Gambling Action Plan

October 2023
DRAFT ONLY

Contents

Background

COUNCIL'S STRATEGIC FRAMEWORK

Local government has legislative requirements to protect and promote the health and wellbeing of the community. The need to protect our community from gambling-related harm is expressed in both the *Community Vision* and under the strategic priority 'Nurturing our Wellbeing' in the Rural City of Wangaratta Council Plan (which incorporates our Municipal Public Health and Wellbeing Plan).

Community Vision
Wellbeing – Healthy behaviours and lifestyles

- I6 Reduce rates of gambling amongst the community.

Council Plan
Nurturing our Wellbeing – 2.4 Healthy behaviours and lifestyles

- 2.4.6 Reduce rates of gambling amongst the community.
  - 2.4.6.1 Develop a Gaming Policy to guide decisions relating to gaming and gambling within our community.
  - 2.4.6.2 In collaboration with key community organisations, advocate to other levels of Government for best practice gambling regulation and policy reform that reduces the harms associated with gambling.
  - 2.4.6.3 Partner with local services, community leaders and community and business organisations to inform the community about the health risks of gambling.

GAMBLING IN VICTORIA

Australia has the highest per capita expenditure on gambling in the world (1). In the past five years there has been a reduction in losses on EGMs and an increase in losses in sport and race betting in Australia. This is partly due to the closure of gaming operators during the COVID-19 lockdowns and the increase in online sports betting.

In 2019-20 per capita losses on EGMs in Victoria represented 59 per cent of per capita losses on all forms of gambling (2).

Trends in gambling behaviour in Victoria are as follows (3):

- Over two-thirds of Victorian adults had spent money on some form gambling, inclusive of lottery products, in the last twelve months (69.0%). There was little difference in participation between the genders (69.9% of men, 68.2% of women).

Specific gambling patterns among people using EGMs during 2018-19 are as follows (3):

- Twenty percent (20.4%) of gamblers had used EGMs in the last twelve months.
- More males had used EGMs than females (22.2% compared with 18.7%).
- 'Problem gamblers' (69.3%), moderate-risk gamblers (52.3%) and low risk gamblers (40.0%) were more likely to have used EGMs compared with non-'problem gamblers' (16.3%).
- Over a third (35.5%) of young adult gamblers aged 18 to 24 years had played pokies.
- Gamblers aged 35 to 54 were least likely to have used EGMs (inclusive of 14.9% of 35 to 44 year-olds and 15.1% of 45 to 54 year-olds).
- Lower income gamblers were more likely to have used EGMs than high income gamblers.

GAMBLING HARMS

Gambling losses are associated with harms. Some population groups are at a higher risk of experiencing harm from gambling, including people experiencing socio-economic disadvantage, Aboriginal and Torres Strait Islander people, people experiencing social isolation, people with low proficiency in English and people with low educational attainment.

Key factors about gambling harms are as follows (3):

- Seven out of every thousand people were identified as problem gamblers (0.7%), and twenty-four out of every thousand (2.4%) as moderate risk gamblers. Most Victorian adults (59.2%) were categorised as non-problem gamblers according to respondents' PGSI scores. Three in ten (31.0%) were non-gamblers.
- Men were significantly more likely than women to be problem gamblers (1.0%, compared with 0.5%), moderate risk gamblers (3.4%, compared with 1.5%), or low risk gamblers (8.4% compared with 5.0%). Conversely, women were significantly more likely to be classified as non-problem gamblers (61.2% compared with 57.1% of men).
- In 2018-19, 4.9% of Victorian adults indicated that they had experienced problems in the last twelve months that resulted from another person's gambling from over twelve months ago.
- For each person with a gambling problem 7-10 other people are impacted.
- Due to their high prevalence, the gambling forms with the greatest population impact were EGMs (37.7%), casino table games (15.0%), and Keno (13.2%).
- EGM accessibility is associated with police-recorded domestic violence incidence in postcodes in Victoria. Reducing EGM accessibility may potentially provide an avenue for reducing the incidence of domestic violence. (4)

WANGARATTA'S EGM CONTEXT

There are currently 154 EGMs operating out of four gaming operators in Wangaratta (refer to Table 1).

Table 1 – Gaming operators, EGM numbers and EGM losses 2022-23 Financial Year (5)

Venue Name & Address	Club/Hotel	Attached Entitlements	Licensed EGMs	Player losses 2022-23
Pinsent Hotel 20 Reid Street, Wangaratta	Hotel	44	44	$4,568,096
The Old Town 'N' Country Tavern Cnr Greta Road & Mason Street, Wangaratta	Hotel	35	35	$2,333,905
Wangaratta Club 4 Victoria Parade, Wangaratta	Club	25	25	$1,462,867
Wangaratta RSL 2-4 Templeton Street, Wangaratta	Club	50	50	$2,509,324
Rural City of Wangaratta		154	154	$10,874,191

At present Wangaratta is operating 69 per cent of its municipal cap of 223 EGMs (6). A municipal cap is a maximum and not a benchmark, calculated at 10 EGMs per 1,000 adults. If population rises, the limit may increase (7).

Table 2 contains key statistics about Wangaratta's gaming operators and EGMs over the past 3 financial years. It is important to note that gambling venues across Victoria were closed between March and November 2020 due to Covid-19 lockdowns. Gaming expenditure data published during that time reflects these closures.

Table 2 – Key gaming indicators, 2019-20 to 2022-23 (5)

	2019-2020	2020-2021	2021-2022	2022-2023
EGM losses	$6,958,811	$5,239,122	$8,688,280	$10,874,191
Number of EGMs	154	154	154	154
Adult Population	23,109	23,307	23,498	23,618
Adults per gambling operator	5,777	5,827	5,875	5,905
EGMs per 1,000 Adults	6.7	6.6	6.6	6.5
EGM losses per Adult	$301	$225	$370	$460
Losses per EGM	$45,187	$34,020	$56,417	$70,612

Wangaratta has a higher density of EGMs per 1,000 adults (6.5) compared to regional municipalities and Victoria (5.9 and 4.8 respectively) (6).

Since the gaming operators opened in the 2020-21 Financial Year, EGM losses per adult and losses per EGM have increased, suggesting the Wangaratta community is using EGMs more intensely.

Action plan

SCOPE

The scope of this Action Plan covers four pillars.

PILLAR	COUNCIL'S COMMITMENT
1. Manage and support	• Council will manage gambling activities on Council owned land, build the community's capacity to engage in healthy lifestyles and support the gambling industry to reduce its reliance on revenue derived from gambling.
2. Partner and advocate	• Council will advocate on behalf of the Wangaratta community to protect it from gambling-related harm and partner with service providers and agencies to increase access to support for people affected by gambling-related harm.
3. Plan and regulate	• Council will fulfill its statutory and land-use planning obligations to regulate gambling activities in the municipality and reduce the incidence of gambling-related harm.
4. Inform and engage	• Council will support initiatives that increase the community's awareness of the risks and impacts of gambling-related harm.

STRATEGIES AND ACTIONS

The strategies and actions outlined below are structured around four pillars which align with Council's statutory roles and its scope of influence over protecting the Wangaratta community from gambling-related harm.

1. **Manage and support**

Commitment: *Council will manage gambling activities on Council owned land, build the community's capacity to engage in healthy lifestyles and support the gambling industry to reduce its reliance on revenue derived from gambling.*
Actions
1.1 Continue to promote a variety of non-gambling events, activities and programs that encourage residents to lead active and healthy lives.

1.2 Actively promote the conduct of Rural City of Wangaratta activities, social outings, meetings or municipal events at venues that don't provide any form of gambling except for commemorative events such as ANZAC Day, Vietnam Veteran's Day, and Remembrance Day commemorations, fundraising events that support disadvantaged groups in the community, and events that provide recognition for volunteers.

1.3 Maintain independence from the gambling industry by:

- prohibiting advertising and/or the promotion of gambling of any form at Council owned or managed facilities
- prohibiting any form of gambling, including online gambling, on Council owned and managed land
- discouraging the procurement of products and services from entities which derive revenue from gambling activities
- minimising financial support or provision of grants for activities that take place in gambling venues
- not accepting any new financial or in-kind contributions from the gambling industry

1.4 Work with community groups and organisations to reduce their financial dependence on revenue derived from gambling sponsorships and gambling activities.

1.5 Seek external funding opportunities that will contribute towards protecting the Rural City of Wangaratta community from gambling-related harm.

2. Partner and advocate

Commitment: *Council will advocate on behalf of the Wangaratta community to protect it from gambling-related harm and partner with service providers and agencies to increase access to support for people affected by gambling-related harm.*

Actions

2.1 Support advocacy work targeted towards implementation of stronger and more effective harm minimisation measures.

2.2 Collaborate with, and contribute to, other local government organisations, local government peak bodies and gambling networks to advocate for reform and develop state-wide advocacy strategies.

2.3 Advocate for a greater share of the State Government Community Support Fund to be directed to initiatives that build the Wangaratta community's capacity to engage in healthy lifestyles and protect the Wangaratta community from gambling-related harm.

2.4 Advocate for changes to the Community Benefit Statement that require the gambling industry to commit funds to addressing gambling-related harms in the community.

3. Plan and regulate

Commitment: *Council will fulfill its statutory and land-use planning obligations to regulate gambling activities in the municipality and reduce the incidence of gambling-related harm.*
Actions
3.1 Where appropriate, integrate strategies to protect the Wangaratta community from gambling-related harm into our strategic planning framework. This includes, but is not limited to, the Council and Health and Wellbeing Plans, Community Vision and the Rural City of Wangaratta Planning Scheme.
3.2 Oppose a proposal for a new gaming operator or increase in the number of EGMs in an existing venue if a rigorous social and economic impact assessments indicates it will have negative social and economic impacts on, and minimal community benefit for, the community of the Rural City of Wangaratta.
3.3 Implement effective leasing arrangements to prohibit gambling activities and advertising on Council owned or managed land.
3.4 Discourage new gaming operators and/or additional EGMs in communities vulnerable to gambling-related harm and in communities with limited access to non-gambling activities.
3.5 Incorporate conditions in planning permits relating to the design and operation of gaming operators that enhance harm minimisation measures.
3.6 Incorporate conditions in planning permits that support the allocation or reallocation of community contributions related to gambling to gambler's help or relevant services aimed at reducing harm associated with gambling.
3.7 Make submissions to the VGCCC and support surrounding municipalities' submissions to VGCCC where there is reliable evidence that the application will have negative social and economic impacts and minimal community benefit.

4. Inform and engage

Commitment: *Council will support initiatives that increase the community's awareness of the risks and impacts of gambling-related harm.*
Actions
4.1 Respond to and support gambling-related research, data collection or government enquiries.
4.2 Continue to monitor gambling-related research, evidence, data, legislative or policy changes, and gambling trends, including harm prevention and minimisation.

4.3 Work with and support current EGM venues, relevant organisations, providers, agencies and initiatives to educate the Rural City of Wangaratta community on the overall negative public health impact of gambling and the risks involved with all forms of gambling.

4.4 Maximise opportunities for the community to provide their input into decisions made on planning permit applications and make submissions to the VGCCC on proposed gaming licences.

4.5 Provide the Wangaratta community, service providers and agencies, and other relevant stakeholders with the opportunity to contribute to strategies and actions relating to gambling in Council's policies, plans and strategies.

4.6 Create opportunities to incorporate gambling questions on existing surveys and during community consultation in order to further understand gambling harm within Rural City of Wangaratta.

Definitions

Community Benefit Statement	Community benefit statements provide the framework for reporting expenditure on community benefits by club and racing club gaming operators that receive gaming revenue in a financial year. A community benefit statement verifies whether the community benefit provided by the club is equal to at least 8.33 per cent of its net gaming machine revenue.
Community Support Fund (CSF)	Hotels operating electronic gaming machines (EGMs) are required to contribute 8.33 per cent of this revenue to the CSF which is a trust fund governed by the Gambling Regulation Act 2003. The funds are directed back to the community (not necessarily the community from which the revenue was generated) to support initiatives such as programs supporting people affected by gambling-related harm and substance abuse; youth programs; sport and recreation programs; art and tourism programs; and costs associated with administering the CSF.
Council	Rural City of Wangaratta
Electronic gaming machine (EGM)	An electronic gaming machine is a computerised gambling device that has a video screen displaying symbols on simulated reels. Cash is inserted into the machine and buttons are used to place bets. The machine randomly determines the position of symbols on the screen. Wins are returned as credits back into the machine. They are also referred to as EGMs, pokies and pokie machines.
Gambling	Gambling/betting requires a player to risk losing something of value (usually money) for the chance of winning more. Gambling outcomes may depend on correctly predicting an uncertain outcome (such as a particular horse coming first in a race), or luck (such as a winning combination of symbols on a pokie machine).
Gambling-related harm	Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population. These harms include relationship breakdown, compromised mental and physical health and wellbeing, financial losses, demand for services, lost work productivity and crime. Gambling related harm can be divided into seven key areas: Financial harm, relationship disruption, emotional or psychological distress, decrements to health, cultural harm, reduced work or study performance and criminal activity. These harms can further be considered as general harms (which occur at any time), crisis harms, which are associated with attempts to seek help, and legacy harms, which occur long after gambling has ceased

Public health approach	A public health approach involves utilising scientific knowledge, evidence-based strategies, and community-based interventions to improve the health and well-being of populations by focusing on prevention, health promotion, and addressing the underlying determinants of health.

References

(1) Australian Institute of Health and Welfare (2021) Gambling in Australia, AIHW, Australian Government, accessed 24 July 2023. <https://www.aihw.gov.au/reports/australias-welfare/gambling>

(2) Queensland Government Statistician's Office (2022) *Australian Gambling Statistics, 37th edition,1994–95 to 2019–20*, Queensland Treasury. <https://www.qgso.qld.gov.au/statistics/theme/society/gambling/australian-gambling-statistics>

(3) Rockloff, M, Browne, M, Hing, N, Thorne, H, Russell, A, Greer, N, Tran, K, Brook, K & Sproston, K (2020) *Victorian population gambling and health study 2018–2019*, Victorian Responsible Gambling Foundation, Melbourne. <https://responsiblegambling.vic.gov.au/resources/publications/victorian-population-gambling-and-health-study-20182019-759/>

(4) Markham, F, Young, M & Doran, B (2016) *The relationship between player losses and gambling-related harm: evidence from nationally representative cross-sectional surveys in four countries*, Addiction, 111(2):320-330, doi:10.1111/add.13178

(5) Victorian Gambling and Casino Control Commission (2023) *Expenditure data*, Victorian Government. <https://www.vgccc.vic.gov.au/resources/information-and-data/expenditure-data>

(6) Victorian Responsible Gambling Foundation (2023) *Pokies across Victoria*. <https://responsiblegambling.vic.gov.au/resources/gambling-victoria/pokies-across-victoria/wangaratta/>

(7) Victorian Gambling and Casino Control Commission (2023) *Gaming machine caps and limits*, Victorian Government. <https://www.vgccc.vic.gov.au/gambling/gaming-venue-operator/understand-your-gaming-licence/caps-and-limits>

Related documents

- Council Plan (2021-25)
- Rural City of Wangaratta Community Vision 2033