

money. I am going out for a walk. Don't answer the phone. I don't want to go to the birthday party. I am not interested in playing footy anymore. Can you pay the phone bill next week? I lost the bank statement. I am calling in sick today. The dvd player doesn't work so I got rid of it. I don't want to speak to them, tell them I'm not here. Can I take out a loan? I can't meet you for lunch today. I'm going out. I will pay you next week. I'm going to collect the mail. I had an argument with my sister. I don't know where the lawn mower is. It's a wrong number. I don't have time to pick you up. I'm not speaking to my brother. I can't make it to the wedding. I thought I had more money with me. Can I pay part of the bill?

PROBLEM GAMBLING RESOURCE KIT

A guide to assist health and welfare workers who encounter problem gambling issues

Preface

The Problem Gambling Resource Kit has been developed to assist health and welfare workers respond to problem gambling in their day-to-day work. It is consistent with the commitments detailed in the Victorian Government's October 2006 *Taking Action on Problem Gambling* policy statement. This five year framework to address problem gambling provides an integrated approach to consumer protection and to the prevention, early intervention and treatment of gambling related harm at the individual, family and community level.

This resource kit addresses the identified information needs of a range of health and welfare workers, based on the findings of a needs analysis conducted early in the project. The topics covered are the priority areas identified during consultations, and the format has been designed for ease of access and quick navigation.

The kit has been developed in conjunction with Gambler's Help services. These services are the primary source of problem gambling advice and support, and offer assistance to problem gamblers, people at risk of problem gambling, their friends and families through a Victoria-wide service network. They also provide a range of services to health and welfare workers to support them in managing clients who may have gambling problems, and to raise awareness of problem gambling issues.

It is intended that the kit be used to help identify people presenting at a wide range of health and welfare services with gambling-related issues; whether these issues are related to their own gambling or the gambling of family members. It will assist in the early identification of gambling problems as well as in the identification of people with longer standing problems, and will support health and welfare workers in making effective referrals and other interventions on behalf of their clients, in collaboration with Gambler's Help services.

The information in this resource is also available in PDF format on the Victorian Government's Problem Gambling website, www.problemgambling.vic.gov.au. The site also provides a range of additional information on problem gambling issues and where to find help in Victoria.

As part of this Kit, the following additional resources have been provided as samples of the publications available to the community, and as examples of how different aspects of problem gambling have been approached. Copies of the resources can be obtained through your local Gambler's Help service or downloaded online from www.problemgambling.vic.gov.au.

You can control your gambling

A useful pocket guide for people concerned that their gambling may be becoming a problem for them or for people whose gambling is already causing them problems. The guide assists in exploring the reasons that a person may gamble and techniques that can be used to cut back, control or to stop gambling all together.

Does someone you care about have a gambling problem?

This booklet is designed to assist the family and friends of someone whose gambling is causing problems. It pragmatically discusses ways to manage the problem, protect those affected, as well as to provide support to the person with the problem gambling behaviour.

Heading Towards a Gambling Problem brochure

This brochure targets people who may be exhibiting early signs of problem gambling behaviour. It seeks to inform individuals about how to recognise these early warning signs before they escalate by posing a series of questions. The brochure also alerts readers to the different areas of life and range of effects that may result from escalating problem gambling behaviour.

Life after gambling DVD

This DVD contains short stories from five problem gamblers who have sought assistance from Gambler's Help services. Each candidly talks about their experiences with gambling, the harm it caused and their road to life after gambling. A Gambler's Help counsellor also talks about their experience as a counsellor and what can be expected when visiting a Gambler's Help service. The DVD has also been created to help break down the barriers and stigma that are sometimes associated with people experiencing gambling problems.

The DVD has been created by the Council of Gambler's Help Services on behalf of the Gambler's Help services network and the Department of Justice gratefully acknowledges permission to reproduce the DVD as part of this Kit.

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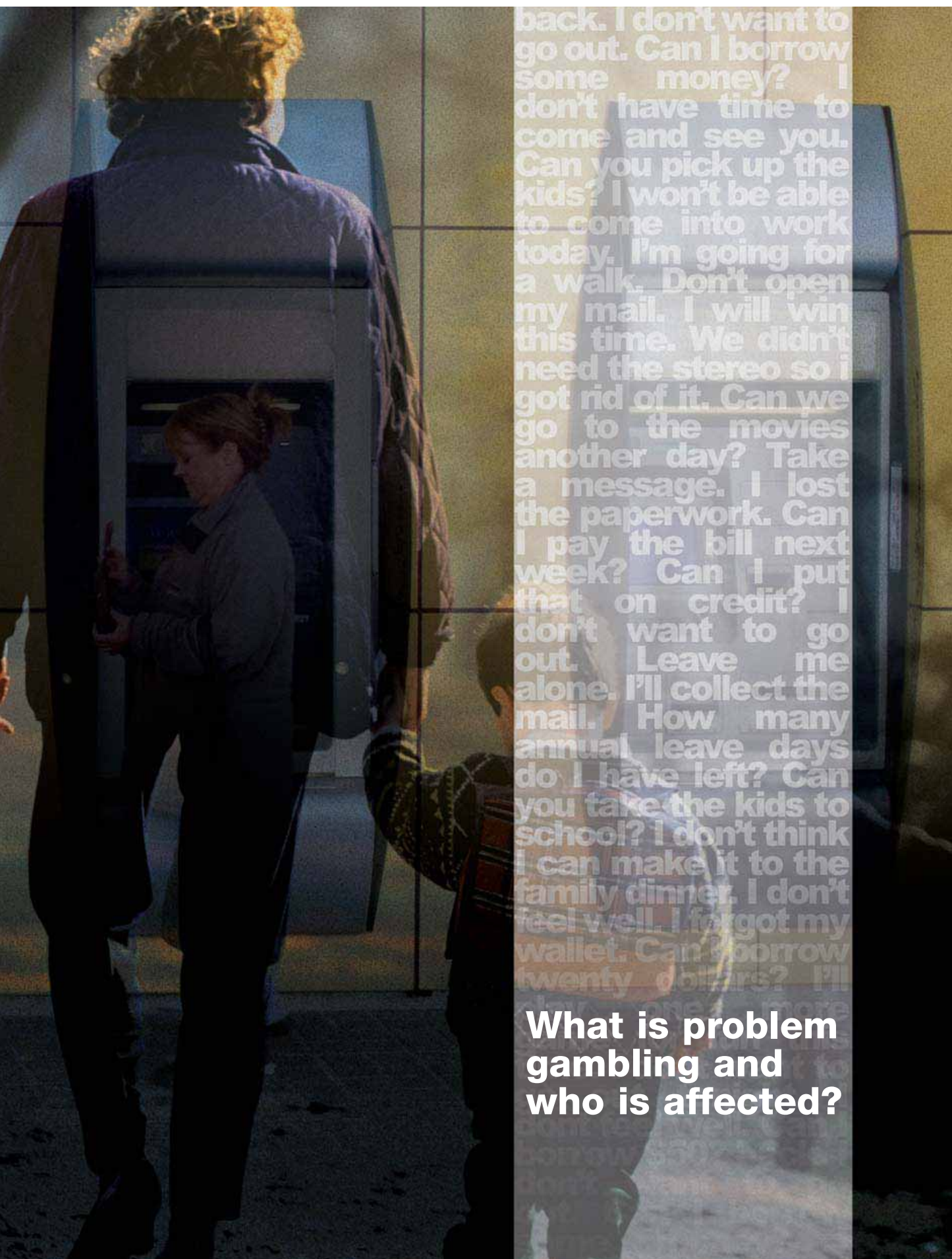
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back. I don't want to go out. Can I borrow some money? I don't have time to come and see you. Can you pick up the kids? I won't be able to come into work today. I'm going for a walk. Don't open my mail. I will win this time. We didn't need the stereo so I got rid of it. Can we go to the movies another day? Take a message. I lost the paperwork. Can I pay the bill next week? Can I put that on credit? I don't want to go out. Leave me alone. I'll collect the mail. How many annual leave days do I have left? Can you take the kids to school? I don't think I can make it to the family dinner. I don't feel well. I forgot my wallet. Can I borrow twenty dollars? I'll

What is problem gambling and who is affected?

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1.1

What is gambling?

Gambling is the placing of a wager or bet in the form of money or something of value on the outcome of an uncertain event that may involve the elements of skill and chance. We can distinguish further between:

Gaming—where the outcome is decided largely by chance. Examples include electronic gaming machines (EGMs, or *pokies*), bingo, Tattsлото, scratchies and card games, including blackjack and poker.

Betting or wagering—on the outcome of a future event. Examples include horse racing, betting on sports, Internet betting and TAB betting.

Speculation—such as gambling on the stock market.

There has been a proliferation in the ways people can gamble in Victoria since the licensing of EGMs in 1991 and the opening of Crown Casino in 1994.

Gambling is a common leisure activity in Australian society, with 77.4 per cent of the Victorian adult population reported in the *2003 Victorian Longitudinal Community Attitudes Survey* as having gambled over the previous 12 months (McMillen & Marshall, 2004). Of those who gamble, around one third does so mainly on EGMs. For the vast majority of people, gambling is a recreational activity that serves as entertainment; it does not cause them distress because they are able to contain their behaviour in such a way that harm does not arise for them or their families.

Gambling can be divided into two forms: continuous and non-continuous. Continuous forms of gambling are those in which the time between wagering and knowing the outcome is short, which permits instant gratification. This includes EGMs, bingo, horse racing, casino betting and scratchies. The most common form of non-continuous gambling is lotteries.

Why do people gamble?

Gambling doesn't usually start out as a problem. For many people, gambling starts out as pleasant pastime. People gamble for many reasons, including:

- fun
- excitement
- to meet people
- to fill in time
- adrenaline rush
- to win money
- entertainment
- time away from the pressures of work and family
- opportunity to get away from depressing thoughts and feelings
- a way to get out and socialise
- feeling that a gambling venue is a safe place to go, no matter what the time
- hoping to pay off their debts and live their dreams through a big win
- family games.

1.2

What is problem gambling?

The recent national definition of problem gambling and harm, and the definition adopted by the Victorian Government is:

Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community. (Neal, Delfabbro & O'Neil 2005, pp. 125)

Blaszczynski et al. (1997) defined problem gambling as:

... a chronic failure to resist gambling impulses that results in disruption or damage to several areas of a person's social, vocational, familial or financial functioning ... Excessive gambling is used to describe a level of gambling expenditure that is considered to be higher than can be reasonably afforded relative to the individual's available disposable income and as a result produces financial strain.

Defining problem gambling in these terms draws attention to the underlying condition (failure to control impulses), to the signs (spending more time and/or money than can be afforded), and to the consequences (causing harm). Put another way, *problem gambling* can be used to describe:

... both the behavioural characteristics and the outcome of a style of gambling including the use of excessive amounts of time and/or money and poor decision-making strategies. (Neal, Delfabbro & O'Neil 2005)

In Australia, the term *problem gambling* is preferred over the term *pathological gambling*. When used in this way, *problem gambling* is thought of as forming a continuum of behaviours and problem severity.

In the USA, problem gambling is used to refer to individuals who fall short of the diagnostic criteria for pathological gambling but who are assumed to be in a preliminary stage of a progressive disorder.

Pathological gambling, in this view, lies at one end of a spectrum of problem gambling and has been recognised as a psychiatric disorder by the American Psychiatric Association since 1980.

The essential features of pathological gambling, as defined by the association, are:

... a continuous or periodic loss of control over gambling; a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble; and a continuation of gambling involvement despite adverse consequences. (American Psychiatric Association 1994).

The behavioural correlates of problem gambling include regular gambling and involvement with *continuous* forms of gambling (Walker 1992). There is debate about whether problem gambling is an addiction or an impulse control problem, made worse in some cases by people persisting in problematic forms of play

because of faulty beliefs about winning, for example, or because they see gambling as an escape from other problems. Gamblers' Anonymous considers problem gambling to be an addiction, and a number of people seeking help with their gambling problems will support this view.

This is important to know because research has shown that people seeking help for their gambling behaviours who believe they have an addiction tend to favour interventions aimed at abstinence. Those who believe they have problems *controlling* their impulses are more often interested in controlling their gambling (Jackson & Thomas 2005). These are clearly different expectations.

Experiences of problem gamblers

I'm on a low income with two kids. Once I started putting the rent money in, I knew it was time to stop.

When I started lying to my son, needing money and lying about it—that's when I knew I had the gambling instinct.

I used to go after work. I'd lose all my money by 10 or 11pm. I'd be too scared to go into the house. I'd sit in the car. I'd have to ask my partner for money and he'd give it to me, but a fortnight later I'd have to ask him again.

I've borrowed money from work, for living money, rather than for the gambling. I took a director's loan—I guess you'd call it embezzlement. Yes, I gamble to the point where I'm skating on the thin edge of legality. (Victorian Government 2003)

1.3

Who are problem gamblers?

It has been estimated that approximately 1.12% of the Victorian adult population has serious problems with their gambling. (Victorian Government, 2004).

Problem gamblers can come from any age, sex, social class, education level or cultural background. There is little in the way of socio-demographic factors to distinguish between problem gamblers and regular gamblers, although regular gamblers under the age of 25 are twice as likely as other gamblers to develop gambling problems.

Some types of gambling are associated more than others with problem gambling; for example, levels of problem gambling are the highest among people who gamble using EGMs and racing (continuous forms of gambling), and lowest for lotteries (a non-continuous form of gambling). About 70 per cent of problem gamblers who are receiving counselling from Gambler's Help services nominate EGMs as their preferred form of gambling.

In talking about individuals who demonstrate problem gambling behaviours, care should be taken not to stigmatise them by labelling them a "problem gambler", thereby attributing the behaviour to the entire person. As is the practice in relation to other health issues such as mental health or disability, the description of the issue, the focus of the intervention and the words used to describe the persons' relationship to the particular issue, should be carefully framed to place it within the context of the whole person and not to define the person by the issue.

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1.4

Why do people develop gambling problems?

An influential approach to understanding why people develop problematic gambling behaviour is the 'Pathways Model' (Blaszczynski 2002, Blaszczynski & Nower 2002). This model proposed that, while people experiencing problematic gambling behaviours share many characteristics, there are clear 'types' of problem gamblers with varying pathways into problem gambling. These types are:

Behaviourally conditioned problem gamblers.

Those with excessive gambling behaviour occurring as a result of poor judgment and decision making, who get caught up in cycles of preoccupation with gambling and chasing losses, often leading to depression and anxiety.

Emotionally vulnerable problem gamblers.

Those with pre-existing psychological issues or those affected by severe adverse life events, who gamble as a means of escape.

Those defined by the presence of neurological or neurochemical dysfunction reflecting impulsivity.

Those who have a pre-gambling history of impulsive behaviour and, often, a range of other behavioural problems such as substance abuse, sensation seeking and criminal activity.

While all three subgroups are affected by environmental variables, conditioning and cognitive processes, 'from a clinical perspective, each pathway contains different implications for managing treatment strategies and treatment interventions' (Blaszczynski 2002 pp. 8).

Many problem gamblers do not identify that they have a problem. Even when they do accept this fact, it is not a matter of *just stopping*, as many believe. Problem gamblers have great difficulty controlling their gambling behaviour, despite the social and financial harm it causes themselves and others. By the time problem gamblers seek help from specialist counsellors, such as those at Gambler's Help services, 75 per cent have already made repeated unsuccessful attempts to control or stop their problematic behaviours (Jackson & Thomas 2001).

Rather than asking why people gamble, it sometimes makes more sense to understand how it fits into their lives. What part does it play? What needs does it satisfy? For many problem gamblers, their gambling is not about winning; it is about escaping, or the thrill of the activity. For others, however, it is about winning; these people often persist in their harmful gambling practices, despite losses, because of erroneous beliefs about the possibilities of winning and recouping their losses.

Erroneous beliefs that can cause people to keep gambling

Problem gamblers fail to understand randomness and its implications, believe they have more control over the outcome of the gambling event than is actually the case, misattribute the causes of wins and losses, become entrapped by the gamblers fallacy (see below), and behave superstitiously. This enables problem gamblers to persist in their gambling despite evidence that this thinking is incorrect (Walker 1992).

The gamblers fallacy is the misconception that two independent events are somehow interrelated. It is a logical fallacy which encompasses any of the following misconceptions:

- a random event is *more* likely to occur because it *has not* happened for a period of time
- a random event is *less* likely to occur because it *has not* happened for a period of time
- a random event is *more* likely to occur because it *recently* happened
- a random event is *less* likely to occur because it *recently* happened.

This fallacy can be illustrated with coin tosses. One toss of a fair (two sides, non-loaded) coin does not affect the next toss of the coin. Each time the coin is tossed there is a 50 per cent chance of it landing heads and a 50 per cent chance of it landing tails.

Suppose that a person tosses a coin six times and gets a head each time; if he concludes that the next toss will be tails because tails is due, then he will have subscribed to the gamblers fallacy.

This is because the results of previous tosses have no bearing on the outcome of the seventh toss. It has a 50 per cent chance of being heads and a 50 per cent chance of being tails, just like any other toss.

The gamblers fallacy therefore reflects the erroneous belief that chance is a self-correcting and fair process. This is an important belief because problem gamblers can mistakenly believe that a perceived near miss means that they are due for a win soon, thereby encouraging continued play. They could also extend their play past an intended length of play because they are *on a roll*, or the machine is due to pay out.

Problem gamblers will also often have mistaken beliefs about particular gambling forms, such as believing that an average return rate of 87 per cent on EGMs means that they will get this return each time they play.

The Gaming Machine Manufacturer's Association stated:

*Standard gaming machines have an expected player return rate. This means that, of the total value bet, a certain proportion is expected to be returned to players in winnings. This expected proportion of wins to bets is known as the "Player Return Percentage". Note the use of the word 'expected' - it underlines a very important concept in understanding how machines work. Government regulations in Australia set this expectation at a minimum of 85%. Some jurisdictions set the figure at 87% (as in Victoria). In practice, most venues operating the machines have them 'set' at a higher level than the regulated minimum. This "setting" is not a rule or an outcome that will always be perfectly satisfied for play sessions. Care should accordingly be taken in dealing with the figure and the concept. **Gaming machines function in this regard on the basis of PURE CHANCE.***

The Player Return 'setting' is an expectation that comes from the rules of CHANCE - it is not a guaranteed outcome. To say that a machine is 'set' to return 90% to players simply means that the game mathematics are structured in a way that gives the EXPECTATION that over a long period of time the machine is likely to average a return to players of 90% of the total bets made on the machine. For individual games, the figure is not very useful. This is so because of the enormous number of possible outcomes that can occur in any one game on a gaming machine.

For gaming machines ... the total possible outcomes are almost astronomical ... For a game with, say, 144 million different possible outcomes, there can be no reasonable expectation that it will be tending to operate according to its averages in 100 games – or even 1,000 games; or even 10,000 games. An individual player will almost certainly not play a sufficient number of games to have any reasonable expectation of experiencing the 'set' Player Return Percentage. (Australian Gaming Machine Manufacturers Association [2000], pp. 13–14)

People continue to gamble even when they are not enjoying it for reasons such as:

- boredom
- loneliness
- loss/grief
- depression/anxiety
- to win money
- for a reward
- social pressure
- to avoid talking to people
- to cope with change
- to be a winner
- to cope with stress
- chasing losses.

Gambling and other social problems

Problem gambling can be triggered by adverse events, such as existing social isolation, domestic violence or pre-existing family problems. In these cases, problem gambling tends to exacerbate these problems.

Many people become caught up in an interconnecting cycle of problems; for example, a person may wish to escape boredom due to a monotonous, low paid job or feelings of isolation in a new city. Gambling on poker machines may initially provide a welcome distraction in a safe environment, but heavy gambling leads to large losses. The person erroneously sees no alternative but to chase these losses through further gambling.

While gambling distracts from work and home responsibilities, it diverts money from household necessities (such as groceries and bills), and can cause relationship stress because the person's partner may demand to know where the money is going. While gambling may have initially provided an escape from these problems, a cycle develops and problems are renewed and intensified. (Productivity Commission 1999).

Domestic violence worker's experience

Gambling venues are seen as a safe place to go and a comfortable way of taking a step back into the outside world. They're places where women can be anonymous and have 'safe', superficial conversations. Unfortunately, they can then fall into the trap of using gambling as stress relief.
(Mendleson Communication 2004)

Problem gambler's experience

Initially gambling may have helped my depression. Now it causes it.
(Brown & Coventry 1997)

Environmental influences

Environmental factors often play a major role in exacerbating gambling problems. With EGM venues, betting shops and lottery outlets being common features throughout most local communities, ready accessibility to gambling can make gambling tempting. Credit betting and easy access to cash in and near gaming venues are seen by many as asking for trouble, making it easy for people to gamble beyond their means.

The Productivity Commission's *Australia's gambling industries* (1999) reported on the impact that geographical distribution of EGMs has on gambling uptake and rates of problem gambling. The report included an analysis of Victorian data that showed a strong link between EGM distribution and the rates of new problem gamblers in Victorian regions. The Productivity Commission's study hypothesised a positive and statistically significant relationship between gambling-related problems and:

- accessibility to gambling, particularly the number of gaming machines
- high average annual expenditure on gaming machines.

The nature of gambling products such as the availability of high denomination note acceptors, as well as the distribution of EGM's, can also influence gambling uptake and the way people play. Other generic environmental factors are also important. For example, clock displays and access to automatic teller machines around gaming areas are factors that have been suggested to affect the way people gamble.

The safe, friendly atmosphere of casinos and poker machine venues is cited as a drawcard for many gamblers, particularly women and migrants.

1

1.5

Effects of gambling on gamblers and their families

Each problem gambler is thought to affect an average of at least five other people in the community, although this is yet to be proven (Productivity Commission 1999). The costs are far-reaching, affecting more lives than people generally believe.

Costs to the community can include increased crime, changes in retail spending patterns and increased demand on health and welfare services (Productivity Commission 1999). Social issues caused by a gambling problem often lead gamblers and their families to seek out a range of social services to treat problems such as homelessness, depression, and financial and legal problems.

Enormous pressures are placed on families of problem gamblers through lying, lack of trust, arguments and financial stress. Approximately one in 10 problem gamblers report that their gambling has led to a relationship breakdown, and there are an estimated 1600 gambling-related divorces in Australia each year (Productivity Commission 1999).

The range of negative effects on families caused by problem gambling can include:

- reduced income for household running costs (for example, food, rent and bills) due to money spent on gambling
- a family member gambling away money saved for family projects (for example, major purchases and holidays)
- a partner or child having had to take over decision making in the home because the gambler spends too much time gambling
- a partner or child having had to take over financial responsibility in the home due to excessive spending by the gambler on their gambling activities
- family members experiencing frustration due to continued absence caused by the person's gambling behaviour
- breakdown in communication between family members and the gambler
- ongoing family breakdown due to the gambler's neglect of the family
- feelings of depression or sadness due to a family member's gambling
- feelings of anxiety due to a family member's gambling

- feelings of anger towards a family member as a result of their gambling behaviour
- inability to trust the gambler due to lies and broken promises about his or her gambling
- increased arguments with the gambler over their behaviour
- decreased intimacy with the problem gambler
- feelings of loneliness due to the problem gambler's neglect
- children being embarrassed by the gambling behaviour of a parent
- decrease in quality and quantity of time spent with children as a result of a parent's gambling
- children feeling sad and confused because they are not sure of how to relate to the gambling parent.

(Derived from the Victorian Problem Gambling Family Impact Scale.)

One in 10 problem gamblers receiving counselling reported that gambling led to violent incidents (Productivity Commission 1999). US studies have shown that children of problem gamblers are two to three times more likely to be abused by both the gambler and the spouse.

How children may be affected

Approximately 330 000 Australian children are affected by problem gambling. Children of problem gamblers often live in a volatile and confusing environment. The gambling parent may sometimes ignore them and dismiss their needs, and then be doting and indulgent at other times to make up for their behaviour. This can lead children to feel angry, hurt, lonely, guilty, abandoned and rejected.

Children of problem gamblers are more likely to demonstrate:

- stress-related illnesses, such as allergies, asthma and digestive disorders
- poor school performance
- an indulgence in health-threatening behaviours as an escape, such as smoking, drinking, overeating, drug use and gambling
- a propensity for health-threatening behaviours.

In one study, children expressed worry about not knowing where parents are and the difficulty of caring for younger distressed siblings, their fear of parental separation and their sadness about reduced contact when parents have separated. Children of

problem gamblers are twice as likely as their contemporaries to attempt suicide (Darbyshire, Oster & Carrig 2001).

In addition, a number of studies have established a clear relationship between parental gambling and the gambling behaviours of their children. These include studies that suggest that parental attitudes that support, or reflect disinterest in, their under-age children's gambling are indicators of adolescent problem gamblers (Fisher 1999).

Parental problem gambling has also been shown to be strongly correlated with youth problem gambling (Wiebe 1999). Gupta and Derevensky (1997) noted that adolescents exhibiting problematic gambling behaviours reported that their initial gambling experiences took place with family members in their own homes. Such findings should be treated with caution, however, to the extent that this may be true for most people who go on to gamble non-problematically as adults. Having parents with an addiction and having parents involved in illegal activities have been identified as risk factors for the development of gambling problems in adolescents in a range of studies (for example, Gupta & Derevensky 1997).

Experiences of problem gamblers

For a long time it didn't interfere with my marriage—my husband didn't know. Now he does, we have fights over the debts rather than the gambling. He thought that all the bills had been paid. (Anonymous gambler cited by New Focus Research 2003)

My relationships were non-existent for two-and-a-half years. You have an underlying sadness about that, but you don't care. People come over and you don't even open the blinds. (Anonymous gambler cited by New Focus Research 2003)

Experiences of service providers

Some gamblers are very angry or moody when they lose money or can't gamble and put their anger on their children and partners. (Counsellor cited by Brown et al. 1999)

Experiences of families of problem gamblers

I have to control all the finances and juggle a full-time job and the kids. It's so much pressure. The gambling is like the third person in the marriage. I never know if he is gambling so it creates a lot of anxiety. It affects my own self esteem too. I just have to try and keep going. (Anonymous family member cited by New Focus Research 2003)

It was very hard for a long time because of the trust factor. I found he was sneaking the credit cards ... (Anonymous family member cited by New Focus Research 2003)

I feel like I have lost my mother since she started losing control with the poker machines. I am scared of ending up in the streets, so many bills are unpaid. Sometimes, it is hard to concentrate on my studies and I am considering leaving school and working to help to pay the family bills. I do not believe my mum. I feel cheated, I do not trust her. I feel so bad for being angry with my mum when she gambles out of control and she gets moody with us. I love my mum and I know that she loves me. (Anonymous family member cited by Gambler's Help Western 2004)

1.6

Stigma and help-seeking

Stigma is broadly defined as a sense of disgrace or discredit. Many social problems – such as homelessness, mental health problems and drug or alcohol dependence – have a stigma attached to them. Problem gambling is no exception.

Problem gamblers often perceive that others will judge them harshly, and this can often prevent them from seeking help. In addition, it is often difficult for gamblers to admit that they have a gambling problem.

This fear can be magnified in small communities, where confidentiality is more difficult to guarantee. Problem gambling counsellors – particularly in rural and migrant communities – often recognise this as an issue for their clients.

Some clients of health and welfare agencies may fear that help with their presenting issue will be refused if a gambling problem is disclosed.

Health and welfare workers may also have their own pre-conceived ideas about gambling, which can influence:

- how they deal with clients
- who they refer clients to
- whether they work with the client at all.

It can be frustrating when clients do not disclose that they have a gambling problem – which can be either their main problem or a contributing factor in their main presenting issue (see Section 4.3). Gambler's Help Services can help workers to discuss these issues, and provide support and advice on how to deal with clients who have problem gambling issues.

Experiences of service providers

In a rural town, it's hard to get employed again once you've been to court for stealing—everyone hears about it. (Anonymous service provider cited by New Focus Research 2003)

Experiences of problem gamblers

Non-problem gamblers just don't understand how people can get addicted. They don't understand why we seemingly just throw our money away. (Anonymous gambler cited by New Focus Research 2003)

My brother wouldn't let me see my niece or nephew for a while. My nephew told my niece one day that she shouldn't bet on the Footy Bets or she'd end up like me. (Anonymous gambler cited by New Focus Research 2003)

Blaszczynski (2005) noted that one way of dealing with stigma is to recognise that most problem gamblers present to health and welfare services during a crisis caused by their gambling. These crises may take the form of a partner finding out about a gambling-induced debt, disclosure of gambling-related criminal activity, arguments over financial problems, or failure of the gambler to meet social and/or family obligations.

While people presenting in crisis may not feel able to immediately disclose their gambling problem, this may emerge during the taking of their history, which would be a routine part of the service's operation.

History taking can start with general questions such as, 'Are there stresses in your life that may be aggravating your symptoms, or making you feel this way, such as financial problems?'

If the client refers to gambling in their response, and it seems appropriate in terms of their level of trust, then the following sorts of questions could be asked:

- Does the client or their partner gamble (remembering that stress in a patient may be caused by the behaviour of their partner)?
- What is the extent and severity of the gambling (including frequency, duration and amount spent gambling each week)? A person spending more than \$50–\$100 a week, and gambling three or more times a week, is at high risk of problem gambling.
- At what age did gambling begin, and have behaviour patterns changed over time?
- Does the gambling behaviour change in relation to stress?
- What is the gambler's reaction to situations in which gambling is prevented, and what is their level of preoccupation with gambling? (Blaszczynski 2005)

Who seeks help with gambling problems?

One research study has found that an average of five years elapsed between the experience of the first problem caused by gambling and the first attempt to seek treatment (Tavares et al. 2001).

Reasons for not seeking treatment among non-treated pathological gamblers include the gamblers' desire to handle the problem on their own, embarrassment, stigma, inability to share problems, and failing to regard gambling as a problem (Hodgins & el-Guebaly 2000).

There is some evidence that problem gamblers have started seeking help earlier in their gambling career. This is largely due to greater public awareness and widespread service availability (Tavares et al. 2002).

Women and men attend Gambler's Help services counselling in approximately equal numbers, but there are some differences between them. Women are more likely to be slightly older, to be married, to be living with their family and to have dependent children than the men who present at these services. Men are more likely to be preoccupied with gambling; to have jeopardised or lost a significant relationship, job, or educational or career opportunity; and to have committed illegal acts to finance their gambling than women seeking help. Women are more likely than men to gamble as a way of escaping from other problems (Crisp et al. 2000).

1.7

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tiatives to prevent and to minimise gambling-related harm require a long term perspective and the building of a strong evidence base on the right inform policy and practice provide them with a 24-hour, seven-days-a-week Gamblers Helpline providing lots of support, information and referral services for those who are problem gamblers, family members and concerned others. Recognising that initiatives to prevent and to minimise gambling-related harm require a long term perspective and the building of a strong evidence base on the right inform policy and practice provide them with a 24-hour, seven-days-a-week Gamblers Helpline providing lots of support, information and referral services for those who are problem gamblers, family members and concerned others.

**The government's
response to
problem gambling
in Victoria**

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2.1

Gambling in Victoria—the government's role

Gambling regulation in Victoria is the responsibility of the Minister for Gaming. Racing regulation and administration is the responsibility of the Minister for Racing. The Gaming and Racing Business Group within the Department of Justice comprises the Office of Gaming and Racing and the Victorian Commission for Gambling Regulation. Its operations are guided by a number of principles:

- developing and reinforcing the Victorian Government's commitment to responsible gambling through measures that assist and protect problem gamblers and those at risk of becoming problem gamblers, their families and the wider community
- developing and maintaining the state's commitment to the highest standards of probity for gambling service providers
- accepting gambling is a valid activity for many Victorians who are entitled to expect ongoing high standards of service, transparency and accountability from the gambling industry
- ensuring that the legitimate financial benefits of gambling (both private and public) are transparent, and appropriately recognisable
- that, to the extent possible consistent with the other principles, gambling service providers operate in a competitive environment
- establishing proper consultative processes to ensure that appropriate information is given to, and input is received from, the wide variety of persons interested in gambling, including stakeholders, affected parties and, to the widest extent possible, the broader Victorian community.

2.2

Problem gambling—a public health framework

The government has adopted a public health approach to problem gambling (see Bondolfi & Ladouceur 2001, Korn & Shaffer 1999, Shaffer & Korn 2002, and Volberg 1994). A public health approach seeks to reduce risks and prevent gambling problems arising. Other elements of a good public health approach include:

- adopting a whole-of-government approach, with local government and the Australian Government seen as integral partners, along with the large range of non-government health and welfare service providers
- culturally relevant policies and programs
- reducing health inequalities, particularly because it is recognised that the burden of gambling problems are not evenly spread within Victorian communities
- approaching service design by recognising that service responses will vary according to the level of harm, and whether the focus is on primary, secondary or tertiary interventions
- recognising that initiatives to prevent and minimise gambling-related harm require a long-term perspective and the building of a strong evidence base to inform policy and practice
- adopting primary prevention approaches that contribute to community capacity building, and that highlight protective factor development; these approaches include community awareness and partnership programs and a commitment to excellence in monitoring and data capture
- pursuing secondary and tertiary prevention approaches—including assessment, screening and early intervention—in a wide variety of provider settings; providing briefer interventions for those less severely affected and longer term interventions for those more severely affected by gambling-related harm
- continuing to develop a service provider workforce operating with clear standards and expectations, and with access to ongoing training and development as knowledge increases.

2.3

Victoria's Problem Gambling Strategy: *Taking Action on Problem Gambling*

The Victorian Government has developed a comprehensive and integrated five year (2006-07 to 2010-11) plan, *Taking Action on Problem Gambling*, released October 2006, in response to concerns about problem gambling. It identifies seven Action Areas. Some of the highlights are summarised below.

2.3.1 Action area one: building better treatment services

The Government will increase funding for Gambler's Help services by \$36.8 million (or nearly \$7.4 million a year). This builds on the previous Problem Gambling Services Strategy which focused on:

- providing problem gambling and related financial counselling services, with the aim of assisting individuals and families affected by problem gambling
- implementing community education and partnership activities to raise awareness of problem gambling issues and services.

The government had previously allocated \$43.3 million to service locations across metropolitan and non-metropolitan Victoria over the period 2002–06 to:

- provide therapeutic problem gambling counselling services
- deliver community education and partnership activities

- provide a 24-hour, seven-days-a-week Gamblers Helpline providing support, information and referral services for problem gamblers, family members and concerned others to initiate changes to their gambling behaviour and related consequences
- provide specific services for Indigenous communities and clients from culturally and linguistically diverse (CALD) backgrounds
- provide problem gambling financial counselling services.

These services are delivered by Gambler's Help services through 17 auspice agencies from approximately 100 sites throughout Victoria, including locations in metropolitan and rural areas. Gambler's Helpline operates in conjunction with face-to-face problem gambling and financial counselling services.

Two new statewide services commenced for CALD and Indigenous communities in 2005-06. These services, working in collaboration with Gambler's Help services and relevant community organisations, are increasing the capacity of existing services to meet the needs of CALD and Indigenous communities, as well as promoting alternative strategies to address gambling problems in each of these communities.

Over the next five years, a total funding commitment of \$79.8 million will deliver the following key initiatives in this action area:

- \$53.6 million for direct counselling services across Victoria, bringing total counselling provided to 100,000 per year.
- \$500,000 to develop a new integrated internet based support service to provide online counselling and self-help tools.
- \$2.1 million to expand after hours gambler's help services.
- \$500,000 in 2006-07 for the development of new services for culturally diverse and socially isolated communities to address gaps identified in the current system.
- \$4.3 million to improve existing case management and referral systems so that a person seeking counselling will be able to make an appointment to see a gambling counsellor at any time and from any place in Victoria.
- \$4.2 million in a joint venture with the University of Melbourne and Monash University to create a world-leading Centre for Excellence in Problem Gambling Treatment.
- \$4.9 million in maintaining and enhancing services for culturally and linguistically diverse and Indigenous communities.
- \$300,000 for a pilot program to provide a wider range of options for problem gamblers including those who come into contact with the criminal justice system.
- \$4.8 million to provide material aid for the families of problem gamblers who face severe hardship as a consequence of the problem gambler's behaviour.
- \$4.2 million for management and development of the Government's problem gambling services program.
- \$350,000 in 2006-07 to improve data on the use of problem gambler's help services.

2.3.2 Action area two: ensuring a more socially responsible gambling industry

The Government will work with industry and community advocates on gambling to finalise a single code of conduct for the Victorian gambling industry for proposed implementation in 2007. The Government will inject \$2.6 million to strengthen the industry self-exclusion program through a partnership between gambler's help services and the gambling industry. The Government will provide \$1.2 million to resource the Responsible Gambling Ministerial Advisory Council to continue its advisory role to the Government on responsible gambling issues. See Section 3 for more detail on this industry social responsibility approach.

2.3.3 Action area three: promoting healthy communities

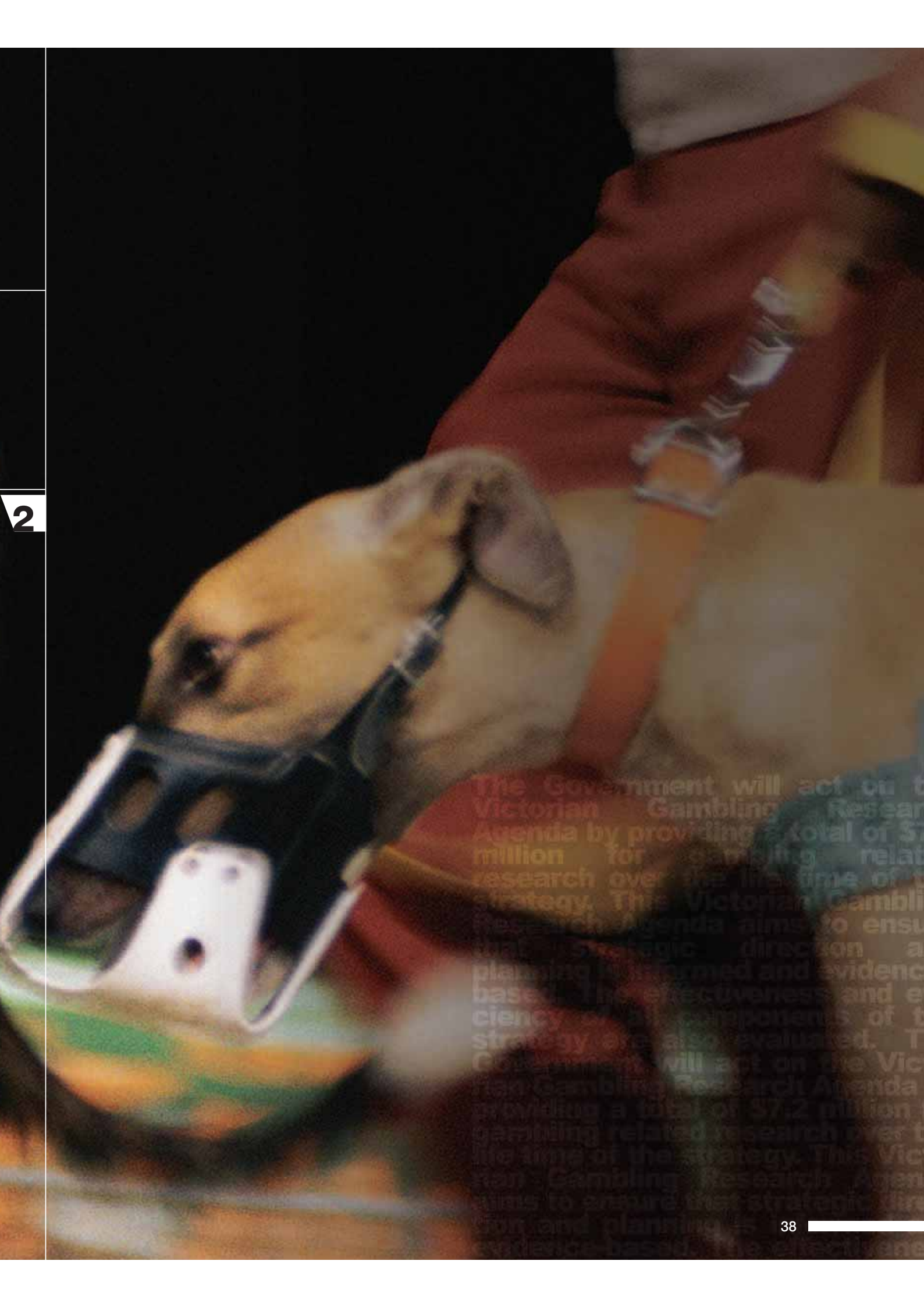
The Government will commit \$37.5 million over five years to further develop the Problem Gambling Community Awareness and Education Strategy. The strategy will include:

- \$24 million for community education aimed at making Victorians less likely to become problem gamblers.
- \$5 million for local community education activities.
- \$580,000 for community education and health promotion.
- \$1.4 million for the development of school-based learning programs.
- \$4.6 million for community partnerships. These partnerships aim to bring together people and organisations to improve understanding of problem gambling issues and risks and to assist them in helping individuals and their families affected by problem gambling.
- \$2 million for community advocacy for responsible gambling to ensure that there is a strong and viable community voice on gambling issues.

2.3.4 Action area four: protecting vulnerable communities

Some communities are more at risk than others from the harm caused by problem gambling. The Government is committed to effectively managing the distribution of gaming opportunities to better protect the communities most at risk from problem gambling. Key initiatives in this action area are:

- Doubled the number of capped regions and extended the boundaries of the existing metropolitan capped regions. There are now 19 regions capped at 10 gaming machines per thousand adults, resulting in the removal of approximately 540 gaming machines from vulnerable communities by 18 December 2007. Capped regions that currently have a lower density than 10 will be capped at that density.
- Setting the maximum density of gaming machines for all local government areas (with the exception of the central business district, Southbank and Docklands in the City of Melbourne), at 10 gaming machines per thousand adults by 2010.
- Investigate destination gaming.
- Amended the Victorian Planning Provisions to give local councils full planning control over gaming machine numbers by requiring a planning permit for the placement of additional gaming machines in their communities.



The Government will act on the Victorian Gambling Research Agenda by providing a total of \$7.2 million for gambling related research over the life time of the strategy. This Victorian Gambling Research Agenda aims to ensure that strategic direction and planning is informed and evidence based. The effectiveness and efficiency of all components of the strategy are also evaluated. The Government will act on the Victorian Gambling Research Agenda providing a total of \$7.2 million for gambling related research over the life time of the strategy. This Victorian Gambling Research Agenda aims to ensure that strategic direction and planning is informed and evidence based. The effectiveness

2.3.5 Action area five: improving consumer protection

The Government will require the removal of any automatic teller machine in a gaming venue, or within 50 metres of an entrance to the Melbourne casino gaming floor, that does not limit the amount that a consumer can withdraw per day to \$400. In addition, there will be a reduction in the maximum gaming machine bet limit from \$10 to \$5.

The Government will also give the Victorian Commission for Gambling Regulation (VCGR) power to ban a product or practice that encourages consumers to engage in behaviours associated with problem gambling. The Minister for Gaming will be given new powers to ban any gambling product that is designed to explicitly avoid or undermine any aspect of the Government's responsible gambling policy or legislation. The Government will reduce the maximum amount that a player can put into a gaming machine at the start of play by 90 per cent to \$1000 and will require all winnings over \$1000 be paid out fully by cheque.

For additional information on some of the principles of consumer protection and informed choice approaches, see Blaszczyński, Ladoucer & Shaffer, 2004; Blaszczyński, Ladoucer, Nower & Shaffer, 2005; IPART, 2004.

2.3.6 Action area six: enhancing the regulator

The Victorian Commission for Gambling Regulation will be required under the new strategy to consider a broader range of matters when determining an application for approval of a new gaming venue or determining an application for an increase in the number of machines in an existing venue. In addition, the Government will provide \$4 million to the VCGR for monitoring compliance with the industry code of conduct and to support industry in implementing the code.

The Victorian Commission for Gambling Regulation began operating on 1 July 2004, following the proclamation of the *Gambling Regulation Act 2003*. The commission, in regulating the gambling industry and its activities, implements and enforces the legislative framework set out in:

- the *Gambling Regulation Act* (2003) (the main gambling Act in Victoria)
- the *Casino Control Act 1991*
- the *Casino (Management Agreement) Act 1993*
- the Gambling Regulation Regulations 2005
- the Gambling Regulation (Signage) Regulations 2005.

The *Gambling Regulation Act (2003)* consolidated the *Gaming Machine Control Act 1991* the *Gaming and Betting Act 1994*, the *Public Lotteries Act 2000*, the *Club Keno Act 1993*, the *Interactive Gaming (Player Protection) Act 1999*, the *TT Line Gaming Act 1993*, the *Gaming No.2 Act 1997* and the *Lotteries Gaming and Betting Act 1966*.

Although these Acts were repealed on 30 June 2004 and replaced with the *Gambling Regulation Act*, all licences, permits and other authorisations in force prior to the change continue. Similarly, all directions issued by the Director of Gaming and Betting and the Director of Casino Surveillance, and the rules made by the VCGA, remain current.

Objectives

The objectives of the commission—set out in s.10.1.3 of the *Gambling Regulation Act 2003* are:

- to ensure that gaming on gaming machines is conducted honestly
- to ensure that the management of gaming machines and gaming equipment is free from criminal influence and exploitation

- to ensure that other forms of gambling permitted under this or any other Act are conducted honestly and that their management is free from criminal influence and exploitation
- to act as a source of advice to the minister on gambling issues and to ensure that the government's policy on gambling is implemented
- to foster responsible gambling in order to minimise the harm caused by problem gambling and accommodate those who gamble without harming themselves or others
- any objectives set out in the *Casino Control Act* or any other Act.

2.3.7 Action area seven: fostering gambling research

The Government will act on the Victorian Gambling Research Agenda by providing a total of \$7.2 million for gambling related research over the life time of the strategy.

This Victorian Gambling Research Agenda aims to ensure that strategic direction and planning is informed and evidence-based. The effectiveness and efficiency of all components of the strategy are also evaluated.

The Victorian Gambling Research Program is administered by the Department of Justice, with the Minister for Gaming approving the research plan and releasing the research reports. In setting the priorities of the research program, the minister is advised by the Responsible Gambling

Ministerial Advisory Council, comprising individuals with expertise from a range of community, industry and problem gambling services backgrounds.

The Research Agenda is also supported by an Independent Peer Review Panel (IPRP), comprising eminent researchers from a broad range of social, medical and psychological research disciplines. The independent peer review panel provides expert advice to the Responsible Gambling Ministerial Advisory Council (RGMAC), the Department of Justice and the Minister for Gaming and Racing on research scoping, methodology and feasibility.

Before the current arrangements were established, the responsibility for government-funded research lay with the Victorian Casino and Gaming Authority (VCGA) until 2000, and with the Gambling Research Panel between 2000 and 2004. The Office of Gaming and Racing also provides secretariat support for Gambling Research Australia—formerly known as the National Gambling Research Working Party—which is responsible for developing a national gambling research program as agreed by the Australian Ministerial Council on Gambling.

The following Victorian gambling research reports have been published (to September 2006) and are available from the *Research and Statistics* page of the *Gambling and Racing* area on the Department of Justice website (www.justice.vic.gov.au).

- Evaluation of electronic gaming machines harm minimisation measures in Victoria (2005).
- Community impacts of electronic gaming machine gambling (Victoria and Western Australia) (2005).
- Research into health promotion and best practice services for culturally and linguistically diverse communities (2005).
- Research into health promotion and best practice services for Indigenous communities (2005).
- Changes in wagering within the racing industry (2005).
- Study of the impact of caps on electronic gaming machines (2005).
- 2003 Victorian longitudinal community attitudes survey (2004).
- Validation of the Victorian gambling screen (2004).
- Stage 1: Problem gamblers, their families, and service providers (2003).
- Stage 2: Problem gamblers, loved ones and service providers (2004).
- Evaluation of self-exclusion programs (2003).
- Measuring problem gambling—evaluation of the Victorian gambling screen (2003).
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3.1

The gambling industry in Victoria—a brief summary

There is a maximum of 30,000 licensed EGMs in the state of Victoria: up to 2500 located in Crown Casino and up to 27,500 in other venues, with half of the latter amount in hotels and half in licensed clubs (Auditor-General of Victoria 1996, pp. 14). Non-casino EGMs are operated by a privately-operated duopoly (Tattersall's and Tabcorp), which operates under a government licence that runs until 2012. In June 2006, they operated these EGMs from 521 venues in Victoria. (<http://www.vcgr.vic.gov.au>)

Between 1996 and 1999, gaming machine expenditure grew at an average of 16 per cent per annum. By 2006, this annual growth had fallen to 3.3 per cent. In dollar terms, more than \$4 billion is spent on all forms of gambling in Victoria each year.

Expressed as a proportion of household disposable income, there was modest growth in total gambling expenditure between 1972-73 and the early 1990s (approximately 1.3 per cent of household disposable income), then a sharp growth to 3.60 per cent by 2001-02, dropping to 3.05 per cent by 2004-05. Racing expenditure has shown a steady real decline in the same period, from just under 1 per cent to 0.43 per cent of household disposable income in 2004-05. (Tasmanian Gaming Commission 2001; Australian National University Centre for Gambling Research 2005; Australian Gambling Statistics, 2006).

Tax from gambling revenue increased from \$0.4 billion in 1992-93, to \$1.04 billion in 1996-97, to over \$1.25 billion in 2005-06. EGMs contribute over 60 per cent of these taxes. In 2007/08 it is expected that gambling taxes will represent around 4.5 per cent of all government revenue, which is a decline from around 7 per cent in 1999. This revenue is returned to the community through funding for many services such as health, education and recreation.



3

3.2

The concept of social responsibility in gambling

As part of their broader corporate social responsibilities, the gambling industry in Australia and elsewhere have devoted considerable resources to addressing problem gambling. As outlined in Section 1, public health focused definitions of problem gambling have helped to shift responsibility for addressing problem gambling away from individual gamblers alone.

This has placed expectations on gambling providers and regulators to enact structural changes to address the issue (Hing 2000).

Efforts by the gambling industry to address problem gambling are typically part of many industry responsible gambling codes of practice and responsible gambling programs, which, as Dickerson (1998) noted, generally refer to a collection of operator practices that aim to reduce harm.

Indeed, harm minimisation is an explicit goal of many industry responsible gambling codes of practice (for example, VGMI Gaming Operators' and Venue Operators' Codes of Practice and the Australian Gaming Council Responsible Gaming Code) and related government legislation (for example, the Victorian *Gambling Regulation Act 2003*). There are numerous gambling industry codes relating to conduct and practice that may be sourced from the respective gambling provider.

Harm minimisation in gambling has been interpreted to include:

- reducing the risk of vulnerable individuals from developing gambling problems
- reducing the current prevalence of problem gamblers
- reducing the adverse health and social consequences of gambling problems for individuals, families and communities
- maintaining reasonable enjoyment for recreational gamblers
- not unnecessarily compromising the livelihood of those associated with the gambling industry (Błaszczynski, Sharpe & Walker 2001).

Social responsibility in gambling, however, has been interpreted to extend beyond harm minimisation to also include informed consent, a key principle underpinning consumer protection (IPART 2004). Dickerson (1998), for example, suggested that, by applying the principle of informed consent, responsible gambling needs to ensure that consumers are at least:

- informed about all relevant processes involved in the form of gambling
- making a genuine choice, with other options available to them
- not making the decision to gamble under conditions of strong emotion or personal crisis.

Informed choice is also an explicit goal of many of the industry responsible gambling codes.

Responsible conduct of gambling also implies that gambling is provided in a way that is responsive to community concerns and expectations relating to legal compliance, ethical standards and philanthropic outcomes (Hing 2000). As such, many codes of practice refer to monitoring, ongoing review and continuous improvement to align the codes to emerging issues and concerns.

Responsible gambling programs include a range of venue practices to promote harm minimisation, informed choice, and ethical and responsible behaviour; however, a major challenge for venues lies in identifying problem gamblers at the gaming venue so that they can encourage them to seek assistance. Some industry codes of practice (eg Tabcorp Responsible Gambling Code and Australian Gaming Council Responsible Gaming Code) explicitly promote 'staff training and awareness of observable behaviours which may be associated with problem gambling, and procedures to assist customers who display these behaviours'. However, they both note that this goal needs to be underpinned by research into 'reliable, observable behaviours associated with problem gambling' (AGC 2001 pp. 2).

To this end, the Australian Gaming Council sought the opinions of prominent psychologists and practitioners in the field of problem gambling to obtain their professional views on problem gambling behaviours (Allcock et al. 2002). The resulting report concluded that behaviour that reflects harm most probably caused by gambling problems cannot be rigidly and reliably described, but there is a range of behaviours that could 'be used compassionately and sensibly to assist observers to be alert to potential problems, and be ready to assist' (Allcock et al. 2002 pp. 4).

The most obvious and urgent of these was identified as when customers disclose a gambling problem or request assistance, while other most frequently suggested behaviours were repeated visits to automatic teller machines, borrowing money on-site and trying to cash cheques, disorderly behaviour, family enquiries and long sessions of play. Less frequent responses included frequent gambling sessions each week, alcohol intoxication and children left unattended. Those mentioned in passing were the customer being the first in and last out of the venue, statements or comments about losing or family problems related to gambling, rushing when leaving a machine, staying after friends leave, playing two or more machines at one time, and requests for credit.

Even in the absence of reliable indicators, New Zealand has recently regulated to require all casino and gaming machine licence holders to develop a policy for identifying problem gamblers in the venue. They are then obligated to approach the gamblers and offer information and advice about problem gambling (Gambling Act 2004 [New Zealand]). The regulations also require these venues to provide problem gambling awareness training for staff who supervise gambling, which enables them to approach a player whom they believe to be experiencing gambling problems, provide information on the basic characteristics of problem gambling, advise the player of the potential risks and consequences of problem gambling, provide information on how to access problem gambling services and remind the player of provisions for self and venue-initiated exclusion (Gambling Act [New Zealand]). The identifiers of problem gambling in venues are yet to be validated, but assistance from the gambling industry will be required to develop this knowledge.

3.3

Self exclusion and player assistance

The Australian Hotels Association (AHA) Victoria, Clubs Victoria, Tattersall's and Tabcorp have developed and provide ongoing support for a self exclusion program, targeting individuals who may experience problems as a result of their gambling activities. Crown Casino, under provisions contained in the Casino Control Act, offers customers its own self exclusion program. While the two programs are administered separately, the aim of both is to allow individuals to initiate their own commitment to the program via contact with either the AHA, for exclusion from Victorian pubs and clubs, or via the Crown Assistance Program for exclusion from the casino.

Tabcorp also provides Betcare, which allows customers to exclude themselves from Victorian TAB agencies and from using their Victorian TAB phone or Internet betting account. The Betcare self exclusion agreement also applies to the use of self-service betting terminals.

The process for self excluding from a gaming venue at a licensed club or hotel in Victoria is outlined below:

To engage with the program, the gambler contacts AHA. They will then receive a letter of introduction inviting them to an interview.

The letter outlines the process and includes a draft copy of the deed of self exclusion. It also advises the gambler to make contact with a Gambler's Help counsellor.

At the interview, the gambler signs a *Deed of Self – Exclusion* by which they undertake not to enter the restricted area of a gambling venue nominated by them and not to play gaming machines at those venues.

A photo is taken, which along with a copy of the Deed, is forwarded to those venues from which the gambler has nominated to be self excluded.

About the Deed

The Deed authorizes management of the venues that the gambler has nominated, to take any reasonable steps to ensure that they don't enter the restricted gaming areas or play the gaming machines.

The gambler sets the self-exclusion period, which must be at least six months and can be up to two years.

The gambler can add venues to their list they wish to be excluded from at any time by contacting the AHA self-exclusion officer. They can also extend the term of the deed.

Useful information

Information about self exclusion is available at all gambling venues and venue staff can also be approached for referral information.

The interview can take place in Melbourne or at a regional location that suits the gambler's needs.

Translating and interpreting services are available if required.

The self excluded person is given the opportunity to renew the deed up to three weeks before the deed lapses (notification is by mail). The deed can be renewed for a further period of between six months and two years; enrolment may be repeated as many times as desired. To revoke the deed of self exclusion earlier than the nominated time, the customer must attend an interview with a gambling counsellor and then attend a meeting with the AHA (Vic) self exclusion officer to sign the deed revocation. The deed can only be revoked after a minimum period of six months. In order to revoke the deed, the individual must produce written evidence they have received counselling from a qualified person.

3 The consequences of a deed breach depend on which part of the industry the deed relates to. There are no binding sanctions on the individual if they are discovered to have breached the deed, unless if the deed relates to Crown Casino (see below). The procedure involves the AHA (Vic) contacting the individual by mail and reminding them of their obligations, but there are no binding sanctions on venues if this is not done and there is no real ability to monitor non-compliance with the deed across the network-based system of hotels and clubs.

The Crown Self Exclusion Program is backed by legislation, however, which carries penalties for breaches of the legislation. Breaches of a self exclusion order can lead to a fine, appearances before a magistrate or referral to a designated diversionary program (to date, these legal sanctions have not been applied).

Self exclusion programs are not a universal panacea and will only be effective for a proportion of problem gamblers. Self exclusion programs will need to be used alongside other harm minimisation measures (O'Neil at al. 2003: 41).

Self exclusion remains an important marker of intent for those problem gamblers who are ready to change. Counsellors can assist people who have made that commitment by working with them to identify barriers to sustaining that commitment in their own behaviour and in their familial and community environments (see also section 4.6).

The Victorian government is working with the gambling industry and Gambler's Help services to develop and fund mechanisms to better support and treat participants in Victorian self exclusion programs.

The deed of self exclusion is not a contract between two parties, but an *'agreement is made voluntarily and does not place any obligations, duty or responsibility on anyone except myself'* (O'Neil at al. 2003: 41). Under the Licensed Venue Operators Code of Practice, however, venues are obliged to conduct their business so as to preclude persons known to be participating in a self exclusion program.

3.4

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**Tools for workers:
identifying and
responding to
problem gambling**

Tools for workers: identifying and responding to problem gambling

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4.1

What can I do as a professional?

Health and welfare workers outside the Gambler's Help services network are often the first port of call for people seeking help. You can play a major role in identifying clients with gambling problems, giving advice and support and referring clients to specialist problem gambling services. You can also help the friends and families of problem gamblers.

This section provides information on:

- recognising when someone has a gambling problem
- how to broach and explore the issue effectively
- what advice to give
- how to refer someone with gambling issues effectively.

Key goals for workers

Some workers feel daunted by the prospect of encountering a client with a gambling problem and not knowing what to do about it. Workers can perform some basic actions to assist clients affected by problem gambling to locate appropriate counselling and support. Guiding clients in the right direction and supporting them on their path to finding specialist help can be a major contribution to their progress. The six strategies outlined below can make a huge difference to your agency's ability to recognise and refer problem gambling clients.

1. Learn to recognise the signs of a gambling problem

Many workers have acknowledged that clients who probably have gambling problems access their services without anyone recognising and treating the issue.

2. Be comfortable with introducing the topic of gambling with your clients

Workers may feel uneasy about broaching the topic of gambling with clients. This kit provides guidelines on talking about gambling problems in a non-threatening way, and what to do once you have established that a problem exists.

3. Provide basic coping strategies to clients

Keep advice on basic strategies for dealing with a gambling problem close to hand so you can provide it to clients. (See the following pages for tips for gamblers or their friends and families.

4. Refer your client to Gambler's Help services

Some clients may initially feel uncomfortable about calling Gambler's Help services. Reassure them that the service is free and confidential, and that it is well connected with mainstream health and welfare services. Sit with your client while they make the call if this makes them feel more comfortable and supported. Follow up on your referral to see how it went. If your client requires continued support through your service for other issues, try to work cooperatively with Gambler's Help services as much as possible.

5. Play a key role in informing your community about gambling issues

Display information materials on problem gambling in your office or centre. Gambler's Help services supplies a range of posters, business cards and brochures free of charge. This will enable clients who are uncomfortable disclosing a gambling issue to take information away and contact the specialists themselves. It also sends the signal that you are aware of the issue and willing to help.

6. Develop a working relationship with your local Gambler's Help services

Get to know your local Gambler's Help services. Find out about the services they provide and their approach. Counsellors are available to discuss your clients and support your work, including telephone support. Services also run professional development training for health and welfare workers and community organisations.

4.2

How can I tell if someone has a gambling problem?

Many clients affected by problem gambling do not initially disclose it as an issue. They are more likely to seek help for the immediate effects of their problem gambling, such as a relationship breakdown, financial difficulty, stress or depression. This can be due to a fear of being judged, because the client does not see gambling as the main issue, or because they can see the problems caused by their gambling but do not feel able or ready to tackle the issue at that time.

Health and welfare workers often comment that they did not discover that a client had a gambling problem until they had known them for some time. Some social workers report clients asking for help with limiting the effects of their partner's gambling, by taking measures such as diverting Social Security payments or finding them alternative housing. Agencies are often contacted for emergency help or *quick-fix* solutions when the basic components of individual wellbeing, family and social life are threatened.

Clients presenting to generic services often have the following issues:

- needing material aid for food, debts or overdue bills
- family or relationship problems
- depression and stress.

It is important for health and welfare workers to know that Gambler's Help services can provide material aid, and that this service is not the sole responsibility of community-based generalist services. This assistance can be provided under the Recovery Assistance Program (RAP). The RAP is intended as an emergency relief scheme to provide emergency funds on a non-cash, non-transferable basis to problem gamblers (and their families) who are undertaking counselling or are participating in an industry-based self exclusion program (see Section 3.3), and who demonstrate financial need resulting from problem gambling. The RAP aims to provide a mechanism through which individuals and families in financial need can have their needs met over the short term while the gambling problem underlying the crisis can be addressed.

The objectives of the RAP are to provide assistance:

- in such a way as to not encourage or subsidise gambling behaviour
- where problem gamblers and their families are assessed as being in genuine need
- that will contribute to essential living needs.

Migrant resource worker's experience

We have people dropping in at the last minute because they need a quick fix. One gentleman had gambled around \$900. He ignored all the Office of Housing letters and then the police came to his door and told him he was to be evicted the following Friday. At the last minute on the Friday, there was a big panic to try to stop the eviction. I stayed until 6pm trying to negotiate with the Office of Housing. His wife was crying with two kids outside. We got another two weeks' reprieve and the man promised to get counselling. According to his wife he gambled again several times and then sold the car in the casino car park for a lot of cash.

Domestic violence worker's experience

I have a woman client in her thirties from an average middle-class background. The presenting issues related to parenting, anxiety and financial problems. She needed a food voucher and assistance to pay bills. I'd been seeing the woman for a while before it transpired that the underlying issue was being unable to say 'no' to her mother's repeated requests for money to gamble.

Social worker's experience

Gambling leads to family breakdown. Most of my clients are on benefits. They gamble that away and their family structures are in crisis. They encounter a lot of problems with domestic violence as well as issues with children, especially if there's no money for food and things like that.

Family support worker's experience

You can talk about day-to-day issues but you never think about discussing issues relating to gambling ... It's about priorities I guess. You're there for helping them with problems with skill development and helping the family to cope. Gambling just isn't part of the psyche.

(Brown et al. 1999)

4.3

What are the signs I should look out for?

There are a few key signs that may indicate an underlying gambling problem. If you suspect that a client has a gambling problem, it may help to ask yourself the following questions:

- Does my client frequently seek unexplained emergency financial assistance?
- Does my client seem to have a bare house (very little food, no utilities, little furniture)?
- Does my client seem to have poor health or nutrition?
- Does my client complain about unexplained stress, anxiety or sleeplessness?
- Does my client have ongoing financial problems that can't be logically explained?
- Are there parental neglect issues in my client's family (children left home alone, older children taking on parental responsibilities)?
- Does my client have relationship issues that seem to involve a lack of trust in his/her partner?
- Does my client report feeling guilty about mood swings, anger or frustration vented at their family or friends?

4.4

How do I approach the issue without offending my client?

People are often unwilling to admit that they have a gambling problem. At the same time, health and welfare workers are often unsure about how to approach the issue with their clients. Here are two approaches that can be useful, depending on the client and the agency.

4.4.1. Direct questioning

The first is to include direct, matter-of-fact questioning about gambling as part of your intake interview, in the same way that drug, alcohol and mental health questions are often included. This normalises problem gambling as an issue, and introduces the topic in a non-confronting, non-personalised manner. It also ensures that all clients are screened for problem gambling and that statistics are recorded to measure the level of problem gambling clients encountered. This method is not appropriate for all agencies because some have set intake forms that cannot be adapted.

A direct question might be something like, 'Tell me about your gambling behaviour; do you enjoy gambling and do you gamble regularly?' If a client takes this opportunity to respond that they do enjoy gambling and do it regularly, but that it seems to be getting out of control or causing difficulty for them, then you could follow up with questions such as those from the Life Areas Measure:

- During the past 12 months, was there a time when you felt your gambling had a harmful effect on your friendships or social life?
- During the past 12 months, was there a time when you felt your gambling had a harmful effect on your physical health?
- During the past 12 months, was there a time when you felt your gambling had a harmful effect on your home life or marriage?
- During the past 12 months, was there a time when you felt your gambling had a harmful effect on your work, studies, or employment opportunities?
- During the past 12 months, was there a time when you felt your gambling had a harmful effect on your financial position? (Smart & Ferris 1996)

Another brief screening measure that can be used, even in addition to the above questions, is the Lie-Bet scale. This consists of two questions only:

1. Have you ever had to lie to people important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money? (Johnson et al. 1997)

Although widespread use of this scale has not been reported, it is useful to have a brief measure, as long as this is supplemented with a more comprehensive history. Another useful screening tool is the Eight Gambling Screen—Early Intervention Health Test (Sullivan 1999). This can be given to clients as a self-completion test.

1.	Sometimes I've felt depressed or anxious after a session of gambling.	
	Yes, that's true.	No, I haven't.
2.	Sometimes I've felt guilty about the way I gamble.	
	Yes, that's true.	No, I haven't.
3.	When I think about it, gambling has sometimes caused me problems.	
	Yes, that's true.	No, it hasn't.
4.	Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling.	
	Yes, that's true.	No, I haven't.
5.	I often find that when I stop gambling, I've run out of money.	
	Yes, that's true.	No, I haven't.
6.	Often I get the urge to return to gambling to win back losses from a past session.	
	Yes, that's true.	No, I haven't.
7.	Yes, I have received criticism about my gambling in the past.	
	Yes, that's true.	No, I haven't.
8.	Yes, I've tried to win money to pay debts.	
	Yes, that's true.	No, I haven't.

If people tick 'yes' on four or more of these questions, this indicates that gambling may be problem for that person. A youth version of this screen is now available (Sullivan 2005).

4.4.2. Circular questioning

Another approach is to circle the topic with related questions that don't directly mention a gambling problem. This method is particularly recommended for culturally and linguistically diverse and Indigenous clients (see Sections 5 and 6). The circular method of discussion is preferred to the direct approach in many cultures. An example of this sort of questioning is, 'Are there any particular stresses that might be contributing to the way you feel (sad, angry, alone, afraid), such as financial problems?'

The essence of this type of question is that it can identify the *symptom* that may have brought the person to your service. Rather than focusing on gambling as a direct cause, these questions seek to identify factors that might be a *consequence* of the gambling, and then work backwards to the gambling itself, at which time, the direct questions noted above can be used. The type of relationship you have with the client could dictate the questions and approach used.

4.4.3. Motivational interviewing

Motivational interviewing techniques also provide a useful approach to discussing problem gambling issues with your client in an accepting, problem-solving, non-confrontational manner.

This involves weighing up the pros and cons of the behaviour and of change. This counselling style is designed to highlight the difference between the client's current situation and the change they would like to see occur.

This counselling process deliberately avoids confrontation. Client statements of change and their belief that change is possible are strongly reinforced by the counsellor (NCETA 2000).

Below is a **four step approach** using motivational interviewing techniques:

1. Express empathy

- Be accepting and recognise that the client's behaviour has often developed from a misguided (and often unconscious) attempt to 'fix problems'.
- Focus on the person, not on the problem.
- Let the client explore.
- Let the client know that the door is open for them next time.

2. Ask permission to explore lifestyle

Discussing the client's lifestyle to examine harmful behaviours needs to be done sensitively. One way of approaching the topic is with a question such as:

Some of my clients find it helpful to talk about their lifestyle to explore whether there are aspects that could be affecting their situation. Would you like to see if this is useful for you?

Lifestyle screening: Once the client has given their consent, questions should be exploratory and open. Some ideas for questions are:

Work

Is there anything happening at work that could be affecting your health?

Work load? Responsibility?

The social world at work?

Home

Have you got any particular worries at home that might be affecting your health?

Leisure

How are you spending your relaxation time?

Is there anything that you especially enjoy doing that helps you unwind?

If gambling is offered as one of the ways the client chooses to relax, explore the following:

Gambling

Tell me some of the good things about ...

Tell me some of the not so good things about ... (the track, the horses, the pokies, having a punt).

It is important to allow the client to voice the main concerns.

3. Developing discrepancy

When the main concerns have been described by the client, these should provide an insight into the discrepancies the client feels with regard to their current situation, and how they would prefer their gambling behaviour to be. The aim of motivational interviewing should be to increase the client's awareness of discomfort toward these discrepancies, and to provide an opportunity for the client to explore the extent of its impact. You should:

- avoid confrontation
- avoid argument.

The role of motivational interviewing is to increase the discrepancy between the client's current situation and how they would prefer things to be.

You should show sensitivity and acceptance to the gambler's situation. If inquiries meet with resistance, *retreat*.

Gambling behaviour is associated with feelings such as:

- shame
- guilt
- failure
- secrecy

The client needs to feel that they can come back, not that you disapprove.

4. Leave the door open

Your role is to:

- increase the client's awareness of the impact their behaviour has on their life
- make it easier for the client to return should they need further support or information (adapted from Melbourne Division of General Practice 2003)

Questions that may help identify a gambling problem

The following questions could be raised with someone you think may be experiencing problems with gambling, or used to identify another cause of their problems:

Generally, how are things going in your life?

Are you experiencing any financial problems?

Are you experiencing any sleeplessness or anxiety?

Is there anything else worrying you?

Do you have any idea what (problems stated) might be related to?

What do you do for fun?

Are there any activities you do to take your mind off things?

How do you spend your leisure time?

Do you go to bingo, the pokies or the casino?

Are you aware of how much you spend?

Do you ever find yourself losing track of time?

Do you owe money? How much?

How would you know you had a problem with gambling?

When would you know you had a problem?

Do you know somebody with a problem?

How is it a problem? Can you see how you could get to that stage?

Does anyone else you know have a problem with your gambling? Why? Can you see why they feel that way?

4.5

What can Gambler's Help services do for my client?

Gambler's Help services staff are trained and experienced in dealing with the many issues surrounding problem gambling. They can help your client by providing counselling for emotional and relationship issues, as well as specialised financial counselling and counselling that specifically addresses problematic gambling behaviour.

A key objective of Gambler's Help services is to work effectively with other local services in a collaborative approach. It is important that services work together, and this is, as previously described, an important principle guiding the operation of the Problem Gambling Services Strategy.

Gambler's Help services client story

When 23 year-old Chris began losing all his pay on the pokies, his parents suggested he seek counselling. After resisting for a couple of months due to a fear of what might happen, he agreed to visit Gambler's Help. 'Friends, family and counselling have saved my life,' he says. 'I can come along to Gambler's Help and talk to someone who is sympathetic. My family comes, too, and it helps them to understand what is happening in my life. I can call at any time I'm feeling upset. Counselling is the best way of letting your emotions and feelings out. What I have understood is that problem gambling is bad but I can work it out, with help.'

Source: Gambler's Help Western 2005

4.6

How do I know when my client is ready to be referred?

People affected by a gambling problem are similar to those experiencing problems with drugs, alcohol, or eating disorders in that they may not immediately accept that they have a problem that needs to be treated.

It may be helpful to refer to a model that indicates the client's probable state of mind and your appropriate professional response at various stages of a gambling problem. As a result of their retrospective, cross-sectional and longitudinal studies of how people quit smoking, Prochaska and DiClemente (1983 and 1988) have identified a process of change involving a series of stages through which smokers invariably passed as they sought to quit smoking.

Subsequent studies suggested that this model was applicable to a far wider range of behaviours, including both the cessation of negative and the acquisition of positive behaviours, addictive and non-addictive behaviours, legal and illegal actions and socially acceptable and socially unacceptable practices (Prochaska et al. 1994).

This includes problematic gambling behaviour. The chart below provides a summary of the stages and counsellor activity, before we move on to a more detailed discussion of the way the model can be applied.

Stage	Description	Objectives
Pre-contemplation	Not considering change	<ul style="list-style-type: none">• Identify client's goals• Provide information• Bolster self-efficacy
Contemplation	Ambivalent about change	<ul style="list-style-type: none">• Develop discrepancy between goal and behaviour• Elicit self-motivational statements
Determination	Committed to change	<ul style="list-style-type: none">• Strengthen commitment to change• Plan strategies for change
Action	Involved in change	<ul style="list-style-type: none">• Identify and manage new barriers• Recognise relapse or impending relapse
Maintenance	Behaviour change	<ul style="list-style-type: none">• Assure stability of change is stable• Foster personal development
Relapse	Undesired behaviours	<ul style="list-style-type: none">• Identify relapse when it occurs• Re-establish self-efficacy and commitment• Behavioural strategies
Termination	Change is very stable	<ul style="list-style-type: none">• Assure stability of change



Stage 1: Pre contemplation

Your client is not ready to change their behaviour

‘I don’t have a problem.’

The pre-contemplator believes that gambling is the best choice they have in terms of their model of the world and their available choices. You need to promote supportive interventions. If told that they have a problem, they may be surprised rather than defensive.

- Build a rapport with the client.
- Explore the issues presented, but do not label it a gambling problem.
- Emphasise the client’s ability to make decisions and their responsibility for those decisions and their consequences.
- Applaud the client’s decision to attend.
- Make it easy for the client to come back.
- Be willing to follow up.

Working with the pre-contemplator

Use paper or a whiteboard to compare lists of the client’s view of the good and bad things about gambling for them.

Stage 2: Contemplation

Your client is considering change, but not yet committed to it

‘I know I have a problem and need to change. I will do something about it, one day.’

This stage is characterised by ambivalence. The contemplator both considers change and rejects it. If allowed to talk without interference, the contemplator will go back and forth between reasons for concern and justifications for not being concerned.

- Your goal should be to tip the balance in favour of change.
- Help the client self-reflect.
- Act as a sounding board for the client.
- Use motivational interviewing strategies.
- Try to direct the client towards contacting Gambler’s Help services.

Working with the contemplator

Make a table with your client:

What are the positives for continuing to gamble?	What are the negatives for continuing to gamble?
What are the positives for changing the way you gamble?	What are the negatives for changing the way you gamble?

You can give each statement a value from 1 to 10, add them up and compare results. Ask, 'Does this balance seem right? Is there anything else that needs to be added to this table?'

Explore the implications of the table. If the positives for continuing to gamble have a greater value than the positives for giving up, their motivation for stopping will be low.

- Explore their goals
- Explore possible scenarios: 'What would happen if ...?'

Stage 3: Determination

Your client makes up their mind and decides to do something

'Yes, I have a problem and I need to do something to change—now.'

This is when people make up their minds and decide to do something. This is a window of opportunity that opens for a period of time. If the client moves into action, the process continues. If not, they lapse back into contemplation.

- A window of opportunity opens for the client to move into action.
- Your goal moves from motivation to helping your client find an accessible, appropriate, acceptable and effective change strategy.
- A more focused decisional balance is required.

Working with the determined client

- Explore goals.
- Explore possible scenarios: 'What could go wrong if you ...?'
- At this stage, your client needs to be working with Gamblers Help services to work through the complex issues associated with treating a gambling problem.

Stage 4: Action

Your client is beginning to work on solving their gambling problem

‘I am doing something to change my behaviour now.’

It is important that the person gets a package of strategies that they can use to help them change their behaviour.

Your client will:

- need support
- probably be grieving for what they have given up
- need to be fed the idea that they can do it
- probably have low self esteem.

Working with the active client

- Set strategies for change to interrupt the pattern of behaviour.
- Set goals.
- Deal with other related (underlying) issues.

- Prepare for possible lapses and relapse prevention.
- Help develop a package of new skills: stress management, anxiety management, stimulus control (avoiding dangerous situations) and coping with urges.
- Teach your client to delay, distract and desist from gambling.

Increase other activities

Inform your client that:

- what you focus on will grow in your life
- if you continue to do the same things, you will end up where you are going
- if you want to change, do something different.

Stage 5: Maintenance

Your client has found all the things they need to do to change their behaviour and has started to put this into practice

‘After the event, I realised I had never thought of ...’

What is needed at this stage is practice and more practice. The new behaviours need to become a habit. The client is well on the way to a successful change.

Working with the maintaining client

- Provide support.
- Help your client to avoid feeling discouraged or demoralised.
- Continue contemplating change, renewing determination and resuming action.
- Explore lifestyle issues not directly related to gambling, such as parenting, budgeting, relationships, education and employment.

Stage 6: Lapse/relapse

Your client lapses into problem gambling behaviour; if they see this as a failure on their part, this can turn into a relapse

‘I couldn’t do it after all.’

This stage is a common part of the change process. Rather than looking at a lapse as a failure, look at it as a part of the process. If your client can use it to examine what else needs to be done, they can often avoid a relapse.

Working with the lapsed client

- Provide crisis intervention.
- Help the client get back on track by using the information in a positive way.
- Avoid blame.

(Adapted from Melbourne Division of General Practice 2003)

Your client's problem gambling counsellor will work through stages 4–6 and, if they are referred to Gambler's Help services, either for counselling or so that they can provide a co-working arrangement, then referral should ideally occur at the end of stage 3. It is important to follow up your referral to Gambler's Help services to ensure that your client has attended the session. If your client is unable to see Gambler's Help services while they are determined to change, they may lapse back into the contemplation stage and lose the motivation to get the help they need. In this case, they will need your ongoing support.

If you are continuing to work with the client to treat a co-occurring problem, it may be useful to be aware of your client's probable mindset as they go through stages 4–6 with their problem gambling counsellor.

The following Gambling Readiness to Change Questionnaire, adapted from the Drinking Readiness to Change Questionnaire (Heather, Gold & Rollnick 1991), would be useful in determining where your client is, in terms of their readiness.

1.	I don't think I gamble too much.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
2.	I am trying to gamble less than I used to.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
3.	I enjoy my gambling, but sometimes I gamble too much.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
4.	Sometimes I think I should cut down on my gambling.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
5.	It's a waste of time thinking about my gambling.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
6.	I have just recently changed my gambling habits.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
7.	Anyone can talk about wanting to do something about gambling, but I am actually doing something about it.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
8.	I am at the stage where I should think about gambling less.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
9.	My gambling is a problem sometimes.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
10.	There is no need for me to think about changing my gambling.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
11.	I am actually changing my gambling habits right now.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
12.	Gambling less would be pointless for me.				
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

(Jackson et al. 2000)

Four items are associated with each of the pre-contemplation (items 1, 5, 10 and 12), contemplation (items 3, 4, 8 and 9) and action (items 2, 6, 7 and 11) stages. Clients are assessed as being at the stage that produces the highest score, or in the case of two stages having tied scores, at the later stage. Although this instrument does not recognise either preparation or maintenance as distinct stages of change, it nevertheless provides a good indication of an individual's overall readiness to change.

4.7

What if my client refuses a referral to Gambler's Help services?

If your client cannot be persuaded to attend Gambler's Help services, then Gambler's Helpline is available to work with them by telephone. Phone services are another way for clients to preserve anonymity. (Tulloch 1997).

Don't give up on referring your client. If your client does not accept a referral now, they may come to that stage in the future.

4.8

What if my client is presenting with more than one issue?

Problem gambling often co-exists with a range of other issues and social problems. These can include depression, anxiety disorders, drug or alcohol dependence, domestic violence and homelessness, and financial hardship.

The literature is consistent, for example, in reporting that approximately 75 per cent of problem gamblers meet psychiatric criteria for a major depressive disorder, with 40 per cent expressing clinically significant suicidal ideation (MacCallum & Blaszczynski 2003). It is important to note that high rates of depression are found among problem gamblers within community samples in addition to those seeking gambling-specific treatment (Becona et al. 1996). The direction of causality between depression and gambling remains uncertain, with major depressive episodes appearing to precede the onset of gambling in some cases, with gambling appearing to act as an anti-depressant.

On the other hand, a number of counsellors report depression, antisocial features and anxiety to be the secondary consequences of gambling-induced difficulties. Irrespective of causality, studies on samples of help-seeking problem gamblers (Jackson & Thomas 2001, Blaszczynski & McConaghy 1989) have consistently shown that over 85 per cent are motivated to gamble as a way of escaping from problems or relieving a dysphoric mood, and that there is a strong interactive effect between depression and gambling. The risk of relapse is greatly reduced if these issues are treated in parallel to the gambling problem, with close cooperation between treatment providers.

If you are working with a client who is being treated separately for a gambling problem, it is a good idea to work closely with the problem gambling professional to ensure that your client receives consistent overall treatment.

Problem gambler's experience

I'd had a breakdown—I've got a psych disability—and I had to go to hospital. I was about 21 so it was a bit of a shock to become psychotic, like to be really out of control and that. The aftermath of it was ... I'm not sure what ... but I lost something and then I started gambling and that filled a void. It was a band-aid solution.
(Anonymous gambler cited by New Focus Research 2003).

4.9

How can I work effectively with Gambler's Help services?

Gambler's Help services counsellors are available to workers from other disciplines and agencies to work collaboratively with clients. A person suffering from psychosis, for example, may remain the primary client of a psychiatric service but the worker can work collaboratively with a problem gambling counsellor. Telephone support can be a key component of this help.

One US study compared the treatment of co-presenting patients who received traditional treatment and integrated treatment. After 12 months, the integrated group was three times more likely to have made an effective recovery (McNeese 2004).

Effective methods of collaboration between workers include:

- releasing relevant information on your work with the client
- updating the other worker on your progress with the client
- responding to the needs and requests of the other worker
- developing a common treatment plan. (McNeese 2004)

Please note that some of these methods may require your client's consent for the sharing of information about their case. Explain to your client that this will maximise the effectiveness of their treatment.

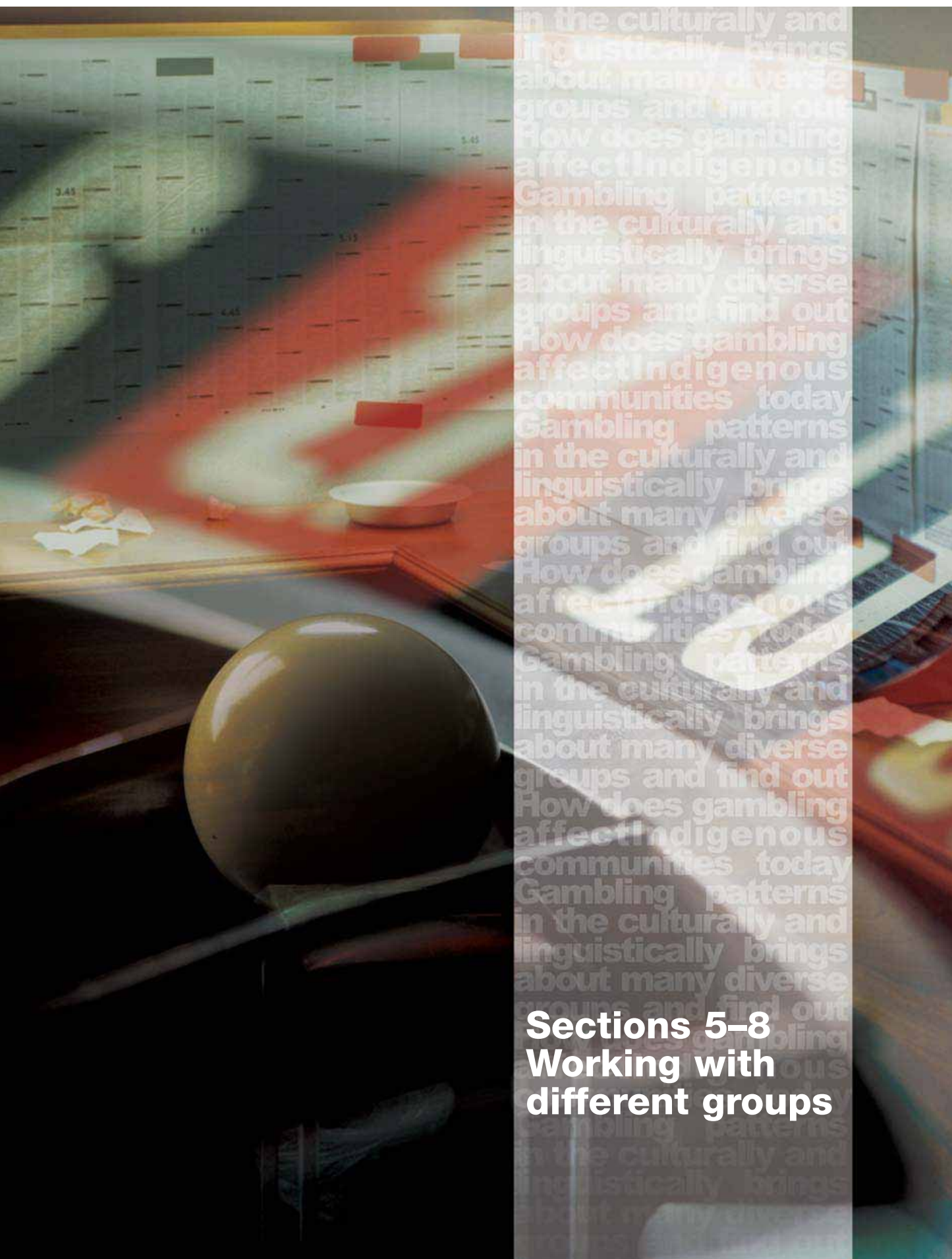
Social worker's experience

A thirty year-old pregnant and homeless woman came to our service after being evicted. She was sleeping on the floor of her grandmother's retirement village unit. She wanted to cease gambling. Her de-facto had broken off their relationship because she had stolen electrical goods from him to feed her gambling activities. There were so many issues that our agency alone was not equipped to deal with it all. We referred our client to Gamblers Help for counselling. The woman and her former partner attended relationship counselling and she involved a financial counsellor to deal with the debts. We cooperated with her Gamblers Help counsellor to intervene to control her spending after her gambling resulted in unpaid rent and failed attempts at family budgeting. (Brown et al. 1999)

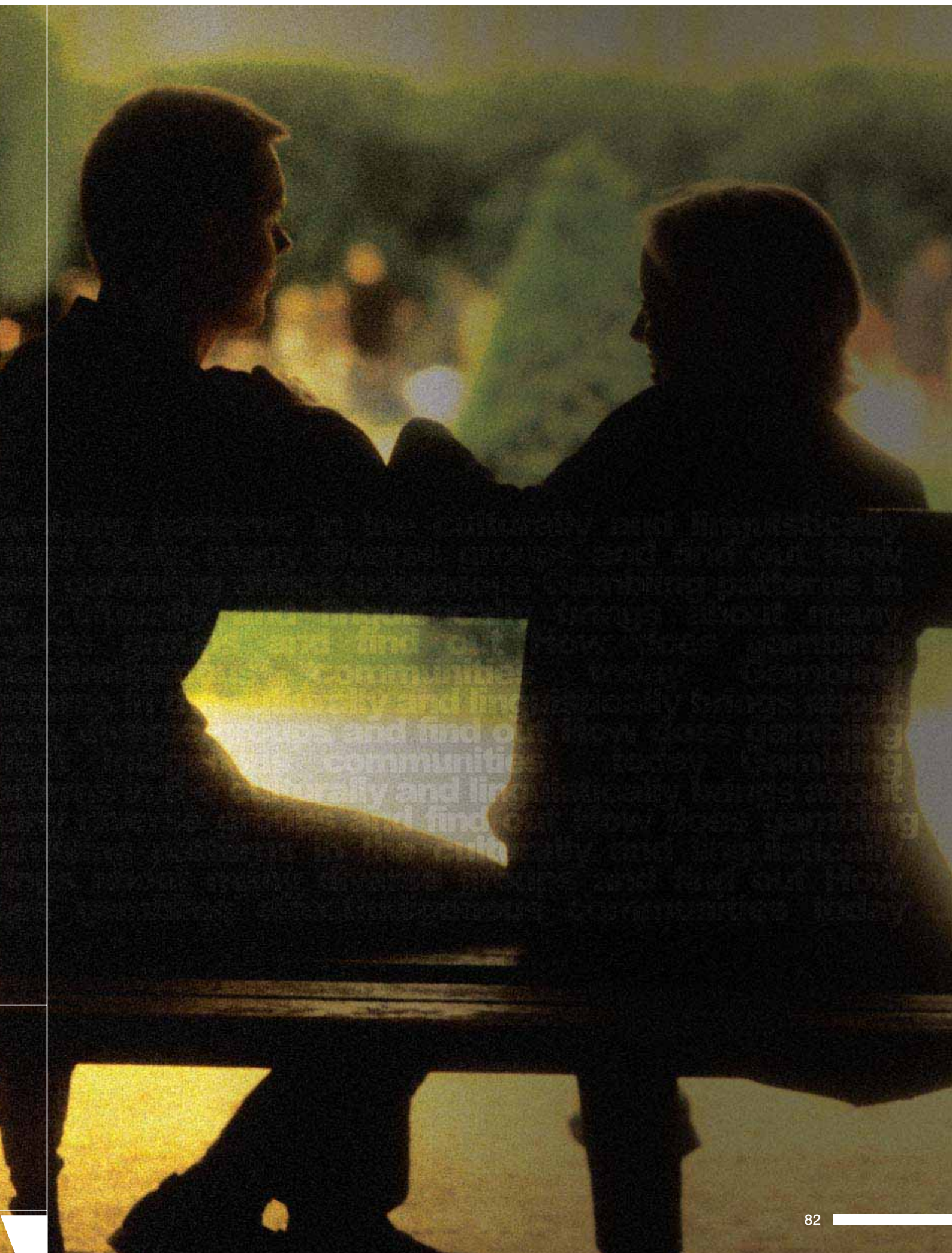
4.10

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Sections 5–8 Working with different groups



Sections 5–8 Working with different groups

Providing a suitable array of services and interventions to meet the diverse needs of people with gambling-related problems, within the framework of a public health approach, is complex. As suggested in Section 1.4, interventions must first be thought of as dealing with different levels of risk and problem severity. Such risk categories can range from *no risk* (that is, those not gambling), through *low risk*, *moderate risk* to *high risk*.

A problem classification can then be overlaid on the risk categories, which suggests that the probability of developing problems increases as the risk category increases. Such a risk and problem framework has been developed by the Ontario Problem Gambling Research Centre (2001).

This sort of approach suggests that there are various *direct* risks that affect the onset of gambling problems, including risk practices (for example, chasing losses) and risk cognitions (for example, mistaken beliefs about luck and randomness), and that the level of direct risk can increase as a function of the number of risk practices and cognitions adopted, and as a function of the extent of involvement in each. *Indirect* risks include social predisposition (for example, children learning gambling attitudes and behaviours from parents), emotional predisposition (for example, external locus of control, low self efficacy), biological predisposition (for example, impaired impulse control or hypersensitivity to endorphin-based stimulation), and environmental conditions (for example, availability and accessibility of gambling opportunities).

In terms of intervention, this approach provides guidance for the development of strategies aimed at either *prevention* or *treatment*. Four types of programmatic responses can be identified.

Risk avoidance, which is largely aimed at those in the no risk or low risk categories, with the aims of minimising the risk of adopting risk practices and cognitions; insulating people from the influence of indirect risk factors; and, in the case of youth, delaying the onset of gambling.

Risk reduction, which targets those in the moderate and high risk categories who have yet to develop problems. It aims at cognitive and behavioural change to reduce the potential for harm, and is consistent with a harm minimisation approach.

Brief intervention, which aims to reduce the harms associated with excessive gambling, with either controlled gambling or abstinence as goals, by using a variety of short-term individual and group interventions.

Intensive intervention, which provides treatment to people in the high risk category experiencing severe problems. This includes the Gambler's Help services.

Another model suggests that gambling uptake for individuals is influenced by varying intrinsic propensities to gamble and the availability of gambling products to that individual; that the outcomes and consequences of gambling are influenced by gambling uptake and that various protective, moderating and risk factors impact on propensity to gamble, the availability of gambling products and also the outcomes and consequences of gambling uptake upon gamblers, their families and the community. **This model (Thomas & Jackson, 2004) suggests that interventions may be targeted at:**

- influencing the **propensity to gamble**, either in terms of initiating gambling or progressing from social gambling to heavy or problematic levels of gambling
- restricting or modifying the supply of **gambling products**, including modification of the properties of those products
- ameliorating the negative **outcomes and consequences of problematic gambling**, at the level of the individual, family or community.

Such a model alerts us to the risk factors that can be associated with social and community conditions.

One factor that overseas studies have found to be predictive of a propensity to gamble is the family environment and exposure to gambling activity within that environment (Winters, Stinchfield & Fulkerson 1993; Govoni, Rupcich & Frisch 1996).

Women, particularly those living in isolated communities, have also been shown to take up gambling at a higher rate than might otherwise be expected (Brown et al. 2000, Crisp et al. 2000). Having taken up gambling, some studies have shown women also progress to problematic levels of play at a rate faster than men (Grant & Kim 2002).

There is little published data on the impact of cultural factors on the propensity to gamble, but some Australian work has addressed this (Cultural Partners Consortium 2000, Yamine & Thomas 2000, Cultural Perspectives Ltd 2005a and 2005b). We know that personality is formed by an interplay of intrinsic genetic factors, social experiences and learning within and outside the family and the societal context. Cultural factors affect all of these components but the relationships are complex. It may be that different cultures have different propensities to gamble. We certainly know that specific cultural groups have different preferences about gambling modalities.

Gambling by adolescents has been demonstrated to be associated with involvement in a range of other risk taking and addictive behaviours (Buchta 1995; Griffin, Sandler & Lees 1992; Griffiths 1995). These include regular drug use (Winters et al. 1993),

engaging in underage drinking while gambling, and lying to others about their gambling (Kearney et al. 1996). Cutting classes from school to gamble has also been reported in several studies (for example, Huxley & Carroll 1992, Kearney et al. 1996, Ladouceur & Mireault 1988). There is widespread agreement across a range of jurisdictions that:

- gambling participation rates among adolescents is high, and includes those under the legal age for gambling
- the meaning of gambling to participants varies, and is shaped by factors such as pre-determining attitude and social and socio-economic context
- adolescent disordered gambling is higher than the comparable rates for adults
- there are distinct gender differences in attitudes to gambling and to gambling behaviours
- adolescent disordered gambling is associated with a range of health compromising and risk-taking behaviours.

This is not to say that all women, cultural groups and adolescents are vulnerable to elevated risks of gambling problems, but that in the presence of a number of other risk factors, there are particular vulnerabilities associated with these population groups. These are discussed further in the following sections.

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