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Dear Mr Humphery

Thank you for your invitation to provide a further submission to assist the Committee's consideration of three bills: the *Poker Machine Harm Reduction Tax (Administration) Bill 2008*, the *Poker Machine Harm Minimisation Bill 2008* and *ATMs and Cash Facilities in Licensed Venues Bill 2008*. I regret that I was unable to accept the Committee's invitation to address the Canberra public hearing. This submission is additional to my earlier written submission dated 13 June.

My submission is based upon extensive experience in gambling research and policy analysis in all Australian states/territories. I am the author of, or consultant to, several research reports previously mentioned in submissions to the Committee and others related to the three bills. An abbreviated list of my relevant research is provided in the Bibliography below; commissioned reports are available from the relevant funding agency.

Several submissions to the Committee have provided evidence of the 'harms' associated with EGM gambling. I support their general advocacy for further policy improvements to reduce the prevalence of problem gambling and for a national approach to achieve greater consistency across all states and territories. Invoking the principle of cooperative federalism, for over a decade I have been advocating evidence-based national coordination of Australian gambling regulation to remedy inconsistencies and policy failures, and to establish uniform standards of consumer protection for all Australians, regardless of where they live (McMillen 1995, 1997a, 1998a, 2000a). Localised, state-specific and diverse gambling policies are ill equipped to deal with an increasingly national and international industry. Examples of interstate cooperation already achieved include the national technical standards for EGMs, the 2001 AUSModel for interactive gaming (superceded by the Commonwealth's *Interactive Gambling Act*), mutual agreements between some states on regulatory issues, and Gambling Research Australia's research program.

However, I am not convinced that these three bills provide an effective solution to the problems they aim to address. My submission addresses three themes:

- The response to problem gambling since 1999 - e.g. policy reforms, harm minimisation, inconsistencies between states/territories;
- Issues related to the three bills; and
- More general issues arising from research evidence.

1. Responses to problem gambling since 1999.

The Productivity Commission's 1998-99 inquiry into *Australia's Gambling Industries* has prompted gambling policy reform in Australia, characterised by research into

gambling's harmful effects, regulatory changes and broad acceptance of harm minimisation as a central policy principle.

- Importantly, in Australia problem gambling is no longer viewed from a medicalised perspective as an individual 'addiction' or mental disorder. Australian research has consistently found that problem gambling can affect any gambler. However, electronic gaming machines (EGMs) are demonstrably associated with highest prevalence of gambling problems, although casino table games and wagering also are linked to problem gambling, especially with young males.
- All states have accepted a national definition of problem gambling conceived more broadly in terms of 'adverse consequences' experienced by 'at risk' gamblers, families or vulnerable communities (Neal *et al.* 2005).
- A more appropriate screen to measure problem gambling in the general population (the CPGI) also has been validated and adopted nationally (McMillen *et al.* 2004a; Neale *et al.* 2005).
- Comprehensive redefinition of the problem has meant a reconsideration of policy solutions. All states have embraced the policy of 'responsible gambling' and introduced a range of harm minimisation strategies. Significantly, while gamblers are held to be responsible for their own actions, the onus is also on government and industry to minimise the potential harm and create a safe gambling environment. As a result, responsible gambling policies can extend to detailed regulation of the gambling environment, including venue design and industry practices.
- One important achievement in the process of gambling reform since 1999 has been steady progress towards a coordinated national approach to research and policy development - e.g. the establishment of Gambling Research Australia (GRA) and its national research program.¹ A number of interstate Working Parties also have been established to share information on issues such as responsible gambling. Significantly, this process of 'policy learning' has been achieved by increased consultation between states and territories, with limited Commonwealth involvement.

In all Australian jurisdictions, however, action by governments and/or the prospect of direct regulatory intervention was required before industry sectors accepted that changes to past practices were necessary. In the main, the major national operators articulate the rhetoric of responsible gambling while simultaneously seeking to achieve a regulatory environment conducive to profitable markets. Some gambling operators have been more willing to embrace the objectives of harm minimisation, however, while others have resisted reform. For example, some gambling representatives continue to demand 'scientific' evidence to support policy change, or they distort the evidence available to play down any adverse findings.

Typical of federal systems of government, however, the policy pattern varies from state to state.

- For example, although an agreement has been achieved on minimum national operating standards for EGMs, the parameters actually applied to EGM operations can vary markedly between Australian states and territories, and even between different types of venues within each jurisdiction (e.g. between clubs and hotels, and casinos). State policies also vary in policies for gaming venue hours,

¹ Gambling Research Australia (GRA) is a collaborative research initiative of the Ministerial Council on Gambling.

Automatic Teller Machines (ATMs), bank note acceptors, maximum bets, restrictions placed on cash payment of winnings, etc.

- Extensive legislative measures have been introduced in some states and territories, while in others a more self-regulatory approach is being taken. For example, some state authorities have mandated industry codes of practice (South Australia, the Australian Capital Territory, Northern Territory); some have left program development and implementation to key industry providers (NSW, Tasmania); others have been able to achieve considerably more through cooperation and collaboration (Queensland).
- Harm minimisation programs in some states (e.g. Queensland, Victoria and South Australia) also are more progressive and coherent than in others. In the case of Queensland, for instance, a comprehensive 'whole of industry' program was achieved by an ongoing collaborative 'partnership' between industry, government and the community. Similarly, the Victorian Government has enlisted community groups and local councils in the reform process, responding to and harnessing their interests to advance policy objectives (Office of Racing and Gaming 2006; McMillen and Wright 2008).

However the Commonwealth's role in gambling regulation has been contested by state governments wary of federal intervention.

- Following the 1999 national inquiry by the Productivity Commission, a national Ministerial Council on Gambling (MCG) was established to bring together all states and territories and the Commonwealth to regularly discuss policy options. That process has been far from smooth. Potential cooperation between the two levels of government suffered a serious setback in 2001 when the Commonwealth legislated unilaterally to restrict development of internet gambling services licensed by the states (McMillen 2003). Subsequently the MGC did not meet for two years (between 2006 and May 2008).
- But recent agreements by the MCG suggest that the current political climate provides the best opportunity for a decade for states/territories to work collaboratively with the Commonwealth to develop a national strategy to reduce the prevalence of problem gambling.

2. Issues related to the three bills

I submit that these bills are unlikely to achieve their objectives and are also premature, for the following reasons:

- Several issues addressed in these three bills are already under consideration by the MCG and/or GRA - for example, restrictions on access to cash and ATMs in gaming venues; and the possible benefits of smart cards and precommitment schemes.
- The Council of Australian Governments (CoAG) also has commissioned the Productivity Commission to undertake a follow-up review of Australian gambling. Many submissions supporting the proposed bills rely heavily on evidence from the Productivity Commission's 1999 inquiry. That evidence is now out-dated and does not reflect the current gambling environment or the effects of policy reforms since 1999. Over the past decade extensive policy change in every state/territory, technological innovation, and the introduction of harm minimisation measures (including strategies for consumer protection and community awareness) have combined to alter industry practice and gambler behaviour (Banks 2007).

- Given the diversity and pace of change, it is perhaps understandable that the evidence cited by many individual submissions is drawn only from their own state. Few submissions seem to have a detailed understanding of the situation in other states/territories. Yet the gambling environment in every state differs in important ways from other jurisdictions. For example, the duopoly licensed to own and operate non-casino EGMs in Victoria until 2012 (Tattersall's and Tabcorp) is unique to that state and has had quite distinctive impacts. That licensing arrangement, in conjunction with other government policies, has allowed Tattersall's and Tabcorp to locate EGMs in venues on the basis of revenue performance (McMillen *et al.* 2004, p.161). Over time this resulted in a high number of EGMs (and arguably high levels of problem gambling) in disadvantaged communities. Note that the current Victorian Government has attempted to address this longstanding problem with a range of remedial policies (regional 'caps'; a five-year package to further improve industry regulation, problem gambling treatment services and community education; and restructuring of gaming licences after 2012, etc).
- The complexity and diversity of the Australian gambling environment also highlights a fundamental weakness in the three bills before the Committee. Although each bill addresses important aspects of gambling policy, all these elements are interrelated and should not be considered as separate issues. Gambling reforms should be considered in the broader context of how they might impact on *all* existing policies and practices – and on the public interest in *all* states/territories.
- Thorough understanding of the *national* gambling context is required before the implications of these bills can be assessed. The need for evidence-based policy development dictates that any national policy proposal should be deferred until the Productivity Commission has completed its current investigations and more reliable up-to-date evidence is available.

The following comments relate specifically to the ***Poker Machine Harm Reduction Tax (Administration) Bill 2008***.

- My earlier submission on the *Poker Machine Harm Reduction Tax (Administration) Bill 2008* (13 June) argued that the bill was unlikely to achieve its core objective of reducing problem gambling. Even if the tax regime reduced the number of venues, Australian experience suggests that limiting the number of gaming machines (at the level of venues, regions or statewide) is a weak regulatory strategy to minimise harm. The concept of 'access' is complex, involving much more than simply the number or density of gambling opportunities (McMillen and Doran 2006; Productivity Commission 1999).
- Our GIS research has shown that many people will travel considerable distances to gamble (McMillen *et al.* 1999c; Marshall, McMillen *et al.* 2004a); and a recent Victorian study found that the impact of large 'destination' venues on problem gambling 'is likely to be limited' (Department of Justice 2008). Application of Geographical Information Systems (GIS) is a relatively new and developing area of gambling research which demonstrates that patterns of gambling behaviour are affected by a wide range of factors (including different policy contexts, venue characteristics, industry practices, transport routes & hubs, etc.) and are likely to vary from one community to another. The bill gives little (if any) consideration to the extensive variation that exists across Australian jurisdictions and regions.

- If enacted, the *Poker Machine Harm Reduction Tax (Administration) Bill 2008* also would have unintended consequences which apparently have not been considered. For example, the policy is likely to impact most rapidly and adversely on smaller venues and venues in rural communities – with flow-on effects for local suppliers, community groups, social capital, etc.
- Previous targeted efforts to reduce EGM numbers in several states (Victoria, Queensland, South Australia, NSW) appear to have had questionable and unexpected effect. For example, the NSW and Queensland governments introduced different ‘trading schemes’ to encourage venues to transfer licences and reduce the number of EGMs. Reduction in the total number of EGMs has not reduced gambling expenditure, however. Under the NSW government’s trading scheme, many EGMs have been relocated to hotels in ‘high expenditure’ areas where they generate more revenue (e.g. moved from country to city venues). Nor is there evidence suggest that this strategy has resulted in a decline in problem gambling.
- Vested industry interests (at the level of venues, peak organisations and lobbyists), inevitably would respond to the proposed change to bolster their commercial position in the market. The history of Australian gambling has shown that technological innovation, political lobbying and the influence of industry at the level of grassroots and party politics tend to undermine regulatory standards over time.
- The proposed tax changes would also have political impacts for both state and federal governments. Cutbacks in Commonwealth funding to the states was a critical factor behind the ‘gambling boom’ of the 1980-90s (McMillen 1996a; McMillen *et al.* 1999b). In response, state governments turned to commercial gambling (casinos, EGMs, privatised TABs, etc.) as an invisible & politically palatable form of revenue to finance their increasing public responsibilities. Since then, every state/territory government has become dependent on gambling revenues to varying degrees.
- If Senator Fielding’s proposed legislation *was* effective in eliminating many EGM venues *and* reduced the prevalence and incidence of problem gambling (both are questionable outcomes), the impact on state/territory government finances and programs could be dramatic. Moreover, the Commonwealth would be pressured to replace that lost revenue with additional state/territory grants.

The *Poker Machine Harm Minimisation Bill 2008*

- As noted above, several measures proposed in this bill have already been introduced in various forms in some states/territories, or are being examined. Features of gaming machines (e.g. line betting configuration, bet sizes, scale of prizes, game speed, bank note acceptors), the *type* of gaming venues (e.g. venues offering a range of recreational facilities vs venues that rely heavily on gaming) and their *location* (e.g. ‘destination’ venues away from residential areas vs venues close to areas of community congregation) currently are critical considerations by licensing authorities in Queensland and Victoria.
- Although community groups have strongly supported the new policies, there is little evidence to indicate whether responsible gambling policies have achieved their main objectives (reduction in the level of problem gambling prevalence and community harm), or which harm minimisation strategies are effective in reducing gambling problems and which are not.
- Where independent assessment has been undertaken (e.g. limits on cash payment of winnings, limiting maximum bets to \$10, mandatory 3-hour venue closure),

research has indicated that the measures in place have had little positive effect, sometimes because venues and patrons take advantage of fundamental flaws and deficiencies in policy design (ACNielsen 2005; Blaszczynski *et al.* 2001; McMillen and Pitt 2005).

- Governments also have been under pressure from industry to relax a number of harm minimisation measures, and restrictions and standards are not always enforced (Independent Pricing and Regulatory Tribunal [IPART] 2004). For example, the NSW Government has exempted hundreds of gaming venues from ‘shutdown’ requirements introduced in 2001 (McMillen & Wright 2008).

The ATMs and Cash Facilities in Licensed Venues Bill 2008

As several submissions have noted, the Productivity Commission’s (1999) inquiry found that ‘problem gamblers’ were more likely to access money from an ATM at a venue whilst playing EGMs. The Commission therefore proposed restricting access to funds through ATMs and EFTPOS facilities. The Commission also found that there were grounds that note acceptors should not be included in the design of gaming machines (Productivity Commission 1999: 16.76).

- My 2001 study of problem gambling in the ACT also indicated that ‘problem gamblers’ in the ACT were three to four times more likely than ‘recreational gamblers’ to withdraw money from an ATM to gamble (McMillen *et al.* 2001).
- KPMG conducted an exploratory study of ATM policies and patterns of use across Australian states/territories which revealed no evidence of any research into patterns of ATM use in gaming venues or on the implications of their removal or prohibition (KPMG Consulting 2002: pp.49, 55).

Since then, however, evidence on the potential link between problem gambling and cash withdrawals from venue ATMs and EFTPOS facilities has been inconclusive.

- A key rationale for the proposed removal of ATMs from gaming venues is evidence that Tasmania appears to have lower levels of problem gambling prevalence than other states with EGMs outside casinos. This finding has been attributed to the absence of ATMs in Tasmanian gaming clubs and hotels.
- The 2008 Tasmanian *Prevalence Study* has reaffirmed the relatively low problem gambling prevalence levels in that state (Table 2). It also investigated the way gamblers reportedly accessed cash for gambling within Tasmanian venues.
- However many factors other than access to cash from ATMs and EFTPOS affect problem gambling behaviour and prevalence. Restrictions on or removal of ATMs and EFTPOS alone are unlikely to reduce problem gambling prevalence.

In 2004 I investigated access to cash in ACT clubs – i.e. the use of ATMs, EFTPOS and note acceptors on EGMs (McMillen *et al.*, 2004d; Murphy, McMillen *et al.* 2004). The core aims of the project were to ascertain the extent to which the use of ATMs in licensed gaming facilities is an accepted activity in the ACT and whether there were any identifiable patterns of use which might impact on problem gambling and have policy implications.

That ACT study did not find an unequivocally strong relationship between problem gambling and the use of ATMs in ACT clubs.

- The study also found that removal of ATMs is likely to be a relatively minor and temporary barrier for many people with gambling problems.

- We found that removal of ATMs from gaming venues would inconvenience a significant proportion of ACT club patrons, recreational gamblers and non-gamblers.
- Rather, the research indicated that a daily limit on the amount that can be withdrawn from ATMs and EFTPOS would be a more effective and acceptable harm minimisation strategy.

That study was limited in many respects, however (as clearly indicated in the report):

- Despite the use of a wide range of research methods, research was restricted by very limited time and resources.
- Constraints on the survey prevented inclusion of a problem gambling screen. The survey was not designed to obtain a detailed picture of gambling participation or the prevalence of problem gambling. Instead, two ‘proxy’ survey questions were asked to identify people who might have a gambling problem.
- Although requests were made to all ACT clubs, relevant financial institutions and ATM providers for financial data relating to ATM, EFTPOS and use of note acceptors within each venue, only two of the Territory’s 69 clubs contributed specific information on ATM and EFTPOS transactions.

It is also very important to note that the findings of that ACT study cannot be generalised to other jurisdictions. Canberra has a distinctive gambling environment unlike any other Australian state/territory. Social and sports *clubs* are the principal venues for gambling activity. Unlike most other Australian jurisdictions, at the time of the ATM study there were no EGMs in licensed hotels and taverns; and there are no EGMs in the Canberra Casino. This unique urban and gambling environment means that gambling patterns identified in research conducted in the ACT may not be applicable elsewhere.

Even so, the 2004 ACT study produced important insights into the way that people access cash for use in gambling venues. But many questions remain unanswered. We recommended further in-depth research into the issues raised by that study, which would require detailed data and greater cooperation from the gambling industry and financial institutions.

More general issues arising from research evidence

Finally, I wish to comment on recent prevalence studies, including misunderstandings or misrepresentation of research in some submissions, and evidence from gambling research more generally. I will limit my comments on available evidence to a few points:

- Contrary to suggestions in some submissions, direct comparisons using the different prevalence screens (SOGS and CPGI) are not valid. As Gary Banks (Productivity Commission) has pointed out, such comparisons are ‘apples vs oranges’ (Banks 2007). Although both screens are psychometric measures of gambling-related behaviour, resulting in some overlap of item content, items that comprise the CPGI differ from those in the much larger SOGS. They are different screens, designed for different purposes.
- The SOGS was initially designed for people in clinical psychological treatment programs, not to measure problem gambling prevalence in the general population. Our 2004 ‘*Validation Study*’ explains the origins of these two problem gambling

prevalence screens, the problems experienced with SOGS and why we found the CPGI to be a more valid population measure.

- In contrast to SOGS, which classifies gamblers into discrete categories (eg 'probable pathological' versus problem gamblers), the CPGI was designed to register severity of an individual's gambling problems along a *continuum*. This approach is compatible with the Productivity Commission's findings that gambling can be more or less harmful on a continuum from low to extreme severity, and that a gambler's environment may affect their gambling behaviour (Productivity Commission, 1999: Fig.6.2, Fig.6.20). The CPGI is also more consistent with a public health approach to harm minimisation, now accepted by Australian governments.
- It has become common practice, however, to refer only to those people scoring as 'high risk' gamblers on the CPGI (8+) as 'problem gamblers'. Despite clear explanations and cautions in most research reports, some industry and government representatives persist in citing only the 'high risk' CPGI prevalence figures – sometimes committing the double error of comparing those figures with earlier SOGS figures to claim that there has been a decline in problem gambling.
- Yet any gambler who scores 3-8 on the CPGI screen has reported some of the gambling-related problems mentioned in the screen items – and is 'at risk' of experiencing problem gambling (see Table 1).
- A more accurate classification of problem gambling in the general population should include both 'moderate risk' and 'high risk' gamblers. I note that the GRA submission to the Committee has used this dual 'at risk' classification. 'Moderate risk' gamblers show evidence of several gambling-related problems. Hence, in the 2006 NSW prevalence study 2.4% of the surveyed sample was found to be 'at risk' of problem gambling – not 0.8% as sometimes claimed.

The CPGI is the most valid problem gambling prevalence screen available at this time (see Table 2). Even so, in my view the CPGI has several limitations as a measure to guide a national public health approach to problem gambling and harm minimisation; for example:

- I have reservations about the particular behavioural indicators which comprise the CPGI – e.g. the universality and relevance of the content items (see McMillen and Wenzel 2006; McMillen in Smith *et al.* (eds) 2007). The screen items are largely drawn from North American psychometric research, and thus might not include socio-cultural indicators of gambling problems relevant to Australia's multicultural and diverse social context.
- Existing prevalence screens provide a snapshot of prevalence levels in a sample population of individual gamblers – they measure 'harm' only from the reported experience of regular gamblers. Thus the CPGI does not examine/measure the adverse consequences of gambling for (or from the perspective of) families and/or communities. Importantly, in Australia the definition of problem gambling has been extended beyond individual gamblers to include 'at risk' families and vulnerable communities. To properly measure the prevalence of problem gambling as outlined in the national definition (Neal *et al.* 2005) it is necessary to complement the CPGI with research that measures gambling-related problems experienced by family members and communities.

Table 1. Gambling groups and their characteristics, using the CPGI.

| CPGI Gambling Groups | Characteristics |
|--|---|
| Non-gambling | Respondents who have not gambled in the last twelve months. Not asked the CPGI screening questions. |
| Non-problem gambling (also called 'recreational gambling') | Score of zero on the CPGI. These respondents answer 'never' to all nine CPGI questions. Based on the CPGI screen, these people have not reported/experienced adverse consequences from their gambling activity. |
| Low risk gambling | Score of one or two on the CPGI. Respondents who answer 'rarely' or 'sometimes' to two CPGI questions (or 'often' to one CPGI question) and 'never' to the others. They are considered to be unlikely to have experienced adverse consequences from their gambling but may be at risk of experiencing problems. |
| Moderate risk gambling | Score of three to seven on the CPGI. This group comprises gamblers who answer 'often' or 'always' to at least one CPGI question. It is considered that these people may have experienced adverse consequences from gambling or may be at risk of problems occurring. |
| High risk gambling (often termed 'problem gambling') | Score of eight or more on the CPGI. These people report having experienced adverse consequences from their gambling and may have lost control of their behaviour. |

Source: Adapted from Queensland Government 2005. *Queensland Household Gambling Survey 2003-04*, p.9.

Table 2 provides comparisons of 'at risk' gamblers (defined as moderate risk and high risk/problem gamblers) based on the most recent prevalence study in each jurisdiction.

Table 2. Prevalence of gambling problems: Australian states and territories.

| | New South Wales | Victoria | Queensland | South Australia | Tasmania | Northern Territory | ACT (SOGS5+)* |
|-------------------------------|------------------------|-----------------|-------------------|------------------------|-----------------|---------------------------|----------------------|
| High Risk/ 'problem gamblers' | 0.80% | 0.97% | 0.47% | 0.40% | 0.54% | 0.64% | 2.06% |
| Moderate Risk | 1.60% | 1.00% | 1.80% | 1.20% | 0.86% | N/A | - |

* Note: The CPGI has not yet been used in the Australian Capital Territory. In 2001, my ACT study was required to replicate the PC's survey using SOGS5+ to measure problem gambling prevalence.

Caution should be used when comparing prevalence studies in different states/territories, however, as different survey methodologies and sampling sizes are often used even where the CPGI has been applied.

- Prevalence findings in various states also may not be directly comparable due to different survey years, the wide variety of types and availability of gambling, the effect of different socio-spatial contexts, etc.
- Moreover, few prevalence studies involve sample populations large enough to provide reliable estimates of problem gambling prevalence. The large samples in Queensland's two most recent surveys (2001-02 and 2003-04) are notable exceptions. In contrast, only 2,010 respondents completed the core questions in the 2006 NSW prevalence survey (ACNielsen 2007).
- Consequently, for a number of reasons including those mentioned above, it is likely that all prevalence studies *underestimate* the extent of gambling-related problems in the Australian community.
- I have listed other limitations of prevalence surveys in the conclusion of my *2003 Victorian Longitudinal Community Attitudes Survey*.

Since the Productivity Commission's 1999 inquiry, there has been little policy evaluation and few comparative or national studies. While some state governments (Queensland, Victoria, South Australia, Tasmania) have commissioned a large number of strategic gambling studies, the evidence used to guide policy development is usually restricted to each particular state. This fragmented approach has perpetuated policy inconsistencies and knowledge gaps across the nation.

- Industry groups, however, have formed powerful national organisations which conduct research and actively lobby all governments (e.g. the Australian Casino Association, Australian Gaming Council, Gaming Industry Operators Group [GIO], Clubs Australia, the Australian Hotels Association, AGMMA).
- On the other hand, community consultation has been disjointed and deficient in most states/territories. A small number of community groups that feel excluded from the policy and research process have joined forces to express their objection to gambling policies and impacts (e.g. the Victorian Interchurch Taskforce); and anti-gambling critics with resources have convened conferences to promote their cause (Duty of Care Inc. 2005).
- In some cases, however, it has become increasingly difficult to distinguish between evidence-based research and advocacy, with both sides of the political debate resorting to extreme claims and counter-claims.

Yet uncertainty about the efficacy of harm minimisation measures is no reason for not using the best available information and research to attempt to address the problem in policy and regulation. Since 1999 Australian gambling policy has been characterised by a general, largely unstated policy of 'containment'. Rather than waiting for conclusive evidence, and to varying degrees, several Australian regulatory agencies appear to have applied the 'precautionary principle' to gambling policy. That principle requires a new way of thinking about gambling policy, involving *anticipation* of possible harm and an *integrated approach* to harm minimisation.

First, the precautionary principle tells us that action should be taken to protect consumers and communities in advance of conclusive evidence that harm will occur – i.e. when there is *reasonable evidence that damage may occur*. Secondly, using the best available information and consideration of a 'public interest' test, it asks us to weigh up potential benefits from a decision about gambling policy against the potential damage. Thirdly, it requires application of protective measures that can be applied to enable gambling to proceed.

For example, although evidence directly linking the use of ATMs to problem gambling is limited (KPMG 2002; McMillen, Murphy *et al.* 2004), restrictions on ATM location and daily withdrawals have been introduced in most states. Similarly, two jurisdictions (Queensland and the ACT) have reduced the denomination of EGM note acceptors from \$100 to \$20; and the Victorian government will require changes to EGMs permitting gamblers to set personal loss limits from 2010.

Importantly, the precautionary principle requires careful deliberation and *informed* judgment. Obtaining reliable, independent and up-to-date evidence on gambling impacts across all states and territories is an essential requirement for effective national policy.

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