access.