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Implementing responsible gambling
practices in a regional area

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IMPLEMENTING RESPONSIBLE GAMBLING PRACTICES IN A
REGIONAL AREA

Abstract

In recognition that they largely control the context in which legalised gambling is operated, state governments in Australia have taken an increasingly active role in encouraging the gambling industry to implement responsible gambling practices. In the state of Queensland, the government introduced the voluntary Queensland Responsible Gambling Code of Practice in May 2002. This paper reports part of a larger study investigating gambling providers' awareness of this Code, their implementation of its provisions and their views on its likely effectiveness in hotels, casinos and clubs in certain case study areas in remote, regional and urban Queensland. This paper draws only on data for the selected regional area, Townsville. Semi-structured interviews with managers and staff in twelve venues revealed mixed awareness of the Code, limited implementation of its component elements and variable support for its likely effectiveness. However, a committed group of five venue managers was much more proactive in implementing the Code than the remaining venues were and much more supportive of its potential effectiveness. These five venues - two clubs, two hotels and the casino - subsequently formed a responsible gambling consultative committee, a regional network initiated by the local Centacare welfare agency. The experience of this committee points to numerous benefits that a network such as this can provide in addressing regional challenges in responsible conduct of gambling. As such, this study highlights some of the possible facilitators and challenges in implementing responsible gambling practices in regional areas, particularly those with similar characteristics to Townsville.

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Introduction

As in many other countries, commercial gambling in Australia has shown significant growth over the last few decades. National expenditure on gambling is now over \$15 billion, up from around \$4 billion (in real terms) in 1977-78 when the first national figures were collected (Tasmanian Gaming Commission, 2004). Accompanying this growth in gambling has been vocal public concern for its negative impacts, particularly problem gambling, given that per capita gambling expenditure has more than doubled to \$1,026 over the last 25 years (Tasmanian Gaming Commission, 2004). In Australia and elsewhere, some governments and gambling industries have responded by introducing a range of responsible gambling practices, typically aimed at consumer protection and harm minimisation in gambling. However, as Blaszczyński, Ladouceur and Shaffer (2004) note, there are currently no common frameworks guiding responsible gambling efforts, either at national or international levels. Thus, there is a great deal of variation in the nature and extent of responsible gambling practices in place, and their levels of implementation. Fuelling this inconsistency is the varying degree of willingness by governments and gambling industries to embrace responsible gambling practices. The inherent conflict between gambling as a major source of government revenue (10-12% of state taxation revenue in most Australian states) and the responsibility of the state to protect the public, particularly its most vulnerable segments (Blaszczyński *et al.*, 2004), means that some governments have been hesitant to legislate for practices which may reduce that source of revenue. Similarly, intense competition and reliance on gambling profits have undermined the willingness of some industry sectors to embrace their corporate social responsibilities in gambling. Other confounding issues include lack of conceptual clarity in defining and measuring gambling-related harm, no consensus on what responsible gambling means, unclear boundaries of responsibility amongst governments, industry and consumers, lack of empirical evidence to support the efficacy of responsible gambling practices, and confusion over who these practices should target (Blaszczyński *et al.*, 2004).

Nevertheless, significant progress in responsible provision of gambling has recently been made. For example, an audit of responsible gambling initiatives in Australia (Hing, Dickerson and Mackellar, 2001) identified a recent and generally ongoing realignment of state legislation aimed at harm minimisation in gambling and the existence of 30 voluntary responsible gambling codes

of practice. However, that report also levelled various criticisms at those initiatives, including lack of definitional clarity, a failure to draw on experience in dealing with other public health issues, lack of strategies based on established principles or causal themes in the research literature, avoidance of targeting those most at risk of gambling problems, and little independent evaluation of the efficacy of these measures. Similarly, Blaszczynski *et al.* (2004) have been critical of the lack of a strategic framework for responsible gambling that allows key stakeholders to develop socially responsible policies based on sound empirical evidence and that differentially target vulnerable community members and sectors. Other criticisms of current responsible gambling measures have been well documented in various Australian government and academic inquiries into gambling (e.g. Productivity Commission, 1999; IPART, 1998, 2004; Hing, 2003). However, despite these criticisms, Australia is generally held in high regard internationally as one of a growing number of jurisdictions to address problem gambling from a public health perspective.

Nevertheless, responsible provision of gambling remains a controversial issue in Australia, reflected in the ongoing debate over appropriate harm minimisation and consumer protection measures in gambling, and the very different approaches taken by the various Australian states. For example, the states of New South Wales and Victoria have taken a legislative approach to responsible conduct of gambling, while in Queensland the industry is guided by the voluntary Queensland Responsible Gambling Code of Practice. This paper investigates the efficacy of this Queensland Code from an industry perspective and in a regional Queensland centre. Given the voluntary nature of the Code, its recent introduction and the distinctive features of regional centres, it is appropriate to examine how well these responsible gambling practices have been embraced in a non-metropolitan setting. Thus, this paper reports on an empirical study which assessed awareness of this Code and the extent of implementation of its various elements in selected hotels, clubs and casinos in the Townsville region of north Queensland. It also investigated the opinions of venue managers and staff on the Code's likely effectiveness in encouraging responsible gambling. While awareness and implementation of the Code were patchy in many venues, five venues stood out as being particularly proactive in implementing and supporting the Code, subsequently joining a regional network to advance responsible gambling in the Townsville region.

Gambling in Queensland

The history of gambling in Queensland can be traced back to the convict ships and, even before the Colony of Queensland had separated from New South Wales, gambling had emerged as a significant aspect of the national identity (Queensland Office of Gaming Regulation [QOGR], 1998). By the early 1900s, on-course betting had gained popularity and not-for profit art unions were permitted; the state's first lottery, The Golden Casket, was introduced in 1916, while off-course betting through totalisator agency boards (TABs) was introduced in 1962; the state's first casinos opened on the Gold Coast in 1985 and in Townsville in 1986 (Queensland Government, 1998). Since the early 1990s, this expansion of legalised gambling has gained significant momentum, particularly in the casino, hotel and licensed club sectors. Electronic machine gambling (gaming or poker machines) were introduced into the state's pubs and clubs in 1992, additional casinos opened in Brisbane in 1995 and Cairns in 1996, and keno operations expanded from casinos to licensed clubs, hotels and TAB agencies in 1996 (Queensland Government, 1998).

It was in this recent context of industry growth that the Queensland Government introduced a range of initiatives to minimise harm in gambling and to promote responsible gambling. These have included funding for problem gambling counselling services, establishment of a 24 hour toll-free problem gambling hotline, funding for gambling research, and establishment of the Queensland Responsible Gambling Advisory Committee (Queensland Government, 1998). One initiative of the Queensland Responsible Gambling Advisory Committee has been to develop a voluntary Queensland Responsible Gambling Code of Practice which 'provides a proactive whole-of-industry approach to the promotion of responsible gambling practices ... (and) encourages the creation of gambling environments that minimise harm to individuals and to the broader community' (Queensland Treasury, 2002). Launched in May 2002, the Code is expected to be implemented across the state by 744 hotels, 612 clubs and the four casinos, as well as by TAB agents, keno venues, race clubs, lottery agents and bingo operators (Queensland Responsible Gambling Advisory Committee, 2002).

As background, this paper now briefly discusses problem gambling and responsible gambling, including Queensland's approach to addressing these issues. Some theoretical aspects of regional networks are outlined and some contextual information on the case study region of Townsville provided. The paper then explains the research methods used, before the results are presented and discussed.

Problem Gambling and Responsible Gambling in Queensland

Using the Canadian Problem Gambling Index, the *Queensland Household Gambling Survey* (Queensland Treasury, 2001) estimated that 0.83 per cent of the Queensland adult population (21,910 people) can be classified in the Index's 'problem gambling' group, comprising 'those who have experienced adverse consequences from their gambling and may have lost control of their behaviour' and whose 'involvement in gambling is likely to be heavy'. An additional 2.7 per cent (71,227 people) were classified in the 'moderate risk gambling' group, described as those who 'may or may not have experienced adverse consequences from gambling' but who 'may be at risk'. The remainder were classified in the 'low risk', 'non-problem' or 'non-gambling' category.

While these statistics indicate that the number of Queensland residents with gambling problems is low, other research highlights that the impacts from problem gambling often extend beyond the individual concerned, with each case typically impacting on another five people (Productivity Commission 1999). This flow-on effect is recognised in a widely accepted Australian definition of problem gambling as 'the situation when a person's gambling activity gives rise to harm to the individual player, and/or to his or her family, and may extend into the community' (Australian Institute for Gambling Research 1997:2).

This definition reflects a public health view of problem gambling, which places some responsibility on venues such as hotels, clubs and casinos to operate gambling in a socially responsible manner and to provide a gambling environment that encourages harm minimisation and consumer protection in gambling. While definitions vary, responsible provision of gambling generally refers to operator practices that aim to achieve these objectives (Dickerson, 1998). In

Queensland, these have been codified in the Queensland Responsible Gambling Code of Practice. The Code advocates that gambling providers implement a range of practices in six broad areas, as shown in Table 1.

INSERT TABLE 1 ABOUT HERE

Various mechanisms were pursued to encourage venues to implement the voluntary Code. These included developing and distributing the Queensland Responsible Gambling Resource Manual to assist gambling providers to operationalise the Code; provision of related training; support and involvement of the industry associations and the casinos; and placement of responsible gambling signage in venues by the QOGR.

The Responsible Gambling Advisory Committee expects the Code to be implemented by 3,800 gambling venues across Queensland (Queensland Treasury, 2002). However, the actual implementation rate to date is unknown, although a self-audit survey of gambling venues was underway at the time of writing (Queensland Responsible Gambling Advisory Committee 2002). Further, no research has been conducted into which of the Code's six practice areas and their component elements have been adopted most widely, how effective venue personnel think these practices are in encouraging responsible gambling, and factors that might hinder or facilitate their implementation.

The study that this paper reports on was therefore conducted with these gaps in mind, although the research was limited to three case study areas in Queensland, representing urban, regional and remote communities. This paper reports only on data collected in Townsville, the regional community investigated, to highlight the important role that regional networks can have in supporting and furthering a program such as this. In contrast to the other case study areas, a major factor which emerged from the data as supporting the implementation of the Code in the individual venues in Townsville was a regional responsible gambling network. The ensuing section briefly discusses some theoretical aspects of regional networks to demonstrate how a regional setting such as Townsville can encourage network development.

Regional Networks

The various challenges facing government, business, individuals and local communities in regional Australia have been widely recognised (Regional Australia Summit Steering Committee, 2000). To address these challenges, the Regional Australia Summit advocated that actions be taken ‘in partnership, and guided by the knowledge that solutions must be approached from the bottom up, that is, focusing efforts and resources locally’ (Regional Australia Summit Steering Committee, 2000). This collaborative, community-based approach to problem solving is reflected in the key principles that emerged from the Summit, that:

- governments, businesses and communities have a joint responsibility to address the problems facing regional Australia and should work together in a spirit of partnership;
- a ‘bottom up’ rather than a ‘top down’ approach should be built into responses aimed at empowering communities at the local level; and
- initiatives should be sufficiently flexible to cater for the particular circumstances and needs of various regional, rural and remote communities.

(Regional Australia Summit Steering Committee, 2000).

This collaborative approach appears well suited to regional Australia, given the capacity of regions to foster inter-organisational networks. Inter-organisational networks have been defined as ‘recurring exchange relationships among a limited number of organizations that retain residual control of their individual resources yet periodically jointly decide over their use’ (Ebers, 1997:4). Inter-organisational networks can range from more formal and enduring types of cooperation such as joint ventures and strategic alliances, to more informal cooperation through, for example, working parties and committees. Typical reasons for forming inter-organisational networks include access to complementary resources, coordination of resources and capabilities, joint research, collaborative marketing, access to knowledge, and efficient learning and skills development (Ebers, 1997:6). Networks can help participants to pursue common or mutually beneficial goals or interests and to gain legitimacy through enhancing the participants’ reputation, image or prestige (Oliver, 1990). They can support the exchange of information among organisations, encourage and facilitate mutual learning, and thus foster responsiveness, adaptability and innovativeness of the networked organisations (Herrigal, 1995).

Regional districts appear to be particularly conducive to inter-organisational networks for many reasons. For example, network formation can be enabled and supported by regionally embedded institutions (such as chambers of commerce, universities); because the spatial clustering of resources and knowledge in regional districts is conducive to network formation; and/or because pre-existing social relations amongst individuals in a region support the development of more formal business networks (Ebers, 1997:9).

The ensuing section provides some background on Townsville to highlight some factors which have helped to shape its strong regional identity, which in turn is conducive to the formation of regional networks such as the Townsville responsible gambling consultative committee.

Townsville

The coastal City of Townsville, located about 1,400 kilometres north of Brisbane, is widely regarded as the ‘capital’ of North Queensland. It is the northern centre for state and federal governments, as well as for private industry enterprise (<http://www.townsville.qld.gov.au>). After a long history of Aboriginal settlement, European settlement began in the 1860s when the Townsville region was officially opened for development. The government foresaw a prosperous North Queensland based on pastoralism and tropical agriculture, producing tax revenues for the new state of Queensland (Griffin, 1991). Townsville proved a successful settlement as it had a suitable harbour, good access to the hinterland and for water from, and transport along, the Ross River. Its early years were characterised by rapid expansion, with Townsville becoming the coastal centre for outback areas of the state (Fitzgerald, 1982).

However, Townsville residents became frustrated with the location of Queensland’s seat of government in Brisbane. Moves to form a separate state of North Queensland in the 1880s were fuelled by the relative independence of Townsville, its regional domination, difficulties with isolation, inadequate representation, unjust loan expenditure and increasingly diverse interests (http://www.townsville.qld.gov.au/about/atlas/history_1.asp). While this separate state never eventuated, strong rivalry remained as the pioneering people of North Queensland chafed at outside interference (Fitzgerald, 1982; 2002).

Since the 1950s, the Townsville region has experienced rapid economic development through the establishment of copper and nickel processing plants and government initiatives in defence, education and public administration. This has been accompanied by the regionalisation of government departments to service North Queensland and the growth of tourism and associated retail and entertainment services (Fitzgerald, 2002). Today, the population of the Townsville region is approximately 135,000 people (http://www.townsville.qld.gov.au/about_townsville/soc_atlas/social_population.htm). It remains the administrative, educational, commercial and manufacturing capital of North Queensland, and has retained the strong regional identity shaped by its isolation, distance from the capital, and regional dominance.

Research Aims and Objectives

This project aimed to investigate the perceived efficacy of the Queensland Responsible Gambling Code of Practice in selected hotels, casinos and clubs in various case study areas in Queensland. It examined gambling providers' 1) awareness of the Code; 2) their implementation of its provisions; and 3) their views on its likely effectiveness. From these data, various facilitators and impediments to implementing the Code and to meeting its objectives were revealed, both in general, and those distinctive to the venues' remote, regional or urban location. As noted earlier, this paper draws only on data for the selected regional area, Townsville, where a distinctive facilitator for continued implementation of the Code and possible improvements to how it is operationalised was found to be the formation of a regional responsible gambling consultative committee.

Research Methodology

Fourteen gambling venues in Townsville were approached for interviews in January 2003. All agreed, but two subsequently declined on the day. Thus, data were collected from twelve venues where the owner, manager or gaming manager and/or a selection of gaming staff were interviewed, totalling 22 interviews. The gambling venues comprised one casino with a large gaming facility (gaming tables, gaming machines, TAB, Keno), seven hotels (four large, three small) and four licensed clubs (three large, one small). Venues with less than 25 gaming

machines were classified as small, while those with over 25 machines were classified as large. While all twelve venues had gaming machines, ten also operated Keno and nine operated TAB facilities. The researchers also interviewed the Director and the Gambling Help Team Leader at the local Centacare agency which offers problem gambling support services and conducted a follow-up telephone interview with them in April 2004.

A tick-box questionnaire was developed from the Code. This questionnaire simply listed all the elements of the Code and was then used to record whether or not each element had been implemented at each venue. These data were derived from the observations of the researchers who toured each venue with managers or staff to identify the 'visible' consumer protection and harm minimisation measures accessible to gamblers (e.g. provision of information and signage; physical environment and layout). Managers and staff were also asked during the interviews if each element of the Code had been implemented or not. These notes were compared to the observations of the researchers, and all data were composed and transcribed later that day. The semi-structured interviews with managers and staff also discussed how each element of the Code was being implemented, any problems encountered, and the interviewees' opinions on the likely effectiveness of the six practice areas in the Code (rated on a five point Likert scale from 'strongly agree' to 'strongly disagree'). Questionnaire responses were analysed using descriptive statistics to distinguish numerical differences and percentages between venues implementing and not implementing various parts of the Code. For the qualitative data, open coding was used by breaking down, examining and comparing data to find emerging themes. The analysis then pulled together emerging themes into meaningful core categories of results.

One important theme that emerged during the interviews was the value of a regional network to encouraging implementation of the Code's elements. Therefore, for this paper, comparisons are also drawn between venues which were members of the regional responsible gambling network and those which were not. Of the twelve venues visited, five had formed a consultative group initiated by Centacare to discuss and review responsible gambling practices in their venues and in Townsville generally. Venues which were members of the committee were all large, comprising the casino, two hotels and two clubs. The following section presents the key results

of the study in terms of awareness, implementation and perceived effectiveness of the Code, drawing on these comparisons.

Awareness of the Code

Most venue managers interviewed were aware of the Code. The Code and Resource Manual had been delivered to ten (83%) of the twelve venues. Two venues reporting not receiving the Code were owned by the same North Queensland hotel group and their managers assumed it had been sent to their group head office. While these two managers were vaguely aware of the Code, two other managers who had received the materials were not aware of their content. One reported that the Code and Resource Manual were ‘somewhere in the office’, while the other said that, while he remembered seeing it arrive, ‘people don’t read those things’. Of the eight managers (66.6%) aware of the existence and contents of the Code and Resource Manual, five were members of the consultative committee. That is, 100% of committee members were very familiar with the Code and its requirements, compared to only 43% of non-members.

Implementation of the Code

Implementation of the Code’s elements by the twelve Townsville venues is shown in Table 2, with separate results shown for committee members and non-members. These results are discussed below for each of the Code’s six practice areas (Table 1).

INSERT TABLE 2 ABOUT HERE

Provision of Information

The practice area, provision of information, aims to promote informed decision-making by gamblers and provide guidance on problem gambling assistance. Problem gambling signage was displayed in all twelve venues because a QOGR representative had installed it in October 2002. Signs and business cards were placed near ATM and EFTPOS service areas, in toilets, at cashiers’ desks, at reception, at the end of rows of gaming machines, on walls in all gaming areas and some even had a six-foot freestanding sign.

Most of the remaining elements in the provision of information practice area had been widely implemented by the committee member venues, but much less so by non-member venues. These included displaying: a responsible gambling mission statement (60% of members, 43% of non-members); information on the venue's responsible gambling policy (80% of members, 29% of non-members); information on the rules of play and odds of winning (100% of members, 29% of non-members); information on self-exclusion (60% of members, 29% of non-members); and information on gambling-related complaints resolution (80% of members, 21% of non-members). Indeed, the only element, apart from problem gambling signage, which the majority of non-member venues had implemented was to display information on the venue's financial transactions policy, because, although this is included in the voluntary Code, it is also a legislative requirement.

Interaction with Customers and Community

To support early intervention and prevention strategies, this practice area encourages gambling venues to establish effective links with gambling support services and community networks, and to have mechanisms that facilitate liaison with and support for customers and staff.

Six of the twelve venues (50%) had established effective links with gambling support services and community networks – five had formed the consultative group with Centacare and another, a large hotel, had established links with a different welfare agency. In the customer liaison role, nine managers (75%) said they would provide information to customers on problem gambling help. Six staff members said that they would refer a request for problem gambling information up the chain of command to the gaming manager or general manager. Staff commented that 'it can be frustrating to see people in need of help; they say they're having problems, but staff can't do much but refer to supervisors'. Four managers said that staff were not allowed to gamble in the venue and one actually discouraged staff from staying on the premises after their shift had finished. One manager said that 'seeing gambling all day is often a deterrent' for staff. Staff training in responsible conduct of gambling had been undertaken in seven of the twelve venues (58%). However, most venues reported that high staff turnover is a problem in ensuring all staff are trained. One manager who had no staff trained in responsible gambling saw the training as 'learning how to be a counsellor'. Another said they 'wouldn't go if they didn't have to'. In

contrast, staff at one venue were being exposed to counselling sessions to build empathy and understanding of people at risk in their gambling behaviour. In this venue, management recognised that staff can get caught in a ‘hospitality mindset’ that normalises heavy drinking and risky gambling. Thus, while most venue managers (75%) said they would support customers by providing information on problem gambling help, only half had the means to do this effectively. That is, only six (50%) had a relationship with a gambling support service and seven (58%) had provided any staff training and skills development in responsible provision of gambling. These same seven venues all had large gaming installations.

Additionally, there was a stark difference between venues which belonged to the responsible gambling consultative committee and those which did not. All member venues (100%) had implemented all eight elements, as shown in Table 2. In contrast, only one of the seven non-members (14%) had established links with a gambling-related support service, and two (29%) with community groups. Only two (29%) had ensured their staff were trained in responsible gambling and that owners, boards and managers received appropriate information to guide their decisions in this area. Four venues (57%) had implemented the elements relating to customer liaison, complaints and staff support.

Self-Exclusion Provisions

Self-exclusion is a mechanism whereby patrons can elect to bar themselves from a venue or its gambling facilities. The Code advocates for venues to provide a self-exclusion contract for such patrons and to provide appropriate assistance in dealing with gambling problems. When requested, self-exclusion procedures and supporting documentation would be provided by eight of the twelve venues (66.6%). In fact, managers from four venues (33.3%) reported that they had had between 2-4 people self-exclude in the past few years. Another had informally banned one person on a partner’s request. Some managers reported they had never been asked for self-exclusion but were sympathetic and would ban on request. Another could not see how such a request would ‘be effective’ as the excluded person could still go to other venues to gamble. Larger venues were more likely to assist in self-exclusion than smaller ones. Yet managers and staff seemed genuinely concerned for the plight of problem gamblers and their families. A major barrier to supporting customers seeking self-exclusion was that ‘they could walk into another

pub/club' that did not offer the same support and 'other venues may not be so ethical'. About half the respondents (50%) saw the need for a regionally based self-exclusion system.

Again, there were stark differences between the implementation of this practice area by members and non-members of the consultative committee. All of the former (100%) had implemented all related elements of the Code, while less than half of the non-members had formal self-exclusion procedures and documentation (43%), and supported self-excluding patrons in seeking mutual exclusion from other venues (14%). Most (71%), however, stated they would offer self-excluding patrons information on gambling counselling services. Nevertheless, without having established links with local gambling support agencies, most of these venues indicated they would refer the patron to the freecall Gambling Helpline, a Victorian based service that some managers felt locals would be hesitant to contact.

Physical Environment

This practice area aims to ensure that certain aspects of the physical environment within gaming rooms are consistent with harm minimisation and consumer protection objectives, by not permitting minors and intoxicated persons to gamble, and by discouraging extended play through 'reality checks' that help gamblers to keep track of the time spent gambling and through requiring patrons to stop gambling to get drinks, change or cash.

Prohibiting minors from gambling and gambling areas, although included in the voluntary Code, is also a legislative requirement. All managers and staff were aware of this obligation, but there was a degree of flexibility in its implementation. For example, as one interview was taking place in the gaming room of a small dark venue, a child was sitting on a chair with its parents while they were having a drink. Another venue found it difficult when a mother with a three month old infant strapped to her in a harness wanted to play the gaming machines. Eight venues (66.6%) offered alcohol service in gambling areas. One person noted that 'gamblers are generally not drinkers and drinkers are generally not gamblers' suggesting that tray service of alcohol might not alter any at-risk gambling behaviour. All venue managers and staff (100%) were aware of their obligations to prevent intoxicated people from gambling. Customers were made aware of the passage of time in all but one venue (91%) through clocks, natural light, promotions and

prize draws. RSL clubs considered their traditional prayer as a time reminder every day. Others had set their promotions and prize draws at the same time each day. Thus, all managers and staff were very much aware of the voluntary Code where it coincided with legal requirements. All stated they encouraged customers to recognise the passage of time and to take breaks in their gambling. However, all venues had some gaming machines with note acceptors so that people do not have to leave the machines to get change. As well, the majority of venues (66.6%), mostly large, served alcohol to customers while they were gambling. These two practices can encourage customers to remain in the gaming room.

As shown in Table 2, there were less differences in the implementation of this practice area between members and non-members of the consultative committee. While 100% compliance with legislated elements was apparent for both groups, the member venues were only marginally more proactive than non-members in not providing tray service of alcohol in gaming rooms (40% of members, 29% of non-members), and in discouraging customers from extended, intensive and repetitive play (60% of members, 57% of non-members). Indeed, they were less likely to have mechanisms to make customers aware of the passage of time (40% of members, 71% of non-members).

Financial Transactions

This practice area aims to limit patrons' accessibility to cash to gamble with by locating cash dispensing facilities away from gambling areas, paying large winnings by cheque, limiting cheque cashing, and not providing credit for gambling.

Of the twelve venues visited, ten (83%) had ATM machines while two (16%) had EFTPOS facilities. These were typically located in the foyer, bar, bottle shop, restaurant, bistro, and outside the main entrance. One venue had its ATM in a gambling area, its TAB. There was a wide range of limits above which winnings are paid by cheque or electronic transfer (\$250 to \$10,000). Generally, small venues had the lower limits, while large venues had the highest limits. The payment of winnings over \$250 by cheque or electronic transfer, while being a practice of the Code, is also a legislative requirement. Yet most venues had requested their limits be raised because of competition with the casino, but also because many winnings were higher

than \$250, requiring cheques, often with two signatures, to be written. This was time consuming and problematic when only one senior person was on duty. Gambling winnings paid by cheque were not cashed at the venue until the next day in ten venues (83%). At one venue however, the attitude was that 'if people put cash in then they should be able to get cash back'. This venue had some big TAB gamblers and the manager felt that restrictions on payouts for gaming machine winnings were unfair compared to payouts for TAB winnings. No venue provided credit for gambling. Most venues had strict cheque-cashing policies and stated they followed them diligently. Most (83%) did not cash third-party cheques or multiple cheques for one person on the same day, although most (75%) did cash personal cheques.

The implementation of this practice area was generally no better in the venues which belonged to the consultative committee than those which did not, as shown in Table 2. In fact, the former were more likely to have higher cash prize limits, and to cash personal cheques for patrons.

Advertising and Promotions

This practice area aims to ensure that gambling-related advertising and promotions are delivered in a responsible manner with consideration for the potential impact on people adversely affected by gambling.

Advertising and promotions were undertaken by eight of the twelve venues (66.6%). These were more likely to be large venues which advertised via radio, television, newspapers, newsletters and letterbox drops. These eight venues ran promotions connected to rewards systems and loyalty cards, with holidays, cars and similar as major prizes and dinner, wine or show tickets as minor prizes. The eight venues reported that they advertise their facilities as a leisure and entertainment package and do not concentrate on gambling activities. For example, one manager said that the venue's television advertisements focus on food and dining, with 'just a flash of gambling'. Another featured 'wine, dine, stay and play' messages. Another explained that his 30 second radio advertisements feature 12 seconds on gambling and 18 seconds on other venue offerings. However, whilst reading the local Townsville newspaper, the researchers found a one page advertisement for this venue with half the page devoted to gambling. Four venues (25%)

which did not otherwise advertise had signs at the front of their buildings listing their gambling facilities.

The eight managers (66.6%) who advertised and promoted their venues stated that their advertising would comply with the Code. One manager reported that QOGR inspectors were vigilant in scrutinising the legality of promotions operated by licensed premises. In contrast, a manager reported that a local venue was advertising on radio two hours free child care for parents, but particularly for women who wanted to come to the venue to drink and gamble. This manager could not name the venue but was ‘disgusted’ with the campaign. While all of those interviewed reported that they complied with this area of the Code, in practice it was difficult in a short time to investigate their veracity. As shown in Table 2, no differences were therefore apparent between the results for venues who were members of the consultative committee and those who were not.

In summary, implementation of most elements of the Code was patchy amongst the Townsville venues, except where they coincided with legislative requirements. However, the five venues belonging to the responsible gambling consultative committee were much more proactive in adhering to the Code’s provisions in the areas of provision of information, interaction with customers and community, and self-exclusion provisions. Nevertheless, there was less difference amongst members and non-members in the remaining practice areas of the physical environment, financial transactions and advertising and promotions.

Perceived Effectiveness of the Code

Venue managers and staff were asked their opinions on the potential effectiveness of the six practice areas of the Code. Table 3 shows the responses.

INSERT TABLE 3 ABOUT HERE

Provision of Information

Opinions on the likely effectiveness of providing information and signage in encouraging responsible gambling were almost evenly divided. Managers and staff in six venues (50%) felt

that information and signage would have little impact on encouraging responsible gambling. This was because ‘people don’t read signs or notice them’ and ‘if they do, it wouldn’t make a difference’ because ‘you can’t stop people who want to gamble’. One manager noted that he had never seen anyone in his club look at or read the signs since they were put up. In contrast, managers and staff in five venues (40%) maintained that information and signage did encourage responsible gambling. This is because signage made people ‘more aware of problem gambling’, ‘brought it out into the open’ and might act as ‘a trigger’. Interviewees felt that particularly effective signs were the wallet style business cards, which often needed replenishing, and notices on toilet doors. Of the five venues (40%) which felt that signage and information did encourage responsible gambling, all had large gaming installations. Only one venue, a large club, did not have an opinion either way. Further, as shown in Table 3, most members of the consultative committee (80%) supported the effectiveness of signage and information, while only 14% of non-members did.

Interaction with Customers and Community

Most managers and staff (75%) agreed there were adequate gambling support services to assist people in the Townsville community. Services named included Centacare, Lifeline, the Salvation Army and Gamblers Anonymous, with one respondent noting ‘there are more services now than ever before’. However, some interviewees had suggestions for improvement, including that these services ‘need more resources’ and ‘more funding’, that ‘there should be a public health agency separate from a religious organisation’, and that ‘venues have to support these welfare agencies; they are not getting enough support’. However, one also noted that support services can only be effective ‘if the venue they (problem gamblers) gamble at, knows where to send them. This depends on the venue, how active it is with responsible gambling’. One manager of a small hotel did not have an opinion about the adequacy of gambling related support services saying, ‘I think they’re there, but people have to make the decision to go’. However, at two large venues (16%), managers and staff did not think these services were sufficient. As shown in Table 3, these were members of the consultative committee.

Self-Exclusion

Managers and staff at seven venues (58%) agreed that self-exclusion was an effective strategy, people in three venues (25%) disagreed, while two (16%) had no opinion either way. Some reasons for supporting self-exclusion included ‘because they’ve admitted they have a problem’, that ‘as tool for a person to think about their problem, self-exclusion is a wake up call’, that it ‘is the first step to recovery; I have known people where it has worked; a regular gambler stopped coming here for 3 years after a self-exclusion’, and that ‘it raises awareness of staff about problem gambling amongst some punters’. However, many interviewees made suggestions for how self-exclusion could be more effective. These included a mutual self-exclusion scheme for the region whereby self-excluded people could ‘give their names to Centacare to then advise all gambling outlets’ so that ‘it is not the job of the operational staff to know who is self-excluded’. Others felt that self-exclusion was an effective strategy, but that ‘middle management needs to be more educated about it’, ‘the government could do more to assist’, and that it is effective only ‘providing the person has a photo and the ban is genuine’. Some interviewees considered self-exclusion ineffective mainly because a person who self-excludes from one venue can easily go to another, unless excluded from every venue in the region. This would be facilitated if there was a regional network the person could go to for mutual self-exclusion. For example, one manager noted that self-exclusion had ‘worked 100% for the one person excluded at this venue, as there is only one hotel nearby and they have no car. But for someone with transport, self-exclusion would make no difference as they could go from one venue to another’. Another disagreed that self-exclusion works at the moment, being only ‘part of the solution but the horse has bolted’. Overall, members of the consultative committee were much more inclined to agree (80%) than non-members (43%) that self-exclusion encourages responsible gambling.

Physical Environment

Managers and staff in eight venues (66.6%) agreed that the practice area relating to the physical environment encourages responsible gambling, two (16%) disagreed and two more did not know (16%). Those who agreed explained that if gamblers ‘have to get up they might say they’ve had enough’, that ‘staff can keep a reasonable eye on customers when they get change’, and that ‘clocks and natural light work’. Others noted ways in which their venue’s physical environment encouraged responsible gambling, for example that ‘patrons do not have to go back through gaming area to leave’, by having ‘spacious lounge areas away from gambling areas’, and by

keeping 'flashy signage in the gaming area to a minimum'. However, those two who disagreed stated that 'people don't lose track of time – I don't know of anyone without a watch.

Irresponsible people, addicts, are different to others - if they want to gamble they will find a way; nothing in the environment will change them', and that 'if the government allows gambling, then that should be good enough – changing the physical layout doesn't do much'. In fact, one noted that 'natural light might make room more pleasant and therefore encourage more gambling'.

Overall, the effectiveness of an appropriate physical environment in encouraging responsible gambling was supported by a higher proportion of venues belonging to the consultative committee (80%) than those which did not (57%).

Financial Transactions

Opinion on the likely effectiveness of this practice area was evenly divided, with managers and staff in six venues (50%) agreeing and managers and staff in six venues (50%) disagreeing.

Positive responses included 'definitely by not providing credit', that 'if you can limit the cash people can get a hold of, then this limits overspending', and that 'having a cash limit on winnings is a good idea as they would put less back through gaming machines'. Some qualified their responses, noting that 'there is not much you can do if they win only \$1000', that there is 'room for more improvements in cheque cashing processes in Townsville'. However, another noted that 'if we don't cash cheques, someone else will if they (gamblers) try hard enough' and another that 'electronic banking is one of the pitfalls for gamblers. ATMs are so numerous and accessible. Gambling venues ATMs should only be used for debit cards (by law)'. Comments amongst the managers and staff who did not consider this an effective practice area included that 'if someone wants to gamble, they'll access money from a bank anyway', 'they will go somewhere else if the rules are too strict' and that the policy 'doesn't stop them from drawing out of EFTPOS accounts and spending it on gambling'. Another noted that 'people gamble in cash so they should be paid in cash' and while 'big winners should be offered a cheque for security reasons', they also need to 'give people a choice'. Another argued that 'if you can afford to gamble why should you be limited to how much you can gamble? This can be an annoyance to gamblers having to cash money on a regular basis. This requirement can actually extend the time people spend gambling'. As shown in Table 3, this practice area received far greater support

from managers and staff in the five venues belonging to the consultative committee (100%) than non-member venues (14%).

Advertising and Promotions

When asked whether the advertising and promotions policies in the Code are likely to be effective in encouraging responsible gambling, managers and staff in six venues (50%) said yes, three said no (25%) and three did not have a firm view (25%). Interviewees who were supportive noted that ‘irresponsible advertising certainly encourages irresponsible gambling’, ‘big prizes attract the less advantaged’, and that advertising that promotes responsible gambling or raises awareness of problem gambling ‘brings it to your attention if you have a problem’, can ‘trigger some awareness’, and is ‘a strong motivator’. Other respondents suggested areas for potential improvement. One noted that ‘we have had discussions with Centacare about advertising our venues as providing a responsible gambling environment’, another that ‘a public education campaign by government – like speeding or drink driving’ is needed, and another that ‘better monitoring’ is warranted as ‘some advertising is irresponsible or misleading and these venues get away with it’. Negative observations included that this practice area has ‘not really made any difference’ and that ‘people only take notice of what they want to’. Of the members of the consultative committee, four (80%) were supportive of the role that responsible advertising and promotions could play in encouraging responsible gambling, while only 29% of non-members were supportive.

In summary, the majority of respondents felt that the most potentially effective practice area in the Code was the physical environment, followed by self-exclusion. Less support was apparent for provision of signage and information, rules and limits on financial transactions and responsible advertising and promotions. However, most members of the responsible gambling consultative committee were supportive of all the practice areas, and much more so than non-members in all these areas.

Discussion

It is quite clear that the Responsible Gambling Code of Practice had not been fully implemented in Townsville at the time of the study because not all venue operators interviewed were aware of

its existence, details and requirements. Four levels of commitment to the Code were apparent - first, a group of five managers who were aware, committed and involved with Centacare in the responsible gambling consultative committee; second, a group of three managers who were aware of the Code and who had implemented some of its provisions; third, two managers who were just vaguely aware of the Code but who had not implemented its practices; and fourth, two managers who were not aware of the Code, simply clear on their legal responsibilities.

It is this first group of five committed managers who had implemented most of the provisions of the Code and who were supportive of its potential effectiveness in encouraging responsible gambling. As such, they represent 'best practice' at that time in the Townsville region and provide some direction for how take-up of the voluntary Code and its likely effectiveness might be enhanced through the regional responsible gambling consultative committee which they formed in partnership with the local Centacare agency. Their experience points to a number of benefits that a network such as this can provide.

- Raising awareness. One particularly successful initiative of the committee was the Industry-Centacare Awareness Fundraiser Day in April 2003. This event was a barefoot lawn bowls day, attended by 40-50 participants from industry, community and government. It provided an opportunity for Centacare and industry to discuss responsible gambling issues and how they could assist each other through a partnership approach. As such, it promoted community liaison and links with industry and the local gambling-related support service. Building on this success, a repeat event was planned for May 2004 to coincide with National Responsible Gambling Awareness Week, where Centacare aimed to encourage further networking, to promote awareness of its training programs, and to build membership of the consultative committee.
- Establishing relationships. A key benefit arising from the formation of the committee has been the positive relationships established, especially between staff at Centacare and gambling venues. Further, these relationships extend beyond the committee's immediate membership, with the Industry Centacare Awareness Fundraiser Days helping to establish more positive relationships between industry and the community services sector. Centacare's Director indicated that building this trust between parties had been critical to venues accepting advice and input from Centacare on responsible gambling

issues, something that the venues would have been reticent about prior to the committee's formation.

- A vehicle for mutual, collaborative actions at a regional level. A clear challenge for the gambling venues was effective self-exclusion mechanisms. The committee members wanted to explore the possibility of 'mutual self-exclusion', establishing a mechanism whereby self-excluded people could ban themselves from all venues in the Townsville region, without breaching relevant privacy legislation. The group felt that Centacare was an appropriate agency to establish and operate self-exclusions on behalf of all regional venues. These managers were genuinely looking for solutions to prevent self-excluded people going to other less scrupulous venues where self-exclusion was not treated seriously.
- Pooling resources. The committee members have proposed a common responsible gambling advertising campaign for the region. They indicated that this campaign could focus on first, educating and informing people about the merits of responsible gambling, and second, sending the message that gambling is an entertaining leisure activity when people spend what they can afford. To this end, Centacare proposes to develop a newsletter and to gain the collaboration of the committee and the QOGR to promote responsible gambling, highlight and acknowledge proactive responsible gambling measures by venues, and raise awareness of the services offered by Centacare. The committee hoped to raise sufficient funds from the 2004 fundraiser day to develop the newsletter and distribute it throughout the region.
- Lobbying for change. At the time of the study, management and staff training in responsible gambling was provided mainly by the Brisbane based club and hotel industry associations, while the casino conducted its own training provided by Gold Coast staff. However, the committee felt that regionally based staff training was necessary, especially given the infrequency of current training sessions in Townsville and high staff turnover in the gambling venues. It felt that institutions such as local TAFE colleges or welfare agencies could provide this training, in addition to that provided by the industry associations. This would mean less reliance on Brisbane based organisations travelling to regional areas to provide suitable courses. Another change the committee advocated was public education on responsible gambling provided by government. One member

explained that ‘problem gambling reflects some stupidity, therefore we need public education’. He advocated for responsible gambling education in remote locations to be addressed.

- Learning from each other. Networks such as this provide the opportunity for participants to learn from each other, either to assist in developing best practices or to broaden the participants’ perspective on the issue. A practical example of this was one venue exposing its staff to problem gambling counselling sessions in order to build empathy and understanding of the problem. It was also apparent that committee members had benefited from Centacare’s experience in dealing with problem gamblers and had a greater understanding of the nature of problem gambling and associated risk factors than did most non-committee members interviewed. These committee members were very clear on their venues’ role in helping to reduce these risk factors by providing a responsible gambling environment, and understood that the Code was not asking them to identify or counsel problem gamblers, which clearly they are not trained to do. Centacare is also developing a responsible gambling training package for gambling venue personnel. Centacare’s Director explained that the training currently provided by the industry associations focuses largely on the Code of Practice, whereas the Centacare training also provides a client perspective on problem gambling, so that venue management staff can better understand why they should implement the Code. If ‘the spirit of what the Code is about can be conveyed, then venues would be more likely to implement the Code’, he said.
- Breaking down competitive barriers. Historically, competitive rivalry between the club and hotel sectors has been strong, while the casino is viewed by some as having unfair competitive advantages (e.g. more gaming machines, table games, 24 hour trading). This intense competition has fuelled aggressive marketing strategies by many gambling venues, such as enticing promotions and player rewards systems, and discounting of liquor, entertainment and meals. However, membership of the consultative committee by managers from the club, hotel and casino sectors in Townsville appears to have encouraged them to view cooperation rather than competition as more likely to assist in encouraging responsible gambling in the region, in enhancing the reputation of gambling venues, and in preventing more stringent responsible gambling legislation, as has been

the case in other jurisdictions. Other initiatives of the committee, such as the fundraising days, have also helped to break down these competitive barriers.

- Impetus to improve on current practices. Discernable during the interviews with members of the consultative committee was a certain pride in their proactive response to the Queensland Responsible Gambling Code of Practice, and criticism of gambling venues which were not members and more reticent about implementing the Code. Membership of this committee appeared to fuel a genuine desire to pursue best practice, and indeed to improve on current practices.

Clearly, the Townsville responsible gambling consultative committee recognises that a regional response to problem gambling and responsible gambling has significant merit. As one manager remarked, ‘Townsville is quite remote, different areas are quite diverse and people have distinctive needs. I would recommend a regional approach to responsible gambling practices based on the needs of the region’. Local knowledge and local loyalties suggest that regional communities share common goals, different to other regions of the state (Fitzgerald, 1982) and that specific regional needs should be considered for incorporation into responsible gambling practices. This view is consistent with the recommendations of the Regional Australia Summit Steering Committee (2000) that addressing the challenges facing regional communities requires a spirit of partnership, a grassroots approach at the local level, and flexibility to cater for the particular needs and circumstances of the region.

Conclusion

This paper has reported on an empirical study into the implementation of the Queensland Responsible Gambling Code of Practice in Townsville, a regional community in the north-east of the state. While limited to qualitative research amongst a small sample of gambling venues, the results revealed mixed awareness of the Code amongst gambling venue management, and limited implementation of its component elements. In investigating manager and staff opinions about the Code, support for the likely effectiveness of the Code in encouraging responsible gambling ranged from very low to very high. One particular feature that distinguished venues who were supportive of the Code and had implemented most of its provisions was their subsequent formation of the Townsville responsible gambling consultative committee, a regional network

involving two clubs, two hotels, the casino and the local Centacare welfare agency. The experience of this committee points to numerous benefits that a network such as this can provide in addressing regional challenges in responsible conduct of gambling. As such, the usefulness of this study is that it indicates some of the possible facilitators and challenges in implementing responsible gambling practices in regional areas, particularly those with similar characteristics to Townsville.

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Table 1: Provisions in the Queensland Responsible Gambling Code of Practice

1. Provision of Information:	Each gambling provider is to provide information to ensure that customers can make informed decisions about their gambling.
1.1	A responsible gambling mission statement is clearly displayed.
1.2	Information about the potential risks associated with gambling and where to get help for problem gambling is prominently displayed in all gambling areas and near ATM and EFTPOS facilities servicing gambling areas.
1.3	Information is displayed to alert customers that the following information is available on request: the gambling provider's Responsible Gambling Policy document including policies for addressing problem gambling issues relevant to the local community; nature of games, game rules and odds or returns to players; exclusion provisions; gambling-related complaints resolution mechanisms; key elements of the gambling provider's financial transaction practices.
1.4	Meaningful and accurate information on the odds of winning major prizes is prominently displayed in all gambling areas and in proximity to relevant games.
2. Interaction with customers and community	
2.1	Community liaison To support early intervention and prevention strategies, gambling providers are to establish effective mechanisms to link with local gambling-related support services, and local relevant community consultative networks.
2.2	Customer liaison role Gambling providers are to nominate a person to perform the customer liaison role and who is trained to: provide appropriate information to assist customers with gambling-related problems; support staff in providing assistance to those customers; and provide assistance to staff with gambling-related problems.
2.3	Customer complaints Customer complaints resolution mechanisms for recognising and addressing complaints are established and promoted by gambling providers.
2.4	Training and skills development Mechanisms are established to ensure that appropriate and ongoing responsible gambling training is provided to staff who provide gambling products to customers. In addition, the relevant owners, boards and managers receive appropriate information to guide decision making in relation to responsible gambling.
3. Exclusion provisions	
3.1	Gambling providers to provide self-exclusion procedures and supporting documentation.
3.2	Gambling providers offer customers who seek self-exclusion contact information for appropriate counselling agencies.
3.2	Self-excluded gambling customers are to be given support in seeking consensual exclusions from other gambling providers, where practicable.
3.4	Gambling providers are not to send correspondence or promotional material to gambling customers who are excluded or known to have formally requested that this information not be sent.
4. Physical environments	
4.1	Minors are prohibited from gambling.
4.2	Minors are excluded from areas where adults are gambling.
4.3	Service of alcohol on the gambler's premises is managed in such a way as to encourage customers to take breaks in play.
4.4	Customers who are intoxicated are not permitted to continue gambling.
4.5	Where gambling providers offer adjunct child care, the facilities must provide safe and suitable standards of care in accordance with relevant child care legislation.
4.6	Staff working in gambling areas are not to encourage gambling customers to give them gratuities.
4.7	Gambling providers implement practices to ensure that customers are made aware of the passage of time.
4.8	Gambling providers implement practices to ensure that customers are discouraged from participating in extended, intensive and repetitive play.
5. Financial transactions	
5.1	ATM facilities ATMs are not to be located in close proximity to designated gambling areas, or in the entry to gambling areas, where safe and practicable.
5.2	Cashing of cheques and payment of winnings Gambling providers or sectors of the industry are to establish a limit above which all winnings are paid by cheque of electronic transfer; gambling winnings above the set limit are paid by cheque and are not to be cashed on the gambling provider's premises until the next trading day or within 24 hours of the win; the following cheques can be cashed only by prior arrangement – cheques not made payable to the gambling provider, cheques not made payable to the person presenting the cheque, multiple cheques.

- 5.3 Credit betting (lending of money)
Gambling providers are not to provide credit or lend money to anyone for the purpose of gambling.
- 6. Advertising**
Gambling providers are to develop and implement strategies to ensure advertising and promotions are delivered in a responsible manner with consideration given to the potential impact on people adversely affected by gambling. Specifically, these strategies will ensure that any advertising or promotion:
- 6.1 complies with the Advertising Code of Ethics as adopted by the Australian Association of National Advertisers;
 - 6.2 is not false, misleading or deceptive;
 - 6.3 does not implicitly or explicitly misrepresent the probability of winning a prize;
 - 6.4 does not give the impression that gambling is a reasonable strategy for financial betterment;
 - 6.5 does not include misleading statements about odds, prizes or chances of winning;
 - 6.6 does not offend prevailing community standards;
 - 6.7 does not focus exclusively on gambling, where there are other activities to promote;
 - 6.8 is not implicitly or explicitly directed at minors or vulnerable or disadvantaged groups;
 - 6.9 does not involve any external signs advising of winnings paid;
 - 6.10 does not involve any irresponsible trading practices by the gambling provider;
 - 6.11 does not depict or promote the consumption of alcohol while engaged in the activity of gambling; and
 - 6.12 has the consent of the person prior to publishing or causing to be published anything which identifies a person who has won a prize.

Source: *Queensland Responsible Gambling Code of Practice: Trial and Review (2002)*.

Table 2: Implementation (where applicable) of the Code's Elements in the Townsville Venues by Committee Members and Non-Members

CODE OF PRACTICE ELEMENTS	MEMBERS %	NON-MEMBERS %
1. Provision of Information		
Displays responsible gambling mission statement	60	43
Displays help information in all gaming areas	100	100
Displays help information near EFTPOS/ATMs servicing gambling areas	100	71
Displays help information in toilets	100	100
Displays information on the responsible gaming policy document	80	29
Displays information on the rules of play and odds of winning	100	29
Displays information on exclusion provisions	60	29
Displays information on gambling related complaints resolution	80	29
Displays information on financial transactions practices	100	71
Displays odds of winning a major prize	20	0
2. Interaction with Customers and Community		
Establish links with support services	100	14
Establish links with community	100	29
Customer liaison provides information to customers	100	57
Support staff in providing assistance to customers	100	57
Provide assistance to staff with gambling related problems	100	57
Customer complaints system established and promoted	100	57
Ensure responsible gambling training is provided to relevant staff	100	29
Owners, boards, managers receive appropriate information to guide decisions	100	29
3. Exclusion Provisions		
Provide self-exclusion procedures and documentation	100	43
Offers self-exclusion contact information for appropriate counselling agencies	100	71
Self-excluded customers supported in seeking mutual exclusion	100	14
Does not send correspondence or promotional material to excluded customers	100	86
4. Physical Environment		
Minors Prohibited from gambling	100	100
Minors excluded from area where adults gambling	100	100
Alcohol service encourage customers to take breaks in play	40	29
Intoxicated customers not permitted to continue gambling	100	100
Childcare facilities meet legislated standards	100	100
Staff in gambling areas not to encourage tips	80	100
Customers made aware of the passage of time	40	71
Customers discouraged from extended, intensive & repetitive play	60	57
5. Financial Transactions		
ATM Facilities not located close to gambling areas	100	86
Est. limit above which all winnings are paid by cheque or EFT	100	100
Gambling winnings above a set limit paid by cheque and not cashed at venue until next day	100	100
Prohibits cashing cheques not made payable to the venue	0	43
Prohibits cashing cheques not payable to the person presenting the cheque	100	71
Prohibits cashing multiple cheques	80	86
Does not provide credit or lend money for gambling	100	100
6. Advertising and Promotions		
Complies with advertising code of ethics by AANA	100	100
Is not false, misleading or deceptive	100	100
Does not misrepresent the probability of winning a prize	100	100
Does not give the impression that gambling is a responsible strategy for betterment	100	100
Does not include misleading statements about odds, prizes, or chances of winning	100	100
Does not offend prevailing community standards	100	100
Does not focus exclusively on gambling	100	100
Is not implicitly or explicitly directed at minors, vulnerable or disadvantaged groups	100	100
Does not involve any external signs advising of winnings paid	100	100
Does not involve any irresponsible trading practices by the gambling provider	100	100
Does not depict or promote alcohol consumption with gambling	100	100
Obtains consent prior to publishing the ID of any person who wins a prize	100	100

Table 3: Agreement with Perceived Effectiveness of the Code's Practice Areas in Townsville

CODE OF PRACTICE AREAS	MEMBERS %	NON-MEMBERS %
Provision of adequate information & signage encourages responsible gambling	80	14
Support services are adequate to assist customers and the community who need help	60	86
Exclusion really encourages responsible gambling	80	43
Physical layout & environment encourages responsible gambling	80	57
Rules & limits on financial transactions encourage responsible gambling	100	14
Advertising and promotions help promote responsible gambling	80	29