



**Royal Commission  
into the Casino Operator and Licence**

In the hearing of the Commission on 8 June 2021, Rosa Billi informed the Commission that she wished to make the following corrections to her statement dated 10 May 2021:

<b>Transcript of Proceedings – 8 June 2021 (COM.0004.0019.0147)</b>	<b>Corrections to Statement of Rosa Billi dated 10 May 2021 (VRGF.0002.0001.0001)</b>
P-1795, lines 8 to 15.	Page 4, paragraph 34: Replace “0.9 per cent” with “0.7 per cent”.
P-1795, lines 17 to 43.	Page 15, footnote xxv: Delete the web link and insert “See web link at xxii.”.

**ROYAL COMMISSION INTO THE CASINO OPERATOR AND LICENCE****Statement of Rosa Billi**

1. I am Branch Head for Research and Evaluation of the Victorian Responsible Gambling Foundation (**Foundation**). In this role I am responsible for the management of the Foundation's research and evaluation functions. I have been employed by the Foundation since its establishment on 1 July 2012.
2. This statement accurately sets out the evidence that I am prepared to give to the Royal Commission into the Casino Operator and Licence. This statement is true and correct to the best of my knowledge and belief.
3. Where direct speech is referred to in this statement, it is provided in words or words to the effect of those, which to the best of my recollection, were used at the time.
4. The views I express in this statement are my own, based on my education, training and experience. I make this statement on behalf of the Foundation and I am authorised to do so.
5. Immediately before commencing with the Foundation, from 2004, I worked with the Department of Justice as a Senior Research Associate in the research team of the Office of Gaming and Racing. My research was focussed on the epidemiology of gambling.
6. When the Foundation was established a number of services in the Office of Gaming and Racing, including half of its research team transferred to the Foundation.
7. I was a Senior Policy Officer for Student Welfare and Drug Education at the Department of Education and Training in 2003. From 2000 to 2003 I worked as a Senior Policy Officer and Acting Manager in Public Health, Department of Human Services.
8. From 1998 to 2000 I was with the Victorian Public Health training scheme at North Western Health (now Royal Melbourne Hospital) and the Department of Human Services.
9. My tertiary education includes a Bachelor of Education from the State College of Victoria (1975-1979), a Graduate Diploma in Human Relations Education from Melbourne College of Advanced Education (1984-1986), a Master of Health Sciences (Public Health Practice) from La Trobe University (1998-2000) and a Master of Public Health from La Trobe University (1995-2003).
10. My research in relation to gambling includes the publications listed in Appendix A to this Statement.

## Research Conducted and Funded by the Foundation

11. The Foundation both conducts and publishes its own research and awards research grants for areas of study that will build on the knowledge of how gambling affects the Victorian community, inform the advice provided by the Foundation to government, and the strategies and activities supported by the Foundation to address harm.
12. The Foundation research program funds research within a public health framework, a framework which aims to improve the health of populations (including at-risk populations or sub-groups). It addresses both the severe issues experienced by some people who gamble and the potential detriments facing people who gamble generally. A public health framework encompasses prevention and intervention as well as treatment and support.
13. Examples of research funded include: the impact of gambling advertising on young people, the convergence of gaming and gambling, sports betting and young men, stigma associated with seeking help, and emerging products such as eSports.

### The research program of work

14. The Foundation's research program has been guided by three strategic agendas for the periods 2012 to 2015, 2015 to 2018 and 2018 to 2022. Each agenda has been developed in consultation with a range of stakeholders and designed to reflect the Foundation's objectives and functions and to build the knowledge and evidence base for a population level approach. I have led the development of each of these strategic agendas, assisted by Foundation staff.
15. In 2018, the Foundation engaged in a comprehensive six-month consultation process with more than 230 individuals and organisations in metropolitan and regional Victoria to develop our five-year research agenda. Input was provided by individuals with personal experience of gambling harm, as well as Aboriginal communities, Culturally and Linguistically Diverse (CALD) communities, prominent Australian and international gambling researchers, key stakeholders from prevention and support services, community organisations, regulatory bodies, the gambling industry, and state and local governments.
16. The research agendas have been:
  - 16.1 2012-2015: Changing gambling environment, Stigma, Gambling Related Harm, Responsible Gambling, Treatment and Recovery, and Comorbidities;
  - 16.2 2015-2018: Changing Gambling Environments, Preventing gambling harm, Monitoring gambling in the Victorian community, Monitoring treatment and recovery;

- 16.3 2018-2022: Monitoring and Surveillance, Harm, Gambling Products, Gambling Environment and Recovery and Support.
17. Research funded by the Foundation undergoes an academic peer review process.
18. The Foundation's research program includes an annual round of grants to address specific topics identified in the Research Agenda. Research themes are designed to gather evidence on gambling harm in the Victorian community, for example gambling harm and co-morbidities such as mental health.
19. The Foundation's most recent round of grants related to the effects of COVID-19 on gambling behaviour.
20. The Foundation also funds a general population study every four to six years (in Victoria 2008, 2014, 2018/19) to look at changes in gambling behaviour. The most recent study was for the period ending 2018/2019.
21. Population studies determine, among other things, the prevalence of "problem gambling". Prevalence can only be estimated at a whole of population level and is generally reported as a rate or a percentage.
22. The population study asks a range of health, wellbeing and gambling questions including participation rates across products, gambling channels (eg on-line; land based). The data provided by these studies informs the work of the Foundation and tracks gambling changes in Victoria over the years.<sup>i</sup>

*Evolution of Research and the Concept of Gambling Harm*

23. Early research focussed on investigating and understanding why individuals developed problems with their gambling, and how this could be diagnosed and treated.
24. As gambling opportunities expanded, there was a focus on 'problem gambling'. Many jurisdictions commenced monitoring the impact of gambling on the community. Problem gambling prevalence studies enabled the provision of appropriate treatment services, information on responsible gambling and self-help options.
25. Jurisdictions commonly used an instrument called the Problem Gambling Severity Index (PGSI) to measure problem gambling prevalence. This instrument measures the risk of developing problem gambling, a recognised clinical condition.
26. Harms can occur without individuals experiencing the clinical condition. As early as the 1990's some researchers advocated for a public health approach to gambling<sup>ii</sup> and the

measurement of harms rather than cases of problem gambling. Over time, this has led to the concept and language of 'gambling harm'.

27. The early 2000's saw some jurisdictions (e.g. Victoria, Sweden) conduct epidemiological research. These studies investigated not only the distribution of gambling in a population, but the determinants.
28. Early research funded by the Foundation recognised that the concept of gambling harm required a common understanding (definition) and a classification of the types of harms (taxonomy).
29. In 2013, the Foundation commissioned research to determine the type of harms people experience as a consequence of gambling. This study<sup>iii</sup> found harms could be categorised into seven broad domains and confirmed that harms occur at different points in time of a person's life, and across generations.
30. Tracking the public health impact of gambling harm requires an instrument that captures gambling harm at a population level. The Foundation provided funding towards the Short Gambling Harm Screen (SGHS) - a ten item instrument that is derived and validated from a longer 72 item checklist.<sup>iv</sup>
31. In 2021 the SGHS has been used in population research on 21 occasions across many countries (Canada, UK, US, New Zealand, Finland, Australia).<sup>v</sup>
32. Following these research reports, the Foundation funded research to quantify the costs of gambling harm to the Victorian community.<sup>vi</sup> I have referred to this below.

## **What the Research Shows**

### *Problem gambling*

33. Australian research, published in 2005, defined problem gambling as characterised by having difficulties in limiting time and/or money which leads to adverse consequences for the gambler, others, or the community.<sup>vii</sup>
34. In 2018/2019, the prevalence of problem gambling in Victoria was 0.9 per cent.<sup>viii</sup> Earlier Australian research estimated that six people may be negatively affected by a problem gambler, while three are affected by a moderate risk gambler and one other person is affected by a low risk gambler.<sup>ix</sup>

### *Gambling harm*

35. Foundation funded research has:

- 35.1 determined that gambling harm refers to 'any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population'.<sup>x</sup>
- 35.2 identified that a range of harms can occur without a person satisfying the PGSI or clinical criteria of problem gambling/addiction.
- 35.3 classified gambling harms into seven broad categories (financial stress, relationship damage, conflict or breakdown, psychological distress, decrements to overall health, cultural harm, issues with work or study, and involvement in criminal behaviour). Harms range in their severity.
- 35.4 administered the SGHS for the first time in the 2018/2019 population study<sup>xi</sup> to provide a base level of harm information about the Victorian community which the Foundation can measure in subsequent population studies. This study found that PGSI 'problem gamblers' accounted for 30 per cent of the total count of harms in Victorian gamblers.
- 35.5 estimated the social cost of gambling to Victoria at \$7 billion in 2014–15, with the highest costs relating to family and relationship problems (\$2.2 billion), emotional and psychological issues (\$1.6 billion) and financial losses (\$1.3 billion).<sup>xii</sup> To the best of my knowledge this remains the only study of the social cost of gambling in Australia.
- 35.6 identified that gambling harm is associated with poorer health and wellbeing, not only for the person who gambles, but for families, communities, and the general population.<sup>xiii</sup>
36. In a Discussion paper for the *World Health Organisation Forum on Alcohol, Drugs and Addictive Disorders*<sup>xiv</sup> Abbott reported the burden of harm from two studies (New Zealand and Victoria, Australia) to be of similar magnitude to harm attributed to alcohol misuse and dependence, and major depressive disorder. It is substantially higher than harm attributed to drug dependence disorder. This is early research that is yet to be replicated in other countries around the world.
37. In general terms, research also shows that the following factors in gambling have higher associations with risk of harm:
- 37.1 Continuous forms of gambling - usually defined as gambling products where there is a short time period between the placing of the bet and its resolution and where the chance to bet again appears shortly thereafter. For example, electronic gaming machines (regulated by the Gambling Regulation Act 2003) have a spin cycle of

2.14 seconds. In contrast, lotteries are a non-continuous form of gambling. A person buys a ticket and may have to wait days for the draw to take place. They may decide to buy another ticket after the draw but will have to wait a further week before that bet is resolved.<sup>xv</sup>

- 37.2 Complex products - forms of gambling that are hard to understand or that involve complex decisions can impact a person's self-control and decision-making. The increased mental demand together with limited time to decide can lead to impaired judgment and greater losses. Casino table games are examples of complex products. Some, such as blackjack, are simple, while others such as roulette, are more complex because they offer more betting options.<sup>xvi</sup>
- 37.3 Frequency of betting - people who gamble more frequently are at greater risk of developing problems from gambling. For example, research has found that people who gamble on electronic gaming machines on a weekly basis are at much greater risk of being in a problem gambling category than people who do so less frequently.<sup>xvii</sup>
- 37.4 Illusions of control - this applies to games of chance where the person who is gambling convinces themselves they can influence the outcome or that a win is now 'due'. Even where some skill is attributable to a gambling product, research shows that people are likely to overestimate both the degree to which skill is involved and their own skill level, and therefore the control that they have over the outcome.<sup>xviii</sup>

38. In relation to specific gambling products, research shows that:

*Electronic Gaming Machines (EGMs)*

- 38.1 EGMs appear to have the strongest association with problem gambling.<sup>xix</sup>
- 38.2 this is supported by Australian studies showing that when people seek treatment for gambling, they are more likely to report EGMs as the source of their problems than any other product.<sup>xx</sup>
- 38.3 among Victorians who gambled on EGMs in the past 12 months:
- 38.3.1 21 per cent experienced at least one gambling harm;
- 38.3.2 46 per cent of those who gambled on EGMs more than once a month experienced at least one harm;

38.3.3 17 per cent of those who gambled on EGMs less than once a month experienced at least one harm.<sup>xxi</sup>

39. Research that has examined the structural characteristics of EGMs has identified a range of factors associated with gambling harm including:

- 39.1 the rapid speed of play relative to other forms of gambling;
- 39.2 lack of natural breaks;
- 39.3 highly variable and unpredictable outcomes, together with product characteristics such as 'near misses' and 'losses disguised as wins' (where a person loses more than they stake yet the outcome is accompanied by the celebratory machine sounds and graphics that occur when a person wins),

lead to persistent gambling in the face of losses, particularly among those experiencing problem gambling.<sup>xxii</sup>

40. Research shows that:

- 40.1 People who experience problems with gambling are more likely to gamble out of a desire to escape or alter mood; and rapid, continuous products appear to be a more effective means of achieving these goals.<sup>xxiii</sup>
- 40.2 Faster, more continuous gambling activities are more conducive to potentially harmful patterns of gambling behaviour, such as increasing stake size in order to recoup losses. The absence of a natural break from gambling prevents a person from reflecting on the gambling outcome.<sup>xxiv</sup>
- 40.3 Research suggests that increased EGM play speed may be associated with higher spending, greater underestimates of the amount spent, placing of higher bets and impaired recall of winning outcomes.<sup>xxv</sup>

*Relationship of Gambling Harm with Time and Monetary Limits*

41. A study of 19,000 Canadians who gambled during the past year examined the relationship between gambling behaviours and risk of gambling-related harm. The likelihood of experiencing gambling-related harm was found to increase with more frequent gambling and greater gambling expenditure. Optimal limits for low risk participation were identified as being: gambling no more than two to three times per month, spending no more than 501-1000 Canadian dollars annually and no more than one per cent of gross family income on gambling. Modelling confirmed a significant increase in the risk of gambling-related harm where these limits were surpassed.<sup>xxvi</sup>



42. In a study of people who had been treated for problem gambling the following indicators of problem free gambling were identified: gambling no more frequently than once a month, gambling no more than 1.5 hours per month and spending no more than 1.9 per cent of monthly income on gambling.<sup>xxvii</sup>
43. Using population representative samples, an Australian study<sup>xxviii</sup> proposed limits of:
- 43.1 a gambling frequency of 30 times per year (2.5 times per month);
  - 43.2 a gambling expenditure of \$615 per year (\$51 per month);
  - 43.3 a gambling expenditure comprising 1.7 per cent of gross personal income;
  - 43.4 two gambling activities.
44. The best performing limits to prevent gambling harm were found to be gambling expenditure (gambling expenditure and gambling expenditure as a proportion of income limits).<sup>xxix</sup>
45. Thomas et al (2014)<sup>xxx</sup> established a list of observable behaviours that may indicate a person is having a problem with their gambling on EGMs, which includes gambling for long periods without a break. The list indicates a long period is three or more hours.

Melbourne Casino Research

46. As noted above, the focus of the Foundation's research programs has been on understanding gambling harm at a community or population level to reduce the prevalence of problem gambling and associated harms. A further focus has been evidence of gambling practices that will minimise risks associated with gambling and interrupt or prevent problem gambling.
47. This research focus is on the entire gambling population, which has not required research into any specific industry participants such as Crown Melbourne Limited (**Crown**) or the operation of the Melbourne Casino.
48. There is limited research that I am aware of that addresses problem gambling or harm relating specifically to the Melbourne Casino. Gambling Research Australia research investigated gambling and Australian casinos, using data from prevalence studies and focus groups.<sup>xxxii</sup>
49. Research about the Melbourne Casino has focused on responsible gambling and regulatory failure.<sup>xxxii</sup>
50. While there has been little published research undertaken in relation to the Melbourne Casino, some Australian research<sup>xxxiii</sup> has shown both higher rates of problem gambling in

casino and venue (pubs and clubs) employees, as well as an association with casino patrons and problem gambling.

51. Although public information on who gambles at the Melbourne Casino is limited, the Foundation's most recent population study provides some insight into Victorians who gamble at Crown.<sup>xxxiv</sup> This population study collected data on people who gamble at Crown on table games, EGMs, bingo, and Keno.
52. The data from this study shows that:
  - 52.1 7.4 per cent of the Victorian adult population, or 364,000 Victorians, gambled at Crown at least once in the last 12 months. This equates to 11 per cent of the Victorian adult population who gamble each year.
  - 52.2 approximately 18 per cent of Victorians aged 18 to 24 years and about 9 per cent of Victorians aged 25 to 44 years had gambled in Crown in the past year.
  - 52.3 more broadly, almost one third (29.9%) of Victorian gamblers aged 18 to 24 years and 16.4 per cent of Victorian gamblers aged 25-34 years had gambled on casino table games within the past year. Most of the casino table game gamblers did so at Crown (87 per cent).
  - 52.4 around 27 per cent of Victorian EGM gamblers had gambled at Crown in the previous year.
  - 52.5 people who gamble at Crown are three times more likely to be experiencing problem gambling when compared to all Victorian adults who gamble.
  - 52.6 just over one third of all Victorians experiencing problem gambling and nearly one third of all Victorians at moderate risk of developing problem gambling, gambled at Crown in the past year;
  - 52.7 25 per cent of those who gambled at Crown in the past 12 months experienced harm;
  - 52.8 compared to the broader population of Victorians who gambled on table games, electronic gaming machines, bingo, and Keno, those gambling at Crown are more likely to report having experienced at least one harm (using the Short Gambling Harm Scale, Victorian gamblers 20% vs. Crown gamblers 25%).
53. Crown is the only gambling venue operator in Victoria that can operate EGMs in unrestricted mode. Unrestricted mode means that the machines can operate in a mode where spin rate, bet limit, autoplay and note acceptors are unrestricted. The *Study of Gambling and Health in*

Victoria- findings from the 2014 prevalence study,<sup>xxxv</sup> found that approximately 61 per cent of people gambling on EGMs at Crown who were experiencing 'problem gambling' had used an unrestricted EGM in the previous 12 months.

Venue Related Research

54. From time to time the Foundation will fund research and evaluation projects that require access to venues. Examples of this include:

Research:

- 54.1 *A brief intervention to support gamblers to stick to their limits in EGM venues: an exploratory study (2019)* <sup>xxxvi</sup> by Simone Rodda.

This required research in Crown and local gaming venues. In support of this study the Foundation provided a letter to industry groups asking them to participate in the project. I note that the acknowledgements section of the final report states that *'[a]ccess to gamblers in EGM venues was vital for this grant to be [a] success and we would like to thank David Curry and the managers and staff of ALH for granting us access to their venues. We also thank Sonja Bauer and Crown Casino who also allowed us to interview their patrons.'*

Evaluations:

- 54.2 Venue Support Worker program evaluation. This evaluation was conducted in two stages: a process review in 2012 and an outcomes evaluation in 2013. The final report notes that *the review and evaluation assessed and analysed data and information from industry representatives, Venue Support workers, venue staff training participants, venue supervisors and managers, Venue Support Reference Group members, VCGLR personnel and Venue Service Providers, and that Representatives from the Australian Hotels Association (AHA), ClubsVic, RSL, Tabcorp and Tattersalls were interviewed.*
- 54.3 Responsible Service of Gaming (RSG) evaluation (2017-18). Two waves of data were collected, in March 2017 (baseline) and March 2018 (after the implementation of the new RSG training). The summary report, which is available to the public, notes that *"Participating venues included clubs and hotels of varying sizes from across metropolitan and regional Victoria. The venues and their staff made this evaluation possible and the Victorian Responsible Gambling Foundation is appreciative of this support."* The final report, which is not publicly available, outlines the methodology and includes a list of participating venues. This related to

the RSG training conducted by the Foundation. Crown was not invited to participate in the evaluation as it has its own RSG program.

- 54.4 Effect of Gambling Campaign Evaluation (2019), which was an evaluation of a 2019 campaign undertaken by Kantar. The report notes that *'[t]o measure the impact of the "effects of gambling" campaign, a quantitative community survey of n=101 was conducted in November 2019. The survey was conducted in gambling venues via intercept interviews targeting moderate risk gamblers. The online survey was administered via intercept interviews in the following gambling venues: Westend, Seaford RSL, Wantima, Braybrook, Dava, Dick Whittington Tavern, Spectrum on Chapel, Malvernvale Hotel, Rye Hotel, Glengala'*" I have been told by Roberta Donovan, the Foundation's head of Strategic Communication and Marketing, that Crown was not asked to participate in this research. The researchers targeted venues that were spread across inner and outer suburbs of Melbourne, that is, it was directed at 'pubs and clubs'.

Confidential

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Rosa Billi

Date: 10 May 2021

## APPENDIX A

## PUBLICATIONS ON GAMBLING

- Billi, R., Stone, C. A., Abbott, M., & Yeung, K. (2015). The Victorian Gambling Study (VGS) a longitudinal study of gambling and health in Victoria 2008–2012: Design and methods. *International Journal of Mental Health and Addiction*, 13(2), 274-296.
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- <sup>ii</sup> Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of gambling studies*, 15(4), 289-365: <https://link.springer.com/content/pdf/10.1023/A:1023005115932.pdf>
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- <sup>iii</sup> Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., ... & Bryden, G. (2016). *Assessing gambling-related harm in Victoria: A public health perspective*. Victorian Responsible Gambling Foundation. <https://responsiblegambling.vic.gov.au/documents/69/Research-report-assessing-gambling-related-harm-in-vic.pdf>
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- <sup>v</sup> Browne M, Rawat V, Tulloch C, Murray-Boyle C, Rockloff M. The Evolution of Gambling-Related Harm Measurement: Lessons from the Last Decade. *International Journal of Environmental Research and Public Health*. 2021; 18(9):4395. <https://doi.org/10.3390/ijerph18094395> <https://www.mdpi.com/1660-4601/18/9/4395/htm>
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