

30 August 2021

## **CENTRECARE INC SUBMISSION PERTH CASINO ROYAL COMMISSION SUBMISSIONS**

Transmitted via email contact@pcrc.wa.gov.au

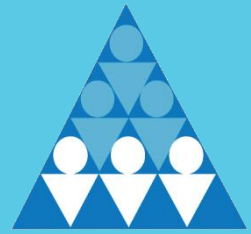
This submission is by Adj. Prof. Tony Pietropiccolo AM (Director, Centrecare) with the assistance of Centrecare's. Leanne Strommen (General Manager Community Services) and Rod West (Executive Manager). Centrecare is grateful for the opportunity to make a submission to the Perth Casino Royal Commission and this submission is in response to the Terms of Reference of the Royal Commission.

Centrecare's Gambling Help WA (**GHWA**) service was established in 1995 and works in partnership with the Department of Local Government Sport and Cultural Industries, with funding provided through the Problem Support Services Committee (PGSSC), to deliver Western Australia's only funded face-to-face problem gambling counselling and support service.

The GHWA service provides universal, selected, and targeted interventions that assist and support individuals experiencing gambling harm as well as their family members, friends, and the broader community. The GHWA service also provides a range of training and education to Lotterywest vendors as well as targeted community groups as necessary or identified.

The GHWA service is currently budgeted to provide 3.6 FTE that is spread across the metropolitan and regional offices where Centrecare is located, including Cannington, Gosnells, Joondalup, Midland, Mirrabooka, Perth, Bunbury, Esperance, and Kalgoorlie. The Perth office receives and delivers most of the service, however, clients can access at the location which best suits them. The GHWA service also includes funding which is dedicated to the provision of financial counselling for clients who are experiencing gambling harm.

As a part of the GHWA program, it provides revocation report assessment and counselling to casino 'patrons' who have voluntarily entered the self-exclusion program offered by Crown, or those who have received a barring because of experiencing gambling harm or behavioural concerns. The revocation counselling and assessment process serves as an opportunity to support individuals seeking to return to the casino to identify (past and present) risk factors and develop appropriate strategies to minimise the risk of experiencing further gambling harm from gambling. Counsellors ensure that clients understand the service is not being provided to assist them in returning to the casino but rather supporting them to better understand the potential for further harm, reflect on their reasons for wanting to return and if they choose to do so how they can minimise the risks and be equipped to self-monitor and seek support early if required. Counsellors are not allowed to use counselling sessions (including interpreter services) to assist clients with their revocation application.



**CENTRECARE**  
"People Making Time for People"

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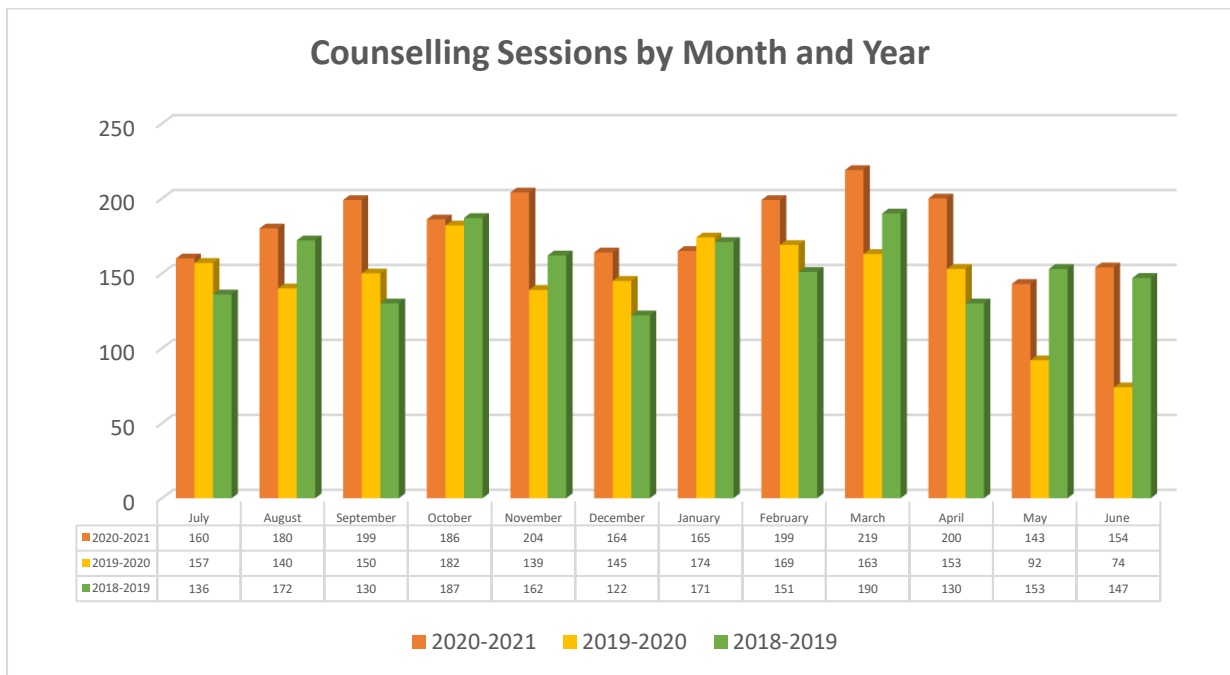
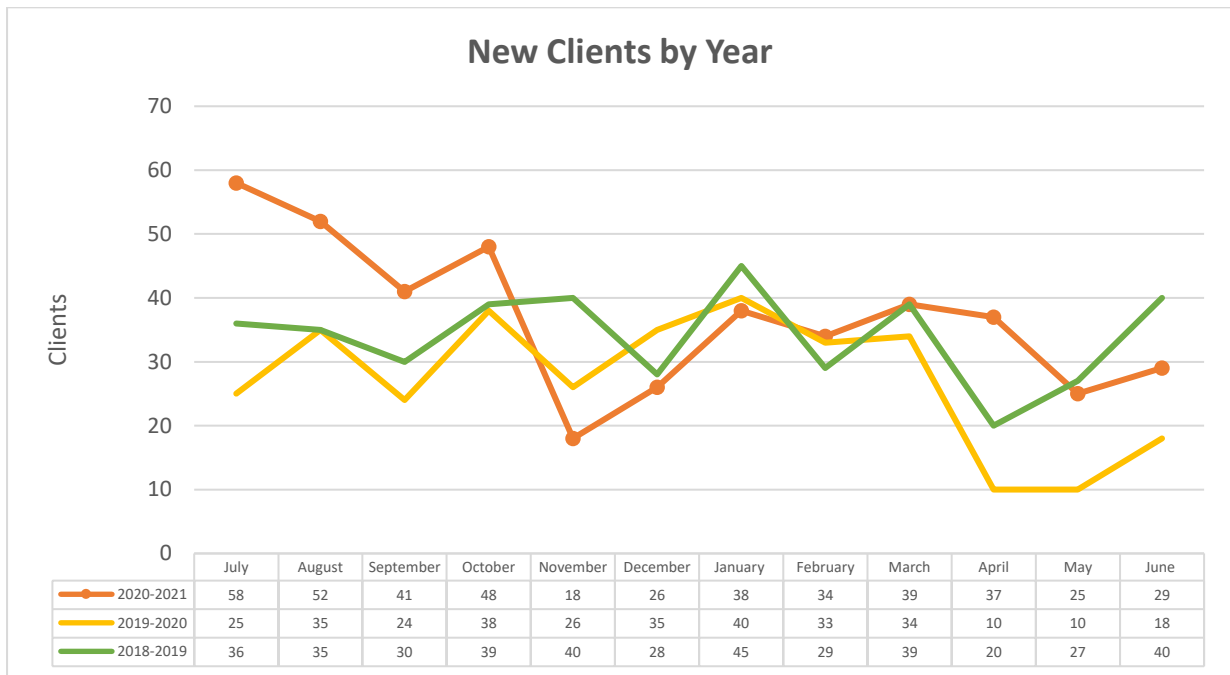
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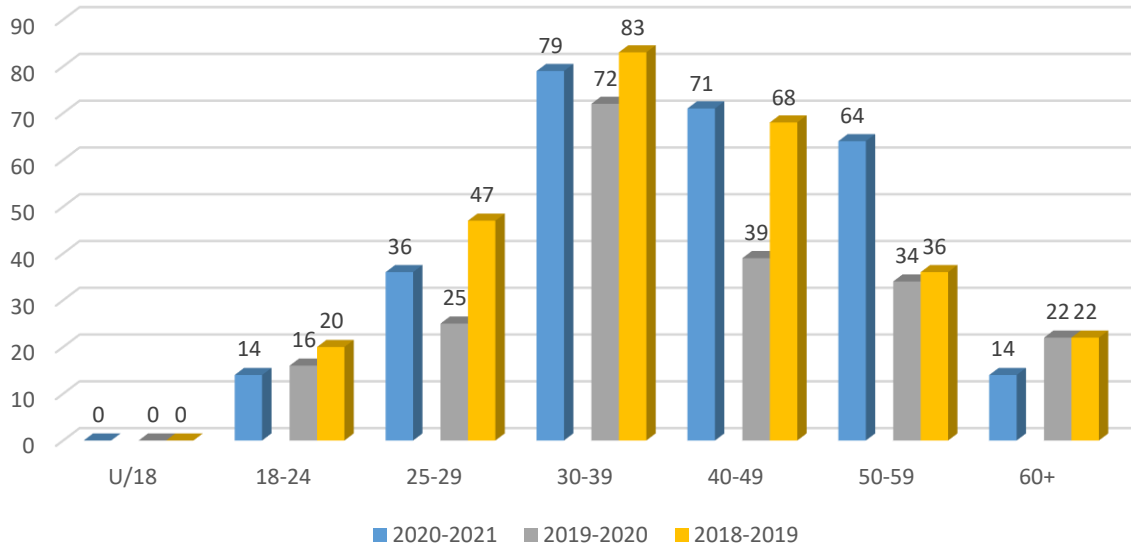
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Over the past three funding periods (2018-2019, 2019-2020 and 2020-2021) the GHWA service has seen 1524 clients and provided 6383 sessions (1181 counselling clients / 343 financial counselling clients & 5762 counselling sessions / 621 financial counselling sessions).



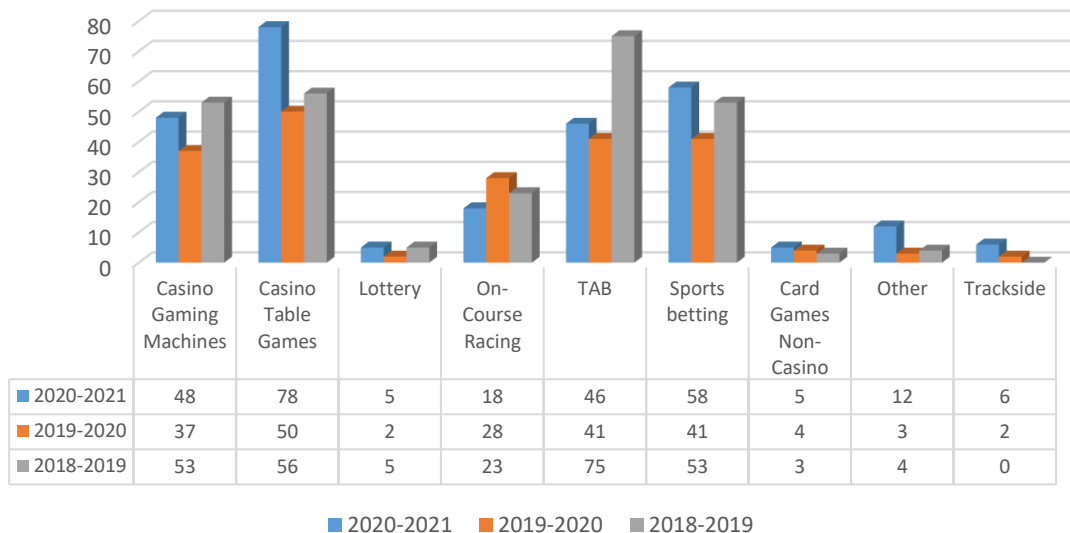
Males on average make up 65% of the GHWA client group with a majority aged 30–39-years and 40-49 years. The peak age groups of men presenting to the GHWA service may coincide with these men being more socially visible to family members and that their problem gambling coincides with a time in their life when additional financial pressures can be at their greatest due to having children and/or other financial commitments.

### Male Gamblers by Age and Year

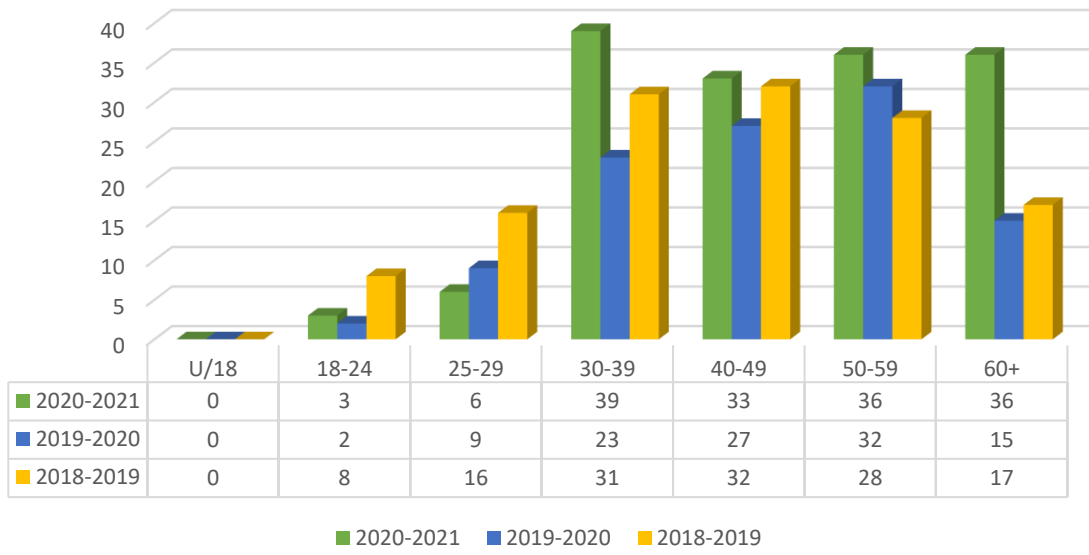


The primary presenting gambling activity for males has fluctuated over the past three years but the four primary activities continue to be TAB, sports betting, casino table games and casino gaming machines. The GHWA service has seen a steady increase in men identifying sports betting as their primary activity and believe that a large cohort of the community may be experiencing gambling harm but not accessing support due to a lack of awareness, education and information about the support that is available.

### Primary Gambling Activity Males by Year

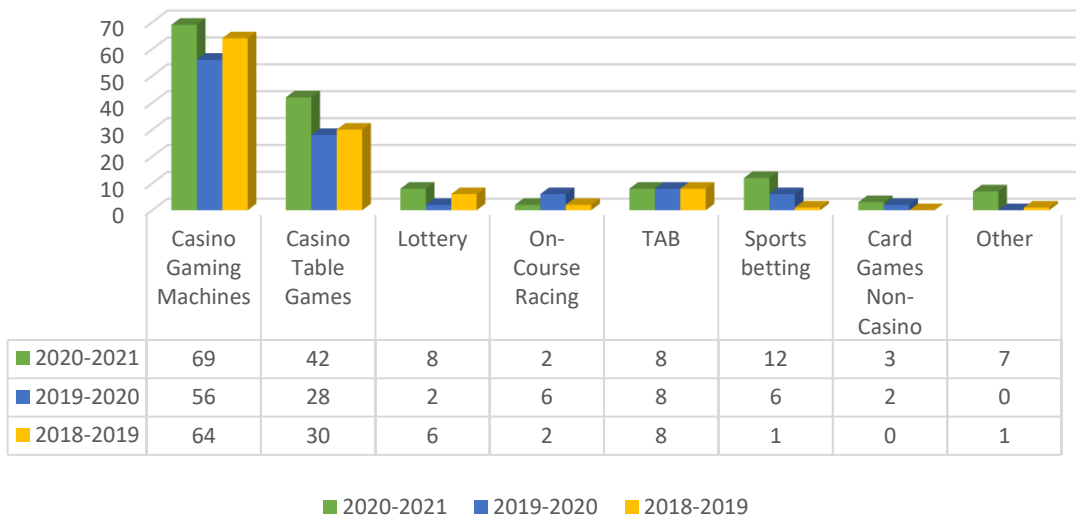


### Female Gamblers by Age and Year

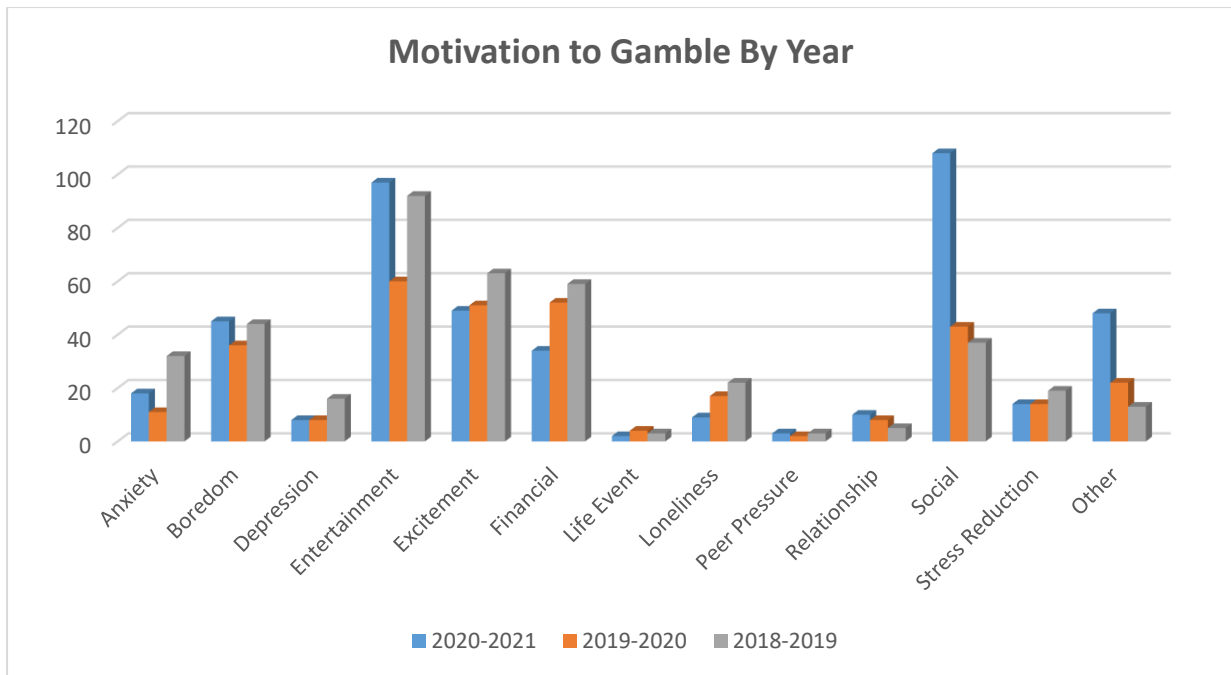


Female clients accessing the GHWA service make up approximately 35% of the client group and overwhelmingly identify their primary presenting gambling activity as being casino gaming machines and casino table games. The spread of female clients across the age ranges from 30 to 60 years and over, may suggest that women are first experiencing gambling harm on average later than men and that their exposure and/or participation may be influenced by a partner rather than a peer.

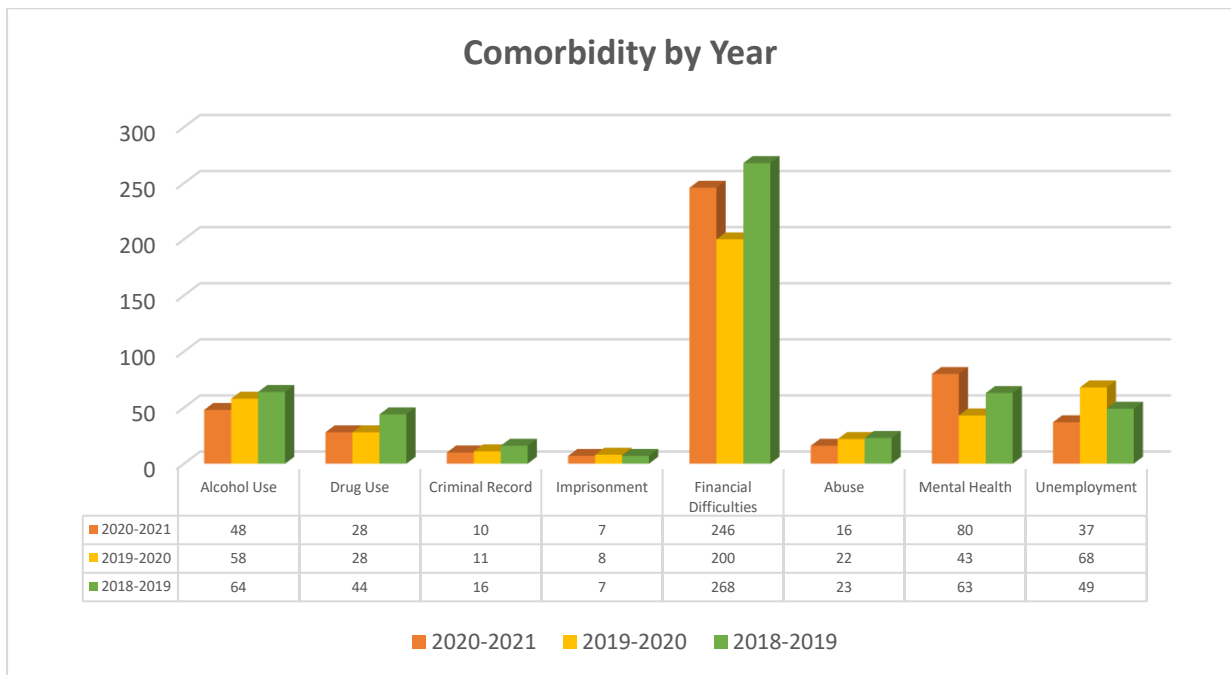
### Primary Gambling Activity - Females by Year



GHWA client's motivation for gambling shifted in the past 18-months, most likely due to COVID-19, with more people indicating social and entertainment as primary drivers to their gambling as well as excitement, economics, and boredom.

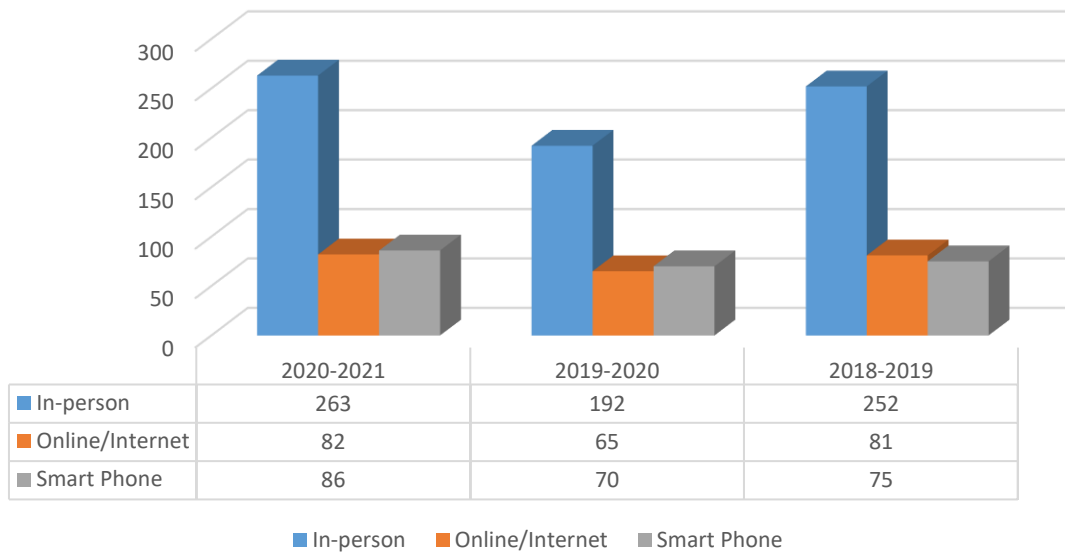


GHWA clients frequently report comorbid issues at the assessment stage of the counselling process, and this is reflected in the high rates of financial distress experienced by most individuals attending the service. Other co-occurring issues include mental health issues as well as alcohol and other drug use.



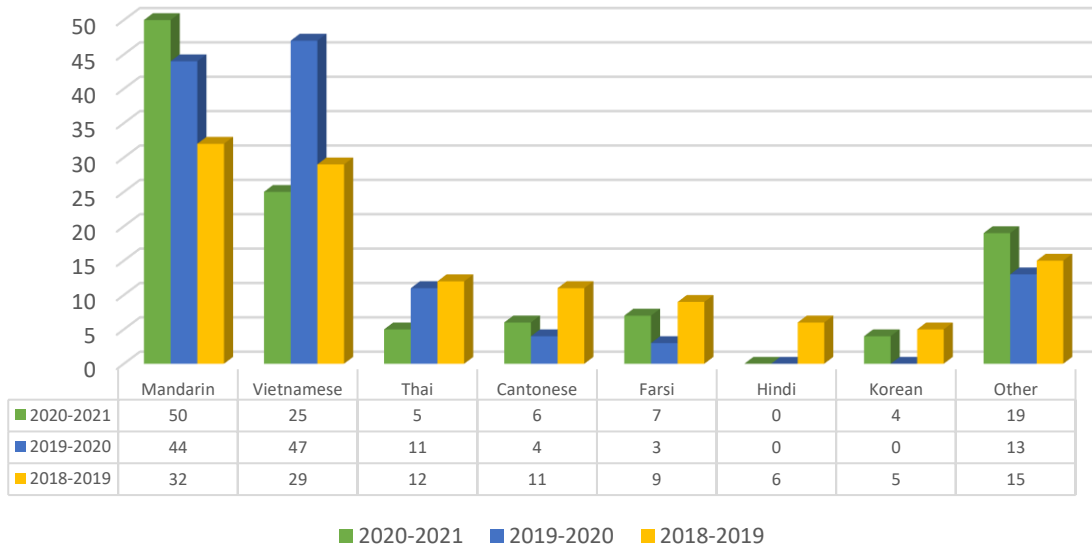
The majority of GHWA clients are still accessing and interacting with the gambling activities primarily face-to-face however this could also be reflective of the service that we provide and that those people using the internet or a mobile phone to gamble are also seeking support online or through the phone helpline.

### Preferred Means of Access by Year



The use of interpretive services has remained consistent over the past three years with 116 interpreter assisted sessions provided in 2020-2021 for GHWA clients (122 sessions in 2019-2020 and 119 sessions in 2018-2019). The costs for interpreter services for the 2020-2021 financial year totaled \$12,822. The most prevalent languages required for interpreter sessions were Mandarin (43%), Vietnamese (21%), Italian (7%) and Cantonese (5%).

### Interpreter Usage By Year



It is important to note that while most of the clients seen by the GHWA service are referred from the Perth casino this is obviously because it is the only land-based casino in Western Australia.

### PUBLIC RECOMMENDATIONS

1. A new media campaign that utilises a public health approach to addressing gambling harm is required to reach a broader audience of community members including Aboriginal and Torres Strait Islanders, people from Culturally and Linguistically Diverse backgrounds, young people and older people who do not currently have knowledge of

specialist support services or choose not to engage with them in the format that they are currently delivered.

2. Community information, education and interventions recognise gambling as a public health issue like that of tobacco and seek to reduce individual stigma and shame associated with a product that is recognised to cause harm. This approach would encourage personal/consumer responsibility via education while acknowledging accountability for gambling providers by enforcing appropriate levels of taxation to ameliorate impacts of the community as well as requirements to meet responsible gambling practice standards for gambling outlets.
3. Consideration for a sustained and targeted training and education to improve screening and assessment of individuals at risk/or experiencing gambling harm. The program should be for a range of social service and health providers who work with a range of individuals who may be at risk including people engaged with community mental health services, alcohol and other drug services, and prisoners.
4. The continuation of a revocation referral intervention service that works with individuals to provide them with opportunities to reflect and consider their decision to re-engage with gambling providers again.

#### **PRIVATE RECOMMENDATIONS**

5. Funding for specialist services to address the harms caused by gambling providers and their products should be financed by a percentage of the tax collected by the Western Australian State Government. The management of these gambling funds as well as the procurement of such services needs to sit with a government body that has no conflict of interest e.g., Mental Health Commission or Department of Health . The current arrangement where the Problem Gambling Support Services Committee is held by the Gaming and Wagering Commission is unhelpful.
6. Introduction of greater restrictions on the number of electronic gaming machines that includes full system pre-commitment with binding limits that is likely to be most effective in preventing and reducing harm.

Yours sincerely



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Director  
Centrecare Inc.