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**Welcome to Clubland: Exploring sociomaterial dimensions of poker-machine gambling harms in community-clubs in New South Wales
Australia**

Kate Roberts

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**Welcome to Clubland: Exploring sociomaterial dimensions
of poker-machine gambling harms in community-clubs in
New South Wales Australia**

Kate Roberts

Supervisors:
Associate Professor Lynne Keevers
Professor Joanne Spangaro

This thesis is presented as part of the requirement for the conferral of the degree:
Doctor of Philosophy

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Abstract

This thesis investigates poker-machine gambling and gambling harms in New South Wales Australia. In this research I examine the social, technological, institutional, political and environmental arrangements which constitute Electronic Gaming Machine (commonly known as “poker-machine”) gambling. Through exploring gambling practices, discourses and policies, the study illuminates how gambling arrangements contribute to the phenomena of problem gambling and gambling harms.

Despite several inquiries into gambling being commissioned by governments in Australia, the voices of those with lived experience of poker-machine gambling harms are largely absent or go unheard in policy discussions and decision-making. Accordingly, in this collaborative inquiry, conducted in partnership with the Gambling Impact Society (NSW) a peer-led community organisation, the voices and perspectives of those with experience of gambling harms are foregrounded. The study considers the impacts of poker-machine gambling, on individuals, families and communities. NSW gambling harm minimisation policy and practices are considered from the perspective of a range of stakeholders including, gambling operators, researchers, counsellors and people affected by gambling harms.

The thesis analyses three points of observation: firstly, I examine the relations between the person and the machine, next I consider the social, cultural and environmental context of poker machine gambling, and finally I examine the institutional and policy environment. Through this structure the thesis examines key components that make up poker-machine gambling and gambling harms.

The research employs a sociomaterial approach underpinned by a relational ontology, performative epistemology. Using this approach, I examine the ‘sayings’, ‘doings’, ‘relatings’ and material arrangements of community club-based poker-machine gambling. In this approach, I extend discourses on poker

machine gambling harms by articulating the co-emergent relational character of poker-machine gambling.

In examining the entangled web of socio-technological, political and institutional arrangements which produce gambling harms, I identify how these arrangements are not separate and distinct but intra-woven and enmeshed with each component creating the conditions for the others to exist. The implications of these arrangements for individuals, families and community members, researchers, regulators, government bureaucracies and policymakers are discussed.

The research makes a number of theoretical and methodological contributions, including introducing a sociomaterial approach to problem gambling research. This approach offers an alternative perspective for exploring the complexities and contradictions of some of the institutions and structural and policy environments which make up the field of poker-machine problem gambling in NSW. It is an approach that contrasts with studies of individual gambling pathology.

A range of recommendations for future policy development in the field of prevention, reduction and harm minimisation in gambling are articulated, including the importance of recognising and valuing the contribution of people with lived experiences of gambling harms. The recognition of knowledge acquired through lived experience and the affordance offered by such practice knowledge to understanding the potential negative impacts of policy strategies on the well-being of those already harmed by gambling are highlighted.

The research concludes the phenomenon of poker-machine 'problem gambling' is the product of heterogeneous arrangements that makes up gambling harms in NSW. Through unpacking the various components of these arrangements, the study brings into focus to how these harms could be unmade.

Acknowledgments

I would like to thank the many people who have supported me on the long and winding road I have travelled with this thesis. In particular, I thank Associate Professor Lynne Keevers at the School of Health and Society, University of Wollongong, for her academic supervision, tuition and unswerving personal support. Lynne accepted me, as a transferring student from Monash University, and helped me clarify the milestones, which needed to be achieved to reach the peak of this mountain. She has consistently ensured my footings were stable and obstacles surmountable. I am most grateful for her guidance. I also thank Professor Joanne Spangaro, at the School of Health and Society, University of Wollongong, for her valuable critiques and advice on writing style, as I moved towards the conclusion of this thesis.

I thank Associate Professor Charles Livingstone at the School of Public Health and Preventive Medicine, Monash University, who provided my initial supervision and support, as I commenced this journey into the complex and multi-layered world of poker-machine gambling. Charles is a leading public health researcher in this field, and I continue to value his insights. Additionally, I thank Associate Professor Samantha Thomas and Associate Professor Kate Senior, previous members of the School of Health and Society at Wollongong University, who were also, part of the supervision team at various stages in this journey, and contributed to my knowledge and growth. I also thank Deborah Jenkin for her copyediting and proofreading services.

I am grateful for the support demonstrated by my professional colleagues in the NSW network of gambling counsellors who took part in this research and the other researchers, community and industry stakeholders who agreed to be interviewed. This has been a collaborative effort, but especially so for my colleagues and peers at the Gambling Impact Society (NSW) who have been an integral part of this research process. I hope the findings provide further practical contributions towards our work together.

I particularly want to acknowledge the contributions of people who have been harmed by gambling and who generously contributed their stories and perspectives to enable this research to come to fruition. These were sensitive conversations at times, as people reflected on past hurts and future concerns. But they are also treasured insights and important aspects of the lived experience of gambling harms, which need to be illuminated. I hope I have done justice to your stories and honoured the trust you placed in me to bring your voices to the foreground.

I also want to acknowledge my friends and family in supporting my part-time studies over this extended journey, as we also travelled life's ups and downs together. Thank you for your love and forbearance. In particular, I thank my husband, Erwin, who has 'walked the talk' with me and provided the impetus to get down and dirty with the messiness of gambling harms in NSW. Very sadly and suddenly we lost him without warning in 2021. He won't be there to see the end of this journey with me, but I am forever grateful for his loving support and encouragement. His legacy lives on.

Certification

I, Jennifer Catherine Roberts (also known as Kate Roberts), declare that this thesis submitted in fulfilment of the requirements for the conferral of the degree Doctor of Philosophy, from the University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. This document has not been submitted for qualifications at any other academic institution.

Jennifer Catherine Roberts

(aka Kate Roberts)

19 March 2021

List of Abbreviations

AGR–Alliance for Gambling Reform
APS–Australian Psychological Society
AMA–Australian Medical Association
ATM–Automatic Teller Machine
CLC–Canterbury Leagues Club
COAG–Council of Australian Governments
DSM–Diagnostic and Statistical Manual
EFTPOS–Electronic Funds Transfer at Point of Sale
FDA–Foucauldian Discourse Analysis
EGM–Electronic Gambling Machine
GIS–Gambling Impact Society (NSW)
GS–Gambling Seminar
GAPHIA–Gambling and Public Health Alliance International
IFG–Interpretive Focus Group
LDW–Loss Disguised as a Win
NGO–Non-Government Organisation
NW–Near Win
OLGR–Office of Liquor and Gaming
ORG–Office of Responsible Gambling
PC–Productivity Commission
PG–Problem Gambling
PHAA–Public Health Association of Australia
RG–Responsible Gambling
RTP–Return to Player ratio
SCC–South Coast Club
SE–Self-exclusion
SACOSS–South Australian Council of Social Service
VRGF–Victorian Responsible Gambling Foundation.
VLT–Video Lottery Terminal
WHO–World Health Organization

Glossary of Terms

Affect—pronouncing the ‘a’ as in ‘apple’ the term ‘affect’ refers to “words, gestures, artefacts, bodily sensations, and expectations, experienced subjectively within spaces, that make up the feelings of existence” (Keevers & Sykes, 2016:17).

Agency—the performative process enacted between actors/entities (both human and non-human) in their intra-actions.

Arrangements -the orchestration of products, people and institutions

Consumers—people who have directly experienced gambling problems and impacted family members.

Cyborg—a term coined by Haraway (1990) and used in this thesis to describe the enmeshed relationship of humans with technology.

Discourse—According to Foucault, a discourse is a historically-situated set of thoughts, expressions and practices (1985). “Discourse is not merely a synonym for language. It both constrains and enables what can be said” (Barad, 2003:820).

Electronic Gaming Machine—Electronic gaming machines (EGMs), also known as ‘poker machines’ in Australia, are computer based gambling devices.

Gambling—the activity of risking something of value (money, belongings or property) on an outcome which has an element of randomness or chance, for the purpose of winning money/belongings/property.

Intra-action—A neologism coined by Barad (2003) in order to “stress that the human and other-than-human actors in a relationship should not be seen as distinct entities but as entangled agencies that establish each other as well as being created themselves” (Keevers & Treleaven, 2011: 508)

Heterodoxy—a non-dominant discourse.

Material-discursive—the dynamic constitutive relationship, between the material and discursive components of the world which configure reality (Orlikowski & Scott, 2014).

Near Miss—also known as a near win (NW) is when a symbol on the reel of a poker machine stops just below or above the winning line.

Orthodoxy—a dominant discourse.

Problem gambling—is nationally described in Australia as ‘difficulties in limiting money and/or time spent gambling which leads to adverse consequences for the gambler, others, or for the community’ (Neal et al, 2005:i).

Poker Machine/Pokies—colloquial term used in Australia to describe Electronic Gaming Machines (EGMs).

Sociomaterial—the approach used in this thesis to examine the constitutively entangled nature of artefacts, people and material-discursive practices of poker machine gambling.

The Zone—a term often used by those with lived experiences of gambling harms to describe a disassociated state of being experienced when using poker machines.

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Chapter One: Investigating Poker-Machine Gambling in NSW

Introduction

This study investigates community-club based poker-machine gambling and gambling harms in NSW. The history of gambling in Australia, as in many other jurisdictions, reflects the increasing binding of technology into everyday life and a growing use of computer technology for entertainment. Taking a sociomaterial approach, this research examines the material-discursive practices (Barad, 2003, Kemmis, 2019) of poker machine gambling. The study examines the various human and non-human elements which make up poker machine gambling arrangements in NSW, including the technology of gaming machines and the environments in which they are offered (Gheradi, 2018). This research aims to illuminate how these sociomaterial (Bjorn & Dale, 2005, Gerhardi, 2018, Oesterlund, 2014) arrangements contribute to the phenomena of-problem gambling and gambling harms. Through this research I aim to inform gambling harm prevention/reduction and contribute ideas to enhance harm minimisation policy.

In this chapter I provide an overview of the study's aims and research questions, position myself as the researcher and introduce the study as a collaborative inquiry and a work of advocacy research. The site of the research is introduced along with the Gambling Impact Society (NSW), the study's collaborative reference group. Events and conversations that germinated the seeds of this project are summarised and descriptive terms used in the research are explained. An outline of the thesis structure, accompanied by an overview of each of the eight chapters, concludes the chapter.

Research Aims

My aim in this study is to understand the material-discursive practices (Orlikowski & Scott, 2014, Barad, 2007), and sociomaterial arrangements and relationships, that make up the phenomena of poker-machine gambling in NSW and the production of gambling harms.

The research employs a sociomaterial approach underpinned by a relational ontology and performative epistemology (see Chapter three) to deconstruct and examine the various complex and historical arrangements and constitutive material-discursive elements of poker-machine gambling within NSW social clubs. These elements include gambling behaviours, poker machines, gambling venues, gambling operators, poker machine manufacturers, governments, problem gambling treatment providers, impacted individuals, families and communities. Through untangling the constituent parts, the study aims to unpack and reassemble a new understanding of poker-machine gambling harms and address some of the gaps in the literature.

In this study I draw upon multiple research methods including: a public health focused genealogical analysis of the origins of the present arrangements as defined by O'Grady (2011) and Kearins and Hooper (2002); analysis of the field of action and discourses characterising the current arrangements (Borell, 2008; Korn & Reynolds, 2009; Livingstone & Woolley, 2007; Miller & Thomas 2017; Orford, 2010, 2020); content analysis (Hsieh & Shannon, 2005) of documents including gambling policy, policy reviews, government inquiry reports, media, corporate documents, websites, social media; reviews of artefacts such as illustrations and photographs; and primary data collection involving qualitative interviews with key informants, observations and field notes.

I aim to flesh out the material practices as a means to extend the study of language-discourses (Foucault, 1972, 1973). Current gambling harm

minimisation policy in NSW is examined, including the discourse of 'Responsible Gambling' with its traditional concept of personal agency. However, research suggests that the immersive elements of poker-machine gambling encompass complex material-discursive practices, entangling humans with technology and co-creating the phenomenon of problem gambling (Dickerson, 2003; Murch & Clark, 2019; Schull, 2012). I aim to deconstruct these entanglements and provide a broader perspective on the phenomenon of poker-machine gambling.

I regard people impacted by gambling problems as essential voices in the discourse on gambling harms and their prevention. The lived experiences of poker-machine gambling are therefore placed at the forefront of this study. Through exploring the experiences and views of people recovering/recovered from gambling problems and of their family members, their voices are placed centrally in this research. The study investigates gambling harm minimisation policy in NSW from the perspective of people impacted by gambling harms, referred to as "consumers" in this study (see section 'Use of Descriptive Terms and Labels', page 25) and the individuals and services who support them (gambling counsellors). The research explores factors which enhance, or alternatively undermine, harm prevention, and the reduction and minimisation of poker-machine gambling harms in NSW.

Through this research I hope to inform and support new directions for policy development on poker-machine gambling in NSW, inspire further research and extend public health approaches to addressing gambling harms.

Research Questions

There are two overarching questions posed by this study:

1. How do sociomaterial arrangements and material-discursive practices shape poker machine gambling and related harms in NSW?

2. How can the lived experiences of gambling harms inform harm reduction/minimisation policy?

To answer these key questions, the study explores poker-machine gambling through the following sub-questions:

- What are the lived experiences of those who have been harmed by poker-machine gambling?
- What are the sociomaterial arrangements and material-discursive practices that 'make up' poker-machine gambling in NSW?
- How do these arrangements and practices influence poker machine gambling and related harms in NSW?
- How do people with lived experiences of poker-machine gambling harms and those who support them, view current arrangements for gambling and harm minimisation policy in NSW and what are their ideas for change?

Positioning the Researcher

In 1990 gambling problems impacted my family. I had no previous personal experience with this issue and despite, at the time, having practised as a social worker for over 15 years, I had no professional experience either. Since then, I have become a problem gambling counsellor, an accredited trainer and supervisor for other problem gambling counsellors and adult educator in the gambling field. In July 2000, along with other community members, I was involved in establishing the Gambling Impact Society (NSW) Inc. (GIS) on the South Coast of NSW. The organisation had grown from a sub-committee of the Shoalhaven Interagency forum which had met over the previous two years.

My personal and professional experiences inform my work. Notably, my background in social work and health promotion led me to look beyond the

problems of individuals to the social, environmental and political contexts that contribute to gambling harms. Accordingly, I have developed a strong interest in understanding the complex network of commercial gambling in Australia and the impacts this has on individuals, families and communities.

This research is an extension of my personal and professional commitment to working in collaboration with people affected by gambling harms. I am both an outsider—a researcher—and an insider—a professional gambling counsellor, GIS member and affected family member (Fine, 1994; Humphrey, 2007). I am conscious of these differing roles and how they have influenced the research process. These roles informed the research and facilitated access to a variety of research participants. I am also aware of how these roles have provided a lens through which I have shaped my framing of the problem, interpretations and conclusions.

It is my hope that the research findings are relevant to people with lived experiences of gambling harms and peer support/advocacy services such as the Gambling Impact Society (NSW). I also hope the research contributes towards gambling harm reduction and effective harm minimisation policy.

A Collaborative Inquiry

This is a collaborative inquiry and a piece of advocacy research. The Gambling Impact Society (NSW) Inc. is a collaborative partner and reference group for this study. This research method fits with my background as a social worker, health professional and 'research insider'. As the study is underpinned by a relational ontology and performative epistemology, the findings are integrated with the analysis and discussion, rather than being separated.

In this research I have particularly sought the perspectives of people affected by gambling harms because over years of working with them, many have

expressed to me that their voices are missing from policy discussions. As Angela, an affected family member, states:

I felt as helpless and dismissed as I did as a child, through the reform debate; it was a direct reflection of what I experienced as a child, but in different ways, and I felt silenced, and I felt unheard.

People negatively impacted by gambling believe they are not sufficiently represented in gambling discourses and are frustrated that their specific knowledge (or standpoint) is not recognised or valued. The voices of people who have experienced problems with poker-machine gambling and affected family members are threaded through this thesis and signal the priority I have given them.

Introducing the Site of the Research

This study is conducted in partnership with the Gambling Impact Society (GIS) and its management committee. The GIS operates with a non-hierarchical management committee of up to 11 members and a community membership base of approximately 150 members including individuals and organisations. The GIS management committee is made up of community members who have experienced gambling harms themselves, impacted family members and a small number of health and welfare professionals with an interest in the field. The GIS employs part-time consultant professional staff, as required, to deliver specific grant-funded projects and services.

In December 2012 the organisation registered with the Australian Charities and Not-For-Profits Commission (ACNC) as a health promotion charity. The organisation is located in Nowra in the Shoalhaven local government area (LGA) on the south east coast of Australia. The GIS provides health promotion, professional training, community education, information, advocacy and support on gambling harms in NSW and has a particular interest in delivering consumer

voice/lived experience community education projects. The organisation has provided these services in a number of regions in NSW including: Shoalhaven, Illawarra, Far South Coast, Southern Tablelands, Sydney, South West Sydney, Hunter, Newcastle, Orange and Northern Rivers areas.

The organisation promotes a public health approach to gambling harms and aims to prevent gambling harm through not only public awareness and community education but also reform of the systemic arrangements, relationships and conflicts of interest contributing to gambling harms. One of the aims of the GIS is to represent the concerns of those harmed by gambling in the policy domain (GIS Brochure, 2019).

The GIS has a history of concern about gambling harms and members have participated in a range of public inquiries and community advocacy activities since establishment in 2000. For instance, the GIS was the only peer-led consumer organisation represented on the federal Ministerial Expert Advisory Group on Gambling (Macklin, 2010).

The GIS management committee has had many conversations about the need to effectively address harms from poker-machine gambling in NSW and the lack of public health approaches to the issue. In particular, there have been many discussions about the need to recognise the impacts of gambling technology on the community and individuals and the influences of the gambling industry upon governments which appear to hamper progress towards reform. The GIS was disappointed at the repeal of the *National Gambling Reform Act 2012* and the unrealised recommendations of the 2010 Productivity Commission report. These discussions and events were the impetus for this research study.

As a partner and reference group to this research study, the GIS served to guide and support the research through its various stages. The support included: facilitating recruitment of research participants, providing informal

consultations as the research progressed, contributing to reviews of findings and 'sense-making' during analysis and reviewing written chapters of the thesis.

Use of Descriptive Terms or Labels

The use of labels as short cuts to define people affected by particular health issues/diseases is often present in medical discourses. It is an accepted practice, normalised amongst health and welfare professionals as an expedient way to describe client groups. However, the use of socially constructed labels, which place the disease/problem first, has been found to reinforce stereotypes and stigma and contribute to public shaming of those affected (Becker, 1973; Broyles et al., 2014). The term 'problem gambler' is a liberally used label in the field of gambling, but it is also a term linked to stigma for those affected (Carroll et al., 2013). From my perspective, such labels fail to acknowledge many other aspects of an individual which make up their lives. The use of this label risks stereotyping individuals in favour of defining a group of service recipients (clients/patients). The liberal use of this term risks misunderstanding the complexities which make up gambling problems, many of which can be attributed to factors beyond the individual.

As a social worker and affected family member, I have resisted defining people by their behaviours or health challenges. I support a 'people first' approach (Blaszczynski et al., 2020; Broyles et al., 2014; Miller et al., 2018) to the use of descriptions. In this research therefore, I refer to "people affected" by "gambling problems" or "gambling harms". I have also used the term "consumers" when collectively describing both those who have directly experienced gambling problems and impacted family members. This term has a strong history in the field of engaging and empowering health service users and is also used by the Gambling Impact Society (NSW).

Additionally, in this study, I have used the term 'poker machine' as the preferred Australian informal description of gambling products identified in the research as electronic gaming machines (EGMs). The local vernacular for these products is 'pokies'. These terms have also been used interchangeably by research participants to refer to the same form of Australian gambling product.

Overview of the Thesis Structure

In this section I provide an overview of the eight chapters that make up the thesis. The structure of the thesis takes a 'zooming in' and 'zooming out' approach (Nicolini, 2009). This is a strategy of metaphorical movement described as "switching theoretical lenses and re-positioning in the field" (Nicolini, 2009:1391). In the process, certain aspects of the study are foregrounded, while others are bracketed, so, for example, the first of the findings and data analysis chapters 'zooms in' to focus upon consumers' lived experiences of poker machine gambling, the second of the data chapters 'zooms out' to consider the social, cultural and environment context of poker machine gambling, whilst the third data chapter, 'zooms out' further to examine the policy environment. Through this structure, the thesis examines key components that make up poker-machine gambling harms in NSW. As part of the relational approach to poker-machine gambling taken in this study, research findings are presented and simultaneously discussed in each relevant chapter rather than presenting a separate research discussion chapter. Each chapter takes a specific point of focus as described below.

Chapter One introduces the study and outlines the key questions and aims of the research. I position myself as the researcher and position the research as a collaborative inquiry sited within the Gambling Impact Society (NSW) and a work of advocacy research. I explain the use of some descriptive terms and labels used in the study.

Chapter Two provides a contextual background to the study with an overview of gambling developments in Australia, including the introduction of poker machines to the state of New South Wales (NSW). I introduce the concept of problem gambling and poker-machine gambling, as an issue of public health concern, requiring a multi-faceted approach to address gambling harms.

Chapter Three provides an overview of the literature in the field, including studies of problem gambling and current frames for understanding the phenomena. These frames range from understanding problem gambling as an issue of individual pathology through to understanding problem gambling as a public health issue. This chapter identifies gaps in the literature and highlights the limited research exploring the views of people impacted by gambling harms.

Chapter Four introduces the study's relational ontology and performative epistemology. A sociomaterial approach is outlined as the theoretical frame to guide the research. The potential benefits of this approach are discussed in relation to extending public health approaches to gambling harms. In this chapter I provide an overview of the study's key sensitising concepts and research methodology and introduce the research as a collaborative inquiry with an advocacy focus. The research methods and process of data analysis are outlined, and the trustworthiness of the research considered.

Chapter Five is the first of three data analysis chapters. In this chapter I explore individual experiences of poker-machine gambling from the perspective of those who have experienced gambling harms. Through personal descriptions, I examine the processes and practices involved in 'becoming' a 'problem gambler'—a phenomenon co-created between human, machine and the gambling environment.

Chapter Six examines the social, cultural and environmental arrangements of community club-based gambling and how these arrangements influence gambling behaviour and contribute to gambling harms. The dual role of clubs as

centres for community activities and socialisation and as centres for community gambling, is discussed. I explore the impact of these arrangements upon individuals, families and communities.

Chapter Seven reviews the policy environment in NSW. I identify and review gambling discourses and outline the NSW harm minimisation policy of 'Responsible Gambling' (RG). I explore how this harm minimisation policy is perceived by, and impacts upon, people with lived experiences of gambling harms and the counsellors who support them. Participants discuss what they see as the barriers to effective gambling policymaking in NSW and consider areas for improved policymaking approaches and policy reform.

Chapter Eight provides a summary of the research and presents the conclusions of the thesis. I review the conclusions broadly following a similar format to the thesis structure. The theoretical, methodological and practical contributions of the research are identified and the implications for future policy and practice are considered. I conclude with a discussion of the limitations of the research and provide some suggestions for future research

Summary

This chapter has provided an overview of the background events and concerns which led up to the development of this study. It introduced the site of the research as a community organisation (the Gambling Impact Society of NSW) and described the study as a collaborative inquiry with an advocacy focus. The aims and objectives of research were outlined including key research questions. An overview of the thesis structure and content was provided. The focus of the research was introduced as examining poker-machine gambling arrangements and related harms in NSW. The chapter highlighted how the study seeks to validate and represent the missing voices in the field of policy reform by prioritising the views of those with lived experiences of gambling harms.

Chapter Two: Background to the Study

Introduction

The previous chapter (Chapter One) provided an introduction to the research and the study's aims and research questions. The focus of the study was determined as exploring the sociomaterial arrangements that make up poker machine gambling in NSW with a particular focus upon the lived experiences of those harmed by gambling. The chapter sited the research and introduced the study as a collaborate inquiry with a community organisation - the Gambling Impact Society of New South Wales.

In this chapter I provide a contextual background to the study. I commence with an overview of Australian gambling and discuss Australia's position in the global context of gambling. I then provide a historical overview of Australian gambling developments, including the introduction of poker machines to the state of New South Wales (NSW). I discuss the historical and contemporary concerns with gambling, particularly those relating to poker machines. Gambling is identified as a public health issue with harms evident for individuals, families and communities.

The Foucauldian concept of understanding the 'history of the present' is introduced in this chapter. As Garland (2014:374) explains, this concept describes a process of genealogical inquiry employed to consider "the forces that gave birth to our present-day practices and to identify the historical conditions upon which they still depend". These are concepts used in this study to understand the historical arrangements of gambling, which underpin poker-machine gambling in NSW today.

A Snapshot of Gambling in Australia today

Gambling in Australia today is big business and includes a range of gaming (poker machines, casino table games, keno, lotteries/scratch tickets) and wagering (sports betting, racing) activities. Poker-machine gambling comprises over half of all gambling activities (see Figure 1).

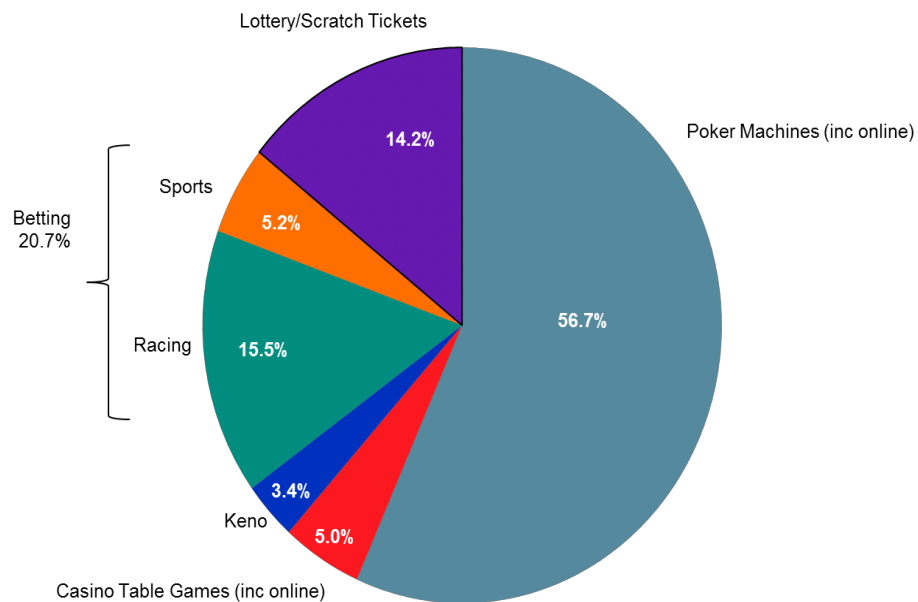


Figure 1. Overview of Gambling In Australia

(Source: Roy Morgan Single Source Australia, January 2017-December 2017. Base: Australians aged 18+. n=14,422).

There are 192,800 poker machines in Australia with 92,818 of them in NSW (Ziolkowski, 2019). Australians spent \$24.8 billion gambling in 2017-18: \$20.1 billion on gaming (including \$12.5 billion on poker machines), \$3.5 billion on racing and \$1.2 billion on sports betting (Queensland Government Statisticians Office [QGSO], 2019). Although the years are not identical years, this can be compared with estimates of \$19 billion on alcohol and \$17 billion on tobacco for 2015-16 (Australian Bureau of Statistics [ABS], 2018).

Gambling generates tax revenue for state governments and as such is a significant part of their budget. In NSW, \$6.3 billion was spent on poker machines in 2017-18 (Queensland Government Statisticians Office, 2019). The NSW government received \$2.3 billion in tax revenue from gambling in 2017-18, representing 7.4% of total state tax revenue and 2.9% of total state revenue (NSW Parliamentary Research Services, 2020). Based on Liquor and Gaming NSW six-monthly reports (Liquor and Gaming NSW, 2019), poker machines in NSW generated an estimated \$1.6 billion tax revenue for the state government in 2019.

The peak body for Australian gaming machine manufacturers, the Gaming Technology Association (GTA) has conducted a regular world count of electronic gaming machines since 1999 and claims Australia has 2.59% of the world's electronic gaming machines (Ziolkowski, 2019). However, these figures also include devices such as arcade amusement machines in the United Kingdom, Italy, Germany, the Czech Republic and other European jurisdictions, which have low levels of payouts, and Japanese Pachinko machines where toys are won and traded for cash (Ziolkowski, 2019). By contrast, the Productivity Commission (1999:11) asserted that Australia has 20% of the world's fast-playing gaming machines. Based on these figures, NSW has 10% of world's most volatile machines designed for gambling.

It is estimated that Australia has one poker machine for every 114 people, and more per person than any country in the world, excluding casino-tourism destinations like Macau and Monaco (Young & Markham, 2017:1). Australia is one of the biggest gambling nations, ranking fifth for gambling losses overall but first for individual resident losses (see Figure 2). As Young and Markham (2017:1) note: "Losses by Australians on pokies outside of casinos dwarf those of any other comparable country. They are 2.4 times greater than those of our nearest rival, Italy".

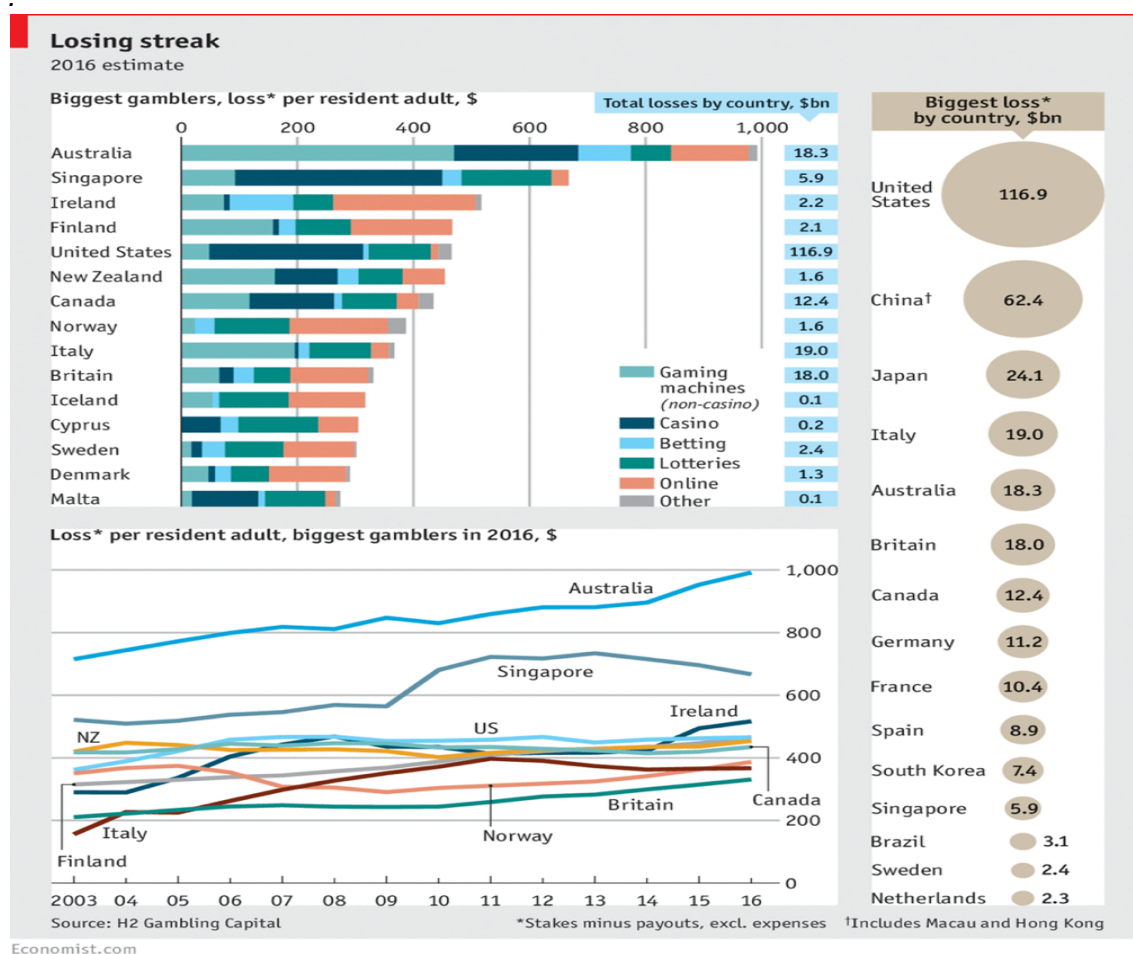


Figure 2. Australia's Gambling Losses Compared Internationally
(Source: *The Economist*, 7 February 2017)

When comparing the use of non-casino gambling machines in other English-speaking countries, Young and Markham (2017:1) noted that “Australians lose three times more than New Zealanders, 4.1 times more than Canadians, 6.4 times more than the Irish, 7.5 times more than the British, and 9.8 times more than American”.

The distribution of poker machines into community clubs in Australia, and NSW in particular, is unique when compared to other international jurisdictions (Rintoul, 2018). In the UK, for example, Australian-style poker machines (UK

category B1) are limited to casinos (Gambling Commission UK). As noted by Browne and Minshull (2017:1):

Most countries do not have poker machines. Australia is unusual in using poker machines as its main form of gaming machine, in having so many of them, and in allowing them in non-gambling venues (“pubs and clubs”).

In contrast, NSW hotels and pubs are entitled to up to 30 poker machines in each venue and there are no caps on numbers for individual community clubs. There is, however, a NSW state-wide cap of 99 000 on the total number of poker machine licenses (Liquor & Gaming NSW, 2018) and local government area bandwidths limit licensing arrangements in localities.

As summarised by the NSW Parliamentary Research Services (March 2020:4):

In 2017-18, Australia had a total of 194,322 gaming machines (down from 199,002 in 2001-02). NSW had 93,618 gaming machines (down from 102,958 in 2001-02), which was by far the most gaming machines of any State or Territory; Queensland was the next highest with 46,224 gaming machines, followed by Victoria with 29,012.

Large clubs dominate the NSW gambling landscape (Con Walker, 2012; Hing, 2006), with some owning between 500 and 700 machines (Liquor & Gaming NSW, 2019). However, clubs of all scales are ubiquitous, perhaps because of their multiple commercial advantages as focal points for recreational and social events along with food, alcohol and gambling. For example, the Shoalhaven Local Government Area - a coastal, semi-rural region south of Sydney (population 96 000) comprised of 49 towns and villages. The Shoalhaven has 23 clubs (ex-servicemen’s, Retired Services Leagues, social and sporting) with 1414 poker machines (as of 3 June 2019) generating \$31.6 million in net profits and \$4.7 million in state tax in the six months between 1 December and 31 May 2019 (Liquor & Gaming NSW, 2019). Over the same six-month period, the nearby metropolitan centre of Wollongong (population 217 000) generated

\$58.3 million in net profits and \$10.1 million in state tax from 2463 machines across 37 clubs (Liquor & Gaming NSW, 2019). Centralised gambling revenue data for individual clubs is not made publicly available in NSW.

The latest NSW Gambling Survey (Browne et al., 2019), indicated that “problem gamblers account for 36.7% of gambling expenditure, with moderate-risk gamblers accounting for a further 14.5%” (Roth, 2020:5).

The History of Gambling in Australia

Australia has a long gambling history. It has been argued that “gambling has been an inherent part of Australian culture from the beginning of European settlement and entrenched into Australian life” (McMillen, 1999; O’Hara, 1988; Winter, 2002). Certainly, some important national days are characterised by gambling activities. For example, the Melbourne Cup horse race is celebrated around Australia as ‘the race that stops the nation’ and is accorded a public holiday in Victoria. According to Tourism Australia’s website, “only four horse races in the world offer a bigger prize than the Melbourne Cup and punters invest more than \$300 million betting on the outcome” (Tourism Australia). On the national day for commemoration of veterans, Anzac Day, the coin tossing gambling game of “two-up” may, uniquely, be lawfully played. Gambling historian O’Hara suggested that “the typical Australian would bet on two flies climbing up a wall” (O’Hara, 1988:preface) an analogy that has become part of Australian folklore.

However, the mass commercialised expansion of gambling opportunities evident from the 1990s onwards is a relatively recent phenomenon in almost all Australian jurisdictions, and one increasingly entwined with modern advances in digital technology. The pressure for the liberalisation of markets in Australia has extended to gambling over the past thirty years. In the process, gambling in

Australia has developed from a relatively unsophisticated, frequently amateur activity into a set of commercialised businesses and a significant industry.

Poker-Machines in NSW

The introduction of mechanical gaming machines in NSW and the subsequent development and expansion of electronic gaming machines (EGMs), also known as poker machines, is the most significant development of gambling in Australia. In many respects, the history of post-war community gambling in Australia has been conditioned by, and its contours derived from, the model that emerged in NSW. Excepting the state of Western Australia (where, legislatively, poker machines can only be provided in the casino), the model of poker-machine gambling in NSW clubs, and more recently hotels, is replicated in other States and Territories. NSW has a unique history with poker machines, a product Adams (2008:6) describes as an efficient “gambling supply console”:

The EGM has done for gambling what the chainsaw did for forestry. It has enabled widespread and intensive engagement with the product. It is best seen as a gambling supply console. It has evolved into a complex and flexible delivery platform upon which a range of technologies can be employed to maximize consumer engagement and enjoyment.

Social clubs in Australia originated during colonisation of the country as venues with a closed group members similar to the ‘gentlemen’s clubs’ of Great Britain (O’Hara, 1988). The popularity of clubs as social venues with use/membership open to all can be traced to the post-war changes to licensing laws in NSW. Clubs became popular alternatives to hotels when liquor laws were relaxed to allow clubs to serve alcohol beyond the traditional ‘six-o’clock swill’ closing time of the hotel industry. Increasing patronage occurred when facilities were extended to women in the 1950s. By 1955 there were 793 registered clubs in NSW (Hing, 2006).

Many NSW clubs developed from small sporting groups, returned servicemen's leagues or football associations providing a range of community facilities to their members. The focus was upon developing social and leisure facilities which were not provided by state or local governments.

NSW clubs developed as not-for-profit (NFP) entities under State and Commonwealth laws permitting significant tax concessions under the premise of mutuality and not-for-profit status. These arrangements are described as follows by the Productivity Commission (2010:9):

As mutual organisations, clubs pay no income tax on mutual income and often are subject to concessional tax rates and higher quotas on gaming machines. For example, NSW clubs with gaming revenue of between one and five million dollars pay 25 per cent tax on this revenue to the government, whereas a hotel with the same revenue would be taxed at 35 per cent.

However, it was the impact of the legal introduction of poker machines, and their technical development, that provided the watershed for the NSW club movement.

The illegal use of poker machines in NSW clubs is evident as far back as the nineteenth century (McMillen, 1999), with governments turning a blind eye to their operations (Hing, 2006). Poker machines had made clubs popular and the proceeds from gambling were justified as a means to improve facilities for members and subsidise food and drinks (McMillen, 1999).

In 1953, the NSW government announced that illegal machines were to be removed; however, successful lobbying by clubs overturned this decision (Caldwell, 1972). Clubs claimed that they would experience financial hardship if poker machines were withdrawn and offered an annual tax on each machine if they were legalised. Church groups objected to this proposal on moral grounds and the hotel industry on economic grounds. However, in 1956 the NSW

government, in response to public pressure, legalised poker machines in clubs, along with a system of government supervision of their operations (McMillen, 1999). Clubs were to pay a license fee directly to a Hospital Fund which was expected to grow to between £500,000 and £700,000 per year (McMillen, 1999).

It is interesting to note that the NSW Premier at the time claimed that “to prohibit machines would jeopardise the existence of many clubs and jobs” (Hing, 2006:14). This concept developed into the central tenet of club discourse—arguably legitimating almost any activity undertaken by clubs. The NSW State Cabinet considered it was in the public interest to legalise and control the machines, suggesting they had previously ignored their illegal use in clubs because of their inaccessibility to the general public and children. Any profits were seen as contributing to the development of amenities and club improvements and not to individual enrichment. Poker machines were considered integral to the economy of many bowling, golf and Returned Soldiers’ Clubs (NSW Parliamentary Debates, 1956 as cited in Hing, 2006).

The NSW *Gambling and Betting (Poker Machines) Bill 1956* was passed on 22 August 1956. As the peak body for NSW clubs (ClubsNSW) states:

This Act provided the springboard for the rapidly increasing number of clubs to extend and increase in size in the knowledge that their financial operation was secured by income from poker machines. (ClubsNSW submission to IPART, 2007:31)

Clubs in NSW gained an exclusive right to operate poker machines and the demand to establish and patronise clubs increased significantly. Between 1954 and 1962 there was a 223% increase in the number of clubs in NSW accompanied by a doubling in poker machines from 5596 to 10 814 (NSW Department of Gaming and Racing, 1998). Hing (2006:18) concludes it took “less than twenty years after the legalisation of poker machines, for large NSW clubs to gain a predominantly commercial orientation”. By 2008 there were 1400

registered clubs in NSW (IPART, 2008) and the number of poker machines had increased to 98 000 across clubs (71 836), hotels (23 769) and the only legislated casino in NSW (1500) (NSW Department of Communities, Office of Liquor Gaming and Racing [OLGR], 2009).

In 2017-2018, there were 194 322 poker machines in Australia and 93 618 in NSW (QGSO, 2019). Whilst the number of registered clubs has fallen since 2008 to 1085, the number of poker machines in clubs remains consistently high at 68 808 (Liquor & Gaming NSW, 2019).

Concerns About Problem Gambling

The development of commercial gambling in Australia has also had a long history of opposition focused on gambling harms (McMillen, 1999; O'Hara, 1988). The past three decades have witnessed increasing community concern about the growth of gambling, particularly poker machines (Productivity Commission, 1999a; Productivity Commission, 2010; Thomas et al., 2017).

The rapid expansion of poker machines in the 1990s from NSW to other states and territories was accompanied by increasing public concern about levels of what was termed 'problem gambling' (Hing, 2002; McMillen, 1999). This growth in public concern led to the first federal inquiry into Australia's gambling industries (Productivity Commission, 1999) and the beginnings of gambling harm minimisation policy development across jurisdictions. The object of this inquiry was to obtain a clear picture of the gambling industry overall, including: the size of the industry, the form of its products, the social and economic costs and benefits of the industry and its impacts on communities (Productivity Commission, 1999a).

The prevalence of problem gambling was examined along with causal pathways and impacts on those also affected. A major aim of the inquiry was to establish recommendations to reduce the negative impacts whilst acknowledging the

legitimacy of gambling as a leisure industry. The government's rationale was to: ameliorate the social costs of gambling; ensure consumers were adequately informed; and develop probity controls to both protect consumers and reduce potential criminal activity (Productivity Commission, 1999a).

The inquiry found over 300 000 Australians were experiencing moderate to severe gambling problems with approximately half (150 000) living in New South Wales (Productivity Commission, 1999a). It was estimated that every person with a gambling problem affects at least 5-10 people including family, friends and employers. One in four people with gambling problems had marriage problems because of their gambling and 60% of gamblers in counselling had seriously contemplated suicide as a result of their gambling (Productivity Commission, 1999a Summary Report:2). Disturbingly, the Productivity Commission's draft report (July 1999b) estimated that up to 400 people commit suicide each year because of the burden of their gambling. Interestingly, this estimate was not included in the final report.

The Productivity Commission (1999a) reported one in two gamblers in counselling had lost time from work or study due to gambling and noted that those classified as 'problem gamblers' averaged losses of twenty per cent (20%) of household income on gambling. This figure was compared to the losses of approximately one per cent (1%) for people considered to be 'recreational gamblers' (Productivity Commission, 1999a summary:25). The Productivity Commission report (1999a) established that the impacts of problem gambling were far-reaching and extensive at individual, family and community levels.

Problem gambling was identified along a continuum, from recreational or social gambling and through to the classification of 'pathological gambling'. Findings from the inquiry indicated disproportionate levels of gambling profits raised from people with gambling problems:

Problem gamblers comprise 15 per cent of regular (non-lottery) gamblers and account for about \$3.5 billion in expenditure annually—about one-third of the gambling industries' market. (Productivity Commission, 1999a:2)

This 1999 inquiry established that individuals, families and communities were suffering substantial negative impacts from gambling. It was acknowledged that there were some predisposing circumstances (family history, unemployment, cultural background, etc.) and environmental factors and some precipitating disorders (alcohol and/or drug dependency, depression, etc.) which could contribute to problem gambling. However, it was also concluded that “many of the harms experienced by problem gamblers can be traced to gambling itself” (Productivity Commission, 1999a, Vol.1:27).

In summary, the Productivity Commission inquiry (1999a) was the first time the Australian Government had procured and reviewed a substantial body of research on gambling industry development and community harms. The inquiry provided evidence that the gambling industry was in need of tighter regulatory controls and that there was a need to reduce the negative impacts of gambling in the community. It led to the development of gambling harm minimisation policy across jurisdictions in Australia and the birth of the concept of ‘Responsible Gambling’ which became (and continues to be) the dominant framework for gambling policy in NSW and other States and Territories.

Poker Machines Linked to Problem Gambling

The primary source of problem gambling in Australia was clearly linked through prevalence studies to the number of electronic gaming machines (EGMs) in a jurisdiction (Productivity Commission, 1999a, Vol.1:8.8). Accessibility to EGMs (also known as poker machines) in the community was considered a significant contributor to problem gambling:

Overall, the Commission considers that there is sufficient evidence from many different sources to suggest a significant connection between greater accessibility—particularly to gaming machines—and the greater prevalence of problem gambling. (Productivity Commission, 1999a, Vol.1:8.31)

The 1999 Productivity Commission inquiry estimated that eighty per cent (80%) of those presenting to gambling treatment services were experiencing problems with poker machines. The average person with a gambling problem lost about \$12 000 p.a., compared with just under \$650 p.a. for other recreational activities (Productivity Commission, 1999a, Summary Report:2). A subsequent Productivity Commission inquiry, reinforced concerns about poker-machine gambling, finding that:

Most of those seeking formal help are primarily experiencing problems with electronic gaming machines (EGMs), or they identify EGMs as the principal preferred form of gambling activity. (Productivity Commission, 2010:7.3)

As a result, the 2010 inquiry focused on consumer protection, product risks and gambling in Australia.

This inquiry aimed to review gambling harm minimisation progress since the previous Productivity Commission inquiry (1999a). On this occasion, the Commission drew upon ten years of problem gambling research and prevalence studies rather than conducting its own surveys and included a specific focus upon poker machines. In examining the costs of problem gambling, the Commission found compelling and consistent evidence of the need to reduce harm:

The significant social cost of problem gambling—estimated to be at least \$4.7 billion a year—means that even policy measures with modest efficacy in reducing harm will often be worthwhile. (Productivity Commission, 2010:2)

The focus of this second inquiry was structured around the impacts of poker machines in the community. This focus was in recognition that, after ten years of harm minimisation strategies, these specific gambling products were considered the major contributor to community harm:

The risks of problem gambling are low for people who only play lotteries and scratchies, but rise steeply with the frequency of gambling on table games, wagering and, especially, gaming machines. (Productivity Commission, 2010:2)

The Productivity Commission's 2010 report provides a comprehensive account of what Hancock describes as "the costly broad-ranging personal and community impacts of gambling" (Hancock, 2011:2) and the significant relationships between poker machines and harm in the community. The inquiry found that just over \$19 billion was spent in 2008-09 on gambling in Australia, an average of \$1500 per adult who gambled.

In 2010, annual losses for individuals with poker-machine gambling problems were estimated to be \$21 000 p.a. (Productivity Commission, 2010). It was also estimated at that time that between 40% and 60% of gambling operator revenues were raised from those with gambling problems, primarily on poker machines (Productivity Commission, 2010:16). The 2010 Productivity Commission report concluded that the technical capacity of poker machines resulted in people incurring losses of over \$1200 an hour. The social costs of gambling were estimated to be between \$4.7 and \$8.4 billion per annum (Productivity Commission, 2010).

At the time of the 2010 Productivity Commission inquiry, poker machines in NSW had the capacity to accept a \$10 000 load up at any one time in any denomination up to \$100 notes. This load up amount was reduced by the NSW government to \$7500 (Livingstone, 2018) and to \$5000 in 2019 (Stevens & Livingstone, 2019) and can take all forms of Australian banknotes. The Victorian load up limit is \$1000, with the largest denomination note permitted being \$50.

The load up in Queensland is \$100, whilst in the ACT, NT and Tasmania it is not specified (Livingstone, 2017). South Australia recently legalised the use of banknotes of up to \$50 to a load up limit of \$100 credit at a time (Alliance for Gambling Reform, 4/12/2019). It is noted that “large load up limits with high denomination banknotes permit very rapid expenditure” (Livingstone, 2017:6).

The 2010 Productivity Commission report focused community attention upon the technology of poker machines and recommended specific technical changes to the machines to increase consumer protection. Recommendations included measures to address poker machine product design (reduce speed of play), minimise losses (\$1 bets) and explore self-management loss limiting tools (Mandatory Pre-commitment) and a load up limit of \$20 (Productivity Commission, 2010). These recommendations formed the basis of a package of harm minimisation strategies introduced as the *National Gambling Reform Act 2012*. However, these were repealed and replaced by in December 2013 by the *National Gambling Measures Act* (Biggs, 2013).

Gambling: a Public Health Issue

Both the 1999 and 2010 Productivity Commission inquiries recommended a public health and consumer protection approach to address gambling harms. The 1999 inquiry clearly positioned problem gambling as a public health issue stating:

[T]he Commission views problem gambling—in all its dimensions—as a public or community health issue, similar to that of alcohol. (Productivity Commission, 1999a, Vol. 2:16.30)

This statement reflected an important shift in thinking, as up until this time problems with gambling had generally been framed as a pathological disorder of impulse control in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III) published by the American Psychiatric Association in

1980. In the 1999 report the concept of ‘problem gambling’ was positioned within an epidemiological framework, linking it to a range of host, agent and environmental determinants (see Figure 3). This was the start of a new discourse of problem gambling as a public health issue.

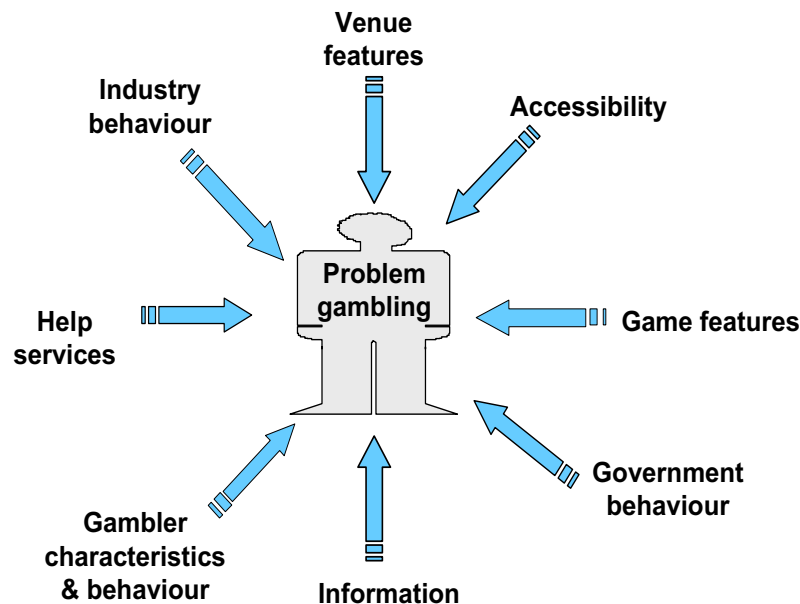


Figure 3. An Epidemiological Framework for Problem Gambling
 (Source: Productivity Commission (1999a, Vol. 1:6:9))

The 2010 Productivity Commission report re-emphasised the need for a multi-pronged approach to the prevention and reduction of gambling harms. This inquiry went further by recommending strategies to address aspects of poker-machine technology linked to harms (refer Chapter Three).

An international review of gambling literature over thirty years (Williams et al., 2012) indicated a need for a range of bio/social strategies to prevent problem gambling. The past twenty years has seen problem gambling increasingly discussed in the research and by some government departments as a public health issue, both in Australia (ACT Gambling & Racing Commission, 2019; Livingstone et al., 2019; Livingstone et al., 2018; Livingstone, Rintoul & Ayton, 2012; Marshall, 2009; Productivity Commission, 1999a; Price et al., 2021;

Productivity Commission, 2010; Qld Government Department of Treasury, 2002; Rintoul, 2018; Rodgers et al., 2015; Department of Justice Victoria, 2006, 2009) and internationally (Abbott, 2020; Abbott et al., 2018; Health Sponsorship Council of New Zealand, 2006; John et al., 2020; Korn, Gibbons & Azmeier, 2003; Korn & Reynolds, 2009; Korn & Shaffer, 1999; Latvala et al., 2019; Messerlain et al., 2004, 2005; Shaffer & Korn, 2002; Wardle et al., 2019). However, compared to other public health issues such as tobacco, drugs, alcohol, obesity and mental health, Australia appears slow to respond with a comprehensive coordinated public health policy on gambling across or within jurisdictions.

There is evidence, however, of a shifting paradigm towards more public health approaches to gambling in Australia with an expanding focus from the individual pathology of 'problem gambling' towards the broader impacts of 'gambling harms' in the community (Browne et al., 2016; Price et al., 2021) The different approaches to addressing gambling generated problems are more fully explored in the next chapter (Chapter Three).

This shift in paradigm was particularly notable within discourses following the 2010 Productivity Commission report and the implementation of some of the recommendations in the Gambling Reform Act 2012. During this period, a heated debate around gambling regulation became polarised between those supporting a free market in gambling regulation, predominantly argued by gambling operators, and those seeking gambling reforms, for the most part public health academics, treatment providers, community welfare services and consumer groups. It was a period of significant federal government instability, during which time there was a concerted public and political campaign led by the gambling industry. A change of federal government led to the repeal of the Gambling Reform Act 2012 in December 2013.

From a public health perspective, gambling is considered by a number of researchers to be an industry of dangerous consumption, generating harms externalised into the community and in need of reform (Adams & Hodges, 2005; Livingstone & Woolley, 2007; Orford, 2009; Thomas, et al, 2017). As with other such industries (tobacco and alcohol) there are vested interests which fear change in social attitudes and the potential loss of financial rewards associated with their lucrative products. Poker-machine gambling in NSW has historically attracted significant government support, limited regulation and enabling tax conditions (Henry, 2009; Con Walker, 2009; Productivity Commission, 1999a). Such favourable arrangements substantially support state government revenue raising activities through collaboration with what is now 'big gambling' business (Markham & Young, 2015).

It has been suggested that the gambling industry represents an extractive industry, threatening social freedoms and democracy (Adams, 2008). There are concerns that the gambling industry uses significant political influence, including political donations (Livingstone, 2017; PHAA, 2017a), to undermine effective policy to reduce gambling harms (Hancock et al., 2018; Livingstone et al., 2018; Livingstone et al., 2019; Rintoul, 2018). Addressing the powerful influences of corporate entities on public health is an ongoing and developing issue (Hastings, 2012).

Summary

This chapter has provided a contemporary and historical overview of gambling developments in Australia. Poker-machine gambling has been highlighted as an issue of social concern and the concepts of problem gambling and gambling harms identified as a focus for public health research. Gambling harms have been identified as a public health issue and a contested space in which harm minimisation policies continue to evolve. The linking of increased rates of problem gambling to increased liberalisation of gambling and accessibility to

gambling products continues to generate research interest (St-Pierre et al, 2014).

The next chapter reviews the research literature on problem gambling and gambling harms. It provides an overview of the definitions of problem gambling, prevalence rates, risk factors and impacts on individuals and families. The different frames and approaches to remediation are considered and research gaps identified.

Chapter Three: Gambling Research—Risks, Harms and Remediation

Introduction

The previous chapter (Chapter Two) provided an overview of gambling in Australia, positioning gambling both nationally and internationally. It provided a historical overview of gambling developments in Australia and introduced poker-machine gambling as closely associated with gambling harms. Gambling was identified as an emerging public health issue. In this chapter (Chapter Three) I provide an overview of national and international research which has contributed to gambling harm minimisation policy development in Australia. This literature review explores the issues of problem gambling, gambling harms, product risks, and consumer protection.

There are a variety of commercial gambling opportunities internationally and within Australia and research continues to develop alongside the growth of different gambling products. However, the focus of this study is poker-machine gambling. The research reviewed therefore draws upon both the general field of gambling research as well as studies pertaining particularly to poker machines. The literature reviewed introduces many of the primary concepts and discourses surrounding gambling, both internationally and in Australia, from the late 1980s to the present day.

This chapter is organised as follows. First, I trace the history of definitions of gambling problems before positioning the study within these definitions. Next, I consider problem gambling prevalence rates and the benefits and limitations of prevalence studies. I then provide an overview of the research pertaining to problem gambling impacts on individuals and families. This is followed by an overview and discussion of the research examining key risk factors for problem

gambling before outlining some of the main approaches aimed at addressing gambling harms.

In reviewing the research, it is evident that gambling is a contested issue and includes a variety of stakeholders, including governments, industry, researchers, policy makers, treatment providers and consumers. These stakeholders advocate a range of perspectives, understandings, models and approaches to responding to gambling harms across the spectrum of prevention, harm reduction, harm minimisation, treatment and remediation. In examining the literature, four main models for understanding and addressing the issue are evident: Prevalence Measuring, Medical Model/Treatment Approach, Population Health Model/Public Health Approach and Consumer Protection. The boundaries between these approaches are not always clear and there are considerable overlaps. This literature review outlines these approaches and considers what the research says about their strengths and limitations.

A summary discussion of how this research informs the current study is provided. This discussion also identifies how the study fits within these approaches and aims to extend them.

It is acknowledged that this literature review is situated and partial, as it is beyond the scope of this thesis to comprehensively examine every aspect of gambling. The aim of this chapter is to provide an overview of the field of interest, articulate the complexities within it and position the thesis both theoretically and methodologically.

Definitions of Gambling Problems

Previously referred to as compulsive gambling, it was not until 1980 that the clinical disorder of pathological gambling was classified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric

Association (APA, 1980). Pathological gambling was identified as a loss of control associated with a number of different clinical behaviours and consequences (Deverensky, 2007). Further revisions in DSM classification have resulted in the classification of severe gambling problems progressively moving from “pathological gambling” in DSM-111 (APA, 1980) to a disorder of “impulse control not otherwise classified” in DSM-IV (APA, 1994) and most recently a “behavioural addiction” referred to as a “Gambling Disorder” in DSM-5 (APA, 2013). Key features of a Gambling Disorder in DSM-5 (APA, 2013) are:

1. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
 - Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 - Is restless or irritable when attempting to cut down or stop gambling.
 - Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
 - Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
 - Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
 - After losing money gambling, often returns another day to get even (“chasing” one’s losses).
 - Lies to conceal the extent of involvement with gambling.
 - Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

- Relies on others to provide money to relieve desperate financial situations caused by gambling.
2. The gambling behavior is not better explained by a manic episode.

(APA, 2013: section 312.31).

Whilst these DSM categories have proved useful in defining the individual behavioural experiences of gambling problems, there have also been challenges to the concept of entrenched pathology. Some researchers suggest problem gambling exists at the end of a continuum from no gambling through occasional gambling to problematic gambling (Delfabbro, 2007; Korn & Shaffer, 1999; Productivity Commission, 1999a; Shaffer & Korn, 2002).

A National Definition of Problem Gambling

As seen from the previous section, the clinical definitions of gambling problems have evolved from a classification of pathological disorder (1980), to impulse control disorder (1994) and more recently as a behavioural addiction (2013). These definitions have been used in Australia and internationally (Sulkunen, 2020). It is also evident that some jurisdictions have favoured the use of broader definitions which encapsulate gambling harms to individuals' families and communities (Ministry of Health NZ, 2010). The term 'problem gambling' came into use in the mid-2000s to reflect these changes. As noted by the Royal Australian and New Zealand College of Psychiatrists, the phrases 'pathological gambling' and 'problem gambling' have often been used interchangeably, although the United States more often uses the 'pathological gambling' term whilst in Australia and New Zealand 'problem gambling' is more common (Royal Australian and New Zealand College of Psychiatrists [RANZCP], 2017).

The need for a national definition of 'problem gambling', was identified by the Australian Ministerial Council on Gambling (MCG) in 2004. The MCG

commissioned research to find a consistent definition and measurement tool to allow comparisons across States and Territories (Neal et al., 2005). A review of the literature conducted by Neal et al. (2005) indicated that many international definitions classified problem gambling as either a medical disorder/mental health problem, an economic problem or lying on a continuum of harm to individuals and others. However, they noted these categories were not mutually exclusive and concluded that an Australian definition would need to meet a diverse range of contexts and be referenced to individual behaviours and broader harms.

In 2005 an Australian national definition of “problem gambling” was developed as follows:

Problem Gambling is characterised by difficulties in limiting money and/or time spent gambling which leads to adverse consequences for the gambler, others, or for the community. (Neal et al, 2005:i)

According to Delfabbro (2007), this national definition was developed to avoid previous terminology. This had defined gambling problems only by their consequences or alternatively had included contentious theoretical concepts such as “compulsion” or “impaired control”. This new definition of “problem gambling” was developed to incorporate both behaviour and consequences. According to Neal et al. (2005), whilst not wanting to imply that gamblers were to blame for their problems, nor suggesting that concern with regulatory policies should be less important, they considered that a shift in focus away from harms would encourage a greater focus upon gambling generally.

Increasing Interest in Defining Harms

It is interesting to note that, more recently in Australia, there has been increasing research interest in understanding and defining the dimensions of gambling harms, particularly from a public health perspective. Browne et al.

(2016) draw upon public health study methods to compare the impacts of gambling with those of other health disorders. This methodology, combined with consultation processes and extant literature, led to the development of a conceptual framework and detailed taxonomy of harms organised within eight domains (Browne et al., 2016; Langham et al., 2016). In contrast to prevalence surveys, this research provides a comprehensive breakdown of gambling harms for the person who gambles and significant others. These harms are compared to other health issues. Results from this research demonstrate that even what is considered in prevalence studies as 'low risk' gambling contributes to gambling harms.

These notable shifts in research focus signal a paradigm shift from defining problem gambling and categorising the problem gambler to examining the broader dimensions of gambling harms (Langham et al., 2016).

Research alignment with these definitions

This study aligns with both the national definition of problem gambling (Neal et al., 2005) and the definition of gambling harms (Browne et al., 2016). Both these definitions include negative impacts of gambling upon the health and wellbeing of individuals, families and communities. In this research I am particularly interested in harms related to poker-machine gambling.

Problem Gambling Prevalence

Prevalence rates for problem gambling vary internationally, ranging from 0.5% to 7.6% with an average of 2.3% (Sulkunen et al., 2020:61). Differences in measurement tools and study methodologies, creates challenges in comparing countries (Sulkunen et al., 2020:60). In Australia the Problem Gambling Severity Index (PGSI) has increasingly been used as the measurement of problem gambling prevalence in the community (Browne, 2019; Productivity Commission, 1999; Productivity Commission, 2010; Sprotson et al., 2012). The

use of this tool has enabled greater consistency of comparisons within and across jurisdictions.

In 2010 the Productivity Commission estimated the adult prevalence rates of in Australia as 0.7% and 1.7% of the adult population for problem and moderate risk gambling respectively (Productivity Commission, 2010:11). The report noted that, whilst these figures may look small placed in context, “only around 0.15% of the population are admitted to hospital each year for traffic accidents and around 0.2% of the population are estimated to have used in the preceding year. Small population prevalence rates do not mean small problems for society” (Productivity Commission, 2010:11).

The latest problem gambling prevalence study for NSW (Browne et al., 2019), a study of 10 012 participants, indicates 1% of adults meet the PGSI criteria of ‘problem gambler’ in the population and a further 9.4% experience low (2.8%) or moderate (6.6%) risk gambling (Browne et al., 2019:ii). However, it is interesting to note that the prevalence of ‘problem gamblers’ amongst gamblers (people who had gambled in the past twelve months) was almost double at 1.9% and the rate among poker machine gamblers was 5% (Browne et al., 2019:125).

Measuring Prevalence: Benefits and Limitations

Measuring problem gambling prevalence has been a focus of Australian state governments as a means to gauge and monitor the extent of problem gambling in the community and to guide the development of policy responses. Australia is not alone in this regard. Williams et al. (2012) document over 200 problem gambling prevalence studies world-wide. Prevalence studies are considered a valued tool in public health research and provide an overview of specific health issues within a population at a certain point in time. According to Markham and Young (2016:436) prevalence studies are used to achieve three epidemiological objectives: to assess the burden of disease in a population and to assess the need for health services; to compare the prevalence of disease in different

populations; and to examine trends in disease prevalence or severity over time. However, there has been criticism in the field of problem gambling that such studies may not be meeting these objectives adequately (Markham & Young, 2016).

There is increasing debate about the reliance upon problem gambling prevalence studies and the prominence state governments have given them in Australia. Problem gambling prevalence studies have been criticised for their methodological limitations (Dowling et al., 2016; Markham & Young, 2016) and difficulties in comparing jurisdictions (Young, 2013) particularly when studies use varying time frames to measure the number of a cases (Haw et al., 2013). Questions have been raised as to the value of routinely monitoring problem gambling through prevalence studies (Markham & Young, 2016). As noted by Browne et al. (2016:26), prevalence studies are “not designed to assess exposure to gambling harm, nor can they delineate the broad range of harms that vary both in quality and severity”. Harms from gambling typically persist for many years and the numbers of people affected at any one time “may be significantly higher than what is captured by prevalence rates by population studies” (Sulkunen et al., 2020:62).

Problem gambling prevalence studies are an important component of understanding the extent and severity of individual cases of problem gambling in the community. However, there are evidently gaps in understanding the broader impacts of gambling harms, which extend beyond the individual who gambles. Defining and measuring gambling harms is an emerging area of public health research and is further discussed later in this chapter.

Problem Gambling Research: Individuals and Families

There is considerable national and international research into problem gambling. This includes studies of: clinical symptoms of problem gambling

(Abbott & Volberg, 1999; Abbott et al., 2014; Blaszczynski, 1999; Blaszczynski & Nower, 2002; Grant & Kim, 2001; Petry, 1999; Raylu & Oie, 2002; Shaffer & Martin, 2011; Toneatto & Millar, 2004); negative impacts on individual gamblers (Downs & Woolrych, 2010; Hodgins, Shead, & Makarchuk, 2007; Kourgiantakis et al., 2013; Marshall & Wynne, 2003; Shaffer & Korn, 2002); and individual treatment modalities & programs (Cowlshaw, et al., 2012; Griffiths & Delfabbro, 2001; Hodgins et al., 2001; Hodgins et al., 2004; Petry et al., 2017; Walker et al., 2006).

Much of this literature has viewed problem gambling from an individual pathology perspective (Lesieur & Custer, 1984; Svetieva & Walker, 2008) with a view to developing best practice treatments for those struggling with a gambling disorder. There is also research into the incidence of co-occurring substance use (alcohol, nicotine) and illicit drug use/dependence (Lorains, 2011) along with mental health issues such as depression and anxiety (Blaszczynski & Nower, 2002) and some psychiatric disorders (Lorains, 2011; Petry, 2005).

Problem gambling constitutes a major challenge to the health and wellbeing of individuals (Blaszczynski et al., 2015; Browne et al., 2016; Haw et al., 2013; Li et al., 2017; Shaffer & Korn, 2002) and a number of studies confirm significant suicide risks for those affected (Battersby et al., 2006; Blaszczynski & Farrell, 1998; Blaszczynski et al., 2015; De Castella et al., 2011; Kausch, 2003; Ledgerwood et al., 2005; Ledgerwood & Petry, 2004; Penfold et al., 2006a, 2006b; Petry & Kiluk, 2002; Rowe, 2015). Additionally, studies of emergency admissions to the Alfred Hospital in Melbourne found 20% of all suicide attempts were related to gambling problems (De Castella et al., 2009; Hagan, 2010).

Family members are also significantly impacted (Dowling, et al 2010; Jeffrey et al., 2019; Kalischuk, 2010; Kalischuk et al., 2006; Kourgiantakis et al., 2013; Patford, 2007a, 2007b, 2009; Orford et al., 2013; Riley et al., 2018; Suomi et al.,

2013). As stated by Abbot and Cramer (1993:260–261), “a compulsive gambler can devastate the family system, adversely affecting the marriage, parent-child relationships and the psychological development of children”. However, compared to the study of those commonly referred to in the literature as ‘problem gamblers’ there is a paucity of research into the family impacts of gambling. As noted in a review of 30 family-focused studies (Kourgiantakis et al., 2013), most focused upon the impacts on spouses or partners, with limited research into the impacts on children of gambling parents.

In Australia there is increasing research on the impacts of problem gambling on families (Dickson-Swift et al., 2005; Dowling, 2014; Dowling et al., 2010; Patford 2007a, 2007b, 2009; Riley et al., 2018; Suomi et al., 2013). A summary of family impacts (Dowling, 2014) confirms that gambling problems affect the functioning of family and intimate relationships, impacting upon intimate partners, as well as other family members including children, parents, siblings and grandparents. Families affected by problem gambling commonly demonstrate impaired family relationships, emotional problems and financial difficulties. There is consistent evidence of an association between gambling problems and family violence (Dowling, 2014, Hing et al., 2020a). Children of parents who gamble problematically are at higher risk of developing gambling problems themselves than the children of non-problem gambling parents (Dowling et al., 2010).

What is evident from the extant literature is that the negative impacts of problem gambling on the emotional, physical and mental health of family members are far-reaching (Abbott, 2001; Beaudoin & Cox, 1999; Ciarocchi & Hohmann, 1989; Kalischuk & Cardwell, 2004; Dickson-Swift et al., 2005; Dowling et al., 2009; Gaudia, 1987; Franklin & Thoms, 1989; Kalischuk et al., 2006; Kourgiantakis et al., 2013; Ladouceur et al., 1994; Li et al., 2017; Mark & Lesieur, 1992; Patford, 2007a, Riley et al., 2018). The most commonly reported family impacts include: loss of household/personal money; arguments; anger

and violence; lies and deception; neglect of family; negatively affected relationships; poor communication; confusion of family roles and responsibilities; and development of problem gambling or other addictions amongst others within the family (Kalischuk et al., 2006).

Specific impacts on spouses include: depression; suicidal ideation; confusion; isolation, loneliness, feelings of guilt, anger/resentment; a sense of helplessness/hopelessness; and ineffective parenting (Lorenz & Shuttlesworth 1983; Lorenz & Yaffee, 1988). The extent of gambling harms on relationships, particularly when the behaviour takes place without the knowledge or consent of a partner, led Patford (2009) to consider gambling a form of partner abuse. As result of this research, Patford (2009) calls for governments, researchers and treatment providers to focus on family protections as a matter of key concern.

Research into the impacts of problem gambling on children, whilst limited, indicates a range of health problems (Dowling et al., 2010). Stress related conditions such as asthma, allergies, headaches, insomnia, and stomach problems have been found (Lorenz & Yaffee, 1988). Negative feelings such as abandonment, rejection, neglect, emotional deprivation, anger, hurt, sadness, confusion, isolation, loneliness, guilt, helplessness, anxiety and depression are reported as common (Kalischuk et al., 2006). Impacts on children also include significant behavioural or adjustment problems, such as running away from home, committing crime and engaging in drug and alcohol or gambling related activity (Lorenz & Shuttlesworth, 1983). There is also evidence of significant correlations between parental gambling and children developing problems with gambling in later life (Dowling et al., 2010; Lorenz & Shuttlesworth 1983; Lorenz & Yaffee, 1988). Yet it is noted that treatments for family members are limited (Dowling, 2014; McComb et al., 2009). Conclusions drawn by Dowling et al. (2010:7) suggest that:

the magnitude of risk associated with family member problem gambling for the development of child gambling problems is substantial enough to warrant clinical and policy responses.

It is evident from this review that the impact of gambling problems on families is complex and warrants further investigation. In particular, the predominance of literature pertaining to problem gambling at the extreme end of the gambling continuum suggests there are gaps in the literature with regard to how low risk or moderate risk levels of gambling (as measured by the Canadian Problem Gambling Severity Index, Ferris et al., 2001) impact on family members. It is also evident that treatment options may need to be expanded for family members, including children.

Problem Gambling Risk Factors

In reviewing the literature, a range of risk factors for problem gambling are identified at an individual, social, cultural, environmental and product level.

Individual risks

A number of individual factors have been identified as risks for problem gambling (Miller, 2015) including: age, gender, physiological and biological factors, cognitive distortions, comorbidity and concurrent symptoms, and personality symptoms and characteristics (Blaszczynski et al., 2015; De Castella et al., 2011; Johannson et al., 2009; Miller, 2015).

Male gender has consistently been associated with gambling problems (Davidson & Rodgers, 2010; Hare, 2009; Johannson et al., 2008; Sproston et al., 2012). Several NSW gambling prevalence studies have indicated risks for younger people, notably young men 18-24 years (Browne et al., 2019; Nielsen, 2007; Sproston, et al., 2012). It is suggested that males may be more likely to gamble on risky activities and tend to gamble on more days of the year than

females who gamble (Miller, 2015). However, it is also suggested that women's experiences of gambling problems have been under researched (Holdsworth et al., 2012, McCarthy et al., 2018). It is also claimed that there are very few studies which explore the range of socio-cultural, environmental or industry factors that influence women's' gambling (McCarthy et al., 2018).

Regular participation in gambling activities (Billi et al., 2014) and gambling with high-risk products such as poker machines (Castrén et al., 2013) are strongly associated with problem gambling. Increases in gambling duration (Johansson et al., 2009) and greater expenditure at gambling venues (Miller, 2005) are also risk factors.

Personal characteristics such as emotional vulnerability and impulsivity have been associated with increased risk (Nower & Blaszczynski, 2006), as have a family history of gambling (Dowling et al., 2010; Reith & Dobbie, 2011) associations with trauma (Billi et al., 2014) and co-occurring substance and mental health issues (Kessler et al., 2008; Holdsworth et al., 2013, Manning et al., 2017). There are significant associations with major depression and anxiety (Delfabbro, 2012; Lorains et al., 2011; Sulkunen, 2019).

Social and cultural risks

Social and cultural risk factors include: family structure and homelessness related to problem gambling (Miller, 2015); parental gambling (Sulkunen, 2019; Reith & Dobbie, 2011); delinquency/illegal acts (Johansson et al., 2009); low levels of social capital; loneliness; being in the correctional system (Miller, 2015); Aboriginality (Hing & Breen, 2014; MacLean et al., 2019); and potentially some culturally and linguistically diverse (CALD) associations (Miller, 2015).

Some studies have associated lower educational attainment with higher rates of problem gambling (Kellie, 2014; Sprotson et al., 2012; Wardle et al., 2010; Young et al., 2006) and there are significant associations with unemployment

(Davidson & Rodgers, 2011; Johansson, 2009; Wardle et al., 2010).

Occupational risks are also identified, particularly for employees of gambling venues and shift workers (Miller, 2015). Area-level socio-economic disadvantage and a lack of alternative leisure options and other services in the local area are also identified as risk factors (Miller, 2015).

Environmental risks

At a population level, there is consistent evidence that one of the main risk factors is access to gambling, particularly poker machines (Blaszczynski et al., 2015; Delfabbro, 2008, 2007; Productivity Commission, 1999a; Productivity Commission, 2010; Reith, 2012; Young & Markham 2017). There is strong evidence in Australia of the negative community impacts of having large numbers of poker machines in areas of relative disadvantage (Doran et al., 2007; Marshall, 2005, 1999; Marshall & Baker, 2001a, 2001b, 2002; Marshall et al., 2004; Young & Tyler, 2008; Young et al., 2008; Young et al., 2012) As a consequence, people living in areas with a high density of gambling opportunities (particularly poker machines) are likely to be more at risk. There is a positive relationship between average poker machine expenditure per adult and the number of electronic gaming machines per 1000 adults and the number of gaming venues per km² by SLA (O'Neil et al, 2007). Stubbs and Storer (2009:4) reported that around 13% of household income in the disadvantaged south-western Sydney suburb of Fairfield was expended on poker machines.

Product Risks

There are a number of studies internationally (Barton et al., 2017; Harrigan & Dixon, 2009; Murch et al., 2017; Schull 2012) and within Australia (Armstrong et al., 2017; Dickerson, 2003; Livingstone & Woolley, 2007; Livingstone et al., 2008; Lole et al., 2015; Schottler Consultancy, 2019) that have directed their research towards how technical features of poker machines impact upon individual behaviour and may contribute to gambling harms.

These research studies suggest that game features and algorithms built into poker machines are specifically designed to encourage continuous play and thereby reinforce behaviour to such a level that it becomes detrimental to the product user (Dixon et al., 2010; Harrigan and Dixon, 2009; Schull, 2006).

Poker machine design features, speed of play, cost of play and the interaction with human psychology have been implicated (Barton et al., 2017; Graydon et al., 2018; Harrigan et al., 2015; Livingstone, 2005; Lole et al., 2014; Lole, 2013; Parke et al., 2016; Rockloff & Hing, 2013) in the direct relationship between the extent of gambling harms and this specific product.

Understanding and Responding to Gambling Harms

The research demonstrates a variety of approaches and strategies towards addressing gambling harms, many of which target the multiple risk factors and influences as discussed in the previous sections. Like other health issues, there are sociological, psychological and biological processes involved.

Different models exist for understanding gambling problems (Australian Psychological Society [APS], 2010) and different approaches have developed as a result. Variations in understandings of gambling are often influenced by the perspectives and purposes of analysts rather than by the inherent nature of the subject (McMillen, 1999). All commentaries on gambling are situated both historically and socially.

The weighting given to various correlates and risk factors is evidently often related to the research epistemology and various professional perspectives of the researchers. These researchers are drawn from a variety of disciplines and focus upon different aspects of harm prevention, harm reduction, treatment and remediation. They include psychiatrists, psychologists, social workers, counsellors, public health academics, epidemiologists, social-ecologists and social economists, and policymakers. There is an emphasis upon individual

gambling behaviour and behaviour change amongst counsellors and psychological researchers (Delfabbro, 2007), whilst policy makers, regulators and sociological researchers focus more upon the broader impacts of gambling upon society (Delfabbro, 2007).

Broadly speaking, beyond problem gambling prevalence measuring, which has already been discussed in this chapter, there are three discernible approaches to understanding and responding to gambling harms in the literature. These are, to a lesser or greater degree, incorporated in government policy approaches in Australia. They include: developing treatment models, developing population/public health models and developing consumer protection approaches. These approaches are reviewed and critiqued in the following sections.

Treatment Models

The conceptualisation and medicalisation of problem gambling have been dominated by the fields of psychology and psychiatry (Blaszczynski & Nower, 2002; Delfabbro, 2013; Dickerson, 2003; Jackson et al., 2003; Ladouceur & Walker, 1996; Ladouceur et al., 1994; Schellink & Schrans, 2003). Much of the focus of research has been analysis of the individual problem gambler (Blaszczynski & Nower, 2002; Matarese et al., 2002; Schellink & Schrans, 2002). In their review of the literature, Rockloff et al. (2015) note how the use of the terms 'problem gambler' and 'disordered gambler' reflects the perspective that gambling problems are due to individual psychological and cognitive factors that must be fixed or cured.

As part of a special report on problem gambling (APS, 2010) a working group of the Australian Psychological Society (Rickwood et al., 2010) outlined five major theoretical models for understanding and informing treatment for problem gambling behaviour. These are summarised as follows (APS, 2010:15):

- **Learning theory**—operant reinforcement and classical conditioning contingencies increase and maintain behaviour
- **Cognitive model**—erroneous beliefs and distortions (e.g., the gambler’s fallacy) drive behaviour
- **Addiction model**—motivation and behaviour involve persistent urges, and participation, withdrawal and tolerance
- **Personality theory**—identified patterns involve impulsive, sensation-seeking and risk-taking traits, and high rates of Axis II personality disorders
- **Integrated models**—based on biopsychosocial variables and subtyping according to pathogenesis

This APS paper followed earlier work by Blaszczynski and Nower (2002), who described pathways to problem gambling, proposing that those classified as ‘problem gamblers’ fall into three main categories:

- (a) Those with underlying pathologies, e.g., antisocial personalities, impulsivity, that lead them to be prone to addictive behaviours,
- (b) Those who use gambling to regulate unpleasant mood states or escape from reality (psychological addiction), and
- (c) Those who develop problems as a result of being exposed to subcultures or social groups with an involvement in gambling, and who are influenced by cognitive and behavioural processes.

Although this is described as an “integrated model,” the APS paper notes that the model assumes that “pathological gamblers” represent a “heterogeneous group” that can be “subtyped according to underlying motivation and benefits derived from gambling” (APS, 2010:20). They go on to state that “it is assumed that all subtypes manifest similar symptoms and signs but that there are important differences in the pathogenesis of the disorder” (APS, 2010:20).

As can be seen, much of this medical or treatment model of understanding problem gambling locates the problem primarily within the person who gambles. Most of these explanations for development of gambling problems are located within individual pathology or personal characteristics, whether these are linked to learnt behaviour, erroneous cognitions, addiction or personality disorder.

These treatment models were developed nationally and internationally during the 1980s. In Australia, only a few treatment programs were available and a small number of Australian researchers (for example, Blaszczynski, Walker, and McMillen) addressed the topic. The NSW Council on Problem Gambling was established by some of these pioneers in 1986 to foster the development of treatment services, promote access to treatment and support education in the community (Productivity Commission, 1999a, submission 57).

It is, therefore, not surprising to find this medical model approach to problem gambling becoming popular amongst the government funded network of helping professionals to “treat” these “disorders”. This network was extensively developed following the Productivity Commission Report recommendations of 1999 and, in NSW, under the funding umbrella of the Responsible Gambling Fund (formerly the Casino Community Benefit Fund). These were undoubtedly important developments to assist those directly struggling with the psychological impacts of a gambling problem. However, it is noticeable that within this model there is minimal reference to the broader systemic, socio-political or sociomaterial environments in which gambling experiences occur.

Delfabbro (2011) contends that not all people who develop gambling problems possess these pathological or personality-based characteristics. He suggests that problems often only arise when people who may be at risk are exposed to triggering situations. In addition, he maintains that although there may be some pre-existing problems, these are made considerably worse by gambling and certain products, such as EGMs, which seem to appeal to those who may

already be struggling with depression or anxiety. However, he also asserts that the products themselves are implicated when he states:

Risks such as these would not exist if gambling activities were designed so as to allow entertainment, without the capacity for rapid and significant financial loss. For this reason, research into the causes of problem gambling has also placed considerable attention upon the nature of specific gambling activities and why they so often lead to gambling problems. (Delfabbro, 2011:156)

Orford (2008:8) also highlights the historical and general biases within traditional psychological approaches to gambling problems, suggesting an individualistic bias which exhibits preoccupations with “personalities abstracted from the settings and collectives of which people are a part”. These psychological approaches are criticised for individualising gambling problems and failing to address the complexities of gambling harms and the contextual construction of gambling within a range of social, economic and political systems (Orford, 2008). These gaps in addressing the context of individual behaviour have led to advocacy for what Orford (2008) refers to as “community psychology”.

A focus upon an individual’s ‘flawed thinking’ about gambling is illustrated in a description of cognitive therapy provided by a University Sydney Gambling Treatment and Research Centre psychologist to the Parliamentary Joint Select Committee on Gambling Reform (Third Report) on the Prevention and Treatment of problem gambling (2012a:126):

Essentially it provides corrective information, working with people to get a more realistic understanding of how their preferred form of gambling works...the main thrust of things is identifying their beliefs and looking to see where corrective information might be able to be provided.

Such perceptions focus treatment upon the agency of the ‘problem gambler’ and the development of tools to screen and assess individuals (Thomas et al.,

2011) and therapies to assist and correct these apparent “erroneous beliefs” (Ejova, A & Ohtsuka, 2020; Rickwood, 2010:15). As Reith (2007) suggests, within these discourses problem gambling is regarded as an epistemological problem and a cognitive disorder with symptoms of deficiencies in reason, ignorance, and misunderstanding, the rectification of which is dependent upon the input of “correct” information and/or various forms of therapy. This approach forms part of dominant discourse on problem gambling (Rockloff et al., 2015) and has underpinned gambling policy development in Australia since 1999 with its significant focus, in most States and Territories, on building a network of Gambling Help Treatment services.

The medical model/treatment/approach has been criticised (Borrell, 2008; Dickerson & Baron, 2000; Livingstone & Woolley, 2007; Livingstone et al., 2009; Reith, 2007, 2013; Suissa, 2006) for its emphasis on identifying aberrant individuals, ‘treating’ individual behaviour, and concomitantly defining the more extreme levels of gambling behaviour (gambling disorder) within a mental health framework (American Psychiatric Association, 2013). It is suggested that this model may not offer the multi-layered approach necessary to fully address the extent of gambling harms at individual, family and community levels.

The origins of gambling problems are multi-factorial (Abbott et al., 2018; Productivity Commission, 1999a) and a range of negative impacts on individuals, families and communities is evident. A shift in paradigm and concepts beyond the traditional medical model of problem gambling is necessary to address the complexities of gambling harms (Reith, 2012). New approaches are needed to capture the fluidity of influences on the person gambling and the ‘lived experience’ of how this can become problematic for both themselves and others.

Population Health Model/Public Health Approach

The public health approach has its origins within the field of population health and disease control. It emerged from the disciplines of epidemiology, environmental health and 'new public health' (Awofeso, 2004). The focus of a population/public health model is the relationship between the individual affected (the *Host*) the bacteria/disease and its form of transference (*Agent*) and the supporting socio-economic and physical habitat (*Environment*). This model was extended by the World Health Organisation (WHO) in the 1980s to include fundamental principles and strategies to enhance population health.

The Ottawa Charter for Health Promotion (World Health Organisation [WHO], 1986) and its later renditions (Bangkok Charter, 2005; Jakarta Declaration 1997) provide a guiding framework for the development of government commitments to promoting a population's health and wellness, "not just the absence of disease" (WHO, 1986). The Ottawa Charter (1986) introduced a number of principles to drive healthy public policy and established key strategies for population health improvement. The charter intended to make health the responsibility of policymakers in all sectors and ensure that the health consequences of policies outside of the health sector take account of their health impacts (Scriven & Garman, 2007). Since the 1980s, public health approaches, including health promotion, have been widely adopted in Australia and internationally, to respond to a range of population health issues. These include: mental health, heart disease, obesity, drug, alcohol and tobacco use, and infectious diseases.

More recently, the public health approach has been considered applicable to gambling (Browne et al., 2016; Korn et al., 2003; Langham et al., 2016; Price et al., 2021; Productivity Commission, 1999a, 2010; Roberts & Townsend, 2009; Rodgers et al., 2015). As with other health issues such as tobacco use, alcohol use and energy dense-low nutrition food, there is evidence to suggest that

problem gambling encompasses causal links at individual, environmental and product level (Productivity Commission, 1999a, 2010).

Several international researchers have identified the public health approach as having likely benefits for gambling and its social health problems (Adams & Rosser, 2012; John et al., 2020; Korn et al., 2003; Korn & Shaffer, 1999; Latvala et al., 2019; Messerlain et al., 2005; Reilly, 2017; Reith et al., 2019; Shaffer & Korn, 2002; Wardle et al., 2018; Wardle et al., 2019, Wardle et al., 2021). Increasingly, the notion of this approach is becoming evident in policy discourses by government, medical and gambling support service communities (Australian Medical Association [AMA], 2013; The Lancet, 2017; NSW Office of Responsible Gambling, 2018; Victorian Responsible Gambling Foundation, 2015). Key elements of the public health model within the context of gambling are described by Shaffer (2003) as the 'host'—the person who gambles and who may be at risk of gambling harms; the 'agent'—the specific gambling products; the 'vector'—the money/credit or something else of value; the 'environment'—both the microenvironment of the gambling venue and the socio-economic, cultural, social policy, legal structures and political contexts in which gambling occurs. As in most public health issues, there are complex relationships among these determinants.

A public health approach, if comprehensively adopted for gambling, would seek to address not only the individual impacts of gambling harm, but the structural and agency issues that underpin those harms (Borrell, 2002; Johnstone & Regan, 2020; Wardle et al., 2019). The approach is also regarded as having merit in contributing to treatment, as well as to public policy and regulation (Abbott et al., 2004; Price et al., 2021).

Public health measures are generally regarded as 'upstream' interventions with a focus upon prevention and early intervention, rather than solely focusing on treating the people most severely affected, and with the opportunity to address

problem gambling at the grassroots level (Price et al., 2021; Roberts & Townsend, 2009; South Australian Council of Social Service [SACOSS], 2008). The benefits of a public health approach in addressing a number of issues to limit gambling harms were included in the 2018 South Australian Council of Social Service (SACOSS) policy statement. They include “advertising restrictions (particularly in relation to sports betting), poker machine design and public education to de-stigmatise addiction and see gambling problems as a health issue rather than simply an individual choice” (SACOSS, 2018:2).

Korn et al. (2003) provides a framework for public health action distributing gambling behaviours along a continuum from non-gambling to unhealthy gambling. He considers a range of interventions including health promotion, primary, secondary and tertiary prevention, harm reduction and treatment. Korn et al. (2003) also sees potential in what he terms “healthy gambling” as behaviour with minimal risks. However, the concept of “healthy gambling” is challenged by more recent research on the breadth of gambling harms (Browne et al., 2016) and the risks of gambling consumption. In particular, Markham et al. (2016:327) suggest:

Many gambling products appear to be more similar to tobacco than to alcohol, in that there is no threshold below which consumption does not increase risk. For EGMs in particular, every increase in consumption increases the risk of harm.

In summary, a public health framework provides a comprehensive and integrated approach to a health issue and engages with different sectors of the community in working towards solutions. An issue is not seen solely as the domain of governments, counsellors or industries. All sectors are encouraged to work towards defined and measurable goals within a whole of population approach (Roberts & Townsend, 2009).

Emerging Public Health Approaches for Gambling in Australia

In Australia, by comparison to other public health issues (alcohol, tobacco, obesity), there is limited public health research into gambling and few public health agencies have given attention to the issue. However, there is evidence that this is changing.

The Public Health Association of Australia (PHAA) produced a position paper on gambling (PHAA, 2017b), and gambling related presentations have featured at PHAA conferences over the past few years. A review of the websites of key Australian universities (Monash, ANU, Deakin, UOW, CQU), indicates an increasing body of gambling research conducted by public health researchers and epidemiology/public health departments.

The Victorian Responsible Gambling Foundation, established by an Act of legislation in 2011 as a statutory body created to research, guide and implement public policy, has a number of public health focused studies listed in its online publications list. There is also evidence that some governments (ACT Gambling & Racing Commission, 2019; Tasmanian Government, 2019; NSW Office of Responsible Gambling 2018; Fogarty & Young, 2008) are starting to use the concept of public health within their policy documents. The gambling industry also uses the rhetoric of public health in the discussion paper “Part of the Solution” (Clubs Australia, 2012:6).

However, despite strong policy recommendations from the Productivity Commission reports of 1999a and 2010, a comprehensive public health approach has not yet been developed for gambling in Australia. Whilst most Australian harm minimisation policies claim to incorporate strategies for prevention, treatment and rehabilitation, the emphasis is often upon treatment and individual behavioural change. This is also reflected in government funding allocations. In addition, according to Fogarty and Young (2008:ix), there has been “little scope for community involvement in harm minimisation practices and

mechanisms”, as a result of which they recommended a more consultative process be explored. However, there are also identified needs to create supportive environments to encourage community participation and consumer advocacy on public health and gambling (David et al., 2019).

Whilst various stakeholders uphold a desire for a public health approach to gambling, the challenge appears to be defining what that means, along with dedicating actions and resources to public health research, public policy and practice. Whilst existing policy places emphasis upon individual behaviour change, there have been “few meaningful attempts to employ effective upstream strategies to reduce gambling problems” (Livingstone, Rintoul & Ayton, 2012:4).

It is suggested that health promotion and ill health prevention risk reduction strategies require a commitment by stakeholders to a form of ‘social engineering’ to reduce ill health and enhance wellbeing (Karanike-Murray & Weyman, 2013). However, even public health services often focus upon more individual behavioural change programs through individual and population-based health education campaigns (Karanike-Murray & Weyman, 2013). Examples of individual behavioural change motivation campaigns/programs in Australia can be found in NSW Health QUIT Smoking programs, the AIDS Grim Reaper advertising campaign and the Slip-Slop-Slap sun protection campaigns. In the field of gambling, the NSW Office of Liquor, Gaming & Racing (OLGR) ‘Stronger Than You Think’ (OLGR, 2016). ‘Gambling Hangover’ (OLGR, 2008) and the NSW Office of Responsible Gambling ‘Betiquette’ campaign (ORG, 2020a), social media and advertising campaigns are examples of this approach. Whilst these campaigns and programs may have some effectiveness in raising awareness of health issues, they may also result in less focus on the ecological, social and environmental vectors of harm.

Reith (2007), in her discussion of population and public health approaches to gambling, suggests adherents are still embedded in discourses and rehabilitative methods drawn from the medical model. This is particularly evident in relation to the use of problem gambling screening tools and the terminology of disease used to describe gambling problems. As Reith (2007:47) suggests:

The pathological subject is not completely dissolved but retains a distinct set of symptoms, as someone who is mentally disordered and/or “sick” in some way.

Certainly, there is evidence in Australia of academics with strong adherence to the notion that gambling harms can only be addressed by changing the behaviour of individuals. In their critique of public health approaches to gambling, Delfabbro and King (2020:852) recently argued:

Reducing harm occurs through reducing gambling behaviour. Reductions in behaviour occur at an individual level, and this is fundamentally the domain of psychology or social work and not PH, which is principally focused on the impacts of disease at a community or population level.

They further suggest that public health approaches have little to contribute to addressing problem gambling beyond the contributions of individually focused disciplines (Delfabbro & King, 2020).

In contrast, Australian public health researchers, (Livingstone et al, 2019; Livingstone & Rintoul 2020; Rintoul, 2018; Thomas & Thomas, 2015) advocate for ‘upstream strategies’ to address legislative and regulatory reforms to ensure: safer gambling products; protections for individual users; technology to enable players to track expenditure and time; systems to support identification of potential problems; and early interventions. Along with prohibiting gambling marketing to children (Thomas, 2014), and restricting the provision of incentives, such as free food, drink or other rewards for gambling expenditure.

There is little doubt that a comprehensive and more ‘upstream’ approach requires a change in the current gambling harm minimisation policy with its predominantly individual treatment/behavioural focus. It would need a commitment to a more determinants-based inter-sectoral community response to problem gambling at a individual, social, political, environmental and cultural levels (Roberts & Townsend, 2009) and strengthened community advocacy (David et al., 2020).

Consumer Protection

As previously discussed, there is international (Barton et al., 2017; Dixon et al., 2010; Griffiths, 1999; Harrigan & Dixon, 2009; Murch et al., 2017; Schull, 2005, 2006, 2012) and national research (Armstrong et al, 2017; Dickerson, 2003; Livingstone & Woolley, 2007; Livingstone et al., 2008; Lole et al., 2015; O’Connor & Dickerson, 2003; Schottler Consultancy, 2014, 2019; Sharpe et al., 2005) linking gambling harms to particular features of poker machines. This research, combined with findings from the Australian Productivity Commission reports of 1999a and 2010, suggests that a more structured consumer protection approach is needed for poker machine gambling in Australia (Productivity Commission, 2010).

There have been a variety of consumer protection focused regulatory measures implemented across jurisdictions, aimed at addressing a range of determinants (ClubsNSW, 2019). Some examples of measures include those associated with: environment (clocks on machines/in rooms, locations of machines, shut down periods, self-exclusion programs); technical issues (various software and hardware standards, voluntary pre-commitment facilities); cash access (location of automatic teller machines, lowering load up limits, bet limits); and consumer information (pop-up messages, odds-on-winning and payout ratio signage, player-information statements, information on support services). However, these measures have had mixed success in their efficacy in addressing

gambling harms (Breen et al., 2003; Hing, 2003, Hing & McKellar, 2004; Hing et al., 2020; Livingstone et al., 2014; Schottler Consulting, 2017a, 2017b; Smith et al., 2017; Smith et al., 2019). It is noted that there is a deficit in research on the effectiveness of harm minimisation strategies, making it difficult to design appropriate policies (Gainsbury, S.M., 2014).

Addiction by Design

There is a significant body of research (Armstrong et al., 2017; Barton et al., 2017; Dickerson, 2003; Dixon et al., 2014; Dixon et al., 2010; Griffiths, 1999; Harrigan et al., 2015; Livingstone & Woolley, 2007; Livingstone et al., 2008; Lole et al., 2014; Lole et al., 2015; Murch et al., 2017; O'Connor & Dickerson, 2003; Parke et al., 2016; Rockloff et al., 2015; Rockloff & Hing; 2013, Rooke, 2018; Schottler Consultancy, 2014, 2019; Schull, 2012; Sharpe et al., 2005) suggesting the core technology of poker machines has specific design risks for gambling harms. It is suggested that poker machines have evolved into such efficient gambling consoles that 'loss of control' over gambling, a characteristic often defined as an indication of a gambling disorder (APA, 2013), should be considered a normal feature of their use (Adams, 2008; Livingstone & Woolley, 2007; Schull, 2012).

Dickerson (2003) argues that impairment of control over gambling is part of a continuum, which involves all players, rather than solely a distinguishing characteristic of problem gamblers. Dickerson (2003) suggests impairment of control is a common experience for most 'regular gamblers'—people who gamble on poker machines once a week or more.

The structural design and technical features of poker machines and their relationship to gambling harms, along with implications for consumer protection, have become more prominent issues amongst researchers (Barton et al., 2017; Cantinotti & Ladoucer, 2008; Chase & Clarke, 2010; Doughney, 2007; Dowling

et al., 2005; Livingstone & Woolley, 2007; Livingstone et al., 2008; Schull, 2012; Sharpe et al., 2005; Schottler Consultancy, 2014).

There is increasing interest in the dynamic space between the poker machine and the user in what is often referred to by people who develop gambling problems as 'the zone'. The 'zone' is experienced as a form of disassociation and disconnection from the immediate environment when gambling with the machine. In this state, people often neglect events outside the gambling venue, such as upcoming appointments, collecting children from school and other responsibilities. The sense of immersion is so deep, people may ignore bodily functions such as the need to urinate or eat (Murch et al., 2017).

In the book *Addiction by Design*, Schull (2012) discusses a culmination of her qualitative interviews with people who gamble, machine designers and gambling industry representatives over twenty years. One of her interviewees describes 'the zone' as follows:

It's like being in the eye of a storm. That's how I describe it. Your vision is clear on the machine in front of you but the whole world is spinning around you, and you can't really hear anything. You aren't really there—you're with the machine and that's all you're with. (Schull, 2012:2)

Murch et al. (2017) identify the experience of 'the zone' as a clinical indication of problem gambling. In contrast, Schull (2012:95) suggests poker machine gamblers have been captured by "new gods":

From virtual reel mapping and its disproportionate reels to video slots' asymmetric reels; from the illusory player control conveyed by stop buttons and joysticks to the illusory odds conveyed by teaser strips: [t]hese methods, supported by a whole corporate, legal and regulatory apparatus, gave machine designers greater control over the odds and presentation of chance while fostering enchanting “illusions of control”, distorted perceptions of odds, and near miss-effects among gamblers. In what amounts to a kind of enchantment by design, finely tuned, chance-mediations technologies function as “really new gods” captivating their audience.

Concerns about the technology of poker machines and their contribution to gambling harms are ongoing. Poker machines were the focus of recommendations for technical changes to strengthen consumer protection (Productivity Commission, 2010). They continue to be the focus of gambling reform for a number of public health academics, consumers and community advocates, many of whom are calling for technical changes to poker machines and increased regulation of what they consider a dangerous product (Adams 2007, 2016; Adams & Hodges, 2005; Alliance for Gambling Reform, 2017; GIS, 2011; Livingstone & Woolley, 2007; Orford, 2010).

Shifting Frames and Paradigms

It is evident in the literature that research into the negative impacts of gambling has been dominated by prevalence and clinical studies. These studies have focused upon gauging the extent of risk, severity, individual impacts and outcomes of treatment programs for clinically defined ‘problem gambling’.

The interpretation and application of prevalence and clinical research by governments and the gambling industry have seen problem gambling framed as an individual health problem requiring treatment and harm minimisation policy responses. However, with increasing focus upon product risks and a need for consumer protection, particularly with regard to poker-machine gambling

(Adams, 2016; Orford, 2010; Productivity Commission, 2010; Rooke, 2018; Schull, 2012), these frames and paradigms are shifting (Abbott et al., 2018; Price et al., 2021; Livingstone & Rintoul, 2020) albeit with some push back from the gambling industry (Livingstone & Rintoul, 2020, Livingstone & Johnson 2016; Panichi, 2013).

The Australian Productivity Commission inquiry (2010), as discussed, was a catalyst in focusing attention on the impacts of poker machine technology and its harming features. The report recommended technical reforms and a comprehensive pre-commitment system for consumers as part of a range of consumer protection strategies. However, the uptake of this particular recommendation by the Federal Labor government resulted in a wave of reform resistance (2010-12) from the gambling industry (Markham, 2015; O'Rourke, 2011). Many of the arguments against changes to the technology centred upon the concept of the sovereignty of gamblers' decision-making and suggestions that personal freedoms and personal agency would be undermined by changes to the technology (Panichi, 2013).

Framing Gambling Problems

Many of the gambling industry's arguments were (and remain) that the person gambling is ultimately 'responsible for their own actions', and that the majority of gamblers are able to 'maintain control' and 'gamble responsibly' (Clubs Australia, 2012; ClubsNSW, 2014). The industry claims a minimal number of gamblers develop problems, and that many of them have pre-existing personal mental health issues which render them unable to master 'responsible gambling' behaviour (Clubs Australia submission (2009:2) to the Productivity Commission Inquiry (2010)). These beliefs are further illustrated by Clubs Australia, the peak body representing clubs in Australia which are predominantly located in NSW, where the majority of poker machines are deployed. In the policy discussion paper "Part of the Solution", developed in

response to the 2010 Productivity Commission recommendations for technological change to poker machines, Clubs Australia (2012:16) states:

‘Silver bullet’ solutions often attempt to address the symptoms rather than the cause of problem gambling. They provide no support for helping problem gamblers overcome the misconceptions that cause them to want to chase their losses in the first place. They fail to provide the necessary support needed to address the underlying comorbid disorders that drive many problem gamblers to gamble excessively.

These discourses position those who develop gambling problems as having coexisting mental health issues (comorbid disorders) and inherent cognitive distortions (misconceptions) or negative life events which cause them to develop problems. This is a view that maintains that pre-existing attributes and vulnerabilities determine a gambler’s success (or failure) in embodying the role of a ‘recreational gambler’, the antithesis of this role being that of a ‘problem gambler’. These labels are then attached based on these assumptions. As an example, ClubsNSW (2014:18) states:

ClubsNSW supports the view that people experiencing significant life events are at the most risk of developing gambling problems, as opposed to recreational gamblers that chose to play on a regular basis.

In this positioning, “problem gamblers” are framed as a deviant group and a subset apart from the implied normal “recreational” poker-machine gambler. These discourses provide examples of the effective labelling of “problem gamblers” as being outside a suggested norm of “recreational gambling”. Such divisions are socially constructed. As stated by Becker (1963) in his ground-breaking work on labelling theory:

Deviancy is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an ‘offender’. Deviant behaviour is behaviour that people so label.

In these discourses, arguments propose that gambling reforms should not impact on the 'recreational' gambler but should be limited to addressing the pre-existing pathological conditions of the deviant, but small in number, 'problem gamblers'. This is further evident in the "Part of the Solution" discussion paper (Clubs Australia, 2012:19) which argues against a broader population focused strategy:

Solutions that target the affected population are inherently more cost-effective and minimise the risk of negative impacts on recreational gamblers or a reduction in community benefits. In contrast, blanket solutions that treat every patron as lacking the ability to gamble responsibly, waste resources and intensify the risk of unintended consequences.

These industry arguments are bolstered by the dominant positivist-based research of 'problem gambling' behaviour as 'pathology' and a lack of public health research into gambling harms.

It is apparent from the literature that harms from gambling have been framed in Australia primarily as caused by an individual disorder of 'problem gambling' (more recently referred to as a 'gambling disorder') and grounded within a medical paradigm. According to Khun (cited in Crotty, 1998) all scientists develop their work from a background of theory that forms a package of beliefs about science and scientific knowledge. Khun describes this as a paradigm, "an overarching conceptual construct, a particular way in which scientists make sense of the world or some segment of the world" (Crotty, 1998:35). According to Crotty (1998:35), "a paradigm establishes the parameters and sets the boundaries for scientific research and in the ordinary course of events, scientific inquiry is carried out strictly in line with it". It is suggested that normal research is a highly convergent activity, which settles upon consensus often acquired from both scientific education and life in the profession (Crotty, 1998).

It is apparent in the literature that the phenomenon of problem gambling has been predominantly studied, both internationally and in Australia, from the perspective of the disciplines of psychology and psychiatry. These are professions with a prevailing empirical and positivist research paradigm firmly based in discovering psychological pathology and, in the case of problem gambling, 'cognitive distortions' in the 'problem gambler'.

This research is important in that it has contributed to the establishment of the field of 'problem gambling' and led to government support, in various countries (UK, Australia, New Zealand amongst others), to develop a range of therapeutic services to treat those affected and guide policy direction on gambling related harm. However, similar to concerns raised in the drug and alcohol field (Dilkes-Frayne et al., 2017), the dominance of individualised accounts of problem gambling risks obscuring the importance of the social, material and relational contexts of gambling. The construct of 'problem gamblers' as individuals with immutable flaws has developed within these risks and limitations. The research focus is upon the suggested 'misconceptions' of humans when engaged in gambling behaviour and proposed responses are treatments centred upon the use of therapies to address perceived 'cognitive distortions' within the individual gambler.

Constructing the 'Problem Gambler'

Reith (2007) suggests the medicalised 'pathological gambler' is a 'made up' socially constituted individual. As Young (2013:2) asserts, "social categories are actively created by social processes that define and attribute characteristics to a group, a process". It is suggested that the concept of the 'pathological gambler', more recently defined as the 'problem gambler', is constructed through socio-political processes, which provide a means of identifying, defining and measuring a problem rather than revealing a natural phenomenon (Young, 2013). As Young (2013:4) suggests:

By constructing the gambler as mentally ill, as pathological, it becomes essential that the gambler self-regulate; that the mind of the individual be preserved from the corruption of pathology/mental illness.

It has also been argued that the pathological and medically focused research and resultant 'Responsible Gambling' policy model, have led to resistance to alternative approaches (Borell, 2008; Hancock & Smith, 2017a, 2017b; Livingstone & Woolley, 2007). The Reno Model (Blaszczynski et al., 2004; Ladouceur et al., 2016), in particular, has been criticised for actively supporting the gambling industry's power base (Abbott, 2020; Hancock & Smith 2017a, 2017b; Orford, 2017). Borell (2008:196) sees this as a "usual concentration by researchers on the putatively aberrant psychology of individual problem gamblers". The alternative gaze, offered in her own study of discourses, serves to remedy this focus by unpacking the "socially constituted and constituting psychological reasoning of figures in the corporate and academic domains or fields" (Borell, 2008:196).

The broadening views of gambling harms (Abbott, et al., 2018; Browne et al., 2016; Price et al., 2021) and emerging discourses on public health approaches to gambling (Price et al., 2021), suggest that conditions are building for a paradigm shift. As explained by Crotty (1998:35):

There comes a time when the paradigm proves inadequate. Findings are proposed that cannot be explained within the context that prevails...it comes to be accepted that a whole new way of viewing reality is called for. It is time for a "paradigm shift".

Research suggests there are a range of influences in poker-machine gambling involving machine technology, industry practices, gambling environments and individual behaviour which contribute to gambling harms (Con Walker, 2009; Miller, 2015; Productivity Commission, 2010; Rooke, 2018; Schull, 2012). However, there are gaps in the literature with regard to examining how these

material-discursive practices are configured to create the possibilities of harm and how they could be reconfigured to create more possibilities for preventing and reducing harms. In particular, there are few studies examining these issues from the perspective of those harmed.

The Concept of Agency in Problem Gambling

In her thematic analysis of the concept of agency within the field of problem gambling, Jennifer Borrell (2008:196) defines 'agency' as a term used to refer to "socially generative action and/or the independent action of autonomous individuals within society". She suggests that "it is often used in theoretical debates about the nature, manifestations, locations, and limits of societal generation/regeneration" and is considered as located along a continuum of "individual-social structure framings". Borrell (2008:196) also suggests that various theorists propose "individual agency and social structure as happening at the same time".

In her essay "Cyborg Manifesto", theorist Donna Haraway (1990) first coined the term "Cyborg" as a way to describe the enmeshed relationship of humans with technology. She considers this relationship so entwined that humans can no longer be considered solely organic in nature but as "cybernetic organisms" or "Cyborgs". Haraway suggests that human nature is coupled with technology in feedback loops that ultimately alter the original organic state. According to Haraway (1990), our technology orientated culture creates an intriguing entanglement between human and machine, organic and non-organic resulting in a heightened sense of connection to our tools. As Haraway (1990:2019-20) states:

It is not clear who makes and who is made in relations between human and machine. It is not clear what is mind and what is body in machines that resolve into coding practices... There is no fundamental, ontological separation in our formal knowledge of machine and organism or technical and organic.

The concept of agency within the field of problem gambling is often used as a descriptor of the process of human engagement with gambling products (Borrell, 2008). In these discourses, 'agency' is considered primarily embodied within humans (the 'gamblers') and poker machines are viewed as essentially passive and separate entities from their users. In these discourses, agency is considered a function personified by human actants over physical objects (Wood, 1998). This dualistic concept of agency is articulated through discourses which use terms such as 'responsible gambling' where 'gamblers' are regarded as being 'in' or 'out of' 'control' when in 'action' with the machine. In these descriptions, 'agency' is perceived as embodied solely within the person gambling. It is suggested that such views of agency have their origins in westernised intellectual traditions of perceptions of self and other (Wood, 1998).

However, Wood (1998:1210) also maintains we need to "challenge notions of agency as the property imputed to and unilaterally brokered by privileged human subjects" and, instead, explore and make transparent the often-hidden interrelations between humans and technology. This has valuable application for examining the field of poker-machine gambling harms.

It is also apparent, within gambling discourses, that certain voices (government, industry, researchers) dominate debates and in doing so appropriate legitimacy. Miller et al. (2014) suggest there is an absence in these discourses of voices from those with the lived experience of gambling harms. This limits the possibilities of understanding agency from the perspective of an important group of stakeholders and risks developing policy and practices on their behalf, but without their mandate. Wood (1998:1223) suggests the silencing of multiple voices by dominant perspectives leads to homology:

The multi-voiced seldom speak but are spoken for, represented, reinterpreted. In this way, multiplicity is collapsed into monopoly, heteroglossia into homology, labyrinth into linearity.

There are gaps in the literature pertaining to gambling harms with regard to exploring the construct of agency from the perspective of those impacted. As Borrell (2008:2012) suggests, the “sites of agency, power, and control are intricately connected to the very same sites that we might well look at for remedial prevention and intervention”. It is recommended that the full range of systemic domains, dimensions, and sites is explored before we can expect to comprehend the phenomenon of problematic gambling (Borrell, 2008).

The Concept of ‘Gambling Harms’

In order to gain a comprehensive understanding of the negative impacts of gambling, it is suggested (Abbott et al., 2018; Browne et al., 2016; Langham et al., 2016; Price et al., 2021; Wardle et al., 2018) there is a need to broaden the perspective from the concept of ‘problem gambling’ with its origins in clinical studies. It is also suggested that a focus of research upon gambling populations and those impacted could elicit a clearer understanding of the public health aspects of the problem (Thomas & Thomas, 2015).

As discussed, there is evidence of increasing momentum towards a public health approach to gambling (Price et al., 2021), although this concept is open to interpretation by a range of stakeholders. It is also noteworthy that more individually treatment focused researchers and treatment providers are also acknowledging the value of this model to an understanding of gambling (APS, 2010; Blaszczyński et al., 2015). The parallels between alcohol, drugs and gambling and the suitability of public health and cost-of-illness approaches to assessing these issues is acknowledged (Blaszczyński, 2015).

There is also evidence of increasing government support in Australia for gambling harm focused research (Blaszczyński et al., 2015; Browne et al., 2016; Browne et al., 2019; Langham et al., 2016) and commitments have been made by the NSW government to conduct further harm focused research in

NSW (NSW Government, 2017). This section of the chapter will discuss research exploring the concept of ‘gambling harms.’

Exploring Dimensions of Harm

In 2013, the NSW government commissioned research with a focus upon gambling harms, conducted by the University of Sydney Gambling Research and Treatment Centre. The aim of this study was to increase understanding of the types of harm and demographics attributed to each gambling product and the levels of risk of harm for each gambling product, and to identify a range of potentially effective strategies to prevent harm for each gambling product (Blaszczynski et al., 2015).

Amongst a range of findings, the research indicates that “regular gamblers in the community report harms related to health, leisure (disengagement from activities), and psychological wellbeing” and that “excessive gambling impacts on the quality of life and wellbeing of recreational and problem gamblers”. As a result, the study identified a need for more focus upon the “global impacts affecting a gambler’s quality of life” (Blaszczynski et al., 2015:11-12).

The study developed an integrative framework for understanding the risks and harmful effects of gambling and asserts that the excessive loss of time and money are the two primary causes of the negative impacts upon individuals, significant others and/or communities. The framework presupposes there are risk factors that facilitate the propensity for losses to accumulate (Blaszczynski et al, 2015). It defines ‘risk factor’ as “any identifiable factor that increases the probability of excessive gambling and thereby substantially increases the occurrence of harmful effects” (Blaszczynski et al., 2015:10).

Blaszczynski et al. (2015:13) suggest that a number of risk factors, as described in the literature, can be accepted as increasing the likelihood for excessive gambling. These are classified into three broad categories: risk factors such as

demographics which are not amenable to direct change; risk factors related to increasing supply of gambling (opportunities and amount) and gambling products (for example, the number of outlets, accessibility and product configuration); and risk factors related to increasing the demand for gambling products (through marketing and promotion).

In considering the prevention of gambling harm and areas for public policy focus, the study's final report to the NSW Government made a number of recommendations. Amongst them, the study concluded it would be more productive to develop a framework to "conceptualise risk factors in terms of psychosocial variables that increase individual differences in level of demand for gambling." For instance, they suggested size of the bet was a "robust predictor" of gambling related harm relative to an individual's personal supply of money (Blaszczynski et al., 2015:13).

It was also suggested that, given the increasingly diverse and complex range of gambling industry developments and offerings (mobile and land-based), a focus on individual demand gambling would be more amenable to modification than the challenges associated with regulating product supply (Blaszczynski et al., 2015).

As considered more fully later in this chapter (and explored later in the study), there are significant differences in perceptions amongst stakeholders as to how to address the complex range of risk factors for gambling harms. Tensions are evident in debates about how best to balance the research and policy focus between individual behaviour change, product design, regulation and supply.

Measuring Gambling Harms

Langham et al. (2016) also suggest there are limitations and a lack of progress in defining or conceptualising gambling harms. This is reflected in the literature, they suggest, in a comparative failure to use summary measures to quantify the

impacts of gambling on population health. As a result, gambling is separated from other public health issues.

Drawing on the research of Currie et al. (2009), Langham et al. (2016) maintain the sources of measurement of gambling harms have traditionally focused on clinical diagnostic criteria, disordered gambling behavioural symptoms and their negative consequences. Langham et al. (2016:3) claim this fails to capture the “breadth and complexity of harm to the person who gambles or the experience of harm beyond the person who gambles”.

Embracing a public health perspective in their research, Langham et al. (2016) and Browne et al. (2016) shift the research focus towards understanding the full spectrum of gambling harms. This approach has increased the focus on delineating these concepts and attending to the extent of harm experienced by those at levels of gambling behaviour below what has been regarded as a clinical measurement of ‘problem gambling’.

Like Blaszczynski et al. (2015), Browne et al. (2016) have developed a conceptual framework of gambling harms. The framework includes seven domains of gambling harms: financial harm, relationship disruption/conflict, emotional/psychological distress, decrement to health, cultural harms, reduced performance at work/study and criminal activity. Importantly the framework recognises that these harms can occur across the life course and include generational and intergenerational harms. Using this new taxonomy for gambling harms (Langham et al., 2016) and public health-based methodologies (‘burden of disease’ and ‘disability-adjusted life years’), the researchers were able to comprehensively measure these dimensions and the impacts of gambling in the community (Browne et al., 2016). The use of the public health methodology also enabled a comparison of gambling-related harms and other health problems. Their findings of quality-of-life years lost to disability due to gambling compared to those due to other health problems indicate that

gambling problems are the third highest with 97 877 annual years lost. This was exceeded only by alcohol dependence (142 262 annual years lost) and major depressive disorder (142 452 annual years lost).

Harms extend beyond 'problem gamblers'

Browne et al. (2016) suggest that, at an individual level, problem gambling has severe impacts on quality of life, similar to moderate depression. In addition, low-risk problems have impacts similar to alcohol harmful use. At the population level, on the other hand, gambling problems generate approximately two-thirds the amount of harm of other major social issues—alcohol and depression. In addition, gambling produces markedly more harm than issues such as schizophrenia and eating disorders.

Perhaps most challenging is that Browne et al. (2016) demonstrate that gambling behaviour classified on the Problem Gambling Severity Index (PGSI) as 'low-risk' for 'problem gambling' is attributable to a 50% decrement in quality-of-life years lost to disability at the population level.

These studies (Browne et al., 2016; Langham et al., 2016) are setting new public health focused directions for examining the extent of gambling harms and their impacts on individuals, families and communities. Their results challenge previous models of the 'continuum of gambling harms' (Productivity Commission, 1999a; Shaffer & Korn, 2002) and concepts of 'healthy gambling' (Shaffer & Korn, 2002) when reporting significant level of life years lost to disability in those previously considered 'moderate' and 'low-risk' gambling populations. The results are challenging our notions of 'problem gambling' when 85% of harm is accruing to non-problem gamblers (Browne et al., 2016). In terms of aggregate harm at the population level, Browne et al. (2016) found that non-problem gamblers exceeded harms occurring to problem gamblers by 6-1. Additionally, women aged 55+, although less likely to develop clinically

significant gambling problems, were experiencing substantial burdens of harms. Gambling problems were distributed across a broad section of the community.

Browne et al. (2016) recommend broadening focus from the prevention of 'problem gambling' to reducing gambling problems. They suggest that to truly apply a public health approach, research needs to develop appropriate and robust measurements of gambling harm. This needs to explore exposure to risk factors, including gambling consumption and the relationship with gambling-related harms. In particular, Browne et al. (2016) suggest harm reduction measures should increase focus upon product safety and the environmental and structural characteristics which contribute to gambling harms (Livingstone & Adams, 2011; Livingstone & Woolley, 2007; Sharpe et al., 2005).

It is important to note that the 2019 NSW government-commissioned gambling survey (Browne et al., 2019) is the first in NSW to move beyond studying prevalence and include questions on gambling harms. This research involved 10,012 surveys and assessed problem gambling and level of risk for problem gambling on responses to the Problem Gambling Severity Index (PGSI), which examines gambling participation over the past 12 months (Ferris & Wynne, 2001). In addition to these questions, participants who had gambled were asked whether a set of 21 adverse consequences had occurred as a result of their gambling over the past 12 months. In total, 6.34% reported at least one form of harm resulting from their gambling, with 2.47% experiencing just one form of harm. These included harms such as feeling depressed (2.93%), distress about their gambling (2.70%) and loss of sleep (2.21%). Among those experiencing gambling-related harms, the average number of harms experienced was 3.67 (Browne et al, 2019:iv).

These Australian studies (Browne et al., 2016; Browne et al., 2019; Langham et al., 2016) have contributed to the development of an 'International Conceptual Framework on Gambling Harms' (Abbott et al., 2018). These contributions to

research, illustrate the importance of fully exploring the complex dimensions of people's lived experience of gambling and gambling-related harm. These studies provide a broader understanding of the multiple domains of harms and the complex relationships between harms and their sources (Abbott et al., 2018; Langham et al., 2016). Importantly, they also provide, a functional definition of gambling harms for future public health focused research.

Social Practice Based Understandings of Gambling Harm

In response to the need for broader understandings of gambling harms, Gordon and Reith (2019) offer a socio-cultural perspective on gambling. They acknowledge the contributions that social practice perspectives have made in other areas of social research and harm reduction policy and assert that framing gambling as a social practice can provide a valuable contribution to the field.

A practice framework is applied by Mudry (2016) when researching excessive eating behaviours, internet gaming and casino-based video lottery terminal (VLT) gambling. The benefits of practice theory to the study of gambling are further acknowledged by Maclean et al., (2019) in their study of gambling in Aboriginal communities in Victoria, Australia. MacLean et al. (2019:1343) suggest social practice theory offers an alternative to “imagining gambling driven by individuals and their choices” and encourages researchers to consider the “cultural forces, skills and also how things and places (i.e. poker machines and betting venues) produce practices such as gambling”.

It is suggested (Gordon & Reith, 2019) that social practice theory offers the opportunity to align both structural ideas of gambling (for example, how political economy, policies, institutions, norms, rules, expectations, or physical environments shape gambling practices) and the concept of agency—the ability to act and cause an effect (for example, where, how and why humans perform gambling practices). Social practice perspectives acknowledge both individual

and socio-cultural influences on gambling related harms and could inform harm reduction strategies (Gordon & Reith, 2019; MacLean, 2019). One of the advantages of this approach, is that not only could it inform individual behaviour focused interventions, but also “address socio-cultural and structural factors such as social norms, spaces and places, marketing, and policy and regulation, of gambling...which can influence gambling behaviours” (Gordon & Reith, 2019:10).

It is asserted that gambling harm reduction policy should refocus efforts, away from changing individual behaviour, towards changing the wider practices of gambling. According to Gordon and Reith (2019), this would require the research field to focus less upon individual personalities, values, beliefs and gambling choices of people who gamble and more upon how gambling practices develop. Research could explore how harm reduction policies and practices could be used to reconfigure the structures and environments in which gambling practices do or do not take hold (Gordon & Reith, 2019).

It is asserted that gambling practices are “performed using multiple elements of practice such as bodies, materials, spaces and places, and language and discourse” (Gordon & Reith, 2019:9). It is proposed that practice theory can complement existing knowledge of problem gambling and enhance understandings of gambling harms which may inform harm reduction policy for the future.

Community Participation and Gambling Harm Minimisation Policy

The World Health Organisation (WHO), through the Ottawa Charter for Health Promotion (1986) and later renditions (WHO Bangkok Charter, 2005; WHO Jakarta Declaration, 1997), endorses a public health approach and a strengthening of engagement with those affected by health policies and

services. Key tenets include strengthening community actions on health through participatory processes and working to help people develop skills to enable them to have more control over their own health (WHO Ottawa Charter, 1986). Consumer participation is defined as the “process of involving health consumers in decision-making about health service planning, policy development, priority setting and quality in the delivery of health services” (Clarke & Brindle, 2010: 13).

The concept of ‘community participation’ in decision-making is evident in NSW health service policies. As an example, the NSW Health, Sydney Local Health District’s Consumer and Community Participation Framework 2017-2018 provides clear guidelines, for health services and community members, as to how to engage with consumers. In this document, consumer and community participation is identified as the process of active involvement of people in their own health care, service development, planning, policy development and the prioritising of issues. It is suggested that this be achieved through a variety of means including forums, committees, projects, working groups and peak bodies. The fundamental premise of this philosophy is “working with” rather “than doing to” people (NSW Health, 2016:11).

Consumer participation has been embraced in Australia in areas such as mental health, drug, alcohol, cancer and carer issues where there is evidence of considerable consumer focused activity including: research (Consumer Health Forum, 2015; Saunders & Crossing, 2012,); government policy frameworks (Mental Health Commission of NSW, 2018; NSW Health, 2016; Department of Health & Ageing, 2013; South Australia Health, 2015; NSW *Carer Recognition Act 2010*); guidelines (Hinton, 2010; Saunders et al., 2007); and consumer focused manuals to assist these processes (Clarke & Brindle, 2010). This is most notable in the field of mental health where consumer engagement and participation are enshrined in legislation (NSW *Mental Health Act 2007* and

NSW 2015 *Mental Health Act Amendments*) and the NSW Framework for Lived Experiences (Mental Health Commission of NSW, 2018).

Australian government policy has a clear expectation, in the field of mental health, that consumers should be participants in all aspects of service development (Happell & Roper, 2006). However, I suggest such breadth of community engagement, evident in these other health issues in Australia, is absent in the field of gambling. There are many examples of ‘problem gamblers’ and some gambling family members interviewed as problem gambling research participants; however, there are only a few studies (Carroll, et al., 2013; Miller et al., 2018; Patford 2007a, 2007b) in which the voices of the lived experiences of gambling problems are placed at their centre. There are some examples internationally (Lerikkanen et al., 2020; Pickering et al., 2019; Poysti, 2014) and nationally (Gainsbury et al., 2018; Gainsbury, Angus, Procter, & Blaszczyński 2019; Hing, 2004; Nisbet, 2005) of research exploring consumer perspectives on particular gambling harm minimisation strategies. But this literature review failed to uncover any research into consumer led/partnered or collaborative studies in the field of gambling, or any research examining consumer engagement in gambling harm minimisation research development, policymaking or service development.

Missing Voices

The concept of consumer participation assumes members of the community have expertise over their own lives and issues of concern to them (Wass, 1995). Arnstein’s (1969) “Ladder of Citizen Participation” provides an effective guide for developing frameworks for consumer engagement by outlining eight levels of consumer participation progressing from non-participation (levels where the powerholders maintain all control) through degrees of active participation. It is suggested that health services and policymakers should

actively involve consumers in decision-making rather than just consulting them, which can result in tokenism (Suomi et al., n.d; Wass, 1995).

A fundamental premise for consumer participation is that the process of decision-making with consumers is as important as the resulting decisions and those decisions will be more valued if there is greater sense of ownership of them. Health workers/professionals are therefore regarded as having expertise in their field rather than expertise in all aspects of their clients'/consumers' lives (Wass, 1995).

It is therefore important to understand the views of people with lived experience of gambling harms and consider the impacts of gambling legislation and harm minimisation discourses upon consumers (Gupta & Stevens, 2021; Miller & Thomas, 2017). There is also particular value in listening to the views of consumers involved in peer support and advocacy, as a means to identify effective government policy interventions (Miller et al., 2018).

However, despite these recommendations, the voices of people impacted by gambling are rarely included in public discourses (Miller et al., 2014). A lack of research into the impact of gambling discourses upon those with lived experience of gambling problems is also noted by Miller and Thomas (2017:2):

Despite the prominence of responsible gambling discourses in gambling policies and initiatives, we know of no studies which have sought to specifically understand how people who have experienced problems with gambling interpret and apply responsible gambling discourses, and whether these discourses may be contributing to both felt and enacted stigma.

With the exception of the work of Miller (2018) and Miller and Thomas (2017), this literature review found no evidence of Australian or international research examining consumer perspectives on gambling discourses. There was a dearth of evidence of research nationally and internationally examining consumer

perspectives on, or involvement in, gambling harm minimisation policy development.

There were a few examples where policymakers have outlined processes for consumer participation (Gambling Commission UK, 2016; Victorian Responsible Gambling Foundation, n.d., Lived Experience Advisory Committee, <https://responsiblegambling.vic.gov.au/about-us/who-we-are/lived-experience-advisory-committee/>) of particular note is the UK where the Gambling Commission has built consumer engagement, with particular emphasis on lived-experience of gambling harms, into their strategic plan 2019 - 22 (Gambling Commission UK, 2019). GambleAware UK, also commissioned specific research to consider how to engage with people with lived experience (Bramley et al., 2020) which resulted in a call for tenders (GambleAware, 2020) to establish a lived experience network to inform national debate and policy-making on gambling.

Whilst these UK developments are encouraging, there are notable gaps in the research in Australia, with minimal research exploring consumer perspectives on gambling services, gambling discourses or views on gambling policy. Nor any research examining consumer engagement, or lack thereof, in policy making. This contrasts with consumer research in other areas of health care (Australian Institute of Health and Welfare,[AIHW] n.d., Consumers, <https://www.aihw.gov.au/>; Happell, 2008; Happell & Roper, 2006; Lammers & Happell, 2003; Walker, 2012). There is wide recognition of the importance of engaging with the public at all levels of health systems and acknowledgement of the value of consumer engagement in health policy development (Oxman et al, 2009). However, the lack of research into consumer views on discourses, policy development or program initiatives in the field of gambling suggests this field is lagging behind other areas of public health research.

It is asserted that these exclusions are a morally situated component of maintaining the status quo in the governance of gambling (Livingstone & Woolley, 2007). This is part of what Livingstone and Woolley (2007:371) refer to as the “discourse of business as usual,” where Governments who rely on gambling revenue fail to seriously consider the experiences of people who gamble. This exclusion, by comparison with the amount of research, policy guidance and processes for engagement with community members impacted by other health issues, is a serious form of disempowerment. The failure to hear people’s stories of their experiences and their problems is the most common form of consumer disempowerment (Viney et al., 2004).

Summary

In contributing to mapping the field of poker-machine gambling and gambling harms, this chapter has outlined definitions of problem gambling, discussed the prevalence of problem gambling and provided an overview of some of the key research in the field. The chapter has reviewed research into problem gambling risks, impacts and current approaches to address gambling harms. It has illustrated some of the traditional frames for understanding gambling problems and discussed an emerging shift in paradigm from a medical model of gambling problems through to a more nuanced public health perspective on gambling harms.

The chapter has provided an overview of some of the research debates surrounding the strengths and limitations of approaches to understanding and addressing gambling problems. It has also highlighted an evolution of research from measuring numbers of problem gamblers to exploring dimensions of gambling harms.

Importantly, this chapter has reviewed research which identifies some specific product risks for poker-machine gambling harms, particularly inherent in their

design. An increasing research interest in exploring the dynamic relationship between the person gambling and the machine has been highlighted. The chapter has reviewed literature outlining the advantages of developing more social practice theory-based research to inform socio-cultural understandings of gambling practices and related harms.

This chapter has also identified some significant gaps in the research. Whilst there are many studies exploring the impacts of problem gambling from a clinical perspective, there is limited research exploring the more nuanced dimensions of the lived experiences of poker-machine gambling from consumer perspectives. Nor is there evidence of research focusing upon consumer engagement in gambling policy development or consumer perspectives on gambling harm minimisation policy. However, it is suggested that people with lived experiences of gambling harms have valuable contributions to make to gambling policy development (Miller & Thomas, 2017; Miller et al., 2018).

The absence of research into consumer involvement in the gambling policymaking space suggests consumer voices are seldom sought and rarely heard in public discourse. These gaps in research, which contrast to other fields of health service development, particularly mental health in Australia, suggest a form of disempowerment for people affected by gambling harms. These research gaps are areas for future research development and a focus for my own study.

In the next chapter, I introduce the relational ontology, performative epistemology and sociomaterial theoretical frames chosen to explore poker-machine gambling in this study. I outline how the study aims to extend the public health approach to gambling and explore the enactments and relationships between people gambling and poker machines, along with the social and material-discursive practices (Orlikowski & Scott, 2014) that enfold them. To fully comprehend these material-discursive practices requires

exploring a variety of dimensions including: the technology in relationship with the person gambling; the lived experience of the activity; the environment in which it occurs; and the socio-political networks of which it is a part. The next chapter outlines the theoretical framework and research methods which guide this study.

Chapter Four: Theoretical Approach and Research Methodology

Introduction

The previous two chapters outlined a range of risks factors contributing to gambling harms. Poker machines were identified as gambling products with design features which contribute to gambling harms. As described in Chapter Two, NSW is the state with the largest number of poker machines in Australia.

The impacts of increased access to poker machines in the community, since the early 1990s, have been the focus of two federal government inquiries in Australia (as reviewed in Chapter Two) and a significant body of research (as reviewed in Chapter Three). However, as discussed in Chapter Three, the views of people affected by gambling harms and their perspectives on harm minimisation policy are seldom evident in the research. The overarching questions, therefore, to be answered by this study are: How do sociomaterial arrangements and material-discursive practices shape poker machine gambling and related harms in NSW? And how can the lived experiences of harm inform harm reduction/minimisation policy? In exploring these issues, the research seeks answers to the following key sub-questions:

- What are the lived experiences of those who have been harmed by poker-machine gambling?
- What are the sociomaterial arrangements and material-discursive practices that 'make up' poker-machine gambling in NSW?
- How do these arrangements and practices influence poker machine gambling and related harms in NSW?

- How do people with lived experiences of poker-machine gambling harms and those who support them, view current arrangements for gambling and harm minimisation policy in NSW and what are their ideas for change?

In this chapter, I firstly describe the approach that have informed this study's research framework. I introduce the study's sociomaterial approach underpinned by a relational ontology and performative epistemology and discuss the value of this approach to the study of poker-machine gambling. The study's key sensitising concepts (Bowen, 2006, Patton, 2002) of 'agency', 'discourse' and affect' are introduced and I explain how the study extends Foucauldian discourse analysis. Next, I present the study's collaborative research methodology and consider its congruence with this partnership project and my position within the research. I describe the site of the research and my role as both an outsider (an academic researcher) and insider (gambling counsellor, GIS member and impacted family member) with shared experiences with the study group. I then provide an outline of the research methods, data gathering and process of research analysis. I conclude by discussing the study's trustworthiness and ethical considerations.

Describing the Research Framework

In this chapter I draw upon the work of Crotty (1998) and Lather (2007) to describe the research framework. Crotty distinguishes different frameworks of research on the basis of their grounding in epistemology. He argues there are four basic elements in any research process: epistemology, theoretical perspective, methodology and methods. These elements necessarily inform one another. According to Crotty (1998), epistemology is the theory of knowledge embedded in the research. The theoretical perspective is the particular philosophical position that provides a context for the research. Methodology refers to the overall strategy, or plan of action for conducting research. Methods

are the techniques and procedures used to gather and analyse data (Crotty, 1998:3). It is suggested (Keevers, 2010) that Crotty's schema provides a beneficial format to assist researchers to conceptualise and clarify the foundations of research projects and examine how a project's underlying ideas fit within the various layers of the project. Used as a guide, it enables consideration of how the project's layers fit together and how to ensure congruency between them (Keevers, 2010).

Lather (2007), by contrast, takes a paradigm approach to the framing of the research process. A paradigm "determines the criteria according to how one selects and defines problems for inquiry and how one approaches them theoretically and methodologically...How a problem is formulated and methodologically tackled" (Husen, 1997:16,18). A paradigm therefore determines what counts as knowledge and how knowledge can be validly generated. Similar to Crotty's schema, the paradigm approach suggests different aspects of the research shape one another. In addition, Lather (2007) distinguishes between three post-positivist paradigms—interpretive, critical and post-structural—and speculates about a possible emerging paradigm she calls neopositivist. Lather's approach draws upon Habermas's (1971) three categories of human interest that underscore knowledge claims—prediction, understanding and emancipation—to which she adds a further non-Habermasian category, 'deconstruct' (Lather, 2007:164).

This study draws upon these concepts used by Crotty (1998) and Lather (2007) by defining the specific research elements as well as taking a paradigm approach when positioning the study within a public health context. However, the study also seeks to shift this paradigm beyond traditional public health frameworks.

The sociomaterial approach underpinned by a relational ontology and performative epistemology outlined in this chapter provides a valuable

framework to assist this research in identifying what makes up poker-machine gambling harms in NSW.

Relational Ontology

Relational ontology forms part of contemporary social theory. It has been used in the field of addictions, in critiquing drug addiction policy (Fraser, 2017) and examining alternatives to mainstream addiction theories (Dilkes-Frayne et al., 2017; Hill, 2010). This ontological position, offers a valuable approach to examining the multi-layered experiences and practices of poker-machine gambling in NSW. In contrast to substantivist ontology, which considers entities as primary and relation as derivative (Wildman, 2006), a relational ontology considers “the relations between entities more fundamental than the entities themselves” (Wildman, 2006:1).

A relational ontology considers entities have no essence of own-being but rather exist as clusters of relations that arise within the context of pre-existing conditions and contexts. The characteristic of an entity is determined by its relations with other things (Wildman, 2006). A relational ontology argues that the world is not made up firstly from self-contained entities, which are then interactive (Slife, 2004), but that each entity (human and non-human) is “first and always a nexus of relations” (Slife, 2004:159). Relational ontology is therefore focused on the connections between actors (humans and non-humans) and the performative outcomes from these “intra-actions” (Barad, 2007:141) which often produce newly bounded experiences. The material-technical-discursive practices occurring as part of these enactments often produce quite different lived worlds (Barad, 2007; Haraway, 1994). As Barad explains (2003:814):

This relational ontology is the basis for my post-humanist performative account of the production of material bodies. This account refuses the representationalist fixation on “words” and “things” and the problematic of their relationality, advocating instead *a causal relationship between specific exclusionary practices embodied as specific material configurations of the world* (i.e., discursive practices/(con)figurations rather than “words”) *and specific material phenomena* (i.e., relations rather than “things”).

A relational ontology has particular relevance to this study with its aims of unpacking the entangled web of relations that make up the field of poker-machine gambling. How I apply a relational ontology to this study is explored later in this chapter.

Performative Epistemology

In congruence with this relational ontology, the study draws upon a performative epistemology. A performative epistemology considers knowledge about our world as developed through the enactments which create our world. As an example, the performative declaration of “I do” in a wedding does not just represent a marriage, but simultaneously creates a marriage (Austin, 1962).

A performative epistemology changes the focus from a knowledge of “things” to a focus upon practices (Dean, et al., 2012). Barad (2007) refers to this process as “knowing in being”, a concept which suggests a “fundamental break in a privileging of the discursive and the thinking of knowledge as the sole domain of epistemology” (Jackson & Mazzei, 2012:119). It is a process made up not just of human practice but of different parts of the world (human and non-human) making themselves intelligible to each other (Barad, 2007).

Barad (2007:185) challenges the traditional separation of epistemology from ontology as a “reverberation of a metaphysics that assumes an inherent difference between human and nonhuman, subject and object, mind and body,

matter and discourse”. She suggests the term ‘onto-epistemology’ be used to describe the study of ‘knowing in being’ considering this a “better way to think about the kind of understanding that we need to come to terms with how specific intra-actions matter” (Barad, 2007:185).

Barad’s work challenges researchers to move beyond the separation of social and natural, human and non-human, and consider the entangled state as both social and natural, material and discursive. In this process, data needs to be considered differently, moving away, for instance, from the interview as primarily discursive (what is told) to both discursive and material. This leads to the development of the concept of the “material-discursive”—that which is constituted between the discursive and material in what Barad refers to as “posthumanist becoming” (Barad, 2003). The material and discursive are mutually implicated in the dynamics of intra-activity (Barad, 2003:822). The researcher is encouraged to consider, not just what participants are saying or trying to say, but a performative understanding of discursive practices. In pursuing such an understanding, a shift in methodological focus is required, from “questions of correspondence between descriptions and reality...to matters of practices/doings/actions” (Barad, 2003:802).

As discussed in the literature review, specific technological features of poker machines have been linked to gambling harms (Barton et al., 2017; Dixon et al., 2010; Livingstone & Woolley, 2007; Lole et al., 2014; Parke et al., 2016; Schull, 2012). Schull’s research (2012:53) suggests poker-machine is a “player centric” engineered experience which produces what she terms “addiction by design”. This research suggests gambling harms may be co-created within the “intra-actions” (Barad, 2003) of humans and machines.

Poker-machine gambling is made up within a context of material-discursive practices between human and non-human. By adopting a relational ontology and performative epistemology, this study aims to examine the various

arrangements and intra-actions that make up poker-machine gambling and related gambling harms in NSW.

Sociomaterial Approach

This study adopts a sociomaterial approach (Barad, 2007) underpinned by a relational ontology and performative epistemology. A sociomaterial approach forms part of a family of research traditions that are not unified, but share a common interest in exploring the embodiment of both meaning and matter (Barad, 2007, Gherardi, 2019, Orlikowski, 2007). These research traditions include actor-network theory, activity theory, posthumanist practice theory and feminist new materialism (Keevers 2020). They have all developed explanations of social, cultural and material phenomena based on the notion of practices (Keevers, 2020).

In these research traditions practice is understood to be collective, embodied, material, more-than-human and emergent (Keevers, 2020; Moura & Bispo 2019). Gordon and Reith (2019:3) explain the relations between sociomaterial approaches and practice theory:

Practice theory refers to a broad paradigm of theoretical and methodological sociomaterial approaches to understanding everyday social practices using a sociocultural lens. Practice theory provides a dialectic and relational framework for understanding mutual interactions between actors (any person or object that has agency) and the contexts and structures in which they operate (Gordon & Reith 2019:3)

Such sociomaterial approaches have been adopted in a range of studies including science and technology, education, innovation and tourism (Moura & Bispo, 2019) and its applicability to the field of gambling is emerging. Mudry & Strong (2020) use casino gambling as an example, when discussing the benefits of sociomaterial approaches for researching excessive behaviours.

Hotker et al. (2020:1) also explore aspects of a sociomaterial approach in their research of community involvement in poker machine licensing processes in Victoria, Australia. However, whilst the benefits of social practice theory to the field of gambling research (Gordon & Reith, 2019; Maclean et al., 2019; Mudry, 2016) have been outlined in the literature review (Chapter Three), a sociomaterial approach has not, as yet, been generally applied to studies of gambling.

A sociomaterial approach offers a frame to understand how “social processes and structures and material processes and structures are mutually enacted” (Dale, 2005:651) rather than considered as separate objects for exclusive analysis. It is a frame which enables examination of the constitutively entangled nature of artefacts, people and practices and provides focus to the “nexus of doings, materialities, and discourses that people carefully enact” (Bjorn & Oesterlund, 2014:8). In this approach, the social and the material are considered “constitutively entangled” in everyday life. As Orlikowski (2007:1437) explains, “there is no social that is not also material, and no material that is not also social”.

Martine and Cooren (2016), however, challenge the concept of entanglement for still distinguishing between the world of the social and the world of the material. In contrast, they suggest both aspects are *always already* embodied in “one (plural) world that *always already* presents itself through its material and social dimensions/aspects/ properties/qualities, that is, *through its embodiments, which are always made of relations* (Martine & Cooren, 2016:163).

The concept of entanglement is used in this study and positions the social and material as inextricably “always already” embodied, but potentially given more emphasis in different contexts. A key feature of exploring sociomaterial arrangements is examining and describing the material- discursive practices

within a specific context (Parmiggiani & Mikalsen, 2013). It is also suggested, within this approach, that aspects of mutuality, performativity and multidimensionality should be a focus and could form a base “to account for how humans and non-humans are dynamically articulated” (Parmiggiani & Mikalsen, 2013:15).

A sociomaterial approach, offers useful resources for exploring the physical, organisational and material-discursive arrangements of poker-machine gambling in NSW. A sociomaterial approach contributes a frame for the analysis of the nexus of gambling—the doings, sayings, relatings and material arrangements (Kemmis, 2019) of poker-machine gambling.

Applying a sociomaterial approach in this study will enhance understandings of the performativity of poker-machine gambling artefacts in practice. Bjorn and Oesterland (2014:23), maintain that “by exploring performativity, the relational aspects of the sociomaterial entity emerge from its inseparability and the importance of the material properties becomes salient”. This approach is particularly useful for the study of the performativity of poker-machine gambling and reconfigures notions of discourse and concepts of ‘agency’ and ‘responsibility’ in the field of poker-machine gambling.

As discussed in the literature review, most research pertaining to poker-machine gambling focuses upon the human interaction with the machine, from the perspective of a process generated between separate entities. Traditional studies of pathological gambling reflect what Scott & Orlikowski (2014:873) consider theoretical and methodological approaches that “have largely assumed a world of technologies and organizations that are relatively stable, singular and separable”. Such research has contributed to the individualistic and pathologised approach of current government policy direction on problem gambling and technical standards for EGMs in Australia.

As an alternative, Scott and Orlikowski (2014:873) suggest:

Given the current evidence of unprecedented shifts associated with technologies in practice—cloud computing, automated trading, data mining, mobile platforms, robotic assistance, and social media, to name just a few—it may be more germane to develop ways of thinking and working that allow us to investigate a reality that is dynamic, multiple, and entangled.

A sociomaterial approach is of particular value for examining the dynamics of the lived experience of the person gambling within a multiple and entangled relationship with the machine. This approach highlights some of the consequences of that enactment and creates opportunities to rethink problems that may arise from such intra-actions. Through the lived experiences of gambling, the material-discursive practices and arrangements are exposed and the boundaries and new boundings between the person gambling and the poker machine are produced.

This study combines a sociomaterial approach with a historical and discursive analysis to examine gambling policy, gambling impacts and the lived experience of problem gambling from the perspective of diverse stakeholders. Foucault (1971; 1972; 1973) focused primarily upon the analysis of language-based discourses and in doing so provided valuable tools for deconstructing societal institutions and practices. These tools are drawn upon in this study to explore language-based discourses surrounding gambling (the sayings). The analysis also includes the lived experiences of using poker-machine technology and the material-discursive practices (sayings, doings and relatings) of poker-machine gambling, and examines these practices through the frame of sociomateriality.

Sensitising Concepts

The sociomaterial approach with its relational ontology and performative epistemology employed in this research reconfigures understandings of EGM gambling and the phenomenon of poker-machine problem gambling in NSW. In

the following section, I outline the key sensitising concepts (Bowen, 2006; Patton, 2002) that inform data analysis, as agency, discourse and affect.

Agency

In this research it is important to articulate how the concept of agency is considered, compared to other studies of gambling harms. As reviewed in Chapter Two, there is considerable problem gambling research which is influenced by an ontology of separation by substance, and by an epistemology of representation. These perspectives assume pre-given and distinct boundaries between entities or artefacts (both human and non-human) and presuppose each artefact/entity brings to its engagement unique but essentially predetermined and clearly bounded interactions. The concept of agency, within this context, is regarded as the property of humans.

As a counterpoint to these theoretical assumptions, a sociomaterial approach reconfigures agency as mutually produced between the person gambling and the machine. Agency, in this study, is considered as distributed between entities both human and non-human (Bennett, 2005). Agency is no longer aligned with human intentionality or subjectivity, nor is agency attributed to other-than-human forms (Pickering, 1993). Like power, agency is a matter of intra-acting; it is an enactment, not something that someone or something possesses. Agency is a 'doing' or 'being' in its intra-activity. Agency resides in the relations between actors, in their intra-actions, rather than in people and things, thereby enabling some possibilities and constraining others (Barad, 2003).

In this account, agency cannot be attributed to any single agent, such as the person gambling, nor to the poker machine, nor to the club workers who manage the space or to the club members. Nor is it simply the case that agency can be distributed over non-human and human forms; it is always a matter of *becoming with* (Haraway, 2008). From this perspective, humans are considered located within what Bennett (2005:447) describes as "the agency of

assemblages: the distinctive efficacy of a working whole made up, variously, of somatic, technological, cultural, and atmospheric elements”. I maintain that similarly the phenomenon of ‘problem gambling’ is, a product of agentic arrangements This study aims to unpack the various components of these arrangements in order to consider how the problem of ‘problem gambling’ may be addressed.

In this research I aim to redress the balance of missing voices and consider the lived experiences of agency in relation with poker-machine technology and the sociomaterial environment of this form of gambling. The co-creation of gambling problems, between human and non-human entities, is examined.

Discourse

Discourse constructs understandings of specific issues and underpins approaches to them (Francis & Livingstone, 2021). It is evident in the literature that, discourses about gambling have covered a broad range of topics including: moral, economic, medical/health, social, legal and political (Korn & Reynolds, 2009). These discourses reflect a variety of frames which underpin actions to resolve identified issues (Korn & Reynolds, 2009). Drawing on the work of Castoriadis (1987) and Bacchi (2007), Francis & Livingstone (2021:1), in their recent examination of gambling discourses, describe how “language, practices and behaviours” act via institutions and other systems, to materialise “relations of power” and determine how problems are managed and addressed.

Discourse constructs what can be said, what cannot be said, and what can be done and not done (Laclau & Mouffe, 1985). But discourses are not just ways of speaking but also ways of developing material effects in the world. The material conditions of the world are themselves discursive products—before something can be made, it must first be capable of being thought, and what can be thought is a matter of discourse. It is therefore important in any examination of contemporary commercial gambling to consider the various discourses around

gambling, both dominant (orthodox) and non-dominant (heterodox) (Arfaoui, 2020).

In examining Michel Foucault's approach to discourse analysis, Cousins and Hussain (1984) suggest that, in contrast to common usage, Foucault's use of the term 'discourse' is tactical. It is an approach aligned towards the construction of historically situated human subjects, rather than towards the unfolding progress of ideas informing human aspirations (Cousins & Hussain, 1984). Discourse analysis, in this context, considers the underlying genealogy of surface appearances (Lemert, 2005) and resists traditional categorisations.

One aspect of discourse analysis employed in this study, includes examining the meta-narrative of gambling. Shawver (1998:1) describes the meta-narrative as a myth, a blinding discursive construction-"a theory or story that passes itself off as a truth for all objects in a category such as all priests are pure, all people in a certain country think a certain way or science is the best approach to solving all human problems". A meta-narrative presents as the 'truth' of social life, and superior to local or more grounded stories or, more pertinently, experiences. These dominant discourses become acknowledged as "truth' (orthodoxy) whilst alternate discourses (heterodoxies) are marginalised and subjugated. Some discourses therefore constrain the production of knowledge, whilst others enable 'new' knowledge (Foucault, 1971).

Because ideas can *produce* historical transformation and not simply *reflect* them, discourse theory teaches us to be very attentive to small shifts in how ideas are expressed in language (Whisnant, 2008). Language, although far from the only element of discourse, is an important marker of discursive transformation. Language reflects changes in thinking and the organisation of ideas. Language provides clues to shifts in social realignments and social

institutions and is also changed by these transformations. It is co-constitutive process.

In this study, the concepts of meta-narrative and discourse formation and reformation will be useful for examining club-based poker-machine gambling in NSW. The research will identify the various discursive components of poker-machine gambling with the aim of articulating the current orthodoxy. The study will also explore emerging discourses developing in response to the influences of heterodox public health (and other) critiques.

Affect

According to Anderson (2016:735) the term 'affect' is at one level a "generic descriptor for the 'feeling of existence'...the capacity to affect and be affected". However, he also describes affect as:

an umbrella category that encompasses qualitatively distinct ways of organizing the 'feeling of existence'. Atmospheres, structures of feeling and other pragmatic-contextual translations of the term 'affect' are ways in which things become significant and relations are lived. This means affects are always organized and becoming organized, in ways that likely differ from subjectifying-signifying systems of meaning. (Anderson, 2016:735)

In this study, the concept of 'affect' means "an extra-discursive, non-cognitive dimension of human and other-than-human activity with a central role in shaping action" (Keevers & Sykes, 2016:6). Unlike discourses, which can be represented in text, image and other forms of meaning-making, 'affect' is more difficult to capture, being more ephemeral, and exceeds practice (Keevers & Sykes, 2016). It is also suggested that 'affect' flows between relations, is embodied in their human and non-human arrangements and is generated within sociomaterial practices:

Affect is distributed and works as a complex gathering of intensities, words, artefacts, gestures, attachments, bodily sensations, expectations and habits that make up subjectivities and suffuse spaces and objects such that they become affecting. (Keevers & Sykes, 2016:7)

In this study I am interested in the lived experiences of affective relations within gambling environments and the impacts they may have upon gambling behaviours and the production of gambling harms. These impacts are discussed further in chapters 5 and 6.

Methodology and Research Methods

The combination of a relational ontology and a performative epistemology in this study aims to shift the focus to the performance of poker-machine gambling and the sociomaterial arrangements. This orientation places the people using poker machines at the forefront of the process of inquiry and therefore demands a methodology that reflects this priority. Given the study's partnership with the GIS and the aim to foreground the voices of people harmed by gambling, a collaborative inquiry offers a good fit for this research.

This section provides an overview of the methodology and research methods used in this study to examine the material-discursive practices and sociomaterial arrangements that surround poker-machine problem gambling in NSW. The reader is introduced to: collaborative inquiry and advocacy-research methodology; the specific methods used; an overview of the process of data collection and analysis; ethical considerations; and trustworthiness of the research.

Rationale for Selecting the Methodology

In considering the methodology for this study, I was aware that, as discussed in Chapter Two, the field of poker machine gambling is complex. In congruence

with sociomaterial approach, the research methods need to capture the complex web of relational affects, discourses and artefacts which make up 'problem gambling'. It was apparent that no one method would suffice to investigate this 'messy' space. To echo the words of Law (2003:1), "I'm interested in the politics of mess. I'm interested in the process of knowing mess. I'm interested, in particular, in methodologies for knowing mess".

There are also a number of personal perspectives which, as an *insider researcher*, have influenced my choice of methodology. Firstly, I am committed to providing opportunities for those affected by gambling harms to have their voices heard. The study therefore set out to privilege some voices over others, whilst acknowledging that, in seeking to know the world by bringing presence to some areas, others remain absent (Law, 2003).

Secondly, as an impacted family member and a social worker with a health promotion background, I was both personally and professionally committed to participatory approaches to knowledge making. The study subscribes to the view that working 'with' people rather than 'on' them is paramount to understanding a problem and crafting acceptable solutions. Accordingly, the experiences, perspectives and voices of people affected by problem gambling are a central part of this study and as such the research methods were chosen to reflect this positioning.

Thirdly, the overall aim of this study was not only to increase knowledge, but also to support advocacy and social changes in relation to the issue of gambling harms. In their discussion of 'advocacy ethnography', and researcher positioning, Smyth and McInerney (2013:4) state:

Who we stand for, whose view of the world we are trying to have represented, and whose views are being unfairly ignored, silenced or marginalized, are all matters that are deserving of receiving an airing, and they are profoundly political questions that have to do with working with and for those whose lives are being actively immiserated and helping them to bring policy pressure to bear in interrupting their situation of exclusion.

The issue of researcher membership of a group or area being studied, is relevant, in qualitative methodology due to the direct and intimate role the researcher has in both data collation and analysis (Dwyer and Buckie, 2009). I was aware that that my role as both an *insider* and *outsider* (Dwyer & Buckie, 2009) would be an ever-present aspect of the study. As such this role needed to be ethically managed as I moved across the continuum of academic researcher, GIS management committee member and impacted family member.

Taking into consideration these influences, commitments and opportunities, a combined collaborative and advocacy-research methodology was selected for this study which employed multiple qualitative, interpretative methods (Nicolini, 2013) combining stakeholder interviews, fieldwork observations, and document analysis. It was anticipated that this would capture the nuances of the relational aspects of gambling harms, provide a person-centred and participatory approach, whilst also acknowledging the study's advocacy positioning.

Collaborative Inquiry and Advocacy Research

Collaborative inquiry is part of a range of research methodologies that emphasise participation, whereby community members are actively engaged and integrated in research, education and political action (Abraham & Purkayastha; 2012; Bray et al., 2000; Heron & Reason, 2008; Hondagneu-Sotelo, 1993; Patterson & Goulter, 2015; Rodino-Colocino, 2011). This form of inquiry involves collaborative partners as co-researchers with the aim of producing knowledge that aims to stimulate social change and empower the

oppressed (Brown & Tandon, 1983). The process of collaboration is such that, whilst professional social scientists may bring their own expertise to the research, they ideally do so in such a way “that the research emerges through a dialogue between the professional researchers and community members” (Hondagneu-Sotelo, 1993:56).

The ideals of participatory research often invite community members to set the research agenda and control the research and this is not always possible. Study participants and collaborative partners may be constrained by time, financial resources and differing levels of ability and availability for engagement. However, Hondagneu-Sotelo (1993) suggests ‘advocacy research’ methodology, which incorporates elements of participatory research, is distinguishable by factors whereby research participants do not control the research. It is also accepted in advocacy research that it is not always possible to know in advance what specific findings may be useful as social change tools (Hondagneu-Sotelo, 1993).

This study is situated within the areas of both collaborative inquiry and advocacy research. It focuses on researching the areas of concern of those impacted by gambling harms and as such it was imperative that the GIS was involved in driving the research as much as possible. The GIS is as a small, non-government organisation run by volunteers and as a result their level of participation and collaboration in the research process was constrained. Ethically it was also important not to place too many demands on this small and at times struggling community organisation.

GIS participatory engagement included: supporting recruitment of research participants; the management committee acting as a reference group and providing feedback and suggestions through consultations in relation to research progress, co-analysis and findings; opportunities for member ‘sense-

making' during the write-up of the research; and reviewing chapters and providing verbal or written feedback.

Even with these modest ambitions of inclusiveness and active participation there were challenges. GIS management committee members were often juggling commitments of family life, paid work and their GIS voluntary roles. Consequently, their time to provide feedback on chapters was limited. However, those members who reviewed material gave valuable feedback.

Despite some of these constraints, the research has been used progressively by the GIS throughout the collaborative research process. To date the research findings have supported formal GIS submissions and enhanced GIS community education and advocacy activities (refer section on Reflective Practical Outcomes, this chapter, page 136).

The Site of the Research

As introduced in Chapter 1, the site of the research was the GIS, a peer-led health promotion organisation with a community education and advocacy focus. It was important, therefore, to ensure opportunities for the management committee and the organisation's members to collaborate in the research where possible. The GIS was committed to use the research in their work. The process of discussing the research with the GIS management committee meant research findings were available to inform GIS policy submissions and other advocacy activities and educational work as the research progressed, rather than only at the end. As the executive officer for the organisation and academic researcher, it was important that I was able to balance these dual roles and allow divergent voices to emerge. This was managed by ensuring that: all GIS members were aware they could participate in the research; all research participants understood any level of participation was voluntary; the confidentiality of all research participants was protected; any interview data that was shared with the study's interpretative focus group (IFG) (Dodson et al.,

2007) discussions was de-identified and that co-researchers had equal opportunity for participating in collaborative activities.

Research Methods and Data Sources

This collaborative inquiry and advocacy research, employed multiple, interpretive research methods. Data was collected from the following sources: stakeholder interviews, government reports and policy documents, industry reports, media articles, photographs and films, websites, field observations and sense-making discussions with the GIS. The research process (described below) was both iterative and emergent (Creswell, 2009) in its evolution. The study's methods are described under the following sub-headings.

Stakeholder Interviews

The study sought participation from key stakeholders including: people affected by gambling harms (people who had experienced problems with poker-machine gambling and impacted family members); community advocates; problem gambling counsellors; gambling researchers; NSW club staff; and informants from key policymaking areas such as NSW Health and NSW Office of Liquor and Gaming.

Interview participants were recruited via: information distributed via the GIS newsletter and GIS membership list; information distributed through the network of the state-wide Responsible Gambling Fund (RGF) gambling treatment services; direct emails to consumer advocacy/peer support networks; and direct emails to key informants.

It is important to note the recruitment for the consumer participants in this study was primarily conducted through the Gambling Impact Society (NSW). As such, most had some level of engagement with the organisation, including in roles on the management committee or as members of the GIS Consumer Voices

community education programs. As noted by Miller and Thomas (2017:3), who also interviewed peer support/advocacy service members, these are people who have thought deeply about gambling discourses and their impacts:

There were important experiences unique to these participants which were highly relevant to our exploration of responsible gambling. These participants had often thought deeply about responsible gambling discourses and were able to consider the impact of these discourses on others through their work with other gamblers.

Interview Process

Semi-structured interviews (Denzin & Lincoln, 2011; Patton, 2005) were chosen to capture the diversity of perspectives amongst stakeholders. Semi-structured interviews are regarded as effective research tools due their flexibility, accessibility, intelligibility and capability in disclosing important and often hidden aspects of both organizational, and human behaviour (Qu & Dumay, 2011).

Questions were systematically developed around topic themes with probes to elicit further responses in a conversational style. Interview guides, incorporating the use of open-ended questions, were developed for each wave of the study (see Appendix 2 & 4). The guides ensured the same semi-structured thematic approach was applied during each interview within each of wave of the study.

Interview guides were tailored to three different stakeholder groups: people with experiences of poker-machine gambling problems; people negatively affected by a family member's poker-machine gambling; and other key informant stakeholders. The interview guides encouraged a conversational style of interview, creating the opportunity for all relevant areas to be addressed whilst also allowing respondents to expand on their views.

All interviewees were provided a participant information sheet explaining how the research data would be treated (see Appendix 1 & 3); their written consent

(see consent forms Appendix 1 & 3) confirmed they understood participation was voluntary. These were issues particularly important to convey to members of the GIS management committee who chose to participate as interviewees, to ensure they understood there was no coercion from myself in the GIS role. All participants were advised their contributions were confidential and that all data would be aggregated and de-identified.

Thirty-four interviews were conducted face-to-face with interviewees, including one joint interview (two participants). In two cases, interviews were conducted by telephone due to logistical issues in accessing the interviewee. All interviews were digitally recorded and transcribed verbatim with the informed consent of the participants.

Interviews evolved progressively and resulted in two waves. The initial interviews (*Wave One*) which focused upon the gambling policy context and policy reforms, particularly in relation to recommendations from the Productivity Commission Report into Gambling (Productivity Commission, 2010). Interviews with consumers also explored their journeys with gambling and its impacts, along with perspectives on venues and proposed reforms (see Appendix 4a & 4c).

In reviewing content of *Wave One* interviews, I identified that the embodied practices of poker-machine gambling were not foregrounded. Additional interviews (*Wave Two*) were therefore developed to address this and expand focus upon the lived experiences of poker-machine gambling and gambling harms. The interview guide was amended accordingly (see Appendix 4b).

Wave One—Interviews

One-to-one semi-structured audio-taped interviews with 30 participants lasting between 1.5 and 2 hours were conducted with key stakeholders from industry, non-government and government organisations including problem gambling treatment providers (personal counsellors), researchers in the field, NSW

Health service staff, club staff, and consumers—those who had been affected by gambling problems (seven individuals who had developed gambling problems and two family members). The focus of Wave One interviews was upon the gambling policy context and perspectives on reforms. Areas explored in these interviews included: personal involvement with, or contributions to, the field of gambling; perspectives on gambling developments in Australia and NSW; perspectives on the balance of interests in policy development; and views on models and strategies to address problem gambling, including public health and consumer protection (see Appendix 2). Interviews with consumers focused upon: their journeys with gambling, impacts on themselves and others, relationships with venues, perceptions of venue duty of care, social responsibilities and community contributions, and considerations of proposed gambling reforms (see examples Appendix 4a & 4c).

Wave Two—Interviews

Five additional semi-structured interviews were conducted with newly recruited consumers. These interviews were aimed at further investigating the lived experiences of poker-machine gambling and gambling harms. Participants included three individuals who had developed gambling problems and two family members. Areas explored in these interviews included: the personal journey with gambling; gambling harms and experiences of support; experiences of gambling venues; perceptions of harm minimisation strategies; views on gambling policy; and ideas for change.

Summary of Consumer Participants

The following table provides an overview of the demographic status and characteristics of people affected by gambling harms who took part in the research interviews and whose views and experiences are reported in this thesis (refer Table 1).

Table 1: Summary of Consumer Participants

Name (Pseudonym)	Age 30-39	Age 40-49	Age 50- 59	Age 70-79	Interview Wave	Relationship to person experiencing problem gambling
Angela		X			2	Adult child of (mother)
Cynthia			X		1	Person experiencing PG
Elle	X				2	Partner (husband)
Deidre				X	1	Mother of (adult son)
Diane			X		1	Partner of (husband)
Graeme		X			1	Person experiencing. PG
Heike			X		1	Person experiencing PG
John		X			1	Person experiencing PG
Karen	X				2	Person experiencing PG

Lydia				X	1	Person experiencing PG
Len	X				2	Person experiencing PG
Raymond				X	1	Person experiencing. PG
Ramiro			X		2	Person experiencing PG
Terry	X				1	Person experiencing PG

Fieldwork Observations

In addition to stakeholder interviews, fieldwork observations were conducted (Kawulich, 2005; Marshall & Rossman, 1995), whereby I used my five senses to explore, describe and record my observations of the arrangements that support poker-machine gambling within clubs. These methods aim to help the researcher develop an understanding of the context and phenomenon under study (Kawulich, 2005). Similar to the work of Rooke (2018), I included a number of visits to clubs to document the artefacts and material-discursive practices within them.

These fieldwork visits enabled me to explore the 'affective dimensions' of the venues which included the multiple experiences of: interpersonal communications with venue staff, the sounds of gambling, lighting within the gaming room floor, ambience across the venue, décor, and the affective impacts of spatial dimensions. These fieldwork observations enabled a multi-

sensory exploration of the world of poker-machine gambling and contributed to extending the research beyond the discursive.

Ethnographic notes (Fine, 2003; Kawulich, 2005) were taken to record field observations and included reflexive writing in response to discussions with key informants (Denzin & Lincoln, 2011; Patton, 2005). This reflexive process enables exploration of “the relationship between the researcher and the field, questioning the knowledge that is produced in field notes and in their analysis” (Eriksson, et al., 2012:10). These notes were used to assist sensemaking and interpretation of the data (Eriksson et al., 2012) and inform analysis.

Reflexive Sense-Making Discussions

In addition to semi-structured interviews and field observations, sense-making discussions (Mills et al., 2010) were conducted with members of the Gambling Impact Society’s management committee. These occurred on three occasions during the study. These discussions were conducted as an Interpretive Focus Group (IFG) (Dodson et al., 2007) given GIS Committee members (n=6) had similar backgrounds and experiences to the research participants. Notes were taken from these discussions, and they helped synthesise findings and further explore themes, particularly with regards to the experiences of poker-machine gambling. At all stages of these discussions research findings were de-identified prior to any presentation to the IFG to protect individual participants’ confidentiality.

Accessing and Collecting Documents and Artefacts

Additional data was accessed through academic and grey literature via a “snowballing” approach where one reference source leads to others (Wohlin, 2014). Sources of material included: public, academic and parliamentary libraries, government departments, museums and stakeholder websites. In addition, media searches were conducted through specific newspaper websites

and as referenced in other material. This data includes: policy documents and papers, annual reports from clubs, commercial and academic research into the technology and design features of poker machines, qualitative reports of gambling experiences in media interviews, personal narratives in newsletters/media articles, commercial marketing literature/pictures and photographs.

There are also numerous official sources of quantitative data pertaining to gambling in Australia including state government data collections around EGM revenues, numbers of venues, prevalence of gambling problems and attitudes towards gambling. These data and the manner of their collection and presentation form an important source of information about the structure, scale, parameters and trajectories of gambling development in NSW and elsewhere in Australia.

Since 1999 there have been a number of public policy and legislative initiatives and programs developed across states, territories and the Commonwealth in Australia with regard to problem gambling and harm minimisation (Banks, 2002). The following policies and legislation are some examples of key sources of policy data accessed for this study:

- Productivity Commission Inquiry into Australia's Gambling Industries (1999a). Final report.
- Productivity Commission Inquiry into Australia's Gambling Industries (1999b). Draft report.
- IPART Inquiry NSW (2004)-"Promoting a Culture of Responsibility"
- IPART (2007)-Inquiry into registered Clubs industry in NSW
- Productivity Commission Inquiry into Australia's Gambling Industries (2010).

- Parliamentary Joint Select Committee on Gambling Reform (2011) -The design and implementation of a mandatory pre-commitment system for electronic gaming machines: First report. Commonwealth of Australia.
- Parliamentary Joint Select Committee on Gambling Reform (2012a) - The prevention and treatment of problem gambling: Third report.
- Parliamentary Joint Select Committee on Gambling Reform (2012b). National Gambling Reform Bill 2012 and related bills.
- Clubs Australia (2012), Part of The Solution—Promoting a Culture of Responsible Gambling
- Parliamentary Joint Select Committee on Gambling Reform (2013).
- National Gambling Measures Act 2012- Amended (2014)
- NSW Government Memorandum of Understanding (MOU) with ClubsNSW (2018).

Where possible, policy development (process) documentation was obtained from key government departments and stakeholder organisations to examine to what extent consumers (those directly affected by gambling problems) are engaged with the process of policymaking. Submissions to the Productivity Commission Inquiries into gambling (1999a and 2010) and the NSW IPART Inquiry (2004) are examples of this data.

Data Analysis

A feature of collaborative inquiry is that data analysis is an iterative and progressive process, rather than occurring only after all data collection (Kirby & McKenna, 1989). Instead of a separation between information gathering and analysis of data, the iterative process results in an intertwined method. The research therefore included a number of phases of data collection and analysis

(detailed later in this section) which were not linear and overlapped. For example, some ethnographic field observations occurred concurrently with interviews, and analysis of some forms of data informed analysis of other forms (e.g., discourse analysis of industry or government policy documents informing the thematic analysis of what consumers were saying).

Research findings and my analysis were shared with the GIS management committee as the interpretative focus group (IFG). This included discussions of the genealogy of clubs in NSW (phase 1), reflections on the lived experience of poker-machine gambling (phase 2) and their environments (phase 3), along with the impacts of policy (phase 4). IFG members were also given opportunities to comment on written chapters as they were completed.

The data analysis, which was interwoven across the different phases of the research, included: Foucauldian discourse analysis (Arribas-Ayllon & Walkerdine, 2017; Gibb, 2015) and thematic analysis (Bradley et al., 2007). These approaches are outlined below.

Foucauldian Discourse Analysis (FDA) is a critical approach to examining the use of language, icons and images that give meaning through discourse (Gibb, 2015). The aim in examining discourses is to observe how particular knowledge is created and becomes dominant whilst simultaneously silencing alternative interpretations of the world (Waitt, 2010). Analysis is therefore focused upon both what is said and what is not said and how power and politics are employed through discursive practices. This form of analysis also enables a genealogical examination of how discourse changes over time. Analysis is therefore at the macro level, examining large scale objects such as published speeches, policy documents, etc. (Gibb, 2015).

The process of FDA includes reading and observing subjects and objects through examining intellectual theories or discussions, governmental reports, policy statements, news articles and interview transcripts (Arribas-Ayllon &

Walkerdine, 2017). The analysis involves attending to the large-scale topics including themes, references to certain topics and the absence of reference to other topics, and identifying the cultural knowledge and meanings (Gibb, 2015). It is important to observe the relationships between discourses: the different ways objects are constructed, how discourses are historically and culturally situated, and how these discourses arose. The action orientation of discourses is examined, including how various constructions are being used and what or who gains from that positioning. For example, in this study how I examine how the discourses of problem gambling are constructed and how responsibility is attributed.

Foucauldian discourse analysis facilitates the identification the range of positions, categories and activities on offer and considers what actions these positions make possible or prohibit. Amongst these considerations are a number of questions such as: how do discourses support institutions and reproduce power relations? Which institutions are supported and what are the gains or losses? Who exercises power and whose discourses are being presented? Who is the target of the discourse and what and why are certain images presented? What is left out, unspoken, unsaid? (Gibb, 2015).

Thematic Analysis relies on the process of comparative analysis, with the researcher working across the data inductively and applying codes and categories to emerging themes (Braun & Clarke, 2013). It is a 'constant comparative' process whereby data is reviewed line by line and codes assigned to emerging concepts, which are further refined as more data is reviewed. Text segments are progressively compared to decide if they reflect the same concept. In this way the dimensions of existing codes are refined, and new codes identified to reflect the experience of participants (Bradley et al., 2007).

As an iterative process in the present study (Srivastava & Hopwood, 2009), this analysis involved developing initial codes from words taken from initial reading

of the transcripts. Then more abstract categories (sets of ideas or discourses) were developed from the initial codes (Bradley et al., 2007; Charmaz, 2017). These were then checked and rechecked against the data. The analysis was conducted both manually and using NVivo software (NVivo 10).

As the author and primary researcher, I completed all coding of interview transcripts and further analysis. Whilst the checking of inter-rater reliability of coding between research team members may have some benefits, it is also suggested that having a single researcher is both “sufficient and preferred” (Bradley et al., 2007:1761). This is regarded as being particularly valid in studies where “being embedded in ongoing relationships with research participants is critical for the quality of the data collected” (Bradley et al., 2007:1761). It is recognised that this kind of analysis is unlikely to be repeated by those with other traditions or paradigms and that disclosure of the researcher’s biases and philosophical approaches is therefore important (Bradley et al., 2007).

The Process of Analysis

The process of analysis in this study involved reading interview transcripts, government policy documents, government inquiry submissions, industry reports, GIS correspondence, photographs, newspapers, websites and social media and the transcripts (and observation) of educational/documentary film. This was supplemented with fieldnotes of discussions with stakeholders and observations of gambling venues. Through this process I sought to understand the multi-layered complexities of poker-machine gambling within its relational and situated context.

The approach to all data involved the deconstruction of the language and discernible activities of actors, authors and stakeholders. Data was triangulated to identify the material-discursive practices and elements of the field of club-based poker-machine gambling in NSW.

The data was analysed in four phases (described below) with different types of data read through one another rather than analysed separately. The research findings in this study are therefore reported in each chapter as a triangulation of data using a mix of data sources. The four phases of data analysis are described below.

Phase One—exploring the genealogy of poker-machine gambling in NSW

A genealogical approach to the historical and contemporary materials was my first process of analysis, which included content and discourse analysis of documents. The genealogical origins of the NSW club movement were examined in this phase of the analysis and included examining: the social mandate that led to (and maintains) poker machines in NSW clubs; the extent of poker-machine gambling in clubs in NSW; the financial dependency of clubs on poker-machine revenue; and NSW clubs' positioning in the community. The discourse of clubs in NSW was also examined in order to identify their meta-narrative.

Phase Two—exploring the lived experiences

Phase Two of the analysis focused upon exploring the lived experiences of people harmed by poker-machine gambling (individuals who gamble and family members). Analysis included examining: the material-discursive practices of gambling with poker machines; perspectives on developing gambling problems; experiences of the impacts of gambling harms from individuals who gamble; and perceptions of harm from family members. This enabled building upon emergent themes throughout the research and extending participant recruitment when gaps in data were identified.

Phase Three—exploring the material-discursive practices

Phase Three of the analysis focused upon exploring the material-discursive practices of poker-machine gambling. Analysis included examining consumer experiences of the material-discursive practices surrounding: the environment within club venues; the technology of poker machines; the practices of venue staff; and the social and cultural arrangements.

Phase Four—exploring the policy environment

Phase Four of the analysis involved mapping the discourses within the policy environment in NSW. The aim of this discourse analysis was to identify different stakeholder perspectives and expose the orthodoxies and heterodoxies in the field. This process focused upon exploring the differences and similarities between the voices of academics, treatment practitioners, consumers, industry, and government. The analysis also examined the nature of ideas and images and other symbolic practices that make up the various positioning of stakeholders. Relations with other discourses and practices, such as public health/health promotion approaches, were also explored.

The aim was to identify the range of perspectives on current Responsible Gambling policy in NSW and examine evidence of a shifting paradigm. In particular, this phase focused upon exploring emerging consumer voices and examining their perspectives on what policy may look like if consumer experiences and voices were translated into the policy environment.

Trustworthiness in the Research

Williams and Morrow (2009:577) suggest there are “three major categories of trustworthiness to which all qualitative researchers must attend”. These are: the integrity of the research, achieving a balance between reflexivity and subjectivity, and providing a clear communication of findings. The following

section provides an overview of the considerations taken to establish trustworthiness in the research.

Credibility

This research has accumulated rich data from a range of perspectives by using multiple data sources and a multi-methods research approach. Data is drawn from a diversity of informants and a range of documents. The data was triangulated and read through and between, allowing the breadth of viewpoints and experiences to be verified through each other. The aim was to achieve a rounded and multi-layered understanding of the phenomena. As Shenton suggests (2004:69), this process helps the researcher construct a “rich picture of the attitudes, needs or behaviours of those under scrutiny”.

The inclusion of detailed descriptions in the research, particularly of consumer experiences, promotes credibility and conveys the actual situations under investigation and the context within which they occurred. According to Shenton (2004:69), these insights enable the reader to determine the extent to which the overall findings “ring true”. These ‘thick descriptions’ aim to provide credible representation of the participants’ experiences and a detailed examination of the phenomena of poker-machine gambling and related gambling harms.

As recommended by Williams and Morrow (2009), the data analysis presents a clear and detailed connection between my interpretation of the data and the research participants’ unique and individual contributions. I have maintained awareness of my known perspective through the use of reflexive processes including: reflective journals; discussions with supervisors; discussion with member checking participants; and discussion with the interpretative focus groups (IFG). These processes have assisted me to maintain recognition that my personal experiences are separate from the participants’ stories (Williams & Morrow, 2009).

Member Checking

Engaging in 'member checking' creates opportunities for participants to reflect upon researcher interpretations (Lincoln & Guba, 1985). These checks of accuracy may take place at various stages in the research process including "on the spot" and at the end of "data collection dialogues" (Shenton, 2004:68). During participant interviews I found it was important to check in with informants with regard to clarifying topics for discussion, ensuring informant understanding of questions, and clarifying meanings within responses.

All participants were offered a copy of their audio interview. I listened to all interviews on several occasions, and they were then transcribed by myself or, as in Wave Two, by a professional transcribing service. During the writing-up phase of the study, a sample of consumer participants and all IFG members were sent chapters for their review and feedback.

Sense-making Opportunities

As previously discussed, opportunities for interpretative sense-making discussions (Birt et al, 2016; Lincoln & Guba, 1985) were included at various stages during the research analysis. This included group discussions with the GIS and sending draft chapters to individual GIS committee members and a sample of research participants to enable reviews of my analysis and the representation of consumer issues and views.

The inclusion of these sense-making opportunities at the points of data collection, analysis and write-up gave participants a process to provide feedback on my interpretations and enable their own meanings to be honoured. This process not only builds collaboration and trustworthiness but facilitates the checking of the "balance between the participant voices (subjectivity) and the researcher's interpretation of meaning (reflexivity)" (Williams & Morrow, 2009:579).

Social Validity

The concept of social validity refers to the social importance of goals, procedures, and outcomes of an intervention in terms of its value to stakeholders (Wolf, 1978 cited in Williams & Morrow, 2009:580). It is suggested (Lyst et al., 2005) that these principles can be applied to qualitative research through: the rationale for the research, the language used to communicate it, collaborations with participants, and how participants understand the research. Williams and Morrow (2009) also suggest that other components of social validity can be included drawn from principles of social justice and positive psychology. These include: improving processes or outcomes for individuals or groups; revealing limitations in current approaches and suggesting alternatives; encouraging further dialogue on an important research topic; suggesting a new course of action based on the research; or contributing to social justice and change.

In this study, the research has maintained social validity through ongoing engagement with the Gambling Impact Society (NSW) management committee. This team acted as the interpretive reference group for the study. Research findings were shared, concepts discussed and active feedback on the research sought. The member checking activities outlined above also contributed to the social validity of the study.

Adopting a collaborative inquiry and advocacy research methodology has kept the study grounded with stakeholders. The focus has been on deconstructing the components which make up poker-machine problem gambling in order to more fully understand how these contribute to the phenomenon. Through research engagement with those affected, the study aims to increase understanding of poker-machine gambling harms and bring attention to consumer concerns.

Reflective Practical Outcomes

In gaining evidence of the value of research to participants, Bradbury and Reason (2006:347) suggest it is important to ask if the work is “validated by participant’s new ways of acting?” As a collaborative inquiry and advocacy research study, it was anticipated there would-be practical outcomes.

Therefore, throughout the research progress, the study informed the work of the Gambling Impact Society (NSW) including, for example: content contributions to government inquiries (submission, no: 059 Productivity Commission Inquiry, 2010) and attendance at public hearings (Productivity Commission Inquiry, Sydney, 1/12 2009), membership of the federal government’s Ministerial Expert Advisory Group on Gambling 2010-11 (Macklin, 2010), policy submissions (Liquor & Gaming NSW, Local Impact Assessment Review, 2017), GIS lobbying activities (meetings with federal and state ministers, etc.) and government consultations, presentations at GIS hosted public health seminars and community education programs, GIS presentations at national (National Association of Gambling Studies, 2012) and international conferences (European Association of Gambling Studies, 2010; Auckland University of Technology, 2014). It is also anticipated that the research will be used in an ongoing way, by the GIS to inform submissions to policy and decision-makers and to extend ways of knowing and responding to gambling harms.

Researcher Credibility and Reflexivity

According to Shenton (2004), the credibility of the researcher influences the trust that can be placed in the research as much as the research procedure itself. This includes the background, qualifications and experience of the investigator. These influences are important to be aware of in qualitative research where the individual researcher is often the major instrument of data collection and analysis. Finlay (2002:212) suggests that “most qualitative researchers will attempt to be aware of their role in the (co)-construction of

knowledge". In an effort to enhance trustworthiness, transparency and accountability, they will aim to make explicit how intersubjective elements impact on data collection and analysis. Included in this must also be an acknowledgement that there is a fine balancing act to be undertaken by the researcher in terms of qualitative content analysis and interpretations. This is illustrated by Graneheim and Lundman (2004:111) who maintain that:

On one hand, it is impossible and undesirable for the researcher not to add a particular perspective to the phenomena under study. On the other hand, the researcher must 'let the text talk' and not impute meaning that is not there.

In finding a balance, Finlay (2002:224) suggests, researchers often adopt a reflexive approach to their work. She explains that this can take several forms including:

a confessional account of methodology or...examining one's own personal, possibly unconscious, reactions. It can mean exploring the dynamics of the researcher-researched relationship. Alternatively, it can focus more on how the research is co-constituted and socially situated, through offering a critique or through deconstructing established meanings.

The use of reflexivity may serve different purposes and shift within the study. Examples include providing accounts of the research, positioning the researcher, voicing difference, interpreting data, and attending to the broader political dimensions as material is presented (Finlay, 2002).

In this study I have maintained a reflexive approach by taking notes of reflections on field observations, field discussions and some of my thoughts during the process of the research. These have been recorded in notebooks for further reflection and analysis. In this way I could reflect upon initial thoughts and observations and consider meanings within the context of other data analysis. In participant interviews, I was conscious to use the interview guide and audio-record the interview. All research interviews were transcribed

verbatim. I have completed these activities with awareness of my roles as both an insider (gambling counsellor, GIS member and affected family member) and outsider (academic researcher). It has been important to consider these positions and how they have influenced interactions with interviewees and representations of the data.

As the executive officer for the GIS, I was in a position of relative power within the organisation. Accordingly, it was important to ensure GIS members and the GIS management committee understood their participation and personal contributions were both confidential and voluntary.

My background as a problem gambling counsellor and mental health social worker served me well in maintaining these ethical boundaries, whilst also acknowledging that my background as a founding member of the organisation and impacted family member facilitated a mutual trust between myself and GIS participants and some other stakeholder participants.

Undoubtedly these roles created some advantages to gaining interviews with some stakeholders. However, there were also some disadvantages in creating barriers with some other stakeholders, notably club managers, as my history of involvement in GIS advocacy in 2010 -12 political debate and contributions to legislative processes on gambling reform was public and from the perspective of gambling operators, considered contentious.

It was important to recognise and acknowledge that as a researcher I am part of the world I am seeking to understand and not separate from it (Barad, 2007). The professional and personal roles surrounding my position in the study were regularly discussed with my supervisors as the research progressed.

Dependability and Confirmability

The concept of dependability refers to how well the study reflects the research design and its implementation (Shenton, 2004). In this chapter I have provided a detailed description of the processes undertaken in this research to enable the reader to gain an understanding of the collaborative research practices that have been followed. This has included: a description of what was planned and executed at a strategic level; operational detail on how the data was gathered and what was done in the field; and a reflective appraisal of the project (Shenton 2004). All written data has been kept in its original form to enhance dependability.

These processes also contribute to the study's confirmability, which Shenton (2004:72) describes as steps taken to "ensure as far as possible that the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher". Miles and Huberman (1994) also consider the extent to which the researcher admits his or her own predispositions is a key criterion for confirmability.

Ethics

Ethics approval for all qualitative data collection was sought and granted by Monash University Human Research Ethics Committee (Approval No: CF10/10847-2012000420). This was subsequently transferred to the University of Wollongong (Approval No: HE15/192) along with my enrolment.

All interviewees were contacted by email and were provided background details about the study, information about how the interview would be conducted and how the data would be reported and stored in line with UOW ethics standards (see Appendices 1 & 2). All interviewees signed a consent form before interview (see Appendices 1 & 2). Opportunities for participants to receive an audio copy or transcript of their interview were provided.

The GIS management committee was a supportive reference group to the study and many members were interested in contributing to the research as interviewees. All committee members had the opportunity to participate and, as with other participants, they were informed their participation was entirely voluntary. It was important to ensure there was no perceived or actual coercion from myself as a member of the GIS team.

All interviews were conducted individually and with the aim of protecting the confidentiality of participants and providing a safe and private environment. This meant face-to-face interviews were conducted in private rooms in community facilities/workplaces or, at the invitation of the interviewee, within their home. Telephone interviews were set up in advance with the interviewee at a location of their choosing—usually their home. All telephone interviews were professionally recorded by a third party, with the interviewees' consent.

Interviews were conducted with professional integrity, respect and sensitivity to the desire of interviewees, particularly consumers, to be actively listened to and heard. I was conscious that for many consumers this may have been the first time they had spoken deeply about their concerns about gambling harms and views for change. It was important for me to capture these views accurately along with the expressions of feeling which underpinned them. I was aware that my own experiences as an impacted person provided a level of empathy and trust in these communications, but also risked my own biases influencing the data collection process.

In addition to these arrangements, I was aware, from my professional role as a problem gambling counsellor, that reviewing personal experiences of gambling harms may trigger further issues. I was therefore sensitive to this within the interviews and checked in with participants with regard to their safety around the subject matter and provided guidance on accessing support if necessary.

All data was de-identified in its reporting and pseudonyms have been used when quoting from research participants. As some interviewees were GIS management committee members and members of the IFG, it was also important to ensure all data was de-identified prior to any discussions with the IFG. The Gambling Impact Society (NSW) gave permission for its name to be used in this thesis.

Conclusion

This chapter has aimed to provide a comprehensive understanding of the theoretical framework, sensitising concepts and methodology which have guided this research. The research has been positioned as a collaborative inquiry with an advocacy focus and the research methods and the process of data analysis have been discussed. The various components of trustworthiness in research have been highlighted and details given of how this study addresses them. An overview of the study's ethical considerations has been provided.

The next chapter (Chapter Five) will introduce the reader to accounts of how poker-machine gambling is experienced by those with lived experiences of gambling harms. The chapter will begin the process of 'zooming in' to examine the intra-action of human and machine and the co-production of harm.

Chapter Five: Journeys to the Zone—Consumer Perspectives on Developing a Gambling Problem

Introduction

In this chapter the sociomaterial arrangements and material-discursive practices of poker-machine gambling are considered from the perspective of people who have developed gambling problems. Through exploring embodied practices, the research seeks to understand the experiences of poker-machine gambling, including the interpersonal, environmental, and technological affective dimensions. These are key aspects which consumers describe as having influenced their behaviour in relationship to poker machines.

Organised thematically, into stages of gambling, the chapter reflects how participants described their progressive journeys with gambling. I have categorised these stages as follows: introductions to gambling; developing a problem; adapting to the machine; experiences of 'the zone'; leaving the machine; and going back to gamble.

The concept of poker-machine gambling as a technological boundary unmaking process is considered when examining the complexities of the relationship between human and machine in this chapter. In particular, there is a focus upon how 'problem gambling' is co-produced from this intra-action (Barad, 2003).

This chapter contributes to answering the first overarching research question and first sub-question:

- How do sociomaterial arrangements and material-discursive practices shape poker machine gambling and related harms in NSW?
- What are the lived experiences of those who have been harmed by poker-machine gambling?

To investigate these questions, this chapter identifies and explores the material-discursive practices of poker-machine gambling and how they contribute to gambling harms.

Participant experiences are presented, analysed and discussed progressively throughout the chapter. Consumer quotes are italicised in this chapter (and subsequent chapters) to distinguish their voices in the research. Relevant research from the literature review is drawn upon to support discussion of findings.

Introducing Participants

The chapter draws upon interviews with fourteen consumer research participants. These were the participants who had experienced harms from directly gambling with poker-machines (six men and four women) and were distinguishable from affected family members. Their journeys from early introductions to gambling, through to habitual gambling, often over many years, is explored and discussed.

Aged between 35 and 75 years old (refer Table 1, Chapter Four, page 122) at the time of interview, all participants considered themselves in recovery or recovered from gambling problems. It is important therefore, to acknowledge that these interviewees discuss their experiences from the position of people trying not to gamble. Their reflections are often self-critical and reflect a sense of shame in their behaviours.

Introductions to Gambling

Introductions to gambling occurred early in the lives of most participants, with betting seen not so much as 'gambling', but rather as taking part in family social

events. The following descriptions provide examples of these early introductions.

John, aged in his forties, works as tour guide within Australia. He is the son of a professional family and grew up in an affluent suburb of Sydney. However, John experienced significant impacts from his gambling, both financially and emotionally, including experiencing thoughts of self-harming following periods of gambling. John describes how his early gambling experiences were influenced by his parents and siblings taking part in annual Melbourne Cup sweeps:

Dad would bring home sweeps for the Melbourne Cup...We'd know what horse we'd have in the sweep. We would have a bit of excitement, but that wasn't anything particular. It wasn't a big thing in our family, gambling, it wasn't a weekly thing, my parents neither of them, were gamblers, but we'd do it for enjoyment, and it wasn't a problem.

Whilst these activities are recognised by John as a part of his story with gambling, he considers his parents non-gamblers and this activity as non-problematic. It is related as a fun, family based, social activity, although John also recalls how this normalisation of gambling had a reinforcing effect in his teenage years:

When I was 16, I went to a country race meet in country NSW. It was condoned by my parents, we dressed up, it was quite a nice outing and we were allowed to put money on with the bookies and that was a part of our fun without being pushed...getting a win at the races there, the thrill of the win, the thrill of the race. I remember the adrenaline rush, the excitement, that I still probably connect to gambling.

Gambling was regarded as a special family occasion, where underage teenagers were allowed to bet, even although this was illegal. John describes his bodily feelings of exhilaration as part of the powerful and affective

dimensions of gambling. These feelings, linked to John's early experiences of gambling, still resonate with him today.

Graeme, aged in his late forties, experienced family abuse as a child and undiagnosed mental health issues from his teenage years. Gambling, combined with mental health issues, led to a jail sentence in his early adulthood and to a long history of disadvantage, homelessness and risks of self-harm. He had a difficult journey through several welfare services to eventually find the correct mental health diagnosis, appropriate treatment and stable accommodation. Graeme recalls his early introductions to gambling:

I was very young and given to a foster family for a month...during that time they had a poker machine in the house. It was one of the old-fashioned type of machines, one-armed bandit, we were given pocket money to put in that poker machine, it was like a bank. So, they would empty it and give us the pocket money again, but we never actually got that money at all. We weren't allowed to spend that money. So, the excitement of it was the actual wins we got.

Graeme notes how strongly these experiences affected him and how they became *"ingrained in me within that month"*. He recollects how his mother took him to a bowling club to introduce him to alcohol and poker-machine gambling to celebrate his 18th birthday. Graeme links this occasion with his later development of habitual gambling which *"continued on a social sort of thing on my own...at the back of pubs."*

These 'rites of passage' described by participants as their introductions to poker machines (often with family members) usually progressed to gambling with friends and then gambling alone. Karen, now aged in her thirties, describes these transitions in her youth:

When I was 18 - I started playing pokies but I guess I was exposed to them though a lot younger, just attending clubs with family and also being aware that my Nanna and older cousins had played them...they seemed exciting and alluring. When I got the opportunity to start to play them, I was with my boyfriend at the time, he enjoyed playing them as well, and then I quickly found that I was putting more and more money into them and spending time on them, even when I wasn't with him.

Raymond, aged in his seventies, is a retired salesman. He has an extensive history with gambling and close involvement in racing activities from an early age: *"Horseracing was my favourite, but I also trained greyhounds at one stage, I was a judge at a track...for five years"*. He recognises the normalisation of gambling within his family and also within the South West Sydney community in which he grew up:

Over 50 years experience with gambling. I started when I was 8, it wasn't a problem then...I was always surrounded by gambling, through my extended family, my uncles and aunties, and cousins that gambled, some of my siblings.

Raymond describes his early experiences of running bets for family and friends. As he says, *"I had a lot of gambling mates surrounding SP bookmakers in those days before it become legal through the TABs"*. His first experience of gambling was on an illegal poker machine at a local fundraising charity event in 1956, *"getting funds to buy a piano for the school"*. However, horseracing was Raymond's favourite form of gambling. He had little interest in poker machines initially—although this changed in later years.

Cynthia is a care worker aged in her late fifties. She describes herself as quiet and introverted but is a passionate advocate for increasing understanding about gambling problems. She has contributed written submissions to several public inquiries on gambling and attended public hearings. Cynthia also considers

gambling with family members as the start of her journey into regular gambling and later problems with poker machines:

It was such a habitual thing with the family. It just followed a pattern, go to the club, have a meal, play the pokies, go the club, watch a show, play the pokies. Then if I wasn't going with my mother-in-law, I was going with my future husband...I was kind of boxed in...you've got to understand, it's not like I was doing this in the sense that I knew better, because I didn't, I didn't know better.

Cynthia regarded poker-machine gambling as a normal part of family socialising but also felt constrained by these patterns of activities. She expresses a sense of habituation, social conditioning, and a pressure to fit in with family norms, particularly with the new family into which she was to marry. On reflection, Cynthia thinks these feelings were compounded by her own naivety.

These participants' comments highlight the influences family and social networks had in early introductions to gambling and how these influences contributed to developing their own gambling behaviour. Such reflections echo Reith & Dobbie's (2011) research into 'becoming a gambler', in which she indicates the social nature of the activity is integral in the early uptake of gambling. In particular, she found the influence of family members and friends a significant factor in developing what she describes as a socially learnt behaviour. This contrasts to the large amount of research focusing upon individual pathologies as determinants of gambling behaviour (Suissa, 2006). Reith and Dobbie (2011) assert people are not born gamblers but "become" gamblers through a process of social conditioning—learning through their social networks via observation and social interaction. This is illustrated by Cynthia's comments:

I tended to play whatever my mother was playing, and whatever my mother-in-law was playing.

The social context of gambling provides individuals with an induction into the rules, language and rituals of gambling (Reith & Dobbie, 2011). Gambling is imbued with what Bourdieu (cited in Reith & Dobbie, 2011) regards as a “cultural capital” of social rituals and the etiquette of games. These norms of gambling are reproduced through social networks, environmental settings and relationships between gamblers, often from a young age, and form a powerful generational inheritance passed on through families. The family becomes the key site of early learning about gambling (Reith & Dobbie, 2011).

However, although the family may be a major source of learning about gambling, this is not a cause and effect relationship, as other factors including social class, age and socio-economic status need to be considered. Reith and Dobbie’s findings (2011) suggest that individuals who began gambling within a family environment were often younger and of lower socio-economic status than those who did not.

The experiences of participants in this study suggest early introductions to gambling are powerful influences, creating significant emotional and physically embodied experiences. From a sociomaterial perspective, these associations may well contribute to a smoothness of entry into the relational experience of the gambling ‘zone’ in later life.

Developing a Gambling Problem

Progression from early experiences of gambling to the development of a gambling problem was varied amongst interviewees. However, there are common threads as participants described developing regular habits with gambling.

As Raymond acknowledges, “*I didn’t recognise it as a problem. It was just a normal way to live*”. The normalisation of gambling in Raymond’s family and

social network compounded his lack of insight that gambling was becoming a problem. As an example:

I was always working at least two jobs, sometimes I worked three jobs, my main job through the day and casual jobs like in clubs and pubs. I even went out catching chickens for Ingham of a night and that was cash-in-the-hand, which suited me.

Raymond describes his need to work multiple jobs to maintain his family, but at the time, he didn't make the connection between this requirement and his gambling behaviour. It is evident that the social normalisation of gambling in the community contributes to a lack of recognition of when behaviour is becoming a problem for individuals.

Like many struggling with gambling problems, Raymond made repeated attempts to stop:

I did sometimes try to stop, because I could see like when I did my wages, my family and three kids, my wife and I had no money left. Even though I had big wins, I had big losses, so even although I was a good breadwinner, often times I lost the bread money.

Raymond considers himself a good provider for his family but also recognises the impacts of gambling on them, when his losses outweighed his wins. Gambling continued throughout his working adult life, mostly on horseracing. As a travelling salesman, he was often away from home alone and had easy access to gambling opportunities:

I was able to work to suit myself to give myself plenty of gambling time afternoons or at night.

It was during these periods that Raymond began to take up regular poker-machine gambling:

The gambling was always there, and it was in that period (over seven or eight years) that my gambling really picked up. I began playing poker machines as well, which in the finish was my downfall.

Many aspects of Raymond's story illustrate poker-machine gambling as a change in direction for his gambling behaviour with significant negative consequences. He is circumspect, however, and reflects with hindsight that he may have "had a downfall even if I hadn't touched poker machines".

Karen is a busy mother of six children aged 4-12. She and her husband have a landscaping business, but her gambling had significant impacts on the business and their relationship, both financially and emotionally. As Karen describes, her gambling contributed to her husband's depression and led to her own risks of self-harm. Karen's history with poker-machine gambling started in her teens on an outing to a club with her boyfriend. She progressed to regular poker-machine gambling during her early work life:

I was sometimes going in my lunchbreak, after work, before work. I would go through my pay packet on the day that I would be paid and that was a monthly pay packet.

John also recognises a level of compulsiveness with poker machines starting in his teenage years, when he would go with friends to the pub:

When I was of drinking age, say 17 or 18, I would sometimes play the pokies at the pubs with friends. We might go for a beer for half an hour or three-quarters of an hour and then I noticed when they were willing to walk away. They finished their fun, I still needed to stay, either because I had money in the machine, or I thought I was going to win. So that was when I noticed there was a little bit of compulsiveness about it.

John describes a sense of compulsion to remain gambling even although his social group were leaving. He identifies two significant types of thoughts he had

driving this 'need'—to 'play out' the credits (he had accrued in the machine), or pervasive thoughts about winning. A sense of compulsion was often described by participants in this study.

This next section examines experiences of the relations between humans and poker machines and the sense of becoming increasingly enmeshed with the technology.

Adapting to the Machines

This next section of exploring 'journeys to the zone' makes visible, through the experiences and words of those engaged in poker-machine gambling, how participants felt they were continually adapting to the machines. Many of the participants' experiences reflect Haraway's (1990) concept of a "cybernetic organism", as they describe how the boundaries between the machine and themselves dissolve. Their examples give credence to experiences so rebounded and integrated, that participants felt they became unified with the machine. These "cyborgian" (Haraway, 1990) experiences are articulated by Terry when he describes a sense of investment in the machine:

*That's the sort of investment I am talking about, **you become a part of the machine** and the whole knowledge is powerful [emphasis added].*

For Ramiro, it was the material practices of poker-machine gambling that led to him feeling as if he was part of the machine:

I think it was probably almost...like part of it...my hand was constantly on that machine, constantly on that button. So, there wasn't a separation.

Through these entwined experiences many participants felt they were in a process of continually adapting to the machines. This was particularly evident in their descriptions of adapting to the evolutions of machine design from the early mechanical single-line reel machines (one-armed bandits) to the electronic

multi-line poker machines of today. Cynthia links her developing gambling problem to these design progressions:

It was a very slow process and probably nine years into it, because by then the machines had changed as well. This is when they started having multiple lines as well, and we adapted to the new machines. Even though you could play low credits, the way you adjusted, when they introduced the note acceptors and the money was going faster...you kind of developed this desire to have a play and if that wasn't met, you tended to put more money and stay longer and because the machine had become more sophisticated. That also encouraged more money to be spent.

Cynthia's experience suggests machine design changes created a less passive machine with more influence within the human-machine relationship. These experiences demonstrate how machine designs have major impacts on individual gambling behaviour. As Cynthia identifies, although the new machines offered low credits, the new design features included note-taking facilities, which resulted in increased losses.

Cynthia describes some of the material-discursive practices of gambling through her physical engagement with the early machines. She notes how this process had a distinctive pace of activity within the human-machine intra-actions:

There was no credit meter on the machine either, if you got a pay, the coins were directly dropped into the tray, so you had to scoop them all up and put them in. So, it was quite slow, and there weren't any multiple lines, multiple credits.

As Cynthia describes, these early machines were slower to use, due to the need to physically place coins into the machine and pull a handle to mechanically turn the reels of symbols. The change to electronic gaming machines with digital displays, multiple features, credit meters, push buttons

and note-takers meant the activity became faster and gambling across multiple lines of games became possible:

It was only until the changes occurred, and I kind of, if you like, grew into all these changes and I just adapted as the machines changed.

Cynthia's descriptions highlight how, through machine-human intra-action, she learnt to adapt to the speed and complexity of the more sophisticated electronic gambling machines. Once again, a Cyborgian influence (Haraway, 1990) is apparent in Cynthia's description of an organic experience of growing into the machine changes.

Graeme also describes the material-discursive practices involved in his experience of progressing from mechanical machines to some of the first electronic gambling machines—video card machines:

It wasn't pulling (a handle), it was pressing a button and actually choosing your cards. You got a choice of the outcome, or at least that's what I believed over many years. I learnt the opposite. But I actually believed I would get income out of it, I actually thought I'd win.

These video games mimicked popular card games at the time. Graeme describes a sense of control and skill in the process of using a machine feature which enabled players to select their own cards. This practice encouraged him to think he had an increased likelihood of winning.

Terry, aged in his mid-forties, is university educated with a science and analytical background. He has extensive experience with poker machine gambling and is also an advocate for poker-machine gambling reform. He articulates the influence of machine design and game features on human thinking and acting:

I think it's the conditioning, the repetitive over and over again...also the investment, not the financial investment but the personal investment. This is really sad. When I'd been playing games long enough, I would know, from the minute I hit the button, I would know what the first two reels were going to show up because I'd memorised the starting points and the end points of each reel. I had invested...in particular games. I'd hit the button and see the flash of a king, a flash of an ace, on those two reels and think, "OK I am not going to win this game". I'd hit it again and it would be a king and the jack and I'd think "Oh cool, I know I've got a chance" and sure enough the first two would drop with the combinations I was expecting because I'd played that much strip on that line that it had sunk in.

In this example, Terry describes the powerfully conditioning experiences of poker-machine gambling through the inherent repetitive practices. In this process, he learns the patterns of a machine's game, including its various icons and features. He describes this later as "*machine knowledge*". Terry considers this knowledge an important part of his personal investment in poker-machine gambling:

The more you know about the machine, the more you understand how the bets work, the more successful you're going to be. On a rational level it makes absolutely no sense. I've studied stats and I've studied nuclear science at university, and I was completely entranced by this.

Terry's investment in the machine is beyond financial and includes both emotional and intellectual experiences. These descriptions represent some of the affective dimensions of poker-machine gambling. In this example, Terry describes how the affective dimensions of poker-machine gambling led him to challenge his rational intellect. These reflections cause Terry to reflect with a sense of shame and self-criticism. He rebukes himself that, despite his rationality and beliefs in knowledge influencing outcomes, he felt caught in a powerful relationship with the machine.

The strength of Terry's self-chastisement can be understood in the context of his knowledge of poker machines. Terry sees himself as someone with superior knowledge of the machine, compared to a novice gambler:

Someone who's never played a poker machine before...sits down, pushes a button with five notes and gets a big win, they're like "ooh what did I do". They might develop a problem down the track, but at that point, it's like "I don't really understand what happened but it's really cool".

By contrast Terry describes how he would have experienced a similar situation:

If I'd been sitting there, hitting that button, I'd be riding each reel to come down and I'd know what had won and I'd think "finally!" I'd know what I'd done, I'd know what I'd got, and I'd know what it means.

The power of "machine knowledge" appears to be an embodied experience for Terry as he is "riding each reel to come down". He also has strong beliefs about luck:

Don't forget, this is "the lucky country" where the underdog always wins. I was going to say, "not always", but that's the idea, you always back the underdog...you could sit at the machine knowing full well the chance of winning is one-in-one-hundred-zillion but there's still that chance. You just never know.

Terry's belief in the chances of winning is culturally orientated to Australian values of those less fortunate having a 'fair go' (Bolton, 2003). He knows it's unlikely but there's always the chance that luck may change:

It's that...you own it and you become—it's like supporting a team almost...as if I'm supporting the wooden spooners and finally coming good once in a while. You live for those moments...actually, that's really sad, thinking about it in that perspective (voice cracks, he is emotional).

Terry articulates his emotional investment in machine outcomes, a sense of ownership of the outcome, similar to supporting a football team, even although his support is mediated by a sense of supporting a losing team. These reflections upon his own thinking in his gambling activities cause him present sadness and distress.

The tensions between the 'rational-self' and the poker-machine 'gambling-self' creates distress and often self-deprecating thinking for people who experience gambling problems. For some, this has led to self-harming behaviour. As discussed in Chapter Three, there are significant risks of suicide (De Castella et al., 2009; De Castella et al., 2011; Giovanni et al., 2017; Ledgerwood et al., 2005). Certainly, amongst participants in this study there were several who disclosed significant risks of self-harm in their history with poker-machine gambling.

Poker-machine design has been directly implicated in the processes of gambling addiction; Schull (2012) refers to "Addiction by Design". In her research, she describes the concept of "perfect contingency" as a possible explanation of what she sees as a near perfect match of player stimulus and a game response in machine gambling. As Schull (2012:173) describes:

The clean, stripped-down circuit formed by the pulse of the random number generator, the win-or-lose binary of its determinations, the rise and decline of the credit meter that register those determinations, the gambler's apprehension of that oscillating variation and the rhythm of her tapping finger reduce the gambling activity to its mathematical, cognitive and sensory rudiments...Carefully calibrated payout schedules turn a potentially "bumpy ride" into a "smooth ride", masking disjunctive events of chance with a steady blur of small wins. At a fast-enough speed, repeat players cease to register these events as discontinuous or even to distinguish them from their own inclinations. Things seem to happen automatically or "as if by magic".

In this quotation, Schull articulates the material-discursive practices of poker-machine gambling. It provides an example of the refined process of continuous rebounding of human with machine. The actual harm co-created within this human-machine rebounding will be explored later in this thesis. But it is important to acknowledge that research in Australia has demonstrated significant potential for addiction with this commercial gambling product since the early 2000s (Dickerson, 2003; O'Connor & Dickerson, 2003). In particular, Howard Shaffer, a prominent American researcher in the field of gambling addiction, suggests that the technology threatens our human neurobiological systems in a way that our "hard wiring" could never anticipate. He states:

These are rapid games, quickly played, relatively private, and hold the greatest potential for addictive disorder because they work our neurobiological systems in the most threatening of ways. (Shaffer 2001, cited in Schull, 2012:263)

This section of the chapter has examined how 'players' have kept pace with the changing technology of poker machines as they evolved from mechanical 'one-armed bandits' to sophisticated electronic gaming machines. Participants have explained how they tried to make sense of game patterns in ways not dissimilar to other forms of learning. The concept of practising for perfection is a socially acceptable goal, instilled within childhood educational systems along with anticipation of reward for effort. But as Shaffer has indicated (2004, cited in Schull, 2012:263), "the hard wiring that nature gave us didn't anticipate electronic gaming devices" and the potential for addiction has been highlighted. There is also a range of poker machine designs and game features which create powerful affects within the experience of poker-machine gambling. These features contribute to maintaining human engagement with the machine and will be considered in this next section.

Poker Machine Features

All participants were able to describe various features of poker machines that had influenced their gambling behaviour. Many described the sensory impacts of poker-machine lights, sounds and graphic displays. The technical features of the game itself, such as 'free spins', 'losses disguised as wins' and 'linked jackpots,' were also considered particular inducements to spend both more time and more money than originally intended.

Graeme found the flashing lights and speed of the game alluring:

It's actually the flashing lights, the noise, the reels that are keeping you there and the fact that your game lasts not even a second.

John describes how using poker machines affected his temporal perceptions:

They take away any awareness of time. So that panic of not realising I've been somewhere for one or two hours, was something I became conscious of.

Participant reflections demonstrate how the material-discursive practices of poker-machine gambling include sensory experiences that deeply influence the human-poker machine relationship. These affective dimensions become embedded in people's emotional and physical memories. For Terry, the smell of coins still triggers embodied memories of poker-machine gambling:

When I smell change, I get a chill—the gaming venue, playing a poker machine, it's a complete tactile, sensory experience.

John also acknowledges the strength of sensory engagement:

So, for example, if I'd been playing in the era when it really was the reels, I don't know that I would be as attracted to it. I certainly like what I call the "smells and bells".

John's comments concur with previous statements in this chapter, which highlight the affective dimensions of the transition from mechanical reel machines to electronic poker machines.

The significant influences of electronic game-design are discernible throughout participants' descriptions of their favourite machines:

The ones that were creative for me had creative features, I liked those, and I tended to play those. So, I thought the 'Queen of the Nile' was one of those... 'Out of Africa' with the lions roaring, that was another one I particularly liked... There was a circus one for example, which I particularly liked. (John)

It is noted that 'Queen of the Nile', is considered by industry, academics, gambling counsellors and gamblers, a popular poker machine (Walker, 2003; Williamson & Walker, 2000). As John further acknowledges:

The creative graphics was a big draw card for me and then when I got familiar with them, I loved that. One thing I was very, very, conscious of, I never got skilled at any machine. It was always a question of luck. So, it was only how did they appeal to me visually and aurally, 'cos I loved the feature music.

The digital technology of poker machines provides access to an array of graphics and sounds which can be used to create visually animated stories to attract machine users. As illustrated, these sensory features promote a strong connection between the 'player' and the machine. For many participants, the strength of this connection translated into a sense of ownership of the product:

If somebody was on my machine... I would be agitated and sort of hang around and try and do something else, play another machine until I could see that that one was free. (Karen)

Interviewees often described feelings of frustration if they found someone else gambling on their favourite device, particularly when they may have set aside special times to gamble.

Ramiro is aged in his fifties. He moved with his family from Africa to the UK as a child and then later to Australia. He is university educated and has a background as an accountant. Ramiro chose specific machines, because he felt he understood their particular games:

The science or the information tells you that ultimately, they are all the same, but in terms of their designs...what you're trying to achieve, just certain types of machine I understood. If...I didn't find them I didn't understand them, so I wouldn't play them...you would only go to another machine if you were kind of forced to, if someone was playing your particular kind of machines.

Consumers commented on the attraction of 'free spins' and special 'features' within the game. For Karen, it was the "feature within the feature" which was particularly alluring:

I liked machines that had free spins within the free spins...that was like amazing. I hated machines that...if you finally got three in a row, then you would get, like maybe, an extra five spins and there was never a possibility of having a feature within a feature. That really didn't interest me. It was the ones that had the more detailed and more exciting features that I was attracted to.

Ramiro also mentioned a number of game features which attracted him to particular machines:

'Indian Dreaming,' and the 'King' and 'Queen of the Nile' all were, kind of the same number of reels, the ways you can win—what you're looking for—what you need to get...free games and your multipliers.

For John, the sounds of machines "going off" (celebrating wins) around him, were inducements to remain at machines longer:

The sounds in the background...in Vegas they're playing the soundtracks of machines winning because that was encouraging me—"Oh yes I could be winning". I didn't play them often, but those clubs where they had a \$2000 jackpot win, a linked jackpot, I would certainly be sitting there.

John's comments suggest the linked jackpots, where machines within a venue are linked to build a venue jackpot, provided an added incentive to keep gambling. These comments also suggest some of the sounds were imported from machines celebrating wins in other venues.

Len, aged in his mid-thirties, is an aircraft mechanical engineer and a trainer for a national corporation. Len's history with the impacts of gambling commenced in his teenage years, as the result of his father's gambling on poker machines. He describes feelings of disdain for poker machines during that period. However, a combination of working away from home in his early married life and attending poker game tournaments in hotels with his friends eventually led to him develop an interest in poker machines and subsequent gambling problems. Len reports extensive knowledge of the sounds of poker machines:

I could tell you, sitting in a room full of poker machines, if someone's going to hit a feature, because you can hear the icon, you hear the tune, the iconography that's linked and the noise.

Ramiro also has an intricate knowledge of the sounds of other poker machines in the room. He explains how this influenced his own gambling behaviour:

Even though you couldn't see the machines...you hear the sounds, you hear the sounds of wins...you always knew...someone's playing...they've had a win...they've got a feature—wow...the music's been going for X amount of time, that's a decent win, etcetera, et cetera...that background noise, almost, sort of, pulling you in.

Len describes in detail the musical preludes to getting features on particular machines:

When you get the icon for a feature, particularly on the aristocrat machines, there's an increasing tune—boom, boom, boom. Boom, boom, boom...it makes that increasing noise on the same, I don't know if it's like a C, C minor, C major. It goes boom, boom, boom. That octave, one octave up each time...then when you get three of them, boom, boom, boom, brrring!!!. That's when you get the ring.

These participant comments signify how manufacturers are building poker machines with affective dimensions specifically to influence and maintain a cyborgian (Haraway, 1990) relationship between human and machine. These consumer experiences reflect the human responses to the reported design goals of poker machine manufacturers (Schull, 2012) of maintaining customer engagement and extending time-on-machine.

Rockloff et al.'s (2015) examination of the effects of sound and arousal in public venues acknowledges the significant influence sound has in both attracting customers and inducing feelings of pleasure. They note that “when sounds are paired with visual stimuli both work to enhance one another’s effectiveness as well as increasing measures of physiological arousal” (Rockloff et al., 2015:10). There are also physical changes in levels of arousal in poker machine players when gambling with sound effects live, as opposed to muted. Live sounds lead to larger skin conductance responses and higher ratings of enjoyment (Dixon et al., 2014).

Levels of arousal in ‘problem gamblers’ have been found to be higher than levels of arousal in ‘non-problem gamblers’ when in a gambling venue (Anderson & Brown, 1984). These studies suggest poker-machine sounds and graphics may have more pronounced effects on those exhibiting gambling problems. Auditory stimulations are significant components of the embodied

affect of poker-machine gambling. They are one of a number of elements which, through “heterogeneous engineering” (Law, 1987), are brought together to create affective relations between the person gambling and the machine.

In the early twentieth century, Russian physiologist Pavlov trained a dog to associate sound with food rewards, eventually prompting salivation by the sound of a metronome alone. Livingstone in the film *Ka Ching: Pokie Nation* (Looking Glass Pictures, 2015) suggests this ‘classical conditioning’ is the same with poker machines:

Poker machines do exactly the same thing. If you look at a big poker machine venue, where there are hundreds of machines, bells and whistles going off all the time. This partly explains why the big venues make much more money than smaller venues. Reinforcement is practically continuous. (Film Transcript).

The phenomenon of machines providing celebratory sound effects for wins was frequently mentioned by participants in this study. Sounds have been shown to increase self-esteem in gamblers (Griffiths & Parke, 2005; Rockloff & Dyer, 2007, cited in Rockloff et al., 2015) and drawing attention to wins (with celebratory sounds), becomes associated with positive feelings. Sounds have been shown to lead to overestimation in chances of winning and reinforce gambling persistence (Dixon et al., 2014).

The consumer experiences reported in this research strongly support the suggestion that creating an immersive experience in poker-machine gambling is a focus for manufacturers (Schull, 2012).

‘Losses Disguised as Wins’ and ‘Near Wins’

As reviewed in Chapter Three, research suggests there are design features such a ‘loss disguised as a win’ (LDW) built into poker-machine games which are implicated in contributing to excessive gambling (Dixon et al., 2010; Harrigan et al., 2015). A LDW is when the amount returned to the player is less

than the amount bet, yet the machine celebrates the amount notionally 'won'. So, for instance, on a bet of a single dollar, the machine takes 70 cents but celebrates a 'win' of 30 cents credit, with sounds and graphics. However, this is in fact a net loss for the person gambling.

'Near Wins' (NW) are also implicated in excessive gambling (Lole et al., 2015). These are outcomes whereby a combination of symbols indicates a win was 'almost achieved'—commonly the winning icon will settle just above or below the winning line on a reel. Unlike LDWs these outcomes are not associated with the return of credits or auditory celebrations.

LDWs and NWs are powerful influences on gambling behaviours and are cited as increasing motivation to gamble and higher risks for problem gambling (Barton et al., 2017; Chase & Clarke, 2010; Dixon et al., 2010; Dixon et al., 2011; Lole et al, 2015). Research has found LDWs are often experienced as similar to wins (Dixon et al., 2010) and NWs less punishing (Lole et al., 2013; Luo et al., 2011) and more rewarding (Qi et al., 2011) than full losses. The 'affective' dimensions of LDWs, reinforce behaviour and promote persistent gambling, despite financial losses (Graydon, 2018).

Small regularly perceived 'wins' (be they actual monetary gains, losses disguised as wins, free spins or game features) are part of the positive reinforcement, 'operant conditioning', schedule of the game. The machine's rewards are intended to keep the gambler at the machine whilst the return to player (RTP) mathematical formula ensures that over the long run the machine will come out ahead. These algorithms ensure the more often a person gambles the more likely he/she will lose.

This form of psychological conditioning is closely related to the development of gambling problems. At a neurological level, the stimulation of the dopamine reward system has been linked with addiction (Schultz, 2016) and excessive gambling behaviour (Linnet, 2014).

Lole et al. (2015) found ‘problem gamblers’ were hyposensitive to both punishment/non-reward and punishment and reward by comparison to non-problem gamblers within a laboratory setting. Their study concludes that hyposensitivity to negative and positive reward experiences may partially explain why “problem gamblers” continue to gamble despite adverse consequences and gamble “larger amounts of money for longer periods in order to experience the same amount of excitement and satisfaction as non-problem gamblers” (Lole et al., 2015:1305). These findings support the existence of changes in neurological processes among those with gambling problems. However, the study was unable to determine whether this was an inherent disposition or the result of repeated exposure to gambling.

Lole et al. (2015) acknowledge that further research is required to answer this question. However, as research increasingly acknowledges the plasticity of the brain in response to its environment (Kolb & Gibb, 2011; Mandolesi et al., 2017; Sale et al., 2014), it is not unreasonable to speculate that regular poker-machine gambling may be impacting upon the brain’s neural pathways and/structures.

Participants interviewed in this study described how gambling had consumed large amounts of their time and a sense of being “hooked” by machines which contributed to their loss of time, money and well-being:

There were times where I could go there, and it was very quiet, early hours in the morning...I'd get my pay at two o'clock in the morning then go straight down to the casino...The hook came mainly because of the amount of time I was spending on it. I would actually spend more time there, like a whole day, and spend my whole paycheck in an hour or so. (Graeme)

Consumers described a strong sense of machines having controlled their behaviour. In the following comment, Graeme’s financial losses and mental health impacts are directly linked to the agency of the machine:

Then when you're broke, you spend the rest of your time in depression. Your work slips, you lose interest in everything other than that thing that's controlling you

Participants experienced poker-machine gambling as a world of sensory stimulation leading to feelings of entrancement. These experiences are deliberately orchestrated by poker-machine designers (Schull, 2012). It is evident from these statements that the goals of poker-machine designers are to keep the 'player' engaged on the machine and not engaged in critical thinking about their intra-actions with the machine. These goals are contrary to 'responsible gambling' messages promoted by the gambling industry and NSW government to individual gamblers to "think about your choices" (Liquor & Gaming NSW, 2020).

In a famous piece of archival film footage, included in the ABC documentary *Ka-Ching: Pokie Nation* (Looking Glass Films, 2015), Len Ainsworth, founder of Aristocrat poker-machine manufacturing, is asked by the interviewer: "What's the secret of the company's success?" He responds: "I think, building a better mousetrap".

This section of the chapter explored consumer perspectives on some of the influential features of their poker-machine gambling experiences. Participants described how their relationships with the technology were accentuated by the sensory experiences generated through poker-machine design. It is within this immersive co-created relationship that the person gambling loses both a sense of self and environmental awareness.

The design of the machines has been implicated in creating a compulsion within the person gambling to continue gambling "to extinction" (Schull, 2012). The next section will explore the lived experience of entering this 'zone'. It will provide a variety of perspectives on how people experience this state, how they

manage to get out of the zone, yet often return, searching for a similar experience.

Experiences of ‘The Zone’

This final section of the chapter takes the reader into the pivotal experience of ‘the zone’. As discussed in Chapter Three, ‘the zone’ is a state in which people experience a sense of “*getting lost*” with the machine, a place to “*disappear*” and “*become*” something other than themselves for a while. A state of “perfect contingency in which the self/machine distinction dissolves” (Schull, 2012:232). It is within this peak experience of poker-machine gambling that people find a means to transcend the everyday reality of living and, in some cases, a sense of exhilaration, where time is suspended.

In this section participants describe the process and embodied experiences (thoughts, feelings and sensations) of entering and being ‘in the zone’. They report on: what intra-actions they took with the machine, which helped keep them in ‘the zone’; what contributed to them leaving ‘the zone’; and how they would often return to gamble.

Planning for Gambling

Participants describe how, as poker-machine gambling became a regular feature of their lives, they developed a range of planning strategies around the activity. In horserace gambling, this often involves studying ‘the form’ and developing knowledge about horses and their riders, but in poker-machine gambling, planning is more focused on arranging personal/work affairs to make time available.

In John’s case, this was experienced as an increasing desire to gamble, accompanied by an awareness of physical changes in his body:

I know two or three days prior to gambling I am already in that gambling mode. The adrenaline is already pumping. I am not going to ring anyone or do (anything) to interrupt my gambling.

Karen, by contrast, as a mother of young children, had to plan to allocate specific times for gambling, arrange babysitters and “steal away”:

I would look at my day and the time that I could steal away from whatever it was that I needed to be doing and then calculate how I could get the maximum amount of time in front of a machine.

Sometimes Karen’s planned time for gambling didn't work out:

There were certain sessions where I felt very unsatisfied because I had time constraints. And then there would be other times where I'd walk in, the first note I slip in, I win a large amount, and then I'm like, “Oh, now what? I've got another five hours that I have set aside to gamble.”

The constant juggle of allocating time to gamble, amongst her caring and business responsibilities, created its own stresses:

This was so mentally exhausting and crazy, you know...I felt like I was mad...
(Karen)

For John, finding the time to gamble imparted a sense of guilty pleasure:

Slipping away and doing something a bit naughty and not letting anyone see me...I certainly wasn't going for the social interaction.

These statements reflect the deeply felt and embodied conflicts many participants experienced when gambling. Poker-machine gambling was experienced as both enjoyable and harmful, often at the same time.

Being Anonymous

Blending into the venue's environment and not being identified were important to all participants. This requirement meant finding the quiet corners of venues and gambling alone. Graeme explains:

I wanted the back room...I didn't want to impact anyone else, that was another reason I was always on my own.

Karen was keen to hide her gambling from her husband and other people she knew. She chose clubs away from her hometown:

Try and keep it under the radar of my husband, that was what I had to do to, not be detected and not be anywhere where he would drive past and possibly see my car, or that other people I know would drive and recognise my car. So that was a factor: where could I be anonymous?

John chose to gamble in pubs, because within clubs, he thought he might become more recognisable, particularly if he had to become a member:

I also wanted to be totally anonymous, I didn't want to go anywhere where they knew me by first name. I didn't want to be greeted and welcomed. I wanted to walk in and walk out without anyone knowing me. I wanted not to attract attention to myself.

Karen selected poker machines which accepted specific denominations, so she could hide away from venue staff:

I didn't even want to engage with the cashier there...I'd want it to be in \$20 notes so that I didn't have to go over to the stupid machine changer, note changers, or go and have any physical contact with staff. I just wanted to sit and play, and not be bothered by anyone.

Anonymity, for many participants, meant being able to physically hide in the gambling venue's environment.

Motivations to Gamble

As outlined in the literature review, there is considerable research identifying individual vulnerabilities and human desires as drivers for problem gambling behaviours (Blaszczynski & Nower, 2002; Clarke, 2005, 2004; Hodgins et al., 2011; Wood & Griffiths, 2007). Other researchers (Egerer et al., 2020; Gordon & Reith, 2019; Livingstone & Adams, 2010; Livingstone & Woolley, 2007, 2010) have taken more sociologically focused positions with regard to understanding human engagement in gambling, particularly poker machines. This sociological research suggests pathways to gambling are not so clearly based in individual pathology but more reflections of social and cultural conditions and social learning (Gordon & Reith, 2019; Livingstone & Adams, 2010; Livingstone & Woolley, 2007, 2010; Reith 2007, 2012; Reith & Dobbie 2011).

The increasing normalisation of gambling in the community and poker machine accessibility suggest both individual and social motivations contribute, along with confounding 'affects' of the machines themselves once gambling commences. Certainly, the experiences of people in this study reflect a mixture of winning and escape motivations to commence gambling but also the influence of family in early introductions to gambling. However, as gambling progressed, these motivations quickly dissolved into something much more entangled with the technology itself and developed into what most identify as a form of addictive relationship with the product (machine). The strength of the 'pull of the machine' and the experiences of 'working with the machine' through its game features to reach 'the zone' suggest there is more than just human motivation and individual vulnerabilities involved in this process addiction. The machine is not a passive player in this relationship.

Gambling for relaxation and respite

Most consumers viewed gambling initially as a way to relax, take time out or reward themselves:

The idea of "now time to treat myself" I'd have extra money for gambling and that's what gambling was for me...So it was something I deserved, a sense of entitlement almost. (John)

John's work takes him regularly away from home. The work is focused on the varied needs of his tour groups. Poker-machine gambling represented a means for John to unwind from being 'on call' to others. He saw it as a form of reward for his efforts. Cynthia, as a care worker, also works in a field with a focus upon the needs of others. Poker-machine gambling also became her way of escaping from a sense of pressing responsibilities:

It was a place for me to go where I could go in there and feel quite at home. I was not obliged to do anything.

For Karen, poker-machine gambling represented a respite from her daily caring responsibilities:

Just the whole getting to a club and walking in and just feeding those first notes in and sitting down and just sort of going, "Ah"...just feeling relaxed that I was there.

But as Len describes, often this initial sense of relaxation was replaced with anxiety when gambling led to financial losses:

It was that relaxation and enjoyment, even. But of course, the longer...I was at the machine, especially one that wasn't winning, then the less and less and less relaxed I would get.

As reported, many participants used poker-machine gambling to create a sense of relaxation. Gambling became a means to 'take time out' from the stresses of daily life. Through the investment of time and money, a pathway to 'the zone', a place of 'flow' and dissociation (Schull, 2012) was achieved. However, as both Len and Karen describe, this entangled relationship with the machine also has stressful impacts.

Gambling to cope with emotional problems

Some participants, on reflection, consider their gambling was a form of coping or escaping various emotional problems:

I was coming to terms with my sexuality, because I'm gay I wasn't coping well with that. So, a lot of emotional pressures were building up...family problems, work problems, financial problems. So, my release was to go out and zone out.
(John)

Some participants found gambling to be a way of coping with social phobias. It became a safe way of getting out of the house and feeling connected without actually being involved with others. For Graeme, it was initially an exciting social outlet:

It was safe for me because it was like I was being social without being social and it was like "I can deal with this" and the excitement was at the beginning.

But the conflicts of the pleasure and pain in gambling are apparent in Graeme's reflections. He is aware of how gambling took him to the brink of suicide at times, yet saw it as his only way of having a social life:

I knew all along it was self-harm. It was that or suicide in many situations. Because it was my only outlet, I didn't have any other outlets.

Gambling, for Cynthia, became a pathway to manage social anxiety and maintain family connections:

I used to put pebbles in my shoes, that was my way to distract my attention from the problems I was having. It was the same with the poker machines, I used it, not because I liked gambling, but because it was a thing to distract my attention and because I didn't want to upset my mother-in-law because...if I became a burden to her to stop her from doing the things she wanted, she may avoid taking me out and that was the last thing I wanted because I needed the practice...because my big fear was becoming permanently housebound and that was a very big possibility.

For Cynthia, the practices of poker-machine gambling, like the former technique of placing pebbles in her shoes, became a tool for her to manage her agoraphobia and avoid becoming housebound. These descriptions illustrate the power of poker-machine gambling experiences to override sensations from other psychological or physical health issues. As Terry states:

They're a means for shutting everything off...a means of excluding...when I sat down in front of a poker machine everything else went away, and that was what I wanted.

However, Terry also recognises how eventually, the harms related to gambling became what he was trying to escape:

After a little while the "everything else that was going away" was the mess I'd made of my life through having a poker machine addiction. So that was circular, but that's what it was, it was a means of rejecting everything around me.

Like many participants in this study, Terry articulates a sense of being trapped in a cyclical experience of gambling harms. The association of gambling as an analgesic interference to emotional and/or physical pain (Blaszczynski & Macallum, 2001; Declan et al., 2013) presents additional risks for those already burdened by chronic health disorders.

The pull of the machines

Increasing desire, fuelled by the possibilities of winning money or escaping anxieties, became the underpinning vicious cycle of problem-gambling behaviour. Consumers reported losing perspective as they experienced the strength of the “*pull of the machines*”:

More money was being lost and the desire to go was very strong by then and you kind of defeated your better common sense. (Cynthia)

Money for gambling became justified through a range of rationales, including considering any money won through gambling as income in-limbo (money for gambling) or other funds not being “*real money*”:

This money I had earned was away from my home, my home is in Sydney, my responsibilities and debts are in Sydney. So, this money I earned in Adelaide or in Melbourne, it wasn't real money. (John)

Poker-machine gambling generated powerful embodied feelings of excitement and anxiety:

The harder your heart pumps and the more significant the feelings are, just the rush of dopamine and the feeling of a rush anyway. And then when that significant thing comes up on the screen and the three things align, and the feature starts, and you get the bell...when you see the feature come up, just the elation that you feel “Oh my God, this is it! This is going to fix it! You've got big dollars”, and the higher the denomination the more risk of course...it's just this anxiety. (Len)

Len, however, does not recognise this heightened state as part of the zone; for him that term implies being like a “*zombie*”, whilst he describes being alert, excited and animated:

The thrill of it, it was a thrill. I don't think it was like a zone. It wasn't like a zombie. No. But I was like rubbing the machine and willing it on. (Len)

Despite some individual differences in experiences, the biggest commonality between participants was feeling the pull of the machines as overwhelming. For Terry, “*it was poker machines or nothing else*”. Many participants articulated a sense of being “*in the machine*” and “*addicted to the product*”.

Getting Lost

Feelings of compulsion to gamble and “*getting lost*” with the machine were expressed by all participants. The pull of the machine became so strong for these regular gamblers, they would gamble until funds or available time ran out:

If I knew I had time, then I was certainly in the zone and I've played down \$7500 to zero by not being able to walk away from it, just continually pressing the button until there's no more. (Karen)

These poker-machine gambling experiences created a sense of infinity, as Cynthia states, “*as long as you had the money to play you could be endless*”. Money becomes the commodity to access and maintain this peak experience, which people who gamble refer to as *the zone*.

Entering into the venue's gaming area is the transition to the zone—a state where time becomes elastic:

It was so easy to sit there hour after hour after hour...getting lost at a machine. (Cynthia)

The “*repetitive over and over again*” sequences of the game become a form of “*conditioning*”. The possibility of winning remains an elusive but powerful draw into the zone:

You could sit at the machine knowing full well the chance of winning is one in one hundred zillion but there's still that chance, you just never know. (Terry)

Some experience this state as an overwhelming feeling of anxiety, “*getting wound up*”, “*sitting in front of it, waiting...for the feature to come round*”. As Len states, “*the anxiety inside it, it sort of enveloped you*”, whilst for Karen the hope of a potential win was almost trance inducing: “*that hope that kept me there, of the potential win, was just completely mesmerising*”.

Whilst aspects of ‘the zone’ can be exciting or anxiety provoking for some, others found it a more sedating or paralysing experience of feeling heavy and unable to move. Ramiro expresses some of the impacts of this deep absorption:

Not being aware of time, how long you'd been in there...not going to the bathroom or getting another drink or any of these things because literally it's just focusing on that machine and hitting—hitting that button.

The strength of concentration generated by the intra-action with the poker machine meant all other concerns, responsibilities and even bodily functions were excluded.

Many participants reported experiencing an all-embracing sense of loss of individual control when gambling with poker machines. Many reported experiencing a sense of reciprocity and shared agency in relation with the machine. As Len states, “*the machine was keeping me interacted. It was engaging me*”.

Getting lost in this activity means losing a sense of self, losing money and losing time. Time becomes the essential currency, but it is “liquidated” and “ceases to exist in its socially recognisable form” (Livingstone, 2005:527). As Cynthia states, she was “*totally addicted to sitting there, playing the machines*”. Money or credits from winnings are often not taken but used to extend the duration of play and therefore the peak experience of ‘the zone’.

Experiencing a relationship with the machine

Some participants reported the strength of their intra-actions with poker machines as equating to experiences of human relationship. As Ramiro articulates, “*almost like you're in love with the machine*”. Similar feelings of intimacy with poker-machines were described by Sarah (GIS, 2004):

It was just the machine and me, it was like the machine was my lover, and I would talk to it and I would touch it, and say, I know this sounds ridiculous, “we're gonna win today”.

Although on reflection Sarah thinks this sounded ridiculous, at the time she regarded herself as coupled with the machine.

During the production of the GIS video, *Less than Even* (2004), one of the consumer participants reported to me that at the height of her gambling addiction she would stroke the machine, talk to the machine and even “*twiddle the nipples*” of the female character.

Lorraine (GIS, 2004) describes the physical excitement and an intense sense of romance in her intra-action with a poker-machine:

It was like a romance, it was very heady, it was full of adrenaline rush, exciting and it was a relationship—a real relationship with metal.

John, by contrast, values the absence of conflict in his relationship with the machine:

I could sit down with the machine, talk to the machine, nobody argues with me”.

Consumer reflections on their intimate experiences of poker-machine gambling led to the articulation of a variety of thoughts and feelings about their former behaviours. In hindsight, Sarah thinks her behaviour was “*absolute insanity*” and states, “*I think it's verging on insanity now, now that I know what I know*”

(GIS, 2004). Lorraine expressed her disbelief, as she emphasises this was a *“real relationship with metal”*. However, it is evident that, for these women, the intra-action with the machine felt as powerful as a romantic relationship, whilst John felt he could ‘escape’ into a relationship which would not make emotional demands upon him.

These experiences concur with Livingstone’s (2005:528) findings that some informants would “raise or lower bets to ‘convince’ the machine that they were not problem gamblers”. Others “would insert particular notes, rub the machine’s belly, speak to it in romantic tones, or otherwise convert the object into a virtual subject”. It is suggested that regular poker-machine users are exploring not so much the logic of the machine as the “interior space of desire” (Livingstone, 2005:528). This is a space of great imaginative power and a powerful influence in the relationship between human and poker machine. Poker machines are regarded by Livingstone (2005) as having an “uncanny reflection” of the human “interior space of desire” and this, coupled with elements of indeterminacy through chance, creates a strong emotional influence on the person gambling. As he states:

No wonder the EGM is often misrecognized as a human subject, its reason viewed as capable of emotional influence, susceptible to belly-rubs, endearments, and deception. (Livingstone, 2005:30)

It is also noted that attributing human-like characteristics to poker machines has been linked to gambling longer and increased gambling losses (Riva, 2015).

Chasing and/or working with the machine

The ‘zone’ is not a one-way process, it is co-created, a dynamic bounded process created between machine and human. The following comment illustrates some of the dimensions and commitments made within this process:

I completely felt like I understood it, I felt like I could recognise cycles, you know, especially if I'd been sitting there for a long time. (Karen)

Participants describe gambling practices as if they were working with the machine—a process they have to go “*through with*”; a process they feel they have an intimate “*relationship with*”; a process they have a unique “*understanding*” of:

I would intently watch the iconography and look for the bouncings. I would look for the patterns. (Len)

As Len says, he was “*putting thousands of dollars or hundreds of dollars into the poker machines in the hope of getting a win*”.

Consumers report using different strategies or *systems* for working with the machine often with a focus upon getting a *feature*. Len’s comments provide an example:

I'd spend minimum \$1.50 bets for a little while and then the next time I'd go to reload the machine I'd up it to \$3.00 or more. I'd hopefully get a feature and that would amount to a reasonable sum, and then I'd up the bet and try and see if I could get another feature.

Cynthia strategically used different lines of play:

When they introduced the 20-line machines, instead of playing the one line which you started off with, I would skip to 3 then gradually creep up to 5.

Ramiro had a strategy of pausing play after winning a game feature:

Often when I got a feature, that's when I—before I'd start it, that's when I'd go to the toilet or go and have a cigarette or get another drink, and then I would come back and start the feature.

Karen tried to *trick* the machine into thinking she was a different player:

I felt like sometimes it knew me and if I could trick it that it was a different person that had come along, then maybe it might win, you know, and so that was weird...so, I'd change notes or change the buttons that I was pushing to try and break it out of that sucking cycle.

These participant descriptions of gambling intra-action, and what I refer to “working with the machine,” coincide with the concept of chasing losses in order to regain funds (Blaszczynski & Nower, 2002; Zang & Clark, 2020). As Raymond describes, “*when you have a win and it's not enough, you have a loss and you chase it*”.

However, from my perspective, the term ‘chasing’ implies a certain intentional action based upon traditional notions of individual agency. So, whilst those who have received formal therapy use the term at times, the actual experiences described in this chapter appear much more conjoined with the machine itself. As Graeme states, “*It took control and then went over the top at the end*”. To chase something implies a conscious decision and then individual action. However, the sociomaterial practices and ‘affects’ of poker-machine gambling described by these participants are more entwined experiences—entangled and enmeshed with the machine.

Cash becomes the way to maintain the zone

Once in ‘the zone’, money becomes the commodity for maintaining the experience and appears to lose its inherent value. Consumers report arriving with cash ready to gamble but then becoming regular users of the in-venue automatic teller machine (ATM):

I would have large amounts of money on me, maybe 1000 dollars, but if I spent that, then I'd go to the ATM. So regularly going back to the ATM. (John)

Once ATM limits were reached, some would leave the venue and access funds through a nearby bank:

I'd even leave the venue to go manually withdraw money at the counter at a bank and come back, if I couldn't access any more via an ATM. (Karen)

Participants commented on the ease with which they could expend large amounts of money in a short period of time on a poker machine:

I used to put a couple of thousand dollars at a time, yeah, in a session through a machine. I never thought..."I'll bet 200 bucks", or "I'll bet 1000 bucks", or "I'll bet \$2000". It was generally, "Oh well, I'll just put \$20 in"...\$10 or \$20 was probably the max in my mind. (Ramiro)

As noted by Ramiro, large amounts of money were spent progressively through small bets. Graeme notes the voracity of the machine in consuming both funds and time:

I would actually spend more time there, like a whole day, and spend my whole pay cheque in an hour or so.

Heike reflects concern when relating her previous observations and discussions with another woman who was gambling at the same venue:

I remember one young lady that came to me and said she lost \$70,000 in 45 minutes, on a one cent machine. She said she only stopped when left with about \$500. She went in between to the bank and got an overdraft on her house. And she was sitting there with another bag full of money.

These quotes are examples of the numerous occasions reported by participants whereby, once in 'in the zone', it was easy to expend considerable sums of money to maintain the intra-action with the machine.

Minimising distractions to stay in the zone

Most interviewees felt they had to minimise distractions to maintain 'the zone'. Any small interruptions, such as texts or phone calls, created feelings of anxiety

when in 'the zone'. Any interactions with staff were considered unwelcome interruptions to the experience of 'the zone':

When they came up to me and asked if I wanted a drink. Even if I was only there for the one time, I snapped at them and was irritable at them for interrupting my zone. (John)

Participants reported a strong desire to maintain the relationship with the machine at all costs. For Karen, the more time she could steal away to gamble, the more likely she could access 'the zone':

The more freedom I had, the more I was in the zone...I was watching the clock and if I had to get back for whatever reason, then I was in a very anxious state.

Similar to Ramiro's previous comments, the strength of Karen's desire for machine intra-action limited her responses to bodily needs and functions:

Since my strategy was to just be there as long as possible...I would try and not use the bathroom unless I was like pushed to the limits of not being able to sit there any longer. So, I didn't order drinks or food or anything.

The influence of this human-machine relationship is such that, as reported, people will put their self-care on hold, so as not to break the connection with the machine. Many participants reported they also lost perception of time, resulting often in negative consequences to themselves or others.

Losing and Winning

Despite the negative physical, emotional, cognitive and financial impacts, participants experienced a sense of confusion and lack of awareness of their increasing dependence on poker-machine gambling. As Karen reflects, "*I kept trying to think, 'I am in control of this; it's not controlling me'. But that wasn't the case*". Many described repeated, but failed, attempts to limit their losses:

I would, say, turn up with a small amount of money and think, “No, that’s all I’m going to do” and then I would be backwards and forwards to the ATM until I’d accessed everything that I could. (Karen)

Participants tried various strategies to create winning outcomes when gambling:

Maximum bet, maximum money. In my head, if I bet more, I’d win more. (Karen)

Experiences of conflict and tension were expressed through sentiments of knowing and then ‘not-knowing’ the machine:

It felt like at times, you could feel, you felt as if you knew, when the machine was going to pay out. But you knew when the machine was taking your money. (Len)

These experiences became inducements to risk more money. Financial losses, although painful, became normalised:

You felt like this impending doom feeling when you knew the machine wasn’t paying out, as you started to see the denominations sort of dwindle away and the machine wasn’t providing any kind of cues, as it were, you got this impending doom feeling...this overwhelming feeling of that this wasn’t going to work out very well for you tonight...probably four out of five times that feeling was correct. (Len)

But losses only induced more gambling, to try to achieve a more positive outcome. As Len reflects, “*you want to keep going until you got the feeling that there was something positive coming*”. As psychiatrist Dr Clive Allcock describes (GIS, 2014), “we feel the pain of a loss twice as much as a win”.

According to Livingstone (2005:532), poker-machine gambling is “a vehicle via which the desire of the subject for immersion in indeterminacy may be captured within a social institution”. The poker machine becomes a means to access what he refers to as “the sea of indeterminacy...the unknowable navel of

meaning” and what gamblers call “the zone” a state which Livingstone (2005) considers creates a “direct connection to the infinite”. This is a state often inaccessible due to the “structures” of society, but which poker-machine gambling can readily displace (Livingstone, 2005).

Poker machines provide the user with a tantalising pathway to this “sea of fluid meaning” (Livingstone, 2005:531). Through poker machines, people who gamble are promised an accessible and regular “re-immersion in the sea of fluid meaning, away from the alienating world of objectification, heteronomy and order” (Livingstone, 2005:531). The zone becomes an immersive state of timelessness “where the normal business of a structured world loses its meaning” (Livingstone, 2005:533). It is a promise, too difficult to resist for many, yet in the moment when the money is gone, so too is ‘the zone’ leaving the gambler broken on the shore, “a fragmented, objectified and (unsurprisingly) shame-filled remnant of all that was possible” (Livingstone, 2005:533).

What is lost, according to Livingstone (2005:533), is not so much the money, but “a re-acquaintance with indeterminacy and the possibility of unmediated meaning”. Money becomes the agent to reconnect the poker-machine user with this sense of indeterminacy so highly desired and in doing so represents an awful yet thoroughly modern predicament. Gambling becomes an act of “dangerous consumption” (Livingstone, 2005:1).

Leaving the machine

Consumers described how the impetus to leave the machine was often based on external factors, rather than an internal desire to ‘pull out’. If active decisions to leave were made, they were easier early in a session or following a win, although often winnings were returned to the machine. The end of a gambling session was mostly the circumstantial result of running out money or time or being forced to leave because the venue was closing. Trying to leave on a positive outcome, such as a feature or a win, became a reason to stay longer:

If I was in the zone and I felt like a win was almost around the corner, I would push those boundaries to the absolute limit to try and either leave successfully or I couldn't actually leave until I'd put in every dollar...I kept thinking, "I've invested 1500/2000/3000 in this machine right now and I can't move on until it's given that back to me or doubled it." (Karen)

However, as the addiction progressed, the closing of one venue often became the incentive to move on to another. This was a smooth transition in areas where 24-hour venues were available:

Towards the end of my addiction...more often than not it was time for me to go somewhere else because the venue was closing...I'd either go to one of the 24-hour pubs or I would go to the Casino. (Ramiro)

But leaving could be emotionally distressing and provoke a range of intense feelings:

Once you've got no money left, it's a dangerous zone. You get depressed, you can be angry, you could get violent, I've seen that happen. I've got violent myself, plus fueled with a bit of alcohol. So, it's a dangerous position to be in, or behaviour, I've seen a guy punch a poker machine. (Raymond)

Leaving a venue was often a low point:

Sometimes I'd leave the pub with thousands of dollars down, totally maxed all the credit cards for that night...there was nothing left to take out. The ATMs wouldn't let me take any more money out of the cards. So that would equate to about \$2000.00 most nights. (Len)

Feelings of depression, anger and self-deprecation were common:

More than 90% of the time I would have lost a lot of money by the time I was going home...Lowness and also being upset, annoyed or upset with myself for having done that. (Ramiro)

For some there were fears of reactions by family to their losses and thoughts of self-harm:

I just sat there, and I was scared about leaving the venue because I didn't want to go home. I wasn't worried about the wrath that I might face; I was worried about not being able to stop myself from steering the car into a tree. (Karen)

These “*torturous*” experiences of distress, anger, depression and desperation, often immediately following significant gambling losses, are recognised as an at-risk period for suicide and self-harm (Blaszczynski & Farrell, 1998; Rowe et al., 2015).

This period of reflection following gambling losses has been targeted by NSW state government Gambling Help awareness campaigns as an opportunity for individual responsibility and change. These campaigns have branded this experience of reflection with terms such the “gambling hangover” (NSW OLGR, 2008) or a “bet regret” (NSW ORG, 2020). However, it is interesting to note that none of the consumers in this study used such terms when describing these experiences.

Going back to Gamble

Many participants spoke about their experiences of the overwhelming “*lure*” of the machine, and a desire to return to gambling, despite increasingly negative impacts on their lives:

You know, it's like childbirth; you forget all the pain and you focus on the positive outcome...I could easily, in my own brain, just ignore all of the money that I'd lost and focus on the money that I could win. (Karen)

Participants perceive the sensory affects of poker machines as intrusive. As Karen states, “*I would find myself dreaming about it, I would find myself thinking*

about it". The sounds and lights are considered particularly pervasive, contributing to hyperactivity and insomnia:

I'd been playing the machines for hours on end, I'd be fairly...hyper because...the lights—the noise—the sounds would still be ringing—running through the mind...so it was hard to get to sleep when you got to bed. (Ramiro)

These affects are also seen as contributing to experiences of withdrawal anxiety:

I was starting to get an anxiety about being away from the machine. Because you'd hear tunes playing in your head. You'd hear the 'big win' tune sort of singing in your head. (Len)

The attraction of a big win was regarded as a considerable draw to return to the machines, as Karen reflects, "*very occasional massive win would be enough of a lure to get me back*". The possibility of recovering lost funds was also an incentive to return to gambling. For some, it was the only way they could see themselves recovering losses:

I had to try and win back and the only way I could get it back was by playing the machines. It was the only way that I saw to get out of the predicament that I was in—or the hole that was digging myself into. And of course, all I was doing was digging a bigger and bigger hole. (Ramiro)

But for others, such as John, returning to gamble was a means to regulate emotional pressures:

When I gambled it was sporadic, it was almost as if pressure built up in a pressure cooker and then I knew when I would go and gamble and lose 200 dollars then that pressure would be relieved. So, it wasn't long term gambling, it wasn't regular gambling, it would come maybe every six days every 2 weeks or whatever and then I would lose that money as if I'd been gambling everyday...So yes, it is binge but making sure binge is very much understood as an addictive behaviour. (John)

Poker machines have been referred to as the “crack cocaine of gambling” (Dowling et al., 2005) because of their ability to draw the machine user back despite increasing financial/social losses and emotional pain. It is recognised that gambling can become a behavioural addiction (DSM-5) and is linked to the stimulation of the reward centres of the brain (Linnet, 2014; Schultz, 2016). Certainly, research participants in this study felt they had experienced an addiction to the poker-machine product and as a result had also experienced considerable harms for themselves and others.

Challenging Notions of Agency and Responsibility

The lived experience accounts in this chapter challenge traditional notions of personal agency as they describe the influence of technical and sensory features of machines which become deeply embodied in participants' physical and cognitive experiences of gambling. Such accounts demand a rethinking of traditional distinctions between the poker-machine user and the game and support the concept that poker-machine gambling is a new boundary-making process between people who use them regularly and the machine.

It is evident regular poker-machine users gain a cognitive experience deeply linked to the neurological pleasure (dopamine) centres of the brain (Potenza, 2013; Shao et al., 2013; Yucel et al., 2018). The 'zone' is a place of indeterminacy (Livingstone, 2005) and through the “commodification of

interiority” poker-machine users reach “an ontologically extraordinary place” (Livingstone, 2005:530).

Poker-machine gambling offers a commercialised, socially acceptable and increasingly accessible direct pathway to ‘the zone’. This human-machine zone offers not only rewards for the ‘player’ in terms of “escape from the contingencies of everyday life” (Schull, 2012:167), but rewards for the machine operators who benefit from the direct payment by the ‘players’ for ‘time on machine’. It is suggested (Schull, 2012) that this blurring of distinctions between gambler and product is the primary focus for manufacturers in designing their most effective machines.

However, the consequence of this co-created experience is that the poker-machine user also experiences a series of losses, including: loss of monetary awareness (physical cost of play); loss of cognitive awareness (time and personal insight); loss of social awareness (interpersonal connection); and loss of relationship awareness (impacts on self and others).

This human-poker machine relationship is unbalanced. The real costs of what is referred to as poker-machine game “play” (Liquor & Gaming NSW, 2021), including monetary, social, relationship and physical costs, are not transparent and the process of engagement seems to actively undermine elements of self-awareness. Poker-machine users who engage fully in ‘the zone’ report “*getting lost*”— a sense of disassociation from the real world as an integral part of the experience—whilst machine designers report game features aimed at getting the machine user to ‘play’ to “the point of extinction” (Schull, 2012:180). Neither of these aspects of poker-machine gambling would appear to affirm a sense of personal autonomy or what is desired, according to current government policy and ‘responsible gambling’ messages, as an ability to stay in control (Hing et al., 2016).

It is asserted that the ability to make decisions about gambling behaviour and monetary loss limiting is significantly reduced whilst in action with the machine (O'Connor & Dickerson, 2003; Productivity Commission Report, 2010). It is also reasonable to consider that the ability of the poker-machine user to comprehend the extent of the range of losses, is also compromised. I assert that, if harms from poker-machine gambling are to be reduced, the technology aimed at 'gambling to extinction' needs to be addressed.

Summary

This chapter has given voice to personal experiences of poker-machine gambling. It has illustrated the processual and practice-based character of poker-machine gambling and demonstrated how gambling problems are developed through immersive experiences co-created between human and machine. Through first-hand accounts and personal reflections, research participants described the tensions and conflicts of gambling and the impacts of gambling harms. These narratives articulate how poker-machine gambling problems are developed, lived and managed.

This research raises questions in relation to current notions of agency and responsibility in gambling, when considered from the perspective of people's lived experiences of the material-discursive practices of poker-machine gambling and resultant harms.

The next chapter will explore the common features of gambling environments as situated in local social clubs in NSW and consider the impacts of embedding poker machines into the social milieu of NSW since 1956.

Chapter Six: The Social Embedding of Poker Machines into NSW Clubs

Introduction

The previous chapter explored the material-discursive practices of poker-machine gambling at the level of the relationship between the person and the machine. Consumers reflected upon their experiences of “*the zone*” and “*getting lost*” with poker machines. This next chapter extends understandings of those experiences by examining the context and environments surrounding poker-machine gambling and explores how these arrangements influence gambling behaviour and contribute to gambling harms. This chapter contributes further to answering the first overarching research question and addresses the second sub-question:

- What are the sociomaterial arrangements and material-discursive practices that ‘make up’ poker-machine gambling in NSW?
- How do these arrangements and practices influence poker machine gambling and related harms in NSW?

To investigate this question, data is drawn from a number of sources including: interviews with participants with direct gambling harm experiences (n=10) and affected family members (n=4); interviews with clubs’ staff (n=4); and my fieldwork observations and field notes. Data from artefacts is also drawn upon, including: images and content from newspaper media, gambling industry websites and Facebook pages; transcripts and observations from the documentary *Ka-Ching: Pokie Nation* (Looking Glass Films, 2015) and grey literature.

This chapter outlines how poker-machine gambling is normalised in NSW and embedded into community social spaces via the community club. The

sociomaterial practices of poker-machine gambling are examined and the impact of the affective relations, created by locating gaming-machine technology in community clubs, is considered. This investigation includes explorations of how these arrangements have influenced social spaces, social connections and their impacts on individuals, families and communities.

Gambling Environments

The design of gambling venues is an industry in itself and beyond the scope of this thesis to explore in detail. However, participants interviewed for this research provide insights into venue and gambling area design features and how these are experienced. As acknowledged by Schull (2012:52):

While sophisticated architectural and ambient qualities of casino environments work to draw patrons to gambling devices, the devices themselves work to keep patrons playing, and to keep the zone state going.

The impacts of these design features on individual poker-machine users, family members and club participants generally are considered in this section.

In reviewing the literature on gambling venue design, Rockloff et al. (2015:9) identify two main styles of venue design: the 'playground style' developed by Kranes and the 'traditional style' developed by Friedman. The playground style emphasises large spaces and high ceilings and natural light. It emphasises organic features such as plants and water and showcases a theme rather than the gaming machines. By contrast, the traditional style, is recognised by low ceilings, dim lighting and an emphasis on the gaming machines as the main attraction. The machines are packed into tight, twisting and turning rows (Rockloff, et al., 2015).

The experiences of consumers interviewed for this study, combined with my fieldwork observations, indicate many 'gaming floors' within NSW clubs are

designed on the 'traditional' model. These gaming room designs sometimes contrast with other more 'playground' styles within the broader club environment. Consumers reported, as discussed in Chapter Five, their experiences of the secluded nature of gambling areas and the impact of dim lighting accentuating the machines. They noted the common features of rows and banks of machines within gaming rooms. However, the design of spaces outside of the gaming area is often large and opulent. Some larger clubs are specifically themed, demonstrating the 'playground' style (see Figures 4-7).

Many large gambling venues are designed for dramatic effect and sensory impact upon patrons. Observations of large Sydney clubs (Penrith Panthers, Campbelltown Catholic Club, Canterbury Leagues Club) mimic the design features of casinos with opulent fittings and fixtures.

The following photographs taken from the website and Facebook marketing pages of Canterbury Leagues Club in Belmore, Sydney, illustrate the lavish, 5-star hotel/casino appearance of this venue.

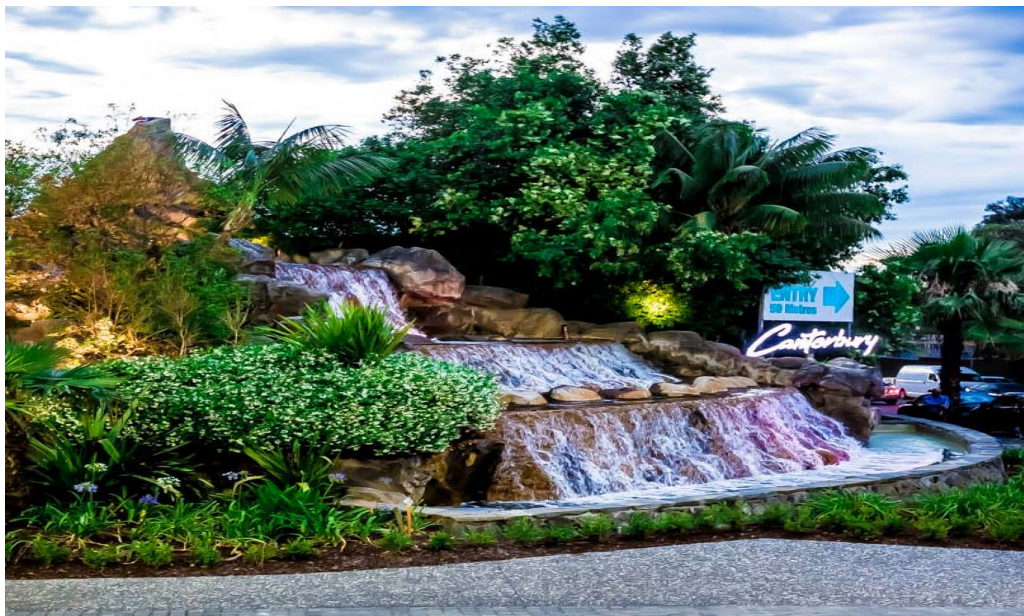


Figure 4. Canterbury Leagues Club Street Entrance
(Source: Club Facebook Page, accessed 22/1/19)

The following field notes record my observations of this club:

As I round the corner in my car the building appears as a monolith of luxury rising from the streets of a predominantly working-class suburb of Sydney. It's about 8.00pm and the car park is busy. Entering the foyer, I am immediately struck by the tropical oasis in front of me complete with waterfall and hanging star-lights. Celtic symbols carved into the man-made rocks convey a sense of mysticism (connecting with my Welsh family origins). The visual impact of the lights, palm trees and lush greenery is offset by a faint smell of chlorine. There are trickling sounds of water and piped music. Sleekly designed furnishings, sweeping staircases and a plethora of artificial orchids and other plants ornately arranged in public areas contribute to the sense of luxury. It is a lavish sensory experience created to have maximum impact and transform the everyday experience of patrons, taking them to another world. (Field notes, 22/8/18)



Figure 5. Canterbury Leagues Club Entrance Foyer
(Source: Club Facebook Page, accessed 22/1/19)



Figure 6. Canterbury Leagues Club Foyer

(Source: Club Facebook Page, accessed 22 January 2019)

My observations of other facilities within the venue and interactions with staff are conveyed through the following field notes, where I describe having a meal at the club. A photograph of the dining area follows at Figure 7.

Every staff member greets me with a smile and at all interactions I note I am invited and encouraged to become a club member. There are three bars and four dining areas including an Italian restaurant, family bistro, Chinese restaurant and a vibrant looking café surrounded by more silk flowers arranged as an imitation market stall. Opposite this is a stylish gym and further along the corridor, a small sports bar with its dim lighting accentuated by Keno and Tab screens. Adjacent to this bar is a corridor leading to the toilets, along this is a display cabinet with some of the sports memorabilia of the Canterbury Bulldogs football team. Apart from the digital screens in the Bistro portraying Bulldog footballers, these other symbols of the club's origins are hidden in the back end of the club.

Our party heads to the Bistro for a meal, I note the T-bone steak plus vegetables/salad is on special tonight for members at \$15.00 (it's \$35 for non-members). I explain we are visitors, but the staff member says she will charge us as members, and this also includes a free soft or alcoholic drink with each meal. We enjoy the steaks and I note the low cost of taking out a family of five for \$75. (CLC).



Figure 7. Canterbury Leagues Club Bistro
(Source: Club website, accessed 22/1/19)

These field notes illustrate how visitors are actively encouraged to become members through the promotion of cheap meals and free alcohol. These are significant incentives to encourage patronage and allegiance with the club.

The ‘other worldly’ sensory “affects” of the various dining facilities within the club are promoted on their website:

Dine under a lush green canopy of bougainvillea and fairy lights and be transported to Italy. (Lavico Italian Restaurant)...The restaurant itself is magnificently appointed, with its Pagoda style timbers, bamboo curtain roof, dramatic artworks and its watercourse giving diners the impression that the restaurant is floating on a lake. (Dynasty Restaurant)

However, the club's major revenue-making gambling facilities are located on the first floor (Figure 8). As reflected in my field notes, it is possible to enjoy the facilities without being aware of the 695 poker machines that financially support this business:

Whilst dining with my family I become aware that I haven't seen a poker machine and as a visitor to this club I can enjoy a range of facilities without ever directly connecting with the club's engine room—the gambling areas. After dinner my sister and I head up to the gaming area, where we find the whole of the first floor covered in banks of poker machines. (CLC)



Figure 8. Canterbury Leagues Club—Gaming Machine Area

(Source: Club Facebook Page, accessed 22/1/19)

According to Schull's (2012) research into gaming floor design, as far back as 1972, the use of environmental features to encourage gambling engagement was apparent in casino designs. According to Architect Robert Venturi (cited in Schull, 2012:36-37):

The combination of darkness and enclosure of the gambling room and its subspaces makes for privacy, protection, concentrations and control. The intricate maze under the low ceiling never connects with the outside light or outside space. This disorients the occupant in space and time. One loses track of where one is and when it is.

The first floor of the Canterbury Leagues Club (Figure 8) encompasses glamorous ceiling decorations at entrance ways but dimmed lighting and low ceilings over the poker machines and dark carpeting. These form an affective

backdrop for the brilliance of the lights and eye-catching iconography of the densely packed poker machines. In the following excerpt from 'One Last Spin,' Rooke (2018:2) describes Canterbury League Club's gaming-machine area in detail and concurs with my own observations of this area of the venue. It echoes Dow Schull's (2012) design feature descriptions and conjures up scenes from Las Vegas:

A sprawling sea of over 600 poker machines, rows and rows of them filling the entire floor. All combine garish artwork and puerile names like 'Queen of the Nile', 'More Chilli', 'Buffalo', 'Black Panther', 'Five Dragons', and 'Where's the Gold'. Around half are occupied by men and women of different ages and from different backgrounds, most sitting silently with glazed faces in a kind of stupor, tapping, slapping or hammer fistting the buttons...There are no windows or natural lighting and the ceiling is so low that it seems to press down on the tops of the machines...The whole space feels designed to disorientate the patrons and dissolve any sense of time.

The spatial positioning of patrons in this club acts as a material marker of the dimensions of gambling, entertainment, class, social connection and disconnection. The whole club is designed with luxurious facilities for dining, drinking and socialising on one level (ground floor) and a field of electronic gambling machines above. This spatial positioning segregates poker-machine users physically, visually and socially from the rest of the venue. Whilst there are legislative requirements for 'gaming rooms' to be located separately within venues (NSW *Gaming Machine Act*, 2001), this club magnifies the requirement with significant boundary-making practices through the venue's design.

According to the 2016 census data (ABS, 2018), Belmore is an ethnically diverse community with a median weekly personal income of \$504. It is noticeable that this club stands out in the suburb and positions itself as an illuminated icon in its community setting. As Rooke describes (2018:1):

Several storeys high and occupying an entire block, the club towers above the drab nearby shops and single-storey houses like a monolithic mega-mall. Lining the entrance driveway is an ostentatious tropical garden with groomed hedges, lilies, palm trees, cycads, water jets, and a three-tiered waterfall. In an hour or so, when night falls, the whole garden will be spectacularly illuminated in multi-coloured spotlights.

The NSW six-monthly gaming machine data report for 1st December 2019 to 31st May 2020 (Liquor and Gaming NSW, 2020a), indicates this club ranked fourth in the state for gaming-machine net profits. There is no public data to draw upon to establish how many families are experiencing gambling problems in this suburb. My field notes on leaving the venue reflect my thoughts on the amount the club contributes to the community compared to its poker-machine profits:

On leaving the club that night we walk past a rolling-screen acknowledging the community financial contributions this club has made. The screen is positioned at the car park entrance to the club. I stand and watch it roll through for a few minutes as cheery faces, large cheques and shaking hands are depicted. Community donation amounts are highlighted “over \$1.2 million every year” but there is no mention of the amount this club takes from the community in poker machine profits—\$85 million last year according to their annual report. (CLC)

While Canterbury Leagues Club represents a casino-style club with its 5-star aspirations and opulence, even smaller regional and local clubs have adopted some of these design principles. One of the regional clubs I visited, had recently undertaken renovations to the bar and gambling areas, to enhance and glamourise its entertainment areas. It had employed what I call ‘frilly trims’, as illustrated in the following photograph (Figure 9) for the entrance to the poker-machine area. These decorations are reminiscent of theatrical dancing girls and are perhaps designed to promote a sense of frivolity to be found within the gaming room:



Figure 9. Entrance to the gaming area of a local Club

Note the 'frilly trims' above and the ATMs located to the left of the partition wall.

However, there are distinctions between 'big clubs' with gaming-machine areas that can be separated from the general facilities and the spatial limitations of smaller local clubs where poker machines are often located in close proximity to the general facilities. This proximity can mean poker machines are audibly and visually accessible to patrons and more enmeshed with other activities at the local club. Gambling becomes threaded through the dimensions of social activity, class, and community connection and, as a result of this boundary-making, become more entangled and more difficult to separate. 'Big Clubs' offer glamour, whilst small clubs strive to offer community connection, but within both these configurations, gambling is embedded.

The environmental features and design elements which make up the sociomaterial experiences of community gambling are important aspects of planning and replanning the location of machines in gaming areas. Club

managers are conscious of this positioning. For example, whilst conducting fieldwork, a local Club manager, Derek, offers to give me a guided tour of the poker-machine (gaming) area. My fieldwork notes reflect:

Derek explains how his newest machines are positioned in what he describes as the “more private” areas of the gaming room. These are the darker background corners of the room where the machines’ flashing edging lights clearly define the boundaries of player space. These machines have a sense of a stand-alone activity in contrast to the machines banked in rows of grouped machines in other areas of the room. Some machines have their own cubicles. Derek says that some people prefer these more private areas. (SCC)

Consumers of gambling products described the impact of these more private spaces on their gambling behaviour (see Chapter Five). For example, Graeme noted how the quiet back corners of the hotels he frequented became places where he could hide away and not feel part of the venue’s atmosphere:

It was dull...walk in there and there was dull lighting so you wouldn't feel like you were a part of the pub.

Club managers perceive these environments as meeting customer preferences for privacy. However, Schull (2012) suggests this specific design feature aims to maintain an individual’s focus on the machine. Accordingly, it becomes a means to create the best performance outcomes for the operator:

The best performing slots are those located within “insulated enclaves”, tucked or hidden in “small alcoves, recesses and corners”, sheltered in the nooks and crannies.” (Freidman, cited in Schull 2012:41)

These are effective examples of how the sociomaterial design features of the built environments enhance the relationship between the individual and the machine.

Machine Selections

Poker machines are designed to attract users and as demonstrated in Chapter Five, many of the individual game features are particularly alluring to people who experience harms from gambling. A focus on player comfort, in order to maximise time on machines, is at the forefront of machine manufacturers' design considerations (Schull, 2012).

On a field visit to a south coast club, the manager, Derek, offers a tour of the gaming-machine rooms. The first is an internal gaming room, while the second room has an external wall covered with closed shutters, the gaming room where smoking is permissible. My field notes describe how Derek identifies some specific features of the designs of various machines:

The manager shows me his latest machines and makes the point of drawing my attention to the fact that the manufacturer has designed the machines so that the player consoles are at "just the right height to fit a walking frame under" to suit elderly customers. (SCC)

As highlighted in these descriptions, the sociomaterial design of the player consoles is to create maximum comfort and fit between the machine, walking frames, and elderly poker-machine users, thus creating one seamless configuration.

Australian poker-machine manufacturers, Aristocrat, make much of their ability to "create an exciting experience for players around the world", claiming to "bring the world's greatest games to life". According to the Aristocrat website, the aim of the game is to "drive performance" and "take your business to the next level". As illustrated on the website, specific machine specifications, hardware (console and box) and software features (audio-visual) are designed

to enhance player comfort and encourage engagement with a “multi-dimensional” product:

An infinity-edged, frameless high-definition display projects content towards the player and appears to float in front of the machine, while ergonomic features give players more leg room and a height-adjusted, extended button deck with padded wrist bolster. (Aristocrat, 2018)

Another Aristocrat illustration (Figure 10) and description explain how features of the machine are designed to “draw the player into the game world, creating a holistically unified experience” so that it “becomes a player destination”:



Key Features:

5.1 stereo surround sound is optimally mixed to draw the player into the game world.

Dual 42” curved high-definition LCD touch screens encompass the player for a holistically unified experience.

Sleek and sinuous, it creates a substantial floor presence and becomes a player destination.

Figure 10. Aristocrat Machine Design

(source <https://www.aristocrat.com/innovation/cabinets/>)

These poker machines are designed to immerse the user within the gambling experience. The impacts of specific game features such as sounds, lighting, graphics, ‘losses disguised as wins’ and ‘near misses’ were discussed by poker-machine users in Chapter Five. The contributions of these specific poker machine features to gambling harms is noted in the research reviewed in Chapter Three. Machines with particular iconography and themes from popular

TV series, video games or celebrity characters are used by manufacturers to create further identifiable associations between machines and their users:

Players can enjoy impressive new licensed titles on the Arc Double, including Britney Spears, Big Bang Theory, Game of Thrones and Buffalo Grand. (Aristocrat Technology Pty Ltd [Aristocrat], 2018)

Machine manufacturers promote the development of in-venue dedicated banks of their most popular machines, which can then be cross-linked to jackpots. Banks of specific machines such as 'Lightning Link' and 'Dragon Link' are promoted as an "extremely effective way for venues to enhance the player experience and maintain a competitive edge" (Aristocrat, 2018). The creation of these banks of machines as 'destination spaces' within venues is a trend encouraged by manufacturers:

To create these really unique experiences for their patrons, the venues have applied thoughtful banking strategies, strong branding, unique signage and internal promotions. These destination areas come to life with combination of infill artwork and integrated signage solutions with bespoke graphics. (Aristocrat, 2018)

The stated aims of these "dedicated multi-bank themes" is to "create atmosphere, communal play and theatrics around these successful products" (Aristocrat, 2018). These quotations demonstrate how designers and manufacturers collaborate with venues and operators to create the affective dimensions of poker-machine gambling in community clubs.

As reported by research participants in Chapter Five, some machines are more attractive than others. Manufacturers and venue operators are aware of these preferences through the success (or otherwise) of particular machines with patrons, reflected in the individual machine-generated data collected by operators. On a field visit of a local club, my field notes reflect this awareness:

Derek (the manager) explains to me how he recently introduced 10 new machines including the 'Lightning Cash' series into his gaming area. He explains how the Lightning Cash machines are popular with gamblers and as a group are outperforming many of the other machines in the same gaming area. (SCC)

As discussed by participants in this study (Chapter Five), a range of poker-machine game features, iconography, sounds and structural characteristics affect consumers' choice of machines. Linked jackpots, where players sit side-by-side competing for a common pool, are also popular. However, the actual mathematics and design features which make some machines more popular than others are closely guarded commercial secrets.

Poker machines provide operators with data on a range of variables, including monthly performance in the gaming area, such as: the location of gaming machines on the gaming room floor, the name and serial number of the machines, and a number of financial and ranking profiles. This is important data that all clubs use to obtain regular statistical feedback on their gaming-machine operations. These analytics are drawn from algorithms built into the machine. They provide valuable data to gaming-machine operators who can use this information for a variety of purposes including to discern the most popular machines in their venue, inform gaming floor design decisions and detail amounts of winnings and losses, number of games played and turnover. It also enables the targeting of patrons with loyalty programs (which can then provide further individualised data) and other customer incentives (Dyke et al., 2016; Wohl, 2018).

These analytics, when used in conjunction with a loyalty card inserted into a machine, can provide detailed information on an individual customer's preferences with regards to choices of machine, style of play, length of play and amounts lost to the customer and gains to the operators. This is live data

created from the algorithms of individual gambling behaviour within the crowd of people gambling, which provides a form of customer rating system for individual machines with personal analytics fed back to the club. This data generation is an important component of the sociomaterial design of gambling venues and machine manufacturers' research and design agendas. As reported by Rooke (2018:51), "Aristocrat spent \$191 million researching and developing poker machines in 2015".

As Derek's comments confirm, at the venue level, operators recognise how different machines, animated graphics, styles of machine cabinets, lighting and specific game features contribute to player preferences and selections. These are all features designed to maintain a user's 'time on machine' (Schull, 2012) and include the aural and visual stimulations that make up some of the 'classical conditioning' psychological methods used by manufacturers to reinforce and maintain gambling behaviours (Livingstone, 2017).

Locations of ATMs in Venues

In-venue access to cash for gambling is linked with problem gambling behaviour (Delfabbro, 2007; Hare, 2009; McMillen et al., 2004; Schottler Consulting, 2010, 2017b). As voiced by research participants in Chapter Five, the easier cash is to obtain, the more likely a person experiencing gambling problems is to continue gambling to the exhaustion of funds. Another technological innovation, the Automatic Teller Machine (ATM), has facilitated this ready access to cash. Research suggests the most frequent and heaviest users of ATMs in community clubs are those experiencing gambling problems (McMillen, 2004; Schottler Consulting, 2017). As Schottler Consulting (2017:4) indicates:

Compared to non-problem gamblers (30.3%), moderate risk (71.5%) and problem gamblers (82.7%) were significantly more likely to report using ATMs in venues.

In Victoria, concern about this issue led the state government to introduce a prohibition of ATMs in gambling venues in 2012 (Thomas et al., 2013). In NSW, ATMs are still available in community venues, but prohibited from the gaming room (other than by specific exemption from the legislation). However, according to consumer reports and my field observations, ATMs remain located in close proximity to the gambling area, often no more than a few steps away from the poker machines as demonstrated in Figure 9.

Location of Poker Machines in Venues

Whilst NSW legislation requires poker machines to be located in areas separated from non-gaming areas, this separation may be quite minimal, such as a partition screen. These screens may obscure visibility from other club customers, including minors, but fails to address the audio impacts. As documented (Chapter Five), the sounds and rhythms of poker machines can be a distinct lure to those who may be developing gambling problems. The sounds can also cause distress to others who have been negatively impacted such as family members, as noted by Diane later in this chapter (page 239).

Smoking and Gambling

There are significant relationships between gambling and tobacco use with several epidemiological surveys reporting high rates of comorbid tobacco use among people experiencing gambling problems, ranging from 41% to 60% (McGrath & Barrett, 2009:677).

The importance of this combination of behaviours to clubs became most apparent when changes to smoking regulations in NSW in 2007 restricted smoking in enclosed areas. It is legal to smoke in “outdoor areas”, spaces legislatively defined as such, so long as 25% of the space remains open (NSW Health, 2009). In response to these limitations, venues used creative designs to accommodate the potential negative impacts of changes to poker-machine

revenue by establishing outdoor poker-machine gambling areas. My fieldwork observations (photograph in Figure 11) demonstrate how a local club provides an 'outside gaming area' on the front of the building, using potted plants to screen their poker machines from the car park.



Figure 11. Entrance to a local club

Note potted plants used to screen outdoor poker machine area (photograph by author).

Gambling venues also use louvered shutters on the external wall in semi-enclosed areas, to create more private spaces (see Figure 12).



Figure 12. Outdoor Gambling Area

(Source: “Local pubs and clubs have embraced outdoor gaming areas to get around smoking laws”, Daily Telegraph, 4/8/2008. Picture: Epping Hotel).

However, from a public health perspective, these measures (the use of closed shutters) appear to undermine the health promoting tenets of the legislation aimed at reducing the risk of passive smoking. The shutters ensure poker-machine users do not have to interrupt their gambling to go outside the building to smoke.

Entangled Connections

The following section considers the various ways clubs entangle poker-machine gambling with many aspects of community connection and how this contributes to community harm.

Normalising gambling in social spaces

The original concept of NSW registered clubs (as outlined in Chapter One) was as places for engaging in recreational and entertainment pursuits with other people, such as golf, lawn bowling and football, often bound by a sense of a

local community relationship. Clubs were founded in community volunteerism as they depended on voluntary members to both develop and run the facilities. Clubs built their reputation by promoting their image as centres of community social life and financially benefitting the community through grants and donations. The legal introduction of poker machines in 1956 was to create financial security for these organisations in recognition of their community role and provide a stable revenue base for their ongoing development. However, as articulated by many consumers in this study, the legal introduction of poker machines to local clubs also brought many changes to their size, services and influence in attracting the public to their venues. As reported by Raymond:

You could see those building extensions were huge for those days. That in itself was an attraction for people and also, they were able to offer concessions on meals, you'd prefer to go drink as well and they had other incentives, sometimes free feed. You've got to be careful of the free lunch (laughs). But it's probably worse now...some of these buildings are huge they stand out. St George Leagues Club, they had a little humble start there at Kogarah, and St George Leagues Club became known as the Taj Mahal.

Raymond has concerns about the growth of clubs. He notes the influence of poker machines in changing the environmental dynamics from small community centres to large, casino-style venues. He reflects on these changes further:

The clubs—they need the community, we all do...but they have a stranglehold...it's just embedded in our culture. When you see the grassroots of where they started off...way back 30, 40, 50 years ago probably themselves weren't ever envisaged where they'd get to.

In these comments Raymond acknowledges a sense of reciprocity in arrangements for clubs. However, he also has concerns about the strength of the hold they have developed across communities.

Observations of the rapid growth in gambling venues during the 1980s and 1990s and the growth of small local clubs into more commercialised institutions are reported by a number of researchers (Con Walker, 2009; Hing, 2006; Marshall & Baker 2002; McMillen, 1999). This research demonstrates how many of the clubs in NSW have transitioned beyond recognition from their origins. Despite these transformations, clubs retain their not-for-profit tax status and continue to promote their humble beginnings through marketing and promotions in what has been described as the “folk model” of clubs in NSW (Livingstone & Adams, 2010:106).

Shaping Relations Through Marketing and Promotions

In the ‘folk model’, clubs use legitimising strategies to focus upon their community contributions rather than their role as gambling operators. Clubs use sophisticated and costly advertising campaigns to position themselves in the community as centres of communal activity and social benefit. Fostering perceptions of clubs as community owned centres for engagement and recreation is a core component of their marketing. This strategy is illustrated by the following statement from an article by Lisa Clift entitled “Growth through Marketing” published in the ClubsNSW Club Directors Institute Member Magazine (June 2015:4):

Despite all the choices in the leisure landscape, these regulars have found a sense of trust and connection with these places, which keeps them coming back for more. These people become active members, and the places become part of their identity—just like clubs consistently used to be.

The club message needs to be shaped and evolved to meet the needs of today, reaching the local community more intimately than any pub, gym or restaurant could ever do. This is the club difference—owned by the community for the community.

A number of clubs' marketing and promotional strategies are outlined in this section:

The "Your Club" campaigns

The persistence of the peak body ClubsNSW in promoting clubs as crucial community institutions whose gambling revenue was to be defended was particularly evident during the Australian federal government's attempts to reform poker-machine gambling in 2010-2012. Following on from defeating the reforms, over the next two years, ClubsNSW encouraged its members to take part in the "Your Club" campaign. This campaign focused upon personalising the concept of the community club, by entreating the public to develop an "in group" identity and feelings of "desirable membership" (Adams, 2008) with their local Club.

The 'Your Club' promotional strategy was based on social identity theory, using patron names, for example "Joe's Club" or "Rosie's Club" to create a sense of group belonging. The success of this method lies in what Adams (2008) sees as the importance of a clear membership of a social category as a means of building up one's social identity. As Adams suggests, "people will often defend these group affiliations far beyond their merit" (Adams, 2008:88).

Clubs as 'Giving' Organisations

This sophisticated engineering of community perceptions was extended in 2016 to focus upon promoting clubs as 'giving' organisations. The new campaign was aimed to promote a core value that giving is "at the heart of local clubs" (ClubsNSW, "Your Club" webpage, 2016), as follows:

The new campaign follows on from the successful Your Local Club campaign launched in 2012, which focused on the way clubs contribute to the communities in which they are located. While the 2012 ads showcased clubs' love of community, local sporting teams and bringing people together, the television commercials that lead the new campaign aim to showcase the core value that sits at the heart of local clubs and makes us unique—the act of giving.

At the Canterbury Leagues Club, a digital screen promotes the club's 'community contributions' to its customers. A series of pictures highlight the club's donations to various community groups in the locality. In one picture, images of smiling children accompany a description of a partnership project between the club, local council and the Royal Life Saving NSW—a swim survival program for school children.

Maximising their advertising to a culturally diverse population in their location, these images are used to illustrate the community benefits of the club's response to the concerning issue of 'migrant drownings'. The promotion of these good works serves to reinforce an image of the club as existing primarily for community benefit and maintains alignment with Club's legislated social mandate. However, these positive images and marketing strategies are not balanced by transparent public information about how clubs (such as this one) also impact communities in more negative ways, both economically and socially, through gambling harms.

Clubs as Safe Places for Women

The personalised aspirations of the 'Your Club' campaign aimed to promote clubs as community hubs with social and friendly affects. The campaign fostered images of clubs as places where people can feel safe and connected, a place to meet friends, enjoy a few drinks, a meal and relax. As Cynthia states,

this is overtly attractive to those who either want to socialise in groups or feel comfortable alone:

I feel that they are very attractive places per-se...often big and they've got restaurant type things. All kinds of facilities that catered to people, if you want to be in groups, (or) be alone.

Community clubs are often regarded by women as safe places to frequent (McCarthy et al, 2018), with some clubs also providing childcare centres and children's playrooms and outdoor play areas.

During her gambling years, Lydia, a retired businesswoman, saw the club as "exciting", "different" and "comfortable", a place where she could find company and, as she describes, "a place where women can go alone". However, after losing a primary relationship, her home and business due to poker-machine gambling problems, Lydia considers clubs "unhealthy for the community" and the cause of "a lot of problems".

Whilst Clubs may be perceived as safe and accessible places for women, their entwined relationship with poker-machine gambling, as experienced by female participants in this study, means these venues can prove to be quite unsafe for women.

Clubs as Community Meeting Spaces

In addition to promoting their entertainment facilities, clubs promote meeting spaces (at reduced rates or free) for local services and groups (service groups, health groups, social groups etc.). Function rooms for community events, such as parties and weddings, are also provided. As Cynthia summarises, "as you grow up the clubs are so tied to people's concept of socialisation". Clubs, along with their poker machines, have become integrated into everyday life and are entrenched in community socialising in NSW.

Whilst there are regulations in NSW limiting direct advertising of poker machines, club advertising aims to increase participation at venues. This is in full knowledge that, once at the venue, customers will engage in an environment intimately aligned with their core products—poker machines.

Inherent Conflicts in these Promotions

These legitimising strategies and related promotions aim to convince the public that clubs are meeting their mandate of social contribution and creating spaces and institutions with both charitable and social benefits. However, as Raymond suggests, there are inherent conflicts in promoting this public perception:

The comments I get in the public is that their awareness is pretty limited. They tend to see the clubs as being the goodies, I'm sure of that. Because, let's face it, they could probably get a meal in a club cheaper than you can in a restaurant and the clubs do promote that they are "the goodies"...there's probably some awareness, but the normalisation is there. When people say, "I'm just going to have a flutter on the pokies", honestly that makes me cringe because that's not what happens.

Raymond's comments reflect how consumers who have struggled with gambling problems are acutely aware of the conflicts and complexities in this positioning. They realise the community generally has limited awareness of potential harms and tend to focus on the immediate positive benefits to themselves of cheap food and drink. Raymond also expresses a strong physical reaction of "*cringing*" at the public minimising of potential harms with the colloquial term "*just having a flutter*" because he regards this as part of the normalisation of gambling. He is acutely aware of how these sentiments contribute to devastating consequences for some people and demonstrate a lack of understanding in the community.

Whilst clubs promote themselves as community and family-friendly environments, it is suggested such advertising "can both serve to shape and

divert public consciousness in ways that weaken public understanding and reduce support for pockets of resistance” (Adams, 2008:81). Adams suggests this is a concern, particularly in populations naïve to the broader impacts of widespread gambling. As such, gambling promotions can contribute to undermining democratic systems (Adams, 2008).

Building Community Partnerships

Clubs regularly build partnership projects and/or sponsor local events to promote their community positioning. As an example, a relatively new (three years) community project in my locality, the Shoalhaven River Festival, was renamed in 2018 as the ‘Shoalhaven Ex-Servo’s River Festival’. However, whilst such branding aims to strengthen community perceptions of the club’s status as a community contributor, their role as a major gambling revenue beneficiary is not made public.

Clubs’ community contributions include their role as both local social hubs and gambling operators. These activities and roles are threaded through one another. I suggest this interwoven complexity and blurred boundaries contribute to gambling harms.

These entanglements are further emphasised by relocating previously independent community facilities into clubs, for example, locating the Shoalhaven Division of General Practitioners/Medicare Local from the Nowra CBD to within Bomaderry Bowling Club. A similar strategy is the development of childcare facilities by clubs, for example, at the Shellharbour Workers Club. The NSW Government memorandum of understanding (MOU) with ClubsNSW (2018) demonstrates plans to locate TAFE services within clubs in the future. Media reports suggest this MOU also “opened the pathway for clubs to become an access point for license renewal, and birth, deaths and marriage services,

with the government agreeing to consider options for Service NSW kiosks in clubs in isolated communities” (Visentin, *SMH*, 16/10/2018).

Community partnerships have also been developed by the peak body ClubsNSW with well-known charities, such as the Salvation Army, to build relationships at the community level. In 2016 a Chaplaincy program was developed to support members in selected NSW clubs and is described in the 2017 ClubsNSW Sustainability Report as “a joint initiative of the Salvation Army Eastern Territory Division and ClubsNSW. Club Chaplaincy has proved to be a significant and valuable program in recent year.” Whilst Chaplain services may be of benefit to some club members, the partnership is also used to validate and promote the profile of the clubs as caring centres of the community. In the report, ClubsNSW quotes from its partners to validate this position, stating:

The Salvation Army recognises the central role that clubs play in their communities, describing clubs as “our modern-day equivalent of a town square” where people meet to interact, to belong, to share and to be valued.

Fostering Legitimacy

Clubs foster community relationships through a range of family and community events which decreases focus upon gambling activities and builds community profile. These activities assist in legitimising clubs as community institutions but also normalises the entanglement of community activities occurring alongside gambling products.

Hosting community activities also fosters intergenerational associations between clubs and families within local communities. In tourist areas, there are also long-held associations with regular holidaymakers. Cynthia describes her strong association with the RSL clubs from childhood. These are linked to her father, a returned serviceman. She particularly remembers the club’s children’s Christmas parties:

It was a place where people went for socialising and having meals. It was particularly important to me because of the connections to my father, when we were children, I grew up every year going to their Christmas parties. It was relevant and important to me as a child, and I asked my brother and it was the same thing, to the point where Santa used to come down in the helicopter for god's sake. That was a real big thing back in the 1960s. What other place had this? This was all put on for the children and everyone wanted to join the RSL so that they could do this for the children. Originally, I believe it was put on for the children of the returned servicemen.

These forms of family fun-filled activities are lodged in Cynthia's affective memory and for many years defined her perception of the role of clubs in the community. She trusted them and presumed poker machines were a form of 'arcade game'. She found it unbelievable that clubs would have any kind of harmful product as part of their family centred offerings:

It was a place that represented care. Care of people, care of returned servicemen, care of their children and that is what I understood, and that why I thought they would never have anything there to harm people.

Later in life, as Cynthia observed others harmed by poker-machine gambling, her belief that the RSL clubs "would never do anything to harm people" was challenged:

Nothing originally made me think otherwise, it was only in later years...when they seemed very focused on the poker machines...with people being able to spend more and more and more money...I heard that other people were having problems...I realised this was wrong.

Cynthia now expresses a loss of trust in RSL clubs:

I feel really quite betrayed...I feel betrayed for the trust that I had, as right or wrong as it may have been...I still feel betrayed that I trusted them, that we wouldn't have been harmed.

She has a deep sense of sadness in the belief that RSL clubs have betrayed the values of her veteran father:

I really feel sad, for my dad as well...(tearfully) My father I guess joined the RSL in good faith, he came home from the war a sick man, he was sick as a result of the war...My father would absolutely turn in his grave if he knew what happened to his own daughter, mainly through the RSL club.

Cynthia's experiences demonstrate how clubs are entwined with both gambling and community connections. These arrangements have conferred upon the public a sense of poker machines being a form of 'harmless entertainment' and a recreational product. Such beliefs contribute to their liberal use and normalise gambling activities as part of community social engagement.

Children and Gambling

Clubs promote themselves as child-friendly environments, and, as described by Cynthia, host child-focused events, yet conversely the concept of introducing children to gambling venues would garner more public scrutiny if these activities were held at a casino. Associations between gambling and children has provoked community concern and public scrutiny in the past few years, in the areas of sports betting, gambling advertising and football games (Thomas, 2014; Grill, 2012). However, associations between children and club-based gambling have received minimal public scrutiny.

Community members have contacted the GIS to raise concerns about chocolate-grab machines in clubs as a form of training children for gambling, along with concerns about clubs offering children Bingo lessons. Clubs claim they are using Bingo to teach children numeracy skills (Bosilkovski, 2012) but gambling researchers and community advocates (Bendat, submission 119, Productivity Commission, 2010) are concerned that these activities build associations between children and gambling. As Professor Paul Delfabbro from

the School of Psychology, University of Adelaide, reportedly stated (Bosilkovski, 2012:para.18), “research suggests that the younger you are when you start gambling, the more likely it is for you to go on to have a problem with gambling, so in that sense it can be seen as problematic”. Despite these concerns, it is noted that Penrith RSL for example, offers ‘Kids Bingo’ as part of its regular school-holiday activities program (Penrith RSL, 2020).

However, despite concerns raised by some members of the community and some academics, compared to sports betting advertising, the issue has not yet experienced a similar level of public outcry. The normalisation of clubs as community centres as opposed to gambling venues (such as casinos), contributes to this lack of public attention.

Blurred Roles

Consumers articulated, in Chapter Five, how gambling in community clubs is ubiquitous and how the entanglement of poker machines within local social settings contributes to gambling problems. Consumers expressed certain expectations and distinctions around gambling settings, particularly between casinos and clubs:

Well years ago, if someone were to ask me if I wanted to go to a casino, I would say no, I wouldn't have gone with them and my mother wouldn't have gone either. (Cynthia)

According to Cynthia, her perceptions of gambling in the early days were linked primarily to casinos which were considered high risk venues and places to be avoided. By contrast, clubs created an illusion of safety:

That illusion, if you like, that we're going to play somewhere safe, that was a huge factor. Compared to a Casino where it mentally makes you bring up risk, “Ooh! I won't go there!”

Cynthia's sense of safety, generated by the community club setting, left her unguarded and unprepared for the potential for harm within the venue. This contrasted with her perceptions of casinos. Casinos are easily identified as predominantly gambling venues and, from a NSW legislative and policy perspective, are regarded as 'destination gambling venues'. Casinos have complete transparency that gambling is their core business. By contrast, clubs' significant role in gambling is poorly recognised within the community. The lack of distinction of clubs as gambling venues is confounded by their social settings and their considerable efforts to position themselves as primarily recreational, social, community and charitable institutions.

The history of registered clubs in NSW, as outlined in Chapter Two, indicates clubs are not for profit organisations with volunteer origins. The 1956 legislated social mandate for clubs to own poker machines for the benefit of their members and local communities led to significant commercial growth. However, these arrangements have also contributed to a blurring of clubs' roles in the community and obscured scrutiny of their role in contributing towards community harms.

The Entanglement of Hospitality and Harm

Clubs train their staff to provide effective customer hospitality. Through this research, along with my experiences with club staff training, it is apparent that many staff consider the local club a place where customers feel a sense of security and attachment. Some staff suggest the venue offers a buffer against loneliness and a form of welfare service to some of their customers:

We have a lot of people there who basically call it a second home, not even because of the poker machines but just because they're lonely and it's a safe environment. They come in by themselves, know that there is a friendly face they can talk to, someone who recognises them and acknowledges them by their name and treats them like a person. Instead of just sitting at home feeling lonely and sorry for themselves. (RSL Club manager)

Some club managers also see their primary role as creating a venue where their customers will receive 'special treatment'. As an example, In the transcript of the in the ABC film documentary, *Ka-Ching:Pokie Nation* (Looking Glass Films, 2015), Anthony Sobb, the CEO, of Fairfield RSL, describes how he perceives the role of his club and his staff:

Our aim is that when the people walk through the door, they walk a little taller, they get called sir, they get called madam and they get treated with dignity, courtesy and respect. The furniture and fittings here at the club are not what many of the people could afford in this area; however, our aim is that we bring it to the people. It won't cost them anything to come to our club and be a part of the 5-star offerings.

Sobb's description demonstrates how the venue strategically arranges their environment and customer relations to create particular affects – in this case a sense of special "5-star" treatment. Similarly, the use of a top-hatted doorman in the Mounties Club's 'welcome' photograph (see Figure 13) conveys a sense of wealth and social standing.



Figure 13. A Welcome to Mounties

(Source: <http://mounties.com.au/page/about/venue>)

At one level these welcoming overtures and luxurious environments may be accepted as promoting 'good hospitality', but they are also marketing strategies used to engage customers with gambling. The Mounties club and Fairfield RSL, are located in the Fairfield local government area (LGA) of South West Sydney. As discussed in Chapter Two, this is a low socio-economic area, with a high density of poker machines and high gambling losses. In 2018, it was reported there were 3857 poker machines in Fairfield and a ratio of 24.6 poker machines per 1000 people compared to 15.8 nationally. Fairfield residents are estimated to lose \$1.3 million per day to gambling (Washington University, 2018). Mounties, with 615 poker machines, was ranked no.1 club in NSW for its gaming machine net profits (1st Dec 2019 -31st May 2020) and Fairfield RSL, with 332 poker machines, ranked no. 21 in NSW, over the same period (Liquor & Gaming NSW, 2020b). The 'special treatment' on offer within these clubs is also contributing to gambling harms.

As discussed in Chapter Five, some poker-machine users assign human traits to their favourite machines and intra-actions become vested with notions of friendship. A sense of being “made to feel special” is often regarded as part of an intimate relationship (Gordon et al., 2012) and for many poker-machine users the environment of gambling creates a sense of intimacy and security. As Heike comments, “*you have a sort of intimate experience with the machine*”. Perhaps the ‘frilly trims’ of the gaming room (see Figure 9) are not just about decoration, but illusions of intimacy and excitement. It is evident that gaming room design significantly contributes to this affective atmosphere.

Extending the notion of friendship beyond the intimacy of the gaming room to the venue generally, one can distinguish why poker-machine users may come to associate gambling with companionship and security. Yet this contrasts with the descriptions of all gambling consumers interviewed for this study, of poker-machine gambling as a solitary activity. As illustrated by Graeme’s comments, “*even though I was around many people, I found myself isolated by the gambling*”. Club based poker-machine gambling creates a sense of communal belonging, whilst still being physically isolated at the machine. The machines appear to take on a relationship entity as an extension of the relationship with the Club itself. Poker machines are regarded as familiar objects and for some, like Cynthia (Chapter Five), similar to “*arcade games*” and part of club furniture since 1956. As Cynthia states:

I never perceived them as anything harmful, I never even perceived them as gambling, they were just something that was a part of the RSL.

This comment suggests the embedding of poker machines into community social spheres via NSW Clubs may undermine people’s ability to employ some level of self-protection against these ‘products of dangerous consumption’. It is evident, that the normalised access to these products in the community, has led to considerable harms (Productivity Commission, 1999a, 2010).

Orchestrating Affects

As discussed in this chapter and Chapter Five, there are particular ways in which clubs orchestrate and choreograph what Anderson (2016:735) describes as “capacities to affect and be affected” within the venue. These ‘affects’ are orchestrated in a manner which both blends and subtly accentuates gambling activities within the milieu of the club. The influence of ‘affect’ is conspicuous in NSW clubs and woven through their environmental designs, poker-machine technology and material-discursive practices. As described by participants in Chapter Five, once inside a gambling venue, there are many material-discursive practices employed by venue staff to orchestrate the venue’s affective dimensions which ensure people continue gambling.

Cynthia explains how the personalised service of food and drinks in gaming machine rooms contributed to extending her time gambling:

Different clubs do different things, in some the clubs I used to go to you’d just press a button, and they’d bring around free coffee, some places had soft drinks. In some places I went to at early hours in the morning they would actually bring you free food.

These hospitality offerings contributed to Cynthia’s sense of time available to gamble, “*it could be endless until they actually closed the doors*” and “*as long as you had the money to play, you could be endless, and you weren’t obliged to be home or nothing like that*”.

Graeme also describes how he lost days gambling at the venue:

I would actually spend more time there, like a whole day, and spend my whole pay-cheque in an hour or so. Then when you’re broke, you spend the rest of your time in depression. Your work slips, you lose interest in everything other than that thing that’s controlling you.

Like other participants interviewed for this study, Graeme's poker-machine gambling impacted his finances, mental health and work. Losing time gambling was most commonly reported. Time lost in the venue gambling, impacts numerous aspects of general living, both for the person who gambles and their families. As Angela describes:

The responsibilities just increased as time when on. So, I was essentially just running the household at one point, and it was like I felt like if I didn't do it Mum would get really angry; it was a keep the peace thing.

Angela's early teenage years are marked with memories of increasing domestic responsibilities due to her mother's gambling at the local club. It can be argued, the normalisation and locating of poker machines in the social club environment, contributes to the individual re-bounding of humans with machines, and in the process diminishes personal agency. Socialising becomes 'socialising *with* pokies' as almost every aspect of engaging with a club's facilities is underpinned financially by the poker machines

Clubs Are Complex Multi-layered Institutions

As this study demonstrates, clubs operate as complex multi-layered institutions, organising material-discursive practices and sociomaterial arrangements attending to multiple affective dimensions. As discussed earlier in this chapter, clubs use specific strategies to organise their atmospheres and structures of feeling to present the local club as a culturally acceptable and safe venue. Their efforts in designed 'affects' create a social feeling of existence within their spaces. The peak body, ClubsNSW, extends and promotes this 'social affect' by framing it within a discourse of community benefit and positions clubs as "essential organisations within their community" (ClubsNSW, 2017:16). These practices engender a sense of belonging and social connection between disparate people and simultaneously encourage the same people to gamble.

Clubs aim to create conditions where patrons experience irresistible invitations to engage with poker machines.

However, what is less overtly acknowledged, is how these spaces are also organised to ensure a 'feeling of existence *with* gambling'. Gambling is opaque in clubs' marketing and promotional strategies and the revenue dependence is hidden amongst the noise and clutter of other more palatable activities. On closer analysis, I suggest, clubs' promotions of social affects and community activities deflects attention from the fact that most clubs' core business is poker-machine gambling.

Are Clubs Upholding Their Social Mandate?

In examining NSW registered clubs' business models, it is suggested (Con Walker, 2009; Livingstone et al., 2012) these institutions do more taking from the community than giving to it. As Livingstone et al. (2012:4) state:

The actual level of community support provided by poker machine operators, and documented by their official reports to regulators, is miniscule in comparison to the amount of money lost by poker machine users within local communities. For example, in one CED (Blaxland, NSW) where losses amount to more than \$177 million p.a., the value of claimed community benefits was 1.4% (\$2.5 million), a little more than the NSW average of 1.3%...The amounts expended on community benefit appear to be large only if they are reported without reference to the total losses on poker machines in that location.

Rooke (2018:189) views poker-machine gambling as an activity generating social disconnection—"a solitary pursuit", He is concerned about the impacts on patrons, particularly the elderly, and whilst acknowledging clubs as community spaces, Rooke (2018:189) also raises questions:

Are clubs serving the needs of patrons and the wider community in the *best* and most *responsible* manner? Are they perhaps exacerbating—not reducing—feelings of social isolation, loneliness and depression among certain segments of the population, especially the elderly and those living in regional areas?

Like Rooke, Diane, as a community nurse and affected family member, is concerned about the isolating nature of poker-machine gambling in the community. She notes:

I sit and look at people, who don't appear to be enjoying life as they just pour money into the machine and focus entirely on it and I think, "Where's the fun?" There appears to be none to me.

Diane suggests there are links between social isolation and machine users because the absorption of the activity restricts social communication. Diane is concerned about the amount of money expended and challenges the notion of poker-machine gambling as social entertainment.

These comments suggest, whilst clubs were ostensibly set up to encourage socialising and community engagement, their dependence on poker-machine gambling is undermining those values and creating environments which may be unsafe for the community. These circumstances would appear to contravene the 'social mandate' which established clubs and their poker-machine licenses in NSW for community benefit.

Staff Practices

Many consumer participants in this study believe some club practices directly contribute to gambling harms. There are some staff practices that may, in other settings, be regarded as effective hospitality; however, within gambling venues they were considered by consumers as inducements for people to remain gambling. As an example, the practice of staff serving free soft drinks to poker-machine users:

I have been at our local club having lunch about 12 months ago and 3 times in half an hour I have heard over the microphone staff saying to those in the poker machine area “if you press the blue button on the right-hand side of your machine if you would like a drink, the waiter will come and bring it to you” and in 30 minutes that message went over three times. (Deidre)

Easy access to alcohol whilst gambling was viewed as a major contributor to excessive poker-machine use. The style of seating in the gaming room was also commented upon:

They’ve made the seats more comfortable at the poker machines. Instead of having one hard seat at the poker machine now they have a two-seater sofa so two people can play and drinks all round. (Deidre)

Amongst these perceived inducements, club loyalty programs and preferential treatments for regular gamblers were considered particularly concerning.

Rewarding Loyalty

Clubs are dependent upon poker-machine revenue to support other community activities and services. It is therefore not surprising to see how regular gamblers can become regarded as ‘elite customers.’ These regular customers are often targeted for ‘loyalty programs’ and ‘VIP treatment’. In other businesses this is regarded as effective marketing promotions and ‘good customer service’. However, in gambling venues, these loyalty programs and personalised treatments can also be seen as incentivising some customers to continue harmful gambling.

In my field notes, Rachel’s story demonstrates how staff behaviour influenced her poker-machine gambling:

Rachel, a poker-machine user, describes how her regular gambling venue (a club in Western Sydney) used to call her on her birthday, send flowers, and taxis to collect her. Staff would also sit next to her when she gambled. She says, “they made me feel special”. (GS)

Helping people to ‘feel special’ and providing personal support may encourage people to gamble more regularly to their detriment and challenges notions of ethical behaviour. Whilst possibly considered ‘customer focused hospitality’ such actions may well reinforce risk-taking behaviour in those experiencing gambling problems.

Rachel’s narrative includes a background of childhood abuse with resultant feelings of low self-esteem. She describes how the overt friendliness of the venue staff, their companionship at the pokies and demonstration of ‘care’, along with their actions of treating her as ‘someone special’, influenced Rachel’s desire to gamble regularly on poker machines in their venue. The impacts of her gambling problem saw her serve a custodial sentence of two years for embezzlement from her employer and separation from her two-year-old daughter. Rachel’s story exemplifies what Deidre suggests:

I don’t think anyone’s sick in regard to gambling when they first start; I’m of the firm belief that the machines are targeted to pick up people with vulnerabilities.

Deidre, as a retired nurse, is aware that most people have some level of vulnerability in their lives. The discourse of Clubs Australia and ClubsNSW positions “problem gamblers” as people with pre-existing mental health issues, suggesting that “this causal relationship be recognised rather than claiming gambling leads to such problems” (Clubs Australia, 2009:10). However, Deidre’s view is that people develop gambling problems because the poker-machine product is specifically designed to connect with these personal vulnerabilities.

Tony, a security guard for a large club in the suburbs of Wollongong, describes practices he was encouraged to use towards regular customers in the poker-machine area at the venue where he works. He explains how one woman was singled out for 'special treatment': "*I've been told I am not allowed to talk to her*" or "*interrupt her in any way*". Tony believes this is because she is identified by the venue as a "*high roller*" on the machines.

Venue practices aimed at rewarding regular gambling customers have increasingly come under public scrutiny and are discussed in the next section.

Practices Under Scrutiny

These practices are consistent with activities at other gambling venues, as revealed through the 'Pokie-Leaks' whistleblowing campaign (2016) initiated by independent MP Andrew Wilkie, Greens Senator Larissa Waters and MP Nick Xenophon. It provides parliamentary privilege to protect whistleblowers who supply secret information about industry tactics, poker machine design and payments to politicians. Wilkie's media release (27/3/18) outlines how "Woolworths keeps a secret database of customers in their poker machine venues and spies on patrons without their knowledge". Reported Pokie-Leaks allegations (*SMH*, 26/3/18) from other Woolworths hotel staff refer to staff targeting a middle-aged grieving woman who had just lost her parents and received an inheritance:

We basically had a staff meeting straight out saying..."When she comes in, day or night or whatever, just treat her like Queen Bee." Like she will get this, that, free drinks, free food. They kept her there. If the music was not to her liking, in the gaming room, bang bang bang. We would go there and change the music back to hers...I saw her lose, at least two grand every night, honestly. And the one reason I know that is because I cleared all the pokie machines at night-time. Basically, her machine is reserved for her only, especially if we know she is coming in...Sometimes she would ring up and ask, "Is anyone playing our machine," or her machine I should say. And we'd be like "Yep, yep, yep." So, she'd be like, "Maybe I will come in in half an hour"...You'd just put a reserved sign on it and wait for her to come in.

In 2018, Liquor and Gaming NSW (2018: DOC18/191145) levied a record \$100,000 fine and \$27,000 court costs to Illawarra and District Rugby Club (known locally as the Steelers Club) in Wollongong. The penalty was for permitting gamblers to access illegal cash withdrawals of amounts up to \$40,000 a time and providing free drinks to keep people gambling. The Secretary Manager of the club is currently serving a lengthy jail sentence for his part in the activities. Notably, the chair of the Steelers Club board, Peter Newell, was, at the time, also chair of the peak body Clubs Australia. Consequently, there were calls for his resignation (Alliance for Gambling Reform, 5/10/18).

These examples, whilst not exhibited by all clubs, do suggest a culture within gambling venues which places the focus upon profit above the Industry's host training concept of 'responsible conduct of gambling'. It raises questions as to where the boundary exists between promoting 'good customer care' and effectively 'turning a blind eye' or in some cases facilitating customer harm. Unlike the 'responsible service of alcohol' where there are clear and legal boundaries precluding selling alcohol to intoxicated customers (NSW Liquor & Gaming, 2018), there are no corresponding consumer protection staff guidelines in NSW for the service of gambling.

There is some evidence that regulators may be strengthening their responses to venue operator behaviours in relation to gambling. In July 2020 the NSW Independent Liquor and Gaming Authority (ILGA) fined Dee Why RSL club \$200,000 (the highest fine on record) for encouraging the "misuse and abuse of gambling activities" in the Van Duinen case (Bamford, ABC News, 27/7/2020).

However, it is concerning that a recent RGF-commissioned review of responsible conduct of gambling practices in NSW venues (Hing et al., 2020b:iii) found 10% of staff surveyed were aware of illegal practices in their venue which included: the supply of free or discounted liquor to encourage gambling (9.6%), the provision of credits, vouchers or cash advances to encourage the use of electronic gaming machines (10.9%), and the provision of inducements likely to encourage the abuse of gambling activities (10.4%).

Community Harms: The Impacts of Problem Gambling

The social embedding of poker-machine gambling into local communities is significantly linked with problem gambling (Doran & Young, 2010; Livingstone & Adams, 2011; Thomas et al., 2011; Young et al., 2012). The Productivity Commission reports of both 1999 and 2020 indicated access to EGMs was the primary contributor to gambling harms. The following figure (Figure 14) provides an overview of the extensive impacts of problem gambling in the community:

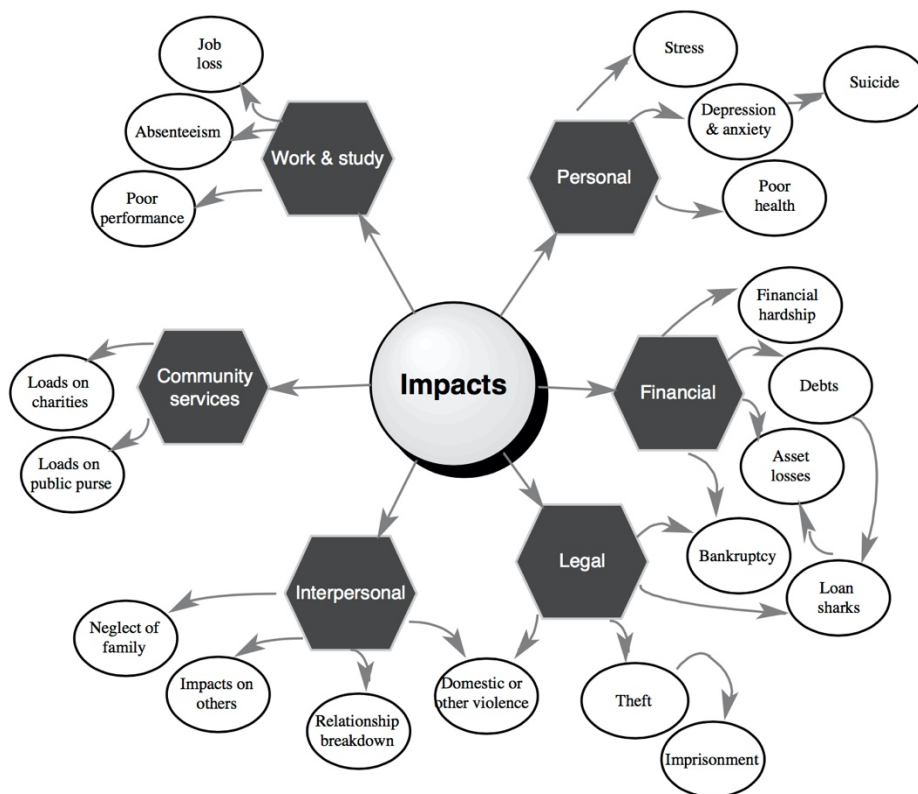


Figure 14. The Impacts of Problem Gambling
 (Source: Productivity Commission, 1999a, Vol. 1:25)

As illustrated, gambling problems reach far beyond the individual to affect families, employers and the community at large. The extent of these impacts is summarised by John, when he explains how his years of gambling resulted not just in a loss of personal potential but a loss for the community:

Although I haven't gambled for almost 13 years it was a major part of my life, it is who I am now and, in many ways, I never reached my potential because I was a compulsive gambler. If I could have avoided being a compulsive gambler, I would have had far more potential, be far more creative and be far more productive in society. So apart from the financial loss and all the rest of it, it is a community loss as well. That if we can avoid that, (it) would be great.

According to the Productivity Commission (2010:16) 40-60% of gaming machine losses come from those who are experiencing gambling problems.

Estimates that 15% of regular gamblers (gambling once a week or more) are at serious risk of gambling harm and another 15% experiencing moderate risk (Productivity Commission, 2010:13) suggest at least 30% of a venue's gambling customers are experiencing some level of harm. So, whilst clubs position themselves as safe places for community entertainment it is apparent that for at least a third of their regular gambling customers, this is not the case.

As discussed in the literature review (Chapter Three), there are significant associations between gambling problems and risks of suicide. Several consumers interviewed for this study reported their gambling problems as a driving factor in their own, or a family member's, suicidal thoughts. John's personal story involves a crisis that almost ended in him taking his own life and links gambling with experiences of depression:

Certainly, depression and feeling suicidal, yes, that has come about during my gambling. And also, that fear that I might also be suffering from mild or continuous depression.

Graeme considers his gambling activity as a form of self-harm but chose poker-machine gambling, instead of suicide, as a form of escape:

I knew all along it was self-harm. It was that or suicide in many situations. Because it was my only outlet, I didn't have any other outlets.

Karen's growing fetus was the only rational reason she could find to stop her suiciding when in the depths of despair after losing a large amount of money gambling in a club:

The only reason that I didn't carry out my suicide was I couldn't figure out how to kill myself and not my baby that was inside me.

Deidre fears for her adult son, who has struggled with depression as a result of his gambling. She knows he has been suicidal and expresses a sense of fear and powerlessness as a mother witnessing this:

He thought several times of committing suicide...knowing what his depression was like. There is nothing worse...seeing your child so depressed even although they're an adult.

In addition to these narratives, I am aware that a member of the Gambling Impact Society's Consumer Voices team lost her husband to suicide due to problem gambling several years ago. At the time she had no knowledge of his gambling. The impacts on that family have continued to reverberate across the years.

In addition to suicide risks, there are significant associations between problem gambling and domestic violence (Kalischuk et al., 2006; Korman et al., 2008; Muelleman et al., 2002). Len describes his father's volatile relationship with a partner and the impact of his gambling sessions upon on himself as a young teenager:

Midnight fights at one o'clock or two o'clock in the morning, screaming and yelling and carrying on, and the depressive mood swings.

As indicated in Chapter Three, much of the research into the negative health impacts of gambling has focused upon people classified as 'problem gamblers'. There is less research into the impacts of gambling and related harms upon family members, particularly children, as noted by Kourgiantakis et al. (2013) and Dowling et.al. (2010). The broader impacts of gambling harms have only relatively recently emerged as an area for definition and research (Browne et al., 2016; Browne et al., 2019).

Len recalls years of instability in late childhood following the death of his mother, and an increase in his father's gambling behaviour. This included his

father's mood swings, sitting in cars as a child outside poker-machine venues and the physical consequences of not having enough money for food:

hunger, constant craving for stuff, always needed to go and get more stuff, because there was always a minimum amount of everything in the house...we'd live on flour and butter and sugar, and we'd make up a little goo of this stuff and eat that.

As an adult-child survivor, Angela airs her frustrations at a lack of understanding of the impacts on children. As she says, "it's so much more than missed meals". She recalls the lack of nurturing in her family as her mother's club-based poker-machine gambling increased:

There was a lot less interest in our daily lives, like say we'd moved from the city to the country and new school, all that kind of stuff, and initially it was like, "How's your day?"...and then over the years it was just like no interest at all in anything we were doing, not academic, not sport, not whatever.

Angela noticed her mother's self-care was negatively impacted as her gambling problems progressed:

She was always someone who was immaculately dressed, and she was a model when she was younger and all that kind of thing, and she started going to the club in tracksuits without having a shower, no makeup, hair everywhere, at opening time.

Angela identifies some of the impacts of her mother's gambling on her own health, during her teenage years:

I had a lot of stress related health issues, I was severely underweight, I was so underweight I stopped menstruating. I had ulcers; my esophagus was ulcerated from reflux...I couldn't eat very much, and things at home were really, really tense.

Her schoolwork suffered and it was not until a teacher raised concern with her directly that she divulged what was happening at home. This ultimately led to her moving out of home to complete her final years at school. However, her health issues continued into young adulthood as she removed herself from the family and moved to Darwin:

I started to develop anxiety and depression issues, and was drinking too much...it's like an anesthetic...So, I was a girl in pain and just wanting to party and just numb out and be far away.

Angela continues to have long lasting mental and physical health issues related to those early experiences of gambling harm.

Diane, aged in her early fifties, works as a community nurse and is the mother of four teenage children. Diane divorced her husband a few years ago due to his unresolved gambling problems; he had gambled excessively on poker machines since the children were young. The pervasive sounds of poker-machine gambling within community clubs still cause Diane discomfort:

There's a club down here that I have to go to for work-related meetings and I have to walk past the outside smoking which has got little partition walls for it, then the smoke comes out and you just hear the poker machines. I can feel my blood start to boil every time I have to pass them, I don't even have to look at them and when I have to walk into a club when I can't see any real door to block them off, it causes me great agitation.

Diane resents the regular exposure to poker machines in community venues, particularly those she considers minimally screened, in venues she has to visit occasionally for work purposes. She expresses feelings of agitation and anger as the sounds and visual stimulations remind her of how accessible these machines are to the public and the pain of her own experiences.

Many other consumers raised concerns about the negative impact of poker-machine gambling upon their own mental health and wellbeing or upon family members. Issues of depression, low self-esteem and anxiety were regularly occurring themes. Len relates his observations of the impact of gambling on his father:

My father would spend a lot of time on poker machines and of course the side effect of the losing was the great depression that hung in the house after the realisation that there was nothing left to do, there was nothing left to give to the machine.

These experiences of loss and depression are particularly poignant when set in the context of Len's later life, as he went on to develop a gambling problem himself. Len understands the impact this has had on his own family:

I was spending a lot of time away from home, when I should have been home supporting my wife and my family, and I was in a position where I was still earning a significant amount of money and I thought I was doing okay. But I was amassing some debt and I was doing a lot of damage to my family.

As noted by other participants in Chapter Five, gambling problems and their impacts can be intergenerational.

Risk and Responsibility

There are minimal promotions to customers of the risks of poker-machine gambling or potential harms within NSW clubs. By contrast to other Australian jurisdictions (Victoria, SA, ACT), early intervention strategies for those exhibiting signs of potential gambling problems have not been developed for NSW club staff. Basic training in the Responsible Conduct of Gambling (RCG), is provided, yet my consultations with club staff in this research, and through my professional work, indicate many are conflicted about their role with those

customers who may be developing gambling problems. Some staff have had significant careers in the industry and are aware this has influenced their views:

To me, my whole life has been to fix poker machines, and to get people to use them and maybe in another life I may have had a different vision, so I am incredibly biased. (Derek).

Gaming floor staff understand their club depends on gambling for 'profits', but, at the same time, are aware of the potential for gambling to damage their patrons. Many staff have conveyed to me a sense of powerlessness, believing there is little they can do unless customers ask for help.

Secretary manager Derek, demonstrates his understanding that the main aim of operators and manufacturers is to get people to gamble:

I think the venue and the manufacturers are there to promote gambling, there's no way in the world that they are going to make a machine that is safe for a problem gambler. I think that's an impossibility, they spend millions of dollars creating 'Queen of the Nile' that makes people play them. The venues are there to entice people in there...

Derek's comments also convey a sense of futility in the suggestion that machines could be made safer for those experiencing gambling problems (as recommended by the Productivity Commission Report 2010). However, he recognises a need for government involvement in gambling reform:

It's a government issue, just like smoking, just like alcohol. The government did it. Who brought in random breath testing? Who stopped the smoking?

However, these tensions and conflicts remain unaddressed by current Responsible Gambling policy in NSW. The onus in this policy is placed upon the individual to take responsibility for their gambling problems. Staff are only mandated to react to direct requests for support (only from the gambling customer) rather than responding to observed behaviour. These professional

host 'friendships' do have nuanced boundaries, with some staff being more proactive than others in offering individual support to someone who may exhibit some concern about their own gambling behaviour. However, there is a lack of clarity around the moral, ethical and human dimensions of these relationships and a legislative vacuum in NSW with regard to consumer protection. As a result, there is a tendency for staff to do what I describe as 'sitting back and watching a train crash'.

This lack of early intervention and the provision of rewards for persistent gambling came under public criticism in the media in 2018 following the suicide of a middle-aged man, Van Duinen, after a 13-hour gambling episode. It was reported (O'Malley, 6/7/18) that, despite Dee Why RSL Club having been informed by Duinen's family of the extent of his gambling problems, they failed to respond with any form of duty of care and continued to provide loyalty rewards. The case highlighted a number of consumer protection issues including the powerlessness of families to gain support from venues once a gambling problem is identified. It prompted the NSW government to review current policy. This is discussed further in the next chapter (Chapter Seven).

The Van Duinen case reinforces concerns raised by consumers in this study of a perceived culture within clubs of turning a blind eye to harms whilst rewarding regular gambling behaviour.

The dependence of NSW Clubs upon gambling and the acceptance and normalisation of these arrangements by the community are a major concern for those impacted by gambling harms. As Terry articulates:

The acceptance of gambling, not just by community, but industry and government. there seems to be a tendency to embrace gambling, it is a legitimate activity, but as a reputable and viable, ethical activity? The way it has been plugged onto the clubs industry, especially NSW, has strengthened the idea that charities won't survive without clubs, without pokies. All these donations to sport clubs and children's associations will die without clubs, without pokies. That to me is worrying because it blurs the line and it makes it very easy to turn any conversation around from a discussion on gambling and the impacts of problem gambling to a discussion about the industry and the people who will be hurt if the gambling goes away.

Terry considers current arrangements mask the evaluation of poker-machine harm in the community and deflect debate from the health of the population towards the protection of club businesses.

John thinks clubs have developed some effective “*spin*” for promoting themselves:

They're definitely trying to justify their actions and they're certainly promoting and trying to say, "This is what we are doing" so they are believing their spin.

He also thinks that it is time to start challenging that perception:

I do think it's about time that we look realistically at the clubs and recognise that they are big business and they've done some good “spin”...I think they've worked on that. They've always realised that if they offer cheap services and facilities to the diggers...they would certainly be fondly looked upon.

He acknowledges some sectors of the community have an emotional connection with clubs because of their “*humble origins*”. John recognises that change may challenge those historical connections:

If people still have those connections to them, they tend to have more of an emotional connection to them, the Diggers Club, so it is like, "if you take away my club you take away my history".

John believes that clubs have "lost track of their social responsibility" and advocates clubs develop an increased understanding of problem gambling and the impacts of their business model:

So, seeing the families broken up or having to separate, seeing the children go without food. If you're talking about the community...see what actually happens when people are caught in their addiction...If they can start to connect their responsibility by seeing what is happening in the community, they're well placed for it, they are based in the community so they should be able to see it.

Diane thinks clubs minimise the extent of gambling as a problem in the community. She calls for an honest acceptance of the extent of the impact on individuals, families and the community at large:

I think they just need to be honest and stop pretending that there isn't really a problem the size that there is. Stop pretending that no one is really affected, that only a small percentage of people are affected by problem gambling.

Diane challenges the notion that one person with a gambling problem only affects five to ten others when she says that the number of people affected in her own family is over thirty, "without including friends or work colleagues. It is a much bigger ripple effect than they are accepting".

Heike considers the co-location of poker machines in centres for community activity and socialising needs to be reconsidered:

Ideally, I think we should have them all in casinos, just in gaming venues. Not mixed with other forms of entertainment, stand alone with big signs saying, "you go gambling", that's what you do when you go in there.

She recommends that if we are to continue to access poker machines, they should be only available in casinos or “gambling only” venues where there is a clear separation of boundaries between community life and gambling:

They've got to be taken out of suburbs away from the constant proximity of where people shop and walk past, near schools. The word for it is destination gambling...No alcohol served in there either, no freebies. It's like when you want to smoke, you go on the balcony with the other smokers.

This suggests that, like smoking, poker-machine gambling has identifiable public health harms and needs to be restricted to certain venues as opposed to ‘normalised’ into the community. But Heike also recognises this would require a rethink of the concept of gambling as community entertainment and the arrangements for clubs. She thinks there would be considerable push-back by the industry:

The clubs and pubs will fight it because of loss of money, revenue. It would need a complete rethink of what is community entertainment and how do we rebuild our cities and our social life to compensate for the loss of these venues.

Heike demonstrates a lack of faith in either government or the gambling industry to really tackle the problem:

Just hoping that the public will realise that it's time to do something seriously about this issue before more people fall down the pit. But it looks like all the government and industry is prepared to do is to pay for more ambulances—sad really.

Heike places her hope in public awareness to create change and demand prevention strategies. She thinks governments and the industry are only interested in continuing to “pay for more ambulances” (treatment) for those who have already developed a problem.

Conflicts within Clubs' Business Model

Many consumers interviewed in this study expressed concern about the apparent contradiction in clubs' promoting themselves as agents of community good whilst failing to acknowledge their role as contributors to community harms. Those impacted by gambling harms see this as socially irresponsible:

My opinion on this whole situation is that the clubs are only worried about themselves...there's a smokescreen there. All the stakeholders...within the club industry and the poker machine industry, we've got to face the facts they are there to make a profit, and we know who they are, and I see them as very, very, ruthless. (Raymond)

As summarised by Raymond, consumers interviewed for this study expressed concerns about clubs maintaining a pokies-dependent business model with minimal regard for the social and health costs to the community. As noted by Cynthia:

Using the poker machines to fund everything going on within their clubs...a huge proportion coming from people experiencing one kind of a problem or another, whether on a small scale or large scale.

These comments express Cynthia's concern that clubs, whether small or large, depend too much upon those being harmed by poker machines to support their revenue. These comments are supported by evidence that between 40 and 60% of gambling losses are incurred by people with some level of gambling problem (Productivity Commission, 2010:16).

Conflicts, tensions and ambiguities surrounding venue staff roles have been noted in previous research (Hing & Nuske, 2012) and within GIS staff training, where club staff have discussed their frustrations and challenges in aligning management expectations, concerns for customer welfare and personal capabilities. Hing et al. (2020b) found staff often felt management prioritised

gambling revenue over the welfare of patrons. Staff felt this culture resulted in an unwritten pressure to keep people focused upon gambling, by not interrupting those perceived as ‘high rollers’ and ignoring customers showing signs of gambling problems.

In most clubs in NSW, poker-machine revenue far outweighs any other hospitality service, including food service and bar takings (ClubsNSW, 2007:98). It is also important to note that without centralised and publicly accessible reporting, it is difficult to access current information on individual club revenue or budget breakdowns in NSW. However, the 2017 Annual Report of one of the largest NSW Clubs, the Mounties Group, offers insights into the distribution of income sources (Figure 15).

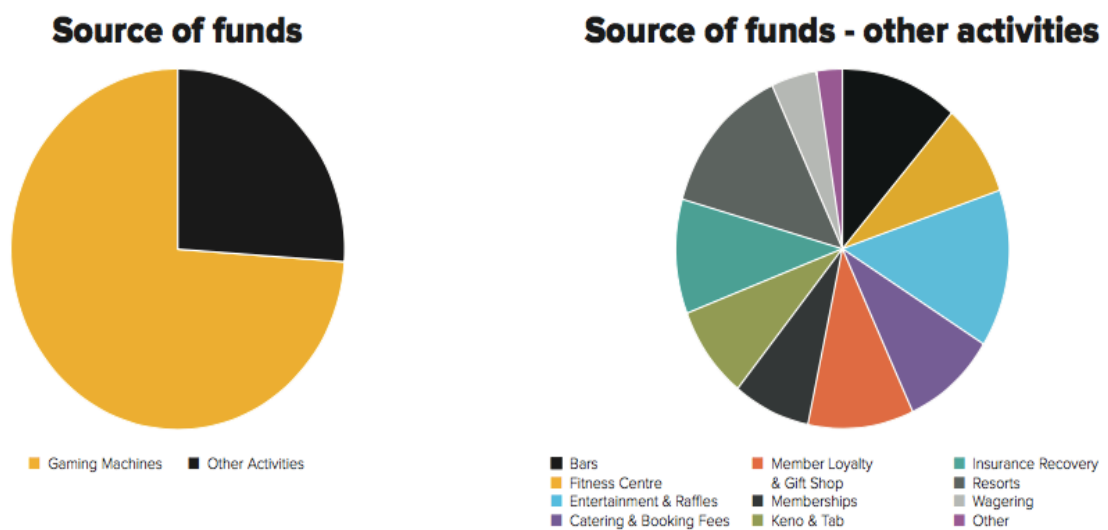


Figure 15. Source of funds, Mounties Group
(Annual Report 2017:11)

This data supports the premise that gaming machines consistently remain the predominant source of revenue for clubs in NSW.

Club manager Derek describes the gaming area as the “engine room of his business”. He acknowledges that whilst people use his facilities for other functions and activities, he still needs to ensure that people spend money on the poker machines. Derek recognises gambling as his club’s main source of revenue:

It’s probably about 90%, so it’s massive...I made \$65,000 in turnover in food in a week and I’ve probably made \$3,000 profit. In a week in gaming, we make \$100,000 a week... Your club can only be as strong as your gaming rooms... You really have to have a profitable gaming room.

Derek believes fewer people are gambling as much these days and therefore he needs more people gambling to maintain his revenue. The conflicts and tensions in managing this business model are apparent in the following quote from Derek:

There are two sides, one there’s an engine room and second there’s a food and function and the main lounge and entertainment. The engine room is a percentage fueling the other rooms and you could say we’re a community club here, we would at least do 200 meetings and functions a month, just the community side of it. I would tell someone all the good points, but there is a downside to it and my job is to manage both of those, I can’t be one without the other. If gaming dried up, I don’t think the club would run very long without it.

The significance of gambling to a club’s business model is articulated in the peak body’s Club Directors magazine (ClubNSW, June 2015) in an article entitled “Growth Strategies” authored by Dean James:

Generally, less than 50 per cent of a venue’s membership will partake in a gaming activity, however this will translate to 90 per cent of the profit that is generated by the venue. (ClubNSW, 2015:6)

Club managers and directors are actively encouraged to maximise their profits from gambling customers, by developing “gaming intelligence” as a strategy:

A granular understanding of your customers has the power to transform a business into a customer-centric profit machine. The major factors that potentially have a direct impact on the success or profitability of a Gaming Intelligence Strategy are: focus on the best customers that you already have; optimise the profit that can be made from them; increase the period in which they remain customers; be able to produce measurable results of success. (ClubsNSW, June 2015:7)

For Diane, the sight of her local club re-modelling and growing larger is a particularly raw reminder that most of her husband's earnings probably contributed to these renovations:

We only lived a block up from the club that swallowed most of our money, and then they renovated just after our marriage had fallen apart. I knew the money had come from poker machines...every time I see the clubs getting bigger, I know where the money is coming from, it's coming from poker machines.

Such feelings of frustration and disappointment were articulated by most participants in this study who had experienced gambling harms. It was particularly evident when describing their observations of clubs spending large amounts of revenue on refurbishing their establishments, whilst reflecting on how they had experienced considerable losses: physical, emotional and financial. Many participants expressed a sense of betrayal in these arrangements.

This study demonstrates how the business model for NSW clubs incorporates a range of conflicting issues for both club managers, like Derek, and patrons, like Cynthia and Diane, who have been impacted by gambling harms. Many participants who had been negatively impacted by gambling, reported doubt as to whether clubs would ever be motivated to seriously address gambling harms due to inherent conflicts in the business model.

Summary

This chapter has explored the primary settings and environments in which poker-machine gambling is offered to the NSW community. It has explored the current material-discursive practices and arrangements regarding the provision of poker machines in community clubs and considered the impacts of these arrangements on those who have experienced gambling harms. The chapter has examined views on these arrangements and highlighted the tensions and conflicts present in the dual roles of clubs as centres for community activities and socialisation and centres for community gambling. The tensions inherent in these complex arrangements have been discussed from a number of perspectives.

The next chapter (Chapter Seven) considers these arrangements within the context of gambling harm minimisation policy in NSW, a policy based on the concept of 'Responsible Gambling'. A range of stakeholders' views on this policy are examined, including those working in the treatment field, consumers and researchers. This next chapter provides an overview of how gambling harm minimisation policy has been developed in NSW and to what extent consumers have engaged with that process. It examines consumer views on how gambling harm minimisation policy might be developed in the future.

Chapter Seven: The Gambling Policy Environment

Introduction

The previous two chapters addressed the material-discursive practices of gambling with poker machines and the affective dimensions of club environments. Consumers provided insights into their experiences of these arrangements and how the conflicts and tensions within them impact upon their journeys with gambling. These experiences illustrate a blurring of boundaries within human-poker machine relations and a threading of gambling through social activities and community services within NSW clubs.

In this chapter I explore the gambling policy environment in NSW with the aim of addressing the second overarching research question and third sub-question:

- How can the lived experiences of harm inform harm reduction/minimisation policy?
- How do people with lived experiences of poker-machine gambling harms and those who support them, view current arrangements for gambling and harm minimisation policy in NSW and what are their ideas for change?

In answering these questions, I draw upon interviews with participants with direct gambling harm experiences (n=10); affected family members (n=4); treatment service providers (n=11); and researchers (n=4). Data is also drawn from content analysis of newspaper media, gambling industry websites and grey literature.

Initially I provide the reader with an overview of gambling discourses in the Australian gambling policy-making environment. I consider how these discourses are discussed and represented as part of the material-discursive practices evident in the field. I then provide an overview of gambling harm

minimisation policy in NSW before focusing upon research participants' views of these policy arrangements. In particular, I consider gambling harm minimisation policy from the perspectives of people impacted by gambling harms and gambling counsellors who support them. I discuss their views of the impact of these policies upon individuals, families and communities and consider their suggestions for policy development and reform. In doing so, I hope to enrich existing discourses on gambling harms and further illuminate consumer perspectives of the sociomaterial arrangements of gambling in NSW.

An Overview of Gambling Discourses

Australia struggles with balancing the costs and benefits of gambling in the community. Commercial gambling, particularly poker-machine gambling, gambling through mobile devices and new gambling markets, demands attention. Despite suggestions that the poker-machine market has slowed since 2005 (Young & Markham, 2017), it continues to produce over 50% (\$12.5 billion) of gambling losses (\$24.8 billion) nationally (QSGO, 2019). NSW losses to poker machines have remained 50% higher than the national average and, while fewer people may be gambling on poker machines, “the amount of money lost per gambler has remained relatively constant and this amount appears very high” (Young & Markham, 2017:2). In NSW the average annual loss on poker machines is \$3500 (Young & Markham, 2017).

The National Household Income and Labour Dynamics (HILDA) survey (Armstrong & Carroll, 2017) reported average past year gambling losses of \$1272 for regular gamblers and \$6471 for people defined as ‘problem gamblers.’ It is worth noting that, whilst historical, the Australian Productivity Commission (2010:5.33) found people with poker-machine related gambling problems lost on average \$21,000 per annum.

Legalised gambling provides financial benefits to governments and gambling related industries. The challenge is balancing these interests with the harms gambling causes to individuals, families and communities. The costs and benefits of gambling have been debated between various stakeholders including: gambling operators (clubs, hotels, casinos); gambling product manufacturers; federal, state and local governments; researchers; public health professionals; consumer interest groups; health and welfare organisations; and political parties. These debates have resulted in a plethora of policies across jurisdictions.

Contemporary discourses on gambling and problem gambling are shaped by a range of stakeholder groups (Gazso et al., 2008) who depict gambling according to their interests. As Orford (2010:123) suggests:

...the really important point about discourses, they serve certain interests, often powerful ones, such as the interests of anti-gamblers in the nineteenth and early twentieth centuries, or the interests of an expansionist gambling industry in the late twentieth and early twenty-first centuries.

It is beyond this study's scope to document all discourses. However, by drawing upon qualitative interviews, publicly available documents and Gambling Impact Society correspondence, this research identifies seven key gambling discourses which I have called: harm minimisation/responsible gambling; medical model; gambling as entertainment; gambling as 'business as usual': gambling for community benefit; public health; and consumer protection. This framework draws upon and extends the work of Orford (2010, 2020) in exploring gambling discourses and examining how they align with different stakeholder groups. In this study, I refer to dominant discourses as the gambling 'orthodoxy' and to discourses characterised as non-dominant/alternative discourses as the gambling 'heterodoxy' (Ellway & Walsham, 2015).

Harm Minimisation

Harm minimisation is a discourse and policy approach commonly used in Australia (and other jurisdictions) to address harms from alcohol, tobacco, and drug use. The focus of policies is to reduce the negative health, social and economic consequences of the use of these products/substances upon both individuals and the community as a whole. Harm minimisation is the basis of the World Health Organisation's (WHO) policy in relation to alcohol and other drugs and has guided Australia's National Drug Strategy since its inception in 1985 (Australian Government, 2004). Harm minimisation strategies are categorised into three areas (Australian Government, 2004):

- **Harm reduction** – aimed at reducing the harm from product/substance use for individuals and communities, not necessarily aiming to stop their use, e.g. needle syringe services, methadone maintenance, brief interventions, and peer education.
- **Supply reduction** – aimed at reducing the production and supply of harmful products/substances, e.g. legislation and law enforcement
- **Demand reduction** – aimed at preventing the uptake of harmful products/substances and related behaviours, e.g. community development projects and media campaigns.

Harm minimisation policies and strategies from the field of alcohol and other drugs (AOD) are increasingly used to guide measures to reduce gambling harms. However, Gainsbury and Blaszczynski (2012) maintain there are differences in gambling harm minimisation policy because, rather than addressing secondary harms as is often the case in the field of AOD, the focus of gambling harm minimisation strategies is on modifying individual gambling behaviour. This focus is regarded as acceptable because, in their view, "all harms associated with gambling have their origin in the act of gambling beyond one's affordable limits" (Gainsbury & Blaszczynski, 2012:6). They further suggest that, whilst abstinence might be ideal for 'at-risk' individuals, "the

majority of those at risk, do not experience intense difficulties in ceasing their consumption” (Gainsbury & Blaszczynski, 2012:6). It is suggested that alternative solutions are required on the premise of continued consumption of gambling products and that they be focused upon not only heavy users but the community in general (Gainsbury & Blaszczynski, 2012). Gainsbury and Blaszczynski (2012:5) explain the focus of harm minimisation in gambling is to: minimise the risks associated with gambling and facilitate responsible gambling, without overtly disturbing those who gamble in a non-problematic manner.

It is apparent that these gambling harm minimisation discourses are underpinned by a premise that gambling-related harms should be minimised with the least disruption to people termed ‘recreational gamblers’ or gambling-related businesses.

As noted by Fogarty and Young (2008:20), harm minimisation in gambling “is a balancing act, one that weighs consumer protection against the recreational and financial benefits of gambling industries”. It is also recognised that, whilst gambling harms are a significant public health issue, research on effective harm minimisation measures lags behind that on other health issues (Gainsbury, 2014).

Gambling in Australia is a legal activity and is regarded as a legitimate recreational entertainment. As such, gambling sits alongside (and often interwoven with) other areas of potentially harmful product consumption, such as alcohol and tobacco. The purpose of harm minimisation discourse and policy for gambling is similar to that for alcohol, with a focus not upon preventing consumption, but upon reducing levels of consumption that may cause harm.

Responsible Gambling

The discourse of gambling harm minimisation in Australia is primarily articulated through the discourse of ‘Responsible Gambling’ (RG) which has become the

dominant discourse—the orthodoxy. ‘Responsible Gambling’ is the basis of NSW gambling harm minimisation policy, which can be traced in NSW from the *Liquor and Registered Clubs Legislation Amendment (Community Partnership) Act 1998* when the NSW government first investigated the social impacts of ‘gaming’ and organisational arrangements for the regulation of ‘gaming’ in the state.

The resultant Independent Pricing and Regulatory Tribunal (IPART) report of 1998, recommended ‘responsible gaming’ as a regulatory approach, describing it as “assisting consumers to enjoy gaming while reducing the likelihood that their gaming will become a problem” (IPART, 1998:i). The IPART report expressed the view that the “implementation of responsible gaming policies should be the prime responsibility of the venue operators” (IPART, 1998:v). It is also important to note the language reference to ‘gaming’ rather than ‘gambling’, the former emphasising concepts of entertainment and recreation.

However, in the follow-up IPART inquiry (2004), commissioned to review the effectiveness of NSW harm minimisation policies, it is evident the language changed to a focus upon ‘gambling’ and the emphasis was broadened beyond venue operators:

A culture of responsibility should recognise and clarify the roles and responsibilities of various stakeholders in reducing problem gambling—including the general community, gamblers themselves, the gambling industry, counselling services and the Government. (IPART, 2004:2)

In this report, the Tribunal recommended developing a “coherent, integrated responsible gambling policy framework” to include a range of stakeholders and be based upon fostering a “culture of responsibility in gambling” (IPART, 2004:1). The general principle was to implement measures which would reduce problem gambling without imposing limits upon the rights of individuals to enjoy a legitimate social activity (IPART, 2004).

Whilst considered part of a harm minimisation framework, the concept of 'responsible gambling' was clearly positioned as a discourse of informed choice. The emphasis was upon improving community awareness of gambling risks and providing information to enable consumers to make informed decisions (IPART, 2004). The Tribunal's recommendations fell into three broad areas: promoting informed choice; protecting gamblers to discourage risky behaviours; reducing the prevalence and negative consequences of problem gambling; and improving the effectiveness and efficiency of the problem gambling counselling program in NSW (IPART, 2004).

The emphasis upon consumer informed choice in the discourse of responsible gambling across current NSW government literature is evident. This is clearly illustrated in the NSW Office of Responsible Gambling's Strategic Plan 2018 -21 (p:9) key objective to, "support informed gambling choices, responsible gambling behaviour and encourage members of the community to seek help when they need it".

Analysis of discourses within NSW gambling harm minimisation public campaigns and promotional materials indicates the normalisation of gambling as a recreational activity and individual responsibility as the focus for preventing and minimising harm. The primary focus of this discourse within RG harm minimisation literature is to alert consumers to: the numerical odds of winning; the need to monitor their personal gambling behaviour; ways to identify some of the signs of problem gambling; information on the Gambling Help 24-hour information, referral and support hotline; information on self-exclusion programs in venues; and the availability of Gambling Help counselling services

The discourse of RG assumes gambling products are not inherently dangerous. It is a discourse that positions people who are termed 'recreational gamblers' as the overwhelming responsible majority and people referred to as 'problem gamblers' as a small, irresponsible, deviant, minority (Orford, 2020). The focus

of harm minimisation policy is changing individual behaviour in order to embrace 'responsible gambling' (Reith, 2008). This onus of personal responsibility as the key to alleviating gambling harms indicates that, within the discourse of RG, the concept of agency is considered distinct and located within the individual person who gambles.

Medical Model: Pathology and Treatment

The medical model approach to gambling problems includes a discourse of pathology. The focus of this discourse is disease, addiction, treatment, rehabilitation and recovery. The model suggests people regarded as 'problem gamblers' have underlying disorders and vulnerabilities that predispose them to addiction. In the medical discourse, the concept of agency is considered as located within the individual, but impaired due to pathology. It is a dominant discourse in the academic literature on problem gambling (Rockloff et al., 2015), as reviewed in Chapter Two, and a discourse communicated through many gambling treatment service publications and problem gambling self-help organisations. As a discourse with a focus on individual behaviour it fits well with the concept of responsible gambling (Reith, 2008).

Gambling as Entertainment

The discourse of gambling as entertainment suggests gambling is relatively harmless, culturally ingrained and beneficial to the economy (Orford, 2020). This discourse is evident in the ClubsNSW, Responsible Gambling Strategy, 2019-21, p:3) where Peter Newell, ClubsNSW Chairman is quoted:

For most people poker machines are a source of entertainment – an opportunity for a harmless flutter. However, a small minority of people experience difficulties in keeping their gambling on poker machines in check. For these people, and their families, excessive gambling can result in serious harms.

This discourse promotes the recreational benefits of gambling and minimises the social costs:

Gambling is a recreational pursuit enjoyed by millions of New South Wales residents. For the overwhelming majority, gambling is a source of entertainment and enjoyment (ClubsNSW, Responsible Gambling Strategy, 2019-21, p:5)

It is a discourse which promotes a laissez-faire approach to gambling, allowing market forces to drive gambling development. Gambling is promoted as an important contributor to economic growth and employment. This discourse supports the liberalisation of gambling and individual freedom to access gambling irrespective of known harms (Adams, 2013; Livingstone & Adams, 2010; Orford, 2020).

The discourse of gambling as 'harmless entertainment' is used by the gambling industry to promote and maintain their business. It is a discourse that runs counter to the view of gambling, or poker machines, as inherently dangerous or destructive and is one of the most powerful elements the gambling industry uses to argue against restrictions on the provision of gambling and regulatory controls (Orford, 2020).

Gambling as 'Business as Usual'

Coexisting with the discourse of gambling as entertainment is the discourse of "business as usual" (Livingstone & Woolley, 2007:3) which positions gambling as a market response to consumer demand. In this discourse, gambling is viewed as just another consumer commodity within the economic market. It is a discourse underpinned by notions of consumer sovereignty, which assumes the existence of well-informed, free-choosing, service/product users and a market responding to what consumers want (Orford, 2020). It is discourse which also minimises gambling harms, as Illustrated by ClubsNSW:

Around 1.4 million people in NSW play gaming machines each year, and the overwhelming majority (93 per cent) do not report experiencing any negative impacts on their quality of life from their gambling. (ClubsNSW, Responsible Gambling Strategy, 2019-21, p:10)

This discourse is prominent when governments seek to leverage commercial gambling for public revenue (Orford, 2020). As Livingstone and Woolley (2007:363) maintain, the system of poker machines in Australia was “devised by a coalition of government and corporate actors seeking to produce a new consumer segment, colonizing social space in pursuit of private profit and public revenue.”

It is also apparent that, within the discourse of ‘business as usual’, the responsibility for poker-machine gambling related harm is transferred to individual users (Livingstone & Woolley, 2007; Orford, 2020; Reith, 2012, 2008). This transference is accomplished through the articulation of concepts of individual choice through phrases such as ‘no-one is forced to use a poker machine.’ In this manner, the discourse of ‘business as usual’ supports and maintains the orthodoxy of ‘responsible gambling’ (Livingstone & Woolley, 2007) and works to conceal the wider structural, environmental, political and techno-economic systems that produce gambling harms (Reith, 2019).

Gambling for Community Benefit

Aligned with the discourse of gambling as entertainment is the discourse of gambling for community benefit. This view is implicit in the ‘folk model’ (AIPC, 2006; Livingstone & Adams, 2010; Livingstone et al., 2009) discourse of the NSW club sector in which, as discussed in Chapter Six, clubs position themselves as institutions for community benefit (ClubsNSW, 2007:11; ClubNSW, 2015).

In this discourse, the economic benefits of gambling are promoted by focusing upon employment opportunities, community contributions, the need for community facilities and the normalisation of gambling as a leisure activity.

In addition, the NSW government, along with many other Australian states, supports gambling development. It is noted that the NSW Office of Responsible Gambling Strategic plan 20018-21 (p:21) states one of their key purposes is to:

Enable responsible industry development that delivers social and economic benefits and meets community expectations.

However, as Con Walker (2009) suggests, the discourse of gambling for community benefit, disguises the commercial realities of clubs' core-business as gambling and fails to take account of the forfeiture of potential state taxes, through preferential tax arrangements. Critics assert this discourse overstates community benefits when compared to the costs of gambling and its associated harms (Adams, 2008; Livingstone, et al., 2017).

Discourses of gambling for community and economic benefit often include claims that gambling harms are experienced by a small number of gamblers—less than 1% of the population (Clubs Australia, 2012:8; NSW Office of Responsible Gambling, 2008). However, this contrasts with evidence that gambling harms are significant at the population level (Browne et al., 2016).

As seen in the clubs' and hotels' 'It's Un-Australian Campaign' (Panichi, 2013; O'Rourke, 2011) against poker-machine gambling reforms, gambling operators are defenders of the notion of personal freedom and the right of people to choose to gamble with minimal regulatory interference.

Public Health Discourse

In contrast to the orthodoxy of 'Responsible Gambling', it is evident that public health focused harm minimisation and harm reduction discourses place

emphasis upon the broad spectrum of harms associated with gambling. This discourse is evident within the first Australian inquiry into Australia's gambling industries in 1999 where the Commission states:

The continuum of impacts and the costs which each problem gambler can impose on others, define it as a public health issue. (Productivity Commission: Summary Report, 1999:43)

It is a discourse further reinforced by the Productivity Commission 1999, when considering policy frameworks for gambling:

The Commission views problem gambling — in all its dimensions — as a public or community health issue, similar to that of alcohol. (Productivity Commission 1999, Vol. 2:16.30)

These public health discourses and approaches to gambling harms emphasise developing 'upstream' strategies to address and prevent harm at a population level and include addressing the regulation of harm causing products such as poker machines (Livingstone & Keleher, submission no.134; Productivity Commission, 2010). There is significant evidence from two Australian Productivity Commission inquiries (1999a, 2010) along with national and international research, as reviewed in Chapter Two, which suggest poker machines increase harm for individuals, families and communities.

Public health discourses emphasise the impacts of gambling upon vulnerable, marginalised and at-risk groups within populations (Orford, 2010). The costs and benefits associated with gambling are addressed within the context of a social determinants of health approach and the impacts gambling may have upon communities (Bolam, 2016). Public health approaches offer a broad understanding of gambling harms and aim to address issues beyond individual. The Productivity Commission in 1999 recommended the adoption of a public health approach to reduce gambling harms at both a state and national level:

The Commission considers that jurisdictions developing appropriate health promotion in this area consult existing experts in the public health area about the best way of informing people about gambling risks in a way that is most likely to reduce the hazards of gambling. (Productivity Commission 1999, Vol. 2:16.32)

They also identified the need for a national body to research effective public health measures:

...there is a need for a national body which undertakes independent research into gambling problems and into effective public health measures to counter risk... (Productivity Commission 1999, Vol. 2:16.32)

However, a decade later the Productivity Commission (2010:21) was still calling for a comprehensive public health approach to address gambling harms.

The problems experienced by gamblers are as much a consequence of the technology of the games, their accessibility and the nature and conduct of venues, as they are a consequence of the traits of the gamblers themselves. This suggests that addressing the difficulties faced by gamblers should draw from the insights of consumer policy and public health policy, not from medical perspectives alone.

The Productivity Commission made recommendations once again, to place “more emphasis on gambling issues through a population or public health lens” (Productivity Commission 2020:22).

Consumer Protection Discourse

In Australia the provision of goods and services to the public is underpinned by consumer laws which aim to provide consumer protections against the provision of unsafe or defective goods and services and/or unconscionable or deceptive conduct by businesses. These laws provide consumers with remedies if they suffer loss from such conduct or products. The laws aim to also assist purchasing decisions by ensuring consumers have appropriate product information and in some cases terms and conditions which provide cooling off periods in transactions (Productivity Commission, 2008).

As identified by the Productivity Commission (1999:16.1) inquiry into Australia's gambling industries:

As with other areas of consumption where there are adverse impacts on some consumers, or where people have imperfect information, these risks justify some consumer protection measures

The consumer protection discourse in gambling focuses upon reducing gambling harms through changing the technical standards of machine games and impacting the material-discursive practices of gambling (Productivity Commission, 1999, 2010). Some of the suggested strategies associated with the consumer protection discourse include: reducing game features correlated with gambling harms, such as free spins and losses disguised as wins, mandatory pre-commitment, maximum bet limits and the reduction in speed of play and jackpot sizes. (Livingstone & Rintoul, 2020; Livingstone et al., 2019; Productivity Commission, 2010; Thomas et al, 2016). The discourse of consumer protection is often aligned with public health approaches to harm prevention (Productivity Commission 1999, 2010).

How are Gambling Discourses Represented?

The previous section reviewed a range of discourses evident in the legislative and policy environment which make-up some of the material-discursive practices and arrangements in the gambling field in NSW.

This next section highlights some of the institutions and stakeholder groups influencing and being influenced by these gambling discourses in NSW. Areas of overlap are identified within and between stakeholders and then the dominant and non-dominant discourses are explored.

The Dominant Gambling Discourse (Orthodoxy)

The discourse of 'Responsible Gambling' evolved across jurisdictions in Australia following the Productivity Commission Inquiry in 1999. It is evident in NSW poker-machine gambling regulation in the NSW *Gaming Machine Act 2001* and the 1998 and 2004 IPART inquiries into NSW gambling and related harm minimisation policies. The latter resulted in the NSW government committing to support expansions of gambling, within a 'culture of responsibility' (IPART, 2005).

Responsible gambling as the dominant gambling discourse (the orthodoxy) in NSW is represented by key institutions in the field including: the NSW Office of Responsible Gambling (ORG); Trustees of the NSW Responsible Gambling Fund (RGF); the network of RGF funded 'Gambling Help' treatment services; NSW gambling operators (casino, clubs, hotels, TAB); and gambling industry peak bodies such as Gaming Technologies Association, ClubsNSW, Clubs Australia and the Australian Hotels Association.

Communicating the discourse of Responsible Gambling in NSW

The discourse of RG is evident within a range of artefacts including: NSW policy documents (NSW Office of Responsible Gambling, 2018); gambling industry

policy documents (ClubsNSW, 2012); and the NSW Gambling Help website. Key messages of 'Responsible Gambling' are communicated to the public through in-venue information materials along with: government media campaigns (TV, radio, social media); Gambling Help service promotional materials; government funded websites and treatment programs; gambling venue publications and websites; and the annual government sponsored Responsible Gambling Awareness Week and related community activities.

The NSW *Gaming Machines Act 2001* and *Gaming Machine Regulations 2010* stipulate a range of RG compliance requirements for gambling operators including: providing RG player information brochures for customers; exhibiting RG customer information via stickers on machine and posters; offering RG self-exclusion programs for customers; and ensuring gaming area staff have completed government endorsed 'Responsible Conduct of Gambling' training.

Gambling Help Treatment Services

At the community service level, 'Responsible Gambling' policy combines with the individualised pathological view of gambling, resulting in a state-wide network of approximately fifty 'Gambling Help' branded programs. These services provide psychological and financial counselling services to gamblers, family and friends. They employ psychologists, social workers, generic counsellors, financial counsellors and welfare/community service qualified staff. In addition, there are online Gambling Help information and counselling services and a 24-hour telephone support service. These services are funded by the NSW government, via the Responsible Gambling Fund (RGF), and overseen by Liquor & Gaming NSW. The program is managed by the NSW Office of Responsible Gambling (ORG) and contractually delivered through a range of community welfare organisations.

Gambling Help services provide counselling and community education, contribute to RGF funded research, collect client data sets on behalf of the

NSW government and liaise with NSW clubs. The *NSW Gaming Machines Act 2001* (No.127:46) states that all clubs or hotels operating gaming machines are obliged to enter into “arrangements for problem gambling counselling services”.

It is noted that ORG plans to re-configure and rebrand Gambling Help treatment services into a new support and treatment network called GambleAware from July 2021 (ORG, 2020b).

Maintaining the Orthodoxy

Government regulation of gambling operators and the implementation of RG policy through RGF funded research, community education and treatment services aim to ensure adherence to the RG orthodoxy. Agencies and organisations dependent on government funds generally promote the gambling orthodoxy. As an example, according to one researcher and treatment service manager:

The argument that I have put forward is that the individual is ultimately responsible because they are the decision-makers. (Ivan)

In addition to the Gambling Help services, other gambling support services such as Gamblers Anonymous (GA), Gam Anon (for family members) and Smart Recovery provide a network of peer developed self-help group support programs. These programs also promote individual responsibility through the medical model. GA and Gam Anon programs focus upon a 12-step spiritual framework whilst Smart Recovery works from a Cognitive Behavioural Therapy (CBT) approach. These self-help programs are not funded by the RGF although some of their membership may be made up from RGF treatment service clients.

Non-Dominant Gambling Discourses (Heterodoxies)

Over the past 20 years, an alternative network of organisations and individuals concerned with gambling harms has emerged. They form a diverse network,

held together by discourses that make up a number of gambling heterodoxies. The discourses of this network are focused upon population based, consumer protection and public health approaches to addressing gambling harms. The network includes a range of public health researchers, welfare/community agencies, activists, individual politicians and local councils.

This network generally promotes a population-focused approach to addressing gambling harms. Their actions and voices have contributed to public debate through participation in two national gambling inquiries (Productivity Commission, 1999a, 2010), state-based gambling inquiries, hearings and community action groups.

In Victoria, concerns about gambling harms have been raised by local communities who resist the growth of poker-machine venues in their localities (Willingham, 2017). Local task forces have formed to advocate for gambling reform (Whittlesea Interagency Task Force on Gambling, 2015) and a number of Victorian councils are calling for change (City of Kingston, 2018; Toscano, 2018). There is also evidence of local government councils in NSW resisting poker-machine developments (Fairfield Council, 2017) and the emergence of a local gambling harm action group (Fairfield Acton Group on Gambling Harm, 2019).

The Alliance for Gambling Reform (AGR) evolved out of this community movement in 2015. The organisation is a collaboration of former disparate groups and individuals in Victoria and NSW, working collectively to achieve gambling reforms in Victoria, NSW, other states and nationally. The AGR represents over sixty community service organisations. As their webpage 'Take Action' states:

Whether it's supporting a local community fighting a pokie application or a state-wide campaign to change laws regarding poker machines or demanding national policy change—we can only achieve anything if we work together (Alliance for Gambling Reform, n.d)

AGR campaigns and strategic directions, as outlined on their website, include calls for: increased transparency surrounding industry political donations; public disclosure of gambling revenue (at the individual venue level); strengthened regulation with regard to the more addictive technical features of some gambling products (poker machines) and reducing the promotion of others (sports betting); and pressuring large companies and organisations such as Coles, Woolworths and the Australian Football League (AFL) to divest themselves of poker-machine ownerships and interests. The AGR has been supporting some NSW councils to develop harm minimisation policies (Byron Shire Council, 2019; Inner West Council, 2019; Northern Beaches Sydney, 2018). The Gambling Impact Society (NSW) is a foundation member of the Alliance for Gambling Reform and hosts regular public forums in NSW focused upon public health and gambling harms (Latifi, 2017).

Along with these gambling specific interest groups, there are a number of prominent organisations and individuals who have been significant reform advocates in Australia; these include: The Churches Gambling Task Force with Rev. Tim Costello as Chair, politicians such as Nick Xenophon and Andrew Wilkie, and public health researcher Dr. Charles Livingstone. These bodies and individuals maintain pressure on both federal and state governments and continue to highlight the issues in the political and public space. In addition, there are individual consumers, impacted family members, researchers, health professionals and treatment providers who have taken part in government inquiries, community actions, campaigns and public debate and contribute to the activities of the GIS, AGR and local gambling taskforces.

Additional groups and organisations have emerged at different times, over the past two decades, to raise concern about the growth of gambling harms in Australia and call for reform (Shoalhaven Parents and Partners of Problem Gamblers, Duty of Care, Chrysalis Insight, Pokie Watch). More recently a social media group 'Kickin' the Punt' (Wheeler, 2020) has evolved with the aim of changing the "way our society views gambling" through self-help support and sharing stories. As they articulate, "the only way we beat the predatory gambling industry is through mutually supporting one another and changing the game" (Kickin' the Punt, Facebook page, 22/7/2020). These groups are made up of a concerned citizens and community groups. Many are volunteer organisations with minimal funds to support their programs/actions/campaigns or coordination.

Despite their diversity, there are common discourses across these groups and community activists. These discourses challenge orthodox voices and governments and reject the presupposition that the production and alleviation of gambling harm is located solely in personal responsibility. They demand consumer protection from dangerous gambling products. They are concerned about the conflicts of interest within current policy environments, where state governments are closely aligned with industry through gambling taxation revenue and political donations.

These groups and individuals promote a public health approach to addressing the structural barriers to change such as: the design, location and marketing of gambling products; the business models and practices that support their development in the community; and the preferential taxation and regulatory arrangements for some gambling providers. They also identify the need for independent, non-industry funded research (Adams, 2009, 2013; Borrell & Boulet, 2005; Hancock et al., 2008; Livingstone et al., 2018; Livingstone, Woolley & Keleher, submission 134 to Productivity Commission Inquiry, 2009a; Miller et al., 2018).

These voices advocate a range of harm reduction and harm prevention measures beyond the individual behaviour focus of RG policy, to encompass the population as a whole.

A Field of Contested Debate and Power Relations

This overview of discourses and associated material-discursive practices, demonstrates gambling is a field of contested debate. There is a range of stakeholders with strong and often competing positions. Different stakeholder groups align with some discourses more than others and there are overlaps and conflicts in discourses both within and between stakeholder groups.

Stakeholders' frames of reference vary and there are tensions between frames that focus upon individual responsibility and frames that focus on the broader social, ecological, and industry determinants of this public health issue (Abbott, 2020; Miller et al., 2014).

Contestation in debate is common in public health fields and contributes to the development of civil societies. A diversity of views can enrich gambling debates and inform policymaking. However, it is important to recognise that not all parties have equal power or influence in shaping policy development. Power dynamics are at work within orthodox and heterodox discourses and policy-influencing processes. Significant vested interests wield considerable resources. The gambling industry and ClubsNSW, in particular, have access to and use substantial finances to influence policymaking.

By contrast to the power-relations and resources held by the gambling industry, it is evident, in this overview of gambling discourses, that people impacted by gambling harms are minimally represented and seldom at the forefront of debate. This is confirmed by Miller et al. (2014:354), who acknowledge the minimal representation of voices of those harmed by gambling:

It is notable that the voices of problem gamblers were rarely included in newspaper articles. When their voices or examples of their stories were included, these were mostly framed around personal (ir)responsibility discourses.

The invisibility of consumers in the NSW policy environment and related discourses prompted this researcher to focus upon the voices of those impacted negatively by gambling.

Accordingly, the next section explores consumer views on gambling policy in NSW. It specifically highlights the impacts of harm minimisation policy on people who have already experienced gambling harms. In addition, this research gives voice to those who are employed within this policy environment to assist individuals to recover from gambling harm. These are the views of treatment providers, who, by the nature of their counselling roles, work in close proximity with those harmed by gambling.

Key Concerns for Consumers and Counsellors

Consumers and gambling counsellors share areas of concern about 'Responsible Gambling' policy and perceived weaknesses in harm minimisation strategies and areas for policy reform in NSW. Areas of divergence in the research mostly relate to their differing roles and professional needs. This section provides an overview of issues and concerns for consumers and counsellors, along with their ideas for change and development. Issues are grouped by theme and discussed accordingly.

The Discourse of Responsible Gambling has Negative Impacts

The discourse of 'Responsible Gambling' frames gambling as a legitimate leisure entertainment, claiming only a small number of people are impacted by 'problem gambling'. The discourse also suggests that those negatively impacted

by gambling have pre-existing individual disorders and vulnerabilities (Miller et al., 2016). Concerns raised by consumers and counsellors interviewed in this study suggest this framing contributes to a range of negative impacts on individuals, families and communities.

‘Responsible Gambling’ Terminology

Participants expressed concerns with the way people harmed by gambling are depicted in gambling discourses and how the language of RG can contribute to stigmatisation. Karen explains:

We are depicted as being degenerates, low-income earners, or old people. It’s heavily stigmatised and was definitely one of the reasons that stopped me reaching out.

Participants in this study consistently expressed the view that the term ‘problem gambler’, evident in many RG discourses, is particularly contentious:

‘Problem gambler’—like the gambler’s the problem, the whole thing is a con and it’s really designed to make the victims of this look bad. (Angela)

Many consumers thought the term should be removed:

That whole term, “problem gamblers” needs to be removed from everybody’s vernacular...they are not the problem...they are reacting to a machine that was designed to be a problem for them. (Karen)

Karen’s lived experiences of poker-machine technology are integrally woven into the problem, not separate or distinct. Like others, she feels frustrated by gambling discourses, which fail to acknowledge the role gambling products play in this co-created problem.

All consumers (people who gamble and family members) interviewed in this study regarded the term 'problem gambler' as stigmatising and detrimental to promoting community understanding.

Angela articulates why the term is so challenging when she refers to:

...the ruthlessness of manufacturers and operators of poker machines, because it's so obvious that it's deliberately designed for addiction, yet they paint the person as the problem.

The use of this individually focused language is seen as form of victim blaming and a means to transfer the public gaze away from gambling manufacturers' and operators' contributions to gambling harms.

Vested Interests Influencing RG Policy

Participants perceived inherent conflicts of interest in how government and industry influence the discourse of 'Responsible Gambling'. These views are summarised by Brenda, a gambling counsellor:

The industry has huge, vested interest in normalising it all, as well as the government, in normalising the industry and how they do it is they make the person the problem.

These comments suggest vested interests influence the discourse framing of the individual as 'the problem', which deflects attention away from other contributions to gambling harms. In addition, there were concerns with some of the 'responsible gambling' campaign messages:

You're actually harming families by not encouraging that person to get help by blaming them and putting more stigma and shame on them. (Angela)

Angela uses the 'Stronger Than You Think' (Green, 2016; NSW OLGR, 2016) Gambling Help social media campaign as an example:

I really flinched at that campaign name, because it implies that people are weak...I feel like if they had actually consulted people, they may have got different input to that.

Angela's comments provide insight into the embodied affective impacts of the name of the campaign, as she describes physically "flinching". Her experiences convey the strength of cognitive and physical responses experienced by family members to media campaigns which fail to address their needs.

Shifting Responsibility

Many consumers interviewed in this study regarded the policy and discourse of RG as a means for governments and industry to shift responsibility for gambling harms. As noted by Cynthia:

'Responsible Gambling', to me, it's kind of a way to relieve themselves [the government] and the industry of any responsibility because it immediately implies that the responsibility is on the individual's shoulders.

Deidre thinks the concept of 'Responsible Gambling' is an oxymoron:

It's like saying to a child, well if you eat this ice cream, I know you like it, but if you eat too much, you're going to be sick, but have some more.

Deidre's comment echoes the sentiments expressed by many consumers interviewed in this study, who perceive a duplicity in marketing gambling products known to contribute to harm whilst at the same time asking people to act 'responsibly'. Participants suggested the policy of 'Responsible Gambling' is imbalanced in apportioning responsibility. Some consumers expressed anger and frustration at these arrangements:

I don't mind taking responsibility, on one level, but to me the responsibility they're asking me to accept is like being given a piece of poison pie. Because it's contaminated, I won't accept that. It's poisonous—that's how I've been seeing it. (Cynthia)

Cynthia's comment exemplifies the thoughts of many consumers interviewed in this study. They are not absolving themselves of responsibility but are also seeking recognition that the responsibility for gambling harms is shared. Cynthia comments on RG promotional messages:

It always makes you feel that it's entirely your issue and the way they see it, that the problem to be solved is for YOU to go and get help, rather than US dealing with what some of the problems really are at their end, what they can actually be doing.

It is evident in these comments that consumers experience the onus of responsibility to 'solve gambling problems' as disproportionately placed upon people who gamble. Consumers expressed strong views that responsibility also lies with governments and industry to prevent and reduce harm.

Responsible Gambling Discourse Obscures the Complexities of Poker-Machine Gambling

The discourse of 'Responsible Gambling' was perceived by consumers as obscuring the complexities of their lived experiences of poker-machine gambling. It was thought the term 'responsible gambling' implies people who experience gambling problems are 'irresponsible gamblers.'

Poker-machine users believe current harm minimisation policy fails to acknowledge the contributions of gambling products to gambling harms. As Len states:

The gambler is not the problem...the gambling is the impact on the person, just like alcoholism is, the alcohol is the impact on an alcoholic, just like heroin is the impact on a heroin addict.

Len draws parallels between poker-machine gambling and substance use and calls for better recognition of the gambling product's contribution to gambling addiction.

Consumers interviewed in this study have experienced how poker-machine gambling harms are co-produced between the product user, the machine and the club environment and want these experiences acknowledged and validated. These stakeholders believe the policy and discourse of 'Responsible Gambling' fails to acknowledge the role gambling products play in co-creating gambling harms.

Normalising Gambling Reduces Awareness of Gambling Harms

The depiction of gambling as a 'harmless' leisure activity was directly linked by consumers and counsellors to community perceptions of 'problem gambling' as a self-inflicted deviant behaviour. The change in official language from 'gambling' to 'gaming' was given as a specific example:

The term of "gaming" is not okay, it needs to be understood in the community as not harmless entertainment. (Karen)

In these comments Karen suggests this change in language contributes to the normalisation of gambling and works to desensitise the community to potential harms. The concept of a game is often associated with childhood fun and contrasts with inherent dangers existing within gambling technologies.

Research participants suggested this transition of language, evident in the discourse of 'gambling as entertainment', is a deliberate strategy used by the industry to frame gambling as a harmless leisure activity. By contrast, these

stakeholders suggest, such framing undermines community awareness of potential harms. Elle, a family member, describes:

I don't think a lot of people realise how dangerous it can be before they get in. It's a bit like becoming a drug addict, "I'll just do it once," you know, "It's a party, I'll just do it once." And then once becomes twice and suddenly you're hooked. And that might seem pretty extreme to compare gambling to being addicted to a serious drug, but for the people that become gambling addicts, that pretty much is how it happens.

It is evident that consumers and counsellors view the normalisation of gambling as a significant contributor to a lack of comprehension in the community about gambling harms. As Elle explains:

I don't think the general public really recognises it's harmful at this point...They understand that cigarette smoking is harmful, and we're heading in the right direction with that, I think. Alcohol is, sort of, halfway between...we've got a reasonably good understanding that it's harmful in excess, but it's still quite accepted. Whereas gambling is, sort of, right at the other end at the moment still.

Similar to Elle, consumers in this study expressed feelings of disappointment and frustration that the community has a greater understanding of tobacco, drug and alcohol harms compared with those associated with gambling.

Counsellors acknowledged that the combination of community ignorance and gambling normalisation results in negative attitudes towards those who experience gambling problems:

I feel the public think that people who play poker machines are 'losers'. (Carla).

Counsellors reported more understanding and empathy towards people who use alcohol excessively than towards people who experience gambling problems:

The community have become more sympathetic to the plight of somebody who is stuck in the repetitive sort of behaviour of alcohol, but see problem gambling as a personal weakness or in some way fault in character of the human being.
(Emily)

Participants believe this lack of understanding leads to community perceptions of a gambling problem as a personal weakness or a fault in character.

The Impact of Negative Community Attitudes

The impact of negative community attitudes and judgements can be an added burden for people affected by gambling harms. As Ramiro describes:

When I was going through my issues, and even when I was going through counselling, I kept it very much hidden because of that stigma. I didn't want people to judge me on, "Oh my God, you're a gambling addict...there must be a weakness in you as a person".

These comments indicate how community attitudes can result in shaming those who develop gambling problems and restrain individual efforts to reduce or stop gambling. Stigma influenced Ramiro's decision to keep the problem hidden, even when seeking counselling support.

Family members also experience fear of community attitudes. Angela, a successful self-employed woman in her early forties, acknowledges fear of the potential impacts of exposure upon her personal identity:

Like I'm just one of these pokies kids that's come from this shitty family, like it's the perception then of me.

Angela has experienced lifelong impacts from her mother's gambling, including psychological, emotional and physical health issues evident since childhood. She acknowledges the negative impacts of community attitudes:

I think there's this judgement...why don't the family members just step in and do something?" I don't think they see it in the same way [as for a family member affected by other addictions]...because it's not seen as an addiction, it's even harder. There's no roadmap.

Angela's comments express frustration at the lack of understanding from others and echo other participants' perceptions of how harsh and compassionless the community can be in response to gambling problems. Angela describes the community judgments family members face when dealing with the complexities of gambling harms. From her perspective, a lack of acknowledgement of 'problem gambling' as an addiction contributes to these attitudes. Her sense of "no roadmap" imparts how lost family members can feel with this issue.

Consumers described how the media also contributes to shaping negative community attitudes towards people experiencing gambling harms:

Any time it was in the media, it was, you know, somebody leaving their child in the car or doing something that was, there was so much public vindication on the person, and I thought, "How could I ever tell anybody about this?" You know, "They'll think that I'm a person who leaves their child in the car", or whatever the case may be. But it was never presented in the media in a positive light whatsoever. And people were interviewed on TV, their faces would be blurred, you know, and I thought, "No one can ever know this about me". It felt very isolating. (Karen)

Karen believes negative community attitudes further shame, isolate and marginalise those affected.

And that's not okay, because everybody struggles with something, either before or after. It's really isolating and it's really completely unhelpful as a society to have this approach; it's not working. (Karen).

Karen conveys how these media depictions distinguish and separate people affected by gambling problems as somehow different from people who experience other life struggles or addictions.

Similar to the findings of Hing et al. (2016), the lived experience of participants in this study, saw problem gambling as attracting high levels of public stigma and public beliefs that personal failings were the cause of gambling problems. These perceptions contributed to feelings of personal shame and created barriers to help-seeking.

Difficulties Accessing Support

A focus of gambling harm minimisation policy is to promote access to treatment services. However, many consumers experienced difficulties finding support. Karen describes her initial contact with a crisis support service:

The first time I reached out was [a telephone crisis line]...it went very badly. The advice was terrible, just about wearing shoes...“Just don’t wear shoes and then you won’t be able to get into a venue”. (Karen)

Karen found this experience dismissive and unhelpful. The suggestion of using a venue’s dress code to deter her behaviour ignored the psychological aspects of gambling and failed to address Karen’s individual support needs. It also reflects a lack of understanding and empathy on the part of the service provider.

Family members also expressed feeling unsupported and disempowered when searching for help. Diane recalls approaching the manager of the local club her husband frequented, seeking to have him excluded. She received sympathy, but also a clear message of ‘I can’t help you’. As she states:

It was just frustrating, so helpless, I think I cried when I left, because I was no better off.

These experiences identify the need for venue staff to develop skills and strategies to respond to family members seeking support and advice.

Karen describes another occasion when she felt abandoned while reaching out for support. After suffering a stress-related stroke due to her gambling problems, Karen was admitted to a major capital city hospital.

After the stroke, the social worker came around and I disclosed to her and then I just got discharged the next day, so I just kept thinking, "I am un-helpable".

(Karen)

The experience of disclosing a gambling problem to a helping professional and having this important disclosure ignored reinforced Karen's negative self-perceptions. As Carroll et al. (2013) confirm, feelings of personal shame and stigma create barriers to help-seeking. Karen's experiences illustrate a need for training for health services to respond appropriately to people impacted by gambling problems.

It is evident, telephone support services are also variable. Karen describes pleading on the phone:

"I need to go to rehab. You know, if I had a drug habit, I could check in somewhere and I could get help", and they said, "Oh, there is a rehab, but it's for men. I think there's one in South Australia that women can go to"...I was just like, "What? How can I leave my small children and go to South Australia?"

These experiences reflect difficulties in finding suitable and timely support, but also articulate consumer concerns that other health problems are better supported. These comments also highlight the challenges parents of young children face in juggling caring roles whilst seeking help for their own health issues.

This research demonstrates that, despite a network of Gambling Help services, significant barriers remain to accessing quality support for gambling problems. Some challenges may reflect the varying professional backgrounds and levels of training of service providers, but it is evident there is a need for smoother access to support.

Counsellors and consumers suggested gambling harms need to be identified through a range health and welfare services. Alan, a gambling counsellor, recommended:

Job networks, Centrelink, community centres, health centres, hospitals, and GP's.

Many consumers thought General Practitioners (GPs) were key contacts for screening and information:

They're vital because as the first port of call for people experiencing health problems. (Heike)

The provision of education to build the capacity of gambling operators and health and welfare practitioners to effectively respond to issues of gambling harm was considered critical. Consumers and counsellors recommend policy changes to ensure better access to gambling support services.

Venue Exclusion Programs

Participants acknowledged limitations of existing self-exclusion programs within venues. Len who had excluded himself from local clubs and hotel gaming areas, as well as some metropolitan venues, believes he would not be recognised for breaching his exclusion in regions beyond his local area:

The threat of the exclusion was minimal...because the effect of the exclusion relies on the organisation knowing you...So, if I was in the local area then it would be quite effective, because I would expect that people [staff] would know me, so I would see repercussions should I go into a [local] venue. But I knew if I went outside of the area it would make no difference whatsoever.

Limited staff surveillance was regarded as a key contributor to weaknesses in the program. Some consumers reported testing their own self-exclusion arrangements and witnessing a lack of response from the venue:

Even though I self-excluded from a couple, you know, the guys wouldn't say anything when I played the machines. (Ramiro)

Many participants highlighted an absence of consequences to a venue if exclusions were breached. By contrast, in New Zealand, venues which fail to uphold exclusions incur significant penalties (Gainsbury, 2014). Overall, NSW self-exclusion programs were regarded as weak with minimal incentives for venues to maintain vigilance.

These consumer concerns are validated in Hing et al.'s (2020b) review of the effectiveness of Responsible Conduct of Gambling (RCG) practices in NSW venues. Key findings indicated whilst venue employees were responsive to customers asking for help, there were numerous deficiencies in the monitoring of self-exclusions. In addition, very few patrons directly asked for help for their gambling and, although employees regularly observed patrons showing signs of problem gambling, they rarely approached those who did not ask for help, nor did they report them upwards (Hing et al., 2020b).

The deficiencies in the self-exclusion program identified in Hing et al. (2020b) include: inadequate communication to staff about who had self-excluded; a lack of systems in place for staff to familiarise themselves with photos of people who had self-excluded; failures to update the self-exclusion register; too many self-excluded people for staff to recognise them; difficulties of monitoring partial self-

exclusions and people on multi-venue self-exclusion orders; and a near impossibility of recognising people from very poor quality photos that were not always accessible to staff on the gaming room floor. It is perhaps not surprising, then, that the latest NSW gambling survey (Browne et al., 2019:78) found that, of the 22% of self-excluded people who had tried to re-enter the venue during their self-exclusion period, 92% had succeeded.

In this study, consumers recommended strengthening self-exclusion programs through the use of surveillance and identification technology linked to club admission processes. Many gave examples of how customer driving licenses and/or fingerprint technology are used in some clubs for membership validation upon entry. It was thought this system could be used to improve effectiveness of self-exclusion programs.

Family members also desire more effective responses from gambling venue staff when searching for support and protection. Similar to Schottler Consultancy's (2017:4) finding that "families strongly supported the need for third party exclusion legislation" to help reduce the impacts and harms of problem gambling, family members in this research also expressed a need to access third party exclusions in NSW. As indicated by Diane:

They have got to allow the family to be able exercise some sort of control. To try and reduce the destruction of the family.

Recently, as a result of the investigations following the suicide of Gary Van Duinen, the Independent Liquor and Gaming Authority (ILGA) ruling on Dee Why Club stipulated the club establish third party exclusions to allow family and friends of those experiencing gambling problems to apply to have them banned from the venue (NSW Independent Liquor and Gaming Authority [ILGA], 2020). It is yet to be seen if this provision will be made more broadly available at other venues in the future.

It is evident, compared to other States family members in NSW are disadvantaged. In South Australia, those affected by another's gambling behaviour have access to third party exclusion orders and legal recourses for financial protection through the *SA Problem Gambling Family Protection Orders Act 2004* (SA Treasury, 2014).

Elle, whose husband is recovering from poker-machine gambling problems, recommended a role for banks in prevention:

Have in-built restrictions on cards, EFTPOS cards and credit cards...banks could actually be a big player in self-exclusion...I would happily pay for that service. Even if there was a \$30 fee each year to self-exclude all our cards from being used at gambling venues.

It is interesting to note Elle's willingness to pay to protect herself and her family from the use of EFTPOS cards and credit cards in gambling venues.

Duty of Care

In light of their widely promoted community connections, consumers expect NSW club staff to know their regular customers and believe staff should intervene to reduce gambling harms. These sentiments are summarised by Terry:

The industry has a responsibility, because it's asking the consumer to be a consumer with them. If they are going to offer the service, they need to be prepared to deal with the consequences or prevent the consequences from happening.

Participants raised expectations for improved host responsibility and duty of care with early interventions:

I think a proactive approach is much, much better than a reactive approach. I mean, if we have laws that say you can't serve alcohol to a drunk person, why do we not have laws, similar laws, to relate to gambling? (Elle)

As reported in Chapter Five, family members are frustrated and feel disempowered in confronting gambling problems. They are looking for support and duty of care responses from venue operators. This is clearly evident in Sonia Van Duinen's public comments:

I begged the RSL, I told the RSL on several occasions that Gary was a drowning man. I said, "my husband is drowning here you've got to throw him something to help him", instead of helping him they stole his wallet...they could see how much he was spending and they did nothing to stop it or nothing to help me. (Sonia Van Duinen interviewed by Richard Glover, ABC Radio, 21/7/20)

The perceived disparities between venue duty of care responsibilities for alcohol consumption and gambling were articulated by several participants. Consumers expressed satisfaction in arrangements for the Responsible Service of Alcohol (RSA) policy (Liquor & Gaming NSW, 2018a) because it is seen to generate proactive interventions for excessive alcohol use. In contrast, duty of care for gambling is perceived as significantly more passive as, under the Responsible Conduct of Gaming (RCG) policy (Liquor & Gaming NSW, 2018b), venue staff are only required to respond to customer generated enquires for help. As Elle continues:

I don't think any person would think it was unreasonable that if the same individual, who, you know, is fairly cluey and not hugely well off is coming into the venue every second Thursday when they get pay cheque and blowing \$2000 or something like that. It doesn't take a rocket scientist to recognise that that person probably has issues.

Consumers want venue staff trained to identify customers who may be developing gambling problems and to provide more proactive and preventative responses. These expectations appear not unreasonable when research indicates (Hing et al., 2020b) most venue staff regularly see gambling customers demonstrating observable signs of problem gambling.

Hing et al. (2020b) report 21.3% of staff observing signs of problem gambling in customers most of the time or always and 62.5% sometimes. Focus group respondents estimated between 60-70% of their gambling customers gamble at harmful levels (Hing et al., 2020b:iii). Concerningly, current Responsible Conduct of Gambling (RCG) practices in NSW clubs and hotels mean staff “largely ignore the vast majority of their patrons showing observable signs of problem gambling unless they ask for help” (Hing et al., 2020b:v).

Research (Quilty et al., 2015; Thomas, 2014; Williams et al., 2012) indicates appropriate training can strengthen gaming floor staff’s ability to identify risk factors for problem gambling behaviour within venues. Staff training has already occurred in some Australian jurisdictions (Victoria, ACT) and Star Casino in Sydney operates a risk-based host responsibility program. However, unlike Victoria and ACT, there are no mandatory requirements to implement this kind of staff training program in NSW clubs or hotels.

Even with problem gambling identification training, post-training implementation may be variable (Rintoul et al., 2017). For example, clubs in the ACT train and appoint Gambling Contact Officers (GCOs) for problem gambling identification and early intervention (ACT Gambling and Racing Code of Conduct, 2002). However, Karen, who used ACT venues regularly, had no awareness of these arrangements:

I had no idea that there were gambling contact officers in the club and that really sort of angered me when I found out. “Why did I have to go through \$700 grand to figure that out?”

It is apparent the roles of GCOs in the ACT need to be made more explicit for customers.

It is noted that, as part of the NSW Independent Liquor and Gaming Authority's ruling on Dee Why Club (ILGA, 2020), special conditions were placed on the club's licence which included "round-the-clock gambling marshalls to monitor gaming areas for sign of problem gambling and engage with patron showing these signs" (ILGA, 17/7/20). The ILGA noted that Van Duinen had made 170 visits to the club to play gaming machines in the two years prior to his death, playing an average of six hours per visit with some visits lasting up to 13 hours (ILGA, 17/7/20). As stated by the chairman of the ILGA board, Phillip Crawford:

Mr. Van Duinen died in tragic circumstances, His heavy gambling occurred at a club that was giving him special treatment whilst failing to recognise his problem, despite having extensive data to do so. (ILGA, 17/7/20)

Hing et al. (2020b) conclude that barriers to effective staff practices in reducing gambling harms within venues include the current focus upon an informed choice approach in the policy of RCG. Their research indicates this approach is "clearly having little impact on preventing or reducing gambling harm and is incompatible with the objective of harm minimisation in NSW gambling legislation" (Hing et al., 2020b:v).

Participants in this research study recommend NSW align with other jurisdictions, by developing policies for proactive and early intervention, supported by improved training for venue staff.

Proposed Reforms in NSW

Consumers in this research specifically advocate for harm prevention through proactive interventions with people who exhibit signs of problem gambling. They expect gambling venue staff to identify customers who may be exhibiting signs

of gambling problems and respond with early interventions. Family members also seek processes to enable them to initiate exclusions.

At the time of writing, it appears the Dee Why RSL incident and the Hing et al. (2020b) report may be a catalyst for a change to RG harm minimisation practices in NSW. Customer Service Minister Victor Dominello announced, on 25 September 2020, proposals to form the basis of a new *Gaming Machines Amendment (Harm Minimisation) Bill 2020*. Some of the proposed reforms include: fines of \$27,500 for venues that allow self-excluded customers to gamble; a new third-party exclusion scheme to allow family members to request a ban on relatives from using poker machines; requirements for all gambling venues to have a gambling contact officer with advanced skills in the 'Responsible Conduct of Gambling' on duty 24/7; and new whistleblower protections for staff (Cannane, 2020). Full details of the proposed reforms are available in an explanatory paper (Liquor & Gaming NSW, 2020b). These proposals were subject to a public consultation process with online written submissions accepted until 11 December 2020.

If successfully adopted, these legislative reforms will address some of the issues raised by consumers in this research including: increasing 'responsible gambling' duty of care; increasing RCG training for staff; implementing proactive interventions; and providing third-party exclusions. These measures will be reinforced through fines for venues who fail to honour arrangements.

However, whilst these proposed measures are a welcome addition to existing harm minimisation strategies, the complexity of the sociomaterial and structural dimensions of poker-machine gambling illustrated in this research suggests these measures are not enough. In particular, as acknowledged by Hing et al. (2020b:vi), improvements in staff training will have limited impact on minimising gambling harm in the absence of initiatives to address product safety, gambling environments and limiting the accessibility of poker machines.

As illustrated in Chapters Five and Six, the gambling environment in NSW is not a neutral space. This research asserts that, in addition to expanding venue duty of care responsibilities, harm prevention measures are needed to address product design issues and the business models of poker-machine gambling.

Product Risks and Consumer Protection

Whilst consumers could identify product risk information available in venues, they perceived this information as focused upon knowing the odds of winning and explaining the concepts of chance and ‘return to player’ (RTP). As a result, consumers felt the information failed to capture the actual potential ‘costs of play’ or explain how the RTP works in an average session or over a regular gambling period. Recent research validates these observations, providing “robust evidence that the legislated mandatory material given to EGM players on return to player, remains insufficient to provide a proper understanding of the concept” (Beresford & Blaszczynski, 2020:64).

Most consumers and counsellors interviewed in this research study considered poker machines unsafe products requiring meaningful information on product risks. As suggested by one counsellor:

If technology is the problem, we have the power to change that. If we could tell people that the poker machines are a dangerous product, I think that’s a classic first step. (Adam)

Concerningly, most counsellors and all consumers believed harm minimisation policy was failing to address the design of machines and the more dangerous features of the games, such as ‘losses disguised as wins’ and ‘near misses’. People experiencing harms from poker-machines want the community to understand more about the product:

Not only the odds, but understand the design...the workings of a poker machine, i.e....here's some information for you...so you understand more about the product. (Ramiro)

Consumers believe the community needs to understand how the design features of machines create risks for people who gamble. Other harm creating factors, considered amenable to change, were bet size, multiple load ups and note-takers on machines. As one researcher stated:

It has to balance what's going to reduce the risk without taking away all the enjoyment of the game. So that idea of reducing the allure of the product still making it enjoyable, still winning money, but not risking large sums. (Sonja)

Consumers observe gambling manufacturers developing new and more complex gambling products, which are then enthusiastically embraced by gambling operators. Consumers are concerned about the industry increasingly targeting youth with new gambling technologies. Many interviewees identified a need for harm prevention education in schools:

They have education for drugs and alcohol at our schools, and I strongly believe that gambling has got to be in there too, because the technology is ahead of us. Every kid knows how to work a computer and they're being groomed up really. You've got all these games and things they can play. (Raymond)

The use of mobile devices and the exposure of youth to online gambling products were other areas of specific concern.

Support for Increased Consumer Protection

The 2010 Productivity Commission report advocated for increased consumer protection for poker-machine users. Changes to poker-machine technology were recommended, including a mandatory pre-commitment scheme which would facilitate the use of smartcard technology to enable consumers to limit

time and money spent gambling. Other strategies included: reducing maximum bet limits to \$1; lowering jackpots winnings; and removing ATMs from gambling venues. These strategies were generally supported by the consumers interviewed in this research. Some strategies were seen as more effective as others, as noted by Ramiro:

The ones that would be most likely to work is limiting the amounts you could put into machines...and limiting the amount you can win.

The removal of ATMs was advocated by both consumers and counsellor participants. Whilst there were some reservations as to how the mandatory pre-commitment scheme could be implemented, many thought this an approach worth reconsidering. Heike articulates how such measures could have helped her own struggles:

If someone would have given me a card that I could get and say "how much money I can afford to lose" I would put say \$50 down, the minute that would be gone and I knew I couldn't get any more for a period of time, you'd never have the urge to chase it because you lost what you said you could afford to lose and that would have made a huge difference.

There was consensus amongst participants who had gambled and family members that existing voluntary pre-commitment arrangements are ineffective. Poker-machine regulations were perceived as weak, because manufacturers continue to design poker machines with features known to cause harm. The interests of government and the gambling industry were seen as the major influence on these arrangements:

The only measures that government and industry will agree to probably are the ones that have been proven to have least effect on the money...In the meantime, there'd be more psychologists working on better features, more subconscious temptation ...and they don't even get looked at. All they check is that if this machine, this new model, pays out 87 or 92%, whatever they have to pay back. (Heike)

Whilst participants acknowledged the gambling industry would likely reject changes which may affect their revenue, technical standards for poker machines were considered long overdue for reform. As Elle explains:

We're not saying, "You can't have poker machines," we're saying, "If you're going to have poker machines you need to have a bigger role in, and a bigger recognition of, the realities that you are inflicting on people".

Consumers and counsellors want stronger harm minimisation strategies and increased consumer protection for poker-machine users. Participants' recommendations included: developing better product 'risk' information; increasing information in gambling venues; providing increased information in the community; changing machine technology to reduce harm and increase safety; increasing duty of care requirements for gambling operators; and developing measures similar to Responsible Service of Alcohol (RSA). Public health warnings and strategies similar to those used in tobacco control were also suggested:

If we can put cancerous lips on smoking, on a cigarette packet, we can do the same thing for gambling. And I'm sure that's not a particularly palatable thing for the clubs, but...I think that's realistic. (Elle)

Similar to views expressed by other participants, Elle wants gambling operators to acknowledge the "realities" of the harms to which they contribute within the community. Consumers and counsellors realise poker machines are unlikely to ever be banned. However, these stakeholders are seeking multi-tiered

approaches to addressing gambling harms and a strengthening of consumer protection within venues.

Challenging Clubs' Business Model

It was evident in this research that most participants felt the preferential tax arrangements for clubs in NSW and the lack of public reporting of their gambling data (Con Walker, 2009) require reform. Clubs' dependence on poker-machine revenue to support their other activities and functions was viewed as an integral problem. Counsellors and consumers recommend policy changes to ensure these business models and practices change. As summarised by one counsellor:

I would like to see the tax structure change...I think the clubs should start to diversify, I think the smarter ones probably are. They'll go back to some other model. They're going to suffer and have to be smaller in the community...I think clubs will still exist though. (Carla)

The not-for-profit status of clubs, financial distributions and the decision-making underpinning these arrangements were challenged by both counsellors and consumers. As summarised by one family member:

They're not paying their fair share of tax, they get not-for-profit status, they pull all of this money out of the community through poker machines, and then they get to decide where they put it back into the community as well. (Angela)

More recently, Rooke (2018:187) claims the "tax concessions to clubs have cost the state \$13.5 billion over 20 years" and that a Memorandum of Understanding between the Liberal-National Party and ClubsNSW signed in 2010 was likely to amount to \$500 million in foregone tax revenue by 1919.

Claims by clubs that these foregone taxes are used for 'community benefit' are challenged:

Only a small percentage of that money goes actually back to the community, the community benefit criteria are so broad a Mercedes for a CEO could be classified and a big plasma screen in the public bar is a community benefit.
(Heike)

As Jennifer observes:

The only new buildings around here are the ex-servicemen's, the bowling club and the golf club. All three in the past 10 years have had enormous renovations...They're not spending it on soup kitchens, or youth places to help people or that, they're making it a nicer place for people to go spend their money. I don't believe for a minute that it's for the community.

These stakeholder concerns are supported by historical research which suggests clubs' financial contributions to communities are mainly in kind, rather than cash. In a survey of NSW clubs, Allen Consulting Group (2007:47) indicated most cash donations went to sports (58%) as opposed to other forms of community capacity building such as health and social services (15%) or education (6%). Con Walker (2009:29) found that after receiving government subsidies on community contributions (CDSE scheme), NSW clubs in 2006 as a whole (1337 clubs) distributed about "\$30 million in cash or only 0.9% of their total gaming profits."

Unfortunately, it is hard to find up-to-date public information on clubs' financial data as individual venue data is protected under corporate competition, taxation and privacy laws in NSW. Livingstone et al. (2017:37) conclude there is "no way of determining with any certainty whether clubs do support community groups and if they do for what precise purpose".

The relatively small cash donations provided to localities through the enforced clubs grants program are regarded as inequitable compared to amounts clubs spent on their own facilities:

They call themselves not-for-profit and they get the incentives for being not-for-profit, but all they do is just gain capital. They don't provide more facilities for the community. They provide more facilities for the members.
(Deidre)

Clubs are perceived as siphoning funds from the general community via pokies into their facilities, at a cost to other sectors of the community:

\$9 million went into machines at that club...If you put \$9 million into local establishments, local organisations, local businesses, in this area how much more would the community prosper from that? (Len)

There are concerns about impacts on local businesses and community services:

They're not just doing this to help the community, they are competing with other services in the community. Look at the big one, the Rooty Hill RSL, I've been there,...and you can do everything, so why would you go bowling at another venue in town, why would you go to the movies at another venue in town? So, they're shutting down and hurting the rest of the community, how can they possibly say that they are a community benefit? (Terry)

In these comments, Terry raises concerns about the impact of 'escape spending'. He sees the funnelling of money into clubs via poker machines as taking income away from other community services and local businesses that don't receive the same tax concessions as clubs.

Some counsellors reported poker-machine gambling negatively affects other forms of entertainment. Jennifer observed:

Now not many people listen to the music...they're all in the poker machine rooms...it's quite a change, people used to go to listen to the music...they're just putting music in there to make it look like they have entertainment, but really, they still focus on the poker machine.

These comments reinforce findings of the Vanishing Act Inquiry (Johnson & Homan, 2003) which reported the negative impacts of club and hotel gaming machines on the music industry.

Angela asserts clubs also undermine local businesses:

I was watching something last night, it was—“Oh, we do yoga classes...we wouldn't be able to do all that if it wasn't for poker machines, we wouldn't survive without poker machines.” I'm like, no, you wouldn't be able to run yoga classes and do cheap meals...but you would survive as a club. It's just that you're using that money to provide services that a number of different businesses would typically provide.

Angela is frustrated at how clubs frame their arguments to justify their dependence on pokies:

So, if they build a swimming pool then they're looked at really favourably by the community, whereas actually if they paid proper tax, that would be something the state government provided. So, to me it's almost like you're outsourcing community services to a gambling industry.

Similar to other participant concerns, Angela is critical of clubs' tax arrangements and perceives the state government as delegating the provision of many community services to clubs. She challenges clubs' not-for-profit entitlements:

I actually think that if a club has poker machines in it, they are not a not-for-profit, they are not to be treated in the same way as a genuine community club.

It is asserted that clubs have outgrown their origins and have exceeded the concept of a “community club”. These research participants suggest clubs with poker machines should be considered businesses and their not-for-profit status and preferential tax arrangements be removed.

Some participants proposed that if a venue has poker machines, business tax should be applied without variation or exemption:

The minute you have poker machines you become a business. I don't think the product should make the difference than if you pay more or less tax. We don't do this in any other business, say in the car industry...if you have a Volkswagen that can transport more people...(or) if you have a Mercedes. (Heike)

Terry, by contrast, suggests a tiered approach to not-for-profit status and clubs, based on annual poker-machine revenue:

Any club that makes more than a certain amount in poker machine revenue (whether it be \$1 million or \$2 million a year), any club that earns that amount or below that threshold should qualify for not-for-profit, they're small and they're obviously very local. Anything bigger than that or has multiple revenue streams of a certain degree should...forfeit their not-for-profit status because they've gone out of not-for-profit and they've become industry.

In summary, these stakeholders advocate for a change to current policy and arrangements for NSW clubs. They strongly recommend clubs divest themselves of their primary dependence on poker-machine revenue and diversify their business model. There are also broad concerns about how poker machines affect local business economies and difficulties in estimating current impacts of poker-machine gambling on job creation, due to a lack of current data.

Current Challenges to Reform

Despite identifying a need for change in gambling policies, research participants indicated a lack of confidence in state government's ability to implement effective gambling reforms. Counsellors and consumers perceived few incentives for governments or industry to implement policies to reduce gambling harms.

According to Ivan, a researcher, the challenge for state government lies in the role of being both the regulator and beneficiary of gambling:

the responsibility of government to ensure appropriate practices are in place and appropriate consumer protection issues are in place. But the government is in a conflict of interest because it is the regulator, the legislator and the beneficiary. I think this is where it places the government in a rather insidious position—a position of hypocrisy in terms of double standards.

Research participants indicated concern about the NSW government's conflicted relationship with the gambling industry. The peak body, ClubsNSW, and the network of NSW clubs, are perceived as using considerable influence with both major political parties. The following comments exemplify concerns with these close relationships:

I think both major parties have strong relationships with the industry. They're terrified of marginal seat campaigns for a start, so even if it's not just political, there's the political donations part, but there's also the powerful lobbying part where they're terrified of marginal seat campaigns. (Angela)

Elle expressed concern about the influence of lobbying and political donations by the gambling industry:

I don't think people who are making money off the industry should be involved in making the decisions or contributing funds to people who will make laws...that's a conflict of interest.

These concerns about the influence of industry in policy making through political donations are also raised by researchers (Livingstone, 2017, February 23; Livingstone & Johnson 2016, June 25; Livingstone & Johnson, 2017) and a range of community & welfare organisations (including the Public Health Association of Australia, 2017) in submissions to the federal government's *Select Committee of Inquiry into Political Donations, 2017*. The Alliance for

Gambling Reform, reportedly, has called for a ban on gambling industry donations to political parties (Luke, 2018).

Some counsellors in this research also expressed a sense of disempowerment in the face of such political influence:

My main concerns are that we're always out-gunned in terms of money...what we have to say is always out-shadowed by the people who have money. This is money for promoting gambling...the power that comes with the money...I feel is disproportionate. (Lynda)

The distribution of power used by the industry to promote gambling and secure government support is considered inequitable and disproportionate. As Jennifer, a counsellor, says:

The industries, I think, are getting more power because they are linking together. They are saving themselves, and it becomes a bigger conglomeration.

In addition, counsellors felt their professional voices were not being heard within policymaking or gambling impact assessment processes at the community level:

They seem to have more access to even legal things, like representatives, we don't really know much about the legal statements that would help us to promote our case, but theirs, always seem so well written. Our assessments or opinions have never made a difference to them. (Lynda)

The inequities in stakeholders' ability to access consultants and legal representation in the licensing processes are highlighted. Counsellors believe they have limited opportunities to make a difference in the policy arena and feel their voices are drowned out by the political power and financial resources of the industry.

Consumers also question the amount of influence the industry has in gambling harm minimisation policymaking:

There is too much involvement from the industry in the way that it influences law, and the way that it influences governance. (Len)

Raymond has observed a long history of clubs influencing state governments in NSW. He comments upon how these power relations continue to hamper poker-machine reform:

Years ago, the state government here were going to up the taxes...I thought "what are they doing?" and the politicians backed off, to an extent, because they could see it was a vote loser, because the clubs have got a lot of power and that's what they've done with this poker machines reform business.

Raymond comments upon the entangled power relationships between gambling operators, their peak body and governments:

So, they're going to be hard to beat, and they do have a lot of power over politicians. Some of the politicians have come off club committees as well. So, they're all into bed together.

These entangled relationships are perceived by consumers, such as Raymond, as significant blocks towards meaningful gambling reform.

Angela is also concerned about the descriptive terms used for gambling operators:

So, we've got the lobbying that happened by clubs, etc...I've decided to stop calling them the "industry" because I think people separate themselves too much from that. "The industry is over there." "No, it's your local club, it's your local pub."

Like other forms of gambling discourse considered in this research, Angela asserts the word 'industry' masks the fact that these lobbying activities are

engaged in by local gambling venues. Angela suggests limiting these voices to address inequities:

I think they've had such a powerful voice and I think it's time to shut them down really; we've heard enough from them.

It is evident that people with the lived experience of gambling harms and counsellors who work with them perceive gambling operators and gambling manufacturers as having disproportionate influence, power and access to government and policymaking processes.

The Need for Participatory Decision-Making

By contrast to the influence of clubs and the gambling industry, consumers interviewed in this research felt left out of the gambling harm minimisation planning and policy decision-making processes. Many expressed interest in contributing ideas and some, like Angela, Heike and Karen, had completed relevant research, engaged in speaking programs and developed self-help materials and programs for others. Both Karen and Heike had approached government departments with their ideas for self-help programs but had felt stonewalled. As Karen sees it:

I was just trying to create a relationship...It's like you have this insight with information, this passion to want to help, and then...nobody knows how to touch you because they don't understand even the concept of a person being recovered.

These comments demonstrate the challenges consumers experience being recognised as “recovered” from gambling problems and acknowledged as valid contributors to policymaking decision processes.

Consumers want to be involved in policymaking and need effective processes to enable this to occur. Heike makes a comparison with other health issues:

So, in other areas of health there are consumer councils, and every area has a consumer committee but there is no policy that we have to do this, or training or support to give people any equality in power.

Heike's comments indicate her knowledge of a range of consumer consultation processes used in other fields. She recommends developing training for consumers in the field of gambling harms, to encourage skills development and create more equity for consumers in these processes. There are precedents for such training in other public health areas such as NSW Consumer Health Forums and Mental Health Consumer Advocacy and Mental Health Peer Worker programs (NSW Health).

The need for consumer consultation in the field of gambling harms was echoed by others:

My mum worked for the Victorian Health Department...she sat down with reference groups for health issues and had conversations with them. She did campaigns around reducing AIDS transmissions and things like that. So, she sat down with groups of people who were actually affected and said, "Okay. If we're going to run a campaign, if we're going to make changes to how we talk to people about this issue, what can we do?" You know, what's the difference? Why can't the government be doing that? They should be. (Elle)

Counsellors recognise the need for consumer engagement in gambling policymaking processes. Emily has experienced working in other community services where people with lived experience were given more opportunity for participation in decision-making. As she states:

I've worked in disability...where those that actually had a lived experience of the issue at hand were indeed taken into account in decisions made about them. I think that making decisions behalf of someone else is so antiquated, insulting, patronising and disempowering.

Emily thinks the government should be consulting with those with lived experiences of gambling harms:

Social policy should take into account people who have a lived experience...in many ways this area of government is really lacking.

Researchers also consider it imperative that consumers are able to give feedback about risky poker-machine features:

Consumers ought to be able to highlight the features that they think have contributed to their excessive gambling behaviours and feed that information back. (Ivan)

In summary, consumers are actively seeking consultation with governments and policymakers, and effective processes for stakeholder engagement. However, as discussed, consumers and counsellors assert current arrangements exclude consumers from meaningful engagement in policymaking.

Consumers Need 'A Place at the Table'

There is evidence of increasing interest by governments in developing public health focused approaches to addressing gambling harms. The NSW Office of Responsible Gambling Strategic Plan 2018-2021 (NSW Office of Responsible Gambling, 2018:8) states:

Taking a public health approach to preventing gambling harm will ensure we are reaching those affected before they experience more serious issues with gambling

A key principle of addressing health issues through public health and health promotion is engaging with communities through participatory policymaking. This is a long-held recommendation from the World Health Organization's Ottawa Charter for Health Promotion (1986) and its later renditions (Jakarta, 1997; Bangkok, 2005) and considered important components of health

promotion program designs (Fry & Zask, 2017). However, previously quoted comments and the following accounts from consumers who have attempted to influence policy suggest the field of gambling is yet to fully embrace these recommendations.

Barriers to Consumer Participation

There are various barriers to consumer participation in policymaking identified by interviewees. Heike describes her experiences of participating in a number of government-led working groups in Victoria which she found heavily dominated by industry representatives. At one forum she experienced open hostility:

I left the working group on Code of Conduct for the industry because...you know I'm not paid to be there, everyone else does it in their time, and I got always abused by [an industry member name removed] so I just thought I'm not going to waste my time here.

Heike's comments reflect barriers to her participation which included: inequities in numbers of consumer representatives compared to industry representatives, inequity of power in a volunteer role, lack of respect for her contributions, and being subjected to abusive communications. When asked about her experience of "abuse", Heike described feeling humiliated and made to feel "stupid":

In discussion, if I made a comment from my personal perspective, she would personally attack me and say something like "What would you know? You're not on the floor"...I give her an example and she just made me feel like I was totally stupid.

Her comments suggest she was excluded and silenced through bullying and harassment, leading to her eventual withdrawal.

Angela reflects upon her experience of representing the GIS at a "stakeholder meeting" with the NSW Office of Liquor Gaming and Racing (OLGR). The

experience is remembered as not so much a consultative process but a one-way communication:

It was a communication process I think, rather than a consultation or involvement process. So, it's basically communicating to us what they are and aren't doing, rather than us being an advisor or involved in that kind of decision-making.

These consumer experiences indicate people affected by gambling harms are interested in contributing to policy and service development and some have actively engaged in consultative processes. However, consumers do not feel recognised for their expertise which suggests institutions are not listening and instead are engaging in boundary-making practices (Barad, 2003), whereby the voices of consumers are viewed as less valuable and less credible than other stakeholders. Such boundary-making practices run the risk of dismissing consumer perspectives and diminishing the value of individuals and organisations that raise the voices of those harmed by gambling and indicates a lack of commitment by policymakers to listening to consumer concerns.

Examples in this research demonstrate how policymakers can act to silence the voices of those with lived experience and highlights the struggles people affected by gambling harms experience in trying to be heard in the policymaking space. It is evident in this study that individual consumers and people who become part of community organisations to represent consumer issues, face significant barriers in gaining a place at the table.

Strengthening Consumer Representation and Participation

Despite these challenges, counsellors and consumers in this research suggest strengthening consumer representation and participation by: developing a peak body for consumers; enhancing opportunities for consumers to get their voices

heard; and encouraging counsellors to develop strategies to empower consumers to engage in these processes.

Counsellors support the need to strengthen consumer-organised groups and organisations:

I think there's a real movement in mental health for that change, and it's a really dynamic change that has occurred in the time that I've been working, a real recovery focus that has been adopted by associations; consumer voices have become a really valued part in planning futures, and I think that's a massive part that a peak body could have a real say. (Emily)

However, some counsellors feel they have limited knowledge or skills in how to increase consumer participation generally or gain feedback on their own services:

We don't have much training or ability because when we try to get consumer participation or feedback we fail miserably. We've not had consumer participation because we just don't know how. (Mia)

Others believe it is necessary for consumers to organise themselves if they want to push back against the gambling industry and clubs in particular. As stated by one counsellor with many years of experience in the field:

Each individual consumer has their own story, and unless they do form a group and unify or have some leadership, there's not going to be anything as powerful as the club industry. (Campbell)

One of the challenges stakeholders identify is the fragmentation of services: individuals and professionals in the gambling field "working in silos". The Alliance for Gambling Reform (AGR) is considered one example of how consumers, concerned citizens and community organisations can unify to press for meaningful change:

The Alliance for Gambling Reform is a collection of interested people or organisations who have been fighting for reform for some time, like academics, church groups, GIS, equivalent organisations in Victoria, and have come together to form an alliance. (Angela)

The role of the Gambling Impact Society (NSW) in raising community and consumer voices was also acknowledged:

I suppose it's the one agency that I can think of that allows consumers a say. (Emily)

However, the vulnerability of consumer organisations, such as the GIS, is also recognised:

I think it's a rare resource we have, and I think it's not being well utilised as well, for various reasons, none of which are for GIS itself. An endangered creature is what I would say. (Emily)

There is appreciation by some counsellors for consumers who have already taken risks to raise their voices:

There are certain people within our sector that I'm really grateful that they exist in the community...how much they risk is not acknowledged. (Emily)

But there are concerns about 'burning out' the few consumers who have become strong community advocates:

I feel like there's a real risk to those people who are have become representatives, without being voted into place...people who are going to risk the burnout, of fighting the impossible battle, and there's a real need for co-operation. (Emily)

Emily's comments acknowledge the risks and challenges of individual consumer advocacy and identify a need for greater consumer representation, cooperation and collaboration.

Consumers and counsellors acknowledge an absence of dedicated government funds as constraining the development of peer-led support organisations. The focus by governments on treatment and less attention to prevention, health promotion, early intervention and self-help in the gambling field is regarded as a contributing factor.

Policymakers: The Need for Institutional Listening

The comments and concerns raised by consumer participants in the previous section highlight valuable points for consideration and offer potential strategies to encourage consumer participation in policymaking. However, governments and policymakers need to demonstrate a readiness to listen. As Dobson (2014:21) suggests, “listening has an active and agentic role to play”; it is a political activity and an opportunity to empower. As Dobson (2014:22) further states, “withholding listening is an expression of power, being heard is conferring power”.

Consumers in this research perceive gambling as an issue of social justice with inequitable power held by governments and gambling institutions. There are challenges in persuading the powerful to listen. Some of the consultative processes described in this study indicate processes where consumers were ‘granted an audience’—a passive expression of how power travels from those with power to be able to grant or withhold a hearing to those without. In contrast, a focus on listening encourages those in power to hear rather than simply allow the marginalised to speak up (Dobson, 2014).

In reviewing the Liquor and Gaming NSW website, it is evident there is information on how the public may engage with liquor and poker-machine licensing through local impact assessment (LIA) processes. However, up until September 2020, there was nothing to suggest how consumers or the community generally could engage in relation to other gambling harm

minimisation policy development. The opportunity for the community to contribute online submissions on the proposals for the *Gaming Machine Amendment (Harm Minimisation) Bill 2020*, is a welcome recent development. The Office of Responsible Gambling has also recently called for people with lived experience of gambling harms to engage in discussions about future direction of their support services in NSW as they develop their 2021-24 strategic plan (ORG, 2021)

However, there is no evidence of a policy to guide consultations with those affected by gambling harms. Nor is there evidence of further opportunities or processes, beyond LIAs and the current gambling harm policy and strategic plan, for consultations on gambling policy development with the general community. As one counsellor stated:

Consumers have a responsibility to have an input and should be given the opportunity to decide if gaming machines or gambling opportunities are introduced to their vicinity...I think consumers have the right and responsibility to influence their government. (Ivan)

It is acknowledged that, in addition to public inquiries, the GIS has participated in a number of government-led consultations and stakeholder meetings over the past 20 years. However, it is noticeable that recent processes to co-design a new model for gambling treatment and support services (ORG, 2019-20) have been held at a distance, with policymakers employing private consultant agencies to conduct focus groups and interviews with consumers.

It is evident that opportunities for direct consultation with gambling harm policymakers in NSW are limited and inconsistent. The absence of transparent policies and processes to guide consumer engagement indicates minimal commitment to *listening and engaging with* consumers in the field of gambling. As Dobson (2014:171) suggests, "being listened to is experienced as power, particularly by those who are generally not listened to...we cannot consider

democracy's inclusionary work to be done once we claim simply to have allowed people to speak".

In contrast, it is interesting to note progress in the field of mental health with the co-design and development of the *Lived Experience Framework for NSW* (Mental Health Commission of NSW, 2018). The stated aim of this framework is to guide mental health and social services to implement services so that people with lived experience of mental health issues have influence and leadership in mental health and social service development in NSW. As it states:

We must embrace the participation, influence and leadership of people with lived experience of mental health issues and caring, families and kinship groups in service design, delivery, monitoring, reporting, research, evaluation and improvement activities. (Mental Health Commission of NSW, 2018:1)

The framework outlines specific guidelines for lived experience inclusiveness in the field of mental health.

In addition, the United Kingdom's Gambling Commission's 2019-2022 'National Strategy to Reduce Gambling Harms' positions listening to the voices of people with lived experience of gambling harms as central to their strategic direction. In outlining plans for ongoing stakeholder engagement, they state:

Importantly, that engagement places the voice of consumers, especially those with lived experience of gambling harms, often referred to as "experts by experience", right at the heart of developing this strategy. As we and others turn the strategy into action there will be a continuing commitment to keep listening to those voices and involving consumers in the dialogue on how to move forward. (UK Gambling Commission, 2019:5)

It is evident that both the Mental Health Commission in Australia and the Gambling Commission in the UK could provide valuable ideas to assist the development of a lived experience framework and a consumer inclusive

strategic plan for gambling harm minimisation policy and service delivery in NSW.

Barriers to Counsellor Advocacy

Many counsellors also experience barriers in voicing their concerns with policymakers. As illustrated by Graham:

We're funded by the State government, obviously they put in the rules about gambling and such. So, I feel that I can't be out there and say things and be too critical about policy and legislation, so I have to be a little bit careful.

As exemplified by Graham's comments, several counsellors suggested the culture of gambling treatment provider organisations fosters an understanding that receiving RGF funds limits public advocacy on behalf of clients and what they can say professionally.

These counsellor comments are situated in a policy environment in which non-government organisations (NGOs) are increasingly under scrutiny by government funding bodies aiming to limit funding to advocacy groups (Gall & Howie, 2017). It is an ongoing tension facing those in the NGO sector who struggle with concerns about how to speak up for their client groups but also ensure the sustainability of their welfare work through government grants (Maddison & Carson, 2017). As one consumer research participant in Victoria also expressed:

The government here [Victoria] gives gambling services about \$3 million...So, there's lots of jobs, lots of things at stake saying, "that if that money wouldn't flow then we can't provide the service" and what they are buying with that is their silence. (Heike)

Heike's comments reflect concerns about the interrelationship between gambling tax revenue, gambling levies, government grant programs and

health/welfare services and the creation of helping services dependent on gambling profits. Heike raised further concerns about support services:

The people that could speak out, don't because it's contract conditions...the model has to change, totally independent funded through other means than gambling...the service provision should be guaranteed, it should not be dependent on a political stand.

Heike suggests contract conditions are used to silence advocacy from gambling support services. She feels strongly that these helping services should be independent and able to speak up about the injustices they observe.

Conflicts of Interest Impacts Counsellors

Several counsellors interviewed in this research expressed conflicted feelings about working for services supported by funds levied from the gambling industry. The strength of these feelings is exemplified by Emily:

I'm quite embarrassed to be working in a service that, that I suppose, takes money from an agent of evil. I think that the money I receive for my wages sometimes really feels like dirty money.

Emily suggests her discomfort is most acute when in the company of her peers in the human service sector:

When I go along to capacity building opportunities with other people working in the human services sector, I'm embarrassed. I'm terribly embarrassed to say that I work for a service funded by the RGF and Casino, I'm personally embarrassed and professionally embarrassed.

Counsellors also expressed frustration at the conflicts of interest in government relationships with the gambling industry:

The government relies too much on gambling revenue...a totally blatant and obvious conflict of interest there, there's too many machines that are causing problems and it constrains the governments to actually do anything about it.
(Adam)

Counsellors are acutely aware of the extent of gambling harms being experienced by their clients. As articulated by Adam, many believe the conflict of interest apparent in relationships between government and gambling industry results in limited strategies to reduce gambling harms. Emily sees existing arrangements as ineffectual:

I just think it's an extremely tokenistic gesture...the government provides money for tertiary counselling services, but is not bothered with harm minimisation approaches, or actually providing a public health model that could make a difference to people's lives.

By comparison to other health issues, such as tobacco or alcohol consumption, many counsellors considered gambling prevention or health promotion strategies weak or ineffectual.

Expectations of How to Work on Issues of Gambling Harms

Different expectations of how to work on issues of gambling harms were also evident amongst counsellors. Some perceived a lack of social justice values and/or actions in their sector:

Unfortunately, the people working in the sector are in it for the right reasons but a lot of them don't have any social justice in their work. (Emily)

Whilst Emily suggests this relates to individual counsellor values and skills, Brenda considers the depoliticising of counsellors as similar to that of consumers, and a deliberate structural response to maintain the gambling industry:

The way counselling provision is structured at the moment adds to the problem. If people are so overwhelmingly depoliticised as consumers and the help they get is the same, from my perspective that sustains the industry. (Brenda)

Many counsellors expressed frustration that their service amounted to a “tokenistic” form of band-aiding the situation, whilst the government failed to address the underlying causes of gambling harm:

I see it as more tokenistic if anything. Even how the counselling services are funded—the funds are from the casino...The NSW government says they're tackling problem gambling...We all know that [counselling], that's too late and not enough by a long shot. (Lynda)

Some counsellors countered this by including social justice awareness components in their individual counselling work. For example, Brenda raises consciousness about the political nature of gambling and the health and social costs to her clients:

I experienced them as people who were not thinking critically about their problem as having other dimensions to it. I actually saw this as an important part of my role, to make them think critically about their own problem. For instance, with women, I would ask them a little basic political behavioural strategy to go and look at the photos at the boards of directors at the clubs they were gambling at. Then asked them to look at how many women were in the photos, and usually there were none or very few. Then ask them if they really want those men making decisions on how to spend their money.

Brenda encourages clients to think consciously about the gambling industry's impact on their life as part of the therapeutic process. She thinks counsellors need to be more politically aware:

I actually think that having people thinking about the industry and how it impacted on themselves, their family and friends, and the community is part of helping people. So, the counsellors need to be more politically aware.

Interestingly, compared to their ideas for empowering consumers, there were no suggestions from counsellors as to how to empower their own sector as advocates. Nor were there ideas offered on how to separate out gambling levy funding arrangements to reduce the Gambling Help services' dependence on gambling industry levy-based funding.

The Need for a National Approach

In contrast to other public health issues, such as drugs, mental health and alcohol, research participants consider Australia is failing to develop national policies and strategies to address gambling harms. Participants in this study suggest the lack of a cohesive national approach to address gambling harms, has resulted in an ad hoc development of harm minimisation legislation across Australia:

Whereas drug, alcohol, mental health it's the same everywhere...it's a problem in every area, but gambling has been legislated in different ways in different states. (Terry)

Despite some perceived challenges, Sonja also argued the need for a national approach:

It will be a huge task to make these at a national level, but it makes sense especially with problem gambling, there are a lot of cross-state things going on, so it is good to have discussions about that.

Participants identified a need for uniform and national benchmarks for gambling harm minimisation and prevention:

What I really think we need is a national baseline, a national benchmark on how everything should be at least, at this minimal level and if states should want to go beyond that, then that's up to them, but there needs to be a national benchmark set that should be a baseline minimum set, no matter whether the state government changes, no matter whether it's Labor or Liberals in power, whatever industry says and does, it's all completely irrelevant. It's outlined, it's coast to coast...everyone should have the same blanket starting point. (Terry)

A national public health approach to addressing gambling harms, similar to those developed for tobacco, drugs, alcohol, and mental health, was recommended. The perceived advantage of a national approach was the ability to address state government conflicts of interest:

If there is a national framework then the advantage of that is that, as long as the federal governments continue to receive no gambling revenue and the states do, then the federal government has no ethical dilemma in putting down a framework that will outlive them, that the states must abide by and it will outlive them as well. (Terry)

It is important to recognise, that the concept of developing a national approach to addressing gambling harms is not new. Following the 1999 Productivity Commission Report (1999a), a Ministerial Council on Gambling (MCG) was established. The council was comprised of ministers responsible for gambling in each State and Territory Government. In 2004 the Council of Australian Governments (COAG) endorsed the MCG's, National Framework on Gambling 2004-2008 (MCG, 2004). This was influential in establishing the national Gambling Help 1800 telephone support service, the national Gambling Help online counselling service and the central gambling research agency - Gambling Research Australia (Macklin, 2000).

Following the 2010 Productivity Commission Inquiry, further cross government bodies were established including, the Joint Select Committee on Gambling and the COAG Select Council on Gambling Reform, along with a broader

stakeholder group, the Ministerial Expert Advisory Group. However, there is no evidence of updates on the original National Framework on Gambling 2004-2008 beyond the second progress report in 2009 (Ministerial Council on Gambling [MCG], 2009). It is also noted that on the 29th May 2020 the National Cabinet agreed to the cessation of the Council of Australian Governments (<https://www.coag.gov.au>).

Interestingly, in 2018, the Australian federal government launched a National Consumer Protection Framework for Online Gambling (Australian Government, 2018). According to the Department of Social Services fact sheet (DSS, 2020) the measures include: a national self-exclusion register for online wagering which allows a person to exclude from all gambling sites or apps in one step; prohibition of lines of credit being offered by wagering providers; and a voluntary and opt-out pre-commitment scheme for online wagering with binding limits. However, this National Consumer Protection Framework does not address the poker machine and product risk concerns raised by stakeholders in this research. Nor does it commit to the kind of multi-tiered public health approaches developed for other health issues (alcohol, drugs, tobacco).

Whilst online gambling is acknowledged in this research as an area for attention, it is important to recognise that people who gamble online often attribute their gambling problems to land-based products (Gainsbury, 2015). A study of the impacts of specific activities and modes of gambling in relation problem gambling indicated over half of all 'online gamblers' (58%) considered land-based modalities the greatest contributor to their problems (Gainsbury et al., 2019:2). Significantly, the study concluded that internet gambling was not "uniquely related to greater gambling problems" and that "a continued focus on EGMs in their various forms and modalities is important to reduce gambling harms" (Gainsbury et al., 2019:14).

Support for Public Health Approaches

There was considerable support amongst counsellors and consumers for public health approaches addressing gambling harms. A strong desire to shift the focus of discourse beyond the limitations of the concept of 'problem gambling' and the policy of 'Responsible Gambling' was evident. Perhaps reflecting the varying understandings of the breadth of the public health model, recommended strategies varied in emphasis between a focus upon education and public information campaigns through to more structural changes. Len, for example, emphasised the benefits of a public health approach for increasing public awareness:

We need to go all guns blazing and do the public health approach like they've done in the past. The AIDS ads, the smoking ads, the real effects that these things have on people and show them what poker machines actually do to families and people. The one in five people presenting after a suicidal attempt.

Adam, by contrast, perceives a public health model as creating opportunities for a broad range of strategies:

The public health model does a lot of looking at prevention. It's looking at where the social environments are created...and through education, early screening [through] to possible problem gamblers. Another strength is that it's just so broad...it's looking at the bigger picture and wants multiple areas of government looking at it, instead of just one. You've got all areas looking at policies and how it effects gambling, along with the community getting in on this as well. To put more balance into the culture, those are the major points about the strengths.

Adam's understanding of the benefits of a public health approach incorporates prevention, early intervention, environmental and cultural strategies and inter-sectoral cooperation.

It is evident in this research that individual consumers, counsellors and academics have differing understandings of the public health model. However, this research also demonstrates that many stakeholder recommendations for change are directly related to a public health model. These include: increasing consumer protection; changing poker-machine technology; increasing public awareness around product risks; developing more effective community education; developing early intervention; and developing multi-tiered approaches to the problem.

Included in public health models are recommendations to engage across sectors of government and communities to work to develop health promotion strategies and address health inequities (WHO, 1986). However, in NSW, local councils are excluded from gambling policymaking, as state government has legislated responsibility (Liquor and Gaming NSW, 2021). These arrangements contrast with those in Victoria, where local councils are integrally involved in EGM licensing arrangements (Victorian Commission for Gambling and Liquor Regulation [VCGLR], 2021). Many interviewees recommended local government be more involved in gambling policy development and decision-making in NSW. Terry suggests how this could be arranged:

It could be easily be addressed simply by giving them [local government] a larger say in the planning permission process...if the [local] government is given the objective of developing a strong and clear and cohesive policy...get community consultation and end up with something that works for their community.

A lack of community consultation regarding the extent of gambling in local communities concerns stakeholders. Participants advocate strengthening the involvement of local government in planning, licensing, local impact assessments (LIA) and distribution of poker machines (similar to requirements for alcohol outlets). These recommendations would create opportunities for

local ratepayers and their councils to have some control over access to gambling in their communities.

Summary

This chapter has outlined the policy environment and some of the discourses in relation to gambling policymaking in NSW. The chapter has considered how these discourses are represented in the field and illustrated how they form part of the complex web of sociomaterial arrangements for gambling in NSW.

It is evident in the research that consumers and counsellors have concerns about the focus of NSW harm minimisation policy upon the discourse of 'Responsible Gambling' and the impact this focus has had upon people affected by gambling harms. Research participants have identified areas for improvement and changes to current gambling harm minimisation policy. In particular, consumers and counsellors recommend broadening the current individual focus of 'Responsible Gambling' towards more consumer protection and public health models of addressing gambling harms.

The research data presented in this chapter, indicates that NSW gambling harm minimisation policy has a number of limitations. It is also evident that the NSW government (Liquor and Gaming NSW, 2020) considers there are areas for improvement and reform. In exploring some of the current challenges to reform, I have highlighted a number of perceived barriers to effective policymaking including: imbalances of power; influence of gambling operators; and consumers and counsellors being ignored by policymakers. It is concerning that people with lived experiences of gambling harms and the helping professionals who support them feel disempowered and conflicted by current arrangements. These stakeholders seek more inclusive and effective participatory decision-making processes and assert there is a need for policymakers to listen.

Chapter Eight: Developing a Sociomaterial Approach to Reducing Gambling Harms in NSW

Introduction

The issue of problem gambling has been an object of study for over forty years, and poker-machine (EGM) gambling has been a significant focus for research in Australia since the 1990s. As discussed in Chapter Three, over the past twenty years in Australia, the phenomenon of problem gambling has been studied primarily within the disciplines of psychology and psychiatry. Such research established the field of ‘problem gambling’ and has been used to develop a range of therapeutic services to treat those affected and guide policy on gambling related harm. However, starting from a frame of individual pathology may have led to an over-focus on some areas at the cost of more systemic analysis. There is a tendency for complex phenomena to be over-simplified, homogenised and classified, which, although necessary at times, can be problematic (Law & Mol, 2002).

In this research, I build upon previous gambling and public health research (Browne, et al., 2016; Langham et al., 2016; Livingstone & Woolley, 2007; Miller, 2018; Miller & Thomas, 2018) and aim to compliment the work of other social scientists (Gordon & Reith, 2019, Reith, Wardle & Giimore, 2019, Reith & Dobbie, 2011, Schull, 2012) by shifting the paradigm beyond an individual ‘medical model’ understanding of gambling harms.

Employing a sociomaterial approach and collaborative research methodology, this research examines the network of relations and practices that constitute poker-machine gambling. Through the eyes of those most impacted—people with lived experiences of poker-machine harms—the study investigates some of

the dynamics and processes of developing, sustaining and living with gambling problems.

In this final chapter I provide a summary of this study and present the conclusions of the thesis. Following on from the 'zooming in' and 'zooming out' (Nicolini, 2009) structure of the thesis, I review the conclusions broadly following a similar format. I then identify the theoretical, methodological and practical contributions of the research. I end this chapter with a discussion of the limitations of the research and provide some suggestions for future research and concluding remarks.

Research Summary

A summary of the research is provided under subheadings which reflect the chapters and format of the thesis.

The Foundations of the Study

The impetus for this research project came from those involved in the Gambling Impact Society (NSW) and my own experiences as a problem gambling counsellor and family member impacted by gambling harms. Many people I had contact with expressed frustrations that, despite two major federal government inquiries into gambling (Productivity Commission, 1999a, 2010) and various other government-led consultation processes (Senate inquiries, NSW legislative inquiries), resulting policies and plans had inadequately taken into account the knowledge of those experiencing gambling harms.

The research project began by acknowledging the Gambling Impact Society (NSW) as a peer-led community organisation with access to people with lived experiences of gambling harms. Through the support of this organisation, I was able to invite participation in the research from people who had lived experience of gambling harms. This was supplemented with participation from problem

gambling counsellors, researchers, gambling venue operators and policy makers.

The sociomaterial approach adopted in this research employed a collaborative research methodology to achieve an empowering experience for participants. This approach involves working alongside, seeing, hearing and reading directly with people who have experienced negative impacts from problem gambling. This advocacy research aims to enhance recognition of the distinctive knowledge of those experiencing gambling harms, as well as to provide an avenue for their ideas to contribute to the development of effective harm minimisation policy.

The research examines the arrangements and practices which make up poker-machine gambling harms in NSW. The study investigates experiences and practices of poker-machine gambling in NSW primarily from the perspective of people who had developed problems with their gambling, impacted family members and gambling counsellors.

Through an introductory chapter (Chapter One), a historical overview chapter (Chapter Two) and three data chapters (Chapters Five to Seven), the thesis explores the relations and intra-actions within and between the various elements that make up the 'heterogeneous network' that is poker-machine gambling in NSW. These are summarised below.

Building a Historical Perspective of Clubs In NSW

The thesis commences with a contextual foundation by providing a 'snapshot' of gambling today followed by an overview of the history of gambling in Australia and poker-machine gambling in NSW. An overview of the development of social clubs in NSW from the mid-1950s is also presented (Chapter Three). The research outlines the history of gambling in Australia and the ongoing role

gambling plays in contributing to state government tax revenue and highlights how gambling is entwined with government agendas.

A historical perspective of clubs in NSW is threaded through the thesis by examining the sociomaterial and institutional arrangements (Chapters Two, Six and Seven) that led to the substantial growth in the number of poker machines in this state. The thesis offers an understanding of how poker machines have become intricately entwined with the development of not-for-profit social clubs in NSW and how these arrangements provide access to privileged taxation and business arrangements for the club industry. The research considers the ongoing impacts of these arrangements upon individuals, families and communities in the NSW.

The study builds upon previous research (Adams, 2008; Con Walker, 2009; Livingstone et al., 2017; Livingstone & Woolley, 2007; Rooke, 2018) in questioning the validity of this positioning and extends research examining the impacts of gambling harm upon individuals (Blaszczynski et al., 2015; Haw et al., 2013; Li et al., 2017; Schaffer & Korn, 2002), families (Dowling et al, 2010; Kalischuk, 2010; Kalischuk et al., 2006; Kourgiantakis et al., 2013; Patford, 2007a, 2007b; Suomi et al., 2013) and communities (Doran et al., 2007; Marshall, 1999, 2005; Marshall & Baker, 2001a, 2001b, 2002; Marshall et al., 2004; Markham & Young, 2015; Markham, Doran & Young, 2016; Productivity Commission, 1999a, 2010; Young et al, 2008). Through a historical and sociomaterial perspective, this research examines and challenges the discourse of the community benefits of club-based poker-machine gambling.

Lived Experiences of Poker Machine Problem Gambling

The research 'zooms-in' (Nicolini, 2009) to explore the lived experience of gambling with poker machines from the perspective of those who have developed gambling problems (Chapter Five). The data highlights how consumers experience the material-discursive practices of gambling as focused

on continuity, flow and immersion. Importantly, this chapter illustrates how those with lived experiences of poker-machine gambling problems demonstrate the co-created nature of the phenomenon. The research illustrates how lived experiences indicate relations with poker-machine gambling are not so much about winning as maintaining the continuity of ‘becoming with’ the poker machine.

Through this process of “zooming-in” (Nicolini, 2009) on the lived experiences of poker-machine gambling, the research highlights the intricate and affective dimensions of poker-machine gambling. The fieldwork provides insights into the affective atmosphere of gambling with poker machines and examines how this is orchestrated to create both emotional and visceral responses in those using these gambling products. This is a state of being, often referred to by those with lived experiences of gambling harms as ‘the zone’.

This chapter describes in detail how these affective dimensions work in direct contrast to the assumptions, discourses and policies of ‘Responsible Gambling’, which call for individual responsibility, limitation, self-awareness and ‘knowing when to stop’. By making visible the myriad of material-discursive practices intra-acting in poker-machine gambling, the research challenges discourses that position gambling practices as either separate or other.

Environments Designed for Gambling

Taking the focus further out, the study considers the material-discursive practices of poker-machine gambling embedded within the social milieu of community clubs (Chapter Six). In this chapter, the experiences of both those directly impacted by gambling harms and family members are considered. This is complemented by field observations of club environments and poker machines in-situ, and examination of artefacts such as Clubs’ and EGM manufacturers’ websites.

The data makes apparent how the lived experiences of problem gambling are 'made up' from the influences of designed environments. These intra-actions are orchestrated through a range of strategies such as gaming floor design, machines and player seats designed for comfort, and gaming areas with easy access to cash via in-venue technology (ATMs). The research examines how gambling offerings are made within social settings and within a context of social normalisation and a liberalisation of commercial gambling in the community. The research discusses how many of these elements exist within government sanctioned not-for-profit entities (clubs in NSW) and regulatory structures supporting both business and government revenue.

The concept of the 'folk model' (Livingstone & Adams, 2010) of clubs is introduced as part of clubs' discursive practices in positioning themselves as agents of 'community good' whilst downplaying their contributions to community harms.

Gambling Discourses and the Policy Environment

In Chapter Seven, the research 'zooms-out' further to examine contemporary gambling discourses and the policy environment. This chapter documents significant differences between the dominant discourses of government and industry and those of people with lived experiences of gambling harms. The research confirms earlier findings (Miller et al., 2018) that people who have experienced gambling harms share a different community of meaning from that of government and industry. These meanings demand alternative policy responses to those favoured by industry and endorsed by government.

In this chapter, consumers illustrate their experiences of stigmatisation, community shaming and community judgement. Many of these attitudes are linked to the pervasiveness of 'Responsible Gambling' discourses. Consumer descriptions of being recipients of negative judgements confirm previous findings (Carroll, 2013; Miller & Thomas, 2018; Miller et al., 2018) that a policy

focus on personal responsibility can contribute to further harms for people directly experiencing gambling problems. Similar concern with community judgement is also expressed by family members in this research, indicating that they too are negatively impacted by 'Responsible Gambling' discourses.

The research demonstrates how the normalising of gambling, combined with the discourses of 'Responsible Gambling' and 'gambling as entertainment' contribute to community ignorance and produce negative attitudes towards those harmed by gambling. These negative community attitudes create further harms for those struggling with gambling problems and barriers to help-seeking. The research indicates a mismatch between the focus of Responsible Gambling policy and consumer experiences which results in unintended consequences. This is considered a social justice issue and a direct impediment to providing access to support and treatment for those who need it.

Consumers and counsellors discuss their views of harm minimisation policy in NSW and provide a range of ideas for changing current arrangements and improving policy for gambling harm reduction. Many of these ideas focus upon changing the technology of poker machines to increase product safety and promote harm reduction. Of note is support for removing poker-machine game features, significantly linked to excessive gambling and disrupting the sociomaterial arrangements of gambling environments that contribute to the co-creation of gambling harms.

There was considerable support for increasing community awareness of problem gambling and reducing the use of discourses and strategies that increase negative impacts on people experiencing gambling harms. In particular, consumers want the labelling term 'problem gambler' abolished.

It was acknowledged that NSW government Gambling Help campaigns aim to raise awareness of opportunities for accessing support. However, in reviewing these strategies, it is concerning that some participants indicated campaign

messages have also created barriers to help-seeking, reinforced stereotypes and added to the shame and stigma people are already experiencing. These are significant unintended consequences. These reactions highlight the need for consultation with target groups (and those likely to be impacted) when developing harm minimisation health promotion strategies.

The research argues the community at large, along with poker-machine users specifically, requires a greater understanding of gambling product risks. It is suggested this could be achieved through better product information and more transparent promotion by the industry of the actual 'costs of play'. Increasing community understanding of how poker machines work is seen as important and needs to be extended beyond current practices of promoting gambling odds-of-winning.

There are calls for increasing consumer protection for people who gamble and their family members. It is suggested this could be achieved by strengthening exclusion arrangements and increasing the onus upon gambling operators to develop their duty of care for consumers within venues.

A key recommendation for harm minimisation from this research is a need to reform tax arrangements for community clubs and poker machine development in NSW. It also recommends that clubs change their business models to lessen their dependence on poker-machine revenue. There are some suggestions as to how governments could support this strategy.

Research participants identify a need for more involvement of communities and local governments in poker-machine licensing arrangements and community impact assessments. Such arrangements could redress the balance of commercial gambling growth and allow communities more say over the introduction of 'products of dangerous consumption' into their localities. This suggested reform would bring parity with liquor licensing arrangements in NSW (Foundation for Alcohol, Research & Education, 2014).

There are key recommendations in this chapter to extend current policy beyond harm minimisation and develop a framework for gambling harm prevention and reduction. Some key recommendations include developing gambling policy from a public health approach and including people with lived experiences in the policymaking process, along with developing a national framework for reducing gambling harms which also includes measurable national and state/territory harm reduction objectives.

Importantly, this chapter (Chapter Seven) documents a desire by consumers for further opportunities to be heard and a need for policies which respond to their concerns. Consumers in this research make it clear that gambling problems, like other health issues, need to be understood from the lived experience to enable the development of effective harm reduction strategies. These research findings suggest it is crucial to redress the balance in policymaking by ensuring that the voices of people harmed by gambling are listened to and acknowledged and their concerns attended to in policymaking.

Research Conclusions: Implications for Policy and Practice

The study concludes problem gambling is a phenomenon co-produced from a heterogeneous network (Law, 1992), arguably aimed at encouraging gambling. The research demonstrates the entanglements and intra-actions of the dimensions of the network. Through the material-discursive practices of poker-machine gambling, the social, political, economic and cultural dimensions of gambling intra-act, collaborate, interfere, depend on each other, include one another and co-emerge. The research concludes that problem gambling emerges as a direct consequence of these entanglements.

Extending Understandings of Agency

In examining these entanglements, the study extends current understanding of agency in the context of poker-machine gambling. Traditional theories of

agency (Parsons, 1937), as reviewed by Davies (1990), include the notion of an actor with 'agency' to carry out various acts. This is described by Davies (1990:343) as a "goals-means-ends model of human action". In this model, the individual "conceives of a line of action, knows how to achieve it and has the power and authority and right to execute it" (Davies, 1990:343). This model has largely influenced society and become the common view of individuals in the social world. It assumes an "agonistic relationship between the self and other and between the self and society" (Davies, 1990:343).

Alternative models of agency have shifted understandings from the traditional linear model of goals-means-ends towards an understanding of agency as a more discursively produced concept (Davies 1990). Further developments have led to more performative definitions of agency, shifting the focus to matters of practice, doings and actions (Barad, 2003). This is particularly relevant to the study of poker-machine gambling.

This study explores the mutual constitution of agency in the experience of problem gambling that is simultaneously materially and discursively produced. It calls attention to the entanglement of relations and discursive constructions of problem gambling that produce something other than what may be produced singularly—one cannot be produced without the other.

The concept of agency and its relationship to the concept of 'responsibility' in gambling are central to debates surrounding problem gambling and gambling policy in NSW. As Borrell (2008:199) asserts:

Common debates and understandings about the nature of problem/pathological gambling incorporate *where* and *how* it might be generated and who or what might be responsible, with responsibility being a key, though unquestioned, concept. In turn, such debates have major, direct policy implications for gambling policies and prevention strategies, contributing to the central contentiousness of the issue of the agency primarily responsible for problem/pathological gambling.

The focus of policy to address gambling harms within these debates includes notions of 'responsible' or 'problem' gamblers. Despite a lack of clarity on what constitutes 'responsible gambling' (Hing et al., 2016), much of NSW gambling policy places the onus for providing information, education and treatment on 'problem gamblers.' The assumption is that making better informed choices will prevent 'problem' behaviour and treatment will remediate those already affected. Such positioning privileges human agency over other entities, in this case gambling technology and the environments in which it is offered. This is perhaps not surprising given what Bennet (2005:455) articulates as a tendency in the social sciences to consider the agentic power of human-nonhuman assemblages as "merely an effervescence of the originary agency of persons". In doing so, I suggest, it misses the full range of agentic powers that makes up the problem gambling phenomenon.

This thesis asserts that, as a consequence of locating agency predominantly within the person gambling, the emphasis in previous research and current gambling policy has been to identify traits of vulnerability in the individual 'gambler' and frame problems with gambling from the perspectives of individual human 'agency', cognitive impairment and problem gambling 'pathology'. Few studies have focused on the 'intra-action' between human and the technology of the gaming machine in which agency is not possessed but distributed. In other words, agency is no longer aligned with human intentionality or subjectivity and nor is agency attributed to other-than-human forms like EGMs.

The concept of agency used in this research regards it as a distributed phenomenon, constituted from the material-discursive practices of poker-machine gambling and the sociomaterial environment in which it is offered. The notion of distributed agency, in relation to the practices of gambling with poker machines, is particularly evident in the accounts from those with lived experience of gambling harms (Chapters Five and Six). This position contrasts with notions of agency encapsulated in the discourse of 'Responsible Gambling' and exemplified in the dominant gambling discourses and harm minimisation policy in NSW (as discussed in Chapter Seven).

This research asserts the production of the phenomenon of problem gambling depends upon the constructed notions of the 'problem gambler' and 'responsible gambler'.

A Need to Change the Discourse and Policy of Responsible Gambling

The results of this research indicate a need to shift the dominant discourse of gambling from a desire to find unilateral causal relationships for problem gambling towards viewing gambling harms as existing within dynamic contexts of multiple relationships and socio-techno-material practices. These practices are constituted within institutions, policy environments and social mores.

This study explores the concept of co-production of gambling harms and challenges the underpinning assumptions of the discourse of 'Responsible Gambling'—that individuals have agency separate and distinct from gambling products. The research demonstrates how people's lived experiences are more complex, and their comments reflect how agency is distributed between the various social, technical and environmental entities that make up problem gambling.

Importantly, the research evidences a strong desire from those experiencing gambling harms to change the discourse of 'Responsible Gambling' and

remove the term ‘problem gambler’ in particular. Miller et al. (2018) propose in preference using what they term a “people first language”, meaning one should be referring to the person first rather than their behaviour/disability/disease. Such an application would avoid implying that a person’s problem with gambling is the most important part of their identity. This proposal is reinforced by the findings in this research which suggest that current labels are stigmatising and place further burdens upon those already struggling with the impacts of gambling harms.

It is evident in this research that a focus upon ‘personal responsibility’, combined with a lack of attention to the sociomaterial and structural dimensions of gambling harms, contributes to victim-blaming and stigmatising of individuals and families. It is also evident this approach fails to address some of the concomitant contributors to poker-machine gambling harms. However, as yet, there is no evidence the NSW government is committed to changing the language of ‘individual responsibility’. In particular, the naming of the new department in 2018 as the ‘NSW Office of Responsible Gambling’ indicates minimal attention to changing the orthodoxy of RG.

Understanding the Sociomaterial Dimensions of Gambling Harms

Consumers demand more sophisticated understandings of poker-machine harms. They recognise and have discussed (Chapters Five and Six) the sociomaterial dimensions of gambling experiences, yet do not see these issues addressed in harm minimisation policy.

This research provides evidence that the phenomenon of ‘problem gambling’ is produced from a multi-layered and complex network of gambling arrangements. The research indicates people are becoming ‘problem gamblers’ as a consequence of these co-producing relationships. Based on this evidence, I assert that, in order to address poker-machine gambling harms, the socio-

techno-material-discursive practices which make up the heterogeneous network of gambling need to be the focus of attention.

Community-based poker-machine gambling in NSW is constituted through historically 'made-up' arrangements that co-produce 'problem gambling' and as such it is a system that could be 'unmade' to prevent and reduce gambling harm. I assert that, based on this research, this will be the only way the NSW government will achieve its stated vision of "NSW working towards zero gambling harm" (ORG, Strategic Plan 2018-2020:20).

However, the research also indicates that shifting the paradigm towards a sociomaterial approach has challenges, due to powerful vested interests. These interests perpetuate the dominant discourse of 'Responsible Gambling'. If, as suggested by Miller (2018:190), "the discursive construction of an issue is directly linked to the policy approaches recommended by different groups", then this research indicates that the concept of 'Responsible Gambling' is constructed by government and the gambling industry. The research suggests that the dominance of these stakeholders results in policies that have negative outcomes for those already impacted by gambling harms.

Extending Public Health Approaches

Traditional foci of public health approaches often include: community education (individual and population-based programs), awareness campaigns (public media campaigns), environmental public health policies to reduce harms (e.g. controls on passive smoking) and controls on supply (e.g. increased taxes and plain packaging on cigarettes). Research has suggested gambling harms require similar multi-pronged approaches (Korn & Shaffer, 1999; Livingstone et al., 2019; Productivity Commission, 1999a, 2010; Wardle et al., 2019).

More recently, public health research on gambling in Australia has focused upon the impact of sports betting marketing on communities (O'Brien & Iqbal,

2019; Pitt et al., 2016; Thomas et al., 2014), and on the impacts of poker-machine design features and their structural characteristics on problem gambling (Livingstone, 2017; Lole et al., 2015; Schottler Consultancy, 2014, 2019). As a result, there have been increasing demands for increased consumer protection and product safety; these are important contributions. If, as suggested, poker machines are products of dangerous consumption (Adams, 2008; Livingstone & Rintoul, 2020; Orford, 2010), then including consumer protection in public health approaches would seem an important element of a harm reduction strategy. Rintoul and Thomas (2017) suggest technology-based systems are able to support people who gamble to limit their spending. It is argued that such systems are “likely to be effective not only in preventing the escalation of gambling problems but also, over time, in reducing the harm for gamblers who are already chronically overspending” (Rintoul & Thomas, 2017:4).

However, whilst public health approaches offer more breadth than current responsible gambling measures, the conclusions from this research suggest public health approaches could be extended to include a greater socio-techno-material understanding of gambling harms. Such an approach would entail a comprehensive understanding of the heterogeneous network that produces gambling harms and harm reduction models that acknowledge lived experiences.

This research asserts the need for a comprehensive and extended public health model for gambling in NSW. Such a model requires clear articulation and opportunities for consumers to have input into its development, particularly given they are the focus for RGF funded treatment services and a target group for harm minimisation policies in NSW.

The Need for Lived Experience in Policymaking

The restructuring of the RGF administering department in NSW in 2017-2018 and the formation of the Office of Responsible Gambling (2018) set a new direction for future NSW Gambling Harm minimisation policy. The Office of Responsible Gambling (ORG) Strategic Plan 2018-2021 (2018) indicated policy would be more closely aligned with public health models and an increasing focus upon health promotion. In addition, the recent proposed changes to duty of care arrangements for gambling venue staff and a strengthening of exclusion programs (Liquor & Gaming NSW, 2020b) suggest more interest in consumer protection.

However, despite these early indications that shifts in policy focus are taking place in NSW, the issues discussed in this research (Chapter Seven) suggest there are significant barriers to effective policymaking still to be overcome. It is evident in this research that people with lived experiences of gambling harms are concerned about the apparent lack of understanding of their distinctive knowledge about problem gambling. They assert, a lack of acknowledgement of their experiences and their views in policy, has led to ineffective strategies to reduce gambling harms. They also express that, compared to other health issues, their views are often not sought, and their concerns are marginalised.

Policymaking is not a neutral process and decisions about whom and how stakeholders engage are political. Boundaries are cut to include some stakeholders and exclude others and excluded stakeholders are rendered invisible, unheard or silenced. The exclusion of those impacted by gambling harms is at odds with policy around other health issues, for example mental health (Mental Health Commission of NSW, 2018), which includes a focus on carers, consumers and developing a network of peer workers and a lived experience framework to guide policy and service development. Research in this study indicates a lack of commitment and potentially skills on the part of

policymakers to purposeful listening to consumers. In addition, the absence of a policy framework to guide and encourage effective engagement with consumers in the field of gambling has culminated in failures to recognise consumer contributions or to support the representation and participation of consumers in the policy space. This contrasts with the processes and privileges given to the voices of the gambling industry, some researchers and at times the network of RGF funded services.

Prioritising Lived Experience in Decision-Making

Fundamental to the proposition to include lived experience in policymaking is a belief that prioritising the voices of people affected by gambling harms by developing transparent processes for consultation and participatory decision-making may result in more effective policies and practices than are currently evident. This may include working collaboratively with those impacted and developing processes to validate their knowledge, skills and expertise in this area. Such initiatives would require adequate training and support for both policymakers and consumers to empower them to redress some of the inequities identified in this research. Consumer health policies and training offered within some state health services could offer some effective models for the gambling sector (refer <http://www.healthissuescentre.org.au>). It is therefore suggested that government departments tasked with developing and implementing gambling harm minimisation policy develop transparent policies and protocols to guide consumer engagement.

The Importance of Consumer Advocacy

The importance of advocacy in the field of gambling by those with the lived experience of gambling harms was acknowledged by some consumers in the late 1990s in NSW and led to the formation of the Gambling Impact Society (NSW) in 2000. The GIS has engaged in a range of consumer-led initiatives in community education, professional training, responding to public inquiries,

lobbying and other advocacy activities over the past two decades. However, the significance of peer support and consumer advocacy initiatives in gambling has only more recently come to the attention of researchers (David et al., 2019; Miller, 2018; Miller et al., 2018).

Consumer advocacy in other areas of health is well acknowledged (Australian Commission for Safety and Quality in Health Care, 2012; Crawford et al., 2002; Simpson & House, 2002; Tomes, 2006; WHO, 2003). In Australia, there are websites providing information and support for health consumer representatives (<https://www.hcnsw.org.au/consumers-toolkit/the-role-of-health-consumer-representatives/>) and nationally recognised training for peer workers in the mental health field (<https://www.mhcc.org.au/course/certificate-iv-in-mental-health-peer-work/>). However, consumer advocacy in the field of gambling is regarded as more marginal (Miller, 2018). Some of the barriers to consumer advocacy put forward in this research, suggest a lack of funding streams to support consumer advocacy and health promotion in this field compared to other health issues. The research also identifies a lack of government policies to encourage such developments. The research supports and extends the recommendations of other researchers (Miller, 2018; Miller et al., 2018) for the inclusion of those with lived experience of gambling harms (people who gamble and family members) in advocacy and policymaking processes.

It is recognised that accommodating these recommendations requires a substantial shift in the discourses and institutional arrangements that currently guide policy development in the gambling sphere in NSW. However, the growth in alternative voices evident in the developing gambling and public health field and consumer advocacy organisations may yet produce a tipping point.

Including Lived Experience in Public Health Research

It is evident there is an increasing need for public health researchers to engage with people experiencing gambling problems to ensure their views are

integrated into public health approaches and policymaking (Miller et al., 2018). This research study has demonstrated the value of collaborating, consulting and researching with people who have experienced harms from gambling. It is anticipated that these research findings will contribute to the body of alternative gambling discourses, expand public health approaches and advance the momentum for gambling reform.

Contributions to the Field

This thesis makes a number of theoretical, methodological and practical contributions to the field of gambling research. These are discussed in this section.

Theoretical Contributions

Foucauldian discourse analysis is employed in examining the meta-narrative of commercial gambling to illuminate the dominant (orthodoxy) discourse of gambling along with considering some of the non-dominant (heterodoxies). These discourses are considered throughout the data chapters of the study but are specifically discussed in relation to concepts of 'Responsible Gambling' in Chapter Six.

The research acknowledges the value of Foucault's theories to the study of problem gambling. However, it also acknowledges that Foucault pre-dates our current and increasing relationship with digital and computer technology and the impacts of this technology upon individuals and communities. One of the contributions of this research is extending the work of Foucault beyond the discursive (the study of language) towards a multimodal understanding of gambling practices. This extension includes an emphasis upon the technology and material arrangements of poker-machine gambling. The research extends Foucauldian analysis by introducing a sociomaterial approach to investigate poker-machine gambling and examines various dimensions of intra-action with

technology, thereby demonstrating the performativity of artefacts in practice (Bjorn & Oesterland, 2014).

The research contributes theoretically by applying a relational ontology, performative epistemology and sociomaterial approach to understanding the historical and contemporary arrangements, relations, tensions and contradictions associated with poker-machine gambling harm in NSW. In taking a relational, performative and sociomaterial approach, this thesis extends the study of poker-machine gambling beyond the individual 'gambler'. The research has prioritised the material-discursive practices, intra-actions and phenomena of poker-machine problem gambling as a critical focus of interest in inquiry, interpretation and accountability.

A sociomaterial approach offers problem gambling research a new perspective for exploring the complexities and contradictions of some of the institutions and structural and policy environments which make up poker-machine problem gambling in NSW. It is an approach that contrasts with studies of individual gambling pathology.

A sociomaterial approach allows us to rethink gambling harms and reconsider the drivers of 'problem gambling. It shifts the lens beyond pathology towards examining gambling behaviour within the context of manufactured gambling products, designed environments, historical business models and institutional arrangements which co-create the phenomenon of problem gambling.

Through examining the material-discursive practices of gambling, this research has highlighted how poker-machine gambling has become entwined with individuals, families and communities in NSW, primarily through community clubs.

The research therefore adds to existing studies of EGM gambling and gambling harms by extending examination of the 'making-up' of poker machine problem

gambling—a phenomenon which through, deconstruction and investigation of its constituent and intra-relating parts, could also be unmade.

Methodological Contributions

The study makes a number of methodological contributions by furthering collaborative inquiry approaches that actively engage with those with lived experiences of gambling harms. The study's collaborative process and analysis contribute a detailed focus on the experiences and practices of people who had developed gambling problems and impacted family members.

Drawing on Nicolini's (2009) method of 'zooming in' enables a close and detailed analysis of the material-discursive practices of gambling with poker machines. Moving outwards from the 'zoomed-in' focus, the study 'zooms out' to trace and examine the technical and social-political environments and discourses influencing and sustaining practices, and to highlight the associated tensions, conflicts and contradictions. This process of narrowing and broadening the focus of examination enables the tracing of connections in and between the component parts which make up poker-machine gambling and gambling harms.

Practical Contributions

The research has made a number of practical contributions including a range of recommendations for future policy development in the field of prevention, reduction and harm minimisation in gambling. In particular, the research has demonstrated how consumers want government and public acknowledgement that gambling harms are co-created and not solely a matter of individual problem behaviour or pathology. Their recommendations for change are summarised as follows:

- Develop policies that address the sociomaterial dimensions of gambling harms. This includes attending to product designs, environmental affects, business models and institutional arrangements that create and perpetuate harms

- Remove stigmatizing terms and labels such as ‘problem gambler’ and ‘responsible gambling’.
- Move away from the medical model of gambling pathology and refocus policy on population health.
- Address strategies of risk reduction of gambling harm to the total population drawing upon models of public health informed by a sociomaterial approach.
- Increase community awareness of cost of product use (beyond the odds), risks of gambling and how gambling products work.
- Develop third party exclusion programs to assist families impacted by gambling harms
- Increase gambling venue ‘duty of care’ through training and penalties for non-compliance with effective practices including early identification of gambling harms in venue.
- Remove the favourable taxation arrangements for community clubs which has resulted in these ‘not for profit’ community institutions saturated with poker machines
- Create economic incentives for clubs to change their business models to reduce their dependence on gambling.
- Establish a national framework for gambling harm prevention and reduction with clear objectives for state and territories and measurable outcomes.
- Establish sustainable avenues for regular consultation with people with lived experience of gambling harms to inform policy and meaningful gambling reforms.

The research demonstrates the importance of recognising and valuing the contribution of people with lived experiences of gambling harms. The recognition of knowledge acquired through lived experience and the need to

understand the potential negative impacts of policy strategies on the well-being of those already harmed by gambling are highlighted.

In addition, the research supports the empowerment of further consumer advocacy in gambling policy development, community awareness raising and education. Throughout the research process, the findings have been shared with the Gambling Impact Society who have used the data and its analysis to inform community education programs and contribute to their advocacy activities. This includes: submissions to government inquiries, contributions to public hearings and policy consultations, community awareness programs, professional training programs, and conference presentations nationally and internationally. It is anticipated that the research (and related publications) will continue to inform GIS program developments and strategic actions.

Limitations of the Research

This research has a number of limitations. Firstly, the total number of research interview participants is modest (34 individual research interviewees and 6 participants in the sense-making interpretive focus group). Also, numbers within some sub- groups were small, such as family members (4) and club staff (4). So there are limitations on offering a broad and representative account from these two groups of participants.

Secondly, the majority of consumers interviewed were involved in peer support and advocacy activities. It is acknowledged that consumers not involved in these kinds of peer support and advocacy activities may have different perspectives and understandings of gambling harms. It is acknowledged that conclusions from this study are enfolded within the realities of the experiences of research participants and contextually located within the site of the research and the state of NSW. Accordingly, the thesis does not claim that the depictions of specific arrangements, practices and relations in NSW are necessarily able to

be generalised to other regions and countries. Also, because consumer participants with direct gambling experiences were people who were recovering from gambling problems, the majority of them were no longer gambling. They were therefore speaking about gambling from a position of reflection. It would be good to hear the experiences of those still gambling.

Thirdly, there is a limited number of research participants from culturally and linguistically diverse backgrounds. A greater diversity of participants may have increased the breadth and findings of the study and is an area for future consideration.

A fourth limitation relates to my own position as a researcher. As an insider, I am aware of the potential for influence upon research participants because of my peer and professional relationships. As outlined in Chapter Four, I therefore took specific steps to reduce the likelihood of this occurring.

Future Research

Problem gambling research is shifting ground, from a focus upon individual pathology towards more public health approaches to gambling harms. This study aims to extend public health research to incorporate sociomaterial examinations of poker-machine problem gambling. Encompassed within this study is an acknowledgement of the importance of integrating people with lived experiences of gambling harms into the research. This has included canvassing their perspectives on experiences of gambling harms within current arrangements and their views on gambling harm minimisation policy.

As identified, consumers have an appetite for engagement with policy makers, and ignoring their concerns has already led to policies, approaches and discourses which have negative impacts on those already harmed by gambling. There is a need for future research to embrace a collaborative approach to working with those with lived experience of harms to understand their needs

and address their policy concerns. Through exploring the lived experiences of gambling harms, researchers can access the sociomaterial aspects of gambling harms and comprehend the affective dimensions of poker-machine gambling. Without exploring the breadth of these experiences by engaging with those who have been harmed, governments and policymakers risk developing ineffective strategies that not only fail to prevent, reduce or minimise harm but may increase it.

Future research could be directed towards establishing how best to engage and develop policy with consumers to enhance consumer protection and health promotion in the field of gambling. Not least in this is the opportunity to research what consumers consider the most effective way to reduce harms and disrupt the immersive environment that makes up the intra-actions between poker machines and their users.

This research suggests it is governments and industry that dominate gambling discourses and define how policy is developed to address problem gambling. To redress the balance there is a need for further research to attend to the voices of those directly and indirectly affected. This includes not only those who have already experienced significant harms, but others along the spectrum of gambling harms (Langham et al., 2016), including poker-machine users previously considered low-risk and other concerned community members.

In terms of how one may enhance engagement and develop processes to empower consumers on this issue, there may be benefits to be found in researching models used within the field of consumer health. It would be interesting to consider the practical value of these models for future development in encouraging participative policymaking in the field of gambling.

Conclusion

In this research I have identified, named and analysed arrangements for poker-machine gambling in NSW. I have examined how these arrangements contribute to the phenomenon of problem gambling and have demonstrated the value of a sociomaterial approach to extending and expanding current understandings of 'problem gambling' beyond individual pathology. Through this collaborative research inquiry, I have prioritised the voices of those harmed by gambling and created opportunities in this study for people with lived experience to contribute to informing harm prevention, reduction and harm minimisation policy.

This research examines gambling arrangements in NSW, including: the material-discursive practices of poker-machine gambling in NSW; the articulation of the co-emergent relational character of poker-machine gambling and an examination of the entangled web of socio-technological, political and institutional arrangements in NSW which produce gambling harms.

The study employs a zooming-in and zooming-out (Nicolini, 2009) approach to examine the complex network of practices that enables and entwines the person gambling with the technology of the machine. The study examines the lived experience of gambling with poker machines in what is commonly referred to as 'the zone'. The study then follows these practices out to the social settings in which the poker machines are embedded and the material-discursive practices that make up those environments and their affective dimensions. The research then zooms further out to examine the institutional arrangements and the policy environments which support this gambling business model in NSW. In adopting this 'zooming-in' and 'zooming-out' (Nicolini, 2009) approach, the research identifies how these arrangements are not separate and distinct but intra-woven and enmeshed. Each component creates the conditions for the others to exist. The research considers the implications of these arrangements

for individuals, families and community members, researchers, regulators, government bureaucracies and policymakers.

A sociomaterial approach encourages the deconstruction of constitutive parts of a phenomenon and allows examination of connections through practices woven into the phenomenon of study—in this case problem gambling. In this theoretical framework, nothing exists in isolation from the practices which make it up; thereby even institutions within society are defined by their practices. Problem gambling therefore cannot exist without the practices which make it up and therefore define it. In this research, I have deconstructed some of those practices in order to understand how they are constituted and contribute to the phenomena of problem gambling.

I assert this research demonstrates that ‘problem gamblers’ do not exist as separate from the entanglement of intra-related gambling practices. These exist at many levels and work together to produce ‘problem gambling’. I also assert that only by deconstructing, examining, regulating and dismantling some of the current sociomaterial arrangements for poker-machine gambling in NSW will solutions to address gambling harms be found.

In summary, this research contributes to the study of public health and gambling harms. As a work of advocacy research, the study challenges some of the current discourses in the gambling field, particularly those of individual responsibility and individual pathology. Through this research I hope to increase awareness of how arrangements for poker-machine gambling in NSW contribute to harms for individuals, families and communities. The study proposes some new ways of thinking about gambling harms and ideas for gambling reform. Most importantly, this study brings the voices of people with lived experience of gambling harms to the forefront of research.

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Appendices

Appendix 1: Sample Participant Information Sheet and Consent Form-Professionals

MONASH University



Professionals/Researchers/Industry Representatives/Community Advocates

Title: Developing a Public Health Approach to Gambling In Australia

This information sheet is for you to keep.

Student research project

My name is Kate Roberts (a 'student researcher') and I am conducting a PhD research project with Dr Charles Livingstone a senior lecturer in the Department of Health Social Science, Faculty of Medicine, Nursing and Health Sciences at Monash University. This means that I will be writing a thesis which is the equivalent of a 300page book.

I have obtained your contact details from a mixture of public lists and public websites. You have been selected as a potential participant as you represent a member of a key group of stakeholder professionals involved in services, policymakers and/or academic research in the field of gambling.

The aim/purpose of the research

The aim of this research is to examine the history and development of public policy on harm minimisation in gambling in Australia and NSW in particular.

Possible benefits

The study will examine gambling from a public health perspective with a view to identifying the strengths or barriers to this approach and areas for future development

What does the research involve?

I am looking for key stakeholders (those with a vested interest) who are willing to undertake a personal interview with myself themed around a number of topics pertinent to gambling and harm minimisation. With your permission, interviews will be audio-taped and I will use the transcripts of these interviews to guide me in developing particular themes in relation to key stakeholder views on the topics explored. This will guide my research and thesis development.

Sections of the transcripts may be used to illustrate certain themes in the body of the final thesis but all reporting will be anonymous. Participants will be given a transcript of data concerning them for review before it is included in the write up of the research.

How much time will the research take?

The interview will take approximately 2hrs and will be arranged at a mutually convenient time.

All interviews will be audio-taped and used to write notes to gather stakeholder views about the development of a public health and harm minimisation approaches to gambling in NSW and Australia. These interviews may be conducted either face-to-face or over the telephone, as appropriate and convenient for you.

Participants in the study will be asked to give views and details of current practices on harm minimisation in gambling and problem gambling and their opinions about current policies and relevance of public health models to gambling and where it could go in the future.

As such it is not expected that any participant will experience any physical/psychological stress, inconvenience or discomfort beyond the experience of their everyday lives due to participation in the project. No payment or reward is offered for participation in this research. Being in this study is voluntary and you are under no obligation to consent to participation. However, if you do consent to participate, you may only withdraw prior to the focus group beginning. No findings which could identify you specifically will be published or released to anyone. Only the combined results of all participants will be published. Only the investigators named above will have access to the coded data. Storage of the data collected will adhere to the University regulations and will be kept on University premises in a locked filing cabinet for 5 years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Inconvenience/discomfort

If at any time a participant feels uncomfortable, they may choose to end the interview at any time. Any concerns with the process may be raised with the Faculty of Medicine, Nursing and Health Sciences at Monash University or the Monash University Human Research Ethics Committee (see contact details below).

Can I withdraw from the research?

Being in this study is voluntary and you are under no obligation to consent to participation. You may withdraw at any time from the interview although your comments up to the point of withdrawal will remain in the interview audio tape and transcript. You may withdraw from the study by notifying the researcher within 48hrs of receiving the final copy of your interview transcript.

Confidentiality

Transcripts of interviews, audio recordings and research notes will be held by the faculty and destroyed after five years. Any qualitative data including relevant comments etc used in the final reporting, thesis and any publishing resulting from this study will be reported anonymously.

Storage of data

Storage of the data collected will adhere to the University regulations and kept in a locked filing cabinet in the researcher home office whilst writing up the thesis and then on University premises in a locked cupboard/filing cabinet for the balance of 5 years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Use of data for other purposes

Anonymous data may be used for other purposes such as journal publishing, conference presentations, website research papers etc but it will be anonymous data, nobody will be named, and participants will not be identified in any way.

Please note that the researcher is the voluntary chairperson of the Gambling Impact Society (NSW) a community education and health promotion organisation. This research is entirely independent from that organisation.

Results

If you would like to be informed of the aggregate research findings, please contact Kate Roberts via jcrob10@student.monash.edu

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	If you have a complaint concerning the manner in which this research is being conducted, please contact:
<p>Charles Livingstone PhD MEc GradDipEconHist BA Senior Lecturer Department of Health Social Science Faculty of Medicine, Nursing and Health Sciences Monash University T3.02 900 Dandenong Road PO Box 197 Caulfield East VIC 3145 Ph: +61 (0)3 9903 1679 Mob:+61 (0)407 322 949 Email: Charles.Livingstone@med.monash.edu.au</p>	<p>Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800</p> <p>Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@adm.monash.edu.au</p>

Thank you.

Kate Roberts



**Consent Form – Professionals/Researchers/Industry
Representatives/Community Advocates**

Title: Developing a Public Health Approach to Gambling In Australia

NOTE: This consent form will remain with the Monash University researcher for their records

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher

Yes No

I agree to allow the interview to be audio-taped

Yes No

I agree to make myself available for a further interview if required

Yes No

I understand that I will be given a transcript of data concerning me for review before it is included in the write up of the research.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the study by notifying the researcher within 48hrs of receiving my final transcript of the interview without being penalised, or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

Participant's name

Signature

Date

Appendix 2: Sample of Semi-Structured Interview Questions - Professionals

Interview Guide: Areas of guided exploration/questions for interviews with professionals/researchers/industry representatives/community advocates:

What is your current role in relation to gambling in Australia/NSW including:

Your contributions?

Your constraints?

What do you consider the most important historical developments in Gambling in Australia in the last century and in NSW in particular?

What (if any) are your main concerns about the development of gambling in Australia/NSW?

What are your thoughts about problem gambling?

What do you consider the main strategies we should take as a Nation/State to address problem gambling?

The latest federal government inquiry into gambling recommends a public health and consumer protection model to address the harm from PG. (Explain key recommendations of the PC Inquiry 2009)

What do you think about this?

What do you think are the strengths/weaknesses of this model?

How do you see the model working?

What role (if any) do you think those who have been affected by PG (consumers) should have in contributing to policy development or strategies to address PG?

Do you think consumers (those affected by PG) are currently adequately consulted and included in decision making on policy development on gambling?

Do you have an alternative vision for minimizing the harm associated with gambling (or problem gambling)? What would that look like in Australia/NSW?

What do you see as the main barriers to such a new approach?

What do you believe could be done to reduce those barriers?

Who do you see as the main stakeholders (people who have stake in the issue and should be consulted) in developing any new approach?

Do you think all these stakeholders are currently given equal opportunity to participate in policy development?

Do you think all these stakeholders currently have equal influence/power in policy development?

If not: How do you think this imbalance could be addressed?

What do you see as the gaps in current policy development - process & outcome?

How do you think these gaps could be addressed?

The gambling industry has suggested that without gambling revenues, a large proportion of the welfare sector would lose funding, and large areas of suburban NSW would be left without community resources.

Would you like to comment on this?

Some sectors of the gambling industry, such as clubs in NSW, receive significant tax concessions on their gambling and general income due to their not for profit status.

What are your thoughts on this?

Appendix 3: Sample Participant Information Sheet and Consent Form-Consumers

University of Wollongong



Explanatory Statement – Consumers

Title: Developing a Public Health Approach to Gambling In Australia

This information sheet is for you to keep.

Student research project

My name is Kate Roberts (a ‘student researcher’) and I am conducting a PhD research project with Dr Lynne Keevers, Senior Lecturer in the Senior Lecturer, Social Work School of Health and Society, Faculty of Social Sciences University of Wollongong. This means that I will be writing a thesis which is the equivalent of a 300 page book.

Thank you for agreeing to be a potential participant in this research.

The aim/purpose of the research

The aim of this research is to examine the history and development of public policy on harm minimisation in gambling in Australia with a specific focus upon poker machine gambling in NSW. I am particularly interested in hearing from those who have the “lived experience” poker machine gambling both people who have gambled and directly experienced harms and family members who have experienced negative impacts from a relatives gambling.

Possible benefits

The study examines gambling from a public health perspective with a view to identifying the strengths or barriers to this approach and areas for future development. It will also identify how those most directly impacted by gambling harms view current gambling policy and create an opportunity for their voices to be heard as to how policy may continue to be developed.

What is involved in taking part in this research?

I am looking for people who have experiences of poker machine gambling and gambling related harm who are willing to undertake a personal interview with me themed around a number of topics pertinent to gambling and harm minimisation.

With your permission, interviews will be audio-taped and I will use sections of these interviews to guide her in identifying particular themes that relate the topics explored. This will guide my research and thesis development. Sections of the audio recording maybe transferred into written form and may be used to illustrate certain themes in the body of the final thesis but all reporting will be anonymous. Participants may request by e-mail an audio copy of the recording of their interview concerning them for review before it is included in the write up of the research.

What will I need to do?

You are invited to participate in an in-depth interview, about your experiences with poker machine gambling and gambling related harms. During the interview, you may be asked about:

- Your experiences of gambling, the venue environment and staff activities.
- Your experience of gambling harm and how this has affected you and others around you
- Your understanding of and attitude towards the concept of “responsible gambling”
- Your perception of and attitude towards current public policy on gambling
- Your ideas what can be done to reduce the harms associated with gambling.

How much time will the interview take?

The interview will take up to 2hrs and will be arranged at a mutually convenient time.

All interviews, with your agreement, be audio-taped and used to write notes to gather stakeholder views about the development of a public health and harm minimisation approaches to gambling in NSW and Australia. These interviews may be conducted either face-to-face or over the telephone, as appropriate and convenient for you.

Participation is Voluntary

No payment or reward is offered for participation in this research. Being in this study is voluntary and you are under no obligation to consent to participation.

Inconvenience/discomfort

It is not expected that any participant will experience any physical/psychological stress, inconvenience or discomfort beyond the experience of their everyday lives, due to participation in the interview.

However, if you find that discussing experiences of gambling harms causes distress or discomfort during the interview, we will stop the interview. You will be encouraged to contact one of the support services listed on this Participant Information Sheet.

Can I withdraw from the research?

Being in this study is voluntary and you are under no obligation to consent to participation. You may withdraw at any time from the interview although your comments up to the point of withdrawal will remain in the interview audio tape and transcript. You may withdraw from the study by notifying the researcher by email within 48hrs of receiving the audio copy of your interview (if requested).

Illegal activities

Participants should note that where research discovers information about illegal activity by participants or others, researchers and institutions may become subject to orders to disclose that information to government agencies or courts.

Privacy and your information

We will do our best to ensure that you cannot be identified in any publications that result from this project. A pseudonym will be used to refer to you in any publications, and details that might identify you will be removed, such as the names of places or family members.

Any interview recordings, transcripts or other data which may identify you will be kept confidential and stored securely by the research team in a locked filing cabinet or in password protected files for electronic information.

The data from this project will be stored for a minimum of five years after the publication of our results. If you would like to access your information at any point during the project, including after publication, you may contact the researchers.

Use of data for other purposes

Anonymous data may be used for other purposes such as for articles published in scholarly journals, conference presentations, website research papers etc but it will be anonymous data. No participant will be named, and no participant will be identified in any way.

Collaborations

Please note that the researcher is the Executive Officer of the Gambling Impact Society (NSW) a community education and health promotion organisation. Whilst the research is independent from that organisation the Gambling Impact Society management committee is collaborating with this research as participant members and as a consumer reference group.

Ethics review and complaints

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UOW Ethics Officer on (02) 4221 3386 or email rso-ethics@uow.edu.au.

Results

If you would like to be informed of the aggregate research findings, please contact Kate Roberts via jcr022@uowmail.edu.au

If you would like to contact the researchers about any aspect of this study, please contact the study supervisor:	If you have a complaint concerning the manner in which this research is being conducted, please contact:
Dr Lynne Keevers Senior Lecturer, Social Work School of Health and Society Faculty of Social Sciences University of Wollongong NSW, 2522. Email: lkeevers@uow.edu.au Phone:	Research Ethics Manager Research Services Office RAID B20 University of Wollongong NSW 2522 Australia T +61 2 4221 4457 F +61 2 4221 4338 http://www.uow.edu.au/research/ethics

Thank you.

Kate Roberts

Support for participants

If you feel distressed at any time during the research, you may contact one of the organisations below for support.

Gambler's Help

Call 1800 858 858 for free, confidential telephone support or to make an appointment with a counsellor in your area.

Gambling Help Online

Go to <http://www.gamblinghelponline.org.au/> for online assistance.

Lifeline

Lifeline provides free, professional and confidential telephone counselling, support and information services. They deal with many kinds of personal problems including depression, loneliness and stress. Call 13 11 14.

Consent Form – Consumer

Title: Developing a Public Health Approach to Gambling In Australia

NOTE: This consent form will remain with the Wollongong University researcher for their records

I agree to take part in the University of Wollongong research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher Yes No

I agree to allow the interview to be audio-taped Yes No

I agree to make myself available for a further interview if required
 Yes No

I understand I may request by e-mail an audio copy of the interview concerning me for review before it is included in the write up of the research.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the study by notifying the researcher by email within 48hrs of receiving my audio copy of the interview (if requested) without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

Participant's name

Signature

Date

Appendix 4: Sample of Semi-Structured Interview Questions - Consumers

Interview Guide (a): People who have experience gambling problems

Personal Journey with Gambling

Can you tell me how you first started to gamble: the type of gambling and a bit about your personal journey with it in the early days?

How often would you go gambling in the early days?

Did this change over time?

When and how did you realise you were developing a problem with gambling?

Personal Impacts and Support

What have been the main impacts of your gambling on yourself ?

What have been the main impacts on your family members and/or others close to you?

What, if any, kind of support have you had with this problem?

How effective have you found this support to be?

Are there any other support options you think would have been of benefit to you, your family and /or others?

Relationships with venues

Which type of venues did you mostly frequent when gambling?

Did you have any sense of relationship with the venue or venues you frequented?

Did you have any sense of relationship with specific games? (for predominantly EGM users)

What was it that attracted you to the particular venue (s) you frequented?

How did you think or feel about that venue at that that time (the early days)?

Did you feel you had a fondness or loyalty to a particular venue (s)?

Did you feel the venue(s) displayed a similar fondness or loyalty to yourself?

When and how did you realise you were developing a gambling problem?

Did you find your relationship with the venue and the staff there changing once you realised you had a problem?

Personal experiences of venue responses and Duty of care

What did the venue/staff do (if anything) assist you with your gambling problem?

Did the venue/ staff do anything which encouraged your gambling problem?

With the benefit of hindsight, would you expect the venue and its staff to have behaved differently, and if so, how?

How do you feel about that (those) venue today and their relationship to your journey with problem gambling?

Do you feel that the venue (s) looked after you?

Did you ever feel the venue (s) were neglecting or exploiting you?

Do you think Clubs in NSW have a “duty of care” towards their gambling customers?

What kind of “duty of care” do you think Clubs in NSW demonstrate towards their gambling customers?

Are there “duty of care” areas which could be further developed from your point of view?

Player Tracking

Are you aware of the current loyalty card system which can be used in Clubs/Casino gambling facilities?

Are you aware that this system collects your gambling data and can be used for customer promotions?

Are you aware that you can ask for your own player tracking data?

Have you ever asked for your own player tracking statement?

On reflection, do you think that this information could have been a potential tool to help you keep track of your time and spending on gambling?

Do you think this data could also be used by venue staff to assist them identify someone who may be developing a gambling problem and assist with early intervention?

Perception of Social Responsibility of Clubs in NSW and Community Contributions

In NSW, Clubs are not for profit organisations which enjoy tax concessions. They are legally able to provide poker machine gambling only on the proviso that they contribute back to the community. Yet research suggests their cash contributions to the community are less than 2% of their profits. Would you like to comment on this?

How adequately do you think Clubs in NSW fulfil their social responsibilities as not for profit institutions?

Do you have any idea on how this could be developed further?

Perception of Clubs responses to problem gambling and need for reform

Do you think Clubs in NSW are responding adequately to the issue of problem gambling in the community?

How would you like to see Clubs in NSW address the prevention of problem gambling along with responding to those who have developed a problem?

Are you aware of their current “Part of the Solution” campaign? If yes, would you like to comment on this?

If you had to describe the “core business” of Clubs in NSW to an overseas visitor what would you say?

Do you think there is a need for Gambling Reform in Australia?

How would you like to see this develop?

Do you think consumers (those affected by problem gambling) are adequately consulted about their ideas for reform, policy development or planning on gambling in Australia and NSW in particular?

If No...How would you like to see this change?

Do you have any other final comments to make on the issues explored in this interview?

Revised Interview Guide (b): People who have experience gambling problems

Personal Journey with Gambling

Can you tell me how you first started to gamble: the type of gambling and a bit about your personal journey with it in the early days?

How often would you go gambling in the early days?

Did this change over time?

When and how did you realise you were developing a problem with gambling?

Can you tell me a bit about how it felt to be gambling on a poker machine?

What was it that attracted you to the machine?

How did it feel to be involved with the machine?

Where there any machine features that contributed to you engaging and/or staying with the machine?

Where there any venue staff behaviours that contributed to you engaging and/or staying with the machine?

Where there any venue environmental factors that contributed to you engaging and/or staying with the machine?

What would contribute to you separating from the machine?

What did it feel like when you left the machine?

Where would you go after gambling with the machine?

Personal Impacts and Support

What have been the main impacts of your gambling on yourself?

What have been the main impacts on your family members and/or others close to you?

What, if any, kind of support have you had with this problem?

How effective have you found this support to be?

Are there any other support options you think would have been of benefit to you, your family and /or others?

Relationships with venues

Which type of venues did you mostly frequent when gambling?

Did you have any sense of relationship with the venue or venues you frequented?

Did you have any sense of relationship with specific games? (for predominantly EGM users)

What was it that attracted you to the particular venue (s) you frequented?

How did you think or feel about that venue at that that time (the early days)?

Did you feel you had a fondness or loyalty to a particular venue (s)?

Did you feel the venue(s) displayed a similar fondness or loyalty to yourself?

When and how did you realise you were developing a gambling problem?

Did you find your relationship with the venue and the staff there changing once you realised you had a problem?

Personal experiences of venue responses and Duty of care

What did the venue/staff do (if anything) assist you with your gambling problem?

Did the venue/ staff do anything which encouraged your gambling problem?

With the benefit of hindsight, would you expect the venue and its staff to have behaved differently, and if so, how?

How do you feel about that (those) venue today and their relationship to your journey with problem gambling?

Do you feel that the venue (s) looked after you?

Did you ever feel the venue (s) were neglecting or exploiting you?

Do you think Clubs in NSW have a “duty of care” towards their gambling customers?

What kind of “duty of care” do you think Clubs in NSW demonstrate towards their gambling customers?

Are there “duty of care” areas which could be further developed from your point of view?

Player Tracking

Are you aware of the current loyalty card system which can be used in Clubs/Casino gambling facilities?

Are you aware that this system collects your gambling data and can be used for customer promotions?

Are you aware that you can ask for your own player tracking data?

Have you ever asked for your own player tracking statement?

On reflection, do you think that this information could have been a potential tool to help you keep track of your time and spending on gambling?

Do you think this data could also be used by venue staff to assist them identify someone who may be developing a gambling problem and assist with early intervention?

Perception of Social Responsibility of Clubs in NSW and Community Contributions

In NSW, Clubs are not for profit organisations which enjoy tax concessions. They are legally able to provide poker machine gambling only on the proviso that they contribute back to the community. Yet research suggests their cash contributions to the community are less than 2% of their profits. Would you like to comment on this?

How adequately do you think Clubs in NSW fulfil their social responsibilities as not for profit institutions?

Do you have any idea on how this could be developed further?

Perception of Clubs responses to problem gambling and need for reform

Do you think Clubs in NSW are responding adequately to the issue of problem gambling in the community?

How would you like to see Clubs in NSW address the prevention of problem gambling along with responding to those who have developed a problem?

Are you aware of their current “Part of the Solution” campaign? If yes, would you like to comment on this?

If you had to describe the “core business” of Clubs in NSW to an overseas visitor what would you say?

Do you think there is a need for Gambling Reform in Australia?

How would you like to see this develop?

Do you think consumers (those affected by problem gambling) are adequately consulted about their ideas for reform, policy development or planning on gambling in Australia and NSW in particular?

If No...How would you like to see this change?

Do you have any other final comments to make on the issues explored in this interview?

Interview Guide (c): Family Members

Personal Journey with Gambling, impacts and support

Can you tell me how you first became aware that your family member had a problem with gambling, including what type of gambling?

In your estimation, how long has your family member had a problem with gambling?

What have been the main impacts of your family member's gambling on yourself and other family members/friends?

What, if any, kind of support have you had with this problem?

How effective have you found this support to be?

Are there any other support options you think would have been of benefit to you, your family and /or others?

Relationships with venues

Which venues did your family member mostly frequent?

Did you gamble yourself at that/this venue (s)?

If yes, what type of gambling and how often?

Did you have any sense of relationship with the venue or venues you or your family member frequented?

How did you think or feel about that venue at that that time (the early days)?

Did you feel you had a fondness or loyalty to a particular venue (s)?

Did you feel the venue(s) displayed a similar fondness or loyalty to yourself?

Did you find your relationship with the venue and the staff there changing once you realised your family member had a problem?

Personal experiences of venue responses and Duty of care

What did the venue/staff do (if anything) assist you with your family members gambling problem and the impacts on yourself?

In your view, did the venue/ staff do anything which encouraged your family members gambling problem?

With the benefit of hindsight, would you expect the venue and its staff, to have behaved differently, and if so, how?

How do you feel about that (those) venue today and their relationship to your journey with problem gambling?

Do you feel that the venue(s) looked after you or your family member?

Did you ever feel the venue (s) were neglecting or exploiting you or your family member?

Do you think Clubs in NSW have a “duty of care” towards their gambling customers and/or their families?

What kind of “duty of care” do you think Clubs in NSW demonstrate towards their gambling customers and/or their families?

Are there “duty of care” areas which could be further developed from your point of view?

Player Tracking

Are you aware of the current loyalty card system which can be used in Clubs/Casino gambling facilities?

Are you aware that this system collects an individual's gambling data and can be used for customer promotions?

Are you aware that gamblers can ask for their own player tracking data?

Have you or your family member ever asked for your own player tracking statements?

On reflection, do you think that this information could have been a potential tool to help gamblers keep track of their time and spending on gambling?

Do you think this data could also be used by venue staff to assist them identify someone who may be developing a gambling problem and assist with early intervention?

Perception of Social Responsibility of Clubs in NSW and Community Contributions

In NSW, Clubs are not for profit organisations which enjoy tax concessions. They are legally able to provide poker machine gambling only on the proviso that they contribute back to the community. Yet research suggests their cash contributions to the community are less than 2% of their profits. Would you like to comment on this?

How adequately do you think Clubs in NSW fulfil their social responsibilities as not for profit institutions?

Do you have any idea on how this could be developed further?

Perception of Clubs responses to problem gambling and need for reform

Do you think Clubs in NSW are responding adequately to the issue of problem gambling in the community?

How would you like to see Clubs in NSW address the prevention of problem gambling along with responding to those who have developed a problem?

Are you aware of their current “Part of the Solution” campaign? If yes, would you like to comment on this?

If you had to describe the “core business” of Clubs in NSW to an overseas visitor what would you say?

Do you think there is a need for Gambling Reform in Australia?

How would you like to see this develop?

Do you think consumers (those affected by problem gambling) are adequately consulted about their ideas for reform, policy development or planning on gambling in Australia and NSW in particular?

If No... How would you like to see this change?

Do you have any other final comments to make on the issues explored in this interview?