

Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products

Volume 5: Natural Recovery from Problem Gambling

problem
gambling



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Executive Summary

This report is one in a series of reports prepared by the Problem Gambling Research Program in the School of Social Work for the Victorian Department of Human Services. It is concerned with an examination of issues surrounding the possibility of natural recovery from problem gambling without intervention from services.

Section 1 of the report discusses the background to the present project. It is noted that in addiction research, especially in the areas of alcohol and tobacco use, that there is a strong tradition of the study of 'natural' recovery from such addictions. Various commentators have postulated that many people recover from such addictions without professional assistance. Others have argued that the success rates associated with such 'natural recovery' are higher and more durable than professional assisted recovery rates. This is an area of some controversy.

This literature is discussed in the context of researchers, such as Prochaska and DiClemente, who have shown in a large body of work that behaviour change in the addictions is a difficult process involving progression through a series of stages combined with many lapses and remissions.

It is noted that although there has been some recent work concerning natural recovery in the area of gambling research that this work is, to date, very limited. Nevertheless, claims similar to those in the addictions have also been made about the relatively low rates of engagement of people with gambling problems with formal problem gambling services.

Thus the present project sought to investigate the patterns of recovery from gambling problems and the relationship of these patterns to recovery from other behavioural problems.

Section 2 of the report describes the methodology and tools used within the present project. A questionnaire was administered to 100 randomly selected people using a random dial telephone methodology. In addition, 12 people were recruited into the study who had recovered from gambling problems without professional assistance. They were recruited via selection from previous large-scale community studies of gambling and interviewed concerning their experiences.

Section 3 of the report presents the outcomes of these data collections. The first part of the section presents a series of quantitative analyses concerning responses to survey questions about participation in and recovery from various behavioural and health problems, as well as problem gambling. The second section of the chapter presents the qualitative data obtained from the interviews.

Section 4 of the report presents recommendations concerning further study in the natural recovery area. A 12-month longitudinal study with six data collection points is recommended so that Markovian modelling may be implemented.



1. Introduction

This chapter commences with a review of the natural recovery literature in problem gambling and in the addictions. The purpose of including research literature from the addictions is to supplement the very small amount of literature available in the problem gambling area. A review of the natural recovery literature in gambling would be over with very quickly. However, it is not lack of alternatives that is the driving force in the decision to include material on other addictions. Although we wish to sidestep the argument of whether gambling should be viewed as a classically defined addiction, there is no doubt that its treatment shares features with treatment of the addictions. We have extensively reviewed the efficacy of interventions to treat problem gambling in other volumes of this series, and refer the reader to these discussions. We do not propose to repeat them here. Our focus here is upon natural recovery from problem gambling in the absence of 'treatment'.

We also wish to note that some work in progress by various US researchers in natural recovery was reported at the recent Las Vegas conference held in July 2000, but little of this work has reached the publication stage. Indeed, the Melbourne team has been invited to join with the other international natural recovery researchers to publish in a special journal issue. We refer the reader to our website for updates on the progress of this material as it unfolds.

1.1 Natural Recovery from the Addictions

There is now a substantial literature on 'natural recovery' from the addictions. Some authors have provided useful discussions of this concept, as there is not universal agreement by any means as to what is meant by it.

Burman's (1997) paper begins with a discussion of the concept of 'natural recovery' and its challenge to the traditional view of substance abuse resolution as being a slow, lifelong process that requires professional treatment and maintenance. Burman then presents the results of her explorative qualitative study of natural recoverers of alcoholism and problem drinking. The subjects were 24 males and 14 females, who were recruited from newspaper advertisements and met the following criteria:

- They considered themselves to have had a serious drinking problem.
- They had been abstinent for a minimum of one year.
- They had not participated in any treatment.

Subjects were interviewed using a semi-structured, open-ended interview process. Tape recordings of the interviews were then thematically analysed for similarity between subjects. A common set of cognitive and emotional factors that led to alcohol problem resolution were found. The most prominent factor was the perception of an impending or existing



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loss (for example, loss of a relationship, career/employment, status/self-image, health). Other factors included persistent fears (for example, fear of bodily harm or of causing harm to others due to excessive drinking), determination to be a role model, and love for a close significant other. Some similarities were found also in the strategies used to bring about self-resolution. These included the avoidance of alcohol environments, eliminating alcohol from the household, and altering lifestyles and friendship groups to support an abstinent life.

Cunningham, Sobell, Sobell, Agrawal and Toneatto (1993) studied the reasons why alcohol and drug abusers delay or do not seek treatment. Three groups were compared:

- Self-change alcohol abusers who had resolved their problem.
- Untreated alcohol abusers who had not resolved their problem.
- Outpatient alcohol and drug abusers who were currently in treatment (patients at the Addiction Research Foundation in Toronto, Canada).

The outpatient group filled out a questionnaire while the subjects in the other two groups were recruited from a newspaper or radio advertisement who then answered a set of interview questions. Subjects were asked to rate on a five-point scale how much any of five possible factors had affected their delay in seeking treatment or non-treatment. Results showed that within the outpatient group there were no differences between the alcohol and drug substance abusers with regards to the factors that affected their delay in seeking treatment. However, when the three groups were compared, several differences were found. The self-change group tended to endorse factors, such as 'wanted to handle problem on own' and 'didn't think I had a problem', whereas the outpatient group tended to have lower ratings on the 'stigma' item than the other two groups. The self-change group also had higher ratings for the 'negative attitude towards treatment' item than the outpatient group. The findings indicated that the barriers to treatment reported by alcohol abusers who eventually sought treatment were different from those who did not seek treatment.

Cunningham, Sobell, Sobell and Gaskin (1994) assessed the reasons why alcohol and drug abusers decided to seek treatment. Subjects were drawn from

clients of two different alcohol and drug treatment facilities in Toronto, Canada, and totalled 265 in number. All subjects were administered a questionnaire which contained 10 possible reasons for seeking treatment and asked to rate each reason on a 5-point scale for the degree to which each reason had affected their commitment to address their abuse problem. The reasons responded to most often were 'weighing the pros and cons of alcohol or drug use' and 'warning from spouse'. Three reasons were found to be predictive of treatment compliance with clients who rated any of the three reasons as influential being more likely to enter and complete treatment. These three reasons were 'weighing the pros and cons of alcohol or drug use', 'hitting rock bottom' and experiencing a 'major lifestyle change'. These results may have implications for matching treatment options to individuals.

Cunningham, Sobell, Sobell and Kapur (1995) studied the reasons why people with an alcohol problem quit or reduced their alcohol consumption. Subjects were 64 visitors to the Ontario Science Centre (Canada) who were classified as having had an alcohol problem that they had successfully resolved (abstinence or reduction) for one or more years. Three-quarters of the respondents had resolved without formal treatment. The reason for resolution most often cited by respondents overall, and by respondents in the 'no treatment' group was that they had 'weighed the pros and cons of drinking and not drinking'. The reason most often cited by the respondents who had received treatment was that they had 'hit rock bottom'. Fifty per cent of the 'no treatment' group endorsed 'major life change' and 50 per cent of the 'treatment' group endorsed 'traumatic event' and 'warning from spouse' as reasons for change. Differences in the reasons for resolution between the groups may be due to the treatment group having more serious alcohol abuse problems.

Finfgeld (1997) studied the ways individuals self-resolve mild to moderate drinking problems. The study was based on a survey of the literature on the resolution of drinking problems. Two types of self-resolution were identified:

1. Spontaneous
2. Ongoing cognitive appraisals and a conscious effort to change.



Spontaneous remission may be due to a tendency documented in the literature for drinking problems to remit with age. Spontaneous remissions have also been attributed to critical life events, such as a severe physical reaction to alcohol, having a child or changing jobs. Remissions due to cognitive appraisals have been described in the literature as the weighing up of pros and cons of excessive drinking. Eventually, the costs of drinking lead to a shift in thinking and provide the impetus for change. In addition, factors such as support from a significant other, lifestyle changes and religious involvement also sustain moderation or abstinence.

Finfgeld (1998) also conducted a qualitative study on the process of resolution of alcohol problems without formal treatment. Eleven participants were recruited from advertisements in print media, and represented a broad range of socioeconomic backgrounds. They had had an average of 15 years of problem drinking, with a further average of 10 years since resolution. Participants attended a detailed interview, from which audiotapes were transcribed and analysed using the grounded theory principles of Strauss and Corbin (1990). Grounded theory is designed to explicate processes. The process revealed by the analysis contained the following stages:

- The penalties of drinking are initially ignored.
- The cost-benefit ratio of behaviour is assessed.
- The risks are perceived to be too great.
- There is a re-investment in the self, which is mediated by the presence of assets (life-management skills, self-confidence, information) and liabilities (social environments that involve alcohol, attitudes of health care providers).
- Resolution, which results in dividends (such as self-pride, mental and physical health, rewarding relationships).

Grant (1996) investigated the differences in characteristics between individuals in the general population with DSM-IV alcohol use disorders for one year who had or had not sought treatment. Subjects (n=2,910) were selected from respondents to the 1992 National Longitudinal Alcohol Epidemiologic Survey (USA), of whom 9.9 per cent had obtained treatment during the past year, and 90.1 per cent had not sought treatment. The main finding of the study was that unemployment status and education (less than high school) serve as barriers to

treatment, with both factors reducing the positive association between severity of alcohol problems and the probability of obtaining treatment. However, the impact of these factors differed depending on whether individuals had experiences with prior alcohol treatment.

Grant (1997) studied the reasons why people do not seek treatment for alcoholism. A large sample of 964 people classified with an alcohol use disorder was taken from respondents to the 1992 National Longitudinal Alcohol Epidemiological Survey in Maryland, USA. Data was collected using face-to-face interviews. The results showed that lack of confidence in the treatment system and its effectiveness, stigmatisation and denial were all reasons for not seeking treatment when there was a perceived need. Overall, there were few sex differences, but there were some differences with regard to ethnicity. Non-black respondents were more likely to cite stigma and denial as reasons for not seeking treatment, whereas black respondents were more likely to cite practical barriers, such as lack of child care and long waiting lists.

Heather, Kisson-Singh and Fenton (1990) studied the effects of a self-help manual with and without follow-up phone contact on assisted natural recovery from alcohol problems. Participants were 107 problem drinkers recruited from responses to a newspaper advertisement placed in Scotland. Participants were randomly assigned to one of four groups that received:

1. A general advice and information booklet (control group).
2. A behaviourally-based self-help manual.
3. In addition to the manual, an opportunity to make progress reports to a telephone answering service.
4. In addition to the manual, an opportunity to make progress reports to a telephone interviewer.

During the initial interview as well as at the six-month follow-up interview, several measures were administered and data collected including frequency of alcohol consumption. Interviews were also conducted with collaterals for just over half of the participants who were followed up. The results indicated that the control group showed a higher proportion of drinking above recommended limits at the six-month follow-up compared to the groups that received the manual, although this difference was not



statistically significant. In addition, the availability of phone contact made no significant difference in the effectiveness of the self-help manual and limited use was made of the opportunity for telephone contact.

Hodgins, Leigh, Milne and Gerrish (1997) studied the relationship between individual's choice of abstinence or moderated drinking and the outcome over a 12-month period after treatment at an outpatient service. Participants were 193 chronic alcoholics who had sought treatment at the Clinical Institute of Addiction Research Foundation of Ontario. At each week of treatment, participants were asked to nominate their preferred goal, either abstinence or moderate drinking. An initial interview was held at the first session, during which a battery of interview, self-report and performance scales were administered. Follow-up sessions were held at the three, six and 12-month mark, and collateral information was collected by telephone at the 12-month mark (which validated the self-report data). During treatment, participants were more likely to move from moderation to abstinence goals and by the fourth week, at which subjects were then contracted to their goal, two-thirds of participants chose abstinence. The abstinence group were older, had more severe drinking problems, however, were more likely than the moderation group to maintain their goal during the 16-week treatment period. Post-treatment, the abstinence group reported less alcohol consumption at the 12-month follow-up and were judged as having more successful outcomes than the moderation group. The findings suggested that goals can change during treatment, and that post-treatment goals are a predictor of treatment outcome.

King and Tucker (1998) studied the environmental contexts surrounding the natural resolution of alcohol problems. This study compared untreated former problem drinkers who had maintained abstinence or moderate drinking for more than two years with untreated active problem drinkers. All participants attended a structured interview to assess a four-year period, two years before and two years after resolution for the resolved group. Collateral interviews verified participant reports. The study found that, compared to the unresolved group, the resolved group reported improved life circumstances during the first year after initial resolution and decreased health problems. These improved life circumstances decreased over time for the moderate drinker group and, as they did not resume problem

drinking, the results were interpreted as the moderate drinkers group being more adaptive and resilient to change.

Klingemann (1991) provides an overview of the first study of spontaneous remission from substance abuse conducted in Switzerland in 1988. Life histories were taken from 60 alcohol or heroin abuse cases who had recovered without the aid of treatment. The subjects were selected from respondents to newspaper advertisements and radio interviews. A three-stage process of auto-remission was elucidated from the qualitative data collected:

1. Motivation to change.
2. Implementation of decision.
3. Maintenance and negotiation of a new identity or meaning in life.

This paper focused on the first stage of the process, with particular attention to the positive and negative life experiences that motivate changes in alcohol or heroin consumption. Changes in social interaction with close significant others as well as secondary social contacts, such as colleagues and peers, was the most frequent motivational impetus for change in abuse behaviour for both groups.

Miller (1996) provided a theoretical discussion on the definition of 'relapse'. Miller stated that addiction terminology is often constructed in terms of dichotomies, for example, a person is either an alcoholic or abstinent. However, he argued that people with alcohol problems tend to sit on a continuum from mild to severe, and that treatment outcomes also lie on a continuum. Thus the definition of 'relapse' was proposed as being problematic. In addition, there were negative outcomes associated with the term relapse, as it tended to pathologise what is a common occurrence, which may have implications with regard to the success of behaviour changes. The adoption of terminology that better describes the normal resolution process was supported

Schuckit, Anthenelli, Bucholz, Hesselbrock and Tipp (1995) studied the sequence of alcohol-related life problems applicable to the course of alcoholism, and whether the sequence could be predicted. Their sample comprised of 478 DSM-III defined alcohol-dependent individuals and 444 drinking but non-alcoholic individuals. The age of first occurrence of 44 alcohol-related problems was measured using



personal structured interviews. The order of appearance of alcohol-related problems was similar for men and women, and the time-course of development of problems was similar for the treated and untreated subgroups of the alcoholic group, as well as for the alcoholic group and the drinking but non-alcoholic group. The results suggest there is a high degree of predictability with regard to the order of alcohol-related life problems, which may be generalised across men and women, and alcoholics and non-alcoholic drinkers.

Sobell, Cunningham and Sobell (1996) studied the prevalence of recovery (abstinence or reduced moderate drinking) from alcohol problems with and without treatment. Data were derived from two surveys (The National Alcohol and Drugs Survey, n=11,634, and the Ontario Alcohol and Drug Opinion Survey, n=1034, both conducted in Canada) for which subjects were randomly sampled from the general population. From these data, respondents who were 20 years or over were then divided into different groups, depending on drinking status. The results indicated that 78 per cent of resolved problem drinkers for a period of one year or more did so without treatment. Of the resolved problem drinkers, 38 per cent (National Survey) and 63 per cent (Ontario Survey) reported moderate drinking after resolution.

Sobell, Cunningham, Sobell, Agrawal, Gavin, Leo and Singh (1996) described the rationale and design behind a study involving a community-based intervention program designed to foster self-change in individuals who would otherwise be unlikely to seek formal treatment for their alcohol problems. The study was based on research on natural recovery of alcohol abusers and clinical trials using a Guided Self-Change model of treatment with problem drinkers. Subjects were individuals who wanted to change their drinking habits by themselves, using self-help materials, who had responded to mailed pamphlets and advertisements. Subjects were allocated to one of two groups, both of which completed a set of initial assessment materials, however, only one group received a personalised six-page feedback report on their assessment. The other group was provided with educational materials after assessment. A 12-month follow-up was planned to compare the changes in drinking behaviour of both groups. As at the time of publication, only initial demographic data had been collected, and the results were not available, but this

study has implications for the development of strategies designed to meet the needs of the large number of problem drinkers who do not wish to seek formal treatment.

Sobell, Sobell, Toneatto and Leo (1993) investigated the natural recovery (self-change) of individuals from alcohol problems while overcoming several methodological problems of past studies (small sample size, failure to report detailed drinking history and related consequences, short resolution periods, inclusion of subjects who had received prior treatment with those who had no prior treatment, lack of collateral verification, failure to separate abstinent from non-abstinent outcomes, and failure to include a control group). Subjects were recruited from media advertisements and 182 in total underwent taped interviews, which were later qualitatively analysed. The majority (57 per cent) of recoveries were characterised as having a cognitive component of weighing the pros and cons of drinking. The factor that was reported by the greatest number of respondents as having helped them maintain resolution was spousal support.

Tuchfeld (1981) conducted an exploratory study on whether and by what means spontaneous remission of alcoholism occurs. Subjects were recruited from media advertisements, a questionnaire and a screening interview. The final sample consisted of 51 individuals who satisfied the screening criteria of having sustained resolution of a drinking problem for at least a year, and who had not had any formal treatment. Life histories of 35 men and 16 women were taken, and from these qualitative data matrices were constructed. The data were then analysed for conceptual similarities between cases. The general findings of the study were that:

- Resolution of alcohol problems does occur without the aid of formal treatment.
- This resolution is effective for some people.
- The processes of self-resolution are amenable to empirical investigation.

Factors which were identified as being associated with spontaneous resolution included:

- Personal illness or accident.
- Religious conversion or experience.
- Financial problems.
- Direct intervention by immediate family and friends.



Tucker, Vuchinich and Gladsjo (1994) studied the role of environmental events in the recovery of alcoholics without formal treatment. Subjects were 21 abstinent (for a mean of six years) and 18 active problem drinkers recruited from media advertisements and a screening questionnaire. Structured interviews were used to induce subject recall of a three-year period (two years before resolution and one year after for the abstinent group, and a matched three-year period for active problem drinker group), so that an assessment of life events during that period could be conducted. Collaterals verified the reports of subjects. The results showed that recovered subjects had:

- Heightened health concerns and a relatively stable work situation during the year preceding initial abstinence.
- A reduction in health events following resolution.
- A decrease in legal events and total negative events across the three-year period.

1.2 Natural Recovery from Problem Gambling

At the time of writing, el-Guebaly and Hodgins' paper was the only published empirical work that we could locate for inclusion in this review.

El-Guebaly and Hodgins (1999) explored the change process of resolved gamblers guided by the Change Model proposed by Prochaska, DiClemente and Norcross (1992). El-Guebaly and Hodgins were interested in investigating the factors that resolved gamblers perceived as initiating and maintaining their recoveries, the role of life events in recovery, and the differences between naturally recovered and treatment assisted recoveries. Participants responded to advertisements placed in newspapers and announcements on local radio and television shows in Calgary, Canada and were divided into two groups (resolved and non-resolved gamblers, $n=43$ and 63 respectively). A series of structured interview questions and self-report scales were administered in either a face-to-face meeting or a telephone interview. The Stages of Change Model formed the basis for the interview questions. Interviews were also conducted with a family member or friend of the participant to confirm their gambling history and supply a reliability measure for the self-report data of the participants.

The results revealed that 'negative emotions' and 'financial concerns' were the two most cited reasons for the initiation of resolution of a gambling problem. Recovered gamblers were also most likely to cite 'financial status changes', 'recall of problems', 'gaining self-respect and goal commitment' and 'sense of accomplishment/pride' as factors that influenced the maintenance of recovery. Life events appeared to not play a significant role in precipitating recovery, however, a reduction in negative life events and an increase in positive life events appeared important in maintaining resolutions. The major reason for gamblers to not seek treatment was the desire to handle the problem by themselves. Gamblers with less severe problems were more likely to resolve without treatment than those with more severe problems. Other factors, such as demographics and co-morbid disorders, did not predict treatment involvement.

1.3 Conclusions of Literature Review

Having reviewed the available literature, several conclusions may be drawn from it. First, the studies of natural recovery have generally involved small numbers of participants. Second, the definitions of 'natural recovery' vary widely from study to study. In some studies we have 'assisted' natural recovery where interventions have been targeted at assisting the participant in their recovery from their addiction or problem. This is hardly 'natural' recovery. In other studies, the distinction has been drawn between formal and informal, read professional or unpaid support to the person in assisting their recovery.

As discussed later the exact definition of what is to be considered 'natural' recovery has a major impact upon the prevalence of such people and how they may be recruited into a research study. There is also the issue of what is meant by 'problem' gambling. In order to discuss 'recovery' from problem gambling then one must first define what is meant by 'problem gambling'. We now turn to a short discussion of this issue.

1.4 The Definition of Problem Gambling

While the present study is not focused on problem gambling but rather recovery from it without formal



assistance, this is an important feature of the negative impacts of gambling. Therefore, it is important to discuss what is engendered by this term.

The international gambling research literature contains many discussions of definitions of problem gambling and how it should be measured. The Australian Institute for Gambling Research (1997) performed a major piece of work in this area.

The Institute proposed the following definition of problem gambling.

Problem gambling refers to the situation when a person's gambling activity gives rise to harm to the individual player, and/or to his family, and may extend into the community.

The Victorian Department of Human Services has adopted a variant of this definition in its Problem Gambling Service Strategy.¹

1.5 Issues in the Estimation of the Prevalence of People Who Have Naturally Recovered from Gambling Problems

If we are to study people who have recovered 'naturally' from gambling, then we must discuss how widespread such people are in the community, that is, their prevalence. The estimation of the prevalence of people who have naturally recovered from gambling problems has a number of difficulties.

First, there are definitional issues. These are numerous as has been previously discussed. In the field of alcohol use, the Alcoholics Anonymous credo is that no one ever fully 'recovers' from their alcoholism, but that they learn to control it. Thus under this approach, the appropriate definition would be a period of control rather than 'recovery'. Even if one assumes that recovery is possible, at what point in time should it be declared as having occurred? The studies previously reviewed in this Report have used a variety of time periods ranging from one year to several decades. Obviously, these definitional decisions have a major impact upon observed rates.

Second, there are issues concerning data validity and disclosure. Many people have a reluctance to disclose

behavioural problems and addictions. Such disclosure could negatively impact upon family and work. Many people with such problems do not disclose to themselves, that is, they do not have insight into their own problems and do not recognise them as such. Many models of behaviour change and addiction recognise problems with insight as being an integral part of the condition.

A third problem is the small number of large-scale problem gambling surveys. However, one of the largest general community surveys in the international context is the Victorian Casino and Gaming Authority's Community Gambling Patterns Survey. The Survey has been conducted on an annual basis and the seventh survey has recently been completed.

A fourth problem is that of the relative rarity of problem gamblers and recovered gamblers in the general community. If one takes the lifetime prevalence of problem gambling to be, say, 1.5 per cent to two per cent of the general community, then a smaller number of people will have a problem at any one time (that is, the point prevalence will be lower). Some of those people will have recovered but the proportion of those who recovered 'naturally' is also unknown, but is likely to be a small fraction of the total group.

A fifth problem is that of time, period and cohort effects upon rates of 'naturally recovered' gamblers. To develop a gambling problem and to recover from it may take an extended period of time, perhaps many years. In Victoria, the state in which the current research has been commissioned, the widespread availability of some forms of legal gambling, such as electronic gaming machines, is a relatively recent phenomenon.² Therefore, the numbers of 'naturally recovered' gamblers in the Victorian context may be very low indeed because of the short time period in which there has been liberal access to gambling.

Naturally recovered gamblers have the characteristics of the classically 'hard to reach' population; low prevalence, low propensity to disclose. They also have the added feature of since they are 'naturally recovered', they have not engaged with services. Thus recruitment via counselling services cannot be used as

¹ For a full description of the strategy and a detailed discussion of prevalence and measurement issues, see Volume 1 on Service Design and Access, of this Evaluation Report Series.

² This is significant as electronic gaming machines, since the inception of the BreakEven Problem Gambling Counselling Service, have consistently been nominated as the preferred form of gambling (68.7 per cent in 1998-99) for people seeking help with their gambling problems (Jackson, Thomas and Thomason, 2000)



problem gambling

a method of recruitment because the very engagement with the service implies that they are not naturally recovered. Even recruitment at gambling venues, if it were permitted by the operators, is a problem, because, if one takes 'recovery' to mean abstinence, then clearly this is not the place to be recruiting 'recovered' gamblers. If one takes a problem reduction definition then it is conceivable that 'naturally recovered' gamblers may be found at these venues.

In short, we have little sound data concerning the numbers of 'naturally recovered' gamblers in the community.



2. Methods and Tools Used in this Project

Two studies were performed in this project:

1. In Study 1, a questionnaire was administered by telephone to 100 randomly selected people using a random dial telephone methodology. Usable data were obtained from 95 respondents. The response rate was 54 per cent of people contacted to participate in the study. The purpose of the study was to relate gambling activity to other potential risk behaviours that may develop into 'addictions' including smoking, drinking, dieting, and drug taking.
2. In Study 2, 12 people were recruited into the study who had recovered from gambling problems without professional assistance. Nine were recruited via selection from previous large-scale community studies of gambling and interviewed concerning their

experiences and three by personal referral. Because the true numbers of people who may have been approached to participate is not known, it is not sensible to report a 'response rate' in the conventional sense. The participants in Study 2 were interviewed by telephone.

With their permission, their responses were audio recorded using a Marantz superscope recorder with a telephone attachment. One respondent refused to have their responses recorded. The tapes were then professionally transcribed and then erased. All identifying material was deleted from the transcripts.

The interview schedules used to interview the respondents appear as appendices to the present document.



3. Study Outcomes

3.1 Demographic Characteristics of Respondents in Study 1

Table 1 Frequency of Respondents Gender (n=94)

Gender	Frequency	%
Male	37	39
Female	57	61
Total	94	100

Table 1 shows the Frequency of Respondent Gender. There was an over-representation of female respondents (61 per cent) in the sample compared to the Victorian population value of 51 per cent. One respondent did not answer this question.

Table 2 shows the frequency distribution of age group within the sample.

Table 2 Frequency of Age Group of Respondents (n=95)

Age Group In Years	Frequency	% Frequency
18-19	3	3.2
20-24	6	6.3
25-29	11	11.6
30-34	7	7.4
35-39	8	8.4
40-44	9	9.5
45-49	9	9.5
50-54	8	8.4
55-59	4	4.2
60-64	6	6.3
65-69	3	3.2
>70	21	22.1
Refused	0	0
Total	95	100



problem gambling

Table 3 shows the frequency distribution of marital status of the respondents. The majority of respondents (59 per cent) were in married or de facto relationships.

Table 3 Frequency of Marital Status of Respondents (n=95)

Marital Status	Frequency	% Frequency
Married/de facto	55	57.9
Divorced/widowed/separated	19	20
Engaged/planning to marry	1	1.1
Single	19	20
Refused	1	1.1
Total	95	100

Table 4 shows the frequency distribution of household status of the respondents

Table 4 Frequency of Household Status of Respondents (n=95)

Household Status	Frequency	% Frequency
Single person	19	20.0
Group household (not related)	6	6.3
Couple with no children	21	22.1
One parent with dependent children	1	1.1
Two parent family with dependent children	32	33.7
Two parent family with no children at home	7	7.4
Other related individuals	6	6.3
Home for the elderly	1	2.1
Refused	2	1.1
Total	95	100

Table 5 shows the frequency of work status of respondents.

Table 5 Frequency Distribution of Work Status of Respondents (n=95)

Work Status	Frequency	% Frequency
Work full-time	32	33.7
Work part-time	12	12.6
Household duties only	10	10.5
Student	7	7.4
Retired (self-supporting)	5	5.3
Pensioner	24	25.3
Unemployed	4	4.2
Don't know	1	1.1
Total	95	100



Table 6 shows the frequency distribution of the respondents' country of birth.

Table 6 Frequency Distribution of Country of Birth of Respondents (n=95)

Country of Birth	Frequency	% Frequency
Australia	62	65.3
Malaysia	1	1.1
Singapore	1	1.1
Taiwan	1	1.1
Greece	1	1.1
Vietnam	2	2.1
Other Asia/Pacific	7	7.4
England	5	5.3
France	1	1.1
Holland	3	3.2
South Africa	1	1.1
Scotland	2	2.1
New Zealand	3	3.2
Ireland	1	1.1
Malta	1	1.1
Germany	1	1.1
Croatia	1	1.1
Poland	1	1.1
Total	95	100

Table 7 shows the frequency of respondents of main language spoken at home.

Table 7 Frequency Distribution Main Language Spoken at Home by Respondents (n=95)

Main Language Spoken at Home	Frequency	% Frequency
Cantonese	1	1.1
Mandarin	1	1.1
Vietnamese	1	1.1
English	90	94.7
Korean	1	1.1
Hindi	1	1.1
Total	95	100

Table 8 shows the frequency distribution of the respondents' personal annual gross income.

Table 8 Frequency of Respondents of Personal Annual Gross Income (n=95)

Personal Annual Gross Income	Frequency	% Frequency
\$0 to \$10,000	37	38.9
\$10,001 to \$15,000	5	5.3
\$15,001 to \$20,000	5	5.3
\$25,001 to \$30,000	1	1.1
\$30,001 to \$35,000	3	3.2
\$35,001 to \$40,000	4	4.2
\$40,001 to \$50,000	8	8.4
\$50,001 to \$60,000	5	5.3
Don't know/unsure	5	5.3
Refused	22	23.2
Total	95	100



problem gambling

3.1.1 Participation in Gambling Related Activities

Table 9 Mean and Median Dollars Spent on Gambling per Week (n=95)

	Mean	Median
Average weekly outlay	\$16.41	\$1.00

3.1.2 South Oaks Gambling Screen Items

The South Oaks Gambling Screen (SOGS) was administered to all respondents. Consistent with the approach taken in the VCGA Community Patterns Surveys, the SOGS items were phrased in terms of the last six months, and thus provides a period prevalence measure of problem/pathological gambling. Lifetime prevalences would be higher again than those obtained under these conditions.

The results of the SOGS analyses are presented in two parts in this section of this Report. The results for the individual SOGS items are first discussed, followed by the presentation of the results of the SOGS total scores.

In the calculations of the SOGS total scores, a score of zero was attributed to respondents who had never gambled. The other respondents had their scores calculated in the manner recommended by the SOGS developers using the recode and compute facilities of the package used to analyse the data (Statistical Package for the Social Sciences or SPSS). Tables 10 to 32 are frequency tables of the individual SOGS items. If a respondent in Table 10 nominated 'never gambled', then they were not included in the data for the following 21 tables. Table 33 is the frequency table for the SOGS total scores.

We now present frequency distributions of the respondents' patterns of responses for the individual SOGS items.

Table 10 Frequency Distribution of How Often Respondent Goes Back Another Day to Win Money Lost (n=95)

	Frequency	% Frequency
Never	66	69.5
Sometimes/less than half the time	8	8.4
Most of the time I lost	2	2.1
Every time I lost	1	1.1
Never gambled	18	18.9
Total	95	100

Table 11 Frequency Distribution of Respondents of Claimed to be Winning When You Have Really Lost (n=95)

Have you ever claimed to be winning money when really had lost?	Frequency	% Frequency
Never	86	90.5
Sometimes/less than half the time	7	7.4
Most of the time I lost	2	2.1
Every time I lost	0	0
Total	95	100

Table 12 Frequency Distribution of Respondents of Ever Felt that Gambling was Out of Control (n=95)

Do you feel that you have a problem with gambling or that your gambling was out of control?	Frequency	% Frequency
Yes in the past, but not now	1	1.1
Yes, I feel this way now	5	5.3
No I haven't	89	93.7
Total	95	100



When asked if they had gambled more than they had intended to in the last six months, 8.4 per cent of the respondents to this item said they had.

Table 13 Frequency Distribution of Respondents of Gambled More than Intended to in Last Six Months (n=95)

Did you gamble more than you intended to in the last six months?	Frequency	% Frequency
Yes	8	8.4
No	87	91.6
Total	95	100

Table 14 Frequency Distribution of Respondents of Whether People Have Criticised Respondent's Gambling in the Last Six Months (n=95)

Have people criticised your gambling in the last six months?	Frequency	% Frequency
Yes	4	4.2
No	91	95.8
Total	95	100

Table 15 shows whether respondents reported that they have felt guilty about the way they gamble or what happens when they gamble.

Table 15 Frequency Distribution of Respondents of Whether Respondents Have Felt Guilty About Gambling (n=95)

Have you ever felt guilty about the way you gamble or what happens when you gamble?	Frequency	% Frequency
Yes	7	7.4
No	88	92.6
Total	95	100

Table 16 Frequency Distribution of Whether Respondents Would Have Liked to Stop Gambling But Didn't Think They Could (n=95)

Have you ever felt you would like to stop gambling but didn't think you could?	Frequency	% Frequency
Yes	5	5.3
No	90	94.7
Total	95	100

Respondents were asked if they had hidden betting slips, gambling money or any other signs of gambling from their partner, children or other important people in their life.

Table 17 Frequency Distribution of Whether Respondents Have Hidden Signs of Gambling from Others (n=95)

Have you ever hidden betting slips, gambling money or other signs of gambling from your partner, children or other important people in your life?	Frequency	% Frequency
Yes	5	5.3
No	90	94.7
Total	95	100



problem gambling

Overall, 10.5 per cent of respondents said that they have argued with the people they live with about how they generally handle money.

Table 18 Frequency Distribution of Whether Respondents Have Argued with People they Live with Over How they Handle Money (n=95)

Have you ever argued with people you live with about how you generally handle money?	Frequency	% Frequency
Yes	10	10.5
No	85	89.5
Total	95	100

When asked if money arguments ever centred on their gambling, 3.2 per cent of respondents to this item said yes.

Table 19 Frequency Distribution of Whether Respondents Have Money Arguments Centred on their Gambling (n=95)

Have money arguments ever centred on your gambling?	Frequency	% Frequency
Yes	3	3.2
No	92	96.8
Total	95	100

Table 20 shows whether respondents have ever borrowed money and not paid it back because of their gambling.

Table 20 Frequency Distribution of Whether Respondents Have Ever Borrowed Money and Not Paid it Back Because of Gambling (n=95)

Have you borrowed money from someone and not paid it back because of your gambling?	Frequency	% Frequency
Yes	1	1.1
No	94	98.9
Total	95	100

Table 21 Frequency Distribution of Whether Respondents Have Lost Time from Work or Study Because of Gambling (n=95)

Have you lost time from work or study because of gambling?	Frequency	% Frequency
Yes	1	1.1
No	94	98.9
Total	95	100

Table 22 shows that overall only 3.2 per cent of respondents said they had ever borrowed money to gamble or pay gambling debts.

Table 22 Frequency Distribution of Whether Respondents Have Borrowed Money to Gamble or Pay Gambling Debts (n=95)

Have you ever borrowed money to gamble or pay gambling debts?	Frequency	% Frequency
Yes	3	3.2
No	92	96.8
Total	95	100

Tables 23 to 32 show the different ways respondents



may have borrowed or obtained money to gamble or pay gambling debts.

Table 23 Frequency Distribution of Whether Respondents Have Ever Borrowed Money to Gamble or Pay Gambling Debts from Household Money (n=95)

Have you ever borrowed money to gamble or pay gambling debts from household money?	Frequency	% Frequency
Yes	3	3.2
No	92	96.8
Total	95	100

Table 24 Frequency Distribution of Whether Respondents Have Ever Borrowed Money to Gamble or Pay Gambling Debts from their Spouse or Partner (n=95)

Have you ever borrowed money to gamble or pay gambling debts from your spouse or partner?	Frequency	% Frequency
Yes	1	1.1
No	94	98.9
Total	95	100

Table 25 Frequency Distribution of Whether Respondents Have Ever Borrowed Money to Gamble or Pay Gambling Debts from Their Other Relatives or In-Laws (n=95)

Have you ever borrowed money to gamble or pay gambling debts from other relatives or in-laws?	Frequency	% Frequency
Yes	1	1.1
No	94	98.9
Total	95	100

Table 26 Frequency Distribution of Whether Respondents Have Ever Borrowed Money to Gamble or Pay Gambling Debts from Bank, Finance Companies or Credit Unions (n=95)

Have you ever borrowed money to gamble or pay gambling debts from banks, finance companies or credit unions?	Frequency	% Frequency
Yes	0	0
No	95	100
Total	95	100

Table 27 Frequency Distribution of Whether Respondents Have Borrowed Money to Gamble or Pay Gambling Debts from Credit Cards (n=95)

Have you ever borrowed money to gamble or pay gambling debts from credit cards?	Frequency	% Frequency
Yes	0	0
No	95	100
Total	95	100



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Table 28 Frequency Distribution of Whether Respondents Have Borrowed Money from High Interest Rate Companies to Gamble or Pay Gambling Debts (n=95)

Have you ever borrowed money to gamble or pay gambling debts from high interest rate finance companies?	Frequency	% Frequency
Yes	0	0
No	95	100
Total	95	100

Table 29 Frequency Distribution of Whether Respondents Borrowed Money to Gamble or Pay Gambling Debts from Cashing in Stocks, Bonds or Other Securities (n=95)

Have you ever borrowed money to gamble or pay gambling debts from cashing in bonds, stocks or other securities?	Frequency	% Frequency
Yes	2	2.1
No	93	97.9
Total	95	100

Table 30 Frequency Distribution of Whether Respondents Have Borrowed Money to Gamble or Pay Gambling Debts from Selling Personal or Company Property (n=95)

Have you ever borrowed money to gamble or pay gambling debts from selling personal or company property?	Frequency	% Frequency
Yes	1	1.1
No	94	98.9
Total	95	100

Table 31 Frequency Distribution of Whether Respondents Borrowed Money to Gamble or Pay Gambling Debts by Writing Cheques Knowing there Was No Money in the Account (n=95)

Have you ever borrowed money to gamble or pay gambling debts by writing cheques knowing there was no money in the account?	Frequency	% Frequency
Yes	0	0
No	95	100
Total	95	100

Table 32 Frequency Distribution of Whether Respondents Borrowed Money to Gamble or Pay Gambling Debts by Obtaining Money Illegally (n=95)

Have you ever borrowed money to gamble or pay gambling debts by obtaining money illegally?	Frequency	% Frequency
Yes	0	0
No	95	100
Total	95	100



Table 33 Frequency Distribution of SOGS Scores Amongst Sample (n=95)

SOGS Total Score	Cultural Group					Patterns Surveys Results
	Arabic	Chinese	Greek	Vietnamese	Combined Cultural Groups	
0	79.9	77.4	81.0	80.3	80.0	88.4
1	7.3	5.7	1.8	1.7	4.1	6.7
2	0.6	1.3	3.0	1.7	1.7	2.2
3	0.6	3.1	1.8	1.7	1.8	0.7
4	4.3	1.9	3.6	4.0	3.5	0.4
5	2.4	3.1	1.2	4.6	2.9	0.6
6	1.8	1.9	4.8	2.3	2.7	0.0
7	0.6	4.4	1.2	1.2	1.8	0.2
8	0.0	1.3	0.0	1.2	0.6	0.0
9	1.2	0.0	0.6	0.0	0.5	0.2
10	0.6	0.0	0.6	0.6	0.5	0.0
11	0.0	0.0	0.0	0.0	0.0	0.0
12	0.0	0.0	0.0	0.0	0.0	0.1
13	0.0	0.0	0.0	0.6	0.2	0.0
14	0.6	0.0	0.0	0.0	0.2	0.1
15 plus	0.0	0.0	0.6	0.0	0.2	0.1
Total	100	100	100	100	100	100

These figures are slightly less than those reported by the Productivity Commission, whose National Gambling Survey showed, for example, 1.15 per cent

of the Australian adult population scoring between 5 and 9 on SOGS, compared with this survey's result of 1.08 (Productivity Commission, 1999: 6.44-6.45).

3.1.3 Responses to Health Status and Natural Recovery Questions

Table 34 Frequency Distribution of Health Status (n=95)

In general, would you say your health is?	Frequency	% Frequency
Excellent	17	17.9
Very good	37	38.9
Good	21	22.1
Fair	16	16.8
Poor	4	4.2
Total	95	100



problem gambling

Table 35 Frequency Distribution of Responses to the Question 'How Many Times in the Last Year Have You Seen a Doctor?' (n=95)

Number of Times	Frequency	% Frequency
0	8	8.4
1	19	20.0
2	15	15.8
3	12	12.6
4	12	12.6
5	7	7.4
6	4	4.2
9	2	2.1
10	1	1.1
12	8	8.4
14	1	1.1
15	1	1.1
20	1	1.1
24	1	1.1
40	1	1.1
55	1	1.1
100	1	1.1
Total	95	100

Table 36 Frequency Distribution of Responses to the Question 'Do You Currently Smoke?' (n=95)

Do you currently smoke?	Frequency	% Frequency
Yes	24	25.3
No, but I have smoked before	28	29.5
No, I have never smoked	43	45.3
Total	95	100

Table 37 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Give up Smoking Completely?' (n=52)

Number of Times	Frequency	% Frequency
0	14	26.9
1	20	38.5
2	9	17.3
4	2	3.8
5	2	3.8
6	3	5.8
10	1	1.9
30	1	1.9
Total	52	100
Not applicable-never smoked	43	



Table 38 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Reduce Smoking?' (n=52)

Number of Times	Frequency	% Frequency
0	35	67.3
1	3	5.8
2	4	7.7
3	1	1.9
4	2	3.8
5	2	3.8
6	3	5.8
12	1	1.9
200	1	1.9
Total	52	100
Not applicable-never smoked	43	

Table 39 Frequency Distribution of Responses to the Question 'Did You Ever Seek Help from Anyone to Give up or Reduce Smoking?' (n=52)

Did you ever seek help to give up or reduce smoking?	Frequency	% Frequency
No	33	63.5
Yes	8	15.4
Not applicable (smoke but did not try to reduce or give up)	11	21.2
Total	52	100
Not applicable-never smoked	43	

Table 40 Frequency Distribution of Responses to the Question 'Who Was It You Sought Help from for Smoking?' (Multiple Response Question)

Person/Organisation from Whom/Which Help was Sought	Frequency	% Frequency
Doctor	5	
Hypnotherapist	2	
Nicotine chewing gum-from TV ad	2	
Acupuncture	1	
Father	1	
Homeopathic drops from chemist	1	
Partner	1	
Patches	1	
Quitline	1	

Table 41 Frequency Distribution of Responses to the Question 'Do You Currently Drink Alcohol?' (n=95)

Do you currently drink alcohol?	Frequency	% Frequency
Yes	60	63.2
No, but I have drunk alcohol before	20	21.1
No, I have never drunk alcohol	15	15.8
Total	95	100



problem gambling

Table 42 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Give up Alcohol Completely?' (n=80)

Number of Times	Frequency	% Frequency
0	70	87.5
1	5	6.3
2	1	1.3
4	3	3.8
12	1	1.3
Total	80	100
(Not applicable-never drunk alcohol)	(15)	

Table 43 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Reduce Alcohol?' (n=80)

Number of Times	Frequency	% Frequency
0	75	93.8
1	1	1.3
2	1	1.3
3	1	1.3
6	2	2.5
Total	80	100
Not applicable-never drunk alcohol	15	

Table 44 Frequency Distribution of Responses to the Question 'Did You Ever Seek Help from Anyone to Give up or Reduce Drinking Alcohol?' (n=78)

Did you ever seek help to give up or reduce drinking alcohol?	Frequency	% Frequency
No	13	16.7
Yes	1	1.3
Not applicable (drink but did not try to reduce or give up)	64	82.1
Total	78	100
Not applicable-never drunk alcohol	17	

Table 45 Frequency Distribution of Responses to the Question 'From Whom Did You Seek Help to Give up or Reduce Drinking Alcohol?' (n=1)

Organisation from which help was sought	Frequency	% Frequency
Alcoholics Anonymous (AA)	1	

Table 46 Frequency Distribution of Responses to the Question 'Are You on a Diet?' (n=95)

Are you on a diet?	Frequency	% Frequency
Yes	6	6.3
No, but I have been on a diet before	34	35.8
No, I have never been on a diet	55	57.9
Total	95	100



Table 47 Frequency Distribution of Responses to the Question 'How Long Have You Been on a Diet?' (n=6)

Number of Days on Diet	Frequency	% Frequency
35	1	16.7
45	1	16.7
330	1	16.7
365	1	16.7
1,825	1	16.7
4380	1	16.7
Total	6	100
Not applicable-not on a diet	89	

Table 48 Frequency Distribution of Responses to the Question 'Did You Ever See Help from Anyone to Help You Diet?' (n=40)

Did you ever seek help?	Frequency	% Frequency
No	27	67.5
Yes	13	32.5
Total	40	100
Not applicable-never been on a diet	55	

Table 49 Frequency Distribution of Responses to the Question 'From Whom Did You Seek Help to Diet?' (Multiple response question)

Person/Organisation from Whom/Which Help was Sought

	Frequency	% Frequency
Weight Watchers	8	
Doctor	3	
Dietician	2	
Jenny Craig	2	
Community Health Centre	1	
Counsellor	1	
Evertrim	1	
Gloria Marshall	1	
Gutbusters	1	
Lite 'n' Easy	1	
Rosemary Stanton's Calorie Counter book	1	
Naturopath	1	
Navy	1	
Stomach stapled	1	

Table 50 Frequency Distribution of Responses to the Question 'Do You Currently Use Illegal Drugs, Such as Marijuana, Cocaine, Heroin or Ecstasy?' (n=95)

Do you currently use drugs?	Frequency	% Frequency
Yes	3	3.2
No, but I have used drugs before	9	9.5
No, I have never used drugs	83	87.4
Total	95	100



problem gambling

Table 51 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Give up Illegal Drugs Completely? (n=12)

Number of Times	Frequency	% Frequency
0	8	66.7
1	2	16.7
2	1	8.3
100	1	8.3
Total	12	100
Not applicable-never used drugs	83	

Table 52 Frequency distribution of Responses to the Question 'How Many Times Have You Tried to Reduce Using Illegal Drugs? (n=12)

Number of Times	Frequency	% Frequency
0	12	100
Total	12	100
Not applicable-never used drugs	83	

Table 53 Frequency Distribution of Responses to the Question 'Did You Ever Seek Help from Anyone to Give up or Reduce Using Drugs? (n=10)

Did you ever seek help to give up or reduce using drugs?	Frequency	% Frequency
No	3	30.0
Yes	1	10.0
Not applicable (use drugs but did not try to reduce or give up)	6	60.0
Total	10	100
Not applicable-never used drugs	85	

Table 54 Frequency Distribution of Responses to the Question 'From Whom Did You Seek Help to Give up or Reduce Using Drugs?' (Multiple Response Question)

Person/organisation from whom/which help was sought	Frequency	% Frequency
Doctor	1	
Detox centres	1	

Table 55 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Give up Gambling Completely? (n=77)

Number of Times	Frequency	% Frequency
0	73	94.8
1	2	2.6
2	1	1.3
10	1	1.3
Total	77	100
Not applicable-never gambled	18	



Table 56 Frequency Distribution of Responses to the Question 'How Many Times Have You Tried to Reduce Gambling?' (n=77)

Number of Times	Frequency	% Frequency
0	73	94.8
1	1	1.3
5	1	1.3
6	1	1.3
40	1	1.3
Total	77	100
Not applicable-never gambled	18	

Table 57 Frequency Distribution of Responses to the Question 'What Helped You in Giving up or Reducing Your Gambling?' (Multiple Response Question)

Number of Times	Frequency	% Frequency
BreakEven counselling	1	
Common sense-rather spend money on kids	1	
Gamblers Anonymous-listening to sad stories of others	1	
Just decided myself-to reduce	1	
When I lose money I reduce the amount I spend next time I gamble	1	

Table 58 Frequency Distribution of Responses to the Question 'Did You Ever Seek Help from Anyone to Give up or Reduce Gambling?' (n=72)

Did you ever seek help to give up or reduce gambling?	Frequency	% Frequency
No	6	8.3
Yes	1	1.4
Not applicable (gambled but did not try to reduce or give up)	65	90.3
Total	72	100
Not applicable-never gambled	23	

Table 59 Frequency Distribution of Responses to the Question 'From Whom Did You Seek Help to Give up or Reduce Gambling?' (Multiple Response Question)

Person/organisation from whom/which help was sought	Frequency	% Frequency
Gamblers Anonymous	2	
Partner	2	
BreakEven	1	

3.2 Demographic Characteristics of Respondents in Study 2

Table 60 Frequency of Respondents Gender (n=12)

	Gender	Frequency %
Male	4	33.3
Female	8	66.5
Total	12	100

Table 60 shows the frequency of respondent gender. There was an over-representation of female respondents (61 per cent) in the sample, compared to

the Victorian population value of 51 per cent.

Table 61 shows the frequency distribution of age group within the sample.



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Table 61 Frequency of Age Group of Respondents (n=12)

Age Group in Years	Frequency	% Frequency
18-19	0	0
20-24	0	0
25-29	3	25.0
30-34	0	0
35-39	2	16.7
40-44	1	8.4
45-49	4	33.3
50-54	2	16.7
55-59	0	0
60-64	0	0
65-69	0	0
>70	0	0
Refused	0	0
Total	12	100

Table 62 shows the frequency distribution of marital status of the respondents.

Table 62 Frequency of Marital Status of Respondents (n=12)

Marital Status	Frequency	% Frequency
Married/de facto	6	50
Divorced/widowed/separated	3	25
Engaged/planning to marry	0	0
Single	3	25.0
Refused	0	0
Total	12	100

With their permission, their responses were audio recorded using a Marantz superscope recorder with a telephone attachment. One respondent refused to have their responses recorded. The tapes were then transcribed and then erased.

The respondents were asked the following questions:

- Who or what helped you most in recovering from your gambling problem?
- How did your recovery come about?
- Did you at any time seek professional help for your gambling problem?
- Why did you not seek professional help in recovering from your gambling problem?
- Do you gamble now?
- What advice would you give people about how to recover from gambling?

The following data are drawn from a thematic analysis of the recorded responses. They are organised under the headings of the questions.

Who or what helped you most in recovering from your gambling problem?

Several respondents mentioned a crisis point in their lives that led them to their recovery.

'I hit rock bottom. Everything was closing in on me. I owed everyone money and to get more I just had to lie all the time. Pretty soon no one wanted to be near me because they thought I would ask them for money. They all knew it was bull...'

'My husband gave me the word (ultimatum). It was either do something about it or it was divorce.'

Spouses and family members figured prominently as a motivating force in natural recovery either through positive or negative means.

'I just got sick of having no money and then blowing it on gambling. I had lost just about all my friends and family because of my stupidity.'



'It got so that I couldn't look my family, especially my mother in the eye. They were all well off and I was a loser. Family get-togethers were a nightmare. They would put it on me.'

'One day I had a real crisis. The bank was talking about selling our house, I was late with payments on everything. I just couldn't do that to my kids. I decided I had to change my ways. It was easy to say, but hard to do.'

Other respondents also mentioned that their spouses and family had helped them in recovering from their gambling problem.

'I tried to keep this secret from my wife. But in the end, I told her. I thought she didn't know but she did. She was a great help to me, a helping hand.'

'My husband insisted that I change my ways.'

'I thought I was a lost cause but my boyfriend helped me a lot. He put me onto a support group of people with gambling problems. It was good to hear other people's problems and realise that I wasn't alone. That was a great help.'

One respondent mentioned that he was influenced in a negative way by friends who promoted participation in gambling activity.

'In a funny way my mates helped me. They were really into it as well. When I decided to stop seeing them this made it a lot easier. They were always urging me on. I had to change my friends before I could give it up. I think if I got back into that crowd again, I would fall into it. It was hard but it was the only way.'

The changing of context and social groups to avoid the stimulus to gamble was mentioned by several respondents as an important factor.

'Gambling is rammed down your throat in this state. You can't go out without seeing it everywhere. I had to change where I went out to avoid it. I think I would go back to it in a flash if I went to the pokies.'

'I just can't risk it. So I don't go out with the girls any more because they all do it. Family is first.'

How did your recovery come about?

Some respondents mentioned a quick recovery but also that relapses had occurred in their recovery.

'Once I decided that was it, I just stopped. When you are staring jail in the face, it really gets your mind on the job. But once, I got back on track, I fell off the rails one more time. Actually a few more times but it was easier each time. I still remember when I decided to give up. It was a landmark in my life.'

'It didn't take long at all. But it took me three or four times to give it away completely.'

'When I hit rock bottom, it wasn't long after that... But I don't think you ever fully get over it. The excitement, the buzz is still there, but the money isn't!'

However, others mentioned a long road to recovery.

'It took me years to give it up completely. It was very hard. I fell off the wagon dozens of times, I reckon.'

'I don't think I have recovered fully yet. It is like alcohol. I am a gambler who is under control at the moment, but I might fall off the wagon.'

'I am not out of the woods yet.'

It is interesting to note the use of the terminology 'off the wagon' by the respondents. They seem to be making use of terminology associated with alcohol addiction to describe their recovery from their gambling problem.

It is also interesting to note that there is an implicit abstinence approach being mentioned within the interviews. Recovery seems to be abstinence-not control or reduction-in the descriptions offered by the respondents. Unfortunately, we did not ask the respondents directly what they meant by 'recovery'. In future work, we shall do this.

Did you at any time seek professional help for your gambling problem?

The responses to this question in some ways challenge the validity of the sample as being fully 'naturally' recovered. It was interesting to note that several respondents spoke of interacting with their doctor about this problem. This reinforces actions taken by the Australian Medical Association and Royal Australian College of General Practitioners to promote awareness of the problem within doctors.



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'Yes, I spoke to my doctor about it. He wasn't any help at all. He said it was outside his area and that I should see a counsellor.'

'I discussed it with my doctor. However, he didn't seem to think it was something he could deal with.'

'Yes, I spoke to my priest. He was some help, but I don't think he knew much about it. He told me to tell my family. I did and then my husband left me.'

'No, I went to a support group. This wasn't much help.'

Other respondents confirmed that they had not sought professional help.

'I didn't see any one.'

'I saw no one.'

'I didn't see anyone.'

Why did you not seek professional help in recovering from your gambling problem?

Several themes emerged from this discussion. One important theme was embarrassment. Another was lack of recognition of the problem.

'I was too embarrassed.'

'I was too embarrassed to see anyone.'

'I suppose when you go to see someone, you are admitting that you have a problem. I didn't want to do that.'

'No I wanted to but I was too worried about what might happen and who they might tell.'

'I was too scared. I just did not know what to do.'

'I wanted to but I didn't get around to it.'

'When you win you are on top, so you fool yourself into thinking that you don't need help. But you do.'

Do you gamble now?

The following responses were made to this question.

'No way. If I did, I would be back into it straight away.'

'No!'

'Only when I... (expletive deleted) up.'

'Yes, but with a set amount in my pocket and no credit cards.'

'No.'

'No, not at all.'

'No.'

As previously discussed, the abstinence model seems to be the most popular amongst those who have naturally recovered from gambling. However, some respondents were able to control or reduce their gambling.

'Only socially, under my wife's supervision.'

'Yes, but only once a week and with a set limit.'

'What advice would you give people about how to recover from gambling?'

We asked this question to determine whether there was any simple advice that might be provided to people who wished to recover from their gambling problem. The responses were quite banal.

A preventive approach was suggested by two respondents:

'Don't take it up.'

'I wouldn't recommend taking it up in the first place.'

Two other suggested persistence:

'Just hang in there.'

'You have to be really determined and motivated. It takes a lot to do it.'

Other suggested getting the help of family:

'Get help from your family.'

'Tell your family. If they love you (and most do) they'll help.'

Another respondent suggested one of the Prochaska and DiClemente stages:

'Admit that you have a problem.'

Yet another suggested not doing it their own and to seek professional assistance:

'Don't do it on your own. Get professional help.'



4. Conclusions and Recommendations

It is important before discussing the conclusions and recommendations of the present study to acknowledge the strengths and limitations of the present project.

The review of the relevant research literature has shown that there is little by the way of published research in 'natural recovery' from gambling problems. There is, however, a fair amount of literature concerning recovery and natural recovery from the various addictions. This literature is confused and complex with substantial variation in the definitions applied to the study groups. It is a case of comparing apples with oranges and pears in the various studies as they apply quite different inclusion and exclusion criteria. This needs to be carefully considered in their interpretation.

It is clear from the research literature that we have reviewed that many people with addictions do not ever seek assistance and the same may apply to problem gamblers. We do not know yet whether this is the case. However, there is certainly a discrepancy between the estimated numbers of people with gambling problems and those who present to problem gambling services. We do not know as yet why this is the case, although if findings in the addictions are pertinent to problem gambling, this may simply be a natural propensity of people to not seek help for many problems including problem gambling. Prochaska and DiClemente's work has demonstrated this propensity in many hundreds of studies using this framework.

The studies reported in the present document are modest in outlook because of the resources available to them and the fact that they were not a central component of the current research program. They are best considered as pilots for future work rather than major studies in their own right. However, they are very successful pilots.

The small ($n=100$) community survey shows that the best predictor of problem gambling as measured by SOGS scores was smoking rates. Indeed, using multiple regression, one can explain about 30 per cent of the variation in both SOGS scores and gambling outlays based on participation in addiction risk behaviours. Of course, such correlational associations do not necessarily imply any sort of causal link, but they support the findings of other studies in our research program that show that these behaviours are inter-linked. People who gamble also frequently smoke and drink, a fact well known to venue operators who often seek exemptions to regulations that limit such behaviours in their venues. We do not know why these linkages exist, but they may be markers of an underlying set of personal characteristics that are conducive to risk behaviours and perhaps addiction. We need larger epidemiological studies to satisfactorily address this issue. We consider that such studies are vital to an understanding of the processes that lead people in and out of problem gambling behaviour.

It proved to be difficult to recruit people who had 'naturally recovered' into the present study. In future



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studies, significant resources will need to be allocated to achieve better recruitment.

The insights offered by the participants in the present research provide an interesting backdrop to our other studies in the research program. Many of the respondents have mentioned processes in the resolution of their gambling problems that may provide some pointers to the promotion of natural recovery. However the rates of such recovery require larger scale studies.

In terms of recommendations concerning future studies in natural recovery, we consider that there are several fruitful areas of enquiry. It would be excellent if we could track such individuals in a longitudinal study to assess facilitators of and barriers to maintenance of their abstinence and control. Of necessity, the present studies involved one-off data collection. This is not the best way to study processes taking place over extended periods. Thus we recommend a longitudinal study.

In order to promote participation in the research, significant resources will need to be allocated to encourage respondents to participate in the study. We consider that it is not unreasonable to pay \$30 to \$50 for each occasion of participation. A series of six bi-monthly data collections would be suitable for the design, with 100 participants. We have developed new methodologies to track service users and non-users using Markov analysis procedures that will allow prediction studies for recovery and its maintenance to be robustly studied.



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Appendix A

Survey Instrument

University Of Melbourne/Thomas & Associates

Natural Recovery From Gambling Study

Today we're conducting an important research study on behalf of a Victorian Government Authority about people and their health and gambling.

Could I please speak to the person aged 18 or over whose birthday is the closest to today's date?

✓ This is not a sales call. It's a research study and it will take about 5-10 minutes of your time.

✓ Anything you say will be strictly confidential. Your identity will not be disclosed to anyone.

You have been randomly selected from the white pages telephone directory.

1. In general would you say that your health is

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
-

2. How many times in the last year have you seen a doctor?

times

I now want to ask you about smoking.



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Smoking Behaviour

3. Do you currently smoke?

Yes How much do you smoke?

___ Cigarettes per day

___ Cigarettes per week

___ Cigars per day

___ Cigars per week

___ Pipes per day

___ Pipes per week

No, but I have smoked before

No, I have never smoked (**GO TO NEXT SECTION**)

Refuse, (GO TO NEXT SECTION)

4. Have you ever tried to give up completely or reduce smoking? MULTIPLE RESPONSES okay

Yes, I tried to give up completely How many times? _____ times

Yes, I tried to reduce How many times? _____ times

No, I Never tried to give up or reduce (**GO TO NEXT SECTION**)

5. Did you ever seek help from anyone to give up or reduce smoking?

No

Yes Who was that? _____

N/A Never tried to reduce or give up

I now want to ask you about drinking alcohol.

Drinking Behaviour

6. Do you currently drink alcohol?

Yes How much do you drink?

___ glasses of beer per week

___ glasses of beer per month

___ glasses of wine per week

___ glasses of wine per month

___ spirits drinks per week

___ spirits drinks per month

No, but I have drunk alcohol before

No, I have never drunk alcohol (**GOTO NEXT SECTION**)

Refuse, (GO TO NEXT SECTION)

7. Have you ever tried to give up completely or reduce drinking alcohol? MULTIPLE RESPONSES okay

Yes, I tried to give up completely How many times? _____ times

Yes, I tried to reduce How many times? _____ times

No, I Never tried to give up or reduce (**GO TO NEXT SECTION**)

8. Did you ever seek help from anyone to give up or reduce drinking alcohol?

No

Yes Who was that? _____

N/A Never tried to reduce or give up

I now want to ask you about dieting.



Dieting Behaviour

9. Are you on a diet?

Yes How long have you been on it?

____ days

____ months

____ years

No, but I have been on a diet before

No, I have never been on a diet **(GOTO NEXT SECTION)**

Refuse, (GO TO NEXT SECTION)

10. Did you ever seek help from anyone to help you diet?

No

Yes Who was that? _____

N/A Never tried to reduce or give up

I now want to ask you about illegal drugs.

Drug Taking Behaviour

11. Do you currently use any illegal drugs, such as marijuana, cocaine, heroin, ecstasy?

Yes

No, but I have used illegal drugs before

No, I have never taken drugs **(GOTO NEXT SECTION)**

Refuse, (GO TO NEXT SECTION)

12. Have you ever tried to give up using illegal drugs? MULTIPLE RESPONSES okay

Yes, I tried to give up completely How many times? _____ times

Yes, I tried to reduce How many times? _____ times

No, I Never tried to give up or reduce **(GO TO NEXT SECTION)**

13. Did you ever seek help from anyone to give up or reduce using drugs?

No

Yes Who was that? _____

N/A Never tried to reduce or give up

Now I want to ask you about gambling.



problem gambling

Gambling Behaviour

14. Do you currently gamble (for example, play lotto, buy scratchies, bet on horses, use electronic gaming machines, play cards for money)?

Yes

Overall, in an average week, how much would you OUTLAY, WAGER or SPEND IN TOTAL on all the gambling activities you play?

\$_____ per week

No, but I have gambled before

No, I have never gambled **(GOTO NEXT SECTION)**

Have you ever tried to give up completely or reduce gambling? MULTIPLE RESPONSES okay

Yes, I tried to give up completely How many times? _____ times

Yes, I tried to reduce How many times? _____ times

No, I Never tried to give up or reduce **(GO TO NEXT SECTION)**

15. What helped you in giving up or reducing your gambling?

16. Did you ever seek help from anyone to give up or reduce gambling?

No

Yes Who was that? _____

N/A Never tried to reduce or give up

SOUTH OAKS GAMBLING SCREEN

ASK THESE QUESTIONS ONLY FOR PEOPLE WHO HAVE EVER GAMBLED

PLEASE TELL ME THE DEGREE TO WHICH ANY OF THESE STATEMENTS APPLIED TO YOU PERSONALLY IN THE LAST 6 MONTHS.

Q14a When you gamble, how OFTEN to you go back another day to win back money you lost? Would you say...?

READ OUT

Never 1

Sometimes/less than half the time 2

Most of the time I lost 3

Every time I lost 4

(Can't say) 5

(Refused) 6

(Have never gambled) (DO NOT READ) 7

IF NEVER GAMBLER (CODE 7) GO TO NEXT SECTION

OTHERWISE CONTINUE

Q14b Have you ever claimed to be WINNING money when you really had lost? Would you say...?

READ OUT

Never 1

Sometimes/less than half the time 2

Most of the time I lost 3

Every time I lost 4

(Can't say) 5

(Refused) 6



Q14c Do you feel you have had a PROBLEM with gambling or that your gambling was out of control? Would you say...?

Yes, in the past, but not now 1

Yes, I feel this way now 2

No I haven't 3

(Can't say) 4

(Refused) 5

THE FOLLOWING QUESTIONS STILL RELATE TO THE LAST 6 MONTHS

AND ONLY REQUIRE YES OR NO ANSWERS (AS FOLLOWS)

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14d **Did you gamble more than you intended to (IN THE LAST 6 MONTHS)**

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14e **Have people criticised your gambling? (IN THE LAST 6 MONTHS)**

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14f **Have you felt guilty about the way you gamble or what happens when you gamble?**

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14g **Have you felt that you would like to stop gambling but didn't think you could?**

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14h **Have you hidden betting slips, gambling money or any other sign of gambling from your partner, children or other important people in your life?**

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14i **Have you ever argued with people you live with about how you generally handle money?**

Yes 1

No 2

(Can't say) 3

(Refused) 4



problem gambling

Q14j Have money arguments ever centred on your gambling?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14k Have you borrowed money from someone and not paid them back because of your gambling?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14l Have you lost time from work or study because of gambling?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14m Have you borrowed money to gamble or pay off gambling debts?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14n Have you ever borrowed money to gamble or pay gambling debts from household money?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14o Have you ever borrowed money to gamble or pay gambling debts from your spouse or partner?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14p Have you ever borrowed money to gamble or pay gambling debts from other relatives or in-laws?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14q Have you ever borrowed money to gamble or pay gambling debts from banks, finance companies or credit unions?

Yes 1

No 2

(Can't say) 3

(Refused) 4



Q14r Have you ever borrowed money to gamble or pay gambling debts from credit cards?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14s Have you ever borrowed money to gamble or pay gambling debts from high interest rate finance companies?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14t Have you ever borrowed money to gamble or pay gambling debts from cashing in stocks, bonds or other securities?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14u Have you ever borrowed money to gamble or pay gambling debts from selling, personal or company property?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14v Have you ever borrowed money to gamble or pay gambling debts by writing cheques knowing there was no money in the account?

Yes 1

No 2

(Can't say) 3

(Refused) 4

Q14w Have you ever borrowed money to gamble or pay gambling debts by obtaining money illegally?

Yes 1

No 2

(Can't say) 3

(Refused) 4



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DEMOGRAPHIC QUESTIONS

Q19 Finally, I'd like to ask a few questions about yourself to make sure that we have a good cross section of the community.

RECORD GENDER (INTERVIEWER TO NOTE)

Male 1

Female 2

Q20 Are you younger or older than 40 years?

Younger 18 years 1

19 years 2

20-24 years 3

25-29 years 4

30-34 years 5

35-39 years 6

Older 40-44 years 7

45-49 years 8

50-54 years 9

55-59 years 10

60-64 years 11

65-69 years 12

70 years and over 13

Q21a Are you married, de facto, divorced, widowed, separated, engaged, planning to marry or single?

Married /de facto 1

Divorced /widowed/separated 2

Engaged /planning to marry/ 3

Single 4

Q21b Which of the following best describes your household?

READ OUT

Single person 1

Group household (not related) 2

Couple with no children 3

One parent family with dependant children 4

One parent family with children not at home 5

Two parent family with dependent children 6

Two parent family with no children at home 7

Other related individuals 8

Other (*Specify*) _____ 9

(Refused) 10

Q23 Which of these describes you best? Do you...?

Work full-time 1

Work part-time 2

Household duties only 3

Student 4

Retired (Self supporting) 5

Pensioner 6

Unemployed 7

(Don't know/can't say) 8

IF WORK FULL-TIME (CODE 1 ON Q23) ASK Q24

OTHERWISE GO TO Q25a-25c



Q24 What is your occupation?

RECORD POSITION AND INDUSTRY _____

Q25c What is your COUNTRY OF BIRTH?

DO NOT READ OUT

Australia 1

China 2

Hong Kong ARC 3

Malaysia 4

Singapore 5

Taiwan 6

Greece 7

Egypt 8

Lebanon 9

Cyprus 10

Vietnam 11

Other Asia/Pacific 12

Other Middle East 13

Other (*Specify*) _____ 14

(Refused/Don't know/Unsure)15

Q27 What is the MAIN LANGUAGE spoken in your home?

DO NOT READ OUT

Arabic (incl Lebanese) 1

Cantonese 2

Mandarin 3

Greek 4

Vietnamese 5

English 6

Other (*Specify*) _____ 7

Q29 This question is optional. Into which of these ranges is your PERSONAL annual gross or pre-tax income? Is it...?

READ OUT

\$0 to \$10,000 1

\$10,001 to \$15,000 2

\$15,001 to \$20,000 3

\$20,001 to \$25,000 4

\$25,001 to \$30,000 5

\$30,001 to \$35,000 6

\$35,001 to \$40,000 7

\$40,001 to \$50,000 8

\$50,001 to \$60,000 9

\$60,001 to \$75,000 10

\$75,001 to \$100,000 11

\$100,001 to \$125,000 12

\$125,001 to \$150,000 13

Over \$150,000 14

(Don't know/unsure) 15

(Refused) 16

Q30 What is your postcode?

RECORD POSTCODE _____

THANK YOU VERY MUCH FOR YOUR HELP TODAY



Appendix B Discussion Guide for the Interviews

The respondents were asked the following questions. A semi structured interview method was employed.

Who or what helped you most in recovering from your gambling problem?

How did your recovery come about?

Did you at any time seek professional help for your gambling problem?

Why did you not seek professional help in recovering from your gambling problem?

Do you gamble now?

What advice would you give people about how to recover from gambling?

