PUBLIC

THE LEGISLATIVE COUNCIL SESSIONAL COMMITTEE GOVERNMENT ADMINISTRATION A MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART, ON MONDAY 12 OCTOBER 2026.

INQUIRY INTO RECENT DEVELOPMENTS RELATING TO GOVERNMENT POLICY ON POKER MACHINE HARM MINIMISATION.

The Committee met at 11:30 am.

COTA Tasmania

CHAIR (Ms O'Connor) **-** Good morning, Brigid, thank you for coming along today. Welcome to our hearing of the Legislative Council Sessional Committee, which is inquiring into the recent developments relating to government policy on poker machine harm minimisation. Sitting here at the table we have Committee Secretary, Simon Scott; the Independent member for Nelson, Meg Webb; myself, Cassy O'Connor, Greens member for Hobart; Clare Glade-Wright, Independent member for Huon; and Ali over there; and our *Hansard* person, Henry, at the table here today. Could you please state your name and the capacity in which you're appearing before the Committee?

Ms WILKINSON - Hello, my name is Brigid Wilkinson, I'm the Chief Executive of Council on the Ageing (COTA) Tasmania.

CHAIR - Thank you. Can I confirm you've received and read the information for witnesses' guide sent to you by the Committee Secretary?

Ms WILKINSON - I have.

CHAIR - Thank you. All evidence taken at this hearing is protected by parliamentary privilege, allowing individuals to speak with freedom, without fear of being sued or questioned in any court or place outside of parliament. It's important that I remind you that any comments you make outside the hearing may not be afforded such privilege. The hearing is public, which means that members of the public and the media may be present. The evidence you present is being recorded and the *Hansard* version will be published on the Committee website when it becomes available, and this hearing is also being broadcast. Should you wish for some or all of your evidence to be heard in private, you need to make that request to the Committee and the Committee will consider your request. The Committee is taking sworn evidence. Would you take the statutory declaration in front of you and swear yourself in?

Ms BRIGID MARY WILKINSON, CHIEF EXECUTIVE OFFICER, COUNCIL ON THE AGEING (COTA) TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

CHAIR - Thank you, Brigid. Thank you also for COTA's submissions - very clear, easy to read and understand. Did you want to make a short opening statement to that submission?

Ms WILKINSON - Yeah, absolutely. Thank you. As I said, I'm from Council on the Ageing. We are the peak advocacy body for older Tasmanians. We're not here as experts in harm minimisation or gambling, but we are here to give evidence and to discuss the potential

harms that we feel might be continued to older people, and our concern around the new policies that didn't take into consideration very important information from the commission.

If I may, we don't suggest that older people are inherently more susceptible to gambling or that gambling should not be recognised as a legitimate recreational activity. But what we are saying is that poker machine harm, if it incurs later in life, the consequences may be particularly serious and difficult to reverse. Loss of retirement savings may be impossible to recover, fixed or limited incomes can magnify that effect of gambling expenditure, and harm may be intersected with bereavement, loneliness, social isolation, disability, cognitive impairment and caring responsibilities. Older people may also experience harm as partners, parents, grandparents or carers of someone who gambles, including through depletion of shared resources and potential financial elder abuse.

For these reasons, our principal concern is not whether a measure has been labelled harm minimisation, but the relevant tests are whether it's supported by evidence, prevents or reduces harm in practice and remains accessible to people with differing capabilities and circumstances; and, importantly, that it's monitored and publicly accountable. We have done a previous submission last year as well into the Sixth Social and Economic Impact Study of Gambling in Tasmania. It was of concern, then, to see this year the fact that the commission was not made aware of the government's new policies. I think that's probably where our major concern is around public accountability. Money not lost in poker machines is therefore not lost in Tasmania to Tasmanians, and it can be spent elsewhere in the economy. We also want that to be considered.

When it comes to the government-commissioned Deloitte report, the concern that we have is that there was no evidence that the new package the government announced in January would actually minimise harm. Actually, the commission has warned some measures, as you would rightly know and have a lot of experience and have spoken to, could actually reduce protection. So, we really want there to be a reassessment of the preventative options, to look at evidence and to ask the inquiry to delve into - and later this week you will, I'm sure, how the information was gathered, how policies were made or how the evidence was used into making those decisions, and getting a really clear picture of why the commission were not involved.

I guess before questions, I would just say, yes, that the policy that's been implemented, if it's not got a sufficiently clear evidence base or evaluation framework despite the independent regulator raising concerns, we have concerns about what impact that might have going forward to older Tasmanians, but also to their families and friends that might also have gambling addictions or issues. As I said at the opening, loss of money and income through gambling later in life is really hard to reverse and puts a lot of pressure then on other services within our Tasmanian community because of that loss. Whilst our interest is mainly in older Tasmanians, we want to make sure that they are considered and that the potential impacts later in life are considered with harm minimisation measures.

That's probably all I want to say apart from, just very quickly, as I always do everywhere I go, just to give you a quick breakdown into demographics and why this is such an important issue. We have the oldest population of any state. We have nearly 21 per cent over the age of 65. Our centenarians are going to six-fold in the next 50 years. Importantly, the COTA State of the Older Nation Report that comes out every year clearly showed that of the respondents, only 57 per cent of people felt positive about their long-term financial security. One in five over 65 were living in poverty, and poverty was 27 per cent amongst those 75-plus. If we're

looking at the background of potential harm caused by gambling across that background, we do need to recognise that older people might be disproportionately impacted if they've not got the right harm minimisation measures in place.

CHAIR - Thank you. It sounds to me like COTA does not believe the government has the right harm minimisation settings in place. Is that a fair assessment?

Ms WILKINSON - Yes, a fair assessment. Also, there seems to be a cloud over how they came to that conclusion given that there was other evidence to the contrary. Like I said at the start, we're not harm minimisation experts but we believe that any policy brought in needs to be evidence-based, needs to be shown how it's going to be monitored clearly and actually look at all of those things in consideration, and we don't believe that's happened.

CHAIR - Thank you. We'll just note at this point that the hospitality industry is a major donor to both major parties here in Tasmania and that may go to some of the why.

Before I go to Ms Webb, I'm interested to hear, in terms of COTA's outreach and the older Tasmanians that you're talking to, do you have any lived experience examples to talk to us about, about how that potential disproportionate impact on older Tasmanians might be manifesting?

Ms WILKINSON - Not a specific example to do with gambling. But what I would say, and what we know in our work with other providers in the elderly space, is that quite often financial elder abuse perpetrated by adult children can and does involve the pressures of gambling and gambling addiction. We know that it can be the case that older Tasmanians and older Australians are pressured into giving over more of their money to support a family member's gambling addiction. That absolutely occurs in Tasmania. I don't have a specific example, but I know one of our advocates has had a similar situation where she'd been pressured to provide more because of financial constraint and concern, not necessarily for gambling, but I do think that it absolutely does happen, and in my career as a social worker, I've definitely seen that.

Ms WEBB - Thank you, Brigid. It's useful to hear this perspective because it is such a significant cohort in our community, older Tasmanians, and there are particular vulnerabilities potentially there, especially when you look at the connection into the elder abuse space and the financial elder abuse that people are potentially exposed to. We know one in six older Tasmanians, I believe, are likely to be experiencing elder abuse of some sort, and financial elder abuse is one of the more common types.

Ms WILKINSON - Yeah, within the top three of the most perpetrated is financial abuse, for sure.

Ms WEBB - One of the things that I'm interested in, and just to unpack some of the things that you're putting forward, I really appreciate in your submission and in your comments today that you're putting forward not just concerns you have but things that you would expect to see as good practice. One of those was around how policies most appropriately might be developed by any government of the day. Would you like to speak a bit more in terms of what COTA would expect to see a responsible government of the day do in terms of a policy development process in this space?

Ms WILKINSON - I think any policy that's going to be developed needs to be looked at both for its demographic, as, of course, you would expect me to say that; the demographic data that we have in Tasmania in our population, but also regionality. No two places are the same. I think that talking to communities and actually consulting with communities, looking at the data of, in this instance, numbers of poker machines, et cetera, in different areas and the different impacts that those different regional areas and different age cohorts, and also listening to the community organisations that are working in this space, like Anglicare and others, because they're seeing and hearing it every day. But then using other data and evidence collected and benchmarking it against other things in Australia and worldwide.

That sort of basic, I would expect, process for people to undertake if they're going to come up with a thorough policy solution to a problem in a community. So, listening to the community, gathering evidence, but also then really looking and benchmarking. Obviously, that includes talking to all key stakeholders, absolutely - business, industry and community, but then looking at it on balance and trying to come up with, in this issue, a policy that has the least amount of harm in the long term. So, not just for the short term, actually looking at these issues over the breadth of time, because impact might take years for some of these in gambling. It might be that we don't see the negative impacts for some people for years, until their addiction progresses or it has other intersectionality with other areas of their life. So, looking at not just the next few years. But then also in Tasmania, I really do believe that regionality and distance and things, and the different impacts that can have really needs to be considered.

Ms WEBB - In terms of a policy approach, what's been put forward by the government with the measures announced in January this year certainly isn't a public health approach. At most, I think any reasonable person would agree that other advocates from the community sector and the like would argue for a public health approach. Is that something COTA supports? And would you like to speak about the value of that?

Ms WILKINSON - Yeah, absolutely. Anything which intersects across different issues in a community, especially something like this where it can impact people's financial security, their relationships in community, their access to services, absolutely hits on social determinants of health and health policy. Just as we start and now having that conversation more broadly with housing policy, we're now seeing that that is much more a health-related issue. So, absolutely, something like this doesn't just impact one area of life. That broader health and wellbeing, in our cohort we also have those other health issues around cognitive impairment and dementia. I mean, that is the number one killer now, dementia, in Australia. We're going to have more and more people older with potential cognitive impairment. How are we looking at this issue with that lens, that health prevention lens, around supporting and protecting those people, whether that's them utilising the poker machines themselves or a family member? Many financial economic issues and policies absolutely have a health layer on them as well, which needs a preventative approach.

Ms WEBB - That's where I was going to go next with your question to you, actually, because you do raise that in your submission: that your observation is that the proposed measures don't take in a preventative approach but rely on there being harm already caused and then identification of that harm.

Ms WILKINSON - Yeah.

Ms WEBB - Given what you just described about a cohort that's more at risk of cognitive decline, potentially, in dementia, making the activity safer in a preventative sense is presumably a key outcome you're looking for. Would you like to speak a bit more about that and what you would see, compared to what's being offered, as the more appropriate way forward?

Ms WILKINSON - Well, I think if you talk to our cohort when you go out and about, I would hazard a guess that not many older people would say that anyone's really spoken to them about gambling and gambling harm. I would hazard a guess that they would think it's a private issue for families or for business. And so, from a prevention space, not just for our age cohort, but for all, I think there needs to be a lot more grassroots conversation about it. And not in a way that we're saying people shouldn't have the opportunity if they would like to, as recreation leisure activity, to use a pokie machine. But I don't think we talk openly about it in group settings. We put a lot on the TV and talk about, 'The house always wins', but we don't have beyond that kind of conversation. I really do feel that, for our cohort - we have huge cohorts of groups, service clubs, local community, grassroots, volunteer-led groups. Why can't we be going out and doing some harm-minimisation discussions and education with groups that already exist? Good community engagement discussion about this issue, just like we've seen in some areas in preventative health and drug and alcohol use. There's a lot more now being spoken about around drinking in older age, and those conversations are opening up with GPs and others. Why can't we see a similar thing with this issue?

CHAIR - There's a lot of shame attached to gambling addiction that might be a bit of an inhibitor in the first instance.

Ms WILKINSON - Yes, and not spoken about. So, where are those trusted places and spaces that we could start having more of those conversations before it gets too late, before someone has to go and contact financial counselling and that sort of thing? How are we noticing difference in people? Are we noticing people might not have the money for certain things? Who are those people going to see? Community pharmacies, GPs? From a preventative health perspective, how can those people be made more aware of the harms of gambling and why they might be needing to have that, you know, be an information resource or support in our communities as well?

CHAIR – We'll go to Ms Glade-Wright next.

Ms GLADE-WRIGHT – Sure. You've recommended that before an alternative package is implemented that the government should publish an evaluation framework. I was interested in hearing you speak a bit more about that, specifically about independent oversight and how you see that playing out.

Ms WILKINSON - Well, it should be independent and it should be listened to, and clearly it hasn't. I guess an evaluation framework would be a robust report and a very open, transparent process where evidence of both sides are looked at, conditions, regionality, Tasmanian statistics looked at, and then actually laid out very clearly in an evaluation report so that a commission who is independent can contribute to that, for a start, but also be there to monitor and evaluate that as well.

Ms GLADE-WRIGHT - How long do you think that process would take? Is this something that could happen quite quickly, or does it take a while?

Ms WILKINSON - I don't understand how the machinations of some of these organisations and I don't know about their staffing, I don't know what their resources are. But if you are going to evaluate something and you want to involve community, you can't do that in a two-month timeframe or a three-month timeframe, can you? And you need to be able to involve people.

Ms GLADE-WRIGHT - But then you're worried about the speed at which this is going, these decisions are being made?

Ms WILKINSON - Absolutely, yeah. And then lack of clarity as to why certain voices weren't consulted with that should have been.

CHAIR - The Liquor and Gaming Commission is a prime example.

Ms WILKINSON - Yeah, a hundred per cent. Why is it that it took a few months and then they indicated that they hadn't been consulted. I would have thought that they would have been one of the prime stakeholders.

Ms GLADE-WRIGHT - And so, are you really calling for a bit of a pause just to kind of take a step back?

Ms WILKINSON - Absolutely. As we've clearly said, a pause. We need a bit more scrutiny. There needs to be clearer oversight as to how these decisions were made and why certain people weren't involved in them. Absolutely.

CHAIR - Can we go to some of the risk factors associated with gambling addiction amongst older people? You talked earlier about cognitive decline, Alzheimer's, dementia. Loneliness must be a real factor, too?

Ms WILKINSON - Loneliness. Huge. Absolutely.

CHAIR - I was driving past a Hobart pokies venue yesterday morning at about half past ten and I saw an older couple heading into the pokies hall. At least they've got each other but there must be loneliness as a real risk factor and a vulnerability.

Ms WILKINSON - Vulnerability. And again, we're not implying that all older people are going to have an enhanced risk of gambling because they choose that as a recreational leisure activity. But we absolutely know that across our community, loneliness is spiralling. We know that, disproportionately, 18-to-24 year olds and over 65s are the highest hit in those spaces and places in our communities. And we know that people feel disconnected from communities. So, I can absolutely understand why a regular routine going to play the pokies would provide that social connection for folk. However, there are risks with that, aren't there, potentially, for some folk? And so, absolutely. We had a previous staff member that used to work at pokies venues and hospitality venues, and she clearly used to say to us it was definitely the older cohort that came in earlier and spent longer, in her experience. They loved to have a chat, loved to have a natter. I think it fulfils both potential enjoyment and recreational activity, but it absolutely fulfils that social connection as well.

CHAIR - What about poverty as a risk factor? If you have a look at where a lot of these venues are located, if you take a cynical view of the location of these venues, it's designed to

target socioeconomic disadvantage. How much of a risk factor do you think poverty is for gambling addiction, and the lack of effective harm minimisation amongst older Tasmanians?

Ms WILKINSON - Well, if it's easier to approach and to connect with, then it's definitely going to have a significantly higher risk, I would expect. When you look at our Soton[1] research, one in four, 25 per cent of over 65s, state that they're living in poverty or on the poverty line. That's pretty large. If you look at that as a backdrop for a potential gambling addiction, then that can make that quite tricky for that cohort. I guess what you're implying is quite similar to the argument around fast food as well. Fast food centres are quite often built and maintained in the lower socioeconomic areas. If accessibility is easier, it's what you see, isn't it? If you see it in your area, you might go and frequent it. Again, that might be fine if it doesn't lead to an addiction. But you might not if it wasn't there in the first place, or if it was less accessible.

CHAIR - I think it's pretty well understood that pension day, for example, in a lot of venues, is a very busy day for poker machine venues, and they offer a nice lunch for people and that sort of thing. COTA represents all older Tasmanians, and this gets back to the living on the breadline and poverty issue. There are particular risks, aren't there, for people who live from week to week on a pension, for example?

Ms WILKINSON - Yes, because it's limited. That's why, in our submission, we keep saying it's very hard to recoup that later in life. Pensioners don't get a huge amount anyway as it is. There's calls for that to increase, but when you look at the other areas in their life that keeps going up, like potentially their rent, electricity, water, food, it does leave less. If there is that addiction where there is that desire to continue to go and frequent a place with pokies, and that might become into a serious harm issue, then that means it's going to impact on those other factors and areas to maintain costs of living in those other spaces and places. That might mean you lean on other family members, which then impacts them. It might mean that you lose your property because you can't pay your rent. As I'm sure you're all aware, there are huge impacts here for many people on fixed incomes, like a pensioner or other benefit that they might be on, but especially in our cohort. We absolutely represent all Tasmanians but have a specific focus on the most vulnerable. Those that are on the fixed income, it's very hard to find other means to top up and pay for those other things, unless you can lean on a family member, which then has a whole other area of concern around family dynamics and pressure, and things like that. So, absolutely.

Ms WEBB - It's such an interesting and concerning conversation. There is an interesting tension because a lot of people will say, well, older people like to go out and socialise and have a flutter on the pokies, and they should be allowed to do it. Of course, it is a legal activity. In your submission, you point to the value of the alternative approach that we had in place for a while before it was put on pause, which was the pokies card. Of course, what you've pointed to in your submission, and what we know from the Deloitte report, is the focus of the card is very much that it provides preventative value because of the limits that are able to be put on as an automatic limit, or even you can put your own limits on if you want them to be even lower. That looks to me like something that COTA is pointing to as a preferred option. Would you like to speak to that a little, so we understand where you're coming from with that?

[1] State of the Older Nation

Ms WILKINSON - Yeah. I think that I will just reiterate what you said: that absolutely everyone has the right to make a choice about how they choose to live their life as long as it's not harming others, and to utilise their money in the way that they would like to. But I think that, as we said here, that looking at reassessing that mandatory card-based play is considered a preventative because we know, don't we, that sometimes when you're too far down that line, it's very hard to stop. If we also throw in there that venue owners might not know that there's some cognitive impairment may be happening for this person, or some pressure may be happening for this person, not having that ability to have that card limit set can make things spiral, can't it? Absolutely, we would agree with that. We'd like that to be reassessed and looked at so that that can be definitely seen, like we've said in our submission, before the harm occurs. So, that preventative measure happens before. Obviously, that needs to be an involvement with the community and asking what they feel would be the best. But we absolutely believe that is a better way to go.

Ms WEBB - It could be argued, potentially, by some that a requirement to have a card to operate the machine might be a barrier and therefore -

Ms WILKINSON - Yeah, they're QR[2] codes.

Ms WEBB - How would you respond to that in terms of the cohort you represent? Do you see that a requirement, for example, for a card is onerous?

Ms WILKINSON - Well, it might be, but then that falls back on the venues. They should be made to support people to do that. They should be made to provide the support for people to be able to access and use those cards and understand how they work. Equally, here, we talk a lot about, in the Treasurer's announcement in January, QR codes. That's fine for some, not fine for all. If they're going to introduce any measure, then we need to look at it not being digital only. It can be digital first, it can be 'let's digitise and make things more electronic', but only if you're supporting people so that they understand how to use those things. That's what we hear time and time again when we're out in the community. QR codes are the bane of the majority of older people we speak to, but mainly because they feel no-one's taught them. They feel like the check-in thing, everyone got used to using it and then they've forgotten that older people need a bit more helping hand and a bit more support. Equally, internet banking - all those things that have gone digital first. So, absolutely, with the card situation. I think that venue holders need to have training, they need to support people so that we can actually fulfil that and people feel like they've got some agency of understanding what it's about.

Ms WEBB - In fact, with the proposed measures from the government announced in January, there's some significant changes that they're proposing anyway in terms of a ticket-in, ticket-out system and a move to note acceptors; so, note-based play rather than coin-based play. There's a change that's going to come into play anyway there. Do you have any particular concerns about those, particularly as potentially presented as harm minimisation measures?

Ms WILKINSON - I'd probably have to take that on notice and have a bit more of a look into that. But I think anything that is proposed, it needs to be accompanied with that support for the older person to be able to understand it and use it in the way that it's intended.

[2] Quick Response

Ms GLADE-WRIGHT - With the cognitive impairment you've mentioned in your submission about third-party exclusion, can you explain what that means?

Ms WILKINSON - Can you remind me the page that you're on?

Ms GLADE-WRIGHT - Page 4, 4.4.

Ms WILKINSON - We've appeared at four inquiries in the last couple of weeks, so I'm trying to remember all the different things. Sorry.

Ms WEBB - This might be where a family member can put forward somebody for self-exclusion. Self-exclusion can happen by the individual, by a family member or by the venue.

Ms WILKINSON - Again, it has to be done with that person's consent, and if there is cognitive impairment and it does impact more so on their ability to make a firm decision, then we're also looking at power of attorney type discussions here as well. So I think that becomes very complicated. If the person does have some cognitive impairment but they can still consent, and a family member wants to support that and be involved, again, it has to be done transparently.

Ms GLADE-WRIGHT - Are you seeing that in the proposed package or not? Is that included?

Ms WILKINSON - I can't recall, sorry. I'd have to go back and have a look.

Ms GLADE-WRIGHT - Just on the accessibility, you've spoken about QR codes, but are there any other accessibility needs for older Tasmanians?

Ms WILKINSON - In terms of? I mean, because we could go full-on into venue layout and things like that as well. But are you thinking more in the digital?

Ms GLADE-WRIGHT - Or in relation to the package?

Ms WILKINSON - I think the main one is the QR code process, for sure. As I said to you, you can't just put something out there and expect everyone's going to be able to understand how to use that digital form. I think that there needs to be that emphasis on venue owners that they have to walk and talk people through that.

Ms GLADE-WRIGHT - And I guess that segues into the - is it the care officers?

CHAIR - Gambling support, or the gaming care officers.

Ms WILKINSON - Remind me, are they going to be in every venue, or is it going to be up to the venue?

CHAIR - No.

Ms WILKINSON - There we go.

CHAIR - Just pop in occasionally, from what we can gather.

Ms WILKINSON - And I'm sorry, tongue in cheek. That's why I asked.

CHAIR - Funded by industry.

Ms WILKINSON - I think that if you're going to do something like that, you have to do it and you have to commit to it and do it everywhere. I think a fly-in, fly-out model isn't necessarily going to give you the evidence base of how well it works in different regions, not going to build up that community knowledge and capacity. Great idea, but I'm not quite sure that one per region will achieve a huge amount. I mean, are you going to have them on the islands?

CHAIR - One of the things that the government's done, which will arguably increase the risk of harm, is around the location of ATMs in venues. And you make a specific recommendation to government, really, to not proceed with in-venue automatic teller machines or other measures that may increase immediate access to gambling funds unless and until independent evidence demonstrates a net harm-minimisation benefit, which, let's face, it is unlikely to. Do you want to talk through those specific risks to the people you represent?

Ms WILKINSON - Ye., I think if we go back to that elder abuse conversation, because if you're an older person who may be supporting a family member or a partner, and you're in the venue with them and you have access to the bank accounts, you can imagine that if there's an ATM readily available in close plain sight, it might be a little bit easier for someone to coerce you into going in and gaining access to some money, as opposed to going out into public, going down the road, all of those sorts of things. I think there's that element. And then there's obviously the element to self. If you are facing a gambling addiction and you can't stop yourself, then actually having the ATM there poses an issue around being able to access that money and all of those things we spoke about earlier about being on a fixed income, potentially, then not having the money for other things. And then the trickle-down effect that that would have. Yes, we would prefer that there wasn't that that ready-made access.

CHAIR - It's been hard to fathom why a government that says it's serious about harm minimisation would take that step. I guess if you just sort of step back on the issue, any increase in effective harm minimisation in venues is going to diminish venue profits, and isn't that the tension here?

Ms WILKINSON - One hundred percent.

CHAIR - Yes, and so the government has sided with industry in terms of the framework that it puts forward, and that's what we're up against, isn't it?

Ms WILKINSON - Yes. I mean, if you look at - where's the stat that we had, $208.27 million in gaming machine player expenditure in 2025/26. That's a lot of money, and there's money venues are getting there and there's money government's getting there. So, it absolutely is a tension. But if we're committed to supporting our whole community, no matter what age cohort, to ensure that yes, they can undertake a recreational activity, but actually also minimise the harm and the detrimental effect that that might have economically and socially and health-wise down the track, we have to take a longer view and not just an immediate view of the next few years or the next, you know, things that the industry might want. We have to look at this from that longer perspective. What impact does that then have on children, grandchildren who are impacted if their family members don't have the financial means to take

care of themselves because there weren't good enough harm-minimisation prevention mechanisms in place? Balancing it with people's choice.

CHAIR - Yes, that's right. On that longer view, we've had a long history here of social and economic impact studies which have pointed to potential immediate benefit from limiting access to poker machines, benefit on multiple sort of social layers. And then we have the Deloitte report, which is really clear that if you take pokies out of pubs and clubs, as an example, you immediately not only reduce harm, but you stimulate economic activity in other areas.

Ms WILKINSON - Yes, hundred per cent. It is that fine line, isn't it, between giving choice but also other potential vested interests in industry versus where the money is better spent in the community. Absolutely. And I think, from our perspective, if we take that longer view, we're living longer, we're living longer in poverty potentially, and with other huge economic pressures on us: wouldn't we want to minimise a further one?

CHAIR - Well, a responsible government would.

Ms WEBB - One of the things I'm interested in, particularly given COTA's representative role statewide here, is has the industry ever come to COTA to seek input, advice, evidence, to help inform itself about minimising harm and risk, particularly because the industry delivers responsible service of gambling training and, therefore, I'm assuming it wants to tailor that training well to a local environment? Has there been any relationship sought or input sort from COTA?

Ms WILKINSON - No. I have been with COTA, formally working for them for over five years, two as the CEO. I was on the board before that, so I've had about a 15-year relationship with COTA Tasmania, and I've not known of any direct approach.

Ms WEBB - Given you've already highlighted some particular vulnerabilities and particularly linked across to elder abuse scenarios, the other one I would note, and you may have observed this, too, through COTA's work: people in a state of grief are highly vulnerable to developing a poker machine addiction.

Ms WILKINSON - Yes.

Ms WEBB - And, obviously, a lot of older people may be losing a partner and then be in a state of grief. Is that something that you would think, if the industry wanted to better protect people and responsibly serve the product, they should be informed about, to know more about?

Ms WILKINSON - Absolutely. But it's not just grief; it's life transitions. So, we know, don't we, when people - and we don't like the R-word at COTA, 'retire', but you know, repurpose themselves and go on to new things, it's a huge transition and a loss of identity and a loss of social connection. So, there's another, we believe, vulnerable point there as well.

But, yes, we would more than welcome to be considered a key stakeholder to help educate venues and industry around financial elder abuse, around some of the other issues that are facing older Tasmanians and the pressures on them. We would gladly welcome those conversations.

Ms WEBB - Has the Treasurer or his policy development advisers, or staff within the Liquor and Gaming branch who are responsible for developing policy for the Treasurer ever approached COTA on these matters?

Ms WILKINSON - No, not to my knowledge. We've proactively sought to contribute to submissions in this area because we can see the concerns and issues that are potentially there. But, no, we haven't been approached to give advice or give feedback.

Ms WEBB - That's disappointing to hear, but probably not surprising, unfortunately.

One of the things that I'm interested in that ties into your suggestion for there to be an independent evaluation framework developed, which I think is a really reasonable thing, if claims are going to be made that harm minimisation is the objective of these measures, it should be able to be shown that either being achieved or not being achieved. Some of the issues there around data collection, we have very limited data collection in this state, even compared to other states, when it comes usage of poker machines and losses in terms of granularity. What would you like to see in terms of information available about the use of poker machines, whether for your cohort or others?

Ms WILKINSON - Yes, I think that, like everything, we would always say that it needs to be across several mediums. If you're thinking of our cohort, I would like to see that in venues and places and spaces, there is accessible printed material, rather than just relying on a TV advertisement or social media advertisement that may be not as accessible - no matter your age, actually. I think going back to what we spoke about, having people in the venue trained and know how to ask certain questions, and to prompt and to ask to have a conversation if they're noticing changes in people that might be showing that there's some harm being caused. Having people trained in those venues so it's not just, 'well, we've put a piece of paper down or we've put an advert out', but actually that staff are aware of these things and are willing and able, or there's a champion in each that can have conversations with individuals, I think is really important.

With the actual data that the industry needs to collect, we would also like to see disaggregated data, so that we're not just collecting data on the number of people and the money but we're actually breaking that down across the age, because different ages will need different potentially preventative measures to minimise harm. Then that will also take into consideration, potentially, the issues around elder abuse as well that people might be experiencing at that stage. Then we can look at, you know, where is it that COTA could help play a part. If we see disaggregated data and we can see that in certain areas of Tasmania, there are more older people frequenting venues: 'Okay, would you like some training on what to maybe consider around the issues that might be pertinent or specific to older Tasmanians?'. Any data that is collected, we would always, across any issue, want it to be disaggregated so we could look at how it's impacting people differently across those age spectrums as well.

Ms WEBB - One of the things that is proposed is those gaming care officers. Now, they don't fulfil the role of engaging with patrons, they're just one per region in order to support venues to better understand their responsibilities. Apparently that's the role. What you described then as something you'd like to see, where there's more harm-reducing engagement within venues, I think the industry would say: 'Well, we do train our people in responsible service of gaming and we are, by law, required to look out for these things, although it's not to the same degree we do with RSA, where you could be prosecuted for serving someone who's

intoxicated with the product.' There's a tension between a venue who wants to maximise profits and also then asking or encouraging patrons to diminish their engagement with the product. Others in submissions have suggested to us that, therefore, having people in the venues that aren't connected to the industry is a more appropriate way to offer that sort of support. Is that something that you would consider a more appropriate pathway forward for that?

Ms WILKINSON - Yeah, and more independent. I mean, that's obviously going to be potentially more palatable for consumers as well, for people that are actually frequenting places. I absolutely get the tension. But also, if we're going to mandate something or if we're going to build this into policy, and the government's absolutely committed to harm minimisation, why can't it be members of the industry fulfilling, like you say they do with other areas?

But I guess, from that suggestion you had, it may well be that patrons might find that more helpful as well, having someone that's more independent. Absolutely. I would expect that when we work in a work environment, we can add something like that so that we raise the awareness of all the employees and they can actually be trained to have that support. I absolutely take your point though, that that can be contrary to the purpose of some of those venues in potentially keeping the people there longer. But I think if we're serious about this, and if the government's serious about this, then you have to embed some of those practices.

Ms WEBB - And put some accountability around them, perhaps?

Ms WILKINSON - Absolutely.

CHAIR - One of the issues that the industry, in its submission, is unhappy about is the proposed closure periods which were to be fixed. Then we learnt in our hearing with Jenny Cranston from the Liquor and Gaming Commission that one venue apparently objected to a standardised closure period, which means that there is now no standardised closure period. How important do you think it is to prevent harm that there be defined and well-understood closure of venues across the island?

Ms WILKINSON - I think it's very important because that then sets the tone and it then sets the expectation. Having different closure periods in different times, in different regions could easily lead to people just moving to the next place over a 24-hour period. I think if it's going to be proposed so that it creates consistency, then it should be the same throughout the regions so that that expectation's really clear, both for industry but also for patrons. That then becomes a more robust harm minimisation if we're doing it that way, as opposed to allowing people choosing different dates and times, and those sorts of things, because it's not consistent. And it really then feels like you're watering down the harm minimisation aspect of it.

CHAIR - Well, yes, it does. And that was the effect of what we understood was a single venue operator objecting. So, the whole set of that policy and the set of rules around it were ultimately changed. Doesn't this go back to your original question about why.

Ms WILKINSON - Absolutely. Why, and what are we basing decision on?

CHAIR - Yes. And on the evidence, the government is basing decisions on the wishes of the industry.

Ms WILKINSON - Yeah, and of one particular proponent, rather than the broader evidence of maybe benchmarking it against other jurisdictions, other places, so that we've got the most robust evidence guiding us, not changing it as and when.

CHAIR - But it's also if you move beyond the closure, the hours issue, which was one venue holding sway on the whole suite of measures, if industry had written this harm minimisation process itself, it wouldn't look any different, would it? If you had a vested interest that wanted to not just maintain profits, but increase them -

Ms WILKINSON - Yeah, and keep them maintained.

CHAIR - this is exactly the kind of policy approach they'd be wanting from government?

Ms WILKINSON - Yep. I think when you look at the people that we represent, we'd like to see more safeguards, as we've mentioned, because of all those things that we've described about the demographics, the intersectionality of issues, all of those sorts of things. At the moment, we do believe, like we said, we need to pause and actually look at what was the evidence base used to maintain this, and how is that justified going forward with any policies in this space?

CHAIR - But it's not unreasonable to say, is it, that suffering is key to the pokies industry's business model?

Ms WILKINSON - Yeah, because they want people to come back.

CHAIR - That's right.

Ms WILKINSON - I think it is, for us, again that fine balance between, yes, there will be some that have an absolute addiction, but there will be some that still maintain it for a social thing once every fortnight. We do have to balance those things as well. But I think that where there is real harm, we need to make sure that whatever policies we're putting into place are very much evidence-based so that they are protecting the most vulnerable.

CHAIR - Is there any part of the government's proposed suite of measures that COTA thinks may have some effect at reducing harm?

Ms WILKINSON - Let me just go back over my notes.

CHAIR - So, they walked away from mandatory pre-commitment -

Ms WILKINSON - Yeah, we do: the self-exclusion and facial recognition. If people are - clearly, that has to be with consent, but those sorts of measures - . But the problem again is a lot of these things only really work once someone's realised they've got a problem. We're sort of too far down the line with a lot of these measures.

CHAIR - There's a point at which an addict may realise they've got a problem and then -

Ms WILKINSON - It's too hard.

CHAIR - procrastinate on dealing with it, or that the help-seeking process takes some time or costs money. That's an issue, too, isn't it?

Ms WILKINSON - Absolutely, yeah.

CHAIR - It's a late-ambulance-at-the-bottom-of-a-cliff scenario.

Ms WILKINSON - Again, it comes back to people knowing where and how to get that support too. Like we said, a lot of people wouldn't even know that there's financial counselling support or that there's support around gambling. They just wouldn't know. Again, there can be some really great services in the community that might be able to help. But, again, how we are making sure, like you said, that it's not at the bottom of the cliff, but it's at the top and people know. And that it does have minimal cost attached to it through a community-led organisation, so that barrier isn't there as well.

Ms GLADE-WRIGHT - There was a fantastic line in your submission about money not lost through poker machines does not disappear from Tasmania. Do you want to expand on that a little bit?

Ms WILKINSON - If we're losing a lot of money down these machines, what else could we do with that? Where else could that be in the community and what else? We have huge issues at the moment, lots of cuts about to happen, lots of services not about to be re-funded et cetera. We also have a lot of people really struggling with cost of living and eating good healthy food. Again, if the money is not going down the machines and it could be spent in other ways for people's better health and wellbeing, and for government spending on things that would support people, it's probably going to be a much better use of money over time when we're looking at some of these really entrenched longer term issues in our community, social problems that we've been trying to get on top of that are not getting the resourcing and the support that is needed throughout the community sector to help the most vulnerable. Imagine $200-and-whatever-itwas million just in one year, imagine what that could do.

Ms GLADE-WRIGHT - And what would that do for the economy, do you think?

Ms WILKINSON - It would be great. It's spending in different areas and places and spaces which stimulates the economy. Absolutely.

CHAIR - Which is what Deloitte found in its excellent report.

Ms WILKINSON - Yes.

CHAIR - Is that it for questions from you, Meg? I think we have everything. Is there anything, Brigid, you wanted to say before we conclude the hearing?

Ms WILKINSON - No. Just, I guess, to reiterate our focus that COTA and a big part of our submission was really trying to enable this Committee and the government, in our submission that real point there that older people that might be retired might have, realistically, less capacity to rebuild their savings. There might be cognitive impairment, regional and digital barriers and also those issues of elder abuse, those potential coercive financial abuse situations. We would really like to make sure that that is recognised a lot more than what it has been to date.

CHAIR - If you had this opportunity to speak directly to Government, which you now do, what would you say to them about their approach to harm minimisation?

Ms WILKINSON - At the moment it doesn't go far enough, it's not preventative and it doesn't, we believe, take into consideration the different needs of older Tasmanians and those that are the most vulnerable, and with that longer term approach.

CHAIR - Thank you for taking the time to give evidence to this Committee. The evidence that you've provided at the hearing today is protected by parliamentary privilege and just reiterating that it's not captured once you leave this hearing and this room. Even if you repeat what you've said here, it won't be protected. That's clear to you, isn't it?

Ms WILKINSON - That's clear.

CHAIR - Thank you again so much for coming in, Brigid, and for providing your submission and advocating on behalf of older Tasmanians. It's been great to talk.

The witness withdrew.

The Committee suspended from 12:24 pm to 1:30 pm.

Anglicare Tasmania

CHAIR - Thank you, Dr Jones and Rebecca Forbes, for coming along today to present to our Committee. Welcome to today's hearing of the Legislative Council Sessional Committee Inquiring into Recent Developments Relating to Government Policy on Poker Machine Harm Minimisation. If I could introduce the people at and around the table. We have Simon Scott, who's part of the secretariat, the honourable Independent Member for Nelson, Meg Webb, myself, the Greens Member for Hobart, Cassy O'Connor, Clair Glade-Wright, Independent Member for Huon, and one of our newer excellent Legislative Council members. We also have Ali Scott at the end of the table, and Henry on Hansard. So, we're in very good hands here today.

Are you able to state your name, please, and the capacity in which you're appearing before the Committee? That would apply to both of you.

Dr JONES - Christopher Jones, the Chief Executive at Anglicare in Tasmania.

Ms FORBES - Rebecca Forbes, Policy and Advocacy Officer at Anglicare.

Ms O'CONNOR - Thank you. Can I confirm you've both received and read the information for witnesses' guide sent to you by the Committee Secretary?

Dr JONES and Ms FORBES - Yes.

CHAIR - Thank you. So, all the evidence taken at this hearing is protected by parliamentary privilege, allowing individuals to speak with freedom without fear of being sued or questioned in any court or place out of parliament. I need to remind you that any comments you make outside the hearing may not be afforded such privilege. This hearing is public, which means that members of the public and media may be present. The evidence you present is being recorded and the *Hansard* version will be published on the Committee website when it becomes available, and this hearing is also being broadcast. Should you for any reason wish for some, or all of your evidence to be heard in private, you need to make that request to the Committee, and the Committee will consider that request. If I could ask you, please, each to take the declaration in front of you.

Dr CHRIS JONES, CHIEF EXECUTIVE OFFICER, ANGLICARE TASMANIA, AND **Ms REBECCA FORBES**, ANGLICARE'S POLICY AND ADVOCACY OFFICER, WERE CALLED, TOOK THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR - I will start by thanking Anglicare for your submission, and your long-term advocacy and support for people who are experiencing harm from gambling. Would you like to make some opening comments to that submission, and then we will go to questions?

Dr JONES - Yes, Madam Chair, thank you. Thank you and your Committee members for the interest in this particular matter.

Anglicare's position remains clear. We continue to call for the Tasmanian Government to return to the policy announced in 2022. That is a statewide mandatory pre-commitment card. We believe that this policy serves the best interests of all Tasmanians. Our position is grounded both in direct service experience and in sustained research.

Anglicare delivers statewide gambling help and financial counselling services funded by the Tasmanian and Australian governments. In 2025-26 financial year, Gamblers Help provided support to 419 people and financial counsellors provided gambling related support to 30 people. During that period, 54.89 per cent of Gamblers Help clients identified poker machines as their primary form of gambling. Through our Social Action and Research Centre, we've also published research and policy analysis on gambling harm minimisation. Both our direct experience and our research have informed our consistent advocacy for statewide mandatory pre-commitment cards.

Following the government's announcement of the card, we published *The poker machine card. Simple as*. *Simple as* highlighted that more than 57,000 Tasmanians are harmed by someone else's gambling and described the relief many of our clients have felt when they heard about the policy. It also noted the benefits of the proposed card for venue staff, including helping them meet their duty of care and to prevent money laundering, and the positive impacts for business in the Tasmanian economy. As designed and announced, the card would minimise risk for people who experience the greatest harm, while having minimal impact on those who engage in low-risk or recreational gambling. It would give people clear information about their losses and control how much they lose.

The evidence, drawn together from our own internal data, publicly available government data, peer-reviewed research and publications from bodies such as the Productivity Commission and the Australian Institute of Family Studies - and even now the Deloitte report, shows that the card is in the best interest of the Tasmanian community, and we've consistently advocated the government on that basis.

When the government delayed and then indefinitely deferred implementation of the card, we continued to advocate for a return to full implementation. However, we've also engaged with the alternate measures announced in January in order to strengthen what had been proposed. Anglicare has provided feedback to the Treasurer about gaming care officers and indicated our support for a model where those officers are employed by an entity fully independent of commercial gaming interests.

We also responded, in July, to the Tasmanian Liquor and Gaming Commission's consultation on closure hours. We recommended a uniform closure period for all hotels and clubs operating gaming machines to prevent venues from staggering their closure times. However, our engagement on these alternatives is not a change in our position. They are secondary measures with at best, a limited impact.

The mandatory pre-commitment card remains the most effective way to minimise gambling harm. We therefore continue to call on the Tasmanian government to implement the nation-leading reforms announced in 2022. Thank you, Madam Chair.

CHAIR - Thank you. I might just kick off with a question about your observations and perceptions of the framework that the government has called harm minimisation, which is in place in venues now, noting what you said in your introduction about feeding into government on a couple of those proposed measures. But if you step back and look holistically at the suite of measures that have been put in place, would you say they're effective in terms of harm minimisation?

Dr JONES - Marginally, like minutely. The card, the mandatory pre-commitment card will give a much fuller protection for people from harm. The card would be a much better way to go than the minimal things that are currently in the framework.

CHAIR - The card, however, would impact on the profits of the industry. The industry from the very beginning of the announcement of a mandatory pre-commitment card was not supportive. Do you recognise here that vulnerable Tasmanians are caught in a vice, in a way, because you have an industry which is very powerful, which makes donations to the major political parties, which holds sway in gambling policy?

Dr JONES - I think that Tasmanians as a whole would be better off if we had the mandatory pre-commitment card. That's what we need. And so, government needs to stand up to industry and say, 'No, we're going to go with the mandatory pre-commitment card'.

CHAIR - The government, well a member at least of the government, tried that, a former minister who is no longer a minister. I mean, Dr Jones, you've been working in and around this area of public policy for many, many years. Do you agree that industry in terms of the way the public policy is developed and implemented, is writing the rules?

Dr JONES - Certainly, the industry are so dominant when it comes to any of the decisions that are made, but I'm not giving up hope here. I'm holding out that I still think that the community will be able to convince its elected representatives as a whole that we need to protect one another, and the best way to protect one another is a mandatory pre-commitment card.

CHAIR - I'll go to Ms Webb in a minute, but what elements of the suite of measures that the government's put in place would you describe as protective?

Dr JONES - As I said, it's minimal, minimal. I think that we - there is an advantage in closing the venues.

CHAIR - But we didn't even get uniform hours because one venue complained, we heard from the Liquor and Gaming Commissioner.

Dr JONES - Which is why we said they shouldn't be staggered. We should be able to have this period of time when you can't play. As I said, it's minuscule.

Ms WEBB - Thank you, Chair. Before I put in my first questions, I'm just going to state on the record and as part of the hearing that I previously worked for Anglicare Tasmania and managing the Social Action and Research Centre from 2015 to 2019, and worked in this area for Anglicare Tasmania. I'm just making that nice and clear at the table as context, albeit sort of a little bit in the distant past now.

Thank you for the submission and for appearing at the hearing today. It's much appreciated. I'm really pleased that you outlined different points at which Anglicare was either consulted or engaged in conversations about various aspects of this, but I really want to dig in a little bit specifically about that.

The Treasurer announced a suite of measures on 23 January [2026]. Prior to that announcement, which I think went out that morning at about 10:00 am, when had Anglicare

been spoken with or been consulted in relation to the suite of measures announced prior to 10:00 am on 23 January?

Dr JONES - I met with the Treasurer on 13 January [2026]. I can't remember if it was the day before that, on the 12th or the 11th, but a day or two before his office rang and said that he'd like to meet with me. He'd be coming into town and so we agreed to meet and I actually went to his office and met him in his office on 13 January. So, at that point he outlined what he was thinking would be announced: so it was in, if you like, preliminary or terms about this is the sort of thing he was thinking of which was reflected in his announcement on the, what was it, the 23rd -

Ms WEBB - That's right, 23 January [2026].

Did he make you aware he was going to be announcing during the month of January or on that date, 23 January?

Dr JONES - No, I didn't have a date. He was just - he was working on it and he was, I'd say in civies. Do you know what I mean? Like he'd come into the office to meet with me, so I didn't get any sense about when the timing of it was going to be.

Ms WEBB - From your perspective of that meeting, was that for the purpose of consulting with Anglicare to get input into decision-making around that suite of measures, or was it informing Anglicare of thinking to keep you in the loop, as it were?

Dr JONES - I think there were two things happening. I think one was I got the sense he wanted to know where we were up to with the mandatory pre-commitment card, you know, like, what was our thinking? And so, we had the conversation about how, for me, this is what we've been talking about is the gold standard that we needed, so we had that. And then he raised with me that there were a number of things that he was thinking about, about opening hours, about some of the things that were, that ended up being in the statement he released on 23rd of January, so I think it was both.

Ms WEBB - Did he seek Anglicare's input into the suite of measures that he was thinking about and then subsequently -

Dr JONES - Well, he asked what I thought about like the example of opening hours. He asked me what I thought about opening hours. And so, I said on every occasion, 'We want the prep', so every time he asked me something, I said, you've got to come back. The card is the best way. But if you're going to do opening hours, then let's actually do opening hours across the whole, you know, let's do this. So, there was a to-and-fro, but a to-and-fro without a document.

Ms WEBB - I'm just trying to get a sense, I think, of the extent to which Anglicare as an expert service provider in this field, and as a social policy developer in this field of some significance in this state, to the extent to which the Treasurer was seeking input and actual expertise and advice from Anglicare, or whether it was just a more of an informative check-in.

Dr JONES - I think that's why the question about the player pre-commitment card was there, you know, on the basis of, 'is this the best it could be?'. And that's why I talked about it being the gold standard because I think, and that's the - I took that as a question about what

would we do. And that's what I said, 'We'd do this, we would go with the gold-standard'. That's what we would be suggesting it should be.

Ms WEBB - And was there any invitation for Anglicare to provide formal advice or evidence through or submission, for example, on the other measures that he was contemplating?

Dr JONES - No, not then.

Ms FORBES - Previous to that on gaming care officers.

Dr JONES - Oh, yes.

Ms WEBB - Okay, so not the other measures, but the gaming care officers, because that idea has been kicking around for a while. So, previously Anglicare had been requested to provide a submission or something formal in the way of advice?

Dr JONES - Yes, back in November [20025].

Ms WEBB - November last year, 2025?

Dr JONES - Yes.

Ms WEBB - I'm sure we'll talk a little bit more about gaming care officers down the track. I'm just trying to understand the extent of the consultation with relevant stakeholders and experts that fed into the suite of measures announced on 23 January [2026], because when the Treasurer claims that they were consulted on, I want us to be crystal clear about what that looked like. We know from the commissioner that the Liquor and Gaming Commissioner was not consulted until the morning that they were announced, so it sounds like Anglicare were interacted with about it, but formal work or advice or input wasn't sought. It was a conversation.

Dr JONES - That's right.

Ms WEBB - That's a fair characterisation?

Dr JONES - Yes.

CHAIR - Can I check, were there any Treasury or ministerial advisers at that meeting or was it just you and the Treasurer?

Dr JONES - No, John was there.

Ms WEBB - To be clear, from the Liquor and Gaming Branch of Treasury, Jonathon Root?

Dr JONES - No, the Treasurer's adviser.

Ms WEBB - Oh, John Wise. Sorry to use a name at the table, I was just trying to make sure we were clear about who was represented.

Ms GLADE-WRIGHT - You mentioned in your opening remarks that 57,000 Tasmanians are harmed by whoever's gambling, is that correct?

Ms FORBES - Yes, that number comes from a report that we published in 2022 called *What's the Real Cost*? It's based on research that is about the number of people per gambler affected depending on the level of harm that the gambler themself is experiencing, so it's just an extrapolation out like that.

Ms GLADE-WRIGHT - It's such a staggering number of Tasmanians. Can you tell me more about what that harm is?

Ms FORBES - That's thinking about the various flow-on impacts in terms of financial harm, in terms of relational harm, in terms of some of the documented connections between gambling harm and domestic and family violence, in terms of loss of opportunities for children when a family is in financial strain, those sort of impacts.

Ms GLADE-WRIGHT - Okay, and how did you conduct that research?

Ms FORBES - That is before my time.

Ms GLADE-WRIGHT - Or how would you, if you're going to do it again, how would you evaluate the harm and how would you measure those harms?

Dr JONES - For us, part of this is relying off the basis of say the socioeconomic impact study, some of those sorts if those are done. What we can do then is put alongside that what we encounter with the gambling help service, or any of the other community services that we operate where gambling is named as a presenting issue, which could be one of our housing services, the actual financial council, alcohol, and that could touch on a number of them. We have that, if you like, anecdotal service delivery experience and you put that alongside some of the work that the socioeconomic study does as well. We put those two things together to be able to say this is the impact.

Ms GLADE-WRIGHT - Okay, so it's pretty robust.

Dr JONES - Yes.

Ms GLADE-WRIGHT - What would you say is the most significant harm that arises from gambling?

Dr JONES - The biggest issue into families is the fact that the money's not there, so then the flow-on effect: there isn't the money for the kids' sport, there isn't the money for the rent, there isn't the money to actually be able to afford the medical appointments. It's actually because the money's not there. That's the physical impact of it. The other one is the addictive behaviour that happens so that someone's caught up into something else so then they're not present with the kids. They're not present with their partner. You have this absence, is how we talk about it. You have the absence of the cash; you have the absence of their presence. They're not there.

The other thing then is also because of that, they're not actually contributing more widely. They're not there barracking on the side of them. They're not there playing the sport, they're

not doing the other - the absence of community. We have these absences that come from the insidious nature of what an addiction to gambling can do to you.

Ms GLADE-WRIGHT - The government's proposed measures in this latest round: how do you think that's going to assist with what you are talking about?

Dr JONES - It's going to go nowhere near it. What we need is the player precommitment card. You've got to come back to how do we actually offer the best support possible for Tasmanians who are addicted and their families? The best way to do it is, well, get rid of the machines, but if we have to have a harm-minimisation practice, then the player precommitment card is the best way we can be able to do it. The closing hours, they're staggered, what are they going to do. The ticket-in, ticket-out: what's it going to? We don't have enough robust in what's proposed by government to actually protect Tasmanians, in that what we need, the card will give it to us.

CHAIR - Before I go back to Ms Webb, since the expiry of the deed, where you had a single operator that effectively regulated the Federal Group, and now you've got this large amorphous system, has Anglicare detected any shift in the level of harm or intensity of harm even prior to these flawed measures being announced? Because we've just been through record losses from poker machines, and there might be a whole range of reasons for that, but I'm just wondering if you've detected any shift.

Dr JONES - I don't know that's the ending of the deed - I don't know what that would have done to it. What we do know, though, of course is the push in the venues continues.

CHAIR - That's right - to attract more customers.

Dr JONES - Yep, that continues. I don't know if I connect that to the ending of the deed, but what we've got is this continued spend, just huge amounts of money being lost to Tasmanian families out into these for-profit companies. The huge profits that are going to them at the cost of Tasmanian families - that's what we see and that's continued whether the deed's there or not, that's just keeping on going.

CHAIR - Some of the most profound conversations I've had in this space have been talking to Anglicare clients who are part of a gambling support programs or living in Anglicare-supported accommodation. It's often hard in these sorts of forums to have that case-study understanding, and I wanted to provide you with an opportunity to even talk about one de-identified individual or family's circumstance in broad terms so we just get a clearer picture of how this affects people in their lives and the people who love them.

Dr JONES - Well, it's very good that you got Mark Dempster speaking - I think it's tomorrow, is it?

Ms WEBB - From the alliance, yeah.

Dr JONES - Yeah, from the Alliance for Gambling Reform. I think it's good that, because you'll have then someone with lived experience being able to talk to you. But we've got to be careful about the de-identified because it could be re-identified.

Ms O'CONNOR - Of course.

Dr JONES - I'd like to, though, give you just a flavour of someone who's actually talked about their - they take the kids to school, drop them at school and then go to a venue and they'd stay there until they pick the kids up from school.

Ms O'CONNOR - Five days a week?

Dr JONES - No, because they didn't have enough money to make it five days a week, but they could if they had the money. Now, the venue knew. I mean, this was a person that was well-known. She was desperate. Now, I'd like to be able to give you a good outcome to that, but there isn't one. She ended up taking money that the family needed, she ended up not being able to provide for the children and the reason that she came to us was the kids had been taken. This is just - we can prevent that. We can prevent it. We can put in a player precommitment card, we can allow people to - if it's recreational, we can put the limits around it. We can protect people, we can protect kids, and the card would do that.

Ms O'CONNOR - Yeah, it's just a question of political will, isn't it, really?

Dr JONES - Yeah.

Ms WEBB - It's always quite striking, and a lot of people in that situation - a lot of people hearing that description would say, well, that person should just pull themselves together and do the right thing by their kids and control themselves. Because there's still an attitude, I think out there in the community, that it's a moral failing somehow for people who find themselves addicted to poker machines. Is there a way that you'd like to respond to those sorts of assertions? They're certainly ones I hear.

Dr JONES - We have an obligation to one another. I think that whatever might have been happening in that young mum's life, we have an obligation to help her no matter what was happening. We have all sorts of other things that happen in the Tasmanian community where we help one another, we protect one another, and I think it applies to gambling as well. I think we need to continue to do the best we can to protect people, protect the children. No matter what the cause is, we can do the protecting, and we need to do more.

Ms WEBB - Can I check in a little bit about the services, the gambling support services that are provided primarily through Anglicare in this state? Perhaps you could confirm for me whether this is still the case given I've been out of the space for a while. My understanding is that evidence tells us people don't seek help until they're at a very late stage of harm being caused by their addiction from their use of poker machines and tend to be at the desperate end of things. Is that still representative of who you see coming to seek help through gambling support programs?

Dr JONES - Yes. We would like people to come earlier. When we do the venue visits, you're looking to make sure the displays of the 1800 number are there; above the urinal, on the back of the toilet door, all those sorts of things. Because what we want is people to know that the service is there and hoping that people will come before it gets to the desperate stage that you're talking about. Because mostly they are at the desperate stage. We would love them to come earlier, which is also why it's been important for us to do some of the community education work. It's been great for us to have to work in conjunction with the alliance about some of the community education work that we can do.

But again, it would be better that we could have the intervention and offering some counselling and things when you applied for a card, because then everybody would actually get the opportunity at that point to be able to be supported.

Ms WEBB - People are at a later stage of harm before some of them come to seek help.

Dr JONES - Yes, a small amount.

Ms WEBB - Evidence used to say that one in 10 would come to seek help.

Dr JONES - That's right.

Ms WEBB - Still representative?

Dr JONES - That's about it. Yes.

Ms WEBB - Of the people who come to seek help, a smaller subset of them might utilise a self-exclusion scheme that's in operation. Would that still be the case?

Dr JONES - The self-excluding - it's still very small.

Ms WEBB - A very small number of the small subset of people who are being harmed who come to seek help.

Dr JONES -Yes.

Ms WEBB - When we are talking about something like improving the self-exclusion scheme, updating it, modernising it and also bolting on, say, facial recognition technology to it as a core centrepiece of what's being asserted as a harm-minimisation measure, we're talking about an effort that will affect a very small subset of a small subset of people at the extreme end of being harmed.

Dr JONES - What was my word? Minuscule. Yes.

Ms WEBB - Which isn't to say we shouldn't seek to improve that system, I'm imagining.

Dr JONES - I have some concerns about the onus we put on providers to recognise faces in a book and some of those things.

Ms WEBB - It's clunky at the moment.

Dr JONES - It's clunky. The card would solve it. Sorry, you keep me saying it.

Ms WEBB - No, please, that's fine. Literally, if you had a card we wouldn't need the system.

Dr JONES - We wouldn't need the system.

But the idea of being able to do something that's more proactive than expecting the staff, the venue staff to flip through a book to recognise a photo, something better for that, for that

minuscule number of people who actually apply for self-exclusion would be helpful. But it's so minuscule.

Ms WEBB - Is the introduction of facial recognition technology, which we know 50 venues or more have already put in place in their venues in this state, something that's welcomed by people who come to seek out your services or what's the response to that?

Dr JONES - I've only had one person who thought that could be a good idea. It's only anecdotal. I thought that was interesting because they were conscious of the privacy and things, but they said they put their concerns about privacy aside if it would help them stay away. That was anecdotal.

CHAIR - Was this someone with an addiction?

Dr JONES - Yes, someone with an addiction who was already in the self-exclusion scheme.

Ms WEBB - And presumably finds that it doesn't stop them necessarily accessing venues currently. Something that might improve that.

Dr JONES - Again, because we have miniscule numbers and I've only had that one piece of anecdotal feedback.

Ms WEBB - In terms of the improving that exclusion scheme, introducing facial recognition technology, that's clearly a third-tier late-stage effort to try to reduce extreme harm already. That's not a public health response, if you like. In a public health response, we'd be looking more at prevention and first and second tier things as well.

The Treasurer has claimed in many public statements about the suite of measures announced in January, that they are meant to be taken as a package, and that together as a cumulative whole they are a balanced and appropriate response, that they are an effective, cohesive way to address harm minimisation. What's your view of that? Do they improve each other by packaging them together as a whole?

Dr JONES - No, the whole gives you minuscule, alright. The whole, you add them all up, they don't do anywhere near what needs to do to protect Tasmanians. Yes, there is a package of measures, but it's not sufficient to do what we need to do to protect Tasmanians. We need to do better.

CHAIR - But that package of measures has the support of the gambling industry. That's the problem we have, isn't it?

Dr JONES - Yes.

Ms WEBB - You would be aware that amongst that suite of measures they're moving on to it some of the other specifics of it. There's the proposition that for the first time, I think in a very long time, ATMs be allowed to be in place in venues in Tasmania. The assertion is that there's a protectionist part of that, because it's specified that there will be facial recognition technology in the ATMs as well. That will mean that people will be limited to a $400 withdrawal on any given day. Is that something Anglicare regards as positive, neutral or

negative? Maybe you could expand on that. Is this something we could contemplate without too much trouble, or are we concerned about it?

Dr JONES - If what is being proposed means that the machine will limit the amount of money that someone can take, then that is better than what we have now. Where it's up to a venue staff person to remember or 'hang on you've been up before', or they go on shift and the next person responds to the request for cash. If it stops the person being able to get more money above where it's going to be capped at, then that to me would be something that could be useful. The trouble I have though is that amount of money could be beyond their means, because we still need to come back to, yes, it might limit the amount of cash an individual could take out at a point in time, but that divorces it from how much they can actually afford, which is why we need the player precommitment card. So yes, I do think it could be better than what we do have at the moment if it's controlled, but it's not enough to be able to protect people.

Ms WEBB - Thank you.

Ms GLADE-WRIGHT - I'm interested in this line in your submission. It says:

> The report described the relief that many clients of Anglicare Tasmania's Gamblers Help service had felt when they heard that the pre-commitment card would be introduced.

Can you tell me about that, because I'm interested that if somebody's addicted to pokies, that something that might interrupt their enjoyment of poker machines, that would come with a sense of relief. What is that all about.

Dr JONES - Some of it's the sense of agency that people want to be able to have, knowing of their addiction, where can they have a sense of agency? They get a sense of agency when they can actually say: 'hang on, I've got to apply, I've got to work out how much, I've got to do this.' The player precommitment card would allow them to have a sense of agency when they're in a position to be able to exercise the agency. There's a relief about that. 'This might help me, alright?' Where they're owning the addiction, what might help them is something where they can take some agency. That's where we saw the relief. This could help. Now, that's the anecdotal stuff I get to say: 'oh, this would be better for me'. That's what that's referring to.

Ms GLADE-WRIGHT - When you say anecdotally, how many of these types of stories would you have heard?

Dr JONES - Well, one of the support groups has nine people in it, and they were certain, that was where some of the relief was being expressed into that. But the fact that you have someone who's in a support group, that's someone who's been able to acknowledge that they're experiencing harm, they're prepared to be able to go to a group setting. So, this is a small number of the overall who experienced the harm and that's what they're expressing, some relief, yes.

CHAIR - The government will claim that its package of measures need to be viewed as a whole, that there are restrictions on availability, reductions in machine numbers, enhanced exclusion mechanisms, stronger intervention opportunities, modernised operating systems and additional support services, and that no single measure is intended to operate in isolation, rather

that they'll deliver accumulative harm-minimisation benefit, but from your response to Ms Webb's questions, that cumulative harm-minimisation benefit is very small.

Dr JONES - It's still minuscule. Yes, it does accumulate into having some impact, but it's minuscule compared to what you would get if you had a player precommitment card.

CHAIR - Yes.

Dr JONES - It only does this much compared to what the card would do, so that's why yes, accumulates, adds up to not enough, nowhere near enough, too small.

CHAIR - Yes. And Anglicare has strongly advocated and continues to advocate for a mandatory precommitment card.

Just succinctly, can you explain to us, for someone who expresses relief that this card may become policy, exactly how does it work to minimise the harm? Logically we know that, but just to explain to the Committee.

Dr JONES - What people have heard is that it enables them in the cold light of day to work out what money they would be able to lose. That's what we're talking to them about. That's what they're responding to, to work out what they could lose. So, in other words, what we're trying, what we're working with them on is giving them that sense of agency; their capacity to be able to determine what you could lose.

CHAIR - And to date, that technology, we haven't seen it operate anywhere in Australia yet, have we, which is why the industry was so concerned at the thought of it being brought into effect down here?

Is there any jurisdiction in the world that has really world's best-practice EGM frameworks in place?

Dr JONES - Sorry, I don't know.

CHAIR - Do you know, Rebecca?

Ms FORBES - Not off the top of my head.

CHAIR - Anyone who does this well, because it doesn't seem to be us.

Do you have more questions?

Ms WEBB - Yes. One of the areas that is covered by the measures is those gaming care officers, and you spoke about the fact that you provided some thoughts about that and from your submission you've also made some statements about being supportive of that concept in principle, but in terms of where it's operationalised, if you like, in practice, is key from your point of view in terms of it delivering a positive outcome.

Could you speak a little bit more in detail about that?

Dr JONES - What I thought could be helpful would be if you had someone who was able to be in the venues more often that they might be able to help the staff to make sure they were able to implement the code of practice, so that you would actually have people who could come alongside the staff who could help them identify what's the best practice when it comes to how do you respond. I thought it could make sure that those things that are required about the non-provision of this, you know, food and the lights, all of those sorts of things that are required, I think you could help focus on that. And I thought if you had those people available to move across the state at different places at different times of the day and things, I would have thought that could help venues meet the requirements until we get a mandatory precommitment card, right? But until we get that, this could be a way of being able to help the venues do the best that they can do with what the regime is, so that's why I thought those gaming care officers out into venues could have been a good thing.

I don't know how you do that if you're employed by the industry. It seemed to me that it would have been better for us to have those people who are employed alongside the Gamblers Help service or something similar alongside our service or by someone similar because then you're actually coming alongside the staff, but in a way that's not dependent upon who is employed there. They're not captive to whoever is paying the wage. Now, I know it's been funded -

Ms WEBB - It's not a conflict in that sense?

Dr JONES - There'd be a conflict in terms of you're on the side of the patron, you're on the side of helping people be protected, and I thought that it would have been a better place to put them.

Ms WEBB - The industry, I think, judging by the submission we've received from Hospitality Tasmania, which is in the public domain so I can be referring to the things from that, would assert that those gaming officer positions are best placed with industry in order for there to be confidence from industry and engagement with them to get the best outcomes. That if they were employed and connected to something that was separate to industry, the industry wouldn't necessarily be as receptive to it, that they wouldn't necessarily understand the work environment properly if they weren't based in the industry, and that the industry might not, then, engage effectively with the intended outcomes from those gaming care officers. I note that they talk about needing people who understand the working environment, that they need to have venues welcome them so that they'll make time for staff training and act on the advice provided. How do you see that?

Dr JONES - I don't get that because we, at the moment, through our contract that we have, we have our Gamblers Help counsellors visit all of the venues across the state, so we already have people who go into the venues, and they are well received.

Ms WEBB - Can you talk a little bit more about that? What's the expectation about those visits, and what's the outcomes you're looking for?

Dr JONES - We're funded to have the visits, and they go to check about the signage. It's a light-touch visit into the venues, and part of what you're doing is building a relationship with the venue providers so that they know about the service. You talk to the staff, you have a look around. So, it's light touch because it's only a very small part of the contract. I would have thought that the gaming care officers could be the same. They could have the same relationship,

I think, because what they'll be able to do, they'll be able to appreciate what the working environment is, they'll be able to build the relationship with the staff. We've got that now. And I can't see why the gaming care officers employed outside of the industry couldn't continue to do that work, build on that work.

Ms WEBB - So, the Anglicare staff who go into the venues now to do that light touch, sort of check on compliance around signage and whatnot, I guess, and touch base with the venues and the staff in them. Do you find, or is it reported to you, that there's resistance from venues at all, or there's some antagonism between your staff and the venues and their staff, lack of receptivity?

Dr JONES - No, we're well received. I'm just trying to think - for the period of time we're doing it, there's only been one occasion that I can recall where we actually had some concerns from a venue, and it turned out that was to do with the venue was in the process of being sold. Do you know what I mean? There was a reason for it. Otherwise, we're known, right? They have the signs up. On the ground, we don't have any trouble going in and doing the work we need to do. I would have thought that that's where, for me, the gaming care officers could have built on that and added further value to the venue. And I think it would have been done better being outside the industry.

Ms WEBB - What sort of involvement does Anglicare currently have around the training of venue staff, because there's some mandatory training that has to occur, certain periodicity? Is Anglicare involved in that, either developing the training or informing it, or being part of it?

Dr JONES - I'm sorry, I don't know. At one stage we did. I don't know how it happens now.

Ms WEBB - So, Anglicare doesn't have any sort of visibility on the content of the training that's provided?

Dr JONES - We did see it when it first came out. We were involved then, but I don't know currently, sorry.

CHAIR - Can we just confirm, I thought that the gambling care officers were an initiative of the industry itself. Is that correct?

Dr JONES - Sorry, I don't know. We heard about it when the government announced it, so I don't know where it came from.

Ms WEBB - We're presuming it came from industry because we're not aware it came from anywhere else.

CHAIR - To double-check, though, you had a meeting with the Treasurer 10 days before the announcement of the new framework, and the gaming care officers wasn't discussed?

Dr JONES - We had that conversation back in November.

CHAIR - So, the previous discussion that you had with the Treasurer, that's when the gaming care officers were floated, and I'm sure at that time you said all those things you've just said to us?

Dr JONES - Yes, that's right.

CHAIR - It's not what the industry wanted, so that's not what happened.

Ms WEBB - Devil's advocate for a bit: if the gaming care officers are, as has been stated, going to be employed by industry, what harm is that? Could it still not deliver intended outcomes under that model?

Dr JONES - It could, but I don't know how we'd know.

Ms WEBB - And that's a really important question.

Dr JONES - Yeah, because how would we know? Whereas if you're adding it to a contractual obligation for someone outside of industry, then there's also a range of reporting. So, I don't know how they're going to do that.

Ms WEBB - My understanding is, though, that this will be funded through the peak body. Presumably there will be a contract in place from government that provides that funding and a reporting requirement attached to that, you would have to assume. What would you want to see, if industry does host the employment of these officers and it does have a requirement to be reporting back against that funding, what would you expect should be part of that reporting that's done either, I guess, quarterly annual reporting, whatever it might be. What sort of data or information would be able to tell us the extent to which these roles are achieving outcomes?

Dr JONES - I must say I haven't given it any thought. But there'd be the number of contacts and the number of venues. But I'd want to see some examples of intervention, so some examples about where you actually were able to come alongside the staff and provide some specific intervention work. I think that's what I'd be looking to see, so that you could actually test the validity of what they're saying by some really solid examples to provide the evidence that there is that happening. Because it's one thing, 'Oh, I've done all these site visits' or whatever, but it's another thing, 'Well, give us an example about something that happened there that demonstrates the value of caring for people'.

Ms WEBB - Reporting number is pretty meaningless unless you have a baseline and a clear understanding of the changes you're trying to deliver so you can measure against it. Is it something that Anglicare has, in contemplating gaming care officers since last year, given any thought to in terms of what we would like to know as a baseline and then what we would like to be clear about in terms of the objectives that we're seeking to deliver through this initiative?

Dr JONES - No, we haven't given any more thought to it because we were told it was going to be within industry, so we didn't put any more thought into it.

Ms GLADE-WRIGHT - In an ideal world, what are the four key features of a card system that would prevent gambling harm?

Ms FORBES - I have this written down. I think what's vital is that it has a binding precommitment with default loss limits; that it applies to all gamblers; that it's a single system across all venues; and that there is a single card per person. That's the structure that locks together and makes it work.

Ms GLADE-WRIGHT - And why does it work, how does that work, that combination of things?

Ms FORBES - I think the precommitment with the default loss limits means that you have a limit that is set based on evidence. That means that it's targeted, so it's not going to affect those recreational gamblers, but it is going to make a difference to people who are losing a lot more than they can afford. With the work around that, you can make the argument to move it up in the cold light of day and so forth. That it applies to all gamblers is also important because that means that having a card doesn't stigmatise you in the way that we talked about people not reaching out for help or not going to self-exclusion. There are barriers around that that relate to stigma. But having it be universal - anyone who wants to use a poker machine has the card, it's important there. A single system across all venues: it's simpler for everyone, including the venues for a start, but also it addresses the venue-hopping question. Then a single card per person, that's simply how you need to build it in order to have it be relevant.

Ms GLADE-WRIGHT - When you're thinking about the TITO system, how does it compare with that ideal scenario that you've just spoken about?

Dr JONES - We haven't done any work on the ticket-in, ticket-out. I don't know how - it doesn't go anywhere near what we're talking about with a player precommitment card, so we've done no work on it, sorry.

CHAIR - Is it fair to say you haven't done any work on that partly because it's not viewed principally as a harm minimisation measure?

Dr JONES - We're saying that the gold standard is a much better way to go. Why go for ticket-in, ticket-out when you know that this is the gold standard? This will make the difference.

Ms WEBB - Is it of concern that, alongside the ticket-in, ticket-out system, what's proposed is to switch from coin-based play to note acceptors on machines?

CHAIR - Blow more money?

Dr JONES - Yeah, why would you be putting in note acceptors? Why spend the money putting those sorts of things in when you could actually save the money and put it towards a mandatory player precommitment card? That's what we need.

CHAIR - On your submission on page 8, you talk about the framework that Anglicare proposes and advocates for, and how it's supported by the findings of the Deloitte report. Your research confirms that virtually all reduction in revenue due to the implementation of the mandatory precommitment card would be matched by a reduction in gambling harm of an equivalent or greater value, which aligns with the findings of the Deloitte report. Do you want to flesh that out a little bit, given that the Deloitte report probably surprised quite a few of us when it came out so strongly in favour of effective harm minimisation and pointed to the very significant social and economic benefits that would flow from stronger harm minimisation and mandatory precommitment?

Dr JONES - Deloitte revealed the truth of it. The fact is that what we'll end up with is a better Tasmania if we had a player precommitment card. That's what they're saying. That fits

with what we've found anecdotally as well: that you'll end up being able to be in a better place if you actually stop the industry doing what it's doing now and protect Tasmanians.

CHAIR - And we'd be a kinder and safer place, wouldn't we, and a more prosperous place?

Dr JONES - That's what the report says. The Deloitte report says that. I think that would be indeed the case: that we would be a better Tasmania if we could actually do what we can to look after one another, protect one another. And the mandatory player precommitment card will do that.

CHAIR - And so, we've got on the one side of the equation here this suite of measures that government advises us to look at as a whole, which, as you confirm, will have minimal harm minimisation impact. On the other side, we've effectively got this one gold standard, which is mandatory precommitment, and it would have been such a straightforward and simple thing for government to do. When you had your discussion with the Treasurer about what he was thinking of, what did you say to him about - I mean, I don't want to breach any confidences here, but what did you advise him about the suite of measures that he was putting to you relative to what you knew was the gold standard?

Dr JONES - We started with: 'Our view is the gold standard is the best way to protect Tasmanians, to do the best we can around harm minimisation is a player precommitment card. Anything you do less than that is less than that. It is not going to do what we want it to do, which is to protect Tasmanians.'

CHAIR - And are you able to share with the Committee an indication of the Treasurer's response?

Dr JONES - He outlined the sorts of things that we had announced to us on 23 January.

CHAIR - But he didn't say, 'We're not delivering on precommitment'?

Dr JONES - Oh no, they weren't doing precommitment, no.

CHAIR - Absolutely at that point, he said, 'We're not doing it'?

Dr JONES - No. That's right.

Ms WEBB - A few areas to follow up on, thank you. It's interesting to think about the fact you've spoken to us today about the observations from the support programs that Anglicare delivers from people affected by gambling harm that a card would, in fact, give them better choice and control over their use of the machines. One of the assertions that's often brought out by industry and by people who don't want to see a card implemented is that it is a disproportionate response to gambling harm caused by poker machines because it imposes on everybody some form of onerous burden that only some people will benefit from. How do you respond to those sorts of assertions: that we need to maintain everyone's choice to freely do this activity without an onerous burden of a card?

Dr JONES - I have umpteen cards, loyalty cards, you know. That gets me a discount when I get my petrol. There's a whole range of cards that people sign up to. It's not burdensome,

it doesn't stop us doing it. I'm thinking it's the same. And more than that, though: I think Tasmanians want to help other Tasmanians. So, I think it's not an unreasonable thing and it's just another card you'll sign on to. If that's what you want to do, it's another card that you'll sign on to. It can be relatively straightforward, I don't think it's that hard to do. I think Tasmanians are prepared to do it to protect their fellow Tasmanians and I think that's easy enough for them to do.

Ms WEBB - From your understanding of the evidence we have about the use of poker machines in Tasmania through our social economic impact studies over the years, the limits that are proposed to be on the card that we were contemplating bringing in - the $100-a-day, $500-a-month, $5000-a-year, I think that was it, is that correct? Anyway, you know the ones I mean. Would that have impinged on the use of a genuinely recreational poker machine user in Tasmania?

Dr JONES - I don't have a lot of contact with recreational gamblers because our contact is with the others, but I can't imagine why it would if it's a recreation. But even those with limits that you could then make adjustments to and things, you know, what level would it need to be? What we're wanting to do is protect people. I would have thought those numbers sound to me reasonable for recreation, but I don't have a view.

Ms WEBB - Some of the other features of the cards that we haven't talked about in much detail yet but are put forward as significant in terms of empowering the users of the machines relate to the information and data that can be provided back to you as a user because of the automated system via the card. So, at the moment, I think that we're in a situation where, as a user of machines, you can lose track quite readily of your use of poker machines. If you're in a situation where you're being harmed, that can be a real factor. Can you talk a little bit more about the value of that?

Dr JONES - One of the things that appealed to us about the information that a person can get, that will indicate to them when and how much. That we saw as being helpful for them when it came to what they might be able to do to be able to take some control of things for themselves. It actually gave them some information that they don't have often. They might get a bit of a sense about what's no longer in their wallet or in their bank, but to actually try to help them quantify that, to look at what it is so that you can actually look at their pattern and their use, and what else was going on in their lives, that's how we could see an advantage of it.

Ms WEBB - And how that might work in practice is the idea that that might be a monthly statement that people might get or some sort of -?

Dr JONES - Yes, a monthly statement, some alert to them. And then what we saw that as being part of, it could be used therapeutically with them, as well as trying to highlight to people because we're saying, 'We want you to come to see us earlier' than we get, so before crisis, we're hoping that sort of information might alert someone to something. So, even without it being therapeutic, before it gets there, it might alert them. We could see some advantages in people seeing that information in front of them in a particular way that might help them see the extent of what's been happening to them.

Ms WEBB - Then another aspect of the potential proposed card that would have potentially been a key harm minimisation feature was the fact that you could build in breaks in play. When you're using a card, you can have programmed breaks in play occur, where

someone has to cease playing for a short period of time - 10 minutes, or perhaps has to move to a different machine to keep playing, or whatever it might be. Can you speak about the value of that?

Dr JONES - Yes, it was one of the things where you'd want to look at how do you help people if they're in the midst of a focus because of their addiction? What we were keen to do at different points in time was, let's move the food and the drink away, so they've got to get up. Let's mean that you actually have to go further afield to smoke. There was a whole range of things that came from a break in play, and we thought that if we know that there's something about someone's, when they're in the midst of that addiction and in that use, if we know from the research that they've said that there is some benefit in that, then the player precommitment card would have that built in. You could put in those breaks and then give yourself the opportunity to step away to consider it. So, it's another advantage in the gold standard that we have with the card.

Ms WEBB - In terms of the measures proposed by the government, the Treasurer has asserted that the fact that you can load up the machine, either with the cash through the note acceptors, or the ticket-in, ticket-out system, up to $200 can load onto the machine. But then once that's exhausted, you'll need to load another lot on and might have to reach into your pocket for the cash for that, for an example; that that's a break in play. Is that your understanding of a break in play?

Dr JONES - What we wanted people to do was to get away from the machines altogether. That's what the breaks in play were to do. What we were hoping was that, with the technology behind the card, it would enforce those breaks so you'd actually be able, because of the length of time, you'd actually get away. That's what we were hoping that you would be able to do -

Ms WEBB - That's what the evidence would suggest.

Dr JONES - assess, that you have to get away.

CHAIR - But there's nothing in any of the measures that the government's proposed that encourage people to take a break from the machine?

Dr JONES - Not for any length of time, no.

CHAIR - I've got a question about the cap proposal. There is a legislative cap of 2,350 EGMs[3] in hotels and clubs, and 1,180 in casinos, and there was a ministerial direction which effectively caps the number of EGM authorities at the level in operation on 1 July [2026] this year. The Government argues that the effect of this policy will ultimately be an ongoing reduction in the number of EGMs, that it will prevent future growth in EGMs, while avoiding the need to remove existing machines from venues, and that it will gradually reduce machine availability over time. What's Anglicare's position on the proposed caps, which some of us might argue run at saturation level already?

Dr JONES - I would have thought we've got enough machines now. Enough is enough.

[3] Electronic gaming machine

CHAIR - Well, what they're saying is that they're going to gradually, two-for-one, basically bring down the number of machines in venues. I mean, first of all, the industry doesn't like that. So how long that lasts for we will see. But is that something you'd regard as a harm minimisation measure?

Dr JONES - Less machines is, yes. But again, over what period of time and how many are still going to be left? We've got more than enough. So again, minuscule.

CHAIR - Tinkering, really.

Ms WEBB - Are you aware that, because of that announcement in January about that particular measure and it coming into play from 1 July, the applications made for more machines mean that by September, by about now actually, we will actually hit the cap for the first time ever in this state?

Dr JONES - That's what that caused to happen.

CHAIR - Yes, there was a rush to get licences.

Dr JONES - Yes, a rush to get them and we already had enough machines. It's more than enough machines. That's what they've done.

Ms WEBB - Any slow reduction that may occur now from machines being relinquished, and one in every two of those being taken out of the pool altogether, will take whatever period of time it takes to get us back to where we were at January this year.

Dr JONES - That's it.

CHAIR - Again, this would have been a matter that came up in one of your conversations with the Treasurer: that the government was proposing this sort of flexible cap in some ways on the machines. What did you say to the Treasurer about this proposal?

Dr JONES - That we've got more than enough machines, got more than enough, and reminded him that our view was that they should be taken out of pubs and clubs anyway. That had been the position we'd advocated for. The idea that you're going to create a bubble so you come up to the current cap and then at what point in time reduce, we had enough machines, more than enough machines.

CHAIR - The government will argue that it's complementary, this measure will be complementary to their other alleged harm minimisation measures, and that it will be an effective part of the suite of harm minimisation measures. Is there any evidence of that?

Dr JONES - Can't see it, no. And again, minuscule. Because of the number of machines that we still will have over what period of time, we still have too much harm in Tasmania.

Ms WEBB - One of the assertions that we've seen come through again in a submission from the industry - and it's one that you and I will both be quite familiar with, it's one that has been brought forward for years and years, is that if we were to put a pokies card in place, or any harm minimisation measure that the industry doesn't like, it won't be effective because we will, by being onerous and putting unreasonable restrictions on people's use of poker machines,

push them to other forms of gambling where they will have even less protections in place around them and even more harm will be caused. So, how could we possibly contemplate such a thing? That's an assertion that's cropping up yet again. Could you respond to that, particularly in terms of the experience that Anglicare has through the gambling support programs around that displacement and transfer of gambling harm?

Dr JONES - We don't have evidence of people moving from poker machines to other forms of gambling in any large number. We don't see that. What we do see in - and if we're thinking about something like the Deloitte report, would be indicating that doesn't necessarily flow, that what you could end up with is actually, with these measures in place, you could have less harm being caused in Tasmanians because you are protecting them from what is, at the moment and what we can see continuing, be their choice, which is the machines. So, if that's their choice, let's actually do what we can to protect them there. Now, if that means that they move on to other forms of gambling, then let's have a conversation about how we protect them there. But, hey, we know they're using these machines. Every indication is they're going to continue to use the machines. Let's help them, let's protect them, let's put in the gold standard so we can protect them from what we know is their choice.

CHAIR - But just checking, there are other addictions, there are other ways for people to spend their money on harmful conduct. But EGMs are almost in a different category, aren't they? Poker machine addiction. They're so predatory, designed to take money out of people's pockets. This is a particular aspect of these machines which is particularly pernicious. I mean, maybe you're the wrong person to ask about relativities of addiction, but it's such a profoundly addictive machine.

Dr JONES - It was interesting for us, when we were doing some of the community education with the Alliance for Gambling Reform and Mark's own experience to say, well, yes, there are other forms of gambling that people become addicted to. What do we need to do? We need to introduce harm minimisation practices there. Yes, with the Sportsbet, let's do that. Meanwhile, what we know is poker machines have a particular way of attracting and causing harm. Let's stop it. Let's stop it.

Ms WEBB - Surely, if we thought that poker machines are a safer place for people to display their addiction to gambling than others, we wouldn't put self-exclusion schemes in place. We'd be looking to keep them there. Would that be the case?

Dr JONES - Yeah. We know that the poker machines cause harm. What we also know is that there's ways of protecting people from the harm. Player precommitment is the best way we've got to be able to protect them.

Ms WEBB - Do you find that people coming to seek support from the services that Anglicare provides who choose to go into the self-exclusion scheme for poker machines displace to other forms of gambling while they're excluded from poker machine venues?

Dr JONES - It's such a small number of people, I can't recall that happening, no. I don't know. Because as we said before, small number of a small number of a small number.

Ms WEBB - Yep. It's interesting. It's certainly one of those, I think, un-evidenced decisions that come out in this space. And, as you say, why would we not contemplate how to put harm minimisation in place in each environment? We certainly require children to wear

helmets on bikes and we put fences around pools; we don't not do one or the other just because both activities are potentially harmful.

CHAIR - Yeah, but you're not dealing with the pool industry in the same way that you are big gambling.

Ms GLADE-WRIGHT - We spoke a little bit about facial-recognition technology, but I'm interested in hearing a bit more about what you think the shortcomings of that proposal are.

Dr JONES - I think it could be of benefit when it comes to the small number of people who are self-excluding. It could be of benefit there. But if we're going to invest into technology, and we're going to put all our resource into doing a technological response, do the card. Do the card, which we know will actually put limits in. It will do a whole range of things. I would have thought that is a better way to go to make sure we go to the gold standard. So, let's do that. If we're prepared to do things, use technology, then let's go to where we know this is going to make the difference. Let's go there, let's reduce the harm there.

Ms GLADE-WRIGHT - FRT is only useful for the very small number of people who are self-excluded, is that right? More generally, it's a little bit useless?

Dr JONES -Well, I don't know what you're - sorry?

Ms FORBES - The policy is that that's what it would be used for, is for people who are self-excluded and who the venue does not recognise. That's the value-add that's being proposed, which is a tiny group of people.

Ms WEBB - Perhaps you could explain how a self-exclusion scheme is built into the card's functionality as well so that you don't need a separate exclusion scheme if you have a card.

Dr JONES -Yes, because you won't get a card if you're self-excluded. Straight up, you don't need all of that other investment. The card will do it for you.

Ms WEBB - The card is deactivated and you can't get another one.

Dr JONES - Can't get another. I think the facial recognition is interesting. People, well, you know, 'Oh, this will solve everything'. But how? What they're proposing, how? Whereas the card will do it, the card will help people. I can't see how the facial recognition is going to do it.

CHAIR - Yes, that's right. But because the card would help people and, therefore, eat into the industry's profits, the industry has proposed facial recognition technology.

Ms WEBB - Some of the things that come through, even from the industry submission, which are really interesting and merit consideration, are around evaluation. We've also heard from COTA on that as well: that they would want to see an evaluation framework put in place so that we can understand the impact and measure what, if any, success is resulting from measures the government may put in place. From Anglicare's point of view, what would we need to be considering in terms of measuring and reporting on to give us a sense of the impact

and the success, or otherwise, in terms of harm minimisation from the government's suite of measures?

Ms FORBES - I might have to give it some thought.

Ms WEBB - I appreciate I'm sort of putting you on the spot and you haven't necessarily done this as a comprehensive piece of policy work at this point in time. We could potentially write to you as a question on notice and give you time to gather your thoughts. But I think the Committee would, or certainly as a member of the Committee, I would be interested in Anglicare's thoughts on what would we be looking for to measure the outcomes, the impact and the success, or otherwise, of the government's proposed measures. Because that would also tell us whether, in fact, at the moment we collect the right data, whether we have information available and, if not, what we would think about in those spaces.

Dr JONES - My mind goes to the sorts of things we've done before when we've looked at the social and economic impact study; what are the sorts of things that we've already said that need to go into that that we could use when it comes to answering that question?

Ms WEBB - We do have our social and economic impact study, now done every five years instead of every three, as it used to be. That's not designed to evaluate success or otherwise of government measures that may be brought in. If we were wanting to evaluate the success or otherwise of government measures, we would have to have a different piece of research or assessment done?

CHAIR - Well, expand the SEIS.[4]

Ms WEBB - What's your view on what would be the way to do it?

Dr JONES - I'm interested in actually using that tool. It needs to go back to being done more regularly than what it is now. I think we ought to expand what that looks at so we can pick up some of these things. That, to me, would be - because I like the fact that it's independent, that it's done outside, it's robust. I think that it's a missed opportunity, and I think there's something about trying to use that as a useful tool. The exact nature of how that applies to evaluating what the harm minimisation measures announced by the government are going to do, it might not be granular enough for that.

Ms WEBB - Could the Committee write to you to seek some details\ about the sorts of things you've sought to have included in the SEIS before and if you do have any thoughts on evaluation measures for these proposed suites?

Dr JONES - Mhm.

Ms WEBB - Thank you, I appreciate that.

CHAIR - I mean, it is a hard question. What do you measure, how do you evaluate the effectiveness, other than more people reaching out for help, more people presenting to other community service providers, more homelessness, more family violence, more distress?

[4] social and economic impact study

Dr JONES - It's almost counterintuitive because one sense that if these measures were effective and there was less harm, you'd have less people coming to the service. But actually, no, there should be more people coming to the service. Do you know what I mean?

CHAIR - There'd be a period where there were more, yes.

Ms WEBB - There's one key data point that would tell us to some extent, and without seeing that data point change, there's no way we can - let's be really frank about this, unless we see losses go down, no one can claim that harm minimisation measures are working, surely.

Dr JONES - That's right, because of the rate of expenditure for problem gamblers, the sheer amount of money that the problem gamblers spend.

Ms WEBB - As a proportion of the losses, what's our understanding currently?

Dr JONES - Not off the top of my head, Meg, sorry.

CHAIR - But the addicts are critical to the business model of the industry.

Ms WEBB - One of the other things I was wondering about, because we did hear from COTA on this, COTA was able to speak to some particular vulnerabilities in older cohorts of Tasmanians that may be there. Is there anything that Anglicare could share with us from its experience delivering the gambling support programs about particular cohorts of Tasmanians that are vulnerable when it comes to poker machine harm that we could and should have in mind if we're thinking about design of harm minimisation measures?

Dr JONES - I'm not sure that our data indicates any particular cohort.

CHAIR - What about proximity and poverty?

Dr JONES - Postcode would be the one, probably. I'm just trying to think what - to the extent that that data is, I don't know that we'd point to anything. I mean, it's so pervasive. It's so pervasive because we have a whole range of people who, in the normal course, are coming to our Gamblers Help program that would not be an Anglicare client in other ways. It's the pervasiveness of that which means that you don't have - I don't think I can identify a particular cohort because of the pervasiveness of the problem in Tasmania with the gaming machines.

Ms WEBB - It's across all age brackets?

Dr JONES - Age.

Ms WEBB - Yes.

Dr JONES - CALD, indigeneity. It's a whole range, yeah, which is part of the problem, which is why the card would make so much difference for us. It's across the whole, everybody. If you're going to play, you've got to have a card. Doesn't matter where you live or what your background is, you've got to have a card. Everyone's got to have a card so we can protect everyone.

Ms WEBB - Whereas the industry would say, and says in their submission, that we should just be targeting our harm reduction measures to people who are demonstrably being harmed. That's their assertion: that we should be targeted about it rather than imposing on everybody.

Dr JONES - I don't think it's an imposition. I really think that it's something that Tasmanians will come on board with. They'll want to protect one another. I think people will, like they do with other cards, be willing to sign on. So, I don't think it's an imposition.

Ms WEBB - From your understanding, through the support programs that Anglicare delivers and through the visits to venues that your staff at times do, do you think that venues are responding appropriately to meet their intended responsibilities under responsible service of gaming products currently? I'm trying to get a sense of the quantum of that. How well are those responsibilities being met, or otherwise?

Dr JONES - I think, from what the staff who make the visits say, that they are well received, the things that they look at are there. I don't see what more they could do with the regime they've got now when it's so hard for them to do that work.

Ms WEBB - What's our understanding of the extent to which interventions might occur? In that, I'm saying even just gentle interventions where it's observed that somebody might be using a poker machine and may have a problem controlling the use of that poker machine, so staff approach the person to have conversations about referrals, to have conversations about avenues of support, or whatever it might be. What do we know about the degree to which that happens now?

Ms FORBES - I would say that we did have a comment in our submission to the Social and Economic Impact Survey from Gambler's Help that they had noticed that where venue staff might be confident about approaching formally, self-excluded patrons, there were staff who identified challenges in initiating early intervention conversations where they weren't subject to formal exclusion. That is something that venue staff said themselves.

CHAIR - Do you think it's happening at all? And how would we know?

Dr JONES - Even if it was happening or if it wasn't happening, that's the problem. We're dependent upon the venue staff at a point in time being responsible enough, identifying it properly enough, having the confidence to do this and all that sort of stuff. A card would solve that. A card would actually be able to take that responsibility and put it back with the individual agency to be able to do that. I think that would be a better place for it to sit than expecting something of venue staff to be able to do that. I think what we've got is perhaps it happening well in some places at different points in time or not at different points of time. That's our problem. Let's move it from that and move it into the card. The card will guide that and drive it, and that'll be the best protection that you could have.

CHAIR - There's an inherent conflict though, isn't there, in having the staff of a venue who are reliant on the venue for their paid work having a level of responsibility, which is a human care responsibility, obviously, to go and say to someone who they've identified might be blowing their weekly income there. That tension is possibly why we're not seeing results necessarily, or we don't even know if it's happening.

Ms WEBB - With the Government's assertion that they've put the card on hold because we can't lead the nation on it, apparently, that we have to wait to follow others down that path potentially in the future, what's your response to that assertion that we can't lead the nation, that we have to see others implement a card first and learn from them, and follow a pathway that's been forged by others?

Dr JONES - There's all sorts of times when we want to lead the nation and pride ourselves in being able to lead the nation. This is another one of those times. Let's lead the nation, let's put it in, show people what you can do to protect others. And I think it's one of those times where people need to have the boldness and the courage that we hear them talking about in all sorts of other areas and take it and put it into here. Let's put the mandatory precommitment card in place to protect one another. I think that's nation-leading, and what a good thing for the nation.

Ms WEBB - During the period of time where we had the card announced and it was being progressed as Government policy across that couple of years that that was occurring, did Anglicare Tasmania have conversations with gambling support providers from other jurisdictions about Tasmania's intention to implement a card at that point?

Dr JONES - Only when we have the family gathering is when I recall it, the other Anglicares across the country. They were interested to see how it was actually going to work because it matters for them where they are. There wasn't a sense of, 'Oh, no, you can't do it'. There was a sense of, 'This is exciting. Let's get this right', because it'll be good for them. So, that was the only contact when we had that sort of family gathering, if you like, of other Anglicares, where you could see it because other jurisdictions, as we know, face similar issues to us when it comes to the problem of gambling, and they could see this as us leading the way. And we still can.

CHAIR - But the concentration of harm here is potentially higher because we're the oldest, fastest-ageing, poorest state in the country.

Ms WEBB - At times, we have been somewhat protected because of other features we do have in place here, but now we're seeing losses escalate since the switch to individual venue licences in 2023, is my observation of that phenomenon. Is it something that Anglicare is turning its mind to examine in more detail to look at what's driving the increase in losses over these past couple of years?

Dr JONES - We want the harm reduced, so our energy and effort has gone into, 'Let's see if we can get the gold standard card in', because then that's the best way we can see for protecting people. So, I haven't looked at those other things, no.

Ms WEBB - One of the things I'm interested in is the role of the Tasmanian Liquor and Gaming Commission and the commissioners. They have legislated roles, including to provide research and advice on harm minimisation. But they're also constrained in what they can give effect to under a ministerial direction when it comes to putting rules in place. We've seen that quite distinctly in the recent series of events, where they attempted to put a standardised closure-hour period of seven hours, from 2:00 am to 9:00 am, and then that was reversed - I think, for the first time ever, reversed by a ministerial direction to make it a non-standard seven-hour period. So, clearly the commission is quite limited in in terms of how it can best fulfil its role to minimise harm. Has Anglicare given any thought to, or have any views on the

independent statutory role that's there for the commission, and how that may be strengthened or made more effective in terms of delivering outcomes around harm minimisation?

Dr JONES - Over the years, I've had all sorts of things to say about the Liquor and Gaming Commission and its independence, and no matter who's been on the commission, what their responsibilities, I come back to, let's not absolve the politicians and the minister from what they need to do.

CHAIR - Yes.

Dr JONES - Fundamentally, the commission has its statutory responsibilities. As I said, I've had different things to say about it, depending on who's been in the commission, but what is common for me is the minister has the responsibility, and I think we need to make sure we hold the minister to account for what's best in Tasmania's interest. So, the gaming commission can give effect to that, but in the end the minister has to be the one who says Tasmanians are going to be protected. We had a minister who did that. We need another minister who's going to be prepared to do the same thing. Let's go with the gold standard.

CHAIR - He paid a really heavy price in part for saying and doing that.

Dr JONES - Yes.

CHAIR - In part.

Ms WEBB - My understanding is that the Deloitte report - because at the time it was commissioned by government the then-treasurer, who was promoting, or progressing the card, wasn't responsible for commissioning that report from Deloitte. It was commissioned out of the then-Department of State Growth, under a different minister. Delivered to the Department of State Growth, I guess as it was still then, as a product put up on the State Growth website in January quietly, with no announcement or fanfare from the government. My understanding is that the Deloitte report hasn't gone to Cabinet. We'll be able to check that with the Treasurer when we speak with him.

Would you regard it as disappointing if that piece of work commissioned by the government - we're assuming at the behest of industry, but we don't know that either yet - has not necessarily been considered, given what it says about a card and its value, not necessarily being considered by Cabinet?

Dr JONES - I think the Deloitte report was so exciting to receive, because what it indicated was what we've been saying: that actually a card would help; that it provided what was needed for what they'd been commissioned, about what the impact would be. So, I'm quite excited about it actually named it up. I thought, 'This is great'. Now, I don't know where it sits in the machinations of government that you spoke about. However, what we do know, the report is there and it's really clear. That boosts the argument that I have that the card will actually help us protect one another. So, the report's there. I think the government do need to take account of it and then that would boost our argument for them in their taking account of it that we come to the player precommitment card.

Ms WEBB - Other than the interactions that you have with the Treasurer on some of these matters - and as a funded organisation delivering services in this area, specifically, you

have those particular sorts of interactions - other than that, in a broader sense, does Anglicare Tasmania advocate to the government more broadly, and to the Cabinet more broadly, about its views and its advocacy for the card, and for example in support of the Deloitte report? Has Anglicare written to all Cabinet members, for example, or members of the government, to present this?

Dr JONES - No, we wouldn't have done that about the Deloitte. But in all of my meetings with members of the government, I refer to our commitment to protecting Tasmanians from gambling harm, which is the gold standard, the player precommitment card. When I was meeting with the minister for Housing recently, 'by the way, as you know, we are committed to this', so I use the opportunity when I'm meeting with members of government and with the members of the Labor Party as well on the importance of the player precommitment card to protecting Tasmanians.

Ms O'CONNOR - Can I just check -

Dr JONES - So, it's not the Deloitte report, it's more the -

Ms WEBB - Yes, because my line of questioning **-**

CHAIR - Evidence-based.

Dr JONES - Because your question was about Deloitte.

Ms WEBB - Yes, because my line of questioning comes from the fact that they can say, 'Oh well, somebody else commissioned that; it's nothing to do with the Treasurer, it's nothing to do with Cabinet because we're not presenting it to Cabinet.' Cabinet can pretend it knows nothing about it and consider nothing about it.

CHAIR - But State Growth commissioned it.

Ms WEBB - Yes, but if it hasn't been taken to Cabinet, Cabinet can say 'Oh, we know nothing about that'.

CHAIR - Do you think it's possible, given that the Deloitte report has sort of sat on the public record after some delay for 10 months, we have all this evidence here of what the real way to reduce harm - I really admire your optimism. It feels, in some ways, at least under this Government for this term, that the train has left the station; that despite all that they hear from Anglicare, Council on the Ageing, Liquor and Gaming Commission applying their statutory responsibility to minimise harm, despite all of the evidence, that this Government sort of locked in around what the industry wants for this term at least.

Dr JONES - Yes, that might appear to be the case, but I'm still going to say we need the player precommitment card. I'm going to keep saying that the best way you can help Tasmanians for whom gambling is an addiction is actually for us to all share that responsibility, and let's go to the player precommitment card. Yeah, I'm going to keep on going.

CHAIR - Well, thankfully. Very glad you are.

Ms WEBB - Can I come back to the gambling exclusion scheme and the proposed upgrades, if you like, to that just in terms of modernising it to some extent so that people aren't flicking through books of old photos at a desk at every venue. The suggestion is that putting it into a more digital space, people will have an opportunity to more readily and with immediate effect, add themselves to the scheme, for example. What it will take away is the current pathway, which has been described by some as 'too lengthy' and problematic, potentially, because the current pathway is people have to engage with a support service in order to get onto the scheme.

On the face of it, it does seem like a positive proposal to make it a more immediate effect. While you're in the heat of the moment, perhaps at a crisis point in a venue, you might want to exclude yourself in order to immediately put that barrier there and stop harm occurring to you. We wouldn't want to think you shouldn't do that. However, on the other side, I imagine there's some concern if as an automatic part of that you're not connected in with support services.

Can you speak about what your hope is in terms of upgrading that system reasonably into a digital space and into a more modern approach, but how that fits across with support?

Dr JONES - What we're hoping is that then when people do that, it will also automate a referral to us, as you can now; we get the calls so that we can actually then follow up. That's up to whether people want to take up the opportunity, but what we're hoping is that the referral will come to us when they lodge it. Then there were some questions about, well, that they might have to tick a box for the release of their information to us. We're hoping that that option will be there.

CHAIR - Have you had that discussion with Government?

Dr JONES - Yes - well, part of it is, as it's operationalised, what does it look like and how's it going to look? But that's what we're saying - is it will be good for them to have an automatic referral that we get notified with their details so we can reach out to the person.

Ms WEBB - But you don't have any assurances at this point in time about whether that will be included -

Dr JONES - No, I haven't heard how it's going to land yet, no.

Ms WEBB - What's your expectation about a timeline on that?

Dr JONES - Don't know.

Ms WEBB - I'm trying to remember; it's in the documents here somewhere I think about the different timelines for the different measures of this suite of measures that the Treasurer has put out, where the upgrade of the exclusion scheme and the inclusion of facial recognition, where that comes into the mix. But it's in development now, from what you're describing.

Dr JONES - I don't know about in development, but we were asked what was our view about it. One of the things that we said was that it would be really good if we could get notified. That was the particular thing that we were after.

Ms WEBB - The holder of that scheme - the scheme is held where? Who is responsible for holding the scheme?

Dr JONES - Sorry, I thought it was the commission, but I don't know.

Ms WEBB - Because currently there's 50-plus venues using facial recognition apparently in conjunction with the scheme. What's your understanding about information being shared into that digital space with those systems currently from the scheme.

Dr JONES - I only heard about that because of evidence you received, so I don't know.

Ms WEBB - It's something to explore further.

CHAIR - So we don't know where the database sits?

Ms WEBB - Well, I thought it was with the commission too, or with the regulatory part there in Treasury and the Liquor and Gaming branch in Treasury perhaps. But we'll clarify it, because I'm interested, since we've got 50-plus venues using facial recognition technology, theoretically, I think to help them with exclusion at the moment, somebody must have put the photos into their systems in order for that to be in effect, and I'm not sure about the legislative basis for doing that. Thank you.

I'll just have a quick flick through, but I think we've nearly got to the end of my list. Were there any areas of the announced measures that we haven't gone into in some detail yet that Anglicare had some further detail to provide or wanted to make particular points about from that list of things?

Dr JONES - No, because I come back to it's minuscule.

CHAIR - Bordering on ineffectual; bordering on that.

Ms WEBB - And just to be really clear, each aspect of it is minuscule and the totality when you consider it together as a comprehensive suite is minuscule?

Dr JONES - I think each of the things are so small compared to what the player precommitment card would be and then I think when you add it all together, it's still too far away from the player precommitment card. It's minuscule.

Ms WEBB - Thank you.

CHAIR - Anymore questions, Clare? Are there any closing words that you'd like to say?

Dr JONES - I'm still hopeful. I'm grateful for the Committee's hearing in the matter and I think that Tasmanians do want to do things to protect one another. I think this hearing helps people understand something about why the nature of it, so I'm grateful for the work that you guys are doing. Thank you.

CHAIR - And we're grateful for your work, too. Thank you.

Thank you so much to both of you for taking the time to come before us today and provide evidence to the Committee on this very important subject. The evidence you've provided at the hearing today is protected by parliamentary privilege. I'd like to take this opportunity just to remind you that any comments that you make to the media or others outside of this room, even if you repeat what you've said in here, will not be protected by privilege. That's pretty clear to you both, isn't it?

WITNESSES - Yes.

CHAIR - Thank you again so much for your time, for your submission and your advocacy for marginalised Tasmanians.

The witnesses withdrew.

The Committee adjourned at 3:13 pm.