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Committee Secretary Senate Standing Committees on Environment and Communications

By email: ec.sen@aph.gov.au

Interactive Gambling Amendment (Prohibition on Credit Card Use) Bill 2020

Relationships Australia welcomes the opportunity to make this submission, which aligns with our recent submission to the Australian Communications and Media Authority's (ACMA) *Review of Part 2B of the Interactive Gambling Act 2001 "Credit Betting Provisions" consultation paper.*

1 The work of Relationships Australia

We are an Australian federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others. Members of the Relationships Australia Federation have been providing gambling help services for many years (for example, Relationships Australia South Australia has provided Gambling Help Services (GHS) for over 20 years).

The core of our work is relationships – through our programs we work with people to enhance and improve relationships in the family, whether or not the family is together, with friends and colleagues, and within communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These rights permeate all of our work.

Relationships Australia is committed to:

- Working in rural and remote areas, recognising that there are fewer resources available to people in these areas, and that they live with pressures, complexities and uncertainties not experienced by those living in cities and regional centres.
- Collaboration. We work collectively with local and peak body organisations to deliver a spectrum of prevention, early and tertiary intervention programs with older people, men, women, young people and children. We recognise that often a complex suite of supports (for example, drug and alcohol services, family support programs, mental health services, gambling services, and public housing) is needed by people affected by family violence and other complexities in relationships.
- Enriching family relationships, including providing support to parents, and encouraging good and respectful communication.

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- Ensuring that social and financial disadvantage is not a barrier to accessing services.
- Contributing its practice evidence and skills to research projects, to the development of public policy and to the provision of effective supports to families.

2 Mitigating the harms of online gambling

The views expressed in this submission are underpinned by the principles that, to provide reasonable and proportionate mitigation of the harms of online gambling, Government should:

- make online credit betting less accessible by increasing 'barriers to entry' to online gambling, including by strong, robustly-enforced credit betting prohibitions, and
- lower 'barriers to exit' from online gambling, ensuring that gamblers who wish to extricate themselves both from online gambling in general, and online gambling on credit in particular, can do so easily and swiftly.

In pursuit of these principles, Relationships Australia supports the Bill's intent and recommends that this Committee endorse its passage into legislation.

While we refrain from making comment on the technical aspects of the Bill and the provisions it proposes, we have set out below a number of critical considerations which, we hope, will assist the Committee in confirming the need for, and appropriateness of, the measures proposed in this Bill.

Client story #1: "The self-barring processes are unmanageable"

Our client was a young man in his early twenties who was studying at University. He was engaged in online sports betting, mainly horse racing. He had decided to stop gambling, and his first step was to bar himself from all the betting companies with whom he had registered. In his experience, the barring processes were convoluted and complicated to the point of being unmanageable. Specifically with regard to a commonly used online betting website, the client could not find a withdrawal or barring option. The client's recovery was significantly undermined by these circumstances.

Client story #2: "They wouldn't release her money for 24 hours"

Our client was a woman in her forties who had recently lost her highly paid fly in/fly out mining job. When working, she gambled at a high level because she had an income that could maintain it. The client told us she gambled on a site that offered mostly casino games. After losing her job, she had difficulties in containing her gambling activity. She said that, when she did have a win, the site refused to payout for twenty-four hours, by which time she had always gambled again. She said that if she had received the money immediately, she might not have. The counsellor looked at the web site, discovered that it was run overseas, and inferred that the site was not subject to Australian Law.

3 Gambling and relationships

Our experience of providing gambling help services is that gambling, for some individuals, becomes a substantial barrier preventing them from initiating and nurturing social connections

with family, friends and the broader community. Those individuals can, without noticing, become increasingly isolated, losing the protective factors that social connection provides, and leaving them vulnerable to a range of harms to physical and mental health that accompany social exclusion and loneliness.

Social connection has been studied extensively, both in Australia and overseas, with authors now firmly agreeing about the importance of social connection in shaping wellbeing across the life span, particularly in later life. So important and fundamental is our need to belong, it has often been considered as central to human evolution, with group membership increasing the survival of the human species by encouraging our ancestors to coordinate activities that promoted advantages such as sharing and protecting food, shelter and resources (Baumeister & Learly, 1995).

It is therefore not surprising that deficits in experiences and feelings of belonging have been associated with a range of poor mental, physical and socio-economic outcomes for people, their families and communities. In a recent meta-analytical review of literature, it was found that people who are socially isolated or lonely are at risk of premature mortality at rates comparable with other well-established risk factors, including lack of physical activity, obesity, substance abuse, poor mental health, injury and violence (Holt-Lunstad, 2015). The research literature also identifies relationships between loneliness and poor mental health, including depression (Rubin & Mills, 1998; Nangle *et. al.*, 2003, Wang *et al*, 2018, McDonald, 2018), lower levels of self-worth (Qualter & Munn, 2002), life satisfaction (Goodwin, Cook, & Yung, 2001) and subjective wellbeing (Chipuer, Bramston & Pretty, 2003).

In studies of young people, social isolation and loneliness have consistently been associated with poor health outcomes. Pressman and colleagues (2005), for example, found small social networks were independently associated with poor immune response, while adolescents who do not have close friendships and good social networks consistently report lower levels of self-esteem, more psychological symptoms of maladjustment, and are at higher risk of suicide (Kidd, 2004). For older cohorts, loneliness has been found to be a predictor of functional decline and premature death (Perissinotto, 2012), with a lack of social connection carrying health risks equivalent to other known risky behaviours such as smoking 15 cigarettes a day (Valtorta, 2016b).

Client story #3: "He couldn't spend time with his kids"

Our client was an ex-sportsperson of some note and constantly watched games on TV. When watching the AFL, he placed bets on things such as who would kick the first goal and who might place the next tackle or how many disposals a particular player may get. Upon losing, he became angry and aggressive. He sought help and stopped watching sports on television in order to avoid gambling triggers. This meant that, in support of the gambler and his recovery, his partner and children were no longer able to watch sports at home, either. The problem was so overwhelming for the client that going to his children's sports events prompted urges to gamble that ultimately led him to abstain from attending. Online gambling essentially posed restrictions on family choices and activities, and ultimately limited the degree to which the client was able to share his children's lives.

Client story #4: It consumed him, and he felt like he had no future

Our client noticed that his attention to work and other domains of his life had decreased, while his time thinking or accessing online gambling had become a preoccupation - bordering on obsession – that was literally at his fingertips. While initially his interest lay with specific games or teams, he soon found himself betting online at any opportunity: while on a work break, in between driving to appointments, and at the end of the day to seek relief if it had been particularly slow or there had been tensions. The impact of his increased gambling activity manifested in his finances where he, despite working hard, was left with no savings at all. On further reflection, the client realised that online gambling had become all-consuming, and prevented him from spending time with friends whose company he once enjoyed and valued. It also meant less opportunity to invest his money in activities and future planning. He found this most upsetting, and started to think and feel that he 'had no future'.

Gambling and intimate partner violence

Recent Australian research has found, inter alia, that:

- gambling does not directly cause intimate partner violence, but can intersect with it in a range of different ways, including by exacerbating existing violence
- the community lacks awareness about the impact of problem gambling and its links to intimate partner violence, and
- gambling-related harm (including economic abuse) is enabled by current protocols of gambling operators and financial institutions (*Hing* et al, 2020).

4 Online gambling as a public health issue

Definition

Online gambling is largely synonymous with internet, remote, and interactive gambling. It refers to the range of gambling activities offered through interactive technology, including computers, mobile and smart phones, tablets, and digital televisions. While this mode of technologically supported gambling shares most hallmarks of other gambling activities, differences arise from gambling in person at land-based retail outlets and venues and placing wagers over the telephone, mainly in terms of unbridled accessibility (Gainsbury, 2015b) and the shield of anonymity, with its disinhibiting effects.

Problem gambling is defined as 'difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community' (Neal, Delfabbro, & O'Neil, 2005). In this sense, problem gambling is a significant public health issue in Australia that not only affects people with a gambling problem, but also their families, the community and governments. A number of studies have found greater levels of problem gambling severity among online, compared to offline, gamblers (Gainsbury, Russell, Wood, Hing, & Blaszczynski, 2014; Griffiths *et al.*, 2009; Wood & Williams, 2011). In 2011, the problem gambling rate among online gamblers was three times higher than for offline gamblers (Gainsbury, Russell, Hing *et al.*, 2014).

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Notably, it is difficult to determine when online gambling becomes problematic. Existing studies fail to define characteristics (e.g. personal or behavioural) of online and offline problem gamblers (Gainsbury, 2015b). While there is some evidence that online and offline problem gamblers do represent somewhat different cohorts, the heterogeneity in each group makes it difficult to distinguish. This represents an under-researched area suggesting that longitudinal studies to clarify variables/mechanisms of action would be of benefit.

Prevalence

Online gambling is growing rapidly in terms of popularity, market share and products offered, and was predicted to account for 9% of the total global gambling market between 2015 and 2017 (Global Betting and Gaming Consultants [GBGC], 2014). Globally, wagering is the most popular online gambling product, accounting for 53% of the market, followed by casino games (25%), poker (14%), and bingo (7%) (H2 Capital, 2013). Australia is estimated to account for 5% of the global online gambling market (Gainsbury, 2012). The rate of Australians gambling online has increased from under 1% in 1998-99 to 8% in 2011 (Gainsbury, Russell, Hing, Wood, Lubman et al., 2013).

5 Contemporary online gambling

Online gambling has become ubiquitous, and so too have the means in which it is aggressively marketed. Young people and other vulnerable populations are at particular risk, as they are increasingly exposed to messages from a broad range of media that endorse, promote, and normalise online gambling.

We know that there are many impacts common to online and offline gambling but, in our experience, online gambling appears to increase the scope and intensity of problems for gamblers, and their families. What is most evident is the pervasive and relentless nature of online gambling opportunities, which can virtually imprison them, making it more difficult than in other forms of gambling to overcome.

The capacity to use credit to bet online exponentially increases both ease of access to online gambling, and difficulties in extrication from it. Relationships Australia is concerned that the availability of online gambling on credit is inconsistent with the public health goal of reducing harm from gambling.

The Australian Institute of Family Studies (AIFS) undertook research about how Australians gambled during 2020, amid the constraints imposed in the public health responses to COVID-19, surveying more than 2,000 people who gambled during June-July 2020. AIFS noted that 'one in three participants signed up for new betting accounts' and that online betting accounted for 78% of participants' betting, up from 62% before COVID-19. (AIFS, media release, 2020). Research undertaken by AIFS before the pandemic had identified that

People who gambled and significant others in both sites reported spiralling debts from the use of credit cards and short-terms loans to fund gambling: 'Credit cards [are] so easy to get hold of these days ... He ended up getting three credit cards and maxing them out and then, of course, that he was going to win to pay them all off and I'd never know. And he'd never do it again. He got himself into that catch ... I think it was about

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\$42,000 in the end. And, then, lost his job over it. And then it all came out. It was pretty horrific at the time.' (2SOF, Rintoul and Deblaquiere, 2019, 29)

Snapshot - a profile of clients who gamble online – Relationships Australia South Australia (taken from RASA's 2018 submission)

At Relationships Australia South Australia, individuals who primarily gamble online currently represent a small, but growing cohort among those seeking our help (see *Figure 1*). Analysis of their demographics reveals that many of these clients are male (see *Figure 2*) and the majority (55%) aged 30-45 years (see *Figure 3*). The majority of those from Culturally and Linguistically Diverse backgrounds (16% in total) identify as Indian (14%).



Figure 1. Percentage of RASA's GHS clients for the past 7 years who identified as primarily gambling online.



Figure 2. Gender distribution among RASA's GHS clients for the past 7 years who identified as primarily gambling online.

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7 Recalibrating accessibility of time, place and means – the critical significance of credit betting

Research suggests that prevalence of behaviours is strongly correlated with increased access to the activity (Griffiths, 2003). A central element of the appeal of online gambling from its beginnings has been its accessibility of place and time. Operators promote unencumbered, frictionless access as a desirable 'feature' of online gambling.

Clients report that the ability to gamble in the physical comfort of their home, providing greater privacy and anonymity, is an attraction of online gambling. At home, they are able to gamble without the fear of stigma or judgement, as occurs in face-to-face interactions. Furthermore, gambling in solitude removes all need for the social etiquette required when engaging in skill-based gambling activities such as poker.

Sometimes, though, home will be inhospitable to gamblers; perhaps partners, parents and children disapprove, or become unwelcome distractions. That no longer presents an obstacle. A gambler with a smartphone and access to Wi-Fi can gamble anywhere – at home, work, school, places of worship, out at the shops, in a park, at the gym between sets, attending medical appointments or while watching the kids play footy - and at any time of day, all day and all night, in succession without pause, if that is their inclination. And that is an inclination that is carefully nurtured by gambling designers and operators.

Meanwhile, anchoring limitations, such as occupational, cultural, emotional and social commitments from gambling, are dismantled and it is more than just possible and convenient, but even inviting, to accommodate gambling activities within every aspect of their lives. Together, these factors support unbridled gambling behaviours, including at antisocial hours and resulting in excessive expenditure.

The option of online betting using credit exponentially increases the accessibility of online gambling by adding a further dimension of accessibility. Not only can you bet anywhere, anytime, but you can even bet without money.

Many of our clients report that they do not feel like they are playing with actual money. They say that it's 'just a figure', and amounts become 'unreal', and they easily lose track of what they have spent. Credit cards and internet transfers are not as tangible as real cash, causing less reflection on amounts spent.

The problem is aggravated by extensive lines of credit made available to many of our clients, who have used them to fund further gambling activity, often trying to then recover losses with escalating amounts of credit. Due to online banking, transferring money into gambling accounts is easy as mobile phones are frequently used for both banking and gambling activities, and furthers the atmosphere of 'unreality' that our clients report. Rintoul and Deblaquiere note that:

Many participants described using credit cards to support gambling, and the harms this caused. The high interest rates attached to credit card debt causes overall indebtedness to escalate even more quickly than it might otherwise. Credit cards are often available to people with limited alternative forms of credit at their disposal. (Rintoul and Deblaquiere, 2019, 36)

Thus, three 'barriers to entry' against gambling – place, time, funds – have been progressively eroded at the same time that enticing new pathways are created. In following sections, we offer a glimpse into how this happens and how it affects people who are particularly vulnerable.

Customer tracking and unsolicited offers

Websites collect diverse data about individual gamblers. We know that gambling companies use very sophisticated software to collect a vast reserve of sensitive information. They have information relating to patterns and finances, and they have many personal details of customers. They can tailor their offerings to the customer's known interests, and many entice them with unsolicited offers (Zangeneh, Griffiths, & Parke, 2008). Operators also manage social media accounts, and use these to post memes, designed to encourage people to tag their friends. This means that, even when using a smartphone for non-gambling purposes, operators can reach out to you, a friend can tag you in a gambling-related post. Gambling companies are sophisticated users of social media to normalise gambling and promote its integration in diverse daily activities. We believe that there is a very fine line between providing what the customer wants and exploitation, and customer tracking raises serious questions about the gradual erosion of privacy. We are also of the view that such questions have been answered effectively in other public health policy areas; for example, tobacco companies would not be permitted to engage in such conduct.

Many of our clients report that once they are on one gambling website they are continuously inundated with marketing material and offers from other gambling websites, and do not know how these sites got their details. Many have found that a few weeks after having closed an account, they receive offers of 'free' money (in one instance, \$2,000) or offers to match the amount the client spends to renew gambling activity. This is experienced as oppressive and overwhelming and can make adherence to recovery goals very difficult. Additionally, for some

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clients, their foray into online gambling was through their mobile phone's app centre, wherein they came across several gambling apps with various offers - despite not having searched for them specifically – simply because they were 'trending'.

Client story #5: "He was continuously bombarded with offers"

Our client was a female in her mid-thirties who was seeking assistance with her husband's gambling. She had just discovered that he had lost \$200,000 of the savings they had accumulated for their 'dream home'. Her husband received numerous emails from an online casino gambling site with offers of \$300 of 'free' money to gamble with. He eventually accepted the offer and played the games to the point where his 'winnings' had accumulated to \$1200. At that point, he decided to stop and take the money, believing he had just made \$1200 from nothing. The site would not make the payout telling him he could not withdraw until his winnings were \$3,000. He decided to add \$1800 of his own money to build the balance to \$3,000 and then ask for the payout. The site told him he could not withdraw because he had not *won* the money. He decided to continue playing until he had won his \$1800 back. After 18 months he was still trying, and in the process lost their savings.

Client story #6: He was glad they took his computer. He was nearly homeless

Our client was a man in his thirties who had just bought his own home and was casually employed. He had recently experienced the loss of his mother after a long illness. During her last years, he reported feeling furious with her for being unwell, and at the same time utterly confused and angry with himself for feeling this way. He gambled to escape the pain of her nearing death. He attended his first session in distress, claiming the retailer was about to "repossess his life" as his mother's entire household (furniture, computer, appliances etc.) were on rental plans and he was behind on payments to the point of repossession. The client said the one good thing was that, when they took his computer, he could not gamble anymore. The stresses in his life and the ease of gambling on line, coupled with the inducements from the operators all contributed to his difficulties in stopping. The client was financially overextended to the point of being at risk of homelessness.

Escapism

For some of our clients, online gambling is an escapist activity. We know that the pursuit of mood modifying experiences is characteristic of addictions and our clients suggests that online gambling may well provide an emotional or mental escape. Our clients also tell us that having immediate access is particularly problematic when they are feeling emotionally vulnerable (e.g. stressed, depressed, anxious), as they find it especially difficult to regulate and make constructive decisions at such times, with the stress of losses posing an even greater challenge.

The medium of the internet seems to provide feelings of dissociation and immersion, which can be welcome diversions. Clients describe experiences of losing track of time, feeling like they are someone else and even blacking out. They often cannot recall how they got somewhere or what they did, or describe being in a trance. Research reveals that such experiences are wilfully induced by the structural characteristics designed into online games (Griffiths & Nuyens, 2017;



Griffiths & Wood, 2000). As online gambling utilises the same technology, its scope to facilitate dissociative experiences may actually be far greater than it has been for offline forms of gambling.

The availability of credit, removing the need to actual have money to gamble with, more deeply entrenches and reinforces the 'unreality' and escapist dimension of online gambling. We have noted above clients' reports that they do not feel like they are playing with actual money.

Children and young people

In our experience, children and young people are particularly vulnerable to online gambling. Games that simulate a gambling activity are easily accessible to these digital natives through sites such as Facebook, Twitter, and YouTube, as well as via free apps. Even children are increasingly exposed to and interact with gambling themes, brands, and games because of the difficulties in age-gating social networking sites. Social, non-monetary casino games have proven among the most popular with young people. Although these games are largely free to play, money can be used to further their play, and the accurate simulation of gambling activities grooms young people for future engagement with the money driven counterparts. One example is provided by the use of gaming loot boxes, a feature of videogames available to all ages. A child purchases a loot box which may have digital prizes that are, in the context of the game they are playing, valuable. This requires children to use their parents' credit card, normalising both gambling and gambling on credit for those children.

We believe that online gambling is further normalised for young people through the plethora of advertisements. Many of our younger clients tell us that they have seen advertising or branding for gambling operators on social networking sites, including content shared by other users. Social casino games incorporate components such as leaderboards and competitions, linking to social media accounts. Users are encouraged to share updates and invite their online connections to play, increasing the promotion of gambling-themed games on social media. In our experience, gambling-themed games increase our clients' confidence in winning at gambling and alter perceptions of skill and risk-taking. Many of our younger clients report game operators encourage them to try real-money gambling, and many have gone on to gamble as a result of using social casino games.

To young people who have been painstakingly groomed to engage with online gambling, the ready accessibility of credit to bet eases the transition to monetised gambling without signposting the very real difference in kind and consequence from their childhood games.

Easy availability of credit reinforces online gambling as a convenient, accessible way to (temporarily) 'self-soothe'. This presents a heightened risk for young people. We know that teenage years are a confusing time of intense emotions, and young people are vulnerable to anything that numbs feelings they might experience as overwhelming. As with adults, online gambling is addictive for young people because it provides distraction from stress, depression, and anxiety. This is particularly concerning, considering more young people than ever are reporting and/or seeking help for mental health problems. Self-soothing with online gambling can lead to a disengagement from school and peers and cause conflict in relationships with parents, with the difficulties themselves supporting a self-perpetuating cycle of problematic stress management.

8 Credit betting prohibitions – a key element of harm prevention

In the context of public health, prevention is defined as action to reduce or eliminate onset, causes, complications or recurrence of disease (NPHP, 2006). In the case of online gambling, prevention refers to actions that prevent or delay the onset of online gambling harm and minimise the risks and harms associated with online problem gambling.

Primary prevention

Primary prevention strategies aim to prevent harm before it occurs. The focus is on preventing movement to the 'at risk' group. Primary prevention action targets the community as a whole; that is, all gamblers and non-gamblers, through the utilisation of universal approaches. It is also directed at specific sub-population groups that possess characteristics known to place them at increased risk of gambling-related harm, such as young people. Key settings include the local community, sporting clubs, schools, workplaces.

Secondary prevention

Secondary prevention aims to reduce online gambling-related harm in the early stages, through early identification of at-risk online gamblers. The focus is on preventing progression to online problem gambling and escalation to severe online gambling-related harm. Secondary prevention targets groups where risk of harm is high, such as people who play regularly on online gambling. Key settings include online gambling websites.

Tertiary prevention

Tertiary prevention strategies aim to minimise the impact of online gambling-related harm through increasing access and availability of treatment, services and support. The focus here is on addressing online gambling-related harm and preventing relapse. Tertiary prevention targets people experiencing harm from online gambling; that is, people experiencing multiple serious online gambling-related problems as a result of their own online gambling or the online gambling of another. Measures canvassed in this submission, such as well-publicised, transparent pathways to empower problem gamblers to exit online gambling (especially using credit), are vital to mitigate risks of isolation and hardship that can arise from problem gambling.

9 Concluding remarks

The expansion in exposure to, and availability of, online gambling has been rapid and sustained. The place of online gambling in our society is a contentious, emotive issue. The regulation of online gambling can be considered on a continuum from maximum consumer choice to prohibition, largely with a moral dimension to arguments. In preventing and minimising online gambling-related harm, we recognise that no single strategy (including a prohibition on credit card use) could ever be totally comprehensive. However much is achieved, there is always more that can be attempted.

Our support for this Bill rests on the principle that responsibility for population health is a shared responsibility, conferring both freedoms and obligations on individuals, community groups, businesses, corporations and governments at all levels. In general, we adopt a harm minimisation approach, accommodating what we believe to be personal and socially

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responsible online gambling practice and policy that balances the rights of individuals to safely access legal online gambling opportunities against the need to prevent, minimise and mitigate harms associated with online gambling.

The evidence base to underpin comprehensive policy development is currently clearly lacking. At present, there is no agreed level of participation at which online gambling is considered harmful or problematic. The level at which one person might experience online gambling as a fun leisure activity may for another person result in significant harm. Relatedly, there is a lack of evidence base around which interventions are effective in preventing and minimising online gambling-related harm. This highlights the necessity of undertaking more research in this area. Importantly, the absence of evidence does not negate the need for action. Rather, it necessitates reasonable inference and adaptive learning, for instance, from public health strategies in relation to other unhealthy commodities such as tobacco and alcohol, and the corresponding actions that have achieved change.

Thank you again for the opportunity to participate in this inquiry. Should you require any clarification of any aspect of this submission, or information on the services that Relationships Australia provides, please contact me or Dr Susan Cochrane, National Policy Manager, Relationships Australia, on 02 6162 9300 (or at ntebbey@relationships.org.au / scochrane@relationships.org.au).

Yours sincerely,

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