

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

Volume 3: Community Education Strategies and Information Products

problem
gambling



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of Problem Gambling Counselling Services,
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problem gambling

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Acknowledgments

Principal Investigators

Professor Alun Jackson	Head, School of Social Work, University of Melbourne
Professor Shane Thomas	Principal Research Fellow, School of Social Work, University of Melbourne
Dr Neil Thomason	Department of History and Philosophy of Science, University of Melbourne

Technical Consulting Team

Associate Professor Alex Blaszczyński	Deputy Director of the Psychiatry Research and Teaching Unit; Director, Impulse Disorders Unit, University of New South Wales
Professor Jan McMillen	Executive Director, Australian Institute of Gambling Research, University of Western Sydney
Dr Michael Walker	Senior Lecturer, Psychology Department, University of Sydney

Research Staff

Ms Wei-Ying Ho	Senior Research Assistant
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Executive Summary

Introduction

This Report is Volume Three of a five-volume Evaluation Report on the effectiveness of problem gambling counselling services, community education strategies and information products in Victoria.

In order to complete this component of the evaluation, the research team undertook the following action:

- A telephone survey of 502 Victorians. This survey collected information about Victorians' knowledge of the existence and nature of problem gambling. It also tested the recall of the statewide campaign.
- An analysis of the number and nature of telephone calls to G-Line before, during and after the statewide television campaign.
- An analysis of the number of new client registrations at BreakEven services before, during and after the statewide television campaign.
- A mail-out structured questionnaire was sent to all Community Education and Gaming Liaison Officers (CEGFLOs). This questionnaire collected information about the nature and type of work undertaken by CEGFLOs and their perceptions about problem gambling.
- Analysis of a two-week diary of tasks undertaken by CEGFLOs.
- Gaming Venue Staff and Managers Questionnaire. This questionnaire was sent to 564 gaming venues in Victoria. It queried gaming venue staff and managers about their knowledge and use of BreakEven services.

- Shopping Centres and Venues Questionnaire. This face-to-face questionnaire was completed by both members of the general public and venue patrons and used to provide an indication of the reach, recall and understanding of problem gambling information products.
- Collation and analysis of problem gambling information products. This included samples of problem gambling information products created and distributed as part of the local campaigns.

The Department of Human Services Education Campaign

- The Department of Human Services education campaign takes a dual approach to community education in its use of statewide mass media (statewide campaign) in conjunction with localised campaigns (local campaigns).
- The statewide campaign was a phased campaign with Phase I, comprising radio and print advertisements which ran for five weeks commencing on 24 November 1995. The radio commercials were in English, Arabic, Vietnamese, Cantonese and Macedonian. The print advertising consisted of newspaper advertisements and billboards. Phase II of the campaign ran for approximately 14 weeks (commencing 21 February 1996) and consisted of two television advertisements. Phase III used the same two television advertisements as Phase II plus radio advertisements. Phase III of the campaign ran between 13 July 1997 and 3 February 1998.



problem gambling

Key Findings

- Six months after the conclusion of Phase III of the statewide campaign, 46 per cent of respondents were able to recall at least one problem gambling related advertisement. This represents a high level of residual recall for the campaign.
- The proportion of the community awareness that gambling may not necessarily be a problem free activity is 88 per cent, as measured by a telephone survey (n=502).
- A large proportion of the community are defining problem gambling as either a financial issue or as an issue of control—control of expenditure of both time and money spent gambling.
- Prior to Phase I of the statewide campaign 43 per cent of the community were aware of support services for problem gamblers. Six months after the conclusion of Phase III of the campaign, 71 per cent of the community were aware of support services.
- Gamblers Anonymous was the most frequently cited problem gambling support service (35 per cent) named in unprompted recall.¹ G-Line was named by 11 per cent of respondents and BreakEven by one per cent of respondents.
- Prompted recall² of BreakEven increased from three per cent prior to Phase I to 35 per cent post Phase III.
- There was a dramatic and immediate increase in the number of telephone calls received by G-Line during Phase II and Phase III of the statewide campaign. Furthermore, to date there has been no decay of impact.
- The number of BreakEven client registrations increased during Phase III of the statewide campaign.
- Ninety-six per cent of metropolitan gaming venues and 97 per cent of country gaming venues have heard of BreakEven.
- A higher proportion of rural venues (52 per cent) than metropolitan venues (13 per cent) knew their local BreakEven staff.
- Over half of all venues (51 per cent) had had a contact with a BreakEven service.
- Eight per cent of metropolitan venues and 10 per cent of country venues had actively sought advice of BreakEven on how to manage a difficult situation involving a patron.
- Problem gambling material is displayed in 99 per cent of all gaming venues. This material was supplied by BreakEven in approximately three in four instances.
- The support service advertised was BreakEven in 76 per cent of cases and G-Line in 86 per cent of cases.
- The majority (83 per cent) of gaming venue staff have attended a training/information session about problem gambling.
- The problem gambling message of a new campaign running during the testing period, 'Gambling rule #1: if it's no longer fun walk away' had the equal highest rate of recall (76 per cent) by respondents. The message 'If you have a gambling problem in your life call G-Line toll free' had the same rate of recall, 76 per cent.
- The phrase 'Gaming-more than a game' drawn from the industry brochure and 'Bet with your head, not over it' had lower rates of recall (20 and 22 per cent respectively).
- All ethnic Chinese who were interviewed in Chinese had heard of the Chinese Telephone Counselling Service.
- Pamphlets numbers 3 and 12, which both used the phrases 'If gambling is a problem in your life, talk about it' were the two pamphlets with the highest rates of recognition and recall. Pamphlet number 3 had been seen previously by 51 per cent of the general public and by 49 per cent of venue patrons.
- Four out of five respondents suggested that they would use BreakEven or G-Line if they needed the service in question. The general public reported a higher probable use of G-Line and BreakEven should they ever need them than venue patrons.

Conclusions

- The State and local campaigns worked successfully to reinforce each other. The community education strategy was diverse enough to ensure that the needs of sub-cultures and communities were addressed, but cohesive

¹ 'Unprompted recall of the campaign measures advertising salience and is a function of media weight and the ability of the creative execution to be linked to the category cue in memory, that is, its noticeability or attention-getting power' (Wakefield et al, 2000: 32).

² 'Prompted recognition of the advertising is a measure of whether or not the respondent has been exposed to the advertising, and represents a diagnostic check on the proposed media schedule' (Wakefield et al, 2000: 33).



- enough to ensure that the two primary problem gambling support services, G-Line and BreakEven, were continually promoted and advertised.
- As a direct result of the strategy, community awareness of the existence and nature of problem gambling and community awareness of problem gambling support services (BreakEven and G-Line) increased substantially. Furthermore, there were significant increases in the number of people using both BreakEven and G-Line during both Phase II and Phase III of the statewide campaigns. With respect to G-Line, this is particularly noticeable when examining the number of callers citing the television as their source of referral.
 - However, although G-Line was promoted as a service for all persons affected by gambling (not just problem gamblers), not one person interviewed in Project Gamble described G-Line as such.
 - The plethora of information products distributed through the local campaigns was clear and concise in their wording. These brochures, pamphlets and flyers were economical in their design and production and were liberally distributed to individuals and community organisations. Although there was substantial variety in layout and design, the vast majority of information products incorporated the BreakEven logo. This branding of service and brochure can only work to reinforce and promote the name and image of BreakEven in the minds of Victorians.
 - The information products, in addition to encouraging persons affected by problem gambling to contact G-Line and/or BreakEven, contained a number of slogans and catch phrases related to gambling. These slogans were used in differing combinations on different information products. The variety of slogans used helped convey to the general public the complexity of the issue and idea that more than one strategy may be used to keep gambling in perspective. While adhering to these slogans has not been proven to prevent problem gambling, the advice provided might help keep gambling in context and perspective.
 - The local campaign slogans are also to be commended for their brevity, simplicity and ease of application. It is these three characteristics that resulted in some messages having prompted recall rates as high as 76 per cent.
 - The local campaigns provided problem gambling training, information and support to gaming venues. However, a substantial proportion of venues had not had contact with a BreakEven service. It should be noted that there are in excess of 550 gaming venues in Victoria and approximately 12 CEGFLOs. Physically contacting each and every Victorian gaming venue would therefore be a very difficult task. Despite this numerical difference, the information products saturation rate is comprehensive with 99 per cent of gaming venues displaying problem gambling information products.



1. Introduction

This Report forms Volume Three of a five-volume Evaluation Report on the effectiveness of problem gambling counselling services, community education strategies and information products in Victoria.

The Report is divided into seven sections. Section 1 provides an overview of the report. Section 2 describes the Department of Human Services' community education campaign. Health promotion, its definitions and methods of evaluation are covered in Section 3. Section 4 presents an evaluation of the statewide education campaign, while the fifth section examines gaming venue operators' perceptions of BreakEven services and their relationships with these services. Section 6 is an evaluation of the localised education campaign information products and Section 7, an evaluation of the community development aspect of the local campaigns.

In order to complete this component of the evaluation, the team undertook the following action:

- A telephone survey of 502 Victorians. This survey collected information about Victorians' knowledge of the existence and nature of problem gambling. It also tested the recall of the statewide campaign (see Appendix A).
- An analysis of the number and nature of telephone calls to G-Line before, during and after the statewide television campaign (see Appendix B).
- An analysis of the number of new client registrations at BreakEven services before, during and after the statewide television campaign (see Appendix C).
- A mail-out structured questionnaire was sent to all Community Education and Gaming Liaison Officers (CEGFLOs). This questionnaire collected information about the nature and type of work undertaken by CEGFLOs and their perceptions about problem gambling (see Appendix D).
- Analysis of a two-week diary of tasks undertaken by CEGFLOs (See Appendix E).
- Gaming Venue Staff and Managers Questionnaire. This questionnaire was sent to 564 gaming venues in Victoria. It queried gaming venue staff and managers about their knowledge and use of BreakEven services (see Appendix F).
- Shopping Centres and Venues Questionnaire. This face-to-face questionnaire was completed by both members of the general public and venue patrons and used to provide an indication of the reach, recall and understanding of problem gambling information products (see Appendix G).
- Collation and analysis of problem gambling information products. This included samples of problem gambling information products created and distributed as part of the local campaigns (see Appendix H).



2. Description of the Department of Human Services Education Campaign

The Department of Human Services education campaign takes a dual approach to community education in its use of statewide mass media (statewide campaign) in conjunction with localised campaigns (local campaigns).

The Department (Department of Human Services, 1996:6) has described its campaign as follows:

A community education campaign has been developed which includes a media and print component and the development of a range of information products, such as posters, brochures and 'call to help' cards. The campaign has included statewide promotion of problem gambling counselling services and regional education activities.

2.1 Description of Statewide Campaign

The statewide media campaign was a phased campaign with Phase I, comprising radio and print advertisements which ran for five weeks commencing on 24 November 1995. The radio commercials were in English, Arabic, Vietnamese, Cantonese and Macedonian. The print advertising consisted of newspaper advertisements and billboards. Phase II of the campaign ran for approximately 14 weeks (commencing 21 February 1996), and consisted of two television advertisements. Phase III used the same two television advertisements as Phase II, plus radio advertisements. Phase III of the campaign ran between 13 July 1997 and 3 February 1998.

The television advertisements which formed part of Phases Two and Three showed two scenarios that aimed to identify some of the characteristics of a person in crisis due to their inability to control their gambling behaviour.

The first advertisement featured a couple in their thirties. The wife of a male problem gambler is unaware of his gambling habits. In sorting the washing she discovers a notice for house repossession and confronts him. He denies the validity of the notice and says that the problem has been rectified. In the background a baby starts to cry and the man drives off. In the final scene he is in a phone box speaking with a G-Line counsellor and voiceover states, 'If you, or someone close to you is in trouble with gambling call G-Line now. Talk to someone who understands'. The telephone number for G-Line is clearly visible on the screen.

The second advertisement showed a woman aged in her forties caught by her teenage son raiding his moneybox. The son in disgust gives the money to the mother saying, 'If you need it that much then just take it'. The mother, thus shamed, phones G-Line for help and the telephone number for G-Line is displayed across the screen (Wootton, 1996).

Throughout this Report the statewide education campaign will be referred to as the 'statewide campaign'.



2.2 Description of Local Campaigns

The statewide campaign was centralised both in relation to its organisation and products. In contrast, the decentralised local campaigns were characterised by a diversity of practices and methodologies. The Department's criteria with respect to the local campaigns are described below.

Industry liaison and community education: liaison services develop and deliver regional community education programs tailored to their local communities. Services are promoted through the development of information products, such as posters and brochures, marketing and publicity. Industry liaison workers assist local gaming venues to promote responsible gaming (Department of Human Services; 1996: 5).

Local campaigns are defined and shaped not only by the Department's requirements and expectations for the campaigns, but also by the philosophies of the agency undertaking the campaign and variations in local communities in terms of sociodemographic profile, opportunities to gamble, and gambling behaviours. These campaigns were implemented by Community Education and Gaming Facility Liaison Officers, and each agency's expectations of the local campaigns were embodied in the job description of each individual CEGFLO. The functions of the CEGFLOs are documented below.

2.2.1 Job Description

As their name suggests, CEGFLOs have two broad job responsibilities:

- Community education.
- Liaison with gaming industry venues and personnel.

During the period of our evaluation, not only did a number of CEGFLO position holders change, but jobs evolved and changed in response to a number of factors, including: changes by the auspicing agency, personnel changes, personal development and changes within the community and gaming industry itself.

Job descriptions were provided to the evaluation team by nine of the 13 CEGFLOs employed at the time. Of these, three descriptions labelled the position as 'Community Education and Gaming Liaison Officer'; four as 'Gambling Liaison Officer'; one as 'Gaming Liaison Officer'; and one as 'Community Educator'.

Six agencies provided CEGFLO job descriptions that were identical with respect to duties relating to their community education and gaming liaison responsibilities. The six agencies were: Bethany Family Support Inc., Maroondah Social and Community Health Centre, Bendigo Community Health Services Inc., Upper Hume Community Health Service, Relationships Australia Ballarat, and Gippsland Family Services. They differed however with respect to internal management issues.

The duties pertaining to community education and gaming liaison were to:

- Deliver community education programs to the general public.
- Deliver education programs on problem gambling to gambling facilities.
- Work with gambling facilities to assist them to develop policies, practices and procedures to deal with problem gamblers.
- Liaise with gambling facilities to identify trends in relation to its customer base.
- Collate and distribute information regarding gambling trends and problem gambling.
- Promote the problem gambling counselling service to the regional service network.

2.2.2 Activities of Local Campaigns

As previously noted, the local campaigns funded by Department of Human Services were operationalised by CEGFLOs.

In order to document local campaign activities, CEGFLOs were requested to complete a work diary for two weeks commencing Monday 17 September 1998, describing the nature of their local campaign work. The diaries, printed on A3 pages, had the following column headings: What did you do (please include travelling as an activity); Time began; Where were you?; With whom; Un/planned activity; Remarks (see Appendix E).

Although there was a high degree of similarity between the CEGFLOs' job descriptions, actual activities constituting the local campaigns varied enormously.

In response to the post-out question concerning constraints to achieving outcomes, two CEGFLOs lamented the lack of coordination amongst CEGFLOs. In contrast, other CEGFLOs told the researchers that, as the CEGFLOs have different and complementary skills, they often worked together, supporting each



other in their respective work. Similarly, the diaries provided evidence of collaboration. For example, meetings were held about a forthcoming Spring Racing Carnival; training manual disks were circulated between CEGFLOs; and telephone conversations between CEGFLOs in different agencies were recorded. These are in addition to the formal bimonthly CEGFLO meetings.

The following is a list of activities undertaken in pursuit of local education campaigns. The first two activities noted under 'community education' are of particular interest, as both the diaries and questionnaire analysis showed that targeted community development is an integral part of local campaign activity.

2.2.3 Community Education

- Organising information and professional development sessions with various communities as appropriate.
- Supporting and resourcing existing problem gambling action groups and working parties and facilitate the development/emergence of additional groups.
- Liaison with financial counsellors in own and other agencies.
- Liaison with BreakEven counsellors.
- Media monitoring and maintaining a clippings file.
- Providing information to the general public, including students.
- Establishing client referral procedure. This was listed by a CEGFLO/counsellor and marked as a CEGFLO activity although it appears to have more to do with counselling.
- Setting up and minding display stands and tell the public about BreakEven.
- Cross-cultural training of human service workers.
- Actively participating on other committees.

2.2.4 Marketing and Advertising

- Writing, rewriting and editing of information products.
- Managing and coordinating the print production of information products.
- Putting together targeted information product kits.
- Compiling and maintaining mailing lists from other directories and mailing lists and prospecting work.
- Fact-finding and researching gambling in Victoria. That is, the CEGFLO needs to have information about the number and nature of venues in their region, statistics on gaming machines, etc.

- Speaking at public engagements including media (both print and electronic) interviews.
- Writing copy; media releases; speeches; editorial, etc.
- Media scheduling advertising, including buying advertising space and competitive analysis.

Gaming Liaison

- Marketing of BreakEven training to gaming venues. BreakEven Responsible Gaming Training for gaming venues.
- Introducing venues to BreakEven and its work.
- Restocking gaming venues with copies of BreakEven/CEGFLO brochures.
- Advising gaming staff on how to deal with difficult customers on the spot.

Responses to the detailed survey, which was circulated to all CEGFLOs (see Appendix D), demonstrated that almost all CEGFLOs operated from a health promotion model. The CEGFLOs saw their role of community education as involving local research, networking and presentations to community groups, as well as promoting the services of BreakEven and G-Line through the media. Many CEGFLOs made comments, such as the following, about their local education campaigns:

'My educational work is based on principles drawn from community development, adult education and harm minimisation.'

The question, 'In your view what would be the most effective way of preventing problem gambling?' generated responses that demonstrated a commitment to community development models and a sound knowledge of best practice in harm minimisation and health promotion. In applying this model, it is clear that the CEGFLOs principally regard problem gambling as a health issue, and the current literature suggests that the emotional, psychological, lifestyle and financial impacts of problem gambling on gamblers themselves and those dependent on them or near to them makes the health model of problem gambling appear to be an appropriate one. The intervention and prevention ideas of CEGFLOs are innovative and demonstrate a sound knowledge of up-to-date research and the local gambling context. The responses cited below include those most representative of what most CEGFLOs wrote, as well as some particularly innovative ideas:



problem gambling

'Bring in strict controls on the application of ethical standards in relation to advertising for the industry (everyone is not a winner!).'

'Accurate information about the odds of winning.'

'Enforce by legislation or by terms of license a requirement that venues (1) provide clocks and opportunities for patrons to note the passing of time, for example, some natural light is visible from the gaming area, (2) make provision to run patron-friendly messages across the screen of poker machines, such as 'It is now 3.00 pm-do you have children to pick up from school?' or 'It is now 6.30 pm-are you expected somewhere else?''

'Work with industry (and particularly the AHA and the LCAV) towards getting their support for the stopping of all EGMs every three hours for 10 minutes (for example. at 8.00 am, 11.00 am, 2.00 pm, 5.00 pm, 8.00 pm, and 11.00 pm, to allow patrons to socialise over coffee, etc., with other patrons, to visit the toilet or to reassess whether they want to stay any longer, etc. Promoted sensitively, this could be marketed as providing patrons with the chance to meet people and to socialise with minimal 'time out' and enhance client satisfaction with the venue.'

'Require venues to monitor the needs of children under the age of 12 and handicapped or frail children or adults brought to the venue by patrons and either abandoned somewhere on the premises to amuse themselves or placed somewhere in sight of the EGMs but largely 'forgotten' for more than two hours-and to take appropriate action. (We have evidence of children and very disabled people being left for hours without opportunities to go to the toilet or to get food or drink.)'

'Work with the industry to explore feasible ways in which the venues could monitor a much larger population of punters bound by self-exclusion arrangements. To date, the venues can generally manage to notice the appearance of a punter they know in their venue-hence the validity of the AHA's restriction of the number of venues patrons are able to specify self-exclusion. Particularly in metropolitan areas this enables punters to visit a range of other venues from which they are not excluded.'

'Develop a statewide community education campaign that both de-stigmatises problem gambling and acknowledges it to be a serious community issue—ideally we need as effective a harm minimisation campaign as the current AIDS campaign.'

'The Education Department to encourage the development of soundly based curriculum material on gambling and to be included in the set curriculum requirements for schools.'

CEGFLOs operate from a community development perspective, which may involve speaking to community groups, schools or clubs. Direct contact as part of a local campaign run by one or more CEGFLOs was made with organisations, such as Neighbourhood Houses, Court Networks, Gamblers Anonymous, Returned Services League, Spring Racing Carnival organisers, prisons and Community Legal Centres.

As part of the Problem Gambling Research Team's research for the Impact of Gambling on Adolescents and Children Study, researchers were present during several presentations made by CEGFLOs to school classes. The CEGFLOs delivered talks that were age-appropriate, interesting and entertaining to the young people, with the presenters displaying a sound knowledge of the issues involved in gambling and problem gambling.

2.2.5 Aims and Objectives

The activities noted in Section 2.2.2 Activities of Local Campaigns were undertaken to achieve a number of aims. These aims were identified by CEGFLOs in response to a mail-out interview schedule (see Appendix D). Nine CEGFLOs stated that one of their main aims and objectives was to raise awareness of BreakEven with the general public. Seven CEGFLOs stated that raising awareness of problem gambling as one of their main aims and objectives, and six CEGFLOs listed liaison with and training of industry providers as a main aim or objective. Only two CEGFLOs listed raising awareness of BreakEven with other service providers. A number of CEGFLOs cited introducing the sociology of problem gambling, and informing the community about industry developments, as an aim of their local campaigns. One CEGFLO saw the activities as contributing to the promotion of 'government aims and objectives',



perceived as promoting responsible gambling for Victorians and introducing harm minimisation strategies.

2.3 Description of Other Problem Gambling Services Strategy Education Work

2.3.1 BreakEven Counsellors and Community Education

As noted in Section 1, the Victorian Department of Human Services as part of their integrated Problem Gambling Services Strategy, funds 55 BreakEven counsellors who work in conjunction with the Community Education and Gaming Facility Liaison Officers. While the CEGFLOs work in the area of community education, raising awareness of problem gambling and problem gambling counselling services, the BreakEven counsellors provide counselling and support for people affected by gambling.

However, in our analysis of tasks undertaken by counsellors through administration of the Counsellor Task Analysis, it was noted that education activities were widely and routinely performed. Thus, the Department's localised community education campaigns are strengthened and reinforced by the work of counsellors.

Approximately four-fifths of counsellors were engaged in community education or promotional work, with half of the counsellors also developing marketing strategies in order to publicise and promote the gambling counselling service. Twenty-seven per cent of counsellors almost always or frequently developed such marketing strategies; while 23 per cent occasionally undertook this activity. Furthermore, 30 per cent of counsellors frequently or almost always were involved in promoting the problem gambling counselling service amongst the gaming industry, service providers and the community, in order to publicise its existence.

General and low-key marketing of services, described as 'explain the service programs and policies to people in public appearances of various kinds in order to inform the general public about issues and programs' was done by 85 per cent of counsellors.

Forty per cent of counsellors stated that they delivered education programs on problem gambling to gambling facilities in order to assist the gaming industry to respond to the needs of problem gamblers. As described in Section 2.2, this is also the type of work undertaken by CEGFLOs. However, from the diary analysis and conversations with staff involved, this demonstrates the cohesive and comprehensive nature of the Problem Gambling Services Strategy itself, and the complementarity of staff involved in its implementation.

Counsellor involvement in community education was high, with 79 per cent of counsellors stating that they had been involved in the delivery of community education programs to the general public and the gaming industry in order to promote an awareness of problem gambling.

Approximately half of the counsellors (48 per cent) were engaged in collating and distributing information regarding gambling trends and problem gambling in order to maximise the impact of community education.

Counselling services are one of the key components of the Victorian Department of Human Services Problem Gambling Services Strategy. Although it is beyond the scope of the project study to specifically evaluate the educational role played by counselling staff of BreakEven services, it is important to note the strong complementary range of activities undertaken by counsellors of these staff in relation to the activities undertaken by CEGFLOs in pursuit of the Department's localised educational campaigns.



3. What is Health Promotion?

The Department of Human Services, as part of its Problem Gambling Services Strategy, has used community education as a means of health promotion. The Department has described the relationship between community education and health promotion as follows:

Importance of Community Education as a Health Promotion

Community (or public education) campaigns have long been a strategy used by many Government departments to encourage both attitudinal change and behavioural change. In particular Health departments have used public education campaigns to promote health and well-being (Tomaszewski, 1997).

Thus, it is important that we understand what health promotion is and how to evaluate it. The World Health Organisation defines health promotion as

The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. It has come to represent a unifying concept for those who recognise the basic need for change in both the ways and conditions of living in order to promote health. Health promotion represents a mediating strategy between people and their environments, combining personal choice with social responsibility for health to create a healthier future (AGPS, 1993: 41).

Thus health promotion is about empowerment-empowering individuals and communities such that they are capable of increasing control over the determinants of health. However, as noted by MacDonald (1998), how we define and use the term empowerment in relation to health promotion will influence how we understand health promotion. MacDonald notes that empowerment is used to describe two distinct phenomena.

-
1. Telling people what is good for them and then assessing the degree to which the information is acted upon in terms of the fidelity of their compliance. This is frequently seen in health education contexts.
 2. Creating a situation in which either a community or an individual is encouraged to acknowledge their own self-esteem and the legitimacy of their own autonomy and, on that basis, to identify their own health agenda and to organise themselves, to bring it to fruition. This often requires community action and the health promoter accordingly finds himself/herself advising on educational, political or legal aspects. It can be a basis for neighbourhood advocacy.
-

MacDonald has used the term *impowerment* to describe the first phenomenon and *empowerment* to describe the latter. Thus described,



One can truly speak of empowering people by giving them health information, instruction, etc., which they can then use to their health advantage. But empowerment must derive from the individual or community itself and this can only happen if the person or people involved have enough sense of self-esteem to recognise the legitimacy of their aspirations. Empowerment can thus not be an input, although it might arise indirectly from input if other information or counselling has led to an enhancement of self-esteem.

That is, impoverishment is based on an individualistic understanding of the world. And as such, changes may be measured by mapping individual behavioural change. In contrast, empowerment is about community level change and its impact on the individual. Health promotion programs based on the principles of empowerment are difficult to evaluate.

3.1 What to Evaluate

As previously noted the Department of Human Services education campaign is an integrated campaign with state and local components. This conforms with best practice design. Numerous studies (Budd, Gray and McCron 1982; Wallack 1984; Puska, Nissinen, Tuomilehto et al, 1985; Lefebvre, Lasater, Carleton and Peterson 1987; Bracht and Kingsbury, 1990; Carleton, Lasater, Assat, Feldman and McKinlay, 1995) have concluded that mass media is most effective when supplemented by a range of community-based activities, such as group meetings, workplace and locality-based events, and the option of face-to-face counselling.

In describing the Pawtucket Heart Health Program, Lefebvre et al (1987: 85) argue strongly for the effectiveness of a multifaceted model of intervention, as demonstrated by the Department of Human Services dual strategy campaign:

The PHHP intervention is predicated on the idea that simultaneous concerted use of multiple change strategies directed across risk factors, phases of the change process and focus levels (individual, group, organisation, community) will bring about the most effective and lasting changes in the community health risk status.

One model of health promotion evaluation, noted below, illustrates the interrelationship between health

outcomes, health promotion outcomes and health promotion activities. This model identifies the following hierarchy of outcomes and measurement criteria (Nutbeam, 1996: 58-60).

- **Health and social outcomes**, such as mortality, morbidity, disability and dysfunction.
- **Intermediate health outcomes**, which determine health and social outcomes, such as healthy lifestyles, effective health services, and healthy environments.
- **Health promotion outcomes** are the personal, social and environmental factors that may be modified to influence intermediate health outcomes. These include health literacy, social mobilisation, and healthy public policy and organisational practice.

These three outcomes are achieved through health promotion actions.

- **Health promotion actions** are what we do, as distinct from what we achieve and include education, facilitation and advocacy.

Throughout this Report, the terms 'education', 'advocacy' and 'facilitation' will be used in accordance with this model as descriptions of campaign activity.

As noted by Parnell (1992), one of the difficulties in undertaking an outcome (which measures knowledge, attitudes, beliefs and practices or program participants before and after the planned program's intervention), as opposed to formative evaluation, is that program participants are subjected to myriad influences, which makes it impossible to determine the effects of a single educational program.

In addition to exploring the health promotion outcomes we will, where appropriate, compare the Victorian Department of Human Services education campaign against best practice as described in the relevant literature.

3.2 When to Evaluate

Green (1997: 155-162) has identified five time effects and their implications for evaluating outcomes of education programs. These are:

1. Delay of impact: the effects of the program may not be immediate. For some education campaigns the impact may occur over generations as opposed to weeks (Salmon, 1989: 43). An example of this is attitudes to smoking.



2. Decay of impact: the impact may not be sustained and the situation may revert to pre-program levels.
3. Borrowing from the future: the effect of the program may be to speed up change.
4. Adjusting for secular trends: general trends which occur over and above the program trend need to be taken into consideration, otherwise there is a danger of overstating the effects of the program.
5. Backlash effect: sometimes the positive effects of a program may not only be lost, but a contrasting or backlash effect may occur when a program finishes.

This evaluation Report discusses the impact of these five time effects, where appropriate, on the outcomes noted.

3.3 Evaluation of the Statewide Campaign

The statewide campaign education message was, 'If you have a problem with gambling call G-Line 1800 657 573'. It has been evaluated against the health literacy measures of knowledge of, and attitude to, gambling and problem gambling. These include:

- Changes in community awareness of the existence of problem gambling, that is, people need to be aware that gambling is not necessarily a problem-free activity.
- Changes in community awareness of the nature of problem gambling, that is, people need to be able to recognise when gambling becomes a problem.
- Changes in awareness of the existence of problem gambling counselling services, that is, people need to be aware that if they have a problem with gambling, help is available.

It has also been evaluated against changes in service utilisation, for instance:

- Use of support services, in particular problem gambling counselling services, that is, how many people sought help and where did they seek help. These support services are G-Line, a telephone counselling and referral service, and BreakEven services.

The reach and recall of the statewide campaign has also been evaluated.

3.4 Evaluation of the Local Campaigns

The local community education campaigns, as noted in Section 2.2 of this Report, are multifaceted, and include a wide variety of activities that may be classified as education, facilitation and advocacy. A well-planned education campaign would be expected to undertake all of these actions, as they complement and contribute to the outcomes of the other actions.

Local community education campaigns may result in outcomes such as development of personal cognitive and social skills, which determine the ability of individuals to gain access to, understand and use information in ways that promote and maintain good health (Nutbeam, 1996: 58-60). Evaluation includes a component on the perceptions of gaming venue staff and managers on local education campaigns, community perceptions of local education campaigns, and analysis of local education campaign information products.

Reach and recall of the information products have been separated into two parts: gaming venue operators and community.

3.4.1 Local Campaign: Education: Gaming Venue Operators

- Knowledge of BreakEven services amongst gaming venue staff and managers.
- Gaming venue staff and managers' perceptions of information products.
- Gaming venue staff and managers' perceptions of local education campaign training.
- Gaming venue staff and managers' perceptions of BreakEven services.

3.4.2 Local Campaign: Education: Community

- Reach and recall of information products by the general public and venue patrons.
- Accessibility of information products.
- Relevance of information products provided to local communities.

The effectiveness of information products may be enhanced and complemented by work undertaken in the areas of facilitation and advocacy, as the choices of individuals are constrained by options permitted and promoted by social institutions (Salmon, 1989: 32). Facilitation and advocacy in health promotion is often based on mobilising entire communities as a way of enhancing individual change (Finnegan, 1989: 55).



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The potentially substantial benefits of this type of health promotion, which have been demonstrated in case studies and limited controlled evaluations, include:

More effective, long lasting or sustainable programs, greater community cooperation with programs (and hence likelihood of sustained behaviour change), better support for change based on reconstruction or development of environments (both physical and social) and development of communities or organisations better able to deal with their own health problems (Hawe and Shiell, 1995: 5).

Health promotion work, which is based on the principles of community development, is at best, inadequately measured by traditional outcome indicators (Community Development in Health Project, 1988). Furthermore, interventions that are aimed at the determinants of poor health 'may have multiple outcomes which accrue at the community level rather than the individual level, which are longer term in their focus and which are not easily measured' (Viney, 1996: 10). An example of this is attitudes to smoking, which have changed over generations, as opposed to within a generation.

In conducting this evaluation we have taken into consideration the context of the practice and the sociopolitical sphere in which it operates. Much of this contextual information is presented in Volume 1 (Service Design and Access) and Volume 2 (Service Effectiveness) of this Evaluation Report.

To evaluate practice without taking account of the context of that practice, and the policies which constrain it or provide opportunities for it, is to take a very blinkered approach. De-contextualising practice in such a way assumes that practice exists as a commodity on its own that may be separated out for study (Everitt and Hardiker, 1996: 25).



4. Evaluation of the Statewide Campaign

A large number of studies have been conducted which seek to describe the effect of mass media in health education campaigns. In a review of research, Flora and Wallack (1990) conclude that most studies recognise that mass media effects are mediated by:

- The audience's attention to the message, existing knowledge and attitudes and behavioural experience.
- The extent to which media messages capitalise on the audiences perceived needs.
- The campaigners' ability to limit counter messages in the media environment.
- The extent of interpersonal communication about media program content.
- Supplementation of the media program.

Referring specifically to likely behavioural effects, they argue that there are few studies that indicate a likelihood of meaningful behaviour change, and that the significance of attitude change is questionable. They suggest that there is increasing evidence, however, that mass media can stimulate intermediate behaviour change, such as calling for additional information, and that there is some evidence that well-designed mass media smoking cessation programs, for example, supplemented with interpersonal communication, can be effective.

Using the mass media in education campaigns not only exposes the public to health promotional material, but also sets the public agenda and confers legitimacy to certain issues (Wallack, 1990: 154), that is, the statewide campaign may be expected to have a

primary and secondary impact. The primary impact was the airing of the advertisements on public television and the behavioural outcome of recognising the problem and taking action. The secondary impact resulting from the public airing of the advertisements involved structuring public discussion about gambling and moulding public perceptions about gambling. This subtler secondary impact may have a longer-term and greater impact on problem gambling. It is, however, more difficult to measure and evaluate.

The statewide education campaign has been evaluated against the following criteria:

1. Reach and recall of the campaign.
2. Changes in community awareness of the existence of problem gambling.
3. Changes in community awareness of the nature of problem gambling.
4. Changes in awareness of the existence of problem gambling counselling services.
5. Use of support services, in particular, problem gambling counselling services.

4.1 Description of Data

A total of 502 telephone interviews were conducted amongst randomly selected households in metropolitan and rural Victoria. The sample was stratified-with 70 per cent of interviewees residing in the Melbourne metropolitan area, and 30 per cent residing in country Victoria. Interviewing was conducted on weekends and during the week, commencing Friday 7 August 1998 and concluding



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Sunday 16 August 1998. Interviewing was conducted using the Frank Small and Associates Computer Assisted Telephone Interviewing System, which generates telephone numbers randomly from an electronic version of the White Pages directory. The average interview length was around 12 minutes. Survey participants were aged 18 years or over. Respondents working in marketing or market research were screened out. Frank Small and Associates carried out this market research component of the evaluation for the University of Melbourne Problem Gambling Research Program. Results were presented in a report titled Project Gamble.

4.2 Reach and Recall of Statewide Campaign

Recall queries whether or not people are able to remember the advent of the statewide campaign. Reach is the proportion of people able to recall the statewide campaign.

Recall of the statewide campaign is not a measure of its impact, but a necessary condition for it to have an impact. Reach is a measure of the possible size of the impact of the campaign.

However, a major complicating factor is the issue of self-selection of exposure to the education campaign. As MacKillip notes,

Simple comparisons of those who saw a message with those who did not can confound differences in exposure to health media with differences in interest and knowledge of a topic, in motivation to change, and in need for information on the topic (MacKillip, 1989).

That is, those who perceive the message as relevant will pay attention to it.

4.2.1 Competitive Analysis

Gambling advertising is legal in Australia, and between June 1996 and May 1997, over 27,000 Targeted Audience Rating Points³ (TARPS) were invested by gambling advertisers in Melbourne (Frank Small and Associates, 1998: 6). In contrast, during Phase III of the education campaign (13 July 1997 to 3 February 1998) approximately 3,000 TARPS were purchased for the campaign, that is, one-ninth of the industry investment. This comparative spend by the industry to Department of Human Services is introduced at this point to contextualise what we believe are very good results in reach and recall of the statewide media campaign, compared to industry advertisement reach and recall, taking into account this disparity in investment.

As the following market research demonstrates, despite the large difference in TARPS purchased, approximately one-third of respondents were able to recall the statewide campaign advertisements. Frank Small and Associates (1998: 6) attribute this to the unique nature of the service being advertised, which would have assisted memorability and processing of the G-Line advertising. Furthermore, it is highly likely that little or no competitive activity in this category existed (that is, no other problem gambling counselling services were advertised).

4.2.2 Recall of Gambling Advertising

Respondents were asked to describe any advertising they had read, seen or heard recently for gambling. They were asked to describe the advertisement and name the advertiser and medium. Asking respondents to describe advertisements seen recently, may have led to some respondents, who self-defined six months as not recent, consciously omitting reference to G-Line advertisements.

Sixty-three per cent of respondents were able to recall at least one advertisement related to gambling. Twenty five per cent were able to recall two advertisements.

Table 1 Recall of Gambling Advertising

	Recalled 1 Items%	Recalled 2 Items%	Recalled 3 Items%	Recalled 4 Items%
Number of advertisements able to recall	63	25	5	1

³ Target Audience Rating Points can be described as 'an estimate based on ratings surveys. It is the standard advertising industry measure of the weekly volume of ... advertising weight. One TARP represents 1% of the Target Audience who have had the opportunity to see a campaign advertisement ...' (Australia's National Tobacco Campaign Evaluation Report: 110).



Of those who were able to recall an advertisement, 19 respondents mentioned the female problem gambler advertisement; eight mentioned the male problem gambler advertisement; and eight made reference to the G-Line advertisements generally.

The level of description respondents provided varied from extremely accurate and detailed recall to a few words.

'A man comes home from work. His wife has found repossession papers in the washing. He says, "It's already been fixed up". She says, "You better tell me what's going on". He goes and makes a phone call to a gambling help line.'

Others, although unable to recall the scenario, processed the message.

'An ad that said if you had a problem with gambling to contact this number.'

Although respondents were able to describe the advertisements and/or had processed the message of assistance available for people with gambling problems, only four respondents were able to identify G-Line or a 'gambling hotline/help line' as the advertiser.

4.2.3 Recall of Gambling News Items and Articles

One-third of respondents were able to recall news items or articles that referred to gambling (recall of problem gambling news items or articles is discussed in Section 4.2.5). Eight per cent of respondents were able to recall two items.

Table 2 Number of News Items on Gambling Recalled

	Recalled 1 Items%	Recalled 2 Items%	Recalled 3 Items%	Recalled 4 Items%
Number of news items/articles able to recall	32	8	1	<1

Of those able to recall news items, three made overt reference to the G-Line advertisements and 87 referred to the social and economic impact of gambling.

A more detailed classification of news articles and items about gambling and problem gambling recalled is shown in Table 3. The high proportion (21 per cent) of respondents who were able to recall a problem gambling related item indicated that problem gambling has been covered extensively in the news.

Table 3 Recall of Media Materials Related to Gambling

News Items or Articles Read, Seen or Heard Recently About Gambling, Problem Gambling or Problem Gambling Counselling Services		Total % Mention (n=502)
News stories/situations related to problem gambling	For example, people leaving children in car, people committing suicide, bank teller taking money to gamble.	21
Crown Casino related stories	For example, financial problems for Crown, dealers at casino running a 'scam', effect of the economic crisis on Crown.	11
Social impacts	For example, rise of crime related gambling, welfare services looking after more people.	9
Anti-gambling stories	For example, Reverend Tim Costello speaks out against gambling.	5
Other	For example, \$9 million Powerball winner to claim prize, Gamblers Anonymous advertising, gambling on the Internet.	15

4.2.4 Recall of Problem Gambling Advertising

Whereas 63 per cent of respondents were able to name at least one advertisement relating to gambling in general, 46 per cent were able to recall an

advertisement about problem gambling or problem gambling counselling. This is an extremely high level of recall, given the previously noted enormous difference in TARPS expenditure between the Industry to Department of Human Services.



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Table 4 Number of Problem Gambling Advertisements Recalled

	Recalled 1 Items%	Recalled 2 Items%	Recalled 3 Item	Recalled 4
Number of advertisements able to recall	46	9	1	0

Furthermore, 31 per cent were able to recall an advertisement about G-Line. It is important to recognise that this is an extremely cluttered and dynamic (even driven) advertising environment and that Phase III television advertising for G-line concluded in the previous February. Despite this,

spontaneous awareness of BreakEvenG-line advertising remained reasonably prominent in people's minds when they were prompted to think of advertising promoting gambling in general. In fact, only advertising for Crown Casino and Racing Victoria ('Let yourself-go') was recalled by more people.

Table 5 Problem Gambling Advertisements Recalled

Spontaneous Advertising Awareness of Problem Gambling or Problem Gambling Counselling Services	Melbourne Metropolitan Region			Victoria
	Phase II (n=161) %	Phase II (n=218) %	Post Phase III (n=352) %	Post Phase III (n=502) %
G-Line female gambler	16	36	20	21
G-Line male gambler	12	15	13	13
G-Line (unspecified)	2	1	3	3
G-Line total	29	45	30	31
Counselling, unspecified*	n/a	n/a	10	10
TARPS	1,276	667	n/a	3,171

* Some of this recall may have referred to G-Line. However, it has been categorised separately due to the limited detail provided.

Spontaneous awareness (that is, unprompted awareness) of G-Line advertisements declined once the advertisements were taken off air. However, given that the television advertising ceased in February 1997 and the survey was conducted six months later, this represents an extremely high level of residual recall for the campaign.

Throughout the campaign, the female problem gambler advertisements had a higher rate of recall than the male problem advertisements, among both male and female respondents. That is, the female problem gambler advertisements were more efficient. Previous research (Frank Small and Associates, 1996: 15) showed that the male problem gambler advertisements were more effective in communicating the G-Line brand and strategic message. However, the female problem gambler advertisements were more efficient, as a high proportion of respondents were able to recall the female problem gambler advertisements than the male problem gambler advertisements.

Project Gamble results showed that some respondents, although unable to provide details of the advertisements seen, processed an education message.

The following extracts are quotes of what respondents believed to be the message of the advertisement.

Some respondents interpreted the advertisements as a warning that problem gambling was not constrained to any one group of people. Problem gamblers could be anyone.

'Normal people in average situations were getting into problems with gambling.'

'Gambling can cause a lot of problems. It happens to ordinary people.'

That gambling is not always a problem-free activity.

'That gambling can become dangerous and addictive if it gets out of control.'

'Gambling can push you to do things that you don't normally do.'

Others understood the advertisement message to be that all gambling was problematic.

'Gambling is bad for you.'

'Gambling is bad news.'

Others took this view one step further, interpreting the advertisements to be anti-gambling.



'Quit gambling-it ruins your life.'
'Don't gamble.'

The impact of gambling on the gamblers themselves, family and friends was understood as the prevailing message by a few respondents.

'Your gambling affects others.'
'How it can wreck your relationship and family.'
'You can ruin the whole family. It's not just you that it affects.'

A few respondents took away negative images of gamblers.

'You steal off your own family to go gambling.'
'How can people stoop so low when they have such an addiction-have no conscience.'

Other respondents saw the advertisements as a morality tale.

'Trying to tell you that gambling does not pay.'
'You don't win with gambling.'

Others interpreted the message as one suggesting that help is available, but first the gambler had to admit that they had a problem.

'Basically that if people acknowledge that they have a problem there is an avenue of seeking help.'
'If you've got a serious gambling problem you can get counselling, but you've got to want to do it yourself.'

Others recognised that help was available but were unable to articulate the nature of that help.

'If you have a problem there is someone to help you.'
'That there's a place you can go for help if you have a problem.'

The availability of counselling for gamblers was understood by some respondents.

'The counselling services are available. Contact numbers are available.'
'It's saying about counselling. It's just offering counselling services.'

Some respondents could articulate that the advertisements were an advertisement for G-Line for problem gamblers. However, none of the respondents

mentioned G-Line as a service available to friends and family of problem gamblers.

'If you wanted help you would go to G-Line.'
'If people gamble and lose money they should ring up the G-Line telephone number.'

All respondents were asked to describe the problem gambling advertising they had seen, where they saw it and to name the advertising source. When detailed descriptions of the advertisements and/or source of the advertisements are provided it is easy to determine the advertising source. However, many respondents were not able to provide this level of detail.

Sixteen respondents described advertisements that were in all probability the result of a local campaign as opposed to the statewide campaign. A selection of the types of advertising referred to are below:

Ad mentioned: Something on the radio about a local gambling service.

Advertiser: the local community health centre.

Message: If you think it's a problem or need someone to talk to we're here. Don't wait until it becomes a major problem.

Ad mentioned: In a shopping centre recently there was a display set up by an anti-gambling and counselling service.

Advertiser: Something like 'Eastern Gambling Service'.

Message: If you've got a problem with gambling there is help available.

Ad mentioned: In the toilets at the pokies. They give a phone number to ring.

Ad mentioned: Something down at the community health centre for problem gambling.

Advertiser: Just one of those community sort of things, like gambling anonymous.

Message: that gambling was bad. Bad for families and can be addictive for some people.

Ad mentioned: Noticeboard at the shopping centre about ringing up if you've got a problem.

Advertiser: no idea.

Message: That help is available is you've got a gambling problem.



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One respondent had a particularly high level of recall of problem gambling advertising, however, their response indicates that they may work in the community sector, and thus be more attuned to this type of advertising.

Ad mentioned: It's a red brochure and it has a picture of two die on the front and briefly advertises the counselling service and asks if people or friends or family are interested. We work in a community village in East Bentleigh and it was in our brochure stand.

Advertiser: Couldn't remember.

Message: Just advertising the services available. The counselling alternative strategies to cope. There were interpreters so it could be done in various languages.

Focus groups held with children and adolescents about gambling and problem gambling demonstrated high levels of reach and recall of the statewide campaign. This is discussed in greater depth in Section 7.

4.2.5 Recall of Problem Gambling News Items or Articles

Problem gambling news items and articles are important in structuring public discussion and opinions, conferring legitimacy on the issue of problem gambling and raising awareness of the problem. These articles and news items may be an indirect result of the statewide campaign or a direct result of a local media advocacy campaign. Media advocacy may be defined as the promotion of a range of strategies to stimulate broad-based media coverage in order to reframe public debate, to increase public support for more effective policy level approaches to public health problems (Wallack, 1990: 158). As both these activities form part of the Department of Human Services education campaign, attributing causation to a particular component of the campaign has not been undertaken.

Sixteen per cent of respondents were able to recall at least one news item or article pertaining to problem gambling or problem gambling counselling.

Table 6 Recall of Problem Gambling Related News Item

	Recalled 1 Items%	Recalled 2 Items%	Recalled 3 Item	Recalled 4
Number of news items/articles able to recall	16	2	0	0

4.3 Community Awareness of the Existence of Problem Gambling

Community awareness of the existence and nature of problem gambling has been measured in a number of studies, which are able to provide data on the reach and recall of Phases I and II of the statewide campaign. These studies are listed below. It should be noted that with the exception of *Community Gambling*, which was commissioned by the Victorian Casino and Gaming Authority, the studies were funded and commissioned by the Department of Human Services.

- *Community Gambling* by AGB McNair. 1994.
- Report on Phase I of BreakEven G-Line Advertising Campaign by Sutherland Smith. February 1996.
- *Update Report on Phase II of BreakEven G-Line Advertising Campaign* by Frank Small and Associates. May 1996.
- *BreakEven G-Line Advertising Campaign: A Marketing and Research Final Report* by Frank Small and Associates. July 1996.

- *Problem Gambling Community Education Campaign: Evaluation Report* by Victorian Council on Problem Gambling Inc. September 1996.
- *Project Gamble* by Frank Small and Associates and the University of Melbourne. September 1998.

Community awareness of the existence of problem gambling was measured before and after each Phase of the campaign. This provides information about how many people were aware that gambling is not necessarily a problem-free activity.

The vast majority of Victorians (98 per cent) believe that there are problem gamblers in Victoria. One per cent did not believe that Victoria has any problem gamblers and the remaining one per cent were not sure or did not know.

The percentage of the total adult population who are perceived to have a gambling problem has fluctuated since the introduction of gambling in Victoria. The latest market research showed a marginal increase in the percentage of perceived problem gamblers since the last Phase. However, this is probably due to a change in the wording of the question as opposed to a change in community outlook.



Table 7 Community Perception of the Approximate Percentage of the Total Adult Population of Victoria who are Problem Gamblers

Date	Mean %
Pre Phase I 13 Nov 1995 to 20 Nov 1995	23
Post Phase I 27 Nov 1995 to 4 Jan 1996	19
Pre Phase II 8 Jan 1996 to 20 Feb 1996	20
Post Phase II 21 Feb 1996 to 4 Apr 1996	23
Post Phase II 17 Apr 1996 to 5 May 1996	22
Post Phase III 7 Aug 1998 to 16 Aug 1998	27*

*In Post Phase III the question asked was, 'As a guess, what percentage of Victorians do you think have some kind of gambling problem?'

The proportion of respondents who believe that gambling is a serious social problem, increased from 78 per cent in 1996 to 88 per cent in 1998. Since 1996

the proportion of respondents who strongly agree with the statement that 'Gambling is a serious social problem' has increased 14 per cent to 56 per cent.

Table 8 Community Belief about Whether Gambling is a Serious Problem

Response	Phase I, 13 Nov 95 to 20 Jan 96 (n=719) %	Phase II, 21 Feb 96 to 6 Jun 96 (n=1291) %	Post Phase III, 7 Aug 98 to 16 Aug 98 (n=502) %
Yes, strongly agree	42	46	56
Yes, mildly agree	36	34	32
Neither agree nor disagree	7	6	4
No, mildly disagree	8	8	5
No, strongly disagree	4	3	2
Don't know	4	2	1

These figures are echoed in the Victorian Casino and Gaming Authority's 1997 Survey of Community Gambling Patterns and Perceptions, in which most respondents strongly agreed that gambling was a serious social problem. (VCGA, 1997: 70)

The proportion of Victorians who say that they personally knew someone who was a problem gambler has varied since the introduction of gambling

in Victoria. The variations may be due to a change in the prevalence of problem gambling; the signs of problem gambling becoming more easily recognisable; a decrease in the stigmatisation of problem gambling encouraging problem gamblers to more readily self-identify and discuss their problems; a pathologising of people who gamble by others; or a combination of any or all of the above factors.

Table 9 Community Perception of How Many People are Personally Known as Problem Gamblers

Date	None	One or More	Don't Know
Pre Phase I 13 Nov 1995 to 20 Nov 1995 (n=240)	54	42	4
Post Phase I 27 Nov 1995 to 4 Jan 1996 (n=359)	59	33	8
Pre Phase II 8 Jan 1996 to 20 Feb 1996 (n=219)	51	48	2
Post Phase II 21 Feb 1996 to 4 Apr 1996 (n=201)	59	40	1
Post Phase II 17 Apr 1996 to 5 May 1996 (n=272)	53	42	5
Post Phase III 7 Aug 1998 to 16 Aug 1998 (n=502)	49	49	2

4.4 Community Awareness of the Nature of Problem Gambling

Although these studies (AGB McNair, 1994; Sutherland Smith, 1996; Frank Small and Associates; and the University of Melbourne, 1998) on community awareness of the nature of problem

gambling varied in their methodology (focus groups and telephone surveys), they provide useful information on the changing nature of community awareness and recognition of problem gambling and have provided useful benchmark data for the development of subsequent educational campaigns. The three studies are summarised briefly in Table 10.



problem gambling

The next section reports data from the Frank Small and Associates (1998) survey, Project Gamble, commissioned for this evaluation.

The financial problems of problem gambling are the most commonly cited sign of a problem and an increasing proportion of the community are defining problem gambling as a financial issue. Problem gambling was also seen to be about control—control of expenditure of both time and money spent gambling. In reference to control, the words ‘addicted’ and ‘obsessive’ were frequently used. An increasing proportion of respondents mentioned problem gambling in relation to its impact on friends and family of the gambler.

Thirty-eight per cent of the 502 Project Gamble respondents perceived problem gambling to be a financial issue. However, while some respondents qualified their answers by naming absolute amounts of money, others believed that gambling expenditure should be viewed in relation to available income.

‘When they lose more than a hundred dollars at a time then they have a problem.’

‘When they can’t afford... well, I mean, once they spent what they can and then they have to commit a crime or whatever to obtain more money to gamble then they’ve got a problem... everyone has a different level of what they can afford, its all relative to what you’ve got.’

People were perceived to be problem gamblers when they were unable to control their gambling. Twenty-seven per cent of respondents defined it as when the person couldn’t stop gambling, and twenty-three per cent when people became obsessed with gambling.

‘When they can’t walk away from it.’

‘When they can’t resist themselves from going to gamble.’

‘I guess when their life starts revolving around gambling and they need to do it constantly a few times a week I think that’s when it gets to be a problem.’

Table 10 Community Awareness of the Nature of Problem Gambling

Name of Study	Money	Relationships	Lifestyle	Control
<i>Community Gambling</i> , by AGB McNair, commissioned by VCGA, January 1995	Spends more than can afford/more than disposable income available. Spend a lot (for example, thousands) on the horse races when only earning an average salary. Has to borrow money to pay off debts. Borrows from everyone to keep habit ‘alive’.	Habit impinges/negatively effects other people like family, children. Doesn’t prioritise needs/neglects family.	Goes without adequate food/inability to pay house bills. Can’t adequately provide for their family.	At gaming machines at 9.30 am. Involved in some form of gambling every day of the week. At gaming machines every day. Addicted/out of control
<i>Report on Phase I of Break Even G-line Advertising Campaign</i> , by Sutherland Smith, commissioned by Department of Human Services, February 1996	When lose/spend more than they can afford (26%). When get into debt as a result/borrow money (6%). When try to win back money lost (3%).	When impacts on others/family/children (12%).	When use rent/bill/food money for gambling (15%). When it interferes with daily activities (6%). When lose house/car, etc (2%).	When addicted/can’t control it (27%). When gamble every day/all the time/regularly (16%).
<i>Project Gamble</i> , by Problem Gambling Research Program University of Melbourne and Frank Small and Associated, commissioned by Department of Human Services, September 1998	Gamble money for other things/can’t afford to lose (38%). Gamble whole pay packet (12%). Get into debt/borrow money (11%). Steal to gamble (7%). Lose house/go bankrupt (2%). Other-money (7%).	Affects rest of the family/marriage breakdown (14%).	Gambling becomes a priority (9%). Affects work (2%). Other-lifestyle (4%).	Can’t stop gambling (27%). Obsessed with gambling (23%). Lie about their gambling habits (5%). Deny they have a problem (5%). Other-control (8%).



Table 11 Community Perception of When People Think that Someone Becomes a Problem Gambler

Suggestions of When People Think that Someone Becomes a Problem Gambler	Total (n=502)
Can't control gambling	
Can't stop gambling	27
Obsessed with gambling	23
Lie about their gambling habits	5
Deny they have a problem	5
Other-control	8
Money	
Gambling money for other things/can't afford to lose	38
Gambling whole pay packet	12
Get into debt/borrow money	11
Steal to gamble	7
Lose house/go bankrupt	2
Other-money	7
Affects rest of the family/marriage breakdown	14
Lifestyle	
Gambling becomes a priority	9
Affects work	2
Other-lifestyle	4

The nature and impact of problem gambling are related, with respondent's understanding of the nature of problem gambling partially determining its impact. Respondents were queried as to the most appropriate

means to help problem gamblers and their families, friends and relatives reduce the impact of problem gambling. However, many respondents commented on how to reduce the prevalence of problem gambling.

Table 12 Community Perception on What Should be Done to Help Problem Gamblers and Their Families, Friends and Relatives Reduce the Impact of Their Problem Gambling

Action Suggested	N (n=502)	%
Counselling	159	32
Support groups	23	5
Gamblers Anonymous	7	1
Professional support not further specified	6	1
Advertising the issue of problem gambling	35	7
Advertising of gambling odds	4	1
Advertising counselling services	22	4
Advertising support groups	2	<1
Education	56	11
Reducing the amount of pro-gambling advertising	11	2
Restrictions to ensure that pro-gambling advertising is honest and truthful	5	1
Restricting access to gambling facilities and/or banning them	130	26
Restricting access to funds by gamblers	14	3
The client must be ready to change before it is possible to help them	69	14
Community development measures, such as family strengthening, etc	25	5
Don't know	45	9



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Approximately one-third of respondents favoured counselling as a way of reducing the impact of problem gambling. However, amongst some respondents, advertising and awareness of counselling/support services was advocated on the basis that people do not use services of which they are unaware.

‘Awareness of counselling services.’

‘Everyone needs more knowledge of support services available/far more advertising to raise the services in the consciousness of everybody.’

During the second quarter of 1996, 27 per cent of Victorians supported counselling compared with 32 per cent in the final quarter of 1998. An increasing proportion of Victorians suggest counselling as a way of reducing the impact of problem gambling.

The proportion of Victorians who support education as a means of reducing the impact of gambling has increased. In 1998, 11 per cent of Victorians supported education, compared with six per cent in 1996. Similarly, the proportion supporting advertising increased from five per cent in 1996 to 35 per cent in 1998.

Table 13 Community Beliefs about Who Should be Responsible for Helping or Providing Assistance to Problem Gamblers and Their Families, Friends or Relatives

Organisation	Pre Phase I (n=240) %	Post Phase I (n=359) %	Pre Phase II (n=219) %	Phase II (n=201) %	Phase II (n=272) %	Post Phase III (n=502) %
Government	60	61	56	59	61	63
Gaming Venues	28	33	38	39	45	25
Themselves*	11	14	16	14	14	18
Family/relatives**	8	8	7	7	7	10
Local community groups	n/a	n/a	n/a	n/a	N/a	7
Church	7	5	2	1	0	5
Friends**	n/a	n/a	n/a	n/a	N/a	4
Professional services	n/a	n/a	n/a	n/a	N/a	4
Gamblers Anonymous	n/a	n/a	n/a	n/a	N/a	3
Don't know/not sure	8	10	12	11	9	4

* Prior to Post Phase III the category ‘Themselves’ was **Themselves/no one’. Post Phase III ‘No one’ was categorised separately.

*** Prior to Post Phase III, ‘Family/Relatives’ and ‘Friends’ were one category.

Almost two-thirds of respondents believe that it is the government’s responsibility to assist those affected by problem gambling. One-quarter believe that it is the responsibility of gaming venues. Eighteen per cent believe that it is the responsibility of the gambler to help themselves.

4.5 Community Awareness of Support Services

Section 4.3 mapped changes in community awareness of gambling as a problematic activity and Section 4.4 community recognition of problem gambling. This section examines awareness of support services.

The proportion of Victorians aware of the existence of support services for problem gamblers and their families was 43 per cent in 1995. In 1998 it had risen to 71 per cent.

Table 14 Community Awareness of Support Services that Exist to Help Problem Gamblers and Their Families

Date	Yes %	No %	Don't Know %
Pre Phase I 13 Nov 1995 to 20 Nov 1995	43	55	2
Post Phase I 27 Nov 1995 to 4 Jan 1996	36	58	7
Pre Phase II 8 Jan 1996 to 20 Feb 1996	41	52	7
Post Phase II 21 Feb 1996 to 4 Apr 1996	49	38	14
Post Phase II 17 Apr 1996 to 5 May 1996	61	35	4
Post Phase III 7 Aug 1998 to 16 Aug 1998	71	27	2



Although BreakEven services specialise in providing support services to problem gamblers and their families, obviously there are a variety of public and private counselling and support services who could be approached.

Those respondents aware that services existed for problem gamblers, were queried as to the names of these services.

Table 15 Community Knowledge of the Names of These Services

Name of Service Identified	Pre Phase I (n=240) %	Post Phase I (n=359) %	Pre Phase II (n=219) %	Phase II (n=201) %	Phase II (n=272) %	Post Phase III (n=357) %
Gamblers Anonymous	-	-	-	-	-	35
G-Line	-	-	-	-	-	11
BreakEven	-	-	-	-	-	1
BreakEven G-Line*	0	3	3	14	11	-
Salvation Army	-	-	-	-	-	6
Church	-	-	-	-	-	5
Gamblers help line	-	-	-	-	-	5
Counselling agencies	-	-	-	-	-	2
Community centres	-	-	-	-	-	1
Lifeline	-	-	-	-	-	1
GamAnon	-	-	-	-	-	1
Other**	26	16	20	15	28	-
Unaware of existence of any***	57	64	59	51	39	-
Don't know	18	17	18	24	26	45

*Prior to Post Phase III, BreakEven and G-Line were not separately identified.

**Prior to Post Phase III, Other services named were not separated.

***Only an option prior to Post Phase III.

Prior to Phase III, BreakEven and G-Line, although separate services, were not separately identified in the coding of responses. Recognition of 'BreakEven G-Line' services peaked at 14 per cent during Phase II of the education campaign. Post Phase III, 11 per cent of respondents were able to identify G-Line as a service provider for problem gamblers, and one per cent were able to identify BreakEven as a service provider for problem gamblers.

'Gamblers help line' was identified by five per cent of respondents. Persons responding 'Gamblers help line' may have been referring to G-Line, but were unable to recall its correct name. If this is correct, and we believe it probably is, the proportion of respondents identifying G-Line as a service provider may have been as high as 15 per cent six months after the conclusion of Phase III of the statewide campaign.

Respondents, having learnt of this existence of these services, appear to have retained this knowledge, even though the education campaign ceased six months prior to the survey.

The most commonly identified service was Gamblers Anonymous, which was identified by 35 per cent of

Post Phase III respondents. This is most likely due to a high level of public familiarity with similar 12-step programs, such as Alcoholics Anonymous. It is worth noting, however, that familiarity with services such as Gamblers Anonymous may also come from sources such as television programs that indirectly advertise this service. For example, in Channel Ten's prime time program Neighbours, a problem gambling storyline was developed in which the affected character attended Gamblers Anonymous meetings.

Considering this program has a regular audience of 200,000-300,000 in Victoria, it may be assumed to be an effective vehicle for positioning both problem gambling as an issue, and Gamblers Anonymous as a service, in the mind of the general public. GamAnon, a support service for friends and family of gamblers, was identified by one per cent of respondents

The Salvation Army was identified by six per cent of respondents, which indicates that as a welfare/social support service in Victoria it has a high profile. The Salvation Army (Melbourne) auspices a BreakEven service and has one full-time Community Education and Gaming Facilities Liaison Officer.



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Of those respondents who were aware that services exist to help problem gamblers and their families, 98 per cent were in favour of these services.

4.5.1 Prompted Awareness of BreakEven and G-Line

Prompted awareness of BreakEven and G-Line was also sought. Prompted awareness of G-Line has

increased significantly since the commencement of the Department's education campaign. Despite the Phase III of the statewide campaign concluding in February 1998, prompted awareness of G-Line increased from three per cent in November 1995 to 35 per cent in August 1998.

Table 16 Prompted Community Respondent Awareness of BreakEven/G-Line?

Date	BreakEven %	G-Line*%
Pre Phase I 13 Nov 1995 to 20 Nov 1995	-	3
Post Phase I 27 Nov 1995 to 4 Jan 1996	-	8
Pre Phase II 8 Jan 1996 to 20 Feb 1996	-	11
Post Phase II 21 Feb 1996 to 4 Apr 1996	-	25
Post Phase II 17 Apr 1996 to 5 May 1996	-	22
Post Phase III 7 Aug 1998 to 16 Aug 1998	13	35

Prior to Post Phase III, BreakEven and G-Line were not separately identified.

4.5.2 Perceptions of Support Services

Of those respondents who had not used support services for problem gamblers, 86 per cent said that they would if they, their family, friends or relatives had a problem with gambling. The remaining respondents were queried as to the reasons why they would be unwilling to use these services.

It should be noted that as unprompted awareness of G-Line services was 11 per cent and one per cent for BreakEven services, comments may pertain to services other than G-Line and/or BreakEven. Confidentiality of counselling was raised as an issue by a number of respondents.

'I'd be inclined to try private avenues first, using health network-doctors, psychiatrists, psychologists. If those avenues worked then no [I wouldn't use these services]. Also, I imagine gambling counselling could easily be group based and therefore more intimidating.'

'Because they're all a pack of hypocrites, they smoke and drink and swear as much as you or I do. They're just doing a job like you or I do. You pour your guts out to them and they're supposed to keep everything personal and private, but hey, everyone and everyone knows it but yourself.'

Others lacked faith in the counselling process.

'They are very superficial, they are a joke.'

'I don't think that they are that beneficial. I think that there are better ways to overcome your problem.'

Still others thought that friends and family should be approached first and counselling was only to be used as a last resort.

'We would try to keep it in the family first. We would go to a counsellor as a last resort.'

'It would depend on the depth of the problem; you like to think you can help people yourself-without sending them to a help group.'

Sixty-seven per cent of respondents would not contact these services because they felt that the problem was not their responsibility.

'Don't think it's my role to do it.'

'It's not my responsibility, but I would recommend it to the person.'

4.6 Use of Support Services

Eight per cent of respondents had used or their family, friends or relatives had used one of those services; 90 per cent had not used these services; and two per cent were not sure whether or not these services had been used. The proportion of respondents whose family, friends or relatives had used these services may be higher than the reported eight per cent. That is, some respondents may be unaware that people known to them had sought help for their own or a friend's gambling problem.



Table 17 Community Respondents Having Used a Problem Gambling Support Service

Responses	Total (n=357) %
Yes	8
No	90
Don't know	2

Of those who had used or knew of someone who had used a service, the most commonly used service was

Gamblers Anonymous (38 per cent); followed by G-Line (10 per cent).

Table 18 Problem Gambling Services Used by Community Respondents

Name of Service	Total (n=29) %
Gamblers Anonymous	38
G-Line	10
Lifeline/Crisis Line	7
Salvation Army	3
Counselling Agency	3
Don't know/don't recall	28

4.6.1 Use of G-Line

The G-Line telephone counselling and referral service operates 24 hours per day, seven days a week. The primary purpose of this agency is to provide counselling and referral services to gamblers and people affected by the gambling behaviour of others. While callers to the agency are not identified, demographic and service usage details of service users are recorded. Unless indicated to the contrary, what follows is an analysis of the data collected by G-Line between 1 January 1996 and 30 April 1999.

Description of the Data

The statewide campaign advertisements advertised the G-Line. Some respondents were aware that the advertisements were for a telephone counselling and referral service, but were unable to give its correct name. The name 'help line' was often used by these respondents. The advertising campaign, therefore, increased awareness of a service, but not the brand name of that service (Atkin et al, 1989: 80-85). As a result of the Department's campaign, the proportion of problem gamblers seeking help may have increased. However, as some problem gamblers may have sought help from other support services, their help-seeking was not reflected in G-Line statistics. That is, statistics on G-Line usage may understate the number of problem gamblers who sought help as a result of the Department's Education Campaign.

Lifeline estimates that only 0.33 per cent of their calls are gambling-related (see the Evaluation Report:

Volume One). However, at the time of writing the only telephone counselling service that collected data on gambling problems was the Obsessive and Compulsive Behaviours Support Group. Thus, any hypothesis about other telephone counselling contact for gambling related problems can not be tested.

We are also aware, as Simmons (1990) notes, evaluating the campaign by measuring the number of calls to G-Line is somewhat problematic, because:

Evaluations based only on criteria of overt or observable practices at a specified time fail to recognise that messages function mainly to build cognitive readiness or motivation to act when the enabling conditions that control the behaviour become present.

In raising community awareness as to the nature and existence of problem gambling the advertisements may increase the readiness or motivation to act of potential clients. The help-seeking behaviour, if any, of such clients should be attributed to the campaign. However, due to the delay of impact (Green, 1997), they are not captured in this study as they fall outside the study period.

Evaluation of G-Line Service Usage

Approximately one in three calls (30 per cent) received by G-Line are prank calls. An additional three per cent are 'hang-up' calls. Hang-up calls are telephone calls where the caller hangs up before speaking with a counsellor. For example, a caller on



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hold may hang up before speaking with a counsellor. The following statistics and tables exclude prank calls and refers to the time period between 1 January 1996 and 30 April 1999.

The majority (70 per cent) of G-Line calls were from gamblers. Twenty-five per cent of callers were friends or relatives of gamblers. A small minority of callers (<1 per cent) were community service providers, such as school counsellors, teachers, support services and service providers.

Table 19 G-Line Client Status

Client Status	N	%
Gambler	19,498	70
Partner	2,972	11
Parent	923	3
Friend	1,166	4
Workplace associate	163	1
Relative	1,686	6
Total friends and relatives	6,910	25
School counsellor/teacher	64	<1
Service provider	81	<1
Support services	87	<1
Total community service providers	232	1
Venue staff	55	<1
Administration	171	1
Research	45	<1
Other	852	3
Total	27,763	100

Missing data=10,170

Forty-four per cent of callers were male, and fifty-six per cent of callers female. Fifteen per cent of callers did not have their sex recorded.

Table 20 Sex of G-Line Client

Sex of Client	N	%
Male	14,425	44
Female	18,192	56
Persons	32,617	100

Missing data=5,316

Twenty-seven per cent of callers were between 20 and 29 years of age, while approximately one-third (32 per cent) of callers were aged between 30 and 39 years of age. Callers between the ages of 40 and 49 represented

22 per cent of all callers to G-Line, while approximately one in ten (11 per cent) were aged between 50 and 59 years.



Table 21 G-Line Client Age

Age Cohort	N	%
Less than 20 years	540	3
20 to 29 years	4,442	27
30 to 39 years	5,370	32
40 to 49 years	3,725	22
50 to 59 years	1,880	11
60 to 69 years	609	4
70 to 79 years	111	1
80 years and over	34	<1
Total	16,711	100

Missing data=21,222

Figure 1 graphs the total number of calls received by G-Line. The number of calls to G-Line increased during both Phase II and Phase III of the statewide education campaign. On this chart, each dot point represents the total number of telephone calls received by G-Line on the date noted below.

A two-week moving average trend line has been superimposed on this Figure. This trend line is useful as it focuses the eye on patterns in the data. However, there will be a two-week delay before the trend reflects changes in data. The impact of this is greatest at the beginning of the Phases II and III of the campaign, where the trend line lags the actual increase in calls to G-Line.

As shown in Figure 1, between 1 January 1996 and 31 December 1998 the largest number of calls received by G-Line (121) occurred on 20 March 1996, one month after Phase II of the statewide education campaign commenced. During Phase III of the statewide campaign the greatest number of calls received by G-Line occurred on 3 September 1997 (118 calls) and 28 August 112 calls. The number of telephone calls to G-Line peaked approximately seven weeks after the commencement of the campaign. However, by comparing Figure 1 with Figure 2, it is apparent that this delay is entirely due to the presence of prank calls. The impact of the statewide television campaign was direct and immediate.

Figure 2 graphs the total number of calls received by G-Line excluding prank calls. Again, this graph shows that the number of calls to G-Line increased during both phases of the statewide education campaign.

By excluding the prank calls, it becomes obvious that the number of persons who phoned G-Line for telephone counselling and referral increased almost immediately after the commencement of the statewide campaign. On 22 February the second day of Phase II of the statewide campaign, 75 calls were received by G-Line. On 1 March 1996, one week after Phase II commenced, G-Line received 81 calls from persons seeking problem gambling related assistance. Prior to this, the maximum number of calls received by G-Line on any one day was 27.

Calls to G-Line during Phase III of the campaign peaked approximately two-and-a-half weeks after the commencement of the campaign.

As noted previously, Green (1997) describes decay of impact as a phenomenon in which 'the impact may not be sustained and the situation may revert to pre-program levels'. However, Figures 1 and 2 show not only a maintenance of impact but also an increase in the underlying number of genuine (non-prank) calls to G-Line telephone and counselling service.

Although the underlying number of calls to G-Line shows a stepped increase, there are daily, monthly and yearly fluctuations. For example, the number of calls to G-Line decreases during the New Year period.

Genuine callers to G-Line are queried as to their primary source of referral to G-Line. It is not known how callers determine what was the primary source of referral when more than one source of referral was received. Twenty-five per cent of callers nominated the television. There were noticeable peaks in the numbers of callers nominating the television as their primary source of referral during both Phase II and Phase III of the statewide education campaigns (see Figure 3).



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Figure 1 G-line Calls by Day 1 Jul 95 to 31 Dec 98

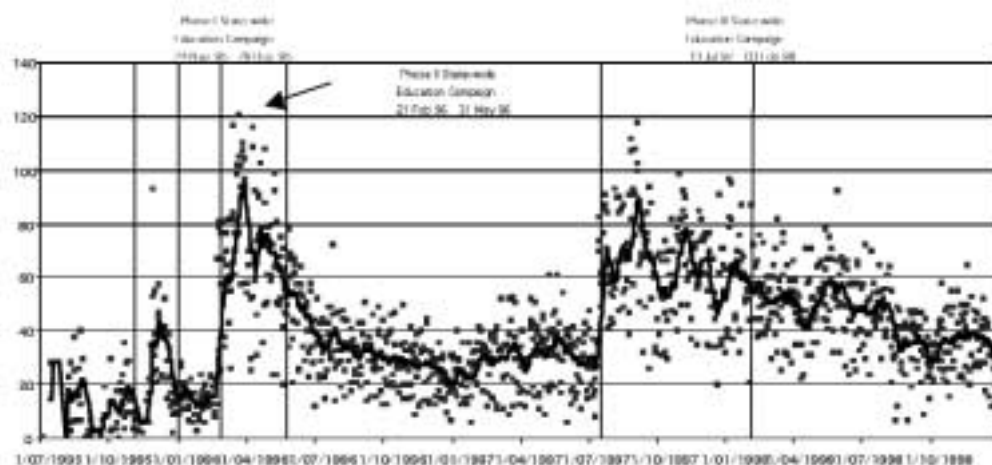


Figure 2 G-line Calls by Day (excluding prank calls) 1 Jul 95 to 31 Dec 98

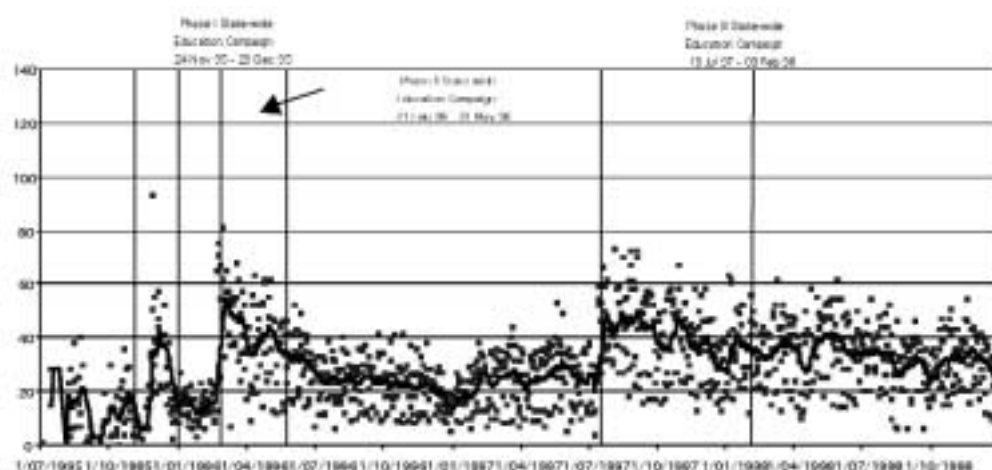


Figure 3 Number of G-Line Callers Nominating Television as Their Primary Source of Referral to G-Line by Day 1 Jul 95 to 31 Dec 98

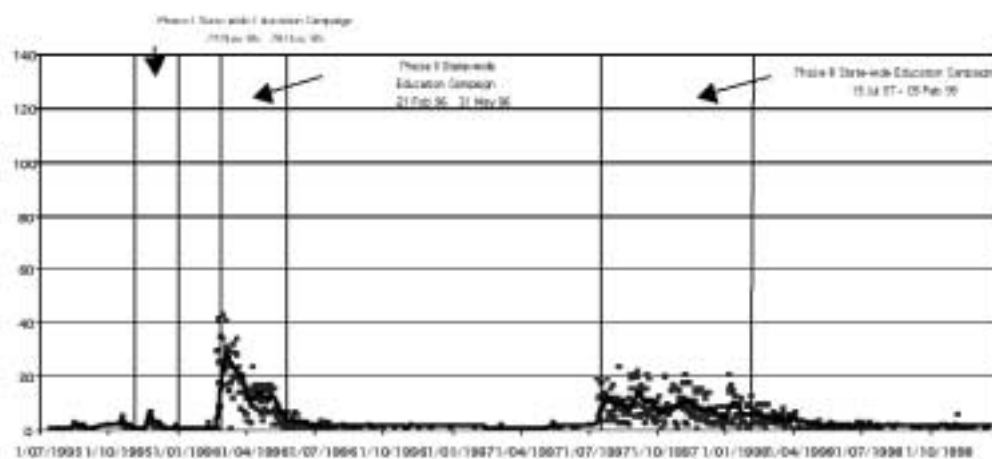




Figure 4 Break Even Registrations by Week 1 Jul 95 to 31 Dec 98

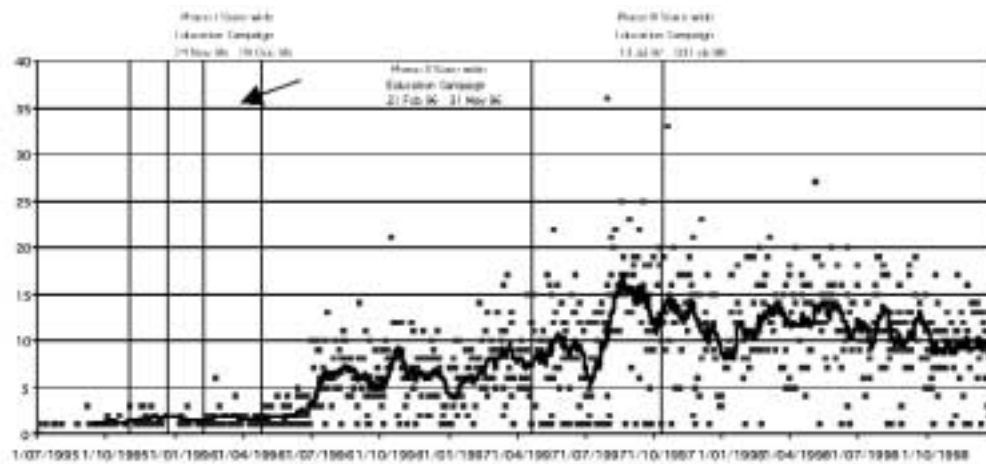


Table 22 Primary Source of Client Referral to G-Line

Source of Referral	N	%
Family or friends	1,074	7
Another gambler	126	1
Phone book	3,280	22
Directory assistance	215	2
Brochure	1,741	12
Posters	264	2
Billboard	6	<1
Paper or journal	798	5
Television	3,662	25
Radio	448	3
Venue notice	1,865	13
Venue staff	103	1
Star City	29	<1
Crown Casino	43	<1
Support services	64	<1
Service provider	98	1
Total	14,799	100

Missing data=37,952

Twenty-three per cent of callers nominated the telephone book or directory assistance as their primary source of referral to G-Line. However, it is unknown whether these callers became aware of G-Line because of the television advertisements and merely used the telephone book to find G-Line's telephone number, or whether they learnt of G-Line's existence from advertisements in the Yellow and White Pages.

4.6.2 Use of BreakEven Services

Description of the Data

The statewide campaign did not advertise BreakEven services. However, the local campaigns that were

operating simultaneously did advertise BreakEven services, and together, these campaigns would be expected to increase the awareness of problem gambling and influence the number of persons affected by problem gambling who sought help.

As noted in Figure 4 during Phase III of the campaign, there was a substantial increase in the number of BreakEven registrations. In this chart each dot represents the number of BreakEven registrations per week. The trend line is a two-week moving average.



4.6.3 Summary of Statewide Education Campaign Findings

The statewide education campaign, as a component of the community education strategy of the Department of Human Services as noted previously, was evaluated against a number of criteria, including:

- Reach and recall of the campaign.
- Changes in community awareness of the existence of problem gambling.
- Changes in community awareness of the nature of problem gambling.
- Changes in awareness of the existence of problem gambling counselling services.
- Use of support services, in particular problem gambling counselling services.

On all of these criteria, the strategy has been very successful. Six months after the conclusion of Phase III (July 1997 to February 1998) of the statewide campaign, 46 per cent of 502 randomly selected respondents over 18 years of age were able to recall at least one problem gambling related advertisement. This represents an extremely high level of residual recall for this campaign.

The proportion of the community who believe that gambling may not necessarily be a problem-free activity was 88 per cent post Phase III—an increase on the already high 78 per cent who believed this at the conclusion of Phase I of the education campaign. Most members of the community define problem gambling in terms of either financial stress (38 per cent) or loss of control over behaviour (50 per cent). Both of these messages were contained in Phase III advertising.

Prior to Phase I of the statewide campaign 43 per cent of the community were aware of support services for problem gamblers. Six months after the conclusion of Phase III of the campaign, 71 per cent of the community were aware of support services. Of these support services, Gamblers Anonymous was the most frequently cited problem gambling support service (35 per cent) named in unprompted recall.

Unprompted recall of a campaign:

...measures advertising salience and is a function of media weight and the ability of the creative execution to be linked to the category cue in memory, that is, its noticeability or attention-getting power (Wakefield et al, 2000: 32).

G-Line was named by 11 per cent of respondents and BreakEven by one per cent of respondents. Prompted recall of BreakEven, however, increased from three per cent prior to Phase I to 35 per cent post Phase III. Prompted recall:

... is a measure of whether or not the respondent has been exposed to the advertising, and represents a diagnostic check on the proposed media schedule (Wakefield et al, 2000: 33).

As the target behaviour concerned recognition of problem gambling behaviour and calling G-Line in response to this, a measure of success of the campaign is the dramatic and immediate increase in the number of telephone calls received by G-Line during Phase II and Phase III of the statewide campaign. Of particular note is that at the time of writing of this Report, there had been no decay of impact. In addition, although the target behaviour was calling G-Line, the number of BreakEven client registrations also increased during Phase III of the statewide campaign, demonstrating the attainment of a desired flow-on effect.

The statewide campaign showed both agenda-setting potential and possible attitudinal effects by providing a framework for people to use in their construction of what problem gambling was, as well as providing a stimulus to action in framing appropriate and targeted help-seeking behaviour. The campaign showed no delay of impact, as Salmon (1989) has noted in relation to some other campaigns, with very little delay between delivery of the mass media messages and action, as reflected in calls to G-Line and referrals to BreakEven. The latter referrals, of course, were a secondary effect of this campaign rather than a primary purpose, and in this sense, represent excellent added value for the campaign.

A further measure of the success of the statewide campaign is the direct relationship between the Targeted Audience Rating Points purchased, placement of the ads and calls to G-Line. In addition, the campaign represented very good value for money with the campaign producing two-thirds of the level of recall for problem gambling ads (46 per cent) of recall for any gambling advertisement (63 per cent), for only one-ninth of the expenditure by the industry.



5. Evaluation of Local Education Campaign: Gaming Venue Operators

5.1 Description of the Data

Questionnaires were sent to all Victorian gaming venues (Appendix F). The questionnaire entitled Gaming Managers and Staff Questionnaire was designed to gather information about the extent and nature of contact between CEGFLOs and gaming venues, given that marketing of educational and training programs and materials was, as noted in Section 2.2.2, an important element of the local campaigns.

Mailing details for the gaming venues were obtained from the Victorian Casino and Gaming Authority website. This site provided mailing details but not staff names and titles. Thus all questionnaires were addressed to the 'Gaming Manager'. If a separate questionnaire had been sent to each and every gaming staff member the results may have been different, as gaming staff and managers may have different experiences and knowledge with regard to problem gambling, problem gamblers and CEGFLO contact.

One questionnaire was sent to each venue. However, staff were invited to photocopy and complete the questionnaire if more than one staff member in the

venue wished to fill in the questionnaire.

The questionnaire was printed on yellow paper. This enabled us to distinguish between original and photocopied questionnaires, and thus how many venues had responded to our questionnaire, as opposed to how many staff members. However, we acknowledge that this is only a rough guide, as the venue may have forwarded a photocopied questionnaire instead of an original.

Of the 564 questionnaires distributed, 285 (51 per cent) of the venues were operated by Tabcorp and 276 (49 per cent) were operated by Tattersalls. The maximum number of EGMs in a venue was 105. Clubs accounted for 301 (54 per cent) of venues and hotels for 260 (46 per cent) of venues. Three hundred and fifty-four (63 per cent) of venues were located in the metropolitan region and the remaining 197 (35 per cent) in the country.

One hundred and eighty-five questionnaires were returned from 184 venues—a reply rate of 33 per cent. Forty-five per cent of replies were from venues located in metropolitan Melbourne and 55 per cent from venues located in the country.



problem gambling

Table 23 Location of Venues Responding to Gaming Staff and Managers Questionnaire

Work Location	N	%
Melbourne CBD	1	1
Melbourne-inner city	6	3
Melbourne-suburbs	76	41
Total metropolitan Melbourne	73	45
Country-provincial city	39	21
Country-rural	62	34
Total country Victoria	101	55
Total	184	100

Missing data=1

5.2 Knowledge of BreakEven Services

Table 24 Knowledge of BreakEven Amongst Venue Staff and Managers

	Metro		Rural		Total	
	N	%	N	%	N	%
Have heard of BreakEven	80	96	98	97	179	97
Have not heard of BreakEven	3	4	3	3	6	3

Ninety-seven per cent of venues had heard of BreakEven. Of the six venues that had not heard of

BreakEven, three were located in metropolitan Melbourne and three in the country.

Table 25 Gaming Venue Staff and Managers' Knowledge of Local BreakEven Staff

	Metro		Rural		Total	
	N	%	N	%	N	%
Know local BreakEven staff	11	13	51	52	63	35
Do not know local BreakEven staff	71	86	48	49	119	65

Thirty-five per cent of gaming venues were aware of who their local BreakEven staff were. As might be expected, knowledge of local BreakEven staff was

higher amongst rural venues (52 per cent) than metropolitan venues (13 per cent).

Table 26 Venue Staff and Managers' Contact with BreakEven Services

	Metro		Rural		Total	
	N	%	N	%	N	%
Yes, daily	1	1	0	0	1	1
Yes, weekly	1	1	1	1	2	1
Yes, monthly	4	5	13	13	17	9
Yes, quarterly	15	19	34	34	50	27
Yes, annually	8	10	12	12	20	11
No contact	52	64	39	40	91	49

Over half (51 per cent) of all venues had had contact with a BreakEven service. A higher proportion of rural venues (60 per cent) had had a contact with a BreakEven service than metropolitan venues (36 per cent).

Of the venues which had contact with BreakEven,

fifty per cent of all venues had contact with a BreakEven service once every quarter and one-fifth had contact annually. Thirty-four per cent of rural venues had contact with a BreakEven service quarterly, as opposed to 15 per cent of metropolitan venues.



Table 27 Staff and Managers Who Had Contacted BreakEven for Advice on How to Manage a Difficult Situation Involving a Patron

	Metro N	Rural %	Total N		Metro N	Rural %
Yes had contacted BreakEven	7	8	10	10	17	9
No, had not contacted BreakEven	76	92	91	90	168	91

Nine per cent of venues had approached BreakEven for advice on how to manage a difficult situation. This represents nearly one-fifth of the venues that had contact with BreakEven.

Two of these venues approached BreakEven regarding self-exclusion and its implementation.

‘Requested BreakEven to do follow-up with patron who had just come off self-exclusion and was hitting it pretty hard. Within two weeks patron renewed self-exclusion.’

Two venues, although classifying the contact as useful, noted the following criticisms.

‘There is a lack of working together.’

‘Telephone operators only provide very basic information.’

Other venues were extremely supportive of the work undertaken by the BreakEven services.

‘The local BreakEven people are excellent in solving any concerns that arise.’

‘Yes [at another venue] BreakEven were very supportive and their suggestions and advice were good.’

Table 28 Type of Work-Related Contact Between Gaming Staff and Managers and BreakEven Staff

Nature of Contact	N
Pamphlet delivery and display set-up	36
Training, seminars or discussions	15
Launch of promotional material or activity	6
Venue visit, not further specified	8
Other	4

The nature of contact between BreakEven staff and gaming venue staff varied enormously. Some venues actively supported and encouraged the contact and had good relations with their local BreakEven staff. Relations between other BreakEven services and their respective venues were strained. Similarly, the type of contact ranged from a quick visit, during which BreakEven staff introduced themselves and/or dropped off brochures, through to undertaking comprehensive training and staff development courses.

‘Fantastic relations. Great understanding between all parties as to rights and responsibilities. We are supportive of BE and have held pamphlet releases and conferences for them in our venues at our cost (as sponsorship).’

‘I have never met anyone from BreakEven. They drop off pamphlets or cards then go!’

‘I previously managed a bayside hotel. I had regular contact with BreakEven staff for that region. We did a lot of staff training (Responsible Service of Gaming), with which they assisted, and I always found them helpful and cooperative. However, at this venue I have tried to call this area’s rep and have not received a return call. Our cards (advertising help services) are being checked and replenished but I have only seen these people on their initial visit.’

5.3 Perceptions of Local Community Education Campaign Information Products

With the exception of one venue located in suburban Melbourne, all gaming venues displayed pamphlets about problem gambling.



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Table 29 Venues Displaying Pamphlets or Flyers About Problem Gambling

	N	%
Problem gambling pamphlets and flyers displayed	184	99
Problem gambling pamphlets and flyers not displayed	1	1

One hundred and thirty-seven venues (74 per cent) had pamphlets supplied by BreakEven services. The proportion of venues with BreakEven supplied pamphlets was slightly higher in country Victoria (77 per cent) than metropolitan Melbourne (70 per cent). Venue staff were asked who supplied the information products in their venue. G-Line does not supply

venues with information products. However, as we believe that many people confuse G-Line with BreakEven, G-Line was listed as a possible response. G-Line (75 per cent) and BreakEven (74 per cent) were identified as supplying similar proportions of venues with problem gambling pamphlets and flyers.

Table 30 Supplier of Problem Gambling Pamphlets and/or Flyers

	Metro N	Rural %	Total N		Metro N	Rural %
Own organisation, that is, produced internally	1	1	2	2	3	2
Gaming industry	19	23	26	26	45	24
BreakEven	58	70	78	77	137	74
G-Line	61	74	77	76	139	75
Other	5	6	5	5	10	5

Other organisations identified as supplying problem gambling pamphlets to venues were: Department of Human Services; local support group; 'convenience' advertising; Licensed Clubs Association of Victoria;

Australian Hotels and Hospitality Association; Tabcorp; and Eucalypts Medical Centre (Free Yourself Program).

Table 31 Service Advertised on Problem Gambling Pamphlets and/or Flyers

Name of Service Advertised	N (n=185)	%
BreakEven	141	76
G-Line	159	86
Other	15	8

All the problem gambling pamphlets displayed in the venues advertised a service. BreakEven was advertised in 76 per cent of venues displaying problem gambling pamphlets and G-Line in 86 per cent of venues. Fifteen (eight per cent) venues advertised another service. The other services advertised were: counselling-self-help; support groups; Gamblers Anonymous; GamAnon; Crown Assistance Program; and self-exclusion. The Victorian Casino and Gaming Authority and Victorian Gaming Machine Industry Codes of Practice were also noted, however, neither of these organisations provides assistance to problem gamblers.

Of the 141 venues with problem gambling pamphlets advertising BreakEven, 128 (97 per cent) of venues judged the pamphlets to be useful; four (three per cent) venues judged the pamphlets to be not useful. The remaining seven venues did not answer this question.

Of the 159 venues with problem gambling pamphlets advertising G-Line, 139 (96 per cent) venues judged the pamphlets to be useful; and six (four per cent) judged the pamphlets not to be useful.

Two venues which judged the BreakEven and G-Line pamphlets not to be useful provided the following reasons.

-
- 'No-one seems to take any notice of them.'
 - 'If people have a gambling problem these cards are not going to help. People have to reach rock bottom.'
 - 'Other venues were also concerned that the cards and pamphlets were not taken very frequently.'
 - 'Not many taken but they are always displayed.'
 - 'We don't know if they are useful to customers-very few have been taken.'
-



At some venues the pamphlets were taken regularly.

‘People are using them as evidenced by the frequency with which they have to be refilled.’

However, at the venues where the material was frequently used, dissatisfaction was expressed about the level of service they received from those supplying the material.

‘We received only an initial delivery. Cardholders were to be fully serviced. They’re now empty.
‘They are not being replenished as promised when card containers are empty.’
‘Dissatisfied with follow-up.’

At two venues the pamphlets were seen as having a direct effect on patrons with a gambling problem.

‘Pamphlets are quite often taken and read by patrons. Patrons who believe they have a problem often consult staff after reading pamphlets.’
‘G-Line pamphlets have been a help to three customers which I know of who have approached us and asked (us for) more information’

Many venue managers commented on the need for discretion when providing information about problem gambling.

‘Must be put in discreet areas due to embarrassment.’

G-Line cards are used because they are located in the gaming room toilets, so customers have the privacy to get a card and use it instead of getting a card from a display in the room where they may be embarrassed because people are watching them.

5.4 Perceptions of Local Community Education Campaign Training

As training of venue staff is an activity associated with local community education campaigns, we were concerned to locate this training activity within the context of venue-oriented gambling training more generally, to gauge its relative positioning and visibility.

Table 32 Venue Staff Attendance at Training/Information Session About Problem Gambling

	Metro N	Rural %	Total N		Metro N	Rural %
Have attended	65	78	86	85	152	83
Have not attended	18	22	13	13	31	17

The majority of venue employees (83 per cent) had attended a training/information session about problem gambling. A higher proportion of rural

venue staff (85 per cent) than metropolitan venue staff (78 per cent) had attended such a session.

Table 33 Venue Staff Problem Gambling Training Provider

	Metro N	Rural %	Total N		Metro N	Rural %
Own organisation	6	7	12	12	18	10
Gaming industry	21	25	35	35	57	31
AHHA/LCAV	45	54	57	56	102	55
BreakEven	9	11	15	15	24	13
G-Line	3	4	3	3	6	3
Other	2	2	1	1	3	2

The Australian Hotels and Hospitality Association (AHHA) and Licensed Clubs Association of Victoria (LCAV) trained the greatest number of venues, at 102. The gaming industry conducted training in 31 per

cent (57) of the venues. BreakEven conducted training in 24 (13 per cent) of the venues; three per cent attended a training session conducted by G-Line.



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Table 34 Venue Respondents Rating the Training as Useful

	Metro		Rural		Total	
	N	%	N		N	%
Own organisation	5	100	9	100	14	100
Gaming industry	17	100	31	100	49	100
AHHA/LCAV	36	97	48	92	84	94
BreakEven	7	78	13	100	20	91
G-Line	3	100	1	100	4	100

The majority of venues judged the problem gambling training they received to be useful, irrespective of the training provider. Ninety-one per cent of venues who had undertaken a BreakEven problem gambling training/information session judged it to be useful.

5.5 Perceptions of BreakEven Services

Respondents were queried as to their perceptions of BreakEven. Eighty venues replied with positive comments about BreakEven. Ten respondents wrote negative comments about BreakEven services; seven respondents were not sure about BreakEven; and 11 respondents felt that they were not in a position to comment due to a lack of knowledge about BreakEven services.

Table 35 Venue Staff Perception of BreakEven

	N
Positive	80
Negative	10
Not sure	7
Unable to judge due to lack of knowledge	11

Some of the comments included:

‘Efficient with a willingness to assist any one with concerns over gaming; or any venue with concerns for their patrons.’

‘BreakEven recently conducted a golf event here at the golf club. I was most impressed with the direction BreakEven are taking, that is, not anti-gambling, but making themselves available to those who need/require assistance.’

‘Good, it offers a service that is desperately needed in the community for people who are big enough to admit they have a problem. But, they need to be able to speak to someone immediately instead of making an appointment.’

‘Very useful service that is under-utilised by venues and gaming patrons. Slowly becoming more recognised, yet most staff, management and patrons, etc., are not really aware of services offered-feeling it is only counselling for problem gamblers.’

‘Don’t know enough about it.’

‘No perception due to lack of contact.’

‘Profile is too low.’

‘Don’t appear to be very prompt/efficient.’



6. Evaluation of Local Education Campaign: General Public and Venue Patrons

6.1 Description of the Data

Funding of local activities is seen as an integral element of the campaign and clearly links to the theory of a 'layered' approach to community education. Since Department of Human Services funding of local activities commenced in 1996, a wide range of information products, which comprise a significant part of the local education campaign, have been created and distributed. Because of the range and number of these products it was not possible to test the reach and recall of all products used during the course of the local campaign. However, although the presentation of the products varied between regions and agencies, the messages or 'slogans' printed were identical. That is, there were a series of common sentences and phrases used to promote problem gambling harm minimisation. As we were unable to test the reach and recall of all slogans used, a selection of the most commonly provided slogans were reproduced for the questionnaire (see Appendix G for copy of interview schedule and interviewing protocols).

Interviewees were also asked to describe any problem gambling information products they had seen (unprompted recall). Interviewees were also shown a selection of problem gambling information products and asked whether or not they had seen them before (prompted recall).

The reach and recall of these messages was tested by interviewing 182 people at gaming venues and shopping districts in metropolitan and rural Victoria.

The interviews were conducted in clubs and hotel gaming venues in various regional and Melbourne metropolitan areas of Victoria. These included Ballarat, Geelong, Melbourne City, Brighton, Dandenong, Brunswick, Essendon, Frankston and Epping. The representative sample of gaming venues included venues with varying numbers of EGMs; both metropolitan and country venues; and clubs and hotels.

Forty-two venues were sent or faxed letters requesting permission to conduct the questionnaires outside the venue. When a venue did not give permission, another venue was sought in the same area. Some venues, although initially giving permission for interviews to be conducted outside their premises, refused permission on the day. One venue stipulated that interviewers were not to stand closer than 50 metres from their venue entrance. Fifteen venues (eight clubs and seven hotels) granted permission to conduct the questionnaire at the venue.

The interviews took place between 7 May 1999 and 30 May 1999. Interviewers were at the venues for one-and-a-half to three hours. At three of the venues the interviews were conducted in the evening. At the remaining venues the interviews were conducted during business hours. Approximately eighty per cent of persons approached refused an interview.

Interviews were also held at shopping districts in the following local government areas: Glen Waverley, Melbourne City, Moonee Ponds, Coburg, Geelong and Box Hill. In Box Hill the questionnaire was conducted in Chinese (Mandarin and/or Cantonese).



6.2 Profile of Interviewees

Table 36 Sex of Interviewees

Sex	General Public		Venue Patrons	
	N	%	N	%
Male	45	42	37	52
Female	63	58	34	48
Persons	108	100	71	100

There were more female general public interviewees than males, however, there were marginally more male venue patrons. Sixty per cent of interviewees

were interviewed in shopping strips. The remaining 40 per cent were gaming patrons and interviewed outside gaming venues.

Table 37 Age of Interviewees

Age	Venue Patrons		General Public		Total	
	N	%	N	%	N	%
Under 19 years	1	1	5	5	6	3
20 to 29 years	11	16	28	26	39	22
30 to 39 years	12	17	11	10	23	13
40 to 49 years	16	23	24	22	40	22
50 to 59 years	15	21	20	19	35	20
60 to 69 years	8	11	12	11	20	11
70 years and over	8	11	8	7	16	9
Total	71	100	108	100	179	100

The interviewees cover a broad age group, however, most gaming patrons were over thirty. There was a higher proportion of the 20-29 age group amongst the general public interviewees.

6.2.1 Profile of Interviewees: Venue Patrons

Venue patrons were asked how long they had spent at the venue and how often they gambled.

Table 38 Venue Patrons: Time Spent at Gaming Venue

Time Spent at Venue	N	%
Less than 10 minutes	2	3
10 to 29 minutes	10	14
30 to 59 minutes	18	25
1 hour or more and less than 2 hours	24	33
2 hours or more and less than 4 hours	9	12
4 hours or more and less than 8 hours	4	5
8 hours or more and less than 12-hours	1	1
12-hours or more	0	0
Total	73	100

Missing data=5

Thirty-three per cent of venue patrons spent between one and two hours at the venue. One in four venue

patrons spent between half an hour and one hour at the gaming venue.



Table 39 Venue Patrons: Gambling Frequency

Gambling Frequency	N	%
Once a month	24	3
Two to three times a month	14	21
Once a week	13	19
Two to three times a week	12	18
Every day	1	1
More than once a day	1	1
Never	3	4
Total	68	100

Missing data=5

Twenty-one per cent of venue patrons gambled between two and three times a month and nineteen per cent once a week. An additional eighteen per cent gambled between two and three times a week. Four per cent of venue patrons stated that they never gambled. These persons may have been accompanying gamblers or using other non-gaming venue facilities.

6.3 Recall of Local Community Education Material

The unprompted recall of problem gambling material by the general public (73 per cent) was higher than that of the venue patrons (67 per cent). Possible explanations for the difference in recall rates include: persons who are aware that gambling is not a

problem-free activity may be less inclined to gamble and use gaming facilities than other persons; alternatively, venue patrons may be less likely to be exposed to problem gambling material, particularly television advertisements because they spend considerable amounts of their leisure time at gaming venues playing EGMs. However, as this finding is counter-intuitive it requires further research.

These rates of recall are considerably higher than those noted in section 4.2 of this Report. This may be due to differences in sampling techniques; and/or the date during which the survey was conducted. Project Gamble was conducted approximately six months after the conclusion of Phase III. The Shopping Centres and Venues questionnaire was conducted during Phase IV.

Table 40 Total Persons: Do you Recall any Material about Problem Gambling?

	General Public		Venue Patrons		Total	
	N	%	N	%	N	%
Yes	79	73	49	67	128	70
No	30	28	24	33	54	30
Total	109	100	73	100	182	100

However, not all respondents who were able to recall material about problem gambling were able to describe the message contained in the advertisement.

Of the 95 respondents who were able to recall a message, 13 respondents used phrases or words pertaining to the Department's latest harm minimisation campaign (Phase IV). Examples of responses given are:

'Gamble only for fun, but not over it.'

'If it isn't fun, don't do it.'

'If it's no fun walk away.'

'If it's not fun stop gambling.'

One respondent was unable to differentiate between the facts and myths referred to in the advertisement.

'If you tap someone on the shoulder it's bad luck so don't gamble.'

Ten respondents stated that the message of the problem gambling material seen was to stop gambling. Responses included: 'Don't gamble'; 'Quit gambling'; and 'Shouldn't gamble'.

Prompted recall of problem gambling messages was subsequently tested with the following results.



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Research was conducted to establish the reach and recall of twelve commonly used problem gambling slogans. The question asked was 'Have you *heard* any of the following messages before?' Many interviewees answered the question, 'Yes' or 'Yeah, I agree', understanding the question to be, 'Do you *agree* with any of the following messages?' In these instances, the correct question was repeated.

In other instances, the respondents answered with statements, such as, 'Oh yeah, my wife says that to

me all the time'. These responses show that the messages are being diffused through the community. As these phrases and sentences are spoken more and more frequently they are being transformed from public health messages into everyday sayings used as part of common discourse about gambling. Thus people will no longer need to see the advertisement to hear the message, as the message becomes appropriated and owned, used and repeated by the public as maxims.

Table 41 General Public: Problem Gambling Slogan Recall

Message	Yes		No		Unsure	
	N	%	N	%	N	%
Be open with family and friends about your gambling	41	45	46	50	5	5
Make gambling only part of your regular entertainment	20	25	70	76	2	2
Gamble only for fun	56	61	32	35	4	4
Keep any winnings in your pocket	33	36	58	63	1	1
Set a limit you can afford and stick to it	47	52	41	45	3	3
It's okay to say no to gambling	60	66	28	31	3	3
If you have a gambling problem in your life call G-Line toll free	68	74	24	26	0	0
Don't mix drinking and gambling	25	27	65	71	2	2
Don't borrow money to gamble	38	41	51	55	3	3
Leave your automatic teller card behind when you gamble	27	29	64	70	1	1
Be honest about how much you have lost	30	33	57	63	4	4
Gambling rule #1: if it's no longer fun walk away	69	75	21	23	2	2
Gaming-more than a game	21	23	67	73	4	4
Bet with your head and not over it	22	24	68	74	2	2
Chinese Telephone Counselling Service	11	12	79	86	2	2

Table 42 Venue Patrons: Problem Gambling Slogan Recall

Message	Yes		No		Unsure	
	N	%	N	%	N	%
Be open with family and friends about your gambling	17	33	33	64	2	4
Make gambling only part of your regular entertainment	18	35	33	64	1	2
Gamble only for fun	32	62	18	35	2	4
Keep any winnings in your pocket	21	40	27	52	4	8
Set a limit you can afford and stick to it	30	58	22	42	0	0
It's okay to say no to gambling	33	64	17	33	2	4
If you have a gambling problem in your life call G-Line Toll Free	41	79	10	19	1	2
Don't mix drinking and gambling	16	31	35	67	1	2
Don't borrow money to gamble	21	40	30	58	1	2
Leave your automatic teller card behind when you gamble	23	44	28	54	1	2
Be honest about how much you have lost	20	39	30	58	2	4
Gambling rule #1: if it's no longer fun walk away	41	79	11	21	0	0
Gaming-more than a game	7	14	44	86	0	0
Bet with your head and not over it	10	20	40	78	1	2
Chinese Telephone Counselling Service	1	2	50	98	0	0



Table 43 Total Persons: Problem Gambling Slogan Recall

Message	Yes		No		Unsure	
	N	%	N	%	N	%
Be open with family and friends about your gambling	58	40	79	55	7	5
Make gambling only part of your regular entertainment	38	26	103	71	3	2
Gamble only for fun	88	61	50	35	6	4
Keep any winnings in your pocket	54	38	85	59	5	4
Set a limit you can afford and stick to it	77	54	63	44	3	2
It's okay to say no to gambling	93	65	45	32	5	4
If you have a gambling problem in your life call G-Line toll free	109	76	34	24	1	1
Don't mix drinking and gambling	41	29	100	69	3	2
Don't borrow money to gamble	59	41	81	56	4	3
Leave your automatic teller card behind when you gamble	50	35	92	64	2	1
Be honest about how much you have lost	50	35	87	61	6	4
Gambling rule #1: if it's no longer fun walk away	110	76	32	22	2	1
Gaming-more than a game	28	20	111	78	4	3
Bet with your head and not over it	32	22	108	76	3	2
Chinese Telephone Counselling Service	12	8	129	90	2	1

The two most commonly recalled problem gambling slogans were 'If you have a gambling problem in your life call G-Line toll free', which had a 76 per cent recall rate, and 'Gambling rule #1: if it's no longer fun walk away', which was also recalled by 76 per cent of interviewees. The slogan 'If you have a gambling problem in your life call G-Line toll free' may have had a higher rate of recall than the other slogans because this slogan, and variations on it, were used in Phases I, II and III of the statewide campaign and in pamphlets and flyers distributed through the local campaigns.

The high recall rate for the slogan 'Gambling rule #1: if it's no longer fun walk away' is one measure of the effectiveness of the slogan used during Phase IV of the statewide education campaign which was launched on 2 March 1999. The shopping centre and venue interviews were undertaken between 12 May and 20 May 1999.

'Gaming-more than a game' is drawn from the Industry's pamphlet 'Gaming-More Than a Game:

Responsible Gaming in Victoria'. This pamphlet was developed by the Australian Hotels Association, Crown Casino, Licensed Clubs Association of Victoria, Tabcorp and Tattersall's in conjunction with BreakEven problem gambling services. This pamphlet's rate of recall (20 per cent) was lower than that of the slogans used on materials distributed through the local campaigns. The Sydney casino Star City's slogan 'Bet with your head and not over it' had a recall rate of 22 per cent, showing to some extent the 'portability' of slogans from one jurisdiction to another.

As expected, the slogan with the lowest rate of recall was the Chinese Telephone Counselling Service. Amongst all interviews the service and brand name presented a low rate of recognition (eight per cent). This is unsurprising, given that this service was developed for and marketed to Australian Chinese. However, all ethnic Chinese interviewees (the target audience) who were interviewed in Chinese had heard of the Chinese Telephone Counselling Service.



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Table 44 General Public: Problem Gambling Pamphlet Recall

Pamphlet Number and Description	Yes	No	Unsure	Yes	No	Unsure
	N	%	N	N	%	N
1: A Better Bet-business card	16	22	52	72	5	7
2: A Better Bet-pamphlet	10	14	59	82	3	4
3: If gambling is ruining your life	43	51	39	46	3	4
4: Notice to patrons	27	35	49	63	2	3
5: If gambling is ruining your life-b&w18	25	53	73	2	3	
6: G-Line multilingual	14	20	54	77	2	3
7: If gambling is ruining your life-DL pamphlet	16	22	55	76	1	1
8: Gambling rule #1	19	24	54	68	6	8
9: Gaming-more than a game	20	28	50	69	2	3
10: Chinese telephone counselling service	8	12	61	88	0	0
11: Bet with your head and not over it	12	17	56	80	2	3
12: If gambling is a problem in your life-colour	27	34	50	63	2	3

Table 45 Venue Patrons: Problem Gambling Pamphlet Recall

Pamphlet Number and Description	Yes	No	Unsure	Yes	No	Unsure
	N	%	N	N	%	N
1: A Better Bet-business card	12	19	50	81	0	0
2: A Better Bet-pamphlet	8	13	54	87	0	0
3: If gambling is ruining your life	33	49	26	39	8	12
4: Notice to patrons	15	24	40	65	7	11
5: If gambling is ruining your life-b&w	14	22	49	77	1	2
6: G-Line multilingual	12	20	49	80	0	0
7: If gambling in ruining your life-DL pamphlet	15	25	44	72	2	3
8: gambling rule #1	21	34	38	62	2	3
9: Gaming-more than a game	12	20	48	80	0	0
10: Chinese telephone counselling service	0	0	57	97	2	3
11: Bet with your head and not over it13	22	46	77	1	2	
12: If gambling is a problem in your life-colour	26	43	31	52	3	5

Table 46 Total Persons: Problem Gambling Pamphlet Recall

Pamphlet Number and Description	Yes	No	Unsure	Yes	No	Unsure
	N	%	N	N	%	N
1: A Better Bet-business card	28	20	102	76	5	4
2: A Better Bet-pamphlet	18	13	113	84	3	2
3: If gambling is ruining your life	76	50	65	43	11	7
4: Notice to patrons	42	30	89	64	9	6
5: If gambling is ruining your life-b&w	32	23	102	75	3	2
6: G-Line multilingual	26	20	103	79	2	2
7: If gambling in ruining your life-DL pamphlet	31	23	99	74	3	2
8: Gambling rule #1	40	29	92	66	8	6
9: Gaming-more than a game	32	24	98	74	2	2
10: Chinese telephone counselling service	8	6	118	92	2	2
11: Bet with your head and not over it	25	19	102	79	3	2
12: If gambling is a problem in your life -colour	53	38	81	58	5	4



Approximately half of both general public (51 per cent) and venue patrons (49 per cent) had seen pamphlet number 3 ('If gambling is ruining your life talk about it'). The pamphlet with the second highest rate of recall was pamphlet number 12 ('If gambling is a problem in your life talk about it'—colour poster) which had been seen by 34 per cent of the general public and 43 per cent of venue patrons. Both pamphlet number 3 ('If gambling is ruining your life talk about it') and pamphlet number 12 ('If gambling is ruining your life talk about it'—colour poster) were released during Phase I of the education campaign. The difference in rates of recall, however, may be an artefact of distribution as opposed to relative merits of the assorted pamphlets.

Furthermore, some respondents stated that although they had not seen the pamphlet before, they recognised the images used in the pamphlets, which were stills from the statewide television campaign.

Pamphlet number 8 'Gambling rule #1: if it's no longer fun walk away' was released during Phase IV of the education campaign which commenced on 2 March 1999. This pamphlet had been seen by 34 per

cent of venue patrons and 24 per cent of the general public. This is a high level of penetration given that Phase IV of the campaign had only recently commenced.

Again as expected, amongst venue patrons the pamphlet with the lowest rate of recall was pamphlet number 10, which advertised the Chinese Gambling Telephone Counselling Network. This pamphlet was printed in Chinese and thus targeted ethnic Chinese who were also able to read Chinese. Thus it is not surprising that the majority of non-Chinese interviewees had not seen the pamphlet previously. However, all eight ethnic Chinese interviewed in Chinese stated that they had seen the pamphlet before.

More than one-fifth of venue patrons (22 per cent) reported having seen the Star City pamphlet 'Bet with your head and not over it' (pamphlet number 11). Seventeen per cent of the general public reported having seen this pamphlet. As noted previously, as the Star City casino is located in Sydney, New South Wales this represents a particularly high rate of recall.

6.4 Accessibility of Local Education Material

Table 47 Total Persons: Where Was the Pamphlet Seen?

Location	N
Gaming venue	115
Community health centre	50
Neighbourhood house	8
Other	181
Can't recall	82

Most of the pamphlets were recalled from gaming venues or other sources. The most common source noted as 'Other', was the television. Images used in the statewide television commercials were used in the pamphlets.

6.5 Use of G-Line and BreakEven Services

The majority of respondents had not used G-Line or BreakEven services.

Table 48 Total Persons: Have You Ever used G-Line?

	General Public		Venue Patrons		Total	
	N	%	N	%	N	%
Yes	2	2	0	0	2	<1
No	106	98	71	100	177	>99
Total	108	100	71	100	179	100



problem gambling

Table 49 Total Persons: Have You Ever Used BreakEven?

	General Public		Venue Patrons		Total	
	N	%	N	%	N	%
Yes	1	1	0	0	1	<1
No	107	99	71	100	178	>99
Total	108	100	71	100	179	100

All interviewees were queried as to whether or not they would be willing to use G-Line services if they ever needed them. A higher percentage of the general public (61 per cent) reported a willingness to use G-Line services than venue patrons (56 per cent).

However, almost twice as many venue patrons (29 per cent) than members of the general public (15 per cent) were unsure whether or not they would use G-Line services should they require them.

Table 50 Total Persons: If You Ever Needed G-Line Would You Contact Them?

	General Public		Venue Patrons		Total	
	N	%	N	%	N	%
Yes	66	61	39	56	105	59
No	26	24	11	16	37	21
Unsure	16	15	20	29	36	20
Total	108	100	71	100	179	100

Similarly, a higher proportion of the general public (57 per cent) reported a willingness to use BreakEven should they require their services than venue patrons (52 per cent). Again, venue patrons (32 per cent) were

twice as likely to express an ambiguity towards hypothetical use of BreakEven services than members of the general public (17 per cent).

Table 51 Total Persons: If You Ever Needed BreakEven Would You Contact Them?

	General Public		Venue Patrons		Total	
	N	%	N	%	N	%
Yes	62	57	37	52	99	55
No	28	26	11	16	39	22
Unsure	18	17	23	32	41	23
Total	108	100	71	100	179	100

6.6 Summary of Local Education Campaign Findings

Unprompted rates of recall of local education materials, such as posters, pamphlets, BreakEven 'business cards', flyers, and 'convenience' advertising (in public toilets in venues) were very high for both a general public random sample (73 per cent) and a venue patron sample (67 per cent). Prompted rates of recall were naturally higher, peaking at 79 per cent for venue patrons in their recall of the Phase IV campaign message, which had been in place for two months at the time of the survey. Seventy-nine per cent of these venue patrons also recalled a major message about calling G-Line, which had had the opportunity to become widely known through its use in all previous phases of the campaign.

These results, particularly in relation to Phase IV, should be viewed with encouragement by Department of Human Services. They represent, in our view, a high level of success in delivery and a generally high level of comprehension of key messages.



7. Community Education and Children and Adolescents

Between September and December 1999, researchers from the University of Melbourne Problem Gambling Research Program ran focus groups relating to the impact of gambling with young people in rural and metropolitan Victoria. The research was undertaken for the Impact of Gambling on Adolescents and Children Study for the Department of Human Services (tender no. 981). During initial piloting of the focus group questions, the researchers noticed that the frames of reference used by the young people to respond to the questions, 'What is gambling?' 'Who gambles?' and 'What is problem gambling?' appeared to draw heavily upon images presented in the G-Line advertising from Phases II and III. The Problem Gambling Research Team considered the qualitative data on advertising to be pertinent to the Education Evaluation Study that they were working on concurrently with the Impact of Gambling on Adolescents and Children Study. In response to this discovery, the researchers added additional questions about advertising to the planned focus group questions. This was deemed to be both appropriate in the context of the Impact Study, as the young people appeared to have much to say about the advertising campaigns, and opportunistic for the evaluation of community education strategies and information products. During the following eleven focus groups, questioning about gambling advertising in general (including industry advertising) and G-Line and BreakEven advertising in particular, were asked of the focus group members.

The results reported below demonstrate how, although not the target audience of either the statewide or local campaigns, children and adolescents have framed their understanding and language about problem gambling based on the statewide television advertisements. This is, we believe, an indication of the strength of the statewide campaign in influencing the public agenda.

7.1 Description of the Data

As research into adolescents, children and gambling remains relatively underdeveloped, the focus group method is ideal for exploring new ways of looking at the area and its problems. Focus group discussions, like other qualitative research tools used in the behavioural sciences, are useful for investigating the presence or absence of phenomena. The focus group discussions that were undertaken for the Impact of Gambling on Children and Adolescents study were centred on young people's attitudes towards gambling, predictors of gambling involvement and positive and negative consequences of gambling involvement.

7.2 Focus Group Procedure and Protocol

Fourteen focus groups were held in rural and metropolitan Victoria with young people between the ages of twelve and twenty-four. The discussion groups ranged in size from two to twenty-four participants. A total of 146 participants took part in the focus group studies. At each focus group a



problem gambling

BreakEven counsellor or CEGFLO was present. The participants who were recruited included young people from the following demographic categories:

- Secondary (State and Catholic) (nine focus groups) and tertiary students (one focus group).
- Young workers (one focus group).
- Young people out of work (one focus group).
- Urban and rural communities (two focus groups).
- People from a range of ethnic and cultural backgrounds (all focus groups).
- Males and females (60 per cent of sample was female).
- Youth with varying levels of previous gambling exposure, and from different age ranges (ages ranged from 12 to 24 years old).

believe, however, that if the G-Line advertisements lead young people to call Gambler's Anonymous or Kid's Help Line in relation to their own or their parent's gambling problems, then the statewide campaign can be said to have been effective in its community education and health promotion goals in relation to this population.

7.3 Findings

The young people in the focus groups repeatedly referred to the G-Line advertising, although the 'brand name recognition' of G-Line amongst this group was not high. Many students with high levels of recall of G-Line advertising images and narrative were nevertheless not able to remember G-Line by name, calling it 'GA' or 'That gambling help line'. This result replicates the findings of Project Gamble. Young people's image of what a problem gambler 'looks like' was very often informed by the two television advertisements which were run in Phases II and III of Department of Human Services statewide campaign for G-Line. The following comment was typical:

'Parents steal kid's money when they are problem gamblers.'

In four of the focus groups, chiefly with the younger participants, individuals expressed their understanding of what it is to be a problem gambler by acting out images and scenes from the G-Line advertisements. Overall, the Phase II and III advertisements appear to have been very successful in conveying educational messages about the nature of problem gambling to young people.

The recall evident in the focus groups consisted almost exclusively of the images and narratives in G-Line advertising, demonstrating increased awareness of problem gambling as an issue amongst the young people although, as previously noted, the name 'G-Line' was seldom mentioned, whereas Gamblers Anonymous was, along with 'Kid's Help Line'. We



8. Conclusion

The Victorian Department of Human Services' community education strategy was an integrated campaign that sought to inform, educate and assist persons affected by problem gambling. The campaign was extremely comprehensive in both its design and implementation. The Department of Human Services community education strategy clearly conforms with best practice in the area of health promotion, empirically derived from numerous studies of the effectiveness of mass media campaigns integrated with localised culturally and regionally specific education interventions which incorporate small group training and a variety of print materials.

The slogans and images used in all phases of the campaign have become an important part of the way Victorians now think about the concept of 'problem gambler' and 'problem gambling'. This is especially true of adolescents and young adults.

On all of the criteria that the statewide education campaign was evaluated against, namely: reach and recall; changes in community awareness of the existence of problem gambling; changes in community awareness of the nature of problem gambling; changes in awareness of the existence of problem gambling counselling services; and use of support services, in particular problem gambling counselling services, the strategy has been very successful.

Regional campaigns were designed and implemented by various Community Education and Gaming Facility Liaison Officers who collaborated to address

specific issues of regional significance. The strategy recognised that some education and information matters were of statewide significance, while others were more appropriately addressed at this regional or local level.

The Community Education and Gaming Facility Liaison Officers were allowed considerable discretion by the Department of Human Services in the design and implementation of local campaigns, even though the concept was driven by Department of Human Services centrally. This in turn ensured that the local campaigns were flexible and adaptable enough to address local issues. Indeed, in some instances the campaigns were 'grass-root' campaigns, driven by the community and facilitated by the CEGFLO.

Just as regional campaigns were initiated by CEGFLOs to reduce work duplication and enhance the cohesiveness of the overall strategy, the state and local campaigns worked to reinforce each other. The community education strategy was diverse enough to ensure that the needs of subcultures and communities were addressed, but cohesive enough to ensure that the two primary problem gambling support services, G-Line and BreakEven, were continually promoted and advertised.

As a direct result of the strategy, community awareness of the existence and nature of problem gambling and community awareness of problem gambling support services (BreakEven and G-Line) increased substantially. Furthermore, there were significant increases in the number of people using



problem gambling

both BreakEven and G-Line during both Phase II and Phase III of the statewide campaigns. With respect to G-Line, this is particularly noticeable when examining the number of callers citing the television campaign as their source of referral.

The plethora of information products distributed through the local campaigns was clear and concise in their wording. These brochures, pamphlets and flyers were economical in their design and production and were liberally distributed to individuals and community organisations. Although there was substantial variety in layout and design, the vast majority of information products incorporated the BreakEven logo. This branding of service and brochure can only work to reinforce and promote the name and image of BreakEven in the minds of Victorians.

The information products, in addition to encouraging persons affected by problem gambling to contact G-Line and/or BreakEven, contained a number of slogans and catch phrases related to gambling. These slogans were used in differing combinations on different information products. The variety of slogans used helped convey to the general public the complexity of the issue and idea that more than one strategy may be used to keep gambling in perspective. While adhering to these slogans has not been proven to prevent problem gambling, the advice provided might help keep gambling in context and perspective.

The local campaign slogans are also to be commended for their brevity, simplicity and ease of application. It is these three characteristics that resulted in some messages having prompted recall rates as high as 79 per cent.

The local campaigns provided problem gambling training, information and support to gaming venues. However, a substantial proportion of venues had not had contact with a BreakEven service. It should be noted in relation to this, that there are in excess of 550 gaming venues in Victoria and approximately 12 CEGFLOs. Despite this numerical difference, the information products saturation rate is comprehensive with 99 per cent of gaming venues displaying problem gambling information products.



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Appendix A: Project Gamble Questionnaire and Qualitative Responses



problem gambling

Project: Problem Gambling Research (Melbourne) 200 Brunswick Road Hawthorn VIC 3122	PROJECT GAMBLE	Project: J1160 Victoria only Sample: 800
-------------------------------------------------------------------------------------------	-----------------------	------------------------------------------------

Good morning/afternoon/evening, my name is ... from Frank Small and Associates, a national market research company.

We're conducting a brief survey which will take around 10 minutes. Can I speak to the person 16 years or over in your household whose birthday is closest to today's date?

IF YES THEN CONTINUE

IF NO ONE OVER 16 ANSWERS THE CALL ASK TO SPEAK TO SOMEONE WHO IS OVER 16 OR MAKE APPOINTMENT TO CALL BACK

S1 Firstly, do you or anyone in your household work in ... [READ OUT]

- 1. Marketing [TERMINATE]
- 2. Market research [TERMINATE]
- 3. Advertising [TERMINATE]
- 4. Finance [CONTINUE]
- 5. (None of the above) [DO NOT READ OUT - CONTINUE]

INTRODUCTION

Q1 I would like you to think about different types of gambling. Could you please name some activities that you would classify as gambling?

[DO NOT READ OUT - UNPROMPTED]

Q2 FOR EACH ACTIVITY OMITTED IN Q1, ASK: Would you consider ... <read out activity> to be an example of gambling?

	Q1 UNPROMPTED AWARENESS OF GAMBLING ACTIVITIES	Q2 PROMPTED AWARENESS OF GAMBLING ACTIVITIES
Tattsлото	1	1
Scratch lotto/scratchies/instant scratch-its	2	2
Soccer Pools	3	3
Tatts Keno or Club Keno	4	4
Raffles	5	5
Bingo	6	6
Betting at the TAB	7	7
Betting at the races (grayhounds & horses)	8	8
Sports betting	9	9
Pokie machines/pokies	10	10
Informal betting on card games (eg: baccarat, poker, sic bo)	11	11
Casino based card or table games	12	12
Internet/on line gambling	13	N/A
Mah Jong	14	14
Other (specify)	15	N/A
(Don't know)	16	N/A

P. QUANTUM/BBBY (Melbourne) doc
Frank Small and Associates (Melbourne)



ATTITUDES TOWARDS GAMBLING

Now I would like you to think about gambling in general.

Q3a Do you have any moral objections to gambling in general?

[IF YES, ASK: WOULD THAT BE STRONGLY OBJECT OR SOMEWHAT OBJECT?]

1. Yes, strongly object
2. Yes, somewhat object
3. No, do not object
4. (Don't know/not sure) [DO NOT READ OUT]

Q3b Do you believe that it's okay for other people to gamble?
[DO NOT READ OUT]

1. Yes
2. No
3. (Don't know/not sure) [DO NOT READ OUT]

Q3c Do you believe that it's okay for your family, friends and relatives to gamble?
[DO NOT READ OUT]

1. Yes
2. No
3. (Don't know/not sure) [DO NOT READ OUT]

Q3d How interested are you in gambling personally? Would you say you were...

[READ OUT]

1. Very interested
2. Somewhat interested
3. Neither interested nor uninterested
4. Somewhat uninterested
5. Very uninterested
6. (Don't know/not sure) [DO NOT READ OUT]

Q4 In your opinion, do you think gambling is a serious social problem?
Would you say...

[READ OUT]

1. Yes, strongly agree (gambling is a serious social problem)
2. Yes, mildly agree (gambling is a serious social problem)
3. Neither agree nor disagree (gambling is a serious social problem)
4. No, mildly disagree (gambling is a serious social problem)
5. No, strongly disagree (gambling is a serious social problem)
6. (Don't know/not sure) [DO NOT READ OUT]

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[PROBE FULLY UNTIL RESPONDENT ANSWERS "No more"]

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problem gambling

Project Gamble	5
ADVERTISING - PROBLEM GAMBLING	
<p>Q7a Thinking now about any advertising you've read, seen or heard recently for problem gambling or problem gambling counselling services. Please describe the first ad that comes to mind. Just tell me whatever you can remember about what you saw or heard. What else?</p> <p>[PROBE FULLY - RECORD VERBATIM RESPONSE]</p> <p>Q7b Who was the advertiser or what was the name of the problem gambling service being advertised?</p> <p>[PROBE FULLY - RECORD VERBATIM RESPONSE]</p> <p>Q7c What was the main thing the advertisement was trying to tell you?</p> <p>[PROBE FULLY - RECORD VERBATIM RESPONSE]</p> <p>Q7d Where did you read, see or hear that advertising?</p> <p>[PROBE FULLY - RECORD VERBATIM RESPONSE]</p> <p>What other ads for problem gambling or problem gambling services do you remember reading, seeing or hearing recently?</p> <p>[PROBE FULLY UNTIL RESPONDENT ANSWERS "No more"]</p> <p>[ASK Q7B TO Q7D FOR EACH ADVERTISEMENT RECALLED]</p>	
<p>Q7a 1st Ad Mentioned:</p> <p>Q7b Advertiser:</p> <p>Q7c Message:</p> <p>Q7d MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6</p>	<p>Q7a 2nd Ad Mentioned:</p> <p>Q7b Advertiser:</p> <p>Q7c Message:</p> <p>Q7d MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6</p>
<p>Q7a 3rd Ad Mentioned:</p> <p>Q7b Advertiser:</p> <p>Q7c Message:</p> <p>Q7d MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6</p>	<p>Q7a 4th Ad Mentioned:</p> <p>Q7b Advertiser:</p> <p>Q7c Message:</p> <p>Q7d MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6</p>
<p style="font-size: small;">P:\GAMBLE\GMB11081print.doc</p> <p style="text-align: right; font-size: small;">Frank Small and Associates (Melbourne)</p>	



Project 1: Gambling 6

**NEWS AND CURRENT AFFAIRS
PROBLEM GAMBLING**

Q8a I'd now like you to think about any news items or articles you've read, seen or heard recently about problem gambling or problem gambling counselling services. Please tell me as much as you can remember about what you saw and what was said.

[PROBE FULLY - RECORD VERBATIM RESPONSE]

Q8b Where did you read, see or hear that? Was it on TV, radio, in a magazine/newspaper or somewhere else?

What other television/radio programs or news items/articles for problem gambling or problem gambling counselling services do you remember reading, seeing or hearing recently?

[PROBE FULLY - RECORD VERBATIM RESPONSE]

[PROBE FULLY UNTIL RESPONDENT ANSWERS "No more"]

Q8a 1 st Mentioned:	Q8a 2 nd Mentioned:
Q8b MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6	Q8b MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6

Q8a 3 rd Mentioned	Q8a 4 th Mentioned
Q8b MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6	Q8b MEDIUM: TV.....1 Magazine...3 Radio...2 Newspaper...4 OTHER...5 Can't recall...6

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problem gambling

Problem Gambling 7

PROBLEM GAMBLING IN GENERAL

Q9a Still thinking about problem gambling, when do you think someone becomes a problem gambler?

[DO NOT PROMPT - PROBE FULLY]
[OPEN ENDED RESPONSE]

Q9b How do you think you would be able to tell if someone had a problem with gambling?

[DO NOT PROMPT - PROBE FULLY]
[OPEN ENDED RESPONSE]

Q9c Do you believe that there are any problem gamblers in the state of Victoria?

1. Yes
2. No
3. (Don't know) [DO NOT READ OUT]

Q10a In your opinion, do you believe that the current level of gambling in Victoria is ...
[READ OUT]

1. Very high
2. Quite high
3. Moderate
4. Quite low
5. Very low
6. (Don't know) [DO NOT READ OUT]

Q10b As a guess, what percentage of Victorians do you think have some kind of gambling problem?

1. Record percentage: ____ %
2. (Don't know)

Q10c How many people do you personally know who you consider to be problem gamblers?

1. Record number: ____
2. None
3. Don't know

Q10d What do you think should be done to help problem gamblers and their families, friends and relatives reduce the impact of their problem gambling? [PROBE FULLY]

PROBLEM GAMBLING: 100 years later *Frank Small and Associates (Melbourne)*



Q10e And who do you think should be responsible for helping or providing assistance to problem gamblers and their families, friends and relatives?

[DO NOT READ OUT]

[MULTIPLE RESPONSE]

1. Government
2. Gaming Operators (eg: casinos, pokie venues)
3. Gamblers Anonymous
4. No-one
5. Themselves
6. Other (SPECIFY)
7. (Don't know/not sure) [DO NOT READ OUT]

**SERVICES AVAILABLE TO
PROBLEM GAMBLERS**

Q11a Are you aware of services that exist to help problem gamblers and their families, friends and relatives?

1. Yes
2. No
3. (Don't know) [DO NOT READ OUT]

IF 2 OR 3 IN Q11A GO TO Q12A
OTHERWISE CONTINUE

Q11b What are the names of these services?

[MULTIPLE RESPONSE]

[DO NOT READ OUT]

1. Break even
2. G-Line
3. Gamblers Anonymous
4. Gam-Anon
5. Other (specify)
6. (Don't know/none) [DO NOT READ OUT]

Q11c Are you in favour of such services?

1. Yes
2. No
3. (Don't know) [DO NOT READ OUT]

Q11d Have you, or any of your family, friends or relatives ever used one of these services?

1. Yes [GO TO Q11G]
2. No [GO TO Q11E]
3. (Don't know) [DO NOT READ OUT] [GO TO Q11E]



problem gambling

Project Gamble 9

Q11e If you believed that you or any of your family, friends or relatives did have a problem with gambling would you contact these services?

1. Yes [GO TO Q12A]
2. No [GO TO Q11F]
3. (Don't know) [DO NOT READ OUT] [GO TO Q11F]

Q11f Why do you say that? [PROBE FULLY]

GO TO Q12A

Q11g Which services did you or your family, friends or relatives use?

[DO NOT READ OUT]
[MULTIPLE RESPONSE]

1. Break even
2. G-Line
3. Gamblers Anonymous
4. Gam-Anon
5. Other (specify)
6. (Don't know/can't recall) [DO NOT READ OUT - GO TO Q12A]
7. (Refused)

Q11h Why did you or your family, friends or relatives use <see service from Q11g>? [PROBE FULLY]

[REPEAT FOR ALL SERVICES USED]

Q11i What prompted you or your family, friends or relatives to seek counselling at that time? [PROBE FULLY]

Q12a [IF CODE 2 AT Q11B GO TO Q12B]
[IF CODE 2 AT Q11G GO TO Q12B]

Have you ever heard of G-line?

1. Yes
2. No
3. (Don't know/not sure) [DO NOT READ OUT]

Project Gamble 11/08/2008.doc Frank Small and Associates (Melbourne)



10

Q12b [IF CODE 1 AT Q11B GO TO Q12C]
[IF CODE 1 AT Q11G GO TO Q12C]

Have you ever heard of Break Even?

1. Yes
2. No
3. (Don't know/not sure) [DO NOT READ OUT]

Q12c G-Line is a telephone counselling service whose aim is to provide support and guidance to problem gamblers and their families, friends or relatives. If you, or any of your family, friends or relatives ever become affected by problem gambling, do you think you would call the "G-Line" service?

1. Yes
2. No
3. (Don't know/not sure) [DO NOT READ OUT]

DEMOGRAPHICS

D1 Record sex:

1. Male
2. Female

Thank you once again for agreeing to participate in this study. We do very much appreciate your involvement. Just to remind you my name is from Frank Small and Associates in Melbourne.

Sometimes my supervisor rings people back to check that I've conducted the interview properly. In case she wants to ring you to check could I please have your name?

[RECORD NAME] _____

Thankyou for your assistance today

I hereby certify that this is an accurate and complete interview, taken in accordance with my instructions and the ICC/ESOMAR International Code.

Signature: _____ DATE: _____

P:\QUANT\GGB\10099999.doc *Frank Small and Associates (Melbourne)*



Appendix B: G-Line Data Collection Forms



problem gambling

G-line manual recording sheet

Call number: Counsellor's Name:
Date:/...../..... Start time: : (am / pm) Duration: (mins)
State: Suburb: Postcode:

CALLER DETAILS

Gender: ☐ Male ☐ Female Age: TTY: ☐ No ☐ Yes
Caller's birthplace: Preferred Language:
Interpreter: ☐ No ☐ Yes Indigenous Australian: ☐ No ☐ Yes

Identity: ☐ Administration ☐ Friend ☐ Gambler ☐ Parent
☐ Partner ☐ Relative ☐ Research ☐ Sch couns/teacher
☐ Service prov ☐ Support serv ☐ Venue staff ☐ Workplace
☐ Other

Nature of call: ☐ Enquiry ☐ Follow up ☐ Hang up ☐ Need support
☐ Prank ☐ Relapse ☐ Treatment ☐ Other

Helped before: ☐ Behavioural ☐ Comnty res ☐ Emerg relief ☐ Financial
☐ G.A. ☐ G-line ☐ Gam Anon ☐ Legal
☐ None ☐ PGS Agency ☐ Self help ☐ Other

Reason for call: ☐ Awareness ☐ Control loss ☐ Debts ☐ Discovery
☐ Expenditure ☐ Financial ☐ Information ☐ Legal
☐ No crisis ☐ Peer pressure ☐ Relationship ☐ Stealing
☐ Suicide ☐ Suicide idea^a ☐ Other



CALLER DETAILS (contd.)

Referral Sree: ☐ A gambler ☐ Billboard ☐ Brochure ☐ Casino
☐ Directory assist ☐ Family/friends ☐ Paper/journal ☐ Phone book
☐ Posters ☐ Radio ☐ Serv. Provider ☐ Support services
☐ TV ☐ Venue notice ☐ Venue staff ☐ Other

Service reqd: ☐ Behavioural ☐ Comnty res ☐ Education ☐ Emergency relief
☐ Family couns ☐ Financial ☐ G.A. ☐ G.A.B.A.
☐ Gam Anon ☐ Legal ☐ PGS Agency ☐ Printed matter
☐ Self-exclusion ☐ Social ☐ Telecounsel ☐ Other

Mail out: ☐ Brochure ☐ Cared(s) ☐ Info sheet ☐ Language leaflet
☐ Poster ☐ Self-help booklet



problem gambling

<u>GAMBLER DETAILS:</u>			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Age:	Birthplace:
State:	Suburb: Postcode:
Marital status:	<input type="checkbox"/> De Facto	<input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Other
Single status:	<input type="checkbox"/> Divorced	<input type="checkbox"/> Engaged	<input type="checkbox"/> Never married <input type="checkbox"/> Separated
	<input type="checkbox"/> Widowed		
Dependent children:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Number
Occupation:	<input type="checkbox"/> Clerical	<input type="checkbox"/> Driver	<input type="checkbox"/> Home duties <input type="checkbox"/> Labourer
	<input type="checkbox"/> Manager	<input type="checkbox"/> Pension	<input type="checkbox"/> Professional <input type="checkbox"/> Retired
	<input type="checkbox"/> Rural worker	<input type="checkbox"/> Sales/market'g	<input type="checkbox"/> Self-employed <input type="checkbox"/> Student
	<input type="checkbox"/> Trades person	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Voluntary <input type="checkbox"/> Other
Occ hours:	<input type="checkbox"/> Casual	<input type="checkbox"/> Full time	<input type="checkbox"/> Irregular <input type="checkbox"/> None
	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Other
Income:	<input type="checkbox"/> < \$10,000	<input type="checkbox"/> \$10-\$19,999	<input type="checkbox"/> \$20-\$29,999 <input type="checkbox"/> \$30-\$39,999
	<input type="checkbox"/> \$40-\$49,999	<input type="checkbox"/> \$50-\$59,999	<input type="checkbox"/> \$60,000+
Education:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary <input type="checkbox"/> Post graduate
	<input type="checkbox"/> Other		
Gambling duration: Years Months	

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GAMBLER DETAILS (contd.)

Motivation: ☐ Anxiety ☐ Boredom ☐ Depression ☐ Entertainment
☐ Excitement ☐ Financial ☐ Life event ☐ Loneliness
☐ Peer pressure ☐ Pleasure ☐ Relationship ☐ Social
☐ Stress reduc'n ☐ Other

Gambling type	Frequency	Av \$ spent (session)	Av Duration (session)
Lotto/scratchies			
Pools/casket			
Bingo			
Races (TAB)			
Races (On course)			
Poker machines			
Card games			
Casino			
Other			

Freq: Daily, Few times a week, Weekly, Fortnightly, Monthly, Irregular.

Av Duration per session: Record hours and minutes.



problem gambling

GAMBLER DETAILS (contd.)

DSM IV Items:

- Do you go back to *get even* for losses? ☐ Yes ☐ No
- Do you *feel better* when you gamble? ☐ Yes ☐ No
- Do you *think more* about gambling than before? ☐ Yes ☐ No
- Do you *feel irritable* when you don't gamble? ☐ Yes ☐ No
- Do you need to gamble *more money* than in the past
to enjoy gambling? ☐ Yes ☐ No
- Do you *not tell the truth* about how much you gamble? ☐ Yes ☐ No
- Have you risked *losing friends/job* due to gambling? ☐ Yes ☐ No
- Have your friends/family *bailed you out* of problems
arising from gambling? ☐ Yes ☐ No
- Have you ever *done unlawful things* to get money to gamble? ☐ Yes ☐ No

Referrals:

Notes:

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Appendix C: Minimum Data Set Data Collection Forms





problem gambling

CLIENT REGISTRATION FORM

PLEASE COMPLETE FOR EACH CLIENT. ALL QUESTIONS RELATE TO CLIENT PRESENTING FOR COUNSELLING

Client Identification Number

Agency Code OR name

Site Code OR name

Worker Code OR name

Today's date

d	d	m	m	y	y	y	y		

1 Is this the client's first visit to this BreakEven service?

☐₁ Yes

☐₂ No. If registered prior to August 1997 please state **previous** agency code and **previous** client identification number

Previous Agency Code or Name

Previous Client Identification Number

2 Client's relationship to person with gambling behaviour. Please mark one box.

☐ Self

☐ Partner

☐ Parent

☐ Sibling

☐ Other relative

☐ Friend

☐ Work colleague or employer

☐ Other

3 Client gender

☐ Male

☐ Female

4 Age of client

☐ Known. Please state years

☐ Unknown. Please estimate years

5 Was the client born in Australia?

☐ Yes

☐ No. Please specify country of birth. ▼

6 Is the client an Aborigine or Torres Strait Islander? Mark one box only.

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

7 Does the client speak a language other than English at home?

☐ No

☐ Yes. Please specify language. ▼

8 Does the client require an interpreter?

☐ No

☐ Yes. Please specify language. ▼

9 Does the client identify with a particular cultural group?

☐ No

☐ Yes. Please specify. ▼

10 What is the client's present marital status?

☐ Never married

☐ Widowed

☐ Divorced

☐ Separated, but not divorced

☐ De facto

☐ Married

11 Which one of the following best describes the client's current living arrangement?

☐ Couple with children

☐ Couple with no children

☐ One parent family

☐ Group/share household

☐ Lone person household

☐ Other

12 Is the client homeless? Homeless refers to persons who have no home or permanent place to stay of their own (meaning they rented or owned it themselves) and no regular arrangement to stay at someone else's place.

☐ Yes

☐ No

Questionnaire continues overleaf.



13 Does the client have any dependants living with them? Dependants are children of the client who are under 15 yrs OR aged between 15 and 24 yrs and a full-time student.

- ☐₁ No
☐₂ Yes. Please specify number ►

14 What is the client's current labour force status?

- ☐ Employed 35 hours per week or more
☐ Employed less than 35 hours per week
☐ Unemployed. i.e. looking for work
☐ Not in the labour force

15 Do any of the following descriptions apply to your client? Please mark all relevant boxes.

- ☐₁ Voluntary worker
☐₂ Home duties
☐₃ Student
☐₄ Retired
☐₅ Not currently looking for work

16 Client's usual occupation. Mark one box only.

- ☐₁ Manager or administrator
☐₂ Professional
☐₃ Associate/para professional
☐₄ Tradesperson or related worker
☐₅ Clerical or service worker
☐₆ Production or transport worker
☐₇ Labourer or related worker

17 Gross **individual** income of client.

Please mark one box only

- ☐₁ \$1,500 or more per week
☐₂ \$800 - \$1,499 per week
☐₃ \$600 - \$799 per week
☐₄ \$400 - \$599 per week
☐₅ \$200 - \$399 per week
☐₆ \$120 - \$199 per week
☐₇ less than \$120 per week

18 Gross **family** income of client.

Please mark one box only.

- ☐₁ \$1,500 or more per week
☐₂ \$800 - \$1,499 per week
☐₃ \$600 - \$799 per week
☐₄ \$400 - \$599 per week
☐₅ \$200 - \$399 per week
☐₆ \$120 - \$199 per week
☐₇ less than \$120 per week

19 Does the client receive a government pension or benefit? Please mark one box only.

- ☐₁ No
☐₂ Yes, age pension
☐₃ Yes, disability support pension
☐₄ Yes, sole parent pension
☐₅ Yes, mature age allowance
☐₆ Yes, newstart allowance
☐₇ Yes, youth training allowance
☐₈ Yes, sickness benefit
☐₉ Yes, other

20 What is the client's presenting problem/s?

Mark all relevant boxes.

- ☐₁ Financial issues
☐₂ Employment/work related issues
☐₃ Leisure use issues
☐₄ Interpersonal (relationship) related
☐₅ Intrapersonal (anxiety, mood etc.)
☐₆ Family issues
☐₇ Legal issues
☐₈ Physical symptoms
☐₉ Gambling behaviour

21 Is the client legally bound to attend this session?

- ☐₁ Yes
☐₂ No

22 Who referred the client to your service?

Please mark all relevant boxes.

- ☐₁ Self referral
☐₂ Family/friends
☐₃ Community agency
☐₄ Media
☐₅ Self help group
☐₆ Gamblers Anonymous
☐₇ Other client of problem gambling service
☐₈ Problem gambling service staff
☐₉ G-Line
☐₁₀ Other therapist
☐₁₁ Legal service
☐₁₂ Health service
☐₁₃ Financial counsellor
☐₁₄ Court order/correctional system
☐₁₅ Other

The following information is required for geographic analysis only. It is not sufficient to identify individual clients and will not be used for this purpose.

23 Client's residential post code

24 Name of suburb/town where client lives

PROBLEM GAMBLING SERVICES MINIMUM DATA SET JULY 1997



problem gambling

CLIENT ASSESSMENT FORM

FOR CLIENTS WITH GAMBLING BEHAVIOUR ONLY. COMPLETE AT REGISTRATION AND IF BEHAVIOUR CHANGES.

Client Identification Number

Agency Code OR name

Site Code OR name

Worker Code OR name

Today's date

d	d	m	m	y	y	y	y

1 Gambling behaviour during a typical gambling episode

	Hours per episode	Dollars spent per episode	Episodes per month
Lotto/scratch lotto/lottery/pools/keno	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bet on races at TAB (off-course betting)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bet at races (on-course betting)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic gaming machine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bingo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bet on card games	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other kind of gambling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet/ On-line	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not known	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Which pattern of gambling best fits the clients' behaviour?

- ☐ 1 Ascending
☐ 2 Descending
☐ 3 Stable
☐ 4 Chaotic
☐ 5 Binge
☐ 6 Not currently gambling

3 What is the total sum of money that the client has access to for gambling purposes? Access refers to monies which the client is willing to and capable of obtaining, legally and/or illegally, for gambling purposes.

- ☐ 1 \$1,500 or more per week
☐ 2 \$800 - \$1,499 per week
☐ 3 \$600 - \$799 per week
☐ 4 \$400 - \$599 per week
☐ 5 \$200 - \$399 per week
☐ 6 \$120 - \$199 per week
☐ 7 less than \$120 per week

4 Source of funds used for gambling.

Please mark all relevant boxes.

- ☐ 1 Budgeted leisure money
☐ 2 Deducted from normal household expenditure
☐ 3 Savings
☐ 4 Asset sales
☐ 5 Borrowed money from family or friend/s
☐ 6 Borrowed money from other source/s
☐ 7 Illegal actions
☐ 8 Other. Please specify. ▼

5 Total amount of gambling related debt \$

6 In your estimation do the following statements

typify your client's actions. May be completed with the client to raise awareness or may be completed by the interviewer independently of the client.

	Yes	No
Is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture or thinking of ways to get money with which to gamble)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Needs to gamble with increasing amounts of money in order to achieve the desired excitement	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Has repeated unsuccessful efforts to control, cut back or stop gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Is restless or irritable when attempting to cut down or stop gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, or depression)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
After losing money gambling, often returns another day to get even ('chasing' one's losses)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lies to family members, therapist, or others to conceal the extent of involvement with gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Has jeopardised or lost significant relationship, job, or educational or career opportunity because of gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Relies on others to provide money to relieve a desperate financial situation caused by gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2



INDIVIDUAL CLIENT CONTACT FORM

PLEASE COMPLETE FOR EACH INDIVIDUAL CLIENT CONTACT. FOR GROUP SESSIONS USE GROUP CONTACT FORM

Client Identification Number

Agency Code OR name

Site Code OR name

Worker Code OR name

Today's date

d	d	m	m	y	y	y	y

1 Is this the client's first visit to this BreakEven service? This is a transitional question for change of data collection systems.

☐ Yes. Please complete client registration before continuing

☐ No. If registered prior to August 1997 please state **previous** agency code and **previous** client identification number

Previous Agency Code or Name

Previous Client Identification Number

2 Venue that contact occurred in.

Please mark one box only.

- ☐ Financial counselling service
☐ Health centre
☐ Other health agency
☐ Community agency
☐ Telephone
☐ Other

3 Nature of visit. Please mark one box only.

- ☐ Initial visit - new client
☐ Initial visit - re-presentation
☐ Follow up visit
☐ Planned final visit

4 Type of contact. Please mark one box only.

- ☐ Scheduled contact
☐ Unscheduled non-emergency contact
☐ Unscheduled emergency contact

5 Main type of intervention during this contact. Please mark one box only.

- ☐ Individual
☐ Couple
☐ Family
☐ Self help options

6 Counselling mode.

Please mark all relevant boxes.

- ☐ Assessment/referral
☐ Systemic therapies, structural strategic family therapy, psychodrama etc.
☐ Supportive counselling, allowing clients to vent feelings and offer general supportive environment
☐ Psychodynamic therapies; use of transference
☐ Cognitive approaches/CBT/RET; analysis of beliefs through pattern restructuring; behavioural advice
☐ Other. Please specify _____

7 Progress indicators

	Unresolved	Partially resolved	Fully resolved	Not an issue
Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrapersonal (mood, anxiety etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 What was the focus of this contact session? Mark all relevant boxes.

- ☐ Financial issues
☐ Employment/work related issues
☐ Leisure use issues
☐ Interpersonal (relationship) related
☐ Intrapersonal (anxiety, mood etc.)
☐ Family issues
☐ Legal issues
☐ Physical symptoms
☐ Gambling behaviour

Questionnaire continues overleaf



problem gambling

- 9 During **this** contact session did you refer the client to any other support services?

Please mark all relevant boxes.

- ☐ 1 No
☐ 2 Yes, family counselling or support services
☐ 3 Yes, general health services
☐ 4 Yes, self help services
☐ 5 Yes, mental health professionals
☐ 6 Yes, Gamblers Anonymous (G.A.)
☐ 7 Yes, legal services
☐ 8 Yes, financial counselling services
☐ 9 Yes, relationship counselling
☐ 10 Yes, material aid
☐ 11 Yes other support services. Please specify ▼

- 10 Is the client planning further contact?

- ☐ 1 Yes, further contact planned
☐ 2 No, presenting problem/s unresolved
☐ 3 No, presenting problem/s resolved.
☐ 4 Not known

- 11 Contact time.

 minutes

If the client's registration details have changed dramatically please fill out a new client registration form.

If the client's assessment details have changed dramatically please fill out a new client assessment form.

GUIDELINES

CLIENT REGISTRATION FORM

The information provided by the Client Registration Form will be used to provide demographic information about the type of people using support services.

The Client Registration Form is to be filled in by staff on behalf of all clients. The Client Registration Form should be completed at the commencement of the client's contact with the service.

Every client is to be allocated a **client identification number**. Each subsequent Contact and Assessment Form for that client must contain the same unique identifier. No agency should have two clients with the same client identification number. The **agency code** is allocated by the Department of Human Services. The **site code** is allocated by the agency. Site codes are unique within each agency. The **worker code** is the individual worker's identification code. Worker codes are unique within each agency and allocated by the agency. Each worker has one identification code only. New workers should be allocated a new code. They should not use the previous position holder's code.

INDIVIDUAL CLIENT CONTACT FORM

The Client Contact Form is used to provide an overview of the nature of worker intervention for the duration of the client's contact with the service.

The Client Contact Form is to be filled in by staff. It is to be completed for each client for every non-group contact, including contact by telephone. Which telephone calls should be thus recorded is left to the discretion of the individual counsellor. This form relates to individuals who receive a direct service irrespective of their relationship with the gambler. Do not complete this form for group sessions.

GROUP CONTACT FORM

The Group Contact Form is used to provide an overview of clients involved in group work. This form is to be filled in by staff. One form per group session providing the client identification numbers for all participants.

CLIENT ASSESSMENT FORM

The Client Assessment Form will be used to provide an overview of gambling behaviour. It is not intended to present a comprehensive picture of 'problem gamblers'.

The Client Assessment Form is to be filled in by staff on behalf of all clients receiving a problem gambling service. The Client Assessment Form should be completed at the client's assessment visit. If the client's gambling behaviour, as noted on the Client Assessment Form varies during the course of the treatment a new Client Assessment Form should be completed.



Appendix D: Community Education and Gaming Facility Liaison Post-out Questionnaire



problem gambling

Community Education *and* Gaming Facilities Liaison Officer Questionnaire

Agency Name

Worker Name

Time Fraction as CEGFLO eg 1.0 effective full-time or 0.5 EFT

Date commenced employment as CEGFLO

1. How do you define 'problem gambling'?
2. In terms of your educational work, do you work from a particular orientation?
3. What do you think are the Victorian Government's Problem Gambling Strategy main aims and objectives?
4. What do you think are the Department of Human Services main aims and objectives in relation to the Break Even Program?
5. What are your main aims and objectives in relation to your work as a CEGFLO?
6. What do you believe has been the impact, if any, of gambling industry advertising? Please elaborate.
7. How does this impact relate to your educational practice?
8. What is your assessment of the efficacy of DHS advertising in relation to problem gambling. Please elaborate.
9. What DHS advertisements in relation to problem gambling have you seen? Please describe.
10. What is your assessment of the efficacy of your own advertising/ education campaign/s. Please elaborate.
11. In your view what would be the most effective way of preventing problem gambling?
12. Do you prioritise your work? If yes, what criteria do you use to prioritise your work as a CEGFLO?



13. Do you receive any supervision at work?

If yes, what aspects of your work are supervised?

If no, would you like to be supervised? Why aren't you currently supervised?

14. Generally, in what ways do you monitor your own professional practice?

15. What measures are you using, if any, to evaluate your work specifically in the area of problem gambling?

16. In general terms, what are your expectations in relation to outcomes in your professional practice with problem gambling?

17. What are the constraints, if any, in achieving these outcomes?

18. How do you think Break Even is seen by the *general public*?

19. How do you think Break Even is seen by *problem gamblers*?

20. What are the *positives* for you of working in this area?

21. What are the *negatives* for you of working in this area?

22. How satisfying is the content of the work you perform?

1 = extremely unsatisfying

2 = quite unsatisfying

3 = neither satisfying nor unsatisfying

4 = quite satisfying

5 = extremely satisfying

23. Are there particular aspects that are satisfying

(indicators of instrumental satisfaction may include variety, complexity, if challenged at work, employment of the workers current skills and abilities, opportunities for learning, worker control over pace and methods etc)

24. Are there particular aspects that are unsatisfying



Appendix E: Community Education and Gaming Facility Officer Diary



problem gambling

Diary

Agency Name _____
Worker's Name _____
Time Fraction _____

How to complete your diary

- The purpose of the diary is to obtain an overview and insight into the work of Community Education and Gaming Facilities Liaison Officers in Victoria.
- All comments will be treated in complete confidence.
- Please complete the diary for at least one week, including weekends where appropriate. An additional page has been added for you to photocopy should you wish to continue the active reporting over a longer period.
- Use the headings suggested, and include details of time and place. Additional information may be added in the 'remarks' column.
- The diary is printed one-day-per-sheet on one side only. Please use the back of each or add further sheets if you wish.
- At the end of the two weeks please post the diary back to me in the self addressed envelope provided.

Thank you

Problem Gambling Research Program The University of Melbourne

problem gambling



Monday 7 September 1998						
What did you do? (please include travelling as an activity)	Time began	Where were you?	With whom?	Planned activity	Unplanned activity	Remarks
e.g. telephone conversation with gaming venue staff member advising them how to respond to a person they identified as having a gambling problem. Sent out educational material to venue and arranged to conduct a training session the following week	09:45	Office	Gaming venue staff member	X		

Do you feel that this was a typical working week? If not, please elaborate.

Any additional comments.



Appendix F: Gaming Staff and Managers Questionnaire



problem gambling

Gaming Staff and Managers Questionnaire

- Position title
- Work location
 - Melbourne CBD
 - Melbourne - inner city
 - Melbourne - suburbs
 - Country - provincial city
 - Country - rural
- Does your workplace have any pamphlets or flyers about problem gambling on display?
 - ☐ Yes
 - ☐ No
- Could you name them? Eg (add name of SA AHA pamphlet title)
- Who supplied these pamphlets and/or flyers? That is, who brought them to your workplace? Please tick all relevant boxes.
 - Own organisation. That is, produced internally
 - Gaming industry
 - Break Even
 - G-Line
 - Other. Please specify
 - Do these pamphlets/flyers advertise a service?
 - ☐ Yes
 - ☐ No
 - If so, which one(s) Please tick all relevant boxes.
 - Break Even
 - G-Line
 - Other. Please specify
 - Do you think these pamphlets and flyers are useful?
 - ☐ Yes
 - ☐ No
 - ☐ Break Even
 - ☐ G-Line
 - ☐ Other. Please specify
 - If you ticked YES above, please say how they are useful.
 - If you ticked NO above, please say why you don't consider them useful.
 - Have you ever, either in this or previous positions, attended a training/ information session about problem gambling?
 - ☐ Yes
 - ☐ No

- Who provided the training? Please tick all relevant boxes.
 - ☐ Own organisation
 - ☐ Gaming industry
 - ☐ AHHA/LCAV
 - ☐ Break Even
 - ☐ G-Line
 - ☐ Other. Please specify
- Do you think this training is useful?
 - ☐ Yes
 - ☐ No
 - ☐ Own organisation
 - ☐ Gaming industry
 - ☐ AHHA/LCAV
 - ☐ Break Even
 - ☐ G-Line
 - ☐ Other. Please specify
 - ☐ Please elaborate.
- Have you ever heard of Break Even?
 - ☐ Yes
 - ☐ No
- Have you ever contacted Break Even for advice on how to manage a difficult situation involving a patron?
 - ☐ Yes
 - ☐ No
- Did you find this contact useful? Please elaborate.
- Please describe any other work related contact you have had with Break Even staff?
- What is your perception of Break Even?
- If you or someone else in your venue had a problem with gambling do you think they would use the services of Break Even or another organisation? Please elaborate.



Appendix G: Shopping Centres and Gaming Venues Questionnaire



problem gambling

Good morning/afternoon/evening, my name is from the University of Melbourne. We're conducting a brief survey which will take about 10 minutes. Would you mind if I asked you a few questions?

Firstly, do you work in Marketing [TERMINATE] Market Research [TERMINATE] or Advertising [TERMINATE] ?

1. I would like you to think about advertising material you have seen or heard recently, do you recall any material about problem gambling?

1. Yes

2. No [GO TO QUESTION 3]

1a. If yes, please tell me what you remember about the material. What else? *(record verbatim response)*

1b. What was the main thing the material was trying to tell you? *(record verbatim response)*

1c. Where did you read, see or hear that material? *If loose leaf flyer record location of flyer*

What other material about problem gambling do you remember reading, seeing or hearing recently? *(record verbatim response)*

1a. 1st Material: _____

1b. Message: _____

1c. Medium: TV.....1 Radio.....2 Newspaper Ad...3 Newspaper article...4
Magazine...5 Loose leaf flyer (location _____) Other.....7 Can't recall.....8

1a. 2nd Material: _____

1b. Message: _____

1c. Medium: TV.....1 Radio.....2 Newspaper Ad...3 Newspaper article...4
Magazine...5 Loose leaf flyer (location _____) Other.....7 Can't recall.....8

1a. 3rd Material: _____

1b. Message: _____

1c. Medium: TV.....1 Radio.....2 Newspaper Ad...3 Newspaper article...4
Magazine...5 Loose leaf flyer (location _____) Other.....7 Can't recall.....8

1a. 4th Material: _____

1b. Message: _____

1c. Medium: TV.....1 Radio.....2 Newspaper Ad...3 Newspaper article...4
Magazine...5 Loose leaf flyer (location _____) Other.....7 Can't recall.....8



2. Have you ever heard any of these messages before?

Yes No Unsure

- | | | | |
|---|---|---|--------------------------------------------------------------------|
| 1 | 2 | 3 | Be open with family and friends about your gambling. |
| 1 | 2 | 3 | Make gambling only one part of your regular entertainment. |
| 1 | 2 | 3 | Gamble only for fun. |
| 1 | 2 | 3 | Keep any winnings in your pocket. |
| 1 | 2 | 3 | Set a limit you can afford and stick to it. |
| 1 | 2 | 3 | It's okay to say no to gambling. |
| 1 | 2 | 3 | If you have a gambling problem in your life call G-Line toll-free. |
| 1 | 2 | 3 | Don't mix drinking and gambling. |
| 1 | 2 | 3 | Don't borrow money to gamble. |
| 1 | 2 | 3 | Leave your automatic teller card behind when you gamble. |
| 1 | 2 | 3 | Be honest about how much you have lost. |
| 1 | 2 | 3 | Gambling rule #1 if it's no longer fun walk away. |
| 1 | 2 | 3 | Gaming more than a game. |
| 1 | 2 | 3 | Bet with your head and not over it. |
| 1 | 2 | 3 | Chinese Telephone Counselling Network. |

3a. Have you ever seen this pamphlet before?

1. Yes
2. No
3. Unsure

3b. Where did you see it?

- [DO NOT READ OUT]
[MULTIPLE RESPONSE]
1. Gaming venue
 2. Community health centre
 3. Neighbourhood house
 4. Other, please specify
 5. Can't recall

Pamphlet 1

3a. _____
3b. _____

Pamphlet 2

3a. _____
3b. _____

Pamphlet 3

3a. _____
3b. _____

Pamphlet 4

3a. _____
3b. _____

Pamphlet 5

3a. _____
3b. _____

Pamphlet 6

3a. _____
3b. _____

Pamphlet 7

3a. _____
3b. _____

Pamphlet 8

3a. _____
3b. _____

Pamphlet 9

3a. _____
3b. _____

Pamphlet 10

3a. _____
3b. _____

Pamphlet 11

3a. _____
3b. _____

Pamphlet 12

3a. _____
3b. _____



problem gambling

4. Have you ever used G-Line? Yes ☐ No ☐
5. Have you ever used Break Even? Yes ☐ No ☐
6. If you ever needed G-Line would you contact them? Yes ☐ No ☐ Unsure ☐
7. If you ever needed Break Even would you contact them? Yes ☐ No ☐ Unsure ☐

[GAMING VENUE PATRONS ONLY]

8. How long did you spend at this venue today?
1. Less than 10 minutes
 2. 10 to 29 minutes
 3. Half an hour or more and less than an hour
 4. An hour or more and less than 2 hours
 5. 2 hours or more and less than 4 hours
 6. 4 hours or more and less than 8 hours
 7. 8 hours or more and less than 12 hours
 8. 12 hours or more
9. How often do you gamble?
1. Once a month
 2. Two to three times a month
 3. Once a week
 4. Two to three times a week
 5. Every day
 6. More than once a day

[ALL INTERVIEWEES]

A. Sex

1. Male
2. Female

B. Age

1. Under 19 years
2. 20 to 29 years
3. 30 to 39 years
4. 40 to 49 years
5. 50 to 59 years
6. 60 to 69 years
7. Over 70 years

10. Location _____

Thank you for your time and for agreeing to participate in this study.

Just to remind you my name is from the University of Melbourne.

If you have any queries about this study, please contact:

School of Social Work University of Melbourne

[HAND INTERVIEWEE BUSINESS CARD IF REQUIRED]



Appendix H: Information Products Developed by Community Education and Gaming Facility Liaison



problem gambling



**IF GAMBLING IS
RUINING YOUR LIFE
TALK ABOUT IT.
CALL G-LINE.
FREECALL
1800 622 112**



BREAK EVEN
G-line



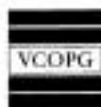
NOTICE TO PATRONS

The management of these premises are pleased to promote

Responsible Gambling For Victorians

If you have a gambling problem in your life
call G-line toll free 24 hours on

1800 622 112

Produced by the Victorian Council on Problem Gambling Inc. Sponsored by TAB 1800 622 112. Funded by the Victorian Government through the Community Support Fund.



problem gambling



Gambling out of control?

BreakEven is a free service for Problem Gamblers and their families/friends. It is funded by monies from gaming revenue, through the Victorian Government's Community Support Fund.

The BreakEven Counselling Service offers free confidential counselling for individuals, couples and families for whom gambling is causing problems in their lives.

eg financial
relationship
legal
employment
emotional

The BreakEven Problem Gambling Service can help with issues relating to problem gambling in Victoria through the Community Education and Gaming Facility Liaison Officer representing your area.

Gambling can become a serious problem.

Excessive gambling can lead to problems in personal or family life, employment or financial well being.

In order to solve their financial and other difficulties, problem gamblers are often prepared to take ever increasing risks, and behave secretively, which tends to isolate both the individual and family members. Feeling helpless, gambling often seems to be the only source of comfort and support.

BreakEven offers innovative programs for individuals and families affected by gambling.



**How can you tell
if there is a problem?**

Ask yourself is there:

- > a pre-occupation with gambling?
- > a tendency to gamble more than you can afford?
- > little interest in family matters?
- > increased isolation or time spent away from the family?
- > withholding of pay slips, bank statements or outstanding bills?
- > concern about money matters?
- > loss of time from work?



**IF GAMBLING IS
RUINING YOUR LIFE
TALK ABOUT IT.
CALL G-LINE 1800 622 112**



FUNDED BY THE VICTORIAN GOVERNMENT THROUGH THE COMMUNITY SUPPORT FUND





problem gambling

小賭怡情？

當賭博已不再是你消遣的「消遣」

你是否一位賭博的受害者？
你是受害者的家人？
或你認識一位受害者，但覺得其很脆弱？

請電：(華人賭博輔導熱線)
03 - 9653 3241

G-line 熱線 (多線24小時) **1800 622 112**

你現在就可以採取的行動：

- 向你的親友坦白說出你賭博的情況，不要自我封閉
- 你若懷疑自己有賭博問題，盡快尋求協助
- 若你的親友有賭博問題，你可使用「輔導熱線」及幫助你探討協助你親友的方法
- 把這站送給有需要親友

輔導熱線服務中心





CONFIDENTIAL SERVICE FOR PEOPLE AND FAMILIES WITH GAMBLING PROBLEMS

Our service provides:

- > Counselling and Support
- > Family/Relationship Counselling
- > Assessment and Referral Services
- > Information & Education

Help available for individuals, couples and families who are affected by gambling, may include the following:

- > Control over the impulse to gamble
- > Controlled gambling strategies
- > Improved relationships
- > Financial planning
- > Communication skills
- > Self-confidence
- > Treatment and support groups
- > Relaxation
- > Self-help skills



SOUTHERN

FREE CALL ALL AREAS
1800 622 112
or your local
BreakEven Problem
Gambling Counselling
Service at

SOUTH MELBOURNE	9890 9144
EAST BENTLEIGH	9579 2333
SPRINGVALE	9548 3258
ENDEAVOUR HILLS	9700 4301
CRANBOURNE	03 5996 6296
PAKENHAM	03 5940 1866
FRANKSTON	9783 6077
HASTINGS	03 5979 4443
ROSEBUD	03 5996 1276

MULTICULTURAL SERVICES:

SPRINGVALE	9548 5255
DANDENONG	9706 8033
ST. KILDA	9525 4622

Prepared by the Victorian Council on Problem Gambling
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**IF GAMBLING IS A
PROBLEM IN YOUR LIFE
TALK ABOUT IT.**

Contact
BreakEven
Problem Gambling Counselling Service

TOLL FREE

1800 622 112



