Electronic gaming machine environment study
Wave 2 summary

April 2024

Our vision: A Victoria free from gambling-related harm

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NOTE: This report uses the term 'problem gambler' to refer to electronic gaming machine (EGM) users who were classified as such by the Problem Gambling Severity Index (PGSI). While we recognise that the term is stigmatising, it is the term used by the validated screening instrument and denotes the clinical condition.

Contents

Summary of key findings

The Electronic gaming machine environment study (EGMES) was funded by the Victorian Responsible Gambling Foundation (Foundation) to provide a snapshot of the Victorian gaming venue environment and the attitudes and behaviours of customers and staff. Data was collected via an in-venue survey of electronic gaming machine (EGM) customers and an online survey of gaming venue staff.

Customer survey

- Surveyed customers were regular EGM gamblers – more than half (55.6%) gambled on EGMs at least weekly, including a third (31.8%) who did so more than once a week.
- Surveyed customers had high rates of gambling risk – 14.7% met the criteria for problem gambling and almost two-thirds (63.5%) were at some level of risk on the Problem Gambling Severity Index (PGSI).
- Demographic factors associated with experiencing problem gambling included younger age, lower income and being unemployed or in casual or part-time employment.
- Behaviours within a gambling session that were associated with increased risk of problem gambling included multiple cash withdrawals, withdrawing more than $200, spending more than $200, betting $2 or more per spin most of the time, and gambling for two hours or longer.
- Greater frequency of past-year EGM gambling was also associated with increased risk of problem gambling.
- Participants' involvement in non-EGM forms of gambling was broadly similar to that of Victorian gamblers overall.

Staff survey

- Staff were generally confident in their ability to identify and respond to harm.
- However, most reported rarely observing potential harm, and while they frequently interacted with customers, these interactions tended to be of a general nature.
- Younger and less experienced staff, who were least confident to recognise and respond to harm, tended to have the greatest exposure, due to factors like their role and the times they usually work.
- These staff cited worries including negative responses from customers, saying the wrong thing, and making an incorrect judgement as barriers to intervening.
- Some potentially harmful gambling behaviours appear to not be recognised as such. Concerningly, these include some of the strongest behavioural indicators of risk identified in the customer survey.
- Compared to the general Victorian population, staff have much higher rates of gambling participation across a range of products and were twice as likely to be at risk of experiencing problem gambling themselves.

Background

Electronic Gaming Machines and harm
EGMs are associated with more gambling-related harm than any other product. The most recent Victorian prevalence study[1] found EGMs account for 37.7% of all gambling harm, 2.5 times more than the next most harmful activity, casino table games (15.0%). Currently, there is limited research examining what happens within gaming room environments and how this might be connected to the experience of harm.

Responding to harm in venues
Gaming venues in Victoria are required to have a Responsible Gambling Code of Conduct which outlines, amongst other things, how they will identify and respond to customers experiencing harm from gambling.

Since 2010 the Venue Support Worker (VSW) Program has operated in the Victorian gaming venue environment with the specific aims of assisting venues to identify and respond to gamblers displaying signs of problem gambling, raising awareness among venue staff about Gambler's Help and other support services, encouraging venue staff to refer to services and supporting the creation and maintenance of a responsible gambling environment.

In January 2017, the Venue Support Program also took responsibility for the face-to-face delivery, within venues, of elements of the mandatory Responsible Service of Gaming (RSG) staff training. This training provides EGM venue staff with knowledge and skills to identify and appropriately respond to customers displaying signs of potential harm from gambling.

The Electronic Gaming Machine Environment Study
The Electronic Gaming Machine Environment Study (EGMES) is an information and monitoring project funded by the Foundation. The research provides a snapshot of the Victorian gaming venue environment and the attitudes and behaviours of customers and staff. It is envisaged that this project will be conducted on a regular basis to monitor changes over time.

This research will inform the delivery of the Foundation funded VSW Program as well as providing much needed data to inform the ongoing review and improvement of RSG and other in-venue training. The findings will also have the potential to inform harm minimisation policies and approaches within venues from a policy and regulatory perspective. Furthermore, the study could assist in monitoring of the impact of any changes made to the EGM gambling environment.

The Foundation has undertaken two waves of data collection, in 2021 (wave 1) and 2022 (wave 2), in Victorian gaming machine venues. An additional wave is planned for 2024. This summary focuses on the key findings from wave 2, while noting significant differences from the first wave.

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[1] Rockloff, M., et al. (2020). Victorian population gambling and health study 2018–2019. Victorian Responsible Gambling Foundation, Melbourne.

Methods

The central components of the study are an in-venue survey of Victorian EGM customers, and an online survey of Victorian gaming venue staff.

Venue-based survey of EGM gamblers
Participants were recruited from ten Victorian gaming venues – six clubs, three hotels and one RSL. Nine of the venues were located in metropolitan Melbourne and one was in regional Victoria. The venues chosen were the same as those in Wave 1. Recruitment occurred from 19 May to 7 July 2022. A total of 349 EGM users completed the survey, which examined behaviours and attitudes related to EGMs, engagement in other forms of gambling, factors that attract customers to venues, as well as PGSI and Short Gambling Harm Scale (SGHS) scores.

Online survey of gaming venue employees
All Victorian gaming venue staff whose role required them to spend time working in the gaming room were eligible to participate. An online survey link was distributed to venue management and staff throughout Victoria via the Foundation's VSW program. Surveys were completed between 30 May and 5 August 2022. A total of 113 staff completed the survey, which measured staff confidence and actions regarding identifying and responding to harm, barriers to intervention, as well as their own gambling behaviours and PGSI and SGHS scores.

Analyses
Relationships between study variables were examined through a series of chi-squared tests. Significant differences between subgroups and totals were determined based on adjusted residuals, which measure how far each observed frequency deviates from what would be expected by chance, given the total frequency of the two categories. The criteria for significance was a value of ±1.96, which corresponds to .05 for a two-tailed test.

Limitations
Both surveys are subject to self-selection biases. The customer survey had a high proportion of women and older respondents, likely due to the greater tendency of women to participate in survey research, and the fact that most of the surveys were conducted during business hours.

Most staff respondents had been employed in the gaming area for more than 10 years, and almost half were employed mainly as managers or venue operators/licensees. As such, the findings cannot be generalised to all Victorian gaming venue employees.

Customers were approached to participate after leaving an EGM, rather than when leaving the venue. It is likely that some will have continued gambling after completing their survey, and thus measures such as session time and money spent, and cash withdrawals will be underestimates of the true figures.

Key findings – customer survey

Survey participants

Most respondents were female (61.6%), aged 50 or over (67.9%), lived in metropolitan Melbourne (80.8%), spoke English at home (84.0%) and were not of Aboriginal/Torres Strait Islander origin (95.7%). A little under half (44.4%) were employed, 40.7% were not in the labour force and not looking for work/retired, and 5.7% were looking for work (9.2% did not provide a response for employment status). Of those who reported their annual income, 62.9% earned less than $41,600, 22.3% earned $41,600 – $77,999, and 14.7% earned $78,000 or more.

Gambling risk and harm

High rates of gambling risk
One in seven respondents (14.7%) met the criteria for problem gambling according to the PGSI, with another 21.8% classified as moderate-risk, and 27.0% as low-risk. Just over a third (36.5%) were non-problem gamblers.

These figures are very different to those of Victorian gamblers overall. In the 2018/19 prevalence study, 1.1% of adults who gambled in the past 12 months were classified as problem gamblers, 3.5% as moderate-risk, 9.7% as low-risk, and 85.8% as non-problem gamblers.

Those more likely to be classified as a problem gambler in the current study were:
- aged 18–29 (30.8%) and 30–49 (26.6%)
    - compared to just 1.1% of those aged 70 or over
- looking for work (40.0%) and employed part-time or casually (25.0%)
    - compared to 6.3% of those not in the labour force and not looking for work/retired
- those earning less than $20,800 per year (27.0%)
    - compared to 2.7% of those earning $78,000 or more.

Figure 1. PGSI status, compared to gamblers in the 2018/19 Victorian prevalence study
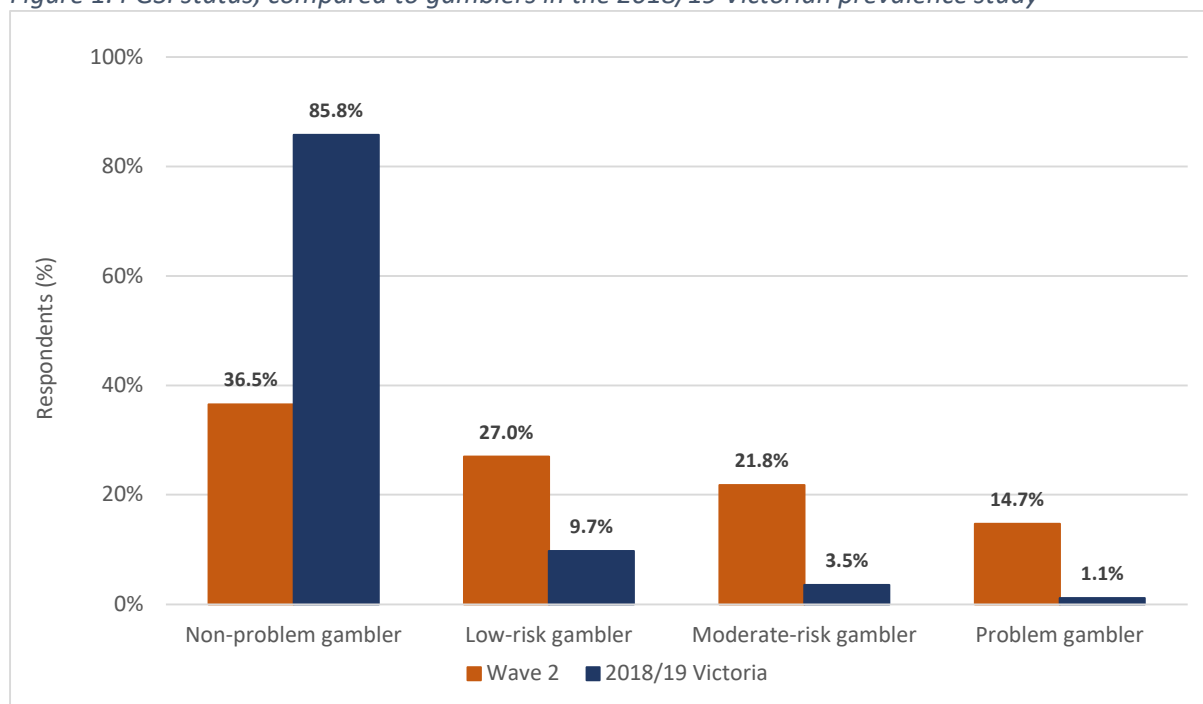
Most respondents experienced harm

More than half of respondents (53.9%) experienced at least one of the ten SGHS harms in the past 12 months. The most commonly selected items were reduced savings (35.8%) and spending money (34.7%) and having regrets about their gambling (29.5%).

As shown in Table 1, problem gamblers (92.2%) and moderate-risk gamblers (92.1%) were significantly more likely to experience harm, while non-problem gamblers (19.8%) were less likely to. The proportion of low-risk gamblers who experienced harm (47.9%) was similar to the overall figure.

Table 1. Customers – Short Gambling Harm Scale, by PGSI

	Total (%)	Non-problem gamblers (%)	Low-risk gamblers (%)	Moderate-risk gamblers (%)	Problem gamblers (%)
No harm	46.1	80.2*	52.1	7.9*	7.8*
Any harm	53.9	19.8*	47.9	92.1*	92.2*

*Denotes significant difference from total

Past-year gambling

Customers were regular EGM gamblers

In the preceding 12 months, 86.2% of respondents gambled on EGMs at least once a month. Seven in ten (71.6%) gambled on EGMs at least twice a month, including more than half (55.6%) who did so at least weekly, and a third (31.8%) who gambled on EGMs more than once a week.

By contrast, in the most recent Victorian prevalence study in 2018/19, only 23.6% of past-year EGM users gambled on EGMs at least once a month, and just 2.9% did so more than once a week.

Those more likely to <u>gamble on EGMs more than once a week</u> in the current study were:
- males (40.5% vs 26.5% of females)
- those looking for work (60.0%)

- those who mainly spoke a language other than English at home (46.9%, compared to 29.4% of those who mainly spoke English).

EGM gambling frequency was strongly linked to PGSI risk

As shown in Figure 2, seven in ten problem gamblers (70.6%) gambled on EGMs more than once a week, compared to 16.5% of non-problem gamblers. Moderate-risk gamblers were more likely than those in other categories to gamble on EGMs once a week (35.5%), and low-risk gamblers were the most likely to do so once or twice a month (40.4%, compared to 9.8% of problem gamblers). Non-problem gamblers were the most likely to have done so on only a few occasions in the past 12 months (26.0%, compared to 2.6% of moderate-risk gamblers and 2.0% of problem gamblers).

Figure 2. Frequency of past-year gambling on EGMs, overall and by PGSI status
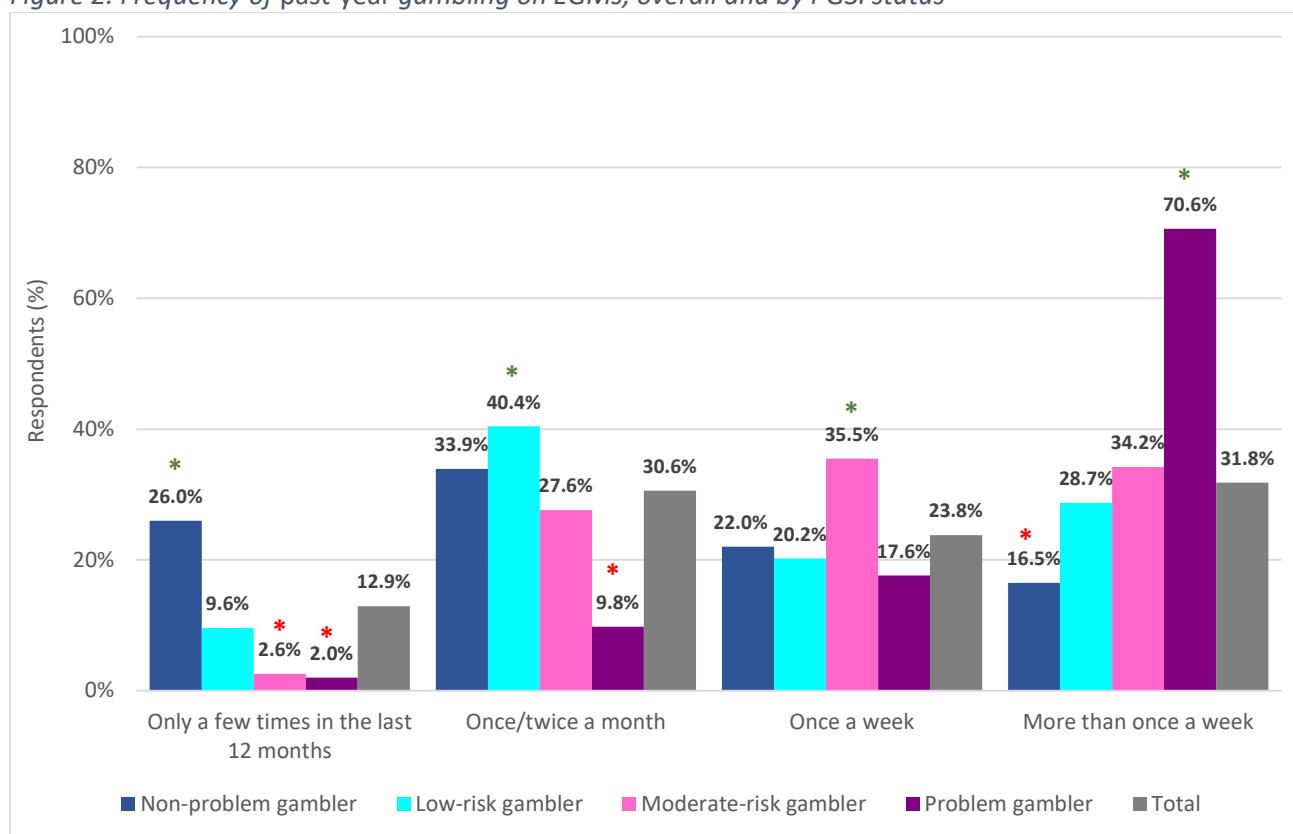
*Denotes significant difference from total

Of all respondents who gambled on EGMs more than once a week, a third (32.4%) were problem gamblers, while 18.9% were non-problem gamblers. However, the relationship varied by age, with 53.8% of 18–49-year-olds who gambled on EGMs more than once a week classified as problem gamblers, compared to 0.0% of those aged 70 or over who did so.

Participation in other forms of gambling was broadly similar to Victorian gamblers overall

Only Keno (20.1%, compared to 4.7%) and bingo (17.8%, compared to 2.1%) had substantially higher rates of past-year participation than found among gamblers in the most recent prevalence study.

Rates of past-year gambling on casino table games (11.7%, compared to 8.8%) and sports betting (11.5%, compared to 8.3%) were marginally higher than for Victorian gamblers, while those for lotteries/scratchies (50.4%, compared to 52.6%) and horse racing were slightly lower (24.6%, compared to 28.7%). Respondents who bet on sports and racing tended to do so regularly, however, with more than half gambling on these activities once a week or more.

Two-thirds of EGM customers (67.9%) gambled on at least one of the other six gambling activities assessed. When those who gambled only on lotteries in addition to EGMs are excluded, the figure is 47.0%.

Visit to the venue

EGM gambling during their visit

On the day on which participants were surveyed:

- almost half (47.0%) had spent one hour or longer gambling
    - 17.8% spent two hours or longer
- three in ten (29.5%) had spent more than $100 gambling
    - 12.0% spent more than $200 (up from 7.3% in Wave 1)
- almost half (45.0%) usually bet $1 or more per spin
    - 10.0% usually bet $3 or more
- most set time and/or money limits
    - 53.6% set a time limit
    - 85.1% set a money limit (up from 78.0% in Wave 1)
    - more than 80% of respondents reported sticking to their time/money limit
- one in three (35.0%) had withdrawn cash via EFTPOS at the venue to gamble
    - up from 26.4% in Wave 1
    - 30.1% withdrew cash once, 4.9% did so more than once
    - 21.3% of those who withdrew cash, (or 7.4% of the whole sample) withdrew more than $200, and the same proportion withdrew $101–$200
- almost half (45.0%) felt they had lost money during their visit
    - up from 35.1% in Wave 1
    - 29.8% said they broke even, 12.0% felt they won, 12.6% didn't know.

Behavioural indicators of gambling risk

Behaviours that strongly differentiated problem gamblers and non-problem gamblers included:

- spending more than $200 on gambling: 31.4% of problem gamblers vs 3.9% of non-problem gamblers
    - spending more than $300: 23.5% vs 1.6%
- withdrawing cash (via EFTPOS) two or more times: 13.7% vs 0.8%[2]
- withdrawing more than $200: 41.2% vs 2.9% (of those who withdrew cash)
    - of all respondents: 27.5% vs 0.8%
- exceeding their time limit: 50.0% vs 4.2% (of those who set limits)
    - Of all respondents: 23.5% vs 2.4%
- exceeding their money limit: 51.2% vs 9.1% (of those who set limits)
    - of all respondents: 41.2% vs 7.9%
- betting $2 or more per spin on an EGM most of the time: 33.3% vs 9.5%
    - betting $3 or more: 23.5% vs 7.1%
- gambling for two hours or more: 29.4% vs 10.2%
    - gambling for three hours or more: 13.7% vs 2.4%.

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[2] 9.8% of those classified as problem gamblers also reported leaving the venue to get more money, while no non-problem gamblers did so. When these responses are included, the proportion who withdrew/accessed cash more than once is 17.6% vs 0.8%

Other differences

Compared to non-problem gamblers, those classified as problem gamblers were:

- less likely to report being completely satisfied (rating of 10/10) with their life and personal circumstances (11.8%, compared to 49.6%)
    - more likely to rate their life satisfaction 0-3 (23.5% vs 6.3%) or 4-5 (51.0% vs 5.5%)
- less likely to meet family or friends at the venue (13.7%, compared to 31.5%)
- more likely to stay on to gamble after family/friends left venue (7.8%, compared to 0.0%)
- more likely to gamble until they ran out of money (43.1%, compared to 7.9%).

Staff interaction during visit

Just over half of respondents (53.9%) reported that a staff member interacted with them while they were in the gaming room during their visit that day. The most common interaction was having a general chat (37.0%), followed by staff asking if they were OK (15.5%) and providing them with free food or drink (9.7%). Just 1.7% reported that a staff member asked if they felt like taking a break from gambling, and only 0.6% (two respondents) said they were asked to take a break.

Table 2. Customers – Staff interaction

| Staff interaction	%
Had a general chat	37.0
Asked if I was OK	15.5
Provided me with free food or drink (alcoholic or non-alcoholic)	9.7
Asked if I would like to purchase food or drink (alcoholic or non-alcoholic)	6.3
Sign-in process	2.6
Asked if I felt like taking a break from gambling	1.7
Allowed me to pay for food or drinks while at the machine	1.1
Asked me to take a break from my gambling	0.6
Told me about the "YourPlay" pre-commitment program	0.3
Something else	1.1
None of the above	44.4
Missing Answer	1.7

Those classified as problem gamblers were:

- less likely to report having a general chat (21.6%)
- more likely to be provided with free food or drink (19.6%, vs 3.9% of non-problem gamblers)
- more likely to be asked if they felt like taking a break from gambling (5.9%).

Support and help-seeking

Attitudes towards staff intervention

When asked how they felt about venue staff approaching gamblers who show signs of distress due to their gambling, three-quarters (77.1%) reported having no problem with staff doing so. This figure was significantly higher than was found in Wave 1 (70.0%). One in twenty (4.6%) had some concerns but felt staff still should, while 1.4% had a lot of concerns. Only 5.4% said they never wanted staff to take this type of action. One in ten participants (10.0%) preferred not to answer.

Figure 3. Customers – Staff approaching customers showing signs of distress due to gambling
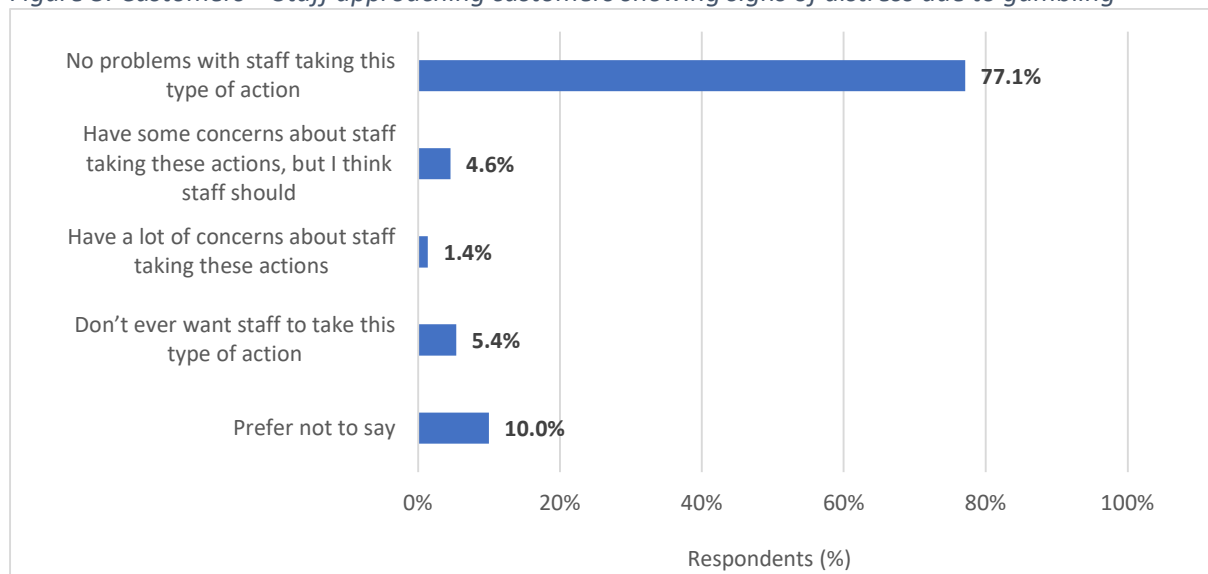
In terms of differences by PGSI status:
- problem gamblers were significantly less likely to have no problem with staff taking this action (58.8%)
- problem gamblers (11.8%) and moderate-risk gamblers (9.2%) were more likely to have some concerns, while non-problem gamblers (0.8%) were less likely to do so
- problem gamblers were more likely to report that staff should never take this action (13.7%).

Help-seeking

Twelve percent of respondents (12.0%) had ever sought help for issues with gambling. This included 9.7% who had done so for their own gambling, 1.7% for someone else's gambling and 0.6% for both their own and someone else's. Just over a third of problem gamblers (37.3%) had ever sought help for their gambling (or their own and someone else's), compared to 3.1% of non-problem gamblers.

The most commonly selected options among those who had sought help were telephone counselling (28.6%), self-exclusion from gaming venues (26.2%) and face-to-face counselling (23.8%).

When respondents who had sought help were asked if anything in the gaming venue environment had prompted them to do so, 21.4% said advertising in the venue, and a similar proportion (19.0%) said a conversation with a staff member. More than half (52.4%) indicated that nothing in the gaming venue environment prompted them.

YourPlay

Most respondents (56.4%) were not aware of the YourPlay pre-commitment program. The finding was very similar to Wave 1 (54.9%).

Even among those who were aware of YourPlay, five in six (83.3%) did not have a YourPlay card. Another 6.7% had a card but did not use it, while 8.7% had a card and used it occasionally. Only 1.3% of those who were aware of YourPlay (two respondents or 0.6% of the overall sample) had a YourPlay card and used it regularly.

Only one respondent (0.3%) said staff talked to them about YourPlay at the venue that day.

Key findings – staff survey

Survey participants

Most participants were female (65.5%), had worked in the gaming area for more than 10 years (57.5%), and worked in a club/RSL (66.4%). Over a third (37.2%) were employed primarily as managers, 22.1% as gaming attendants or cashiers and 17.7% as shift supervisors. Seven in ten respondents (71.7%) were currently a nominated Responsible Gambling Officer (RGO), however just 7.1% (n=8) selected RGO as their main role in the gaming area. Most respondents usually worked in the gaming room between 9 am and 5pm, or 5 pm and midnight; only 11.5% usually worked between midnight and 6 am.

Identifying harm

Most staff were confident to identify harm
Almost three in five respondents (57.5%) felt extremely confident to identify a customer experiencing gambling-related harm. Another 31.0% reported being moderately confident, and 11.5% were somewhat confident. No respondents reported being slightly, or not confident at all.

Those who felt <u>extremely confident</u> were more likely to be:
- managers (76.2%, compared to 32.0% of gaming attendants/cashiers)
- aged 30 or over (62.4%, compared to 35.0% of those aged 18-29)
- employed full-time (69.6%, compared to 36.4% of those employed casually)
- employed in the gaming area for more than 10 years (69.2%, compared to 23.1% of those employed for less than a year).

However, most rarely observed harm
When asked how often, for every 10 shifts in the gaming room, they observed customers who they thought might be experiencing harm:
- 10.7% said *often* (7-9 shifts, 8.0%) or *always* (2.7%)
- 25.7% said *sometimes* (4-6 shifts)
- 63.7% said *rarely* (1-3 shifts, 60.2%) or *never* (3.5%).

Those most confident to identify harm were the least likely to observe it
Those more likely to rarely or never observe potential harm were:
- managers (76.2%, compared to 44.0% of gaming attendants/cashiers)
- employed full-time or part-time (70.0%, compared to 48.5% of those employed casually)
- employed in the gaming area for more than 10 years (72.3%, compared to 52.1% of those employed for 10 years or fewer)
- those who usually worked in the gaming room between 9 am and 5 pm (70.5%, compared to 40.0% of those who did not usually work during these hours).

Frequency of observing risky behaviours
Staff were asked how often, for every 10 shifts in the gaming room, they observed each of the 15 risky behaviours. The behaviours with the highest proportion of 'often' or 'always' responses were:
- withdrawing cash (EFTPOS) two or more times in a session (46.9%)
- spending more than $300 in a session (37.2%)
- complaining about losing (25.7%)
- betting $3 or more per spin most of the time (22.1%)
- Gambling for 3 or more hours without a proper break (20.4%)

The proportion of 'rarely' or 'never' responses for each of these five behaviours ranged from 13.3% to 43.4%, much lower than the 63.7% who reported rarely/never observing harm. This suggests that some staff may not consider the behaviours as risky and are not associating them with potential gambling harm.

The behaviours with the highest proportion of rarely/never responses included customers asking staff to not let others know where they are (89.4%), being visibly upset or distressed (78.8%), gambling after consuming a lot of alcohol (76.1%) and displaying anger (75.2%).

Figure 4. Frequency of observing signs of harm for every 10 shifts
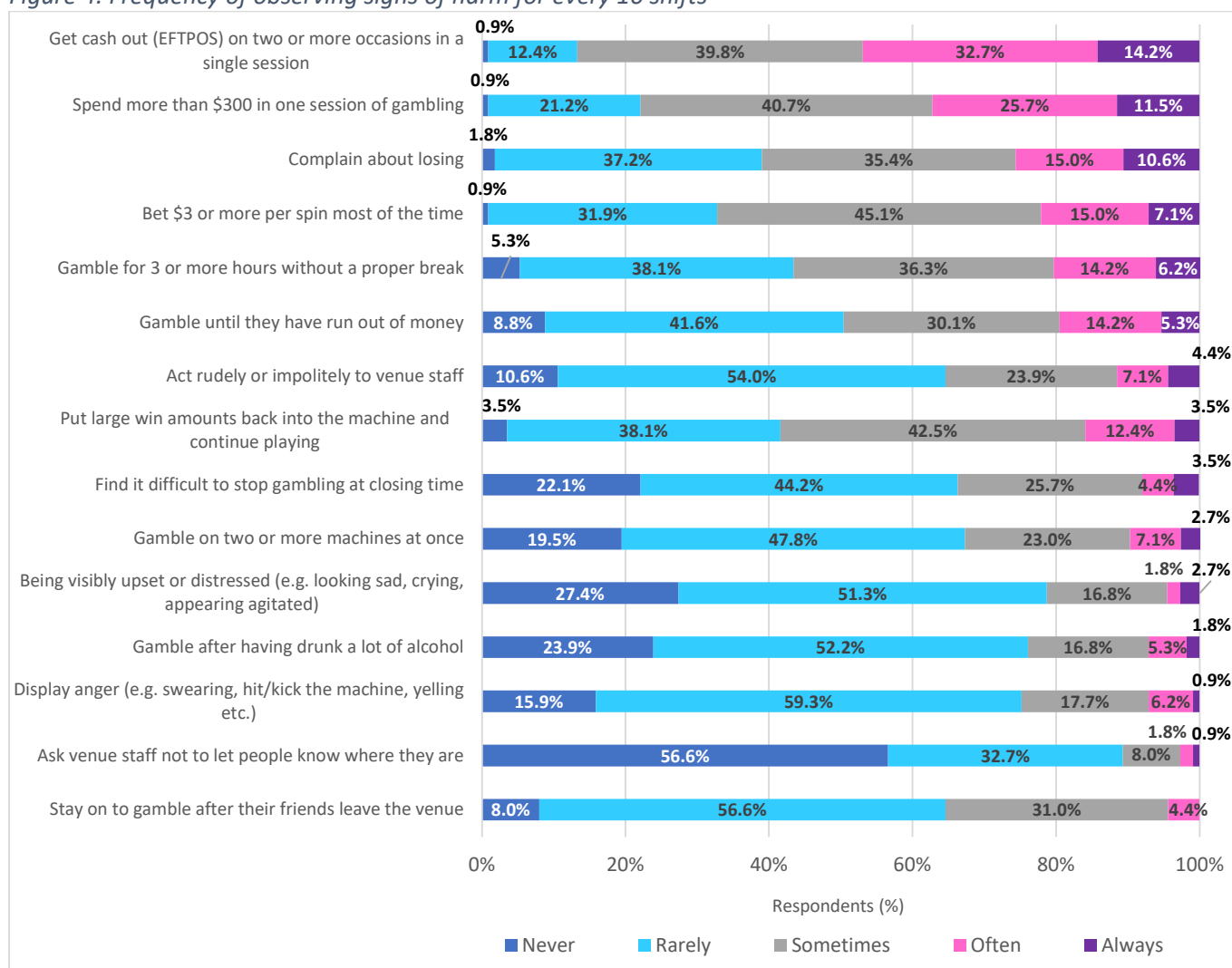


Staff more likely to observe risky behaviours were:
- aged 18–29
- employed mainly as RGOs or gaming attendants/cashiers
- employed in hotels
- employed in metropolitan Melbourne
- employed in the gaming area for fewer than 10 years
- those who usually worked in the gaming room during the evening or early morning.

Responding to harm

Most staff were confident to act when observing harm

Over six in ten respondents were extremely confident in referring the matter to a manager/supervisor/RGO (75.2%), offering food/drink (72.6%), and checking that the customer is okay and to ask how they are (61.9%). For five other actions, including encouraging customers to take a break, and speaking to them about self-exclusion, YourPlay, EGM operations, and support services, the proportion who said they were extremely confident ranged from 45.1% to 54.9%.

Figure 5. Staff – Confidence in taking action after observing signs of harm
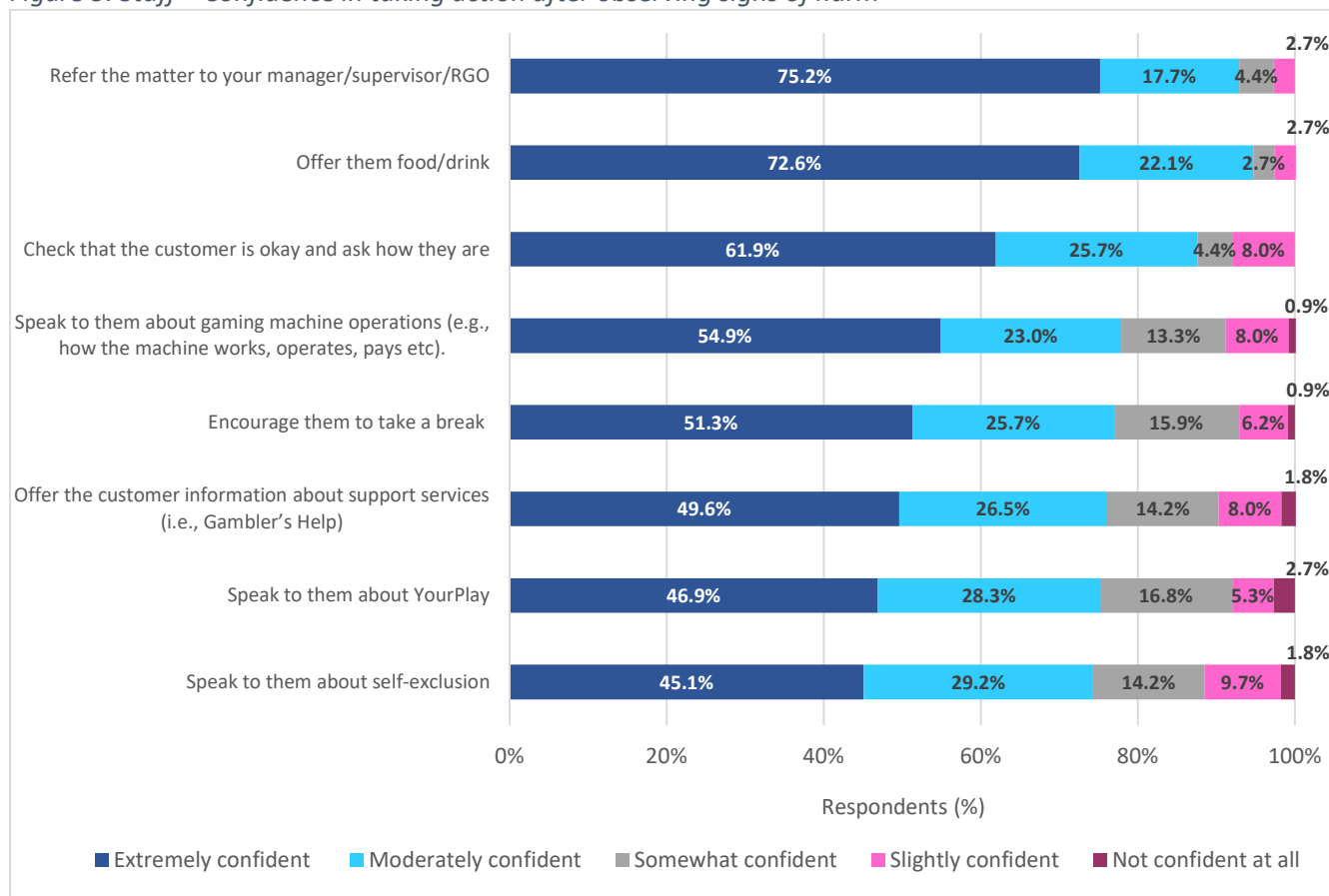
Consistent with this, 59.3% said they did not find it difficult to intervene when they observed customers experiencing harm. A third (34.5%) found it difficult some of the time, and 6.2% reported finding it difficult all of the time.

Again, however, confidence varied according to role and experience. For example, managers were far more likely than gaming attendants/cashiers to be extremely confident in speaking to customers about self-exclusion (69.0% vs 12.0%), YourPlay (66.7% vs 20.0%), EGM operations (78.6% vs 32.0%), and support services (71.4% vs 24.0%). For each behaviour, between 40–52.0% of gaming attendants/cashiers reported being somewhat, slightly, or not at all confident, compared to 7.1–14.3% of managers.

Four in five respondents (80.0%) aged 18-29 reported finding it difficult to intervene, compared to 32.3% of those aged 30 or over, and the trend was similar for gaming attendants/cashiers (68.0%) in comparison to managers (21.4%).

Factors that make it difficult to intervene
Among those who found it difficult to intervene in response to potentially harmful customer behaviours (n=46), the most commonly cited concerns were:
- the customer may become angry or violent (73.9%)

- the customer may become annoyed or upset (67.4%)
- saying the wrong thing to the customer (60.9%)
- making an incorrect judgement about the customer's gambling (58.7%).

In overall terms (i.e., as a proportion of all respondents, rather than just those who found it difficult), these four concerns were cited by between 23.9% and 30.1% of staff. This included 55.0% – 65.0% of 18–29-year-olds, 40.0% – 48.0% of gaming attendants/cashiers, and 38.5% – 53.8% of staff who had been employed in the gaming area for less than a year.

Only 10.9% of those who found it difficult to intervene (4.4% overall) cited being too busy, and just 6.5% (2.7% overall) felt management would not be supportive of them doing so.

Perceptions of customer views
While 77.1% of customers had no problem with staff interacting with customers exhibiting signs of gambling harm, only one in five staff felt a majority of customers would approve. When asked how many of their customers would appreciate a staff member approaching them regarding concerns about their gambling:

- 18.6% said *most* (16.8%) or *all* (1.8%)
- 23.0% said *some*
- 40.7% said *a few* (30.1%) or *none* (10.6%)
- 17.7% said they didn't know.

Most staff interact with customers, but it tends to be of a general nature
When asked about their last shift in the gaming room, almost all staff reported having a general chat (96.5%), and a majority said they offered a non-alcoholic beverage (79.6%) and asked if the customer was okay (60.2%).

It was less common for staff to ask if customers felt like taking a break from gambling (15.9%), to promote YourPlay (13.3%), offer information about support services (10.6%), ask a customer to leave the gaming room due to them being on the Self-Exclusion Program (8.8%), or ask them to leave due to their gambling behaviour (4.4%).

Even these relatively low rates of intervention seem high in comparison to the customer findings. As mentioned, just 1.7% of customers reported that a staff member asked if they felt like taking a break from gambling, 0.6% said they were asked to take a break, and 0.3% said a staff member spoke to them about YourPlay. It should be noted that it is not possible to directly compare the staff and customer findings due to the different samples and methods involved. Moreover, the fact that staff were more likely than customers to report that a behaviour occurred is not necessarily unusual, as a given staff member may have only approached a small minority of EGM users in their venue. Nonetheless, it seems clear that the proportion of customers receiving assistance is even smaller than is implied by the staff findings.

Frequency of specific behaviours
Staff were asked how frequently they performed specific behaviours aimed at reducing harm, including suggesting breaks, promoting and signing customers up to YourPlay, asking customers to leave the gaming room, and identifying and responding to self-exclusion breaches.

For each behaviour, most staff had either never engaged in the behaviour in the time they had worked at their venue or did so less than once a month. In contrast, two-thirds (65.5%) reported signing customers up to their venue's loyalty program at least once a month, including a third who did so either daily (13.3%) or at least weekly (20.4%).

The most common gambling harm-related interaction was suggesting a customer take a break from gambling, with a quarter doing this daily (10.6%) or at least weekly (14.2%). Around one in five promoted YourPlay daily (3.5%) or at least weekly (15.0%). Again, however, these findings are likely to give a misleading sense of how many customers receive such interventions.

Figure 6. Staff – Frequency of taking action
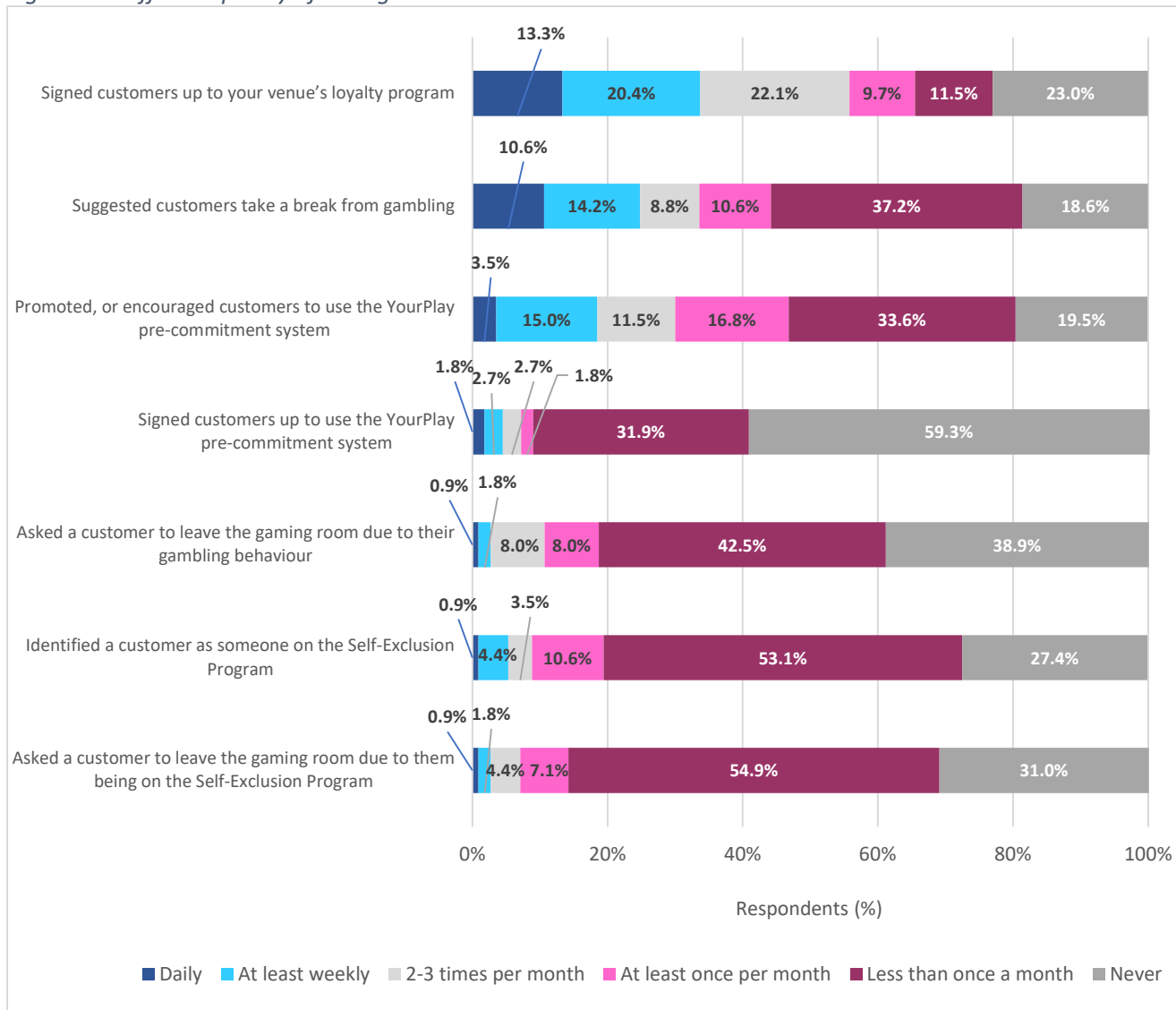
The factor most consistently associated with performing specific harm minimisation behaviours was venue type, with staff employed in hotels more likely to intervene than those who worked in clubs or RSLs. For example, 55.3% of hotel staff reported suggesting a customer take a break from gambling either daily or at least weekly, compared to 9.3% of those employed in clubs/RSLs. For promoting YourPlay, the respective figures were 31.6% and 12.0%. Over a third (36.8%) of hotel employees asked a customer to leave the gaming room due to their gambling behaviour at least once a month, compared to 9.3% of club/RSL staff, and there was a similar discrepancy for asking someone to leave due to being on the Self-Exclusion program (28.9% vs 6.7%).

Others more likely to perform these behaviours included those who worked during the evening and early morning, in venues located in metropolitan Melbourne, and those at some level of risk from their own gambling.

Frequency of any gambling-related customer interactions
When asked how often in the past month they had interacted with a customer based on their concerns about the customer's gambling, three in five respondents said either not at all (37.2%) or once (24.8%). Around a quarter (23.9%) reported doing so 2-5 times, 6.2% said 6-10 times and 5.3% said more than 10 times.

Those more likely to interact based on concerns more than five times were:
- employed in metropolitan Melbourne (18.5%, compared to 2.1% in regional/rural Victoria)
- employed mainly as an RGO (37.5%)
- employed in the gaming area for less than a year (20.0%)
- aged 18–29 (35.0%, compared to 6.5% of those aged 30+)
- employed casually (21.2%, compared to 7.5% of full-time or part-time employees)
- at risk according to the PGSI[3] (22.7%, compared to 8.8% of those not at risk).

YourPlay
The vast majority of staff were aware of their obligations to promote YourPlay (94.7%) and reported that management strongly (51.3%) or somewhat (41.6%) encouraged them to do this. Three-quarters were extremely (46.9%) or moderately (28.3%) confident to speak about the program to customers showing signs of harm.

Despite this, over half of respondents (53.1%) had either never promoted the program (19.5%) or did so less than once month (33.6%). In terms of signing customers up to YourPlay, the figure was 91.2%, including 59.3% who had never signed someone up, and 31.9% who did so less than once a month. The figures for both promoting and signing customers up to YourPlay were almost identical to those in Wave 1.

Staff gambling
Staff were more likely than other Victorian adults to gamble
Almost nine in ten respondents (88.5%) had gambled in the past year, compared to 69.0% of all Victorian adults. The most common activity was lotteries (73.5%), followed by EGMs (65.5%) and horse racing (42.5%).

Compared to the general Victorian population, staff surveyed were:

- over ten times more likely to bet on Keno (35.4% vs 3.3%)
- at least four times as likely to gamble on EGMs (65.5% vs 14.1%), bingo (6.2% vs 1.5%), and sport (23.0% vs 5.8%)
- more than twice as likely to bet on casino table games (16.8% vs 6.1%) and horse racing (42.5% vs 19.8%).

When asked which activity they bet the most on, the most popular gambling activity was lotteries (46.0%), followed by EGMs (25.0%) and horse racing (19.0%).

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[3] Due to the small number of staff in each of the three PGSI risk categories, respondents were classified as either at-risk (score of one or more; low-risk, moderate-risk, or problem gambler) or as a non-problem gambler for subgroup comparisons

Staff were twice as likely as other Victorians to be at risk on the PGSI

One in five respondents (19.5%) were at some level of PGSI risk, which is twice the rate for Victorian adults overall (9.8%). This included 2.7% classified as problem gamblers, 8.8% as moderate-risk, and 8.0% as low-risk. Staff were also nearly twice as likely to have experienced at least one SGHS harm (11.5%, compared to 6.6%).

Figure 7. Staff – PGSI status, compared to respondents in the 2018/19 Victorian prevalence study
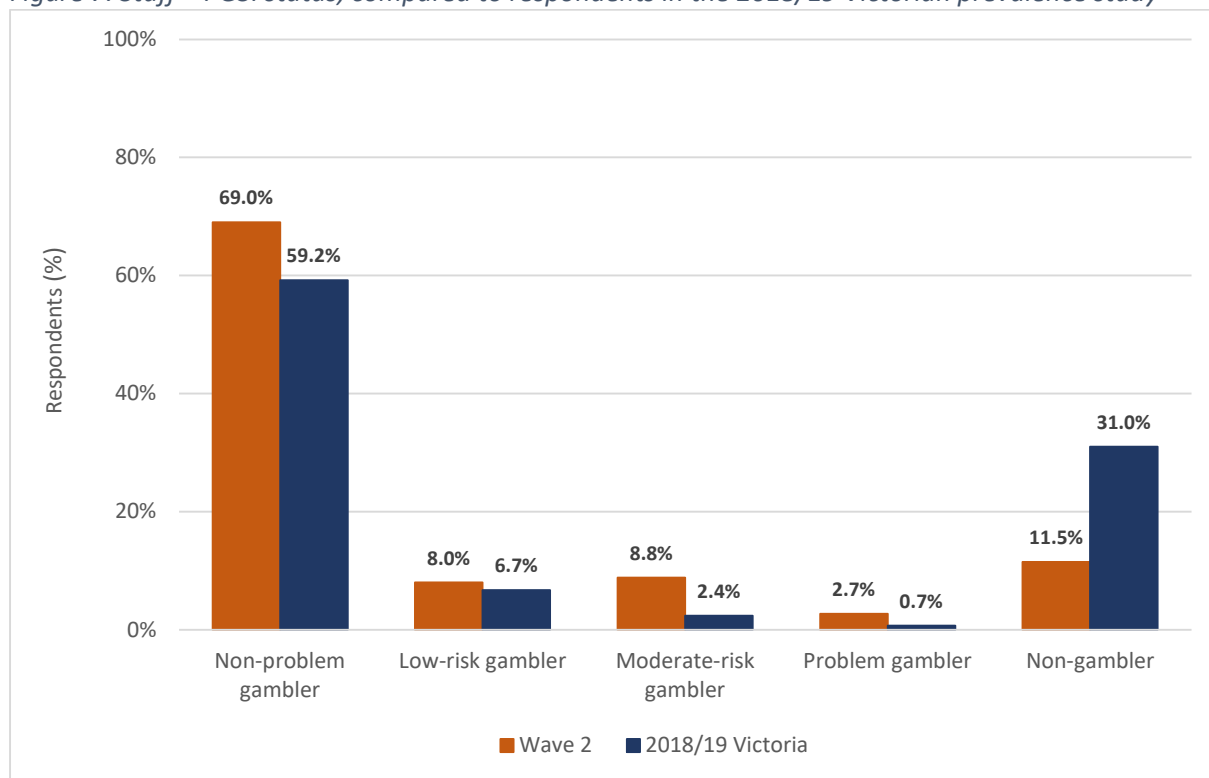
Note: the proportions in each PGSI category are different from those in Figure 1. This is because EGM customers were compared with gamblers, while staff were compared with all respondents.

Interestingly, staff whose gambling placed them at risk were more likely to interact with customers based on concerns about the customer's gambling, including being more likely to suggest they take a break from gambling daily, to promote the YourPlay system, and to identify and respond correctly to customers on the Self-Exclusion Program. They did so despite being no more likely than other staff members to observe any of the 15 risky customer behaviours examined.

Conclusions

Summary of findings

Customers surveyed were regular EGM gamblers with high rates of risky gambling. More than half gambled on EGMs at least once a week, including a third who did so more often. Almost two-thirds were at some level of PGSI risk, with one in seven meeting the criteria for problem gambling. Over half experienced at least one SGHS harm. Those at greatest risk included younger people, those on low incomes, and those looking for work or in part-time or casual employment.

Key behavioural indicators of risk include making multiple cash withdrawals, withdrawing more than $200, spending more than $200, betting $2 or more per spin most of the time, and gambling for two hours or longer. Gambling frequency was also strongly associated with problem gambling risk, particularly among younger gamblers.

Staff generally reported high levels of confidence in identifying and responding to harm, however this did not translate to action. Younger and less experienced staff, who were least confident to recognise and respond to harm, tended to have the greatest exposure, due to factors like their role and the times they usually work. These staff cited worries including negative responses from customers, saying the wrong thing and making an incorrect judgement. Some potentially harmful behaviours appear to not be recognised as such. Concerningly, these include some of the strongest behavioural indicators of risk identified in the customer survey.

Consistent with other research, staff have high rates of gambling participation and risk. Two-thirds of respondents had gambled on EGMs in the past 12 months, and for each activity aside from lotteries/scratchies, participation rates were at least twice those of Victorian gamblers. Staff were twice as likely to be at risk according to the PGSI and almost twice as likely to experience harm.

Implications

The findings highlight the importance of venue-based research. Although prevalence studies provide vital information at a population level, focusing on past-year gamblers and their associated behaviours and risk profiles masks the harms related to EGM gambling. This is because these studies attract a high proportion of infrequent gamblers. In the 2018/19 Victorian study, almost half of those who gambled on EGMs in the past 12 months did so just once or twice, and three-quarters on six occasions or fewer. In targeting those engaged in EGM gambling at any one time, in-venue studies attract a higher proportion of regular gamblers, who constitute the vast majority of expenditure and better reflect the profile of 'typical' gaming venue customers who are at greater risk of harm.

While the findings further reinforce the importance of observable indicators of risky gambling, these are not always heeded by staff. For example, almost half of staff respondents often or always saw a customer withdraw cash two or more times in a session. Of customers who reported making multiple withdrawals, 82.4% were either moderate-risk or problem gamblers, and only 5.9% were non-problem gamblers. Such a behaviour, which is both highly visible and strongly associated with risk, represents a clear opportunity to identify gamblers likely to be experiencing harm. However, many staff appear to not consider the behaviour as risky. While current training approaches already include an emphasis on such indicators, there may be a level of complacency among staff due to the normalisation of certain risky behaviours.

Findings point to the need for more targeted and intensive approaches aimed at increasing confidence among younger and less experienced staff, particularly those working in roles such as gaming attendant/cashier and during high-risk times such as late evening and early morning. This should include a focus on speaking to customers about matters like self-exclusion, YourPlay, EGM operations, and support services.

While fear of adverse customer responses was the most commonly cited barrier to intervention, customer attitudes may not be as negative as many staff believe. Three-quarters of customers were supportive of staff approaching gamblers who show signs of distress due to gambling. In contrast, only one in five staff respondents felt that a majority of their customers would appreciate being approached.

It is possible that asking customers if they are okay in the context of gamblers showing distress, which is a comparatively rare behaviour in relation to other risk indicators, may have influenced responses. It is also important to note that those classified as problem gamblers were less likely to endorse this, suggesting attitudes are more mixed among those most likely to be approached. Nonetheless, almost three in five respondents who met the criteria for problem gambling had no problem with staff intervening in such circumstances, and only 13.7% never wanted this to happen.

RGOs may play a useful role in monitoring and responding to harm, but only if this is the primary focus of their work. Just one in ten nominated RGOs (9.9%) selected this as their main role in the gaming area. More than half (56.8%) selected manager or venue operator/licensee – roles associated with low rates of observing and responding to harm. Consistent with this, nominated RGOs were generally confident in their ability to act, but were no more likely than non-RGO staff to identify harm or to intervene on a regular basis.

In contrast, the limited data available suggests those employed mainly as RGOs were the group most likely to identify and respond to harm. Half of these respondents (50.0%, compared to 7.6% of staff employed mainly in other roles) said they often or always saw customers they thought may be experiencing harm, while 37.5% (compared to 9.5% of other staff) reported interacting with customers based on concerns about their gambling more than five times over the past month. Again, however, the small number of participants (n=8) means these findings should be interpreted with caution.

It is also clear that merely upskilling staff will not resolve the issues identified in this study. The findings suggest that to address signs of gambling harm within the venue environment, staff members will also likely need to be supported by additional monitoring, such as carded or electronic tracking of gambling expenditure, duration and intensity, to support detection and intervention.

Findings from the customer survey indicate that an account-based system tied to a universal pre-commitment scheme with binding limits would have minimal impact on the vast majority of gamblers, while also helping vulnerable customers control their EGM use. Most customers set informal time and/or money limits, and more than 80% stuck to them. However, while those classified as problem gamblers were just as likely as those in other risk categories to set limits, half who did so exceeded these amounts, compared to fewer than one in ten non-problem gamblers.

The results can be used to inform specific features that may be adopted as part of such a system, including spending and deposit limits and breaks in play. Based on the current findings, a maximum daily spending limit of $200 would impact a third (31.4%) of problem gamblers but affect only 3.9% of non-problem gamblers. With a daily spending limit of $300, a quarter (23.5%) of problem gamblers would be supported, but just 1.6% of non-problem gamblers would be affected.

Findings regarding cash withdrawals are relevant to consideration of current access to cash arrangements as well as potential depositing or account restrictions under a cashless system. While 13.7% of problem gamblers withdrew cash via EFTPOS more than once during their session, and 17.6% accessed additional cash on at least two occasions that day, just 0.8% of non-problem gamblers did so. More than a quarter (27.5%) of those classified as problem gamblers withdrew more than $200 at the venue, compared to 0.8% of non-problem gamblers.

If breaks are to be mandated at particular time points, a maximum of two hours of gambling without a break appears to be best supported by the current evidence. Those classified as problem gamblers were three times more likely than non-problem gamblers to report gambling for two hours or longer. When those who reported taking frequent breaks from gambling during their visit are excluded, this increases to almost four times (27.5% vs 7.1%).

Account-based gambling is also relevant to self-exclusion. One in five staff respondents (19.5%) reported identifying a customer on the Self-Exclusion Program at least once a month, and almost one in ten (8.8%) asked a customer to leave the gaming room due to them being on the Self-Exclusion program during their last shift. Under a system where an account is linked to a gambler's personal ID, it will be far more difficult to circumvent such restrictions. This would also mean that the time staff members are currently spending on monitoring for excluded patrons can be diverted into other harm reduction activities.