



Australian Institute for Gambling Research

ACT NEEDS ANALYSIS: GAMBLING SUPPORT SERVICES

**AUSTRALIAN INSTITUTE FOR GAMBLING RESEARCH
UNIVERSITY OF WESTERN SYDNEY**

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THE ACT GAMBLING AND RACING COMMISSION**

This report has been prepared by Jan McMillen and Natalie Bellew (AIGR). Alun Jackson and Alex Blaszczyński have provided consultancy advice.

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Introduction

The 'ACT Needs Analysis' is the second part of a two-stage project commissioned by the ACT Gambling and Racing Commission. The first part of the project examined the nature and extent of gambling and problem gambling in the ACT. A survey of 5,445 ACT residents was conducted in April 2001 to replicate and expand on the Productivity Commission's 1999 *National Survey*, and the results were reported to the ACT Gambling and Racing Commission in July: *Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT* (ACT Gambling Survey - AIGR 2001).

The second part of this research aims to expand upon the baseline data collected in the *ACT Gambling Survey* and specifically to further explore issues related to help-seeking behaviour of people with gambling problems and the current and future needs of the ACT community to address those problems. This part of the research endeavours to provide meaningful data on the ACT community's 'need' for services, facilities and policies to support gamblers and others who experience problems associated with gambling and to minimise the potential harm from gambling.

This report summarises the findings of the second-stage research using qualitative research methods to generate a more detailed and substantial understanding of the needs of the ACT community. The research was designed with a view to providing information that might assist development of increasingly pro-active, responsive and culturally appropriate service provision.

However, the limited time available for research and the relative absence of systematic baseline data on the demand and need for problem gambling services mean that the report in some respects asks more questions than it has been able to answer.

The research was conducted by the Australian Institute for Gambling Research assisted by Professor Alun Jackson (University of Melbourne) and Professor Alex Blaszczynski (University of Sydney).

The research team wishes to thank all those members of the ACT community who participated in the study. For many of these people participation meant a large commitment in time and resources. Others were willing to share with us their personal experiences and candid insights. We trust we have fairly and accurately represented their collective views.

1. Background to the research

As requested by the ACT Gambling and Racing Commission, the 2001 *ACT Gambling Survey* sought to replicate the Productivity Commission's 1999 *National Survey* with a large representative sample of the ACT population. While its primary intention was to elicit information on the ACT community's gambling patterns and the prevalence of problem gambling, questions were also included in the survey to obtain baseline data on the help-seeking behaviour of those people with gambling problems.

Survey findings regarding help-seeking behaviour include:¹

- Surveyed ACT residents with gambling problems had tried to get help and/or had received counselling in similar proportions to the 1999 national figures. However a larger proportion of ACT gamblers in the SOGS 10+ group (54.3%) tried to get help with their gambling problems than in the 1999 national survey (32%).
- A slightly higher proportion of the ACT SOGS 10+ group (29.3%) received counselling in the past year than was found in the 1999 national survey (23%).
- 65.3% of surveyed ACT 'problem gamblers' reported relationship problems had prompted them to seek help; 43.7% did so due to feeling depressed or worried.
- 78.7% of ACT gamblers who reported seeking help for their problems in the last 12 months were seeing a counsellor at the time of the survey. 53.7% of these people had approached Lifeline which operates the Gambling and Financial Counselling Service (GAFCS), with the remainder seeking help from other community agencies;
- 79% of people with a gambling problem found out about ACT help services through informal mechanisms (word of mouth, asking someone for help).
- 91.1% of ACT gamblers who tried to get help in the last 12 months from counselling and other sources were satisfied with the help that they received.
- The majority of ACT participants (61.9%) who have or have had a gambling problem tried to give up or reduce their gambling. 57.7% of these gamblers reported that they have made up to ten unsuccessful attempts to stop or reduce their gambling.

It was identified in 2001 *ACT Gambling Survey* that the ACT residents most likely to contact community service providers for assistance included:

- gamblers;
- family and friends of gamblers;
- people who do not identify gambling as the primary cause for contacting a service for assistance;
- particular sub-populations identified in the *Gambling Survey* as regular gamblers. These gamblers include young men between 18-24 years of age who are single; who live alone or in group housing; did not finish high school; and have incomes less than \$35,000 per annum;
- most often those who are separated, divorced, widowed or single; and

¹ AIGR, 2001. *Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT*. Report for the ACT Gambling and Racing Commission, July.

- pensioners who gamble regularly were also over-represented as a percentage of the ACT population. Pensioners in this group are likely to be receiving sick benefits and/or heads of single parent families.

However, the *ACT Gambling Survey* also identified particular population groups who had experienced gambling problems in the previous twelve months but who did not report seeking help from community service providers:

- 13% of people with gambling problems who were born overseas, with a relatively small number of these groups seeking assistance;
- the majority of ACT regular gamblers with a self-assessed problem did not seek help for their problems, although help-seeking increased according to the severity of the gambling problem being experienced; and
- the majority of ACT gamblers who had sought help for their gambling problem from non-professional services nominated family or friends as the most common source of help.

While the quantitative data elicited by the *ACT Gambling Survey* provide a useful baseline for future research, survey data can only provide a partial and fragmented view of the ACT community's needs for gambling support services. Further research was required with a qualitative focus to explore more specifically the needs and help seeking behaviour of the ACT community.

Building on the survey findings, the key research objectives for the needs analysis have been:

- to better understand the help-seeking behaviour of ACT residents, including specific sub-populations such as women, indigenous and culturally diverse groups;
- to assess the current level of overall demand for problem gambling services, including any unsatisfied demand; and
- to discern the particular needs of local communities for gambling-related support services and policies.

Given the time and resource constraints for the project, the research has not attempted:

- to provide a systematic assessment of future demand for gambling support services, or to identify future high need areas. Hence this report can offer only a preliminary assessment of the gap between current and future service demand and the capacity for existing services to respond to any increased demand; or
- to make firm recommendations for service system development. While some indicative findings are made based on this exploratory study, further research and a comprehensive review of service system options may be necessary.

1.1 Definitions

In this research we have adopted a broad definition of the **ACT community** to include people who experience or have experienced problems with gambling, community service providers, representatives from the gambling and wagering industry and the ACT community as a whole. The sections of the ACT community represented in this report include:

- regular and recreational gamblers;
- people who have or continue to experience problems with gambling;
- family and friends of people who experience problems with gambling;
- the ACT community as a whole;
- community sub-populations, such as indigenous and cultural groups, the socially disadvantaged, etc.
- community service providers and agencies;
- Lifeline, including the Gambling and Financial Counselling Service (GAFCS); and
- gaming and wagering industry representatives.

Definition of need

The exploratory nature of this research recognises that the concept of need is dynamic and evolving, and that it has particular meanings and implications for each community. Consultation with the ACT community on this issue has been both central and instrumental in formulating the parameters of research.

The definition of need in this report and the methodology used to explore the related issues have been influenced by information provided from a number of sources:

- findings of the *Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT* (the ACT Gambling Survey), conducted in April 2001;
- the findings of the Productivity Commission's *Inquiry into Australia's Gambling Industries* (1999);
- a *Review of Gaming in Queensland* (1999) that included examination of need in that state; and
- information provided by the ACT community during the research process.

In this regard, the definition of need was continually redefined and clarified as community representatives and gamblers themselves assisted us to understand their particular needs, the nature and level of demands for services and policies, and possible solutions.

For the purposes of this analysis, it was recognised that the definition of need in the ACT could vary between groups. To accommodate this diverse and fragmentation, 'need' has been defined broadly to include:

- the needs of people with gambling problems and their families for appropriate and effective support services;
- the particular needs of sub-populations of people with gambling problems (eg multicultural and indigenous communities);
- the resource needs of service providers that will enable them to meet the demand for their services;
- the needs of regular gamblers for proactive practices and policies that will help prevent problem gambling;
- the needs of the ACT community as a whole for a safe gambling environment that reflects the expectations of the local community;

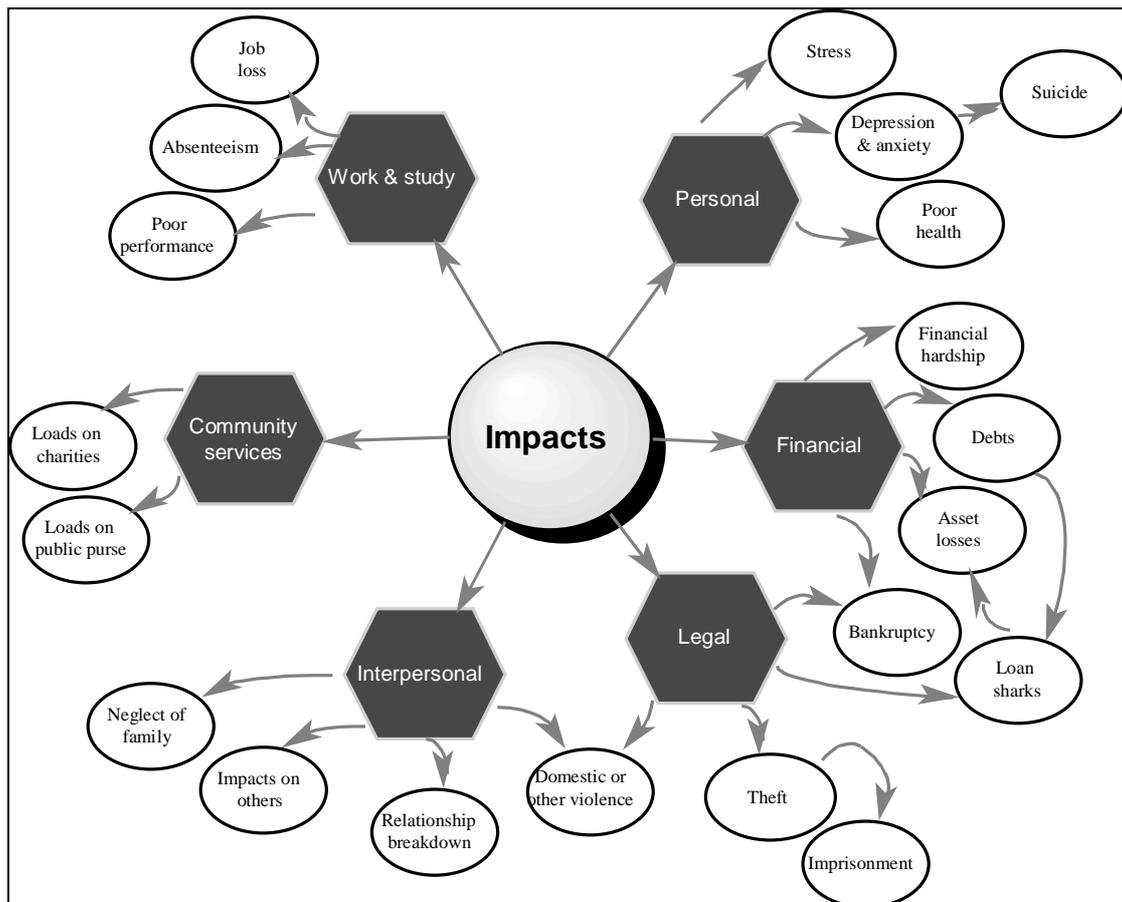
- the needs of gambling operators to enable them to provide a safe and supportive gambling environment; and
- the information needs of the ACT Gambling and Racing Commission to assist them to develop policies and resources for the ACT community.

A sound conceptualisation of need is also reliant upon a clear grasp of the factors and variants which influence the nature of need and who it impacts upon. Such a concept of need must be informed by and inclusive of cultural, class and gender specific concerns integral to an emerging and fluid concept of need.

The demands on service providers to assist clients presenting with gambling problems is one indicator of gambling-related need in the ACT community, albeit a ‘soft’ indicator. Alone it does not provide a complete measurement of levels of need and unmet need.

In this regard, the Productivity Commission provided a framework that identified the diverse impacts of problem gambling (Figure 1).

Figure 1. The impacts of problem gambling



Source: Productivity Commission 1999, 7.3.

As described by the Productivity Commission², the health and social costs of gambling can include:

- financial costs (family debts and bankruptcy);
- effects on productivity and employment;
- crime (theft, court cases and imprisonment);
- personal and family impacts (divorce and separation, depression and suicide); and
- treatment costs.

However, as the Productivity Commission's inquiry demonstrated, data on these impact indicators are deficient and often do not reliably establish the cause-effect relationships with problem gambling.

The *ACT Gambling Survey* showed that:

- About 50% of surveyed ACT problem gamblers reported that they suffered from depression due to gambling;
- About 14% of ACT residents with gambling problems seriously considered suicide due to gambling;
- About 25% of ACT problem gamblers had their job adversely affected by gambling or felt that they had less time to spend with their families; and
- About 66% of ACT participants with gambling problems wished to stop gambling in the last year but were unable to do so.³

In Australia it is now widely recognised that problem gambling is a social, cultural, financial, and health problem affecting individuals, families and communities.⁴ This is a significant advance on the approach adopted before the late 1990s. At that time the policy emphasis was on the provision of counselling and treatment services. It is now recognised by researchers and community services that gambling is often not identified by gamblers as the primary source of their problems and that help is frequently also sought from families and friends of gamblers. It is also understood that many people with gambling problems are likely to seek assistance from a wide range of community services.

It is also generally agreed that a public health approach to gambling should combine effective multiple strategies for both prevention and treatment of gambling related problems.⁵ Many Australian states and territories have adopted the policy of harm minimisation in relation to problem gambling that also incorporates preventative initiatives to promote responsible gambling.

Harm minimisation

A harm minimisation policy aims to minimise the harm that is caused by gambling by working with gamblers, their families and the community by way of prevention and early intervention strategies, and the provision of treatment services. For policy

² Productivity Commission 1999, 9.1-2.

³ AIGR, 2001, op. cit. p.101.

⁴ McMillen, J. 1998. 'When gambling is a problem - implications for public health', *Consumer Rights Journal*, Vol. 1, No.3, pp.10-14; Productivity Commission 1999. *Australia's Gambling Industries*, Report No. 10, AusInfo, Canberra, Ch. 7; AIGR submissions to the Productivity Commission 1999-2000.

⁵ Productivity Commission 1999, op. cit; *Review of Gaming in Queensland* 1999. Brisbane: Queensland Treasury.

initiatives to be effective they must embrace integrated strategies and services for prevention, treatment and rehabilitation.⁶

Hence in framing our analysis of the ACT community's needs we explored various aspects of harm minimisation including:

- service delivery and treatment;
- prevention; and
- community education and consumer information.

Service delivery and treatment: The ACT currently has one centralised problem gambling service, Lifeline Canberra, which provides specialised support for individuals and their families affected by problem gambling. While there are no other designated gambling service providers in the ACT community, the *ACT Gambling Survey* revealed that there are many other service providers working with clients affected by problems resulting from gambling. Hence this needs analysis also sought to identify what other support services exist in the ACT for people with gambling problems and what are the demands for those services.

Prevention: Consideration of prevention measures has included an examination of the availability and accessibility of gambling to the public, alternative community leisure activities, and existing and potential preventative programs.

Community education and public awareness have been identified by the Productivity Commission and others as key harm prevention measures. Three key questions which guided our analysis of the need for community education and consumer information in the ACT included:

- what information is available, to whom and how it is provided;
- what information is available as to the relevance and effectiveness of these measures; and
- what gaps exist in community education and awareness.

Another consideration of this research was what capacity if any does the ACT gaming and wagering industry have to achieve harm minimisation as outlined above. In determining industry's capacity to respond, so too we sought to identify their needs and how they might be addressed to ensure a co-operative approach with service providers and government.

⁶ Korn, D., R. Gibbins and J. Azmier 2000. 'Framing public policy: Towards a public health paradigm for gambling'. Paper presented at the *First Symposium on the Social and Economic Impacts of Gambling*, British Columbia, September.

2. Methodology

The methodology used for this needs analysis was grounded in data generated from the *2001 ACT Gambling Survey* and the literature review that accompanied it. Similarly, the methodology was formative in that each stage of the research process built upon and enhanced preliminary findings emerging from previous stages. The methodology was intended to provide different and more detailed information from the *ACT Gambling Survey*, allowing the participants to voice their views regarding their needs and the needs of family and friends within the current service provision model operating in the ACT. Community service providers and industry representatives also participated.

This research primarily utilised conventional qualitative tools of investigation including community consultation, interviews and focus groups. This research design allows the collection and analysis of descriptive data regarding the experience, needs and services in the ACT. This methodology ensures that the information collected is consistent and relevant, providing a rich dataset to gain an indication regarding the level of demand on service agencies, and in turn an indication of the level of need in the community.

Given the nature and short length of the project, the consultation process sought to encourage significant community participation in the research. The methodology was designed to ensure that the experiences of people with gambling problems were acknowledged and heard throughout the research process. Many of the research questions required subjective judgements whereas others were better addressed using quantitative information such as statistics held by service providers. Key stakeholders were also encouraged to contribute to developing proposals to address problem gambling. Emphasis was placed upon democratic and participatory research methods because of the specific research questions and the wide range of people invited to participate.

The sample is not reflective of the demographic profile of the ACT community; nor is it representative of the range of ACT organisations providing support services. It represents those individuals, groups and organisations who were willing and able to participate in the research. However, representatives from all gambling industry providers in the ACT did agree to be interviewed for the study. This methodology is appropriate given the exploratory nature of the research, the emphasis on the specific 'needs' of various participants in the ACT community, and the particular characteristics of the ACT community itself.

Prior to the commencement of fieldwork, ethics approval was obtained from the University of Western Sydney Ethics Committee who examined and assessed the appropriateness of the research methods proposed for the study. Strict protocols for the collection of information including informed consent, confidentiality and privacy were established to protect the rights of individuals and organisations. Ethics approval was obtained on 29th June 2001.

The AIGR was required to report to the ACT Gambling and Racing Commission in August 2001. The major research tasks undertaken included:

- a series of semi-structured interviews with stakeholders (gambling operators, community representatives). Interviews with local stakeholders explored their views on the prevalence of gambling and problem gambling in the ACT. Interviews also canvassed the stakeholders' perspectives on minimising the potential harm from gambling (to individuals, families and the community as a whole), the services and strategies that currently exist, and on their involvement in this process;
- focus groups held with representatives of community support agencies, representatives from cultural communities and 'problem gamblers'. These focus groups explored in-depth the help-seeking behaviour of clients and the social and economic impacts of problem gambling;
- telephone interviews with people with a gambling problem and other members of the community who wished to contribute to the research; and
- research conducted in other Australian states and territories has been reviewed and considered in development of this study.

In each case, potential participants were contacted by letter or telephone prior to the interviews and focus groups, and invited to participate in the study. The initial letter included full written information about the project. Participation in the research was voluntary.

A proactive approach was also taken to collect alternative forms of secondary data that would assist the analysis. Lifeline and CARE were particularly helpful in providing both statistical and descriptive information about the number of clients presenting with gambling problems, and the nature of problems/concerns reported by them. ACTCOSS provided more general information about the need and demand for community support services and the results of the ACT Poverty Task Group's study of poverty in the ACT.

Fieldwork was conducted in July 2001 and was largely completed prior to the public release of the *ACT Gambling Survey* report. The co-ordination of the research and rationale for each methodological tool is outlined below.

2.1 Interviews with stakeholders

In planning the interviews, the AIGR aimed to interview a representative from all the gambling providers in the ACT (including interstate providers who sell products in the ACT, such as Tattersalls and NSW Lotteries), as well as representatives from the major gambling support agency in the ACT (Lifeline) and from the ACT Council of Social Services (ACTCOSS). Representatives of Community Consultative Committees and the Women's Health Centre were invited to assist an understanding of problem gambling in these groups and to facilitate the inclusion of community members in the focus groups for cultural groups and problem gamblers. Appendix 1 details the participants who were interviewed.

Approximately ten semi-structured interviews were conducted with community and industry stakeholders. Semi-structured interviews allowed sufficient flexibility to encourage and engage in dialogue with the participants to pursue emergent lines of thought.

The purpose of these interviews was to elicit information on the needs of the ACT community from the perspective of the participants. One-on-one interviews were preferred to gain an in-depth and frank understanding of how each particular stakeholder views the prevalence of gambling and problem gambling in the ACT community and their role in meeting the demand for gambling related support services in the ACT. To ensure the impartiality of the research process all face-to-face interviews were conducted on the premises of the interviewee.

Face-to-face interviews were conducted with a minimum of two researchers present at each interview. The duration of each interview was approximately one hour. The presence of two interviewers:

- ensures the integrity of the data collection process;
- allows the interviewers to alternate between note taking and a more interactive role;
- facilitates a more comprehensive research process allowing the interviewers to discuss between themselves different recollection or understandings of what transpired in the interview;
- facilitates a robust and credible research process; and
- ensures the interviewer's interpretation is well represented should a dispute occur over the findings for any reason.

2.2 Telephone interviews with 'problem gamblers'

Further to this, the *ACT Gambling Survey* had asked participants with a gambling problem if they were willing to be contacted for a follow-up interview. Of the 59 participants who agreed, seventeen were included in a random sample, phoned accordingly and invited to participate in a focus group or a phone interview the following week.

The seventeen were selected to accurately reflect the demographics of the ACT. They were selected according to sex, age and preferred mode of gambling. Each of the seventeen was telephoned three times if previous calls were unsuccessful. No messages were left on answering machines due to sensitive nature of the inquiries. Of the seventeen, three people chose not to participate, seven could not be contacted, one person claimed they had not participated in the *ACT Gambling Survey*, five agreed to a phone interview and one person agreed to attend a focus group.

Two people who inquired about the focus groups in response to the advertisement placed in *The Canberra Times* were unable to attend at the times nominated and were also offered phone interviews. One accepted this option and was subsequently interviewed, making a total of six telephone interviews.

2.3 Focus groups

Focus groups are group interview procedures where information on attitudes and beliefs are extracted through facilitated discussion. Invitations to participate in the focus groups were extended to various representative groups to facilitate the exploration of the particular experiences of members of those groups. Focus groups provided an opportunity for individual members of the ACT community to discuss

issues and provide input to the project. Generally the discussion flowed quite freely with minimal intervention from the facilitator. This ensured frank and vigorous discussion of a diverse range of issues.

- The *'gambling and related service providers' focus group* was encouraged to discuss the varied nature of their clients' help-seeking behaviours. This group was recruited via a letter of invitation and the distribution of a promotional flyer through service agencies;
- The *'cultural communities' focus group* was invited to explore the specific nature and impact of gambling in those communities and the different meanings and forms of help-seeking behaviour particular to these varied cultures. This group was recruited with the assistance of the ACT Office of Multicultural and Community Affairs; and
- The third *focus group for 'problem gamblers'* examined the experiences of people with gambling problems and their assessment of support services. Recruitment of participants for this group was via the various ACT service providers, Community Consultative Committees, the Women's Health Centre and an advertisement in the *Canberra Times*. One respondent from the *ACT Gambling Survey* also participated in this focus group.

Depending on the self-selected sample obtained, cross-cultural and gender sensitivities were addressed in setting up the focus groups. The researchers indicated they would provide separate focus groups for different cultural groups and for women, but following the newspaper advertisement and distribution of promotional flyers there was no request for these separate focus groups. The research team liaised with the ACT Office of Multicultural and Community Affairs and the Federation of Ethnic Communities Council of Australia (FECCA) regarding this issue.

The research team provided the opportunity for six focus groups of which two were convened: a focus group for gambling and related service providers and a focus group for people who have experienced problems with gambling.

Researchers attended two other scheduled focus groups in the event that people would attend without prior notification. However nobody presented at the focus group for women; and only one participant attended the focus group for cultural community representatives.

Each focus group was conducted in an accessible community facility in central Canberra. In this regard, the AIGR gratefully acknowledges the warm hospitality and assistance of staff at the Pilgrim House Conference Centre.

The communication media used to inform participants of the research are outlined in Table 1 below.

Table 1. Communication media used to inform participants

Focus Group	Communication Media
Community service providers	<p>Telephone calls were made as the initial point of contact.</p> <p>Packages were then sent to each service provider providing details of the focus group, and posters which publicised different focus groups, with the request that these be circulated in their community or to their clients.</p> <p>The services who participated in this focus group included community health centres, women’s refuges, indigenous women’s health centre, financial counselling, crisis housing accommodation, drug and alcohol counselling.</p>
Culturally diverse communities	<p>Posters were circulated to various community agencies whose clients may have been interested in attending the focus group.</p> <p>Senior government officials were invited to participate as well as being asked to assist in publicising the research. This was achieved via phone calls, sending information packages and constant liaison.</p> <p>Community workers in culturally diverse communities were asked to publicise the research by word of mouth and posters. In some instances, participants to the posters inquiring about focus group details were given the option of contacting a community worker for details as well as the contact details provided on the posters.</p> <p>Some bodies contacted for support included the Federation of Ethnic Communities Council of Australia; the Chief Minister’s Department including the ACT Women’s Consultative Council, ACT Multicultural Consultative Council, Aboriginal and Torres Strait Islander Consultative Council, and the Office of Multicultural and Community Affairs. However, only one participant attended this focus group.</p>
Culturally diverse communities (women only)	<p>Posters were distributed through various groups, an advertisement in <i>The Canberra Times</i> and an interview on ABC radio. However, no women attended this scheduled focus group.</p>
People who have or continue to experience problems with gambling	<p>Posters were distributed through service agencies; an advertisement in <i>The Canberra Times</i> and an interview on ABC radio. A number of <i>Gambling Survey</i> participants were also contacted by telephone and invited to attend the focus group or to be interviewed by phone.</p>
Women who have or continue to experience problems with gambling	<p>Posters were distributed through various groups, an advertisement in <i>The Canberra Times</i> and an interview on ABC radio. However, no women attended this scheduled focus group.</p>

3. Demand for gambling support services in the ACT

A brief review of existing social infrastructure in the ACT illustrates the community support services able to respond to gambling related needs in the ACT. Information was provided by representatives of these community services, by gamblers and by industry representatives on the extent and nature of demand for services by people seeking help with gambling related problems.

This section also summarises comments on resource and support service ‘gaps’ by the stakeholders who participated in this study.

3.1 Service delivery and treatment

The ACT currently has one designated community service provider, Lifeline Canberra Ltd, which provides specialised support for individuals and families affected by problem gambling. Lifeline’s Gambling and Financial Counselling Service (GAFCS) provides face-to-face counselling and related financial counselling to anyone experiencing problems as a result of gambling. In addition to this service, Lifeline provides a generalist telephone counselling service, as well as a community educator in gambling issues for five hours a week. In the financial year 1999-2000, Lifeline’s financial counselling was available 22 hours a week with two after-hours appointments available for clients each week.⁷

The ACT Gambling Survey found that a small majority (53.7%) of people who sought help for their gambling problem in the previous twelve months had approached Lifeline. However, several other community service agencies were identified as the source of help: welfare or church organisations such as Anglicare, St Vincent de Paul (15.7% of surveyed residents); CARE Financial and Legal Counselling Service (10.9%); family relationship organisations (10.9%); Salvation Army Counselling service (10.9%); and Gamblers Anonymous (35%).

Significantly, a number of survey participants reported that they had sought help from more than one agency in the past twelve months, suggesting that gamblers often ‘shop around’ to find an agency/counsellor that suits their particular needs.

This finding was confirmed by the majority of services interviewed, including Lifeline, CARE Financial Counselling and Relationships Australia.

The *ACT Gambling Survey* suggested that the prevalence of gambling problems (as measured by SOGS 5+) in the ACT was 1.9% of the surveyed population. This figure can be extrapolated to suggest that 5,297 ACT residents have gambling problems (SOGS5+). About 1,250 of that group were estimated to have severe problems (as measured by SOGS 10+). On average gambling problems experienced by ACT residents are likely to endure for 8.7 years. These figures provide a statistical context for the qualitative research in this study.

⁷ Lifeline Canberra, 2000. *Lifeline Canberra Ltd Annual Report 1999-2000*. Lifeline Canberra.

3.2 Views of community service providers

Community service providers interviewed for this study unanimously stated that the current levels and model of service delivery in the ACT for people affected by problem gambling are grossly under-meeting the needs of existing clients. They argued that inadequate funding and resources, and the lack of a 'whole of community' coordinated problem gambling program prevent them from meeting the current demand for support services, let alone the community's 'hidden' needs that have not yet been identified.

All the service providers agreed that they are seeing the 'tip of the iceberg', that gambling is a hidden 'secret' problem in the ACT community. Several service providers stressed that problem gambling carries a social stigma that discourages people from admitting the problem and seeking help.

However, Lifeline and CARE are the only ACT agencies that systematically collect information about the number of their clients presenting with gambling problems and the nature of the problems/concerns reported by them.

Lifeline

Lifeline's Gambling and Financial Counselling Service (GAFCS) provides face-to-face gambling counselling and related financial counselling to anyone who experiences problems as a result of gambling. The gambling counselling arm of the service focuses on behavioural issues related to gambling problems while the financial counselling arm addresses issues arising from problem gambling such as debt, dealing with creditors and financial planning.

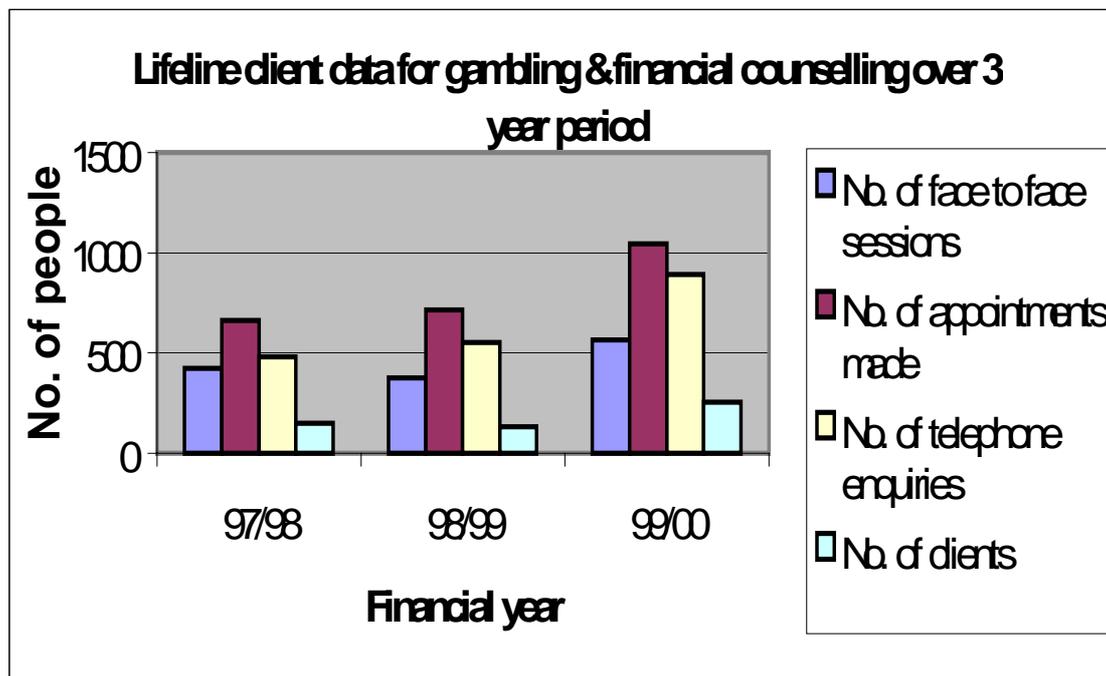
In the 1997-1998 financial year, Lifeline employed a gambling counsellor for 32 hours a week and a financial counsellor for 20.5 hours a week. In the second half of the 1998-1999 financial year, Lifeline's funding was increased to enable the employment of two gambling counsellors and increase the hours for the financial counselling service. Therefore since 1999 Lifeline has employed one full-time gambling counsellor (38 hours a week) and a second counsellor for 10 hours a week, of which five hours are dedicated to community education. The financial counselling position increased in 1999 from 20.5 hours to the current level of 22.5 hours.

Since 1997, the number of clients seeking assistance for gambling counselling at Lifeline has steadily grown (Figure 2). For example, there was a 34% increase in gambling counselling clients and a 78% increase in financial counselling clients between 1998/99 and 1999/2000.

The outcome of this increased access has been a significant increase in the number of new clients, in the number of sessions booked and in the number of sessions attended. While some of this increase in demand can be explained by a higher number of non-gambling clients than for previous years, it also indicates that there are many people in our community who are experiencing financial hardship, anxiety, depression, feelings of failure and many other effects of financial difficulties.⁸

⁸ Lifeline Canberra *Annual Report* 1999/2000, p.17.

Figure 2. Lifeline GAFCS client data 1997/98 to 1999/2000*



Source: Lifeline Canberra *Annual Reports* 1997/98; 1998/99; 1999/2000

*These figures reflect usage of both the gambling and financial counselling services (see Appendix 3). However, in our view, there are incorrect data entries and calculations in Lifeline’s *Annual Reports*. For consistency we have used the data as published.

Further, around 37% of gambling counselling clients in 1998/99 reported they had contemplated suicide and 5% (seven clients) had attempted suicide.⁹ The *ACT Gambling Survey* found that 14% of surveyed people with gambling problems (SOGS 5+) and 33.5% of people with severe gambling problems (SOGS 10+) had contemplated suicide. No cases of attempted suicide were reported in the *ACT Gambling Survey*. The GAFCS client data suggests that the level of harm stemming from problem gambling amongst ACT residents may be of greater severity than was indicated in the population survey.

Lifeline acknowledges that these data cannot be superficially interpreted as an indicator in growth in need or demand. However, an increase in client numbers since 1998/99 may reflect the service’s improved capacity to meet demand (with the increase in counselling hours) as well as an increase in demand for the service. At the writing of this report, client data for the financial year 2000/2001 is not yet published.

Nevertheless, it is noteworthy that in 1999/2000 GAFCS had provided a service to a total of 255 clients for both gambling and financial counselling. However the number of people with gambling problems (SOGS 5+) extrapolated from the 2001 *ACT Gambling Survey* was estimated to be over 5000. People with severe problems (SOGS 10+) were estimated to number over 1000. Hence, in 1999/2000 GAFCS clients represented approximately 5% of the surveyed population with gambling problems

⁹ 50 out of GAFCS 134 clients reported contemplating suicide.

(SOGS 5+) and around a fifth of people experiencing severe difficulties with their gambling. Lifeline's service data appears to support community service providers' concerns about unmet demand and the hidden nature of problem gambling in the community.

It may also reflect the *ACT Gambling Survey* finding that around three-quarters of people with self-assessed gambling problems did not seek help. Of the 28% of this group who did seek help, approximately half had approached the Lifeline services.

Representatives of Lifeline report that the people who seek help with gambling-related problems range across demographic factors such as income levels, age and sex. In many respects, the Lifeline data reinforce many of the findings of the *ACT Gambling Survey*. For example, the major source of gambling problems for their clients was gaming machines, with an increasing number of clients experiencing problems with casino table games; there has been a significant increase in the proportion of younger people seeking counselling; and the majority of GAFCS clients earned less than \$30,000 per annum.

In 1999/2000 20% of Lifeline's behavioural counselling clients and 6% of financial counselling clients were of NESB background; 4% of behavioural counselling clients and 2% of financial counselling clients were from ATSI communities.

The GAFCS annual reports not provide information about cross-referrals between ACT service agencies.

Increased funding has also enabled GAFCS to develop initiatives in prevention and education services to the community. In addition, Lifeline is negotiating with a large ACT club to provide resources to develop a responsible gambling program called ClubCare. This proposed program would represent a partnership between Lifeline and a member of the gaming industry. The reported aim of ClubCare is to promote community partnerships between service providers and clubs to deliver a range of harm minimisation strategies including signage, a responsible house policy and staff training.

Each year since 1997/98 Lifeline has identified several gaps in services to ACT residents affected by gambling problems. In 1998/99 one of those 'needs' was partly met by additional funding for a Community Educator. However, interviews for this study confirm that many of the long-term gaps in services remain, and additional gaps were identified. These include:

- no support groups for family members affected by someone else's gambling problem;
- no funded access to the NSW G-line for ACT residents;
- no specialised gambling counselling for surrounding Canberra regions;¹⁰
- no capacity under Lifeline's existing resources to provide group counselling; and
- no legal service other than Legal Aid to which service providers can refer clients.

¹⁰ Lifeline Canberra *Annual Report* 1998/99, p.15.

CARE Financial Counselling Service

CARE offers face-to-face counselling and related financial counselling to anyone experiencing financial difficulties; often these problems are linked to gambling. CARE collects client information at the first visit and gambling is nominated by some clients as a 'reason for presenting/issues discussed'.¹¹ The *ACT Gambling Survey* reported that 11% of people who sought help for self-assessed problem gambling accessed CARE's services.

CARE representatives reported that gamblers who contact CARE tend to do so 'as a last resort ... they are very desperate or hard core gamblers'. In their experience it is three times more common for families/friends of gamblers to seek help than the gambler. The majority of gamblers ask for assistance to redeem their immediate financial situation and to continue and control their gambling, rather than stop.

The CARE representatives confirmed reports by other service providers that gambling rarely can be isolated as the sole problem; usually it is part of a complexity of issues that need attention. For example, in the four months preceding the study, two new clients indicated they had a gambling problem at the start, while approximately ten had raised it among a range of other issues.

CARE gambling clients reflect the profile of 'at risk' groups identified in the *ACT Gambling Survey*: low income, single parent families (over 50% of clients). Almost all forms of gambling are involved, although CARE has yet to have a client whose problem is casino table games.

Over 50% of CARE gambling clients are female, mainly between 21-40 years of age. An increasing number of clients (10%) are over 50 years of age. Women also tend to seek help earlier and with a wider range of problems than men.

Other services

Other community service providers participating in interviews and the focus group for this study represented a range of services, including crisis accommodation, family counselling, financial counselling, health, women's services, Aboriginal and Torres Strait Islander services and culturally diverse communities.

While they were unable to provide statistical data, all these service providers reported frequent contact with clients affected by gambling related problems:

- It was generally agreed that these clients presented with a range of complex needs of which gambling was part. It was often difficult if not impossible to discern if gambling was causing other problems or if the gambling was a symptom of other problems.
- One counsellor described the 'doormouse' syndrome where a gambler will work progressively through the layers of a problem working with a number of service providers, then ultimately get to gambling as an issue.
- Regardless of whether the gambling was cause or symptom of clients' needs, service providers consistently identified the lack of appropriate referral options for different clients seeking help for particular gambling-related problems.

¹¹ CARE Information Service Contact Form.

- Telephone counselling was seen as an option by few service providers:

There's limited rapport over the phone. It's not the same as face to face interaction, and the same person can't be guaranteed every time.

- Service providers also identified a need for training and resources to assist them in addressing clients' needs in relation to gambling-related problems and noted that there were extremely limited opportunities in the ACT for such training.

A common difficulty identified by this group was that because the ACT is such a small community, people face problems deciding where to seek help, as they might know each other. The need for anonymity and confidentiality could discourage some people from using ACT services. Some clients preferred to get help from interstate agencies.

In some cases the gambling clients of these general community agencies are referred by Lifeline's GAFCS counsellors. Although this research was unable to systematically investigate the extent or system of cross-referrals, it seems to operate most regularly between GAFCS and:

- CARE, in so far as the gambling problem involves financial counselling;
- community support services such as Centacare which engage in generalist and family counselling; and
- Relationships Australia which provides counselling and mediation which may arise as a result of gambling.

CARE and Relationships Australia indicated that they also regularly cross-refer clients who identify and/or present with needs arising from problem gambling behaviour. Lifeline reported that only one or two general medical practitioners in the ACT refer clients for gambling counselling.

Services for people from diverse cultural backgrounds

It was noted that there are no specific gambling support services for minority cultural groups in the ACT and very few services relevant and accessible for culturally diverse or indigenous community members whose lives are impacted by gambling. In the experience of some community service providers working with culturally diverse communities, members of these communities are less likely to access services such as the telephone crisis line or GAFCS due to a combination of cultural and language differences.

One service provider with a client from non-English speaking background had 'in desperation' referred the client to a Sydney-based service. She also accessed resources and information produced for culturally diverse communities in NSW.

Community service providers working with culturally diverse and indigenous communities are under-resourced and overwhelmed with other community problems such as social isolation and poverty. One welfare worker who accepts referrals from Lifeline reported that she has to refuse clients as she is overloaded.

Service providers working with Aboriginal and Torres Strait Islander people suggest that they may not identify as having a gambling problem even though there is gambling-related harm impacting their lives. Moreover, when Aboriginal and Torres Strait Islander people do seek assistance, this client group is more likely to attend an Aboriginal and Torres Strait Islander service provider. The service providers argue that gambling-designated services need to provide a range of services. Conversely community service providers need to be equipped with gambling-specific resources.

ATSI women want to see ATSI women; they won't seek help from anybody, especially in a small community. It's far less problematic for them to just go to the club.

Representatives from cultural communities reiterated the view that it was highly unlikely individuals and families from their communities would contact Lifeline. This was largely attributed to the fear of being misunderstood due to cultural and language differences. This is reflected in Lifeline's client profile. In the 1999/00 financial year, only 13% of GAFCS clients who sought help for gambling problems were from a non-English speaking background.¹²

As well as cultural differences and barriers, it was said that clients from non-English speaking backgrounds might fear being misunderstood. While some service providers have used the Translation and Interpreter Service (TIS), they suggested it is not always appropriate when dealing with difficult issues such as gambling because of the 'shame' associated with gambling in some communities. Moreover, it was emphasised that in a small population such as the ACT, there is a high chance the client and the interpreter will know each other. Several service providers were concerned about issues of confidentiality and anonymity within small community groups.

Despite the acknowledged difficulties achieving confidentiality in small communities, it was also said that members of ACT cultural communities would respond more favourably to service providers that are 'known and trusted' rather than talk with 'total strangers'. One counsellor said 'it takes years to build up trust' with many of these clients.

3.3 The general environment for ACT problem gambling services

Service providers were unanimous in arguing that the increase in the need for problem gambling support was directly related to the liberalisation of gambling over the last decade. Gaming machines ('pokies') were identified as the major source of problem gambling, although some service providers also said that casino table games, the TAB and racing had created problems for some clients. On the other hand, one counsellor observed that he knew cases where TAB gambling was used as a form of harm minimisation:

¹² op cit. p.20. It must be noted that this proportion also reflects the percentage of 'problem gamblers' born overseas identified in the *ACT Gambling Survey*.

A lot of men practise harm minimisation by going to the TAB because it isn't repetitive and continuous.

The central role and appeal of clubs in Canberra's social life was emphasised by all participants in this study:

Canberra's a club town; for many people their social life revolves around clubs.

The elderly, especially those who've lost a partner, often go to the club to feel safe and have company, just to be around other people.

However, the extent of problem gambling and the need for support services were also linked to more general social conditions in the ACT. Several service providers in part attributed the extent of gambling problems in the ACT, as well as the lack of funding and appropriate range of support services to address those problems, to more general social problems such as poverty and cutbacks in welfare services. In particular, they noted that in recent years there had been an increase in groups 'at risk' of problem gambling (such as low income, single parent families) corresponding to an increase in levels of poverty and demand for community services. They argued that service providers have been prevented from responding to the increased need by progressive funding cutbacks by both Commonwealth and ACT Governments.

For example, CARE lost its former funding for provision of legal services. A representative argued that qualified legal support for problem gamblers is essential for effective liaison with banks to resolve bankruptcy issues. At present, CARE has to outsource legal assistance to Legal Aid, the only source of public legal support. However, Legal Aid's stringent means tests precludes most ACT gamblers from getting help.

Service providers also identified inefficiencies and fragmentation associated with the current competitive tendering arrangements for agency funding. They also argue that this system can create rivalries between agencies that prevent them working together harmoniously for a common purpose.

The overall context of service provision in the ACT has been analysed by the ACT Poverty Task Group, a joint initiative of the ACT Council of Social Service (ACTCOSS) and the ACT Government.¹³ The Task Group has published three reports which concentrated on different aspects of poverty and service delivery in the ACT. The study explored the distribution of poverty in the ACT, identified numerous reasons for why some people's needs continue to be unfulfilled, examined the current service delivery model and provided recommendations to alleviate poverty in the ACT.

It is worth noting that findings by the Poverty Task Group closely mirror the advice we received from service providers regarding problem gambling clients in the ACT

¹³ Poverty Task Group 2000a. *Counting the Need: Report of the Results of the Service Provider Data Collection*. Task Group Paper No. 2, December 2000 pp. 36-37.

and the community agencies' capacity to service their needs. As the Task Group noted,

... an inability to access resources is a major problem for people in poverty ...they have difficulty accessing ... housing, healthcare, financial resources and essential services ... Particular groups who have difficulty accessing resources include local Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, those facing chronic illness, second families, single-parent families and young people.¹⁴

Moreover, the *ACT Gambling Survey* has shown that socially disadvantaged groups in the ACT are 'at risk' of gambling problems as well as poverty. Service providers consulted for this study presented the argument that many of their clients are unable to participate fully in the community; they often gamble as a way of dealing with social isolation or unemployment. Hence it seems that for some gamblers at least, poverty and problem gambling are mutually compounding.

In regard to the capacity of service agencies to respond to the need of ACT residents in poverty, the Poverty Task Group found that:

- participating agencies were under-resourced;
- the agencies were unable to provide the service needed;
- they were unaware of other agencies that could meet the assessed needs;
- issues were outside the scope of any agency in the ACT; or
- agencies experienced waiting lists or other demand issues.

Service providers consulted for this study offered similar reasons for their difficulties in meeting the needs of people with gambling problems. However, the service providers emphasised that these general difficulties with community services were compounded by the fact that there is only one funded gambling service in the ACT (Lifeline's GAFCS). Without exception, they all emphasised that one sole designated gambling service does not meet the needs of the ACT community as a whole, and cannot accommodate the particular and varied needs of different minority groups.

3.4 The views of gamblers

Information gathered in interviews and from a focus group with people identifying as having experienced problems with gambling both supported and gave a more detailed picture of findings from the *ACT Gambling Survey*.¹⁵ Findings from the survey relevant to this discussion include:

- The majority of ACT regular gamblers with a self-assessed problem (72%) had not sought help for their problems. Conversely, the minority of ACT regular gamblers with self-assessed problem (28%) had tried to find help. Help-seeking had increased according to the severity of gambling problem being experienced;

¹⁴ Poverty Task Group 2000b. *Sharing the Benefits. Final Report of the Poverty Task Group Outlining Recommendations for Responding to Poverty in the ACT*. Task Group Paper No. 4, December 2000, p.17.

¹⁵ Australian Institute for Gambling Research, 2001. *op. cit.*

- 78.7% of ACT gamblers who reported seeking help for their problems in the previous 12 months, at the time of the survey (April 2001) were currently seeing a counsellor. 53.7% had approached Lifeline; and
- ACT gamblers who had sought help from non-professional services nominated family or friends as the most common source of help.

All but one person with gambling problems who were interviewed or participated in the gamblers' focus group had self-assessed as having a problem with gambling. The one exception had scored SOGS5+ in the *ACT Gambling Survey* and agreed to participate in the focus group. The large majority in this group identified gaming machines ('pokies') as their principal gambling activity. A very small minority identified casino table games as the principal gambling activity. No other forms of gambling were reported as a factor in their problems.

Gamblers with problems who were consulted for this study had approached a range of services to meet their needs. Information collected from gamblers in interviews and a focus group showed:

- The majority of participants with gambling problems had, in the first instance, sought help from family members and friends.
- The majority of participants with gambling problems identified a lack of appropriate services in the ACT to help themselves and their families deal with their problem gambling behaviour.¹⁶
- The majority of gamblers had rung Lifeline at some point. When asked at what point Lifeline was contacted, all those who had made contact said there was some precipitating factor, such as huge losses, post-gambling 'remorse', relationship breakdown or suicidal thoughts.
- One person described the value of the crisis line service as a 'listening ear' when she was feeling desperate. However, the majority of participants commented that the general crisis line staff are not specialist gambling counsellors. After making contact, several were not referred to a gambling counsellor. They felt that this service did not assist them to resolve their immediate gambling problems; nor did it ultimately lead to any of the participants limiting or stopping their gambling activities;
- One female gambler said she found Lifeline's invitation 'to call whenever you feel the compulsion to gamble' very reassuring. However, when she did call, Lifeline was either engaged or too busy to take the call. She felt she had 'fulfilled her end of the bargain' and so went to the club to gamble.
- One gambler said the crisis line was 'too impersonal' and therefore he would not call it for help.
- Approximately half the participants with gambling problems in the interviews and focus group had, at some point, attended counselling sessions at Lifeline's Gambling and Financial Counselling Services.
- However, a number of participants with gambling problems complained that access to Lifeline was restricted, specifically that the counselling service was available only in business hours and that there was a limit on the number of

¹⁶ For discussion of the types of services that gamblers suggest would meet the needs of the ACT community, see the section in this report on 'Strategies for meeting need', p.33.

sessions for each client (most participants who had attended Lifeline had had a maximum of three sessions).

The service isn't designed to suit the needs of gamblers. Losses are felt by gamblers on the weekends and in the evenings, yet there are no services available at these times.

- Others indicated that Lifeline's approach to counselling did not suit their personal needs. One gambler who had consulted a Lifeline counsellor did not think they understood gambler's personal situations or offered realistic solutions. He was advised to establish a separate bank account to help control his finances. However at the time he was trying to hide his gambling problem from his wife and friends.
- A number of gamblers consulted for this study also said the ACT's single provider model limited the choice of counsellors and the types of support available, saying that the 'cognitive behavioural therapy model doesn't work for everybody' and that that 'there needs to be personal rapport and trust in the counsellor'. If a gambler (or their family) felt something was lacking with either a counsellor or the therapeutic model, there is no other specialist gambling support service available in the ACT.
- One participant had contacted G-line, a New South Wales service, when she first realised she had a problem with gambling. G-line referred her to Lifeline in the ACT who agreed to offer three counselling sessions. She found these counselling sessions helpful but needed further assistance. She contacted G-line again which offered telephone counselling. However she 'could see through the methodology of the counsellor' and her 'mind started to wander while on the phone'. She said she did not know where else to go for help.
- For the majority of participants with gambling problems, Gamblers Anonymous (GA) was either not seen as a relevant service option or it had not provided the assistance they had needed. The most common reason given was that the gambler had not reacted positively to the 'evangelical' style and 12-step program of Gamblers Anonymous.

I'd prefer not to bear my soul to other people...I don't like wallowing in the filth when people air their problems publicly. And I don't believe in a higher spirit that's part of the GA philosophy.

- Another reason given was difficulty in contacting and locating GA's meeting places. In addition, some women said they were not comfortable there, finding the organisation and meetings 'male-dominated'.
- A small number of participants with gambling problems said they had spoken with their local doctor or community health centre about their gambling behaviour, in combination with other health-related matters such as depression. A small number of participants with gambling problems had accessed support through practitioners and programs based in Sydney. According to these participants, they had been unable to locate suitable and effective support in the ACT to assist them with their gambling behaviour.

- One respondent was seeing a psychiatrist in Sydney and could not find any equivalent practitioner with relevant experience in Canberra. His doctor ‘could not recommend anyone suitable in the ACT’. Only one gambler reported that the general practitioner had suggested they contact Lifeline or another ACT service.

There is a mental health body in the ACT but they keep a low profile.

- As well as counselling, one gambler participant had also tried relaxation treatment and hypnotherapy. Others found that acupuncture and meditation were much more beneficial than counselling.

Acupuncture saved me, although it’s hard to explain that to people. The effect was immediate. The stress was gone and I felt in control again.

I found the former Lifeline financial counsellor very good. She helped me sort out my financial mess and restore faith with my wife. But other counsellors and psychologists have not been particularly helpful. The turning point came when I realised I had to accept responsibility for myself. I now meditate and restrict my access to cash and credit. I keep myself occupied. I’m looking for a hobby that will occupy my mind.

- A small number of participants with gambling problems had exercised self-exclusion from gaming venues such as the club or the casino. However many others, mainly those people who gambled in clubs, did not know this procedure was available.
- A small number of participants with gambling problems who did not know about the availability of self-exclusion practices said they might use this facility. However not all said they would do this, as they felt to take this step was an ‘admission of defeat’ and they wanted to tackle their problem gambling through other strategies.

3.5 Prevention measures

Consideration of prevention measures currently in place in the ACT has included an examination of the availability and accessibility of gambling to the public, alternative community leisure activities and existing and potential preventative programs.

To explore factors that might have led to problem gambling, this study sought information from gamblers and service providers on the **precipitating or risk factors** that led to gambling problems. Precipitating factors are thoughts, feelings, situations and events which the participants identified as the ‘triggers’ for excessive gambling.

Most service providers were unable to provide this information. The majority said their primary concern lay with resolving and improving the presenting situation of their clients. Due to the immediacy of their clients’ problems and lack of agency resources, they respond to the problems as they are presented; they do not have the capacity to explore in detail the nature of precipitating factors.

Two representatives from the wagering sector argued strongly that the introduction and expansion of gaming machines was the major precipitating factor in problem gambling in the ACT. One had previously been a hotel owner in country NSW:

I saw the damage that was done with ‘cardies’ and I tried to discourage some of my regulars from playing them.

Gamblers with problems who participated in this study identified the following factors as precipitating their excessive gambling:¹⁷

- *Stress* related to some sort of personal crisis (professional, financial, relationships) was identified by all participants as preceding a ‘gambling binge’ and/or an approach to a support service such as Lifeline. For example, one gambler felt he was under ‘enormous pressure’ when his workplace was being ‘downsized’. Under this stress gambling became a problem and has remained so. Another reported that he had been in financial difficulties for years but had been able to conceal it until his wife found the credit card statement and ‘asked questions’;
- *Consumption of alcohol*. While all the gamblers interviewed agreed that this was a factor, one respondent stressed that his gambling problem was closely linked to excessive drinking;
- *Social isolation*. The gamblers’ focus group indicated it was a particular problem for single mothers who face the pressures of sole parenting on limited incomes. While this was a common response by women who participated in the study, one man said that gambling became a problem for him after his marriage broke down and he subsequently sought company at the local club;
- *Accessibility of gaming machines*. One gambler summarised it thus:

You need three things: time, money and the opportunity. Canberra revolves around clubs. If you want to socialise, it’s hard to find anywhere decent without machines.

- *Access to cash outlets* (EFTPOS and ATMs) at gaming venues; and
- *Advertising and promotions by the industry*. All participants expressed concern over television advertising of gambling, both direct and indirect (special mention was made of the use of poker machine reels in the Channel Seven promotion). All complained about club promotions, for example, that require patrons to be present over a four-hour period to win a prize; and where the prize is a voucher to play the gaming machines. One gambler argued that the ACT had developed a ‘gambling culture’.

Participating gamblers also identified a range of more general issues that they felt had exacerbated their gambling problems and those of other ACT gamblers:

- *Lack of community understanding and awareness*. A majority of gamblers in the study said there was a great deal of ‘stigma and shame’ associated with gambling problems. They all agreed that the ACT wider community does not discuss gambling problems openly, that there is subtle pressure for people to ‘keep it hidden’, ‘a secret’.

¹⁷ This list of precipitating factors mentioned by participants is not exhaustive.

It's more acceptable to have a heroin or alcohol problem than a gambling problem. People can always blame someone else for heroin or alcoholism – the drug pushers or the pubs or a disease. But people expect a problem gambler to fix the problem themselves. As though they have simply lost control and should just sort themselves out. It's not that simple.

Alcoholism is well understood by the community but being a problem gambler is isolating because it is not understood.

Communication of the problem and services for people in the ACT are deficient.

One gambler presented the argument that problem gambling needs to be understood and accepted as a public health problem before services would be made more readily available to the community.

- *There are few alternative opportunities for social activities in the ACT.* A number of participants said they go to clubs to reduce their social isolation. Because ACT clubs have poker machines and better facilities than other leisure alternatives, they 'feel trapped'; there is nowhere to go without the machines. All the participating gamblers lamented the lack of social environments in the ACT for adults to gather, socialise, listen to music, drink and dine without confronting gaming machines.

There is no place for single men and women to go where there are no pokies. I'm not a religious person, so church groups are not an option. Where else can I go?

All week I go home to an empty house. On Friday night I want to go out to a safe social environment, so I go to a club. Unfortunately when I'm there I gamble too much. But I feel I've had an outing.

Canberra has a club culture. It's hard to avoid. I've taken to driving a particular route to avoid the temptation of going anywhere near the club. This is the only way I can stop myself driving down the road leading to the club.

I don't want to take up a hobby or a craft. I go to the club because I want to mix with people and have fun. If only they didn't have pokies.

One service provider from Queanbeyan who works with an ethnic community said she has organised a series of recreational activities for women as an alternative to club gambling.

- *Regulation of the industry.* The gamblers in this study all expressed a number of concerns about the existing regulations that govern the conduct of the gambling industry, particularly the clubs with gaming machines. Some of these concerns were

reiterated by other industry representatives. For example, it was reported that some ACT clubs do not enforce membership and minimum age requirements.

All the gamblers with problems indicated that **note acceptors** on the machines had made the situation worse for them. They believed that they would spend less money if the machines did not have note acceptors. They believe that note acceptors ‘turn money into Monopoly money’ and they lose a sense of reality of how much money they have spent. Additionally, note acceptors reduce ‘breaks in play’ so that there’s greater danger that the gambler will lose track of time. Several gamblers in the study said that the need to interrupt play to get more coins would act as a deterrent to spending more money.

A majority of participants argued that ATMs should be removed from gaming areas. However, one gambler said that this would not prevent his gambling, that he would find ways around the restrictions.

I tried to stop using EFTPOS by leaving my card at home. But it didn’t work. I caught a cab home to get my card and returned to the club.

There was unanimous concern expressed by gamblers in the study over the **24 hour availability** of machine gambling in clubs. Several suggested that clubs could remain open for shift workers but close down the machine for a period each day. However, one gambler said he would still have a problem:

When one closes I know there’s always another one open.

For one respondent, the **lack of clocks or windows** and dark lighting in her local club meant that ‘she lost track of time’ and then felt guilty because she’d left her children unattended after school.

Signage in the clubs about problem gambling and the availability of GAFCS was seen as ‘ineffective’ or a ‘band-aid approach’. Several gamblers in the study had not seen them. Most of the gamblers interviewed were sceptical about the benefits of signage, although one participant argued strongly that they could be effective if they were well designed and related to the ways gamblers could protect themselves from harm.

Most of the gambler participants believe there is a **lack of commitment by clubs** to helping people with gambling problems.

Several gamblers in the study knew that **self-exclusion** was available but had not elected to use it. Significantly, several gamblers interviewed who did not know that the option of self-exclusion was available also indicated they probably would not use this option. One participant had found the Gambling and Racing Commission very helpful in assisting with self-exclusion. However, he felt that the Commission needed more powers to address problem gambling and that the legislation ‘should have more teeth’.

One respondent argued that ‘the local council’ should be more accountable and provide services to assist problem gamblers.

- *Lack of adequate and appropriate support services.* A majority of gambler participants agreed that there are few facilities in the ACT for people with gambling and/or related problems. Several of the gamblers who attended the focus group cited problems with depression, isolation, loneliness and mental health problems. For these people, gambling was a symptom rather than a cause. They all agreed that **mental health support services** in the ACT were lacking.

I suffer from grief and stress and believe that gambling is a symptom of these things.

Gambling numbs the pain. But it’s an expensive therapy.

For a small number of the gambler participants, **counselling** of various sorts was deemed to be an appropriate way of dealing with the particular problems associated with their gambling. Some said they would prefer group counselling, whereas others indicated that one-on-one counselling would allow them to address their own particular needs, including but not exclusively gambling problems.

However, the majority of gamblers interviewed for this study said that the ACT needed a **wider range of support services** to supplement counselling services. Several argued that there was an urgent need for funding to organisations that support families, such as the Smith Family.

Industry responses

Sectors of the ACT gambling industry have begun to implement activities that promote ‘responsible gambling’ and support people with gambling problems. Activities include the introduction of self-exclusion strategies, provision of information and promotion of GAFCS. However, this response has not been consistent across the industry and different practices apply. Examples include:

- In 1995 a Committee for Responsible Gambling was convened in the ACT. This Committee brought together Lifeline and industry representatives including the Licensed Clubs Association, Licensed Hotels Association, Canberra Casino and ACT-TAB. Three to four meetings were held before the Committee was disbanded and taken over by Consumer Affairs.
- **ACTTAB** has funded a brochure to encourage responsible gambling and made this available to all TAB venues. The TAB has also established a Code of Practice. ACTTAB does not offer self-exclusion for patrons but patrons can cancel phone accounts.
- **ClubsACT** has developed and promoted a voluntary Code of Practice for its member clubs. This Code was revised last year after wide consultation.

A representative of ClubsACT acknowledged that clubs are ‘in a privileged position’ because they have a monopoly over gaming machines in the ACT. However, he said this also brought responsibilities:

I'm looking for leadership from the top clubs to embrace responsible gambling practices and clarify their commitment to the community... Boards of the best clubs recognise that the environment has changed. They recognise there is adverse community sentiment around gambling that is here to stay.

A ClubsACT representative suggested there was an over-reliance by clubs on gambling for revenue and that clubs need to diversify their income base to become less dependent on gambling. He indicated that some ACT clubs have already started to do this.

While self-exclusion was offered by some of the larger ACT clubs, a representative said that most 'pay lip service' and 'could be doing much more'. He suggested that it should be mandatory for clubs to provide self-exclusion to patrons who request it.

A number of clubs in the ACT have identified the need to implement responsible gambling programs. A leading club with a membership of over 70,000 members is negotiating with Lifeline to develop a local program, tentatively called ClubCare. A representative of ClubsACT expressed a commitment to expanding the Clubcare program into other ACT clubs.

- The **Canberra Casino** has had an internal responsible gambling program for 4.5 years, including a self-exclusion program which allows players to specify a period for the ban. Players can also request an information kit which addresses problem gambling and are encouraged by management to seek counselling. However, the casino representative said that most of these patrons do not contact Lifeline; to his knowledge, Asian patrons never do.

Under casino regulation the excluded individual must apply to the Gambling and Racing Commission to remove the ban. A penalty can be imposed on the operator and the self-excluded player if the ban is breached.

The casino provides a very personal service. We know players because they are regulars... Our self-exclusion program is very effective; over 100 people have self-excluded... Generally, the player is given a warning the first time they breach the ban; the second time it is a criminal offence and the police are notified.

However, the casino representative said that self-excluded players do not always have a gambling problem. Some are relatively affluent and ask to be excluded 'as a risk management strategy'.

Casino staff are trained in the exclusion program and have access to the casino's computerised record system which includes photos of banned patrons. The casino representative said that the casino's small client base allows line staff to easily recognise excluded persons. However, he argued that surveillance required to enforce the exclusion policy incurs high labour costs.

Staff attempts to offer help to casino patrons who might have a gambling problem can also create tensions between players and casino staff.

They invariably tell the staff member to mind their own business.

- **Lottery providers** in the ACT (Tattersalls and the NSW Lotteries Commission) are subject to the responsible gambling legislation and policies of their own states,

and implement those strategies through their sale outlets in the ACT. Both lottery providers also subscribe to the Australian Lotteries Industry Code of Practice.

- Although the **ACT Racing Club** is not a gambling provider, betting is its major source of income. There are three gaming machines on-course in the Winning Post Bar of the club, but they are operated only on Saturdays and racedays; few people play these machines.¹⁸ The club currently advertises the NSW service G-line in its racebook. However, when informed by the AIGR about the Lifeline GAFCS service, a representative said they would advertise that service instead. The club has never received a request for self-exclusion.

3.6 Community education and public awareness

Community education and public awareness have been identified by the Productivity Commission and others as key harm prevention measures. Three key questions which guided our analysis of the need for community education and consumer information in the ACT included:

- what information is available in the ACT, to whom and how it is provided;
- what information is available as to the relevance and effectiveness of these measures; and
- what gaps exist in community education and awareness.

Information available about ACT support services is provided by the Lifeline GAFCS program in the form of brochures and strategic advertising. In 1998/99 additional funding enabled appointment of a Community Educator/Counsellor who devotes five hours a week to community consultation and education.

However, as the ACT Gambling Survey has shown, there is limited public awareness of gambling support services in the ACT. The majority of people found out about gambling services from informal sources (word of mouth, asking someone for help). Only 11% nominated signs in venues; 10% nominated the telephone directory. We could find no other assessment of the relevance and effectiveness of these measures.

Findings of this study confirm there are considerable gaps in community education and awareness in the ACT.

- There was general agreement by all stakeholders who participated in this study that information about problem gambling and the issues surrounding it, as well as the services for people with gambling problems, is not communicated effectively in the ACT.
- Community service providers and gamblers consistently requested community education as one essential strategy. Gamblers argued that community education would help ‘to take away the stigma’ of problem gambling and thus help family and friends to better understand their difficulties.
- A number of industry participants also proposed community education programs as important strategies to minimise problem gambling. Several stressed that such education must start at a young age, to ensure that it is proactive, whereas publicity campaigns are reactive.
- The point was made that community education and publicity campaigns should be integrated and reinforce each other.

¹⁸ From July 2001 the ACT Racing Club came under the authority of the ACT Gambling and Racing Commission.

- There was strong support from all stakeholder groups for a school education program to promote 'safe gambling practices' for children.
- Staff education programs were also recommended.
- A number of service provider participants working with women identified the need for gender specific information, recognising in particular the links between parenting issues for women, depression, social and cultural isolation, gambling patterns, financial difficulties and drug and alcohol abuse.
- One industry representative stressed the importance of balanced education that was 'pitched to people's interests' and avoided extremist views.
- Representatives from one cultural community stressed the importance of community members being involved in education, working with their own communities. This view was supported by other service providers who participated in the focus group. The process of developing such a campaign, especially with sub-populations such as culturally diverse communities, would best be based on a community development approach whereby communities are funded to consult with their own communities, produce appropriate resources and implement the community education campaign. A number of participants cited successful public health campaigns (such as the Quit Smoking campaign) as models for a 'safe gambling' campaign.

4. Strategies for meeting need

This section discusses a range of strategies identified by participants to meet the current and future needs of the ACT community in relation to problem gambling.

During consultations, the research team canvassed a number of alternative models for service delivery:

1. a central designated gambling support agency funded to provide specialist counselling and treatment services with the potential for cross-referral to other services. This model is similar to the current Lifeline GAFCS service in the ACT;
2. a range of selected community agencies with designated funding for gambling support services built on existing service infrastructure throughout the ACT. This approach to service delivery is similar to the Breakeven model introduced to Victoria and Queensland (now called Gambling Help); and
3. a more integrated service delivery model based on funding to all key community agencies to train service providers on gambling issues. These general community services would have the capacity to refer difficult clients to specialist gambling help provided by a small number of designated agencies. In effect, this is a two-layered model that brings together generic community services and specialised gambling support.

Participants were also encouraged to propose alternative models and variants on the models above.

4.1 Models for service delivery

There was strong consensus amongst community service provider participants for a broad range of services to meet the varying needs of different client groups. The experience of service providers has shown that different sections of the ACT community, such as culturally diverse community groups, women, Aboriginal and Torres Strait Islander people and Anglo-Australians, experience and seek help for gambling problems differently.

Furthermore, there was little support for service delivery models based solely on designated gambling services. The experience of ACT **community service providers** suggests that individual gamblers and families are more likely to access general community services that are already known, trusted and used by them. The majority of service providers interviewed for this study supported an integrated service delivery model which provided appropriate training and funding to general community services to provide gambling support, with the ability to refer more difficult clients to specialist gambling help if the need arises.

Gamblers consulted for this study wanted services that provided a range of different models of intervention, broadening the scope from the abstinence model promoted by Gamblers Anonymous and the cognitive behavioural therapy approach offered by Lifeline counsellors. Financial counselling and relationship counselling, as provided by CARE and Relationships Australia, were both seen as relevant service options. Some gamblers also suggested that there was a need for improved mental health support in the ACT.

However, it must again be stressed that study was unable to interview gamblers from diverse cultural backgrounds. Hence their views on this and other issues in the study have not been included in this report.

4.2 Funding

ACTCOSS and the majority of service providers cited the need for funds to be made available for:

- gambling counselling services;
- research into problem gambling; and
- community education.¹⁹

ACTCOSS supports the use of a hypothecated fund derived from venues with poker machines over a certain amount of turnover. ACTCOSS would prefer such a fund to be auspiced by the ACT Commission on Gambling and Racing.

ACTCOSS also suggested that a sub-committee could be convened by the ACT Commission on Gambling and Racing with community representation. This approach would be similar to that adopted by the NSW Casino Community Benefit Fund Trust and the Community Benefit Trusts in Queensland. These proposals also appeared to have the support of the majority of service providers who participated in this study.

4.3 Regulatory change

Gamblers and service providers participating in this study strongly expressed a need for regulatory change and policy innovation in the ACT to achieve the broad objectives of harm minimisation.

- **Community service providers** believe that the regulation of gaming machines must recognise the links between ACT clubs as a key site for socialising, the rapid expansion of access to machine gambling and the prevalence of problem gambling;
- A majority of community service providers were keen to promote regulatory change to create ‘safe gambling’ environments by having warning signs on machines in English and other relevant languages, and reduced access to cash and credit in gaming venues.
- **All participants with gambling problems** wanted greater regulation of gaming machines in ACT clubs. Suggested regulations include closing the gaming area of clubs for periods of time; removal of ATMs and EFTPOS facilities from gaming areas; slowing down the pace of the machines, improvements to the club environment so there could be ‘reality checks’; and regulations to prevent aggressive promotion of gambling.
- A small number of participants with gambling problems argued for regulation that legislated a ‘break in play’ on gaming machines. It was considered this would assist them with controlled gambling.
- There was general support by the gambler participants for the removal of note acceptors from gaming machines.

¹⁹ ACTCOSS, 2001. *Submission to the ACT Gambling and Racing Commission on Guidelines for Approving Community Contributions*. March.

- Alternatively, several participants with gambling problems wanted the choice of visiting ACT clubs where there are **no** gaming machines at all. In their view, this would provide a social and ‘safe’ place for people to gather.
- The majority of **industry participants** recognised that there was growing public support for regulatory change. The majority of industry representatives felt that the ACT industry had accepted its social responsibility and had initiated positive steps to address problem gambling. They argued that harm minimisation measures would be effective only if the gamblers also accepted responsibility for their actions; and that the ACT government should also contribute to any new initiatives.
- There was mixed industry support for a mandatory Code of Practice. With one exception, industry participants favoured a voluntary Code.
- However, another industry representative argued forcefully that the gambling providers had ‘the major responsibility’ for minimising the harm from gambling. He suggested that gambling providers should do more to support service agencies and alternative community activities. This respondent was alone among industry representatives in saying that a gambling operator ‘should be able to identify patrons with a gambling problem... if they’re doing their job properly. They’re dealing with them all the time’. All other industry representatives consulted for this study took a contrary view, arguing that it was ‘impossible’ to identify someone with a gambling problem, and ‘extremely difficult’ to approach a patron suggesting they might have a problem.
- A number of industry representatives supported the notion of increased availability and promotion of self-exclusion options in their premises. However it was argued by all these participants that self-exclusion is only effective for those individuals who have identified that they have an existing gambling problem. It was, therefore, suggested that self-exclusion should only form one component of an overall harm minimisation strategy.
- One proposal put forward by an industry representative was the introduction of a smartcard facility. Arguments in support of this proposal were that smartcards can keep accurate player tracking records (so that ‘problem gamblers’ can be monitored) and players can self-impose gambling limits.
- There was general consensus among industry participants that governments had responsibility to support service agencies with necessary funding, to develop and provide an effective community education campaign, and to assist gambling providers to develop harm minimisation programs.

4.4 Consultation mechanisms

A number of participants from all stakeholder groups stressed the need for greater collaboration between industry and service providers with a consultation mechanism that could possibly be chaired by the government. Such a committee or reference group would discuss issues which would then be brought to the attention of the Commission.

If such a committee were to meet regularly, everyone would know what the current issues are and what is required to ensure responsible gambling environments.

One industry representative went so far as to say that any consultation process that does not include a mechanism to bring service providers and industry together would be futile.

Several participants in this study also emphasised that the ACT Gambling and Racing Commission should consult with different cultural community groups toward creating culturally appropriate solutions.

5. Findings

Consultation for this study provided rich data about:

- the experience of problem gambling in the ACT,
- precipitating or risk factors which may contribute to problem gambling;
- a preliminary profile of people accessing support services;
- the services accessed by people with gambling problems and the reasons for accessing those services;
- the capacity of service providers to meet the needs of ACT gamblers and their families; and
- an indication of unmet need.

Consultation with service providers and gamblers suggests that problem gambling is a hidden ‘secret’ problem in the ACT community. Service providers and gamblers stressed that problem gambling carries a social stigma that discourages people from admitting the problem and seeking help.

5.1 Service need

Problem gambling has complex causes and is experienced in many and varied ways by different people in the ACT. Hence services to assist people affected by problem gambling (individual gamblers, their families, friends and communities) need to address the multitude of contributing factors which precipitate problem gambling while accommodating immediate individual needs and experiences.

The qualitative research for this exploratory needs analysis has confirmed much of the information on problem gambling found in the *ACT Gambling Survey*. For example,

- gaming machines (‘pokies’) were identified as the major source of problem gambling, although some service providers also said that casino table games, the TAB and racing had created problems for some people;
- there is limited public awareness of the services available to assist people with gambling problems;
- Lifeline’s GAFCS is accessed by a small majority of people who seek help with gambling problems;
- a significant number of people with gambling problems seek help from community service agencies that are not funded to provide gambling support;
- gamblers often ‘shop around’ for an acceptable and suitable support service, seeking help from more than one agency; and
- gamblers turn to family and friends for help more than any other source of support.

Research also confirmed the findings of other Australian studies that for many people gambling is identified as the secondary rather than the primary problem. This can result in under-estimation of the number of people who have been adversely affected by gambling, directly or indirectly.

There is little uniformity in the assessment of gambling related problems. Problem gambling is experienced differently by different people and groups. Moreover, major gaps and inconsistencies in available data do not allow a reliable indication of the

demand for services and the level of unmet need. Thus this research is able only to give indicative findings on the 'needs' for problem gambling support services and preventative programs in the ACT.

Consultation for this study indicates that problem gambling is a hidden 'secret' problem in the ACT community. Several service providers stressed that problem gambling carries a social stigma that discourages people from admitting the problem and seeking help.

Even so, services in the ACT are inadequate to meet the existing demand. All service providers who participated in this study reported frequent contact with clients affected by gambling problems. Many of the long-term gaps in services that have been identified by Lifeline over the years remain, including:

- no support groups for family members affected by someone else's gambling problem;
- no funded access to the NSW G-line for ACT residents;
- no specialised gambling counselling for surrounding Canberra regions;²⁰
- no capacity under Lifeline's existing resources to provide group counselling; and
- no legal service other than Legal Aid to which service providers can refer clients.

Lifeline's capacity to meet the current need for gambling support services also is deficient. Several participants noted that the crisis line does not provide immediate specialist gambling help; that the counselling service is available only in business hours; and that the number of sessions is restricted.

This study also found that existing GAFCS services are inadequate to cater for the diverse needs of ACT gamblers and their families. Lifeline does not suit the personal needs of many ACT gamblers and families.

The need for anonymity and confidentiality in a small community and the shortage of suitably qualified professionals in the ACT have discouraged some people from using ACT services. We received several reports of ACT gamblers seeking help from interstate providers.

The study found that there are no specific gambling support services for minority cultural groups in the ACT and very few services relevant and accessible for culturally diverse or indigenous community members whose lives are impacted by gambling. Many participants agreed that members of these communities are less likely to access services such as the crisis telephone service or GAFCS due to a combination of cultural and language differences.

There is a general scarcity of data on problem gambling in ethnic communities, and virtually no detailed information about gambling in ACT cultural and indigenous communities. What data is available (mainly from surveys) suggests that gambling participation of people from culturally diverse backgrounds is lower than the general community, yet those who do gamble are at a higher risk of developing gambling problems.

²⁰ Lifeline Canberra *Annual Report* 1998/99, p.15.

However, surveys are inappropriate as a method to understand the extent and nature of gambling in cultural and indigenous communities. For example, Aboriginal people will reply to questions such as a survey, but the answers are unlikely to reveal what is actually happening in the community. Cultural norms and language practices prevent them from providing personal information in a direct response to a question.²¹ The Aboriginal way of communicating is circular and indirect, with much left to observation and oblique inquiry. Moreover, they should have a direct and active role in the research design. The lack of participation by cultural groups in this study suggests that future research must be culturally appropriate and designed to specifically accommodate their cultural practices and needs.

This needs analysis also demonstrates that there are some groups in the community who do not have **equal access** to gambling support services. The following groups were identified as lacking equal access to services:

- local Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse backgrounds;
- people with mental health problems; and
- single parents, particularly women.

It must be emphasised that the exploratory nature of this research has prevented a comprehensive analysis of this issue. Other groups not identified in this study might also be unable to access gambling support services that meet their needs.

Problem gambling also seems to affect men and women in different ways. An understanding of the risk factors, patterns and impacts by gender is central to the provision of effective services and programs that are appropriate and acceptable.

In sum, more research is required to further explore the existing needs of the ACT community and specifically the sub-populations identified in the survey.

With regard to the need for prevention strategies, this study has identified several **risk factors** that have precipitated problem gambling in the ACT:

- personal problems such as stress over a personal crisis, mental health problems, consumption of alcohol, social isolation;
- industry practices such as the easy access to gaming machines, access to cash outlets in gaming venues, advertising and promotions;
- lack of community awareness;
- lack of alternative opportunities for social activities;
- aspects of industry regulation such as availability of note acceptors, 24 hour availability of gambling; and
- lack of appropriate support services for to meet the needs of the whole community.

5.2 Summary of needs

To summarise the findings of this research, the needs identified by ACT service providers, gamblers and industry stakeholders consulted for this study include:

²¹ Steane, P., McMillen, J. and Togni, S., 1998. 'Researching gambling and aboriginal people', *Australian Journal of Social Issues*, Vol 33. No. 3.

- there is a deficit of problem gambling support services in the ACT and uneven access to existing services;
- there are major service deficiencies across the gambling continuum from prevention to support and treatment;
- there is a lack of coordination and cooperation between the ACT's community services;
- the community services themselves have complex needs that often are not being met by existing funding and resourcing arrangements;
- people from culturally diverse backgrounds and local ATSI communities lack appropriate and accessible services;
- a need to improve assessment and referral of clients to relevant culturally appropriate services and programs;
- referral patterns are ad hoc and selective. Only one or two general medical practitioners in the ACT refer clients for gambling counselling;
- a need for a coordinated network of support services for people with gambling problems and their families. This network could include a range of community service agencies to provide 'first port of call' support for people with gambling problems. These community services need referral access to a limited number of designated specialist gambling services;
- the methods for data collection are inadequate. There is no consistent and uniform client data set on problem gambling in the ACT;
- there is lack of evidence regarding the efficacy and effectiveness of any of the range of interventions being utilised. Evaluation strategies and performance criteria need to be developed to assess the efficiency, effectiveness, quality and cultural appropriateness of problem gambling services and programs;
- a need for research to evaluate the effectiveness of therapeutic interventions and counselling based on client outcomes;
- a need for accredited training of service workers in the area of problem gambling and related issues;
- a need for qualified and trained professionals with a good understanding of cross-cultural and gender issues;
- a need for a multicultural community education program to 'normalise' and 'de-stigmatise' problem gambling;
- a need for a clearly articulated government policy on problem gambling to promote the development of a range of integrated and relevant services and an integrated preventative program that includes community education; and
- a need for greater commitment by the ACT gambling industry to achieve a 'safe gambling' environment and to develop and implement uniform and effective harm minimisation practices.

5.3 What is to be done?

It is generally agreed that a strategy that seeks to minimise the harm from gambling needs to develop policies, services and programs that identify the particular character of local communities, be culturally sensitive, meet the needs of socially marginalised population groups and improve access.

Strategic planning and coordination for service delivery, prevention, community education should aim to integrate the ACT's gambling policies, services and resources

and provide direction for the short-term and long-term distribution of resources, service delivery, program evaluation and policy-directed research.

The primary targets of a harm minimisation approach to **service delivery** are ‘at risk’ gamblers. The aim should be to help people identify the factors that lead to problem gambling behaviour, provide useful information and treatment services, and strategies to help gamblers manage their own gambling.

The focus of **prevention and community education** programs is the whole community. In this regard, the overall approach would be to minimise the harm that can be caused by gambling by way of prevention and early intervention strategies.

It is reasonable however, to also expect that there will be a significant increase in demand for support services following the expansion and promotion of support services and community education.

An increased demand for treatment and counselling services could manifest itself in those communities where an adequate support service is not currently available. Heightened community awareness might also lead to an increase in demand for people seeking information and advice for harm minimisation as opposed to counselling or treatment.

The current level of demand for gambling support services identified in this study requires a coherent, inter-agency response, particularly given that ACT gamblers are likely to seek assistance from a range of different services such as relationship and financial counsellors, financial and legal support services, mental health services, etc. In this regard the ACT can build on the opportunities associated with a geographically and numerically small jurisdiction to develop and strengthen whole of government, community and industry responses.

There was little support by participants for service delivery models based solely on designated gambling services. The experience of ACT community service providers suggests that individual gamblers and families are more likely to access general community services that are already known, trusted and used by them. The majority of service providers interviewed for this study supported an **integrated service delivery model** which provided appropriate training and funding to general community services to provide gambling support, with the ability to refer more difficult clients to specialist gambling help if the need arises.

The preferred approach of the majority of participants in this study is a coordinated network of support services that includes a range of community service agencies to provide ‘first port of call’ gambling support with referral access to a limited number of designated specialist gambling services.

Planning and coordination of problem gambling services should aim to integrate services and programs so that they work towards a common goal and share resources within the broad policy context of harm minimisation. In this regard, given the demonstrated parallels between the issues (problem gambling, poverty and the need for support services), it seems advisable to link to problem gambling policy initiatives

to strategies that might be developed in response to the recommendations of the Poverty Task Group.

Participation and consultation in service development for ATSI and cultural communities, access to services, and redesign of services to accommodate language and cultural differences should also utilise the cultural and linguistic skills of the ACT population as a valuable resource. The pilot program being developed by the NSW Multicultural Problem Gambling Service in NSW offers an instructive model.²²

One industry representative suggested establishing collaborative partnerships between cultural communities and gambling venue staff from the same background to work together to formulate appropriate solutions such as community education programs.

Because **social isolation** was frequently identified as a factor related to problem gambling, a critical preventative strategy is to encourage a wider range of leisure activities and greater **participation** in the community. Factors identified in consultations as vital to address this issue include:

- improved community infrastructure to ensure a range of alternative social facilities and activities for people who chose not to gamble;
- greater contribution by gambling providers to alternative community activities; and
- community education and awareness campaigns, including the development of preventative gambling education in schools.

Consultation is essential to achieve effective coordination of services and programs and to ensure the flow of information between the various stakeholders, service providers and the general community. A recommended consultative strategy is the **establishment of an Advisory Committee or Reference Group** responsible for providing advice and assistance to the Gambling and Racing Commission. This Committee/Reference Group could have similar functions and composition to mechanisms adopted in Queensland²³ and NSW.²⁴

The principal tasks of this Committee or Reference Group could be to provide a sense of policy direction and to coordinate planning and resource distribution. This could involve:

- establishing the broad aims, principles and direction for the ACT's problem gambling strategy;
- promoting a proactive approach;
- identifying the core and emerging issues which need consideration;
- the efficient use of resources to avoid duplication or inefficiencies;

²² Multicultural Problem Gambling Service for NSW, 2001. This pilot program is a joint initiative of the Western Sydney Area Health service and the Community Relations Commission for a Multicultural New South Wales. It is funded by the Casino Community Benefit Fund and managed by the Transcultural Mental Health Centre.

²³ Queensland Treasury 2000. *Policy Direction for Gambling in Queensland*, pp.8-11.

²⁴ Department of Health 2001. *Draft Policy Framework on Treatment Services for Problem Gamblers and Their Families in NSW*.

- effective coordination of services and programs;
- establish consultation mechanisms to obtain regular and reliable information from stakeholders and client groups;
- develop collaborative partnerships between relevant stakeholders, including government and community service providers, industry groups, gamblers and the wider community;
- develop and provide accessible and relevant services and programs which respond to the changing and varied needs of the ACT population;
- recognise and respond to the unique needs of local indigenous communities, people from culturally diverse backgrounds and ‘at risk’ population groups in the ACT community;
- ensure the provision of a wide range of services, prevention and rehabilitation programs;
- monitor, evaluate and review the demand for services, service and client outcomes; and
- recommend areas for research that will encourage more effective and accessible service delivery and assist evidence based policy development.

This consultative strategy will allow information collected from various sources and research to be used to inform the development of recommendations of how to respond to problem gambling in the ACT.

ACTCOSS is well positioned to act as the coordinating mechanism for liaison with community service providers. The establishment of ‘local consultative committees’ within different cultural and ATSI groups would facilitate participation and input by these diverse communities and assist with formulation of culturally appropriate solutions.

The development of **collaborative partnerships** will encourage a shared responsibility by the whole ACT community – individual gamblers, government, the gambling industry and community service sectors – to respond to the issue of problem gambling. They also will provide a secure basis for coordination of cross-subsidy funding programs that will more effectively and efficiently deliver targeted multi-purpose services such as problem gambling, drug and alcohol support and community services.

Support services and programs can be **funded** from an hypothecated fund derived from a levy on gambling providers with an annual income above a specified amount, as occurs in some other states.

- The fund could be administered by the Gambling and Racing Commission, or by an appointed Trust with community and industry representation (similar to the NSW Casino Community Benefit Trust and the Queensland Community Benefit Trust);
- To avoid wasteful and disruptive competition for funding, community development principles should be utilised to underpin the funding arrangements;
- Funds should be provided where there is demonstrated sufficient demand for problem gambling counselling and support services, including ethno-specific services;

- The agencies best placed and qualified to provide the services should receive the grant;
- A diversity of services should be funded to ensure that the varied needs of the ACT population are met.

5.4 Research needs

The provision of treatment services and prevention programs for ‘problem gamblers’ and their families in the ACT will be greatly assisted by the following research:

- further clarification of the nature and extent of problem gambling, including co-morbidities and ‘dual diagnosis’;
- improved data on problem gambling impact indicators (bankruptcy, depression, suicide, crime, job loss, etc) and examination of attribution and causality;
- an understanding of the risk factors, patterns and impacts for different social groups (by gender, cultural background, social advantage/vulnerability, etc);
- development of a consistent and uniform client data set on problem gambling in the ACT, training of all service providers in its application and the provision of necessary resources to ensure its consistent application;
- identification and compilation of the data needed to give a reliable indication of the ‘need’ for services and programs;
- ethnographic studies and comparative studies to reveal the meaning and practices of gambling in different cultural communities, and identify their particular needs for support services and prevention programs; and
- ongoing research to identify ‘best practice’ interventions that demonstrate efficacy and effectiveness.

This list is far from exhaustive. Indeed, further consultation with community and industry representatives to develop a **research strategy** will assist the Gambling and Racing Commission to clarify research needs and priorities.

Appendix 1: Community service and government agencies invited to participate in this research

- ACTCOSS
- CARE Financial Counselling & Legal Services
- Lifeline - Gambling & Financial Counselling Service
- Salvation Army Counselling Service
- Smith Family ACT
- St Vincent de Paul
- Centacare
- Migrant Resource Centre
- Anglicare
- Women's Centre for Health Matters
- Alcohol & Drug Program, ACT Community Care
- YWCA
- ACT Domestic Violence Crisis Service
- ACT Rape Crisis Centre
- Toora Refuge
- Inama Refuge
- Beryl Refuge
- Doris Refuge
- Lowana Refuge
- Carolyn Chisholm
- Relationships Australia
- ANU Student Counselling Service
- Carers' Association
- Federation of Ethnic Communities Council of Australia
- ACT Women's Consultative Council
- ACT Multicultural Consultative Council
- Aboriginal and Torres Strait Islander Consultative Council
- Office of Multicultural and Community Affairs

Appendix 2: Industry representatives invited to participate in this research

- Canbet Ltd
- Casino Canberra
- Clubs ACT
- Australian Hotels Association
- ACTTAB
- ACT Racing Club
- NSW Lotteries
- Tattersalls

Appendix 3: Lifeline Gambling and Financial Counselling Service (GAFCS) statistics, 1998/99 and 1999/2000

Service Usage	Gambling Counselling			Financial Counselling		
	1999/00	1998/99	1998/97	1999/00	1998/99	1997/98
Face to Face						
No. of appointments made	783	575	470	260	140	194
No. of new client bookings	NA	NA	NA	119	65	NA
No of new client bookings not arrived	NA	NA	NA	NA	28	40
No. of face to face session	423	291	314	142	84	109
No. of telephone counselling sessions	NA	1	1	NA	1	NA
No. of explained non-arrivals	212	149	95	NA	NA	NA
No. of unexplained non-arrivals	147	135	60	NA	NA	NA
No. of non-arrivals and late cancellations	NA	NA	NA	118	56	85
No. of new clients	150	112	137	66	37**	46
Total no. of clients (including on-going)	186*	134	149	69	NA	NA
Telephone						
No. of telephone enquiries	789	508	415	102	46	67

Source: This table is derived from GAFCS *Annual Reports* 1998-99, p. 17 and 1999-2000, p. 19.

*This figure incorporates new, ongoing and re-presenting clients.

**This figure was reported differently in the 1999-2000 and 1998-1999 *Annual Reports*. This Table contains the figure from the 1998-1999 report.