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## EXECUTIVE SUMMARY

### NATURE OF THE STUDY

This research, known as Study 1, has been carried out for the Casino Community Benefit Fund Trustees by consultants Keys Young.

The Terms of Reference of Study 1 were to:

- 1 Identify those persons, organisations, services and facilities in New South Wales which conduct research into gambling
- 2 Identify those persons, organisations, services and facilities in New South Wales which provide assistance to problem gamblers and their families
- 3 Examine and report on the general nature of facilities and programs provided by such persons, organisations, services and facilities with particular comment on:
  - resources utilised;
  - range and level of services provided;
  - extent of coordination and cooperation between programs;
  - degree of community involvement;
  - availability of external evaluation of facilities and programs; and
  - the level of training available to service providers
- 4 Identify the sources of funding from which such persons, organisations and facilities are drawn
- 5 Provide a brief comparison of relevant persons, organisations, services and facilities which operate outside of NSW which conduct research into gambling, or provide assistance to problem gamblers and their families.

### STUDY APPROACH

Contact was made with agencies that provide services to problem gamblers and their families; individuals and organisations that conduct research into gambling; organisations within the gaming industry; and other organisations that were considered to have a possible interest in problem gambling. Both government and non-government organisations were contacted and selective organisations in other States, in particular Queensland and Victoria, were contacted.

Various methods were used to make contact with these individuals and organisations including letters, telephone calls and personal visits. A leaflet, outlining the intent of the study was placed in the NSW Council of Social Service and Australian Council of Social Service newsletters. Where appropriate, individuals and organisations were asked to identify other relevant individuals or organisations which might be of interest to the study.

Prior to consulting with these individuals and organisations, interview pro-formas were developed to ensure consistency of information while allowing scope for more free ranging discussion.

## **SERVICES FOR PROBLEM GAMBLERS AND THEIR FAMILIES**

A range of services for problem gamblers and their families was identified throughout the course of the study. These services ranged from specialised services which employ counsellors and other staff with a number of years of experience in problem gambling, to general counselling services which provide drug and alcohol, financial or family counselling to problem gamblers and their families. A range of private counselling services is also available. It should be noted that, while efforts were made to identify all such services, the list of services included in this report may not be exhaustive.

The various treatment approaches to problem gambling taken by these specialised services are based on a variety of conceptual frameworks. However, most services are flexible and tailor treatment programs to the needs and circumstances of individual clients. A range of residential and non-residential options is available to clients. Residential programs charge a fee for service whereas non-residential counselling and therapy is often free. These services also operate from a variety of settings. Community based organisations typically offer free non-residential services while private hospitals offer mainly residential, full fee services. With one exception, all specialised problem gambling services are in the Sydney metropolitan area. There is a clear lack of a free, short-term intensive residential program.

Some of these services have been established, and are coordinated by, professionals with a long established reputation and experience in the field of problem gambling. Other services are being coordinated by new entrants to the field, though often with the guidance of more experienced practitioners and researchers.

Services in the addictions area (most particularly alcohol and other drugs) are often seen as offering interventions that can appropriately be applied to problem gambling.

All of these services, and particularly community based services, suffer from a lack of resource materials to assist in the treatment of problem gambling. Such resources as do exist (literature, videos, etc.) are scarce and expensive to develop. There was also a perceived need for greater community awareness of problem gambling as well as for training for professionals in other fields on how to diagnose and treat people with gambling problems and where to refer these people for specialised treatment.

## **RESEARCH INTO GAMBLING**

Research into gambling is carried out from a variety of settings. Service providers, academics and consultants all carry out research. Again, it is evident that research is being undertaken by long established, and internationally recognised experts as well as by new entrants to the gambling field. Organisations such as the Australian Institute for Gambling Research have also been established as a focal point for the coordination of research into gambling.

Research is currently being carried out into the prevalence of gambling and problem gambling; the social and economic impacts of gambling and problem gambling; the nexus between alcohol and gambling; the genesis of gambling behaviour; and the impacts of gambling on the family, tourism and leisure patterns.

There is an apparent need for further research into the above areas as well as into the effectiveness of the various models of treatment of problem gambling.

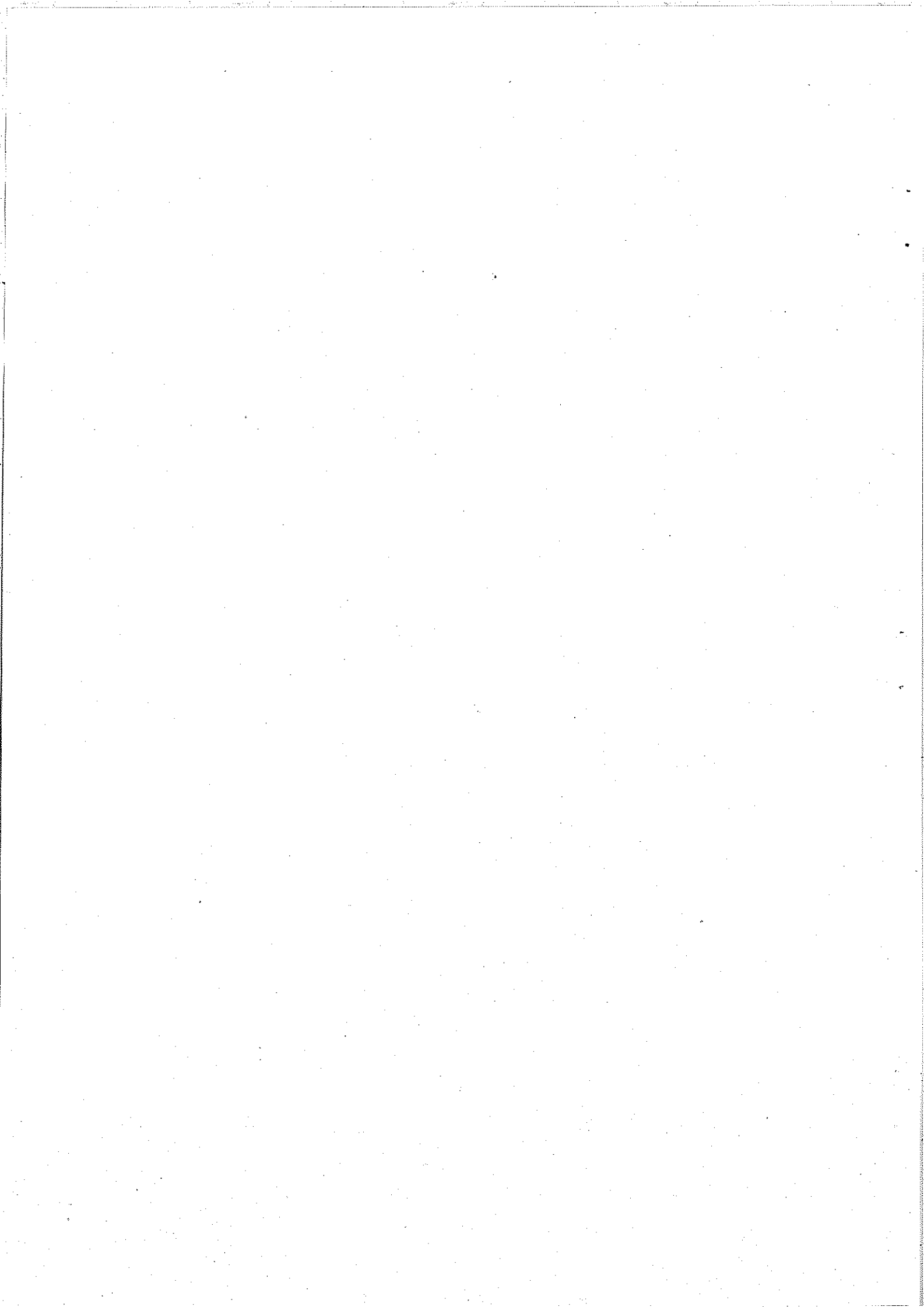
## **THE GAMING INDUSTRY**

Within the gaming industry, there are some varying perceptions as to the magnitude of the problems caused by gambling as well as what level of responsibility the industry should assume for problem gambling. It is evident though, as it is with casinos in other States, that the Sydney Harbour Casino is prepared to acknowledge that problem gambling is a significant issue and that a cooperative approach with problem gambling service providers and others can help to reduce the harm associated with gambling.

## **OTHER STATES**

Community benefit funds in a number of other States are used to support the provision of services for problem gamblers and their families. In both Queensland and Victoria, these services have been organised under the banner of 'Breakeven'. The staff of these services which operate under the Breakeven banner have been provided with training specifically in problem gambling counselling. In Queensland, services are coordinated by three auspicing agencies - Centacare, Lifeline and Relationships Australia. In Victoria, the scheme operates through a number of family support services and community health centres. These schemes have meant a more widespread, and publicly visible, provision of problem gambling services.

There was some concern though, amongst those in NSW, that while such a coordinated approach has its benefits, it can lead to 'bureaucratic waste' and to an inflexible provision of services.



## 1.0 INTRODUCTION

### 1.1 BACKGROUND

This research has been carried out for the Casino Community Benefit Fund Trustees by consultants Keys Young.

Under the Casino Control Act 1992, the casino operator - Sydney Harbour Casino Pty Limited - is required to pay a 2% levy on casino gaming revenue from the commencement of gaming operations, which occurred on 13 September 1995.

The money to be derived from payment of the levy is governed by a trust deed which has appointed trustees and which contains provisions relating to the expenditure of that money for the benefit of the community.

The Fund is administered by nine trustees drawn from the Casino Control Authority, the Wesley Mission, The Salvation Army, the Society of St Vincent de Paul, the Uniting Church in Australia, the Department of Training and Education Co-ordination, the Department of Health, the Department of Community Services and the Department of Gaming and Racing.

The trustees of the Fund are operating under stated objectives designed to ensure that moneys raised through the casino community benefit levy are basically used to fund appropriate research into gambling, to assess the impact of gambling on the community, to identify available treatment and support for problem gamblers and their families, and to promote awareness of problem gambling and its consequences.

One of the first undertakings of the Fund Trustees has been to commission two research studies which are intended to provide a wide range of base-line information on matters relating to problem gambling. This report presents the results of one of those research projects, known as Study 1.

### 1.2 TERMS OF REFERENCE

The Terms of Reference of Study 1 were to:

- 1 Identify those persons, organisations, services and facilities in New South Wales which conduct research into gambling
- 2 Identify those persons, organisations, services and facilities in New South Wales which provide assistance to problem gamblers and their families
- 3 Examine and report on the general nature of facilities and programs provided by such persons, organisations, services and facilities with particular comment on:
  - resources utilised;
  - range and level of services provided;
  - extent of coordination and cooperation between programs;
  - degree of community involvement;
  - availability of external evaluation of facilities and programs; and
  - the level of training available to service providers

- 4 Identify the sources of funding from which such persons, organisations and facilities are drawn
- 5 Provide a brief comparison of relevant persons, organisations, services and facilities which operate outside of NSW which conduct research into gambling, or provide assistance to problem gamblers and their families.

### 1.3 STUDY APPROACH

Various methods were used to identify relevant individuals and organisations providing services to problem gamblers and their families and to identify researchers carrying out work in this area.

- Starting with known, existing services the data held by the Australian Institute for Gambling Research on services and researchers were accessed and a 'snowball' approach was used to broaden the investigation and identify a wider range of services and researchers.
- Personal interviews and/or visits were carried out with most of the specialised problem gambling services, the others being interviewed by telephone. In all cases, the interview pro-forma (see Appendix A) was used to collect information in a consistent format. Basically discussions covered a variety of issues surrounding services for problem gamblers and their families.
- A list of people who conduct research into gambling was built up during these consultations and information was collected from all researchers identified in NSW who undertake research projects into gambling and could be contacted. Researchers from other States were also contacted where it was evident that their research activities were in the gambling field. A pro-forma was used to collect this information (see Appendix B) though, again, discussion covered a variety of issues around research into gambling. A range of researchers from overseas was also identified.
- Notices were placed in the newsletters of The NSW Council of Social Service and Australian Council of Social Service describing the nature of the Trust Fund and this particular study. The notice sought to identify any agencies providing services to problem gamblers and their families or carrying out appropriate research.
- A range of general services which provide family, financial and/or drug and alcohol counselling was contacted by telephone. While these services did not necessarily provide specialised services around problem gambling, they did encounter problem gambling amongst their clientele. Such services lent support to families where problem gambling was an issue and/or made appropriate referrals to problem gambling services. These consultations were centred around the prevalence of problem gambling amongst the services' clientele, the level of training in addictions counselling amongst the workers (in particular, problem gambling counselling) and the referral processes used for clients with gambling problems.
- A number of government agencies operating within a 'social welfare' framework (eg Department of Social Security) were sent an introductory letter explaining the nature of the research. This was followed up by telephone contact. Such organisations were contacted in order to establish what interests they may have in the issue of problem gambling and what types of services, activities or research in relation to problem gambling they might fund or otherwise be involved in.
- A range of organisations representing the gambling industry (eg the Sydney Harbour Casino) was also sent an introductory letter then contacted by telephone or visited. Representatives of these organisations were asked about their awareness of problem gambling, any policies in place to recognise and address problem gambling, the level of employee training on the issue (where relevant), links with problem gambling services and their willingness to assist in research and other activities aimed at problem gambling.



- Finally, letters were sent to all counselling services (largely private ones) listed in the Sydney Yellow Pages of the telephone book asking about the incidence of problem gamblers amongst their clientele and what services were provided to them.
- Contact was also made with the Breakeven schemes in Queensland and Victoria. Breakeven Queensland is a statewide counselling service designed for problem gamblers which is jointly coordinated by Lifeline, Relationships Australia and Centacare. Breakeven Victoria is also a statewide counselling service coordinated by the Department of Health and Community Services. Both schemes are funded by a community benefit fund generated by gaming revenue.
- All individuals and organisations that were contacted throughout the course of the study are listed in Appendix C.

The results of these consultations are summarised in this document.

## 2.0 SERVICES FOR PROBLEM GAMBLERS AND THEIR FAMILIES

Section 2 describes the main services offering specialist treatment and support to problem gamblers and their families. These services are set out in alphabetical order. Points of contact for each of these services are included in Appendix D. This section also discusses more general services and private services operating.

### 2.1 THE BADHAM CLINIC (UNIVERSITY OF SYDNEY)

- The Badham Clinic is part of the Department of Psychology at the University of Sydney. The service has been treating clients since 1990, though no service was offered in 1995. It is expected that, providing funds are made available, the service will resume in 1996.
- The Badham Clinic offers individual counselling and therapy by trained psychologists and university students in training for a postgraduate degree in Clinical Psychology. As well as providing a service to problem gamblers, the clinic also provides services for a wide range of other psychological disorders. The gambling treatments currently offered are given theoretical direction by Dr Michael Walker, Department of Psychology, University of Sydney.
- Each client receives approximately ten one hour sessions, usually on a weekly basis.
- Each gambler receives a treatment program tailored to his or her needs in relation to the specific type of gambling involved.
- The treatments offered are based on the assumption that both the cognitions related to gambling and the gambling behaviour must be brought under the control of the gambler. Thus, the goal of the therapy is increased control over gambling rather than total abstinence from gambling.
- The treatment program aims to: identify the determinants of the gambling behaviour; provide techniques to avoid the gambling related stimuli; construct alternative behaviours (other than gambling); and address the individual's idiosyncratic beliefs about gambling.
- The service is evolving as the experimental evidence of specialists in the field suggests that the erroneous cognitions of gamblers have a central role in maintaining gambling behaviour. The service is likely to place an increased emphasis on the cognitive restructuring of the belief system of the problem gambler.
- Since 1992, the Badham Clinic has provided treatment to about 40 problem gamblers. When clients are needed for the service, advertisements are placed in newspapers or are referred from other agencies.
- Informal contact with other problem gambling services is maintained. The coordinator is a member of the National Association for Gambling Studies.

## 2.2 CENTACARE CATHOLIC FAMILY SERVICES

Centacare is the generic name for Roman Catholic Archdiocese welfare services and operates as a not for profit, non-government organisation. Centacare in the Parramatta Diocese (one of three in Sydney) includes a service for problem gamblers and their families. This service operates from the Parramatta Centacare office. The manager of the gambling service is accountable, administratively, to the Director of Centacare services in the Parramatta Diocese who in turn is accountable to the Bishop.

### Services Offered

- The service offered to problem gamblers and their families is on a non-residential basis. While there are some one-time, drop-in clients, most clients are seen on a weekly basis. No fee is charged for the service although clients are invited to make donations.
- Centacare offers individual counselling to problem gamblers and also to the family unit where appropriate. Appointments must be made for individual counselling. Around 15 clients are seen each week and there is currently a three to four week waiting period for individual counselling sessions. Initial contact is usually made over the phone where immediate crises are addressed and either an appointment or referral is made.
- Weekly educational and support groups are held each Saturday afternoon. These groups typically consist of between 10 and 25 people and are open ended. That is, they do not follow a particular schedule and people can join the group at any stage. These group sessions make use of videos and literature to help participants gain a better understanding of problem gambling and common underlying problems and allow participants to discuss any issues raised. These group sessions are a cost effective means of providing a service to people in need while they are waiting for individual counselling.
- More structured group therapy sessions are held on Tuesday evenings. Group therapy consists of a series of two hour sessions over four weeks and is limited to about six clients. Group therapy focuses more on addressing people's individual and often deep rooted problems. Clients are selected and invited to attend group therapy sessions when it is deemed that they would benefit from group therapy.
- Due to budget constraints, group sessions are facilitated by only one counsellor. However, according to Centacare counsellors, because of the complexity of the issues raised, it is considered desirable to have a second counsellor present.
- The services offered include ongoing assessment and evaluation of each client's progress.
- Clients are encouraged to also attend Gamblers Anonymous (GA) or Gam-Anon meetings.
- The service places a great deal of emphasis on the family and can provide counselling, therapy and education to families in the absence of the problem gambler. Where possible, though, both the problem gambler and the family are encouraged to attend counselling and group sessions.
- The service is tailored to assist problem gamblers and their families and is not part of other services such as drug and alcohol counselling. However, where problems other than gambling are evident, clients are directed to other appropriate services offered by Centacare (Centacare offers marriage counselling, marriage education, family support for children at risk and pregnancy support) or are referred to other agencies. Clients are not forced to follow any specific program or sign a contract promising abstinence. Clients are encouraged to set their own goals whether that be abstinence from gambling, a reduction in gambling, controlled gambling etc.

- The service provided is underpinned by the assumptions that people with gambling problems often come from extremely dysfunctional families, have very low self esteem and often have a personal history of abuse during childhood. The service is also based on the view that: problem gamblers are members of a family unit, thus the involvement of family members (or significant others) could be beneficial; interaction with others may assist the problem gambler in gaining an understanding of gambling; and support from others could be instrumental in dealing with gambling problems.
- The goals of the Centacare service are to: *empower the problem gambler or a family member to address the immediate crisis associated with problem gambling; increase the problem gambler's/family member's awareness, understanding and skills in dealing with the gambling problem; restore and enhance the problem gambler's/family member's relationships with others; help the problem gambler's/family member develop appropriate basic living skills in order to enjoy a better quality of life; enhance the problem gambler's/family member's social skills; and direct family members to existing resources and services available for families affected by problem gambling.*
- Outcomes are measured through written evaluations completed by both workers and clients, by worker observation and by written and verbal feedback from clients.
- Centacare incorporates available literature, audio tapes and video tapes into the service. Because of the rarity of such materials specific to problem gambling however, many of these resources are focused on addictions generally or on specific types of addictions such as alcoholism.

### **The Clientele**

- There are currently about 50 people accessing the service, and in the 1994-1995 financial year, Centacare provided a service to 140 clients. Of these, about 62% were male and most were from the Western Sydney region although around 30% were from other areas of Sydney and NSW. Clients come from a wide range of ethnic and socio-economic backgrounds. The clientele engage in all forms of gambling though the most common forms of gambling are the TAB, poker (slot) machines and card machines.
- Other client data collected by Centacare include type of housing client resides in, housing tenure, source of income, marital status, number of children, presenting problem, source of referral and gambling history. These data are collected to satisfy the requirements of the funding bodies, to help assess and evaluate the service and to provide a profile of the clientele.
- Some groups of clients that Centacare feels are not being adequately catered for by the service include those in need of financial, legal or medical assistance. The service is also not currently equipped to provide a service to those from a non-English speaking background.

### **Sources and Levels of Funding**

- The Centacare gambling counselling service is currently funded by the Department of Community Services (DoCS) for one full-time gambling counsellor. Centacare is bound by a service agreement with DoCS and must reapply for funding each year. This funding represents about 80% of the total funding for the project. The remainder of the funding is provided by the Catholic Church Diocese Works Fund and client donations.
- The budget for the problem gambling program for the financial year 1994-1995 was just over \$55,000. It covers the salaries of two part-time gambling counsellors (17.5 hours per week each), the Program Manager (3.5 hours per week), Secretary (7 hours per week) as well as administrative expenses.

### **Coordination and Cooperation with other Organisations**

- Centacare maintains records of referral sources of their clientele and these records show that clients are referred to Centacare by friends and relatives, schools, courts and prisons, church groups, etc. Around 13% of clients are self-referred.
- Centacare has referral links with other community based organisations, health professionals and government services.
- Centacare refers people to financial counselling agencies, health professionals, other Centacare services and to Gamblers Anonymous and Gam-Anon.
- Staff from Centacare participate in the NSW Council on Compulsive Gambling, health promotion campaigns, Blacktown interagency meetings and Centacare interagency meetings. Staff also act as resource persons in some local community groups.

### **Program Performance**

- The service is accountable to DoCS and to the Centacare Director.
- The service is not subject to any external evaluation although the program's performance is monitored internally by the Program Manager.
- Internal evaluation of the service involves written staff and client reports combined with analysis of monthly statistics. Assessment of worker performance is also carried out monthly. Annual reports including measures of the program's performance are submitted to DoCS.
- Measures used as indicators of the program's performance are client satisfaction with the outcome of the services offered, increase in the number of new clients, number of referrals from other agencies, number of enquiries, increase in number of group attendees, increase in number of counselling interviews and increase in frequency of group participation.

### **Service Providers**

- Services are provided by two part-time, trained gambling counsellors (Laurie Bowe and Reg Murray) though the manager, Remy Matias, on occasion assists with service delivery. Both gambling counsellors have completed courses in addictions counselling with the Australian Institute of Counselling in Addictions. The manager is a trained psychotherapist with a background in Sociology and Social Work.
- Staff attend workshops, seminars and short term courses on addictions and related topics on a regular basis.
- Peer review and case conferencing is frequently carried out with the service manager. This helps staff to keep up to date with the progress of clients and also to ensure that staff receive the support they often need. Staff are under the clinical and administrative supervision of the manager who observes sessions on a regular basis.

### **Priorities for Program Development**

If additional funding were available, the priorities for development of the Centacare service would be as follows:

- The provision of additional group sessions and more individual counselling and the employment of additional gambling counsellors.

- A move to a more interdisciplinary approach to problem gambling with the employment of a financial counsellor, a relationships counsellor and a health professional.
- The purchase and/or development of additional literature, videos and other resources specific to problem gambling.
- The establishment of a half way house or short term, free residential program for problem gamblers and their families.
- Greater involvement in community awareness campaigns and the development of train the trainer resources.
- The provision of a 24 hour phone help line for problem gamblers and their families.

### 2.3 CREDITLINE AND LIFELINE

Creditline and Lifeline are both not for profit, non-government organisations which are divisions of the Wesley Mission. Though both Creditline and Lifeline operate through a number of outlets throughout NSW, the Sydney City operators in Chippendale are the only ones to offer a specialist service for problem gamblers and their families. Lifeline in Parramatta does however have a counsellor with a personal history of problem gambling employed on a voluntary basis who provides some counselling to a small number of problem gamblers. Problem gamblers identified through other Lifeline and Creditline outlets are referred to the Sydney services or to problem gambling services offered by other agencies.

The two services are closely interrelated, operating from the same premises and hence a 'team approach' is used for clients with gambling problems. Both services are accountable to the General Manager of Wesley Mission Lifeskills and Marketing.

#### Services Offered

- Both Creditline and Lifeline offer a non-residential, individual counselling service. No therapeutic group sessions are offered.
- Creditline is primarily a general financial counselling service. However, as a fairly large proportion of clients with financial problems also have a gambling problem, addictions counselling is also provided.
- Creditline offers individual counselling, crisis counselling, advocacy in debt situations and court representation and support (access to the Wesley Mission community legal centre is available). Where appropriate, work is also done with the family of the problem gambler.
- Lifeline offers face to face addictions counselling for problem gamblers and their families. Referrals to a counsellor at Creditline are made for financial counselling if necessary. Lifeline also runs a crisis and referral line with trained generalist counsellors. As needed, referrals are made for specialised gambling counselling.
- Clients are seen initially on a weekly basis and then the service is tapered off as clients are stabilised and require less frequent counselling.
- Both services are based on the idea that problem gambling is a means of coping with other problems. The counselling attempts to uncover what these other problems might be and what role gambling is playing in the individual's life. The services use a combined cognitive behavioural, and psycho-dynamic approach to treating problem gambling whereby the client is helped to understand what set of circumstances and thought processes lead them to gambling and are taught alternative means of coping with those circumstances.
- Counselling also involves helping the client to understand the facts as well as some of the common myths about gambling.
- The service also focuses on suicide prevention - nearly 60% of Lifeline clients have reportedly had suicidal thoughts at some stage.
- The service is flexible and tailored to the individual needs of clients and outcomes are not imposed on the client. Clients are encouraged to define their own goals whether it be abstinence from gambling or a reduction in gambling. Clients generally come to the realisation, however, that controlled gambling is difficult to maintain. The service aims to assist the client in achieving their goals through whatever means are likely to be most effective and least intrusive.
- The outcomes of the service are set in behavioural terms and are measured through feedback from clients and through the use of a follow up questionnaire. Some measures of success include financial

stability, family stability, employment stability, efforts to pay off debts, a reduction in or abstinence from gambling and attendance at Gamblers Anonymous.

- Lifeline and Creditline provide addictions counselling to around 20 problem gamblers a week. In addition, Creditline provides financial counselling to people who may have gambling problems but do not receive addictions counselling. Though the demand on the service varies, there is typically a two to three week waiting period for face to face counselling.
- For every person that is given face to face counselling there are four Lifeline phone enquiries from people with gambling problems. People in a state of crisis are counselled over the phone and, if necessary, an appointment is made for face to face counselling.

### **The Clientele**

- Neither service has geographic or socio-economic boundaries in regard to who can utilise the service. Both services are available to anyone who is seeking help irrespective of the nature of their gambling problem or other associated problems.
- Nearly 90% of problem gamblers amongst Lifeline's clientele are male while Creditline provides counselling to a larger proportion of females (40%), mainly being family members of the problem gambler who are experiencing financial problems. The clientele of both services are mainly people in their 20's to 40's and are largely from English speaking backgrounds.
- Both services report that they could better meet the needs of people from non-English speaking backgrounds, the geographically isolated and people with psychiatric or mental disorders/illnesses. The needs of the families of problem gamblers could also be better addressed.
- The clientele engage in all types of gambling although card and poker machines and the TAB predominate.
- Client data collected by Lifeline include age, place of residence, place of birth, referral source, marital status, types of gambling, gambling patterns and history, other addictions, treatment history and occupation. Data collected by Creditline include age, gender, place of residence, occupation, gender, marital status, income, type(s) of addiction, referral source and financial situation.

### **Sources and Levels of Funding**

- The Department of Community Services provides funding for two full time gambling counsellors (one each for Creditline and Lifeline). The Wesley Mission provides the balance of the funding. The budget for gambling counselling across both services is \$250,000.
- No fee is charged for gambling or financial counselling.
- Both services are bound by a service agreement with DoCS and must reapply each year for funding.
- Creditline and Lifeline have made several approaches to other government departments for additional funding but have had no success.

### **Coordination and Cooperation with other Organisations**

- People with gambling problems are referred to Creditline and Lifeline by general practitioners, solicitors, community health centres, legal aid centres, magistrates and other services for problem gamblers. Lifeline's number is advertised in TAB outlets throughout NSW. Because Creditline is the only service which offers financial counselling for people with gambling problems, it receives a large number of referrals from a variety of sources.



- Though both services attempt to provide counselling to anyone in need of help, some people are referred to other gambling counselling services in times of high demand or when someone is in need of immediate help.
- Wesley Mission also provides supported accommodation, half way houses, drug and alcohol rehabilitation, legal aid and Skillshare. Where appropriate, clients are re-directed to these other services. Clients are also referred to Gamblers Anonymous and Gam-Anon, community health centres and other drug and alcohol and family counselling services.
- Lifeline telephone counsellors also have access to a well maintained and extensive list of other agencies for referrals.
- Staff from Lifeline and Creditline have developed formal and informal links with others with an interest in problem gambling through their involvement with the NSW Council on Compulsive Gambling and National Association for Gambling Studies (NAGS).
- Staff from both services are involved in community education/awareness and give guest lectures and/or training in problem gambling treatment to community groups, the police, universities, etc. Staff are also occasionally asked to do television and radio interviews on the subject of problem gambling.
- The services maintain an extensive library and have put together an information kit on problem gambling. The services act as a resource centre and often have requests for information from researchers, university students and other service providers.

#### **Program Performance**

- Neither service is subject to any external evaluation. However the performance of both programs is monitored internally.
- Some analysis of the data collected from clients is undertaken to assist in program development and improvement, to identify gaps in the service provided and to identify trends amongst the clientele. However, the resources are not available to carry out more in-depth analysis of these data. Annual reports including the objectives and strategies of the programs are submitted to DoCS. Statistical information is not a requirement under the service agreement.
- The effectiveness of the program is measured through the use of follow up surveys of ex clientele.

#### **Service Providers**

- Face to face counselling is provided by a team of four tertiary qualified counsellors. These are Mitchell Brown, Jim Connolly, Wendy Lockett and Kel Knox. All counsellors have also undertaken a variety of addictions counselling, financial counselling and relationships counselling courses.
- Staff attend seminars and workshops on problem gambling and addictions counselling and keep up to date with gambling research and approaches for the treatment of problem gambling through their linkages with others in the field.

#### **Priorities for Program Development**

If additional funding were available, the priorities as to how the Lifeline and Creditline services could be developed are:

- education and awareness for other community and government organisations, especially magistrates and prison staff.

- education programs for the community in general, especially in schools where intervention could be very effective.
- the development of more resources for the purposes of self help and also general information for other agencies.
- more in depth analysis of the data obtained by the services and better documentation of the services provided.
- the development of training materials for counsellors in associated fields such as drug and alcohol, family counselling etc.
- the development of a free, short term, intensive residential program.
- the provision of therapy groups to be integrated into the existing programs.
- to carry out an assessment of the impact of problem gambling on ethnic communities and to tailor treatment programs to their particular needs.

## 2.4 CUMBERLAND HOSPITAL

### Services Offered

- A Psychiatric Admission Ward of Cumberland Hospital offers an outpatient individual face to face counselling service for problem gamblers. No group therapy or telephone counselling is offered.
- While the family of the problem gambler is involved in counselling at times, it is primarily the problem gambler who receives counselling.
- Counselling is not arranged into any strict timetable and there is no set duration for the program of counselling. Clients are sometimes seen on a fortnightly basis but more commonly receive counselling every three to four weeks. The frequency of counselling is tailored to the individual's needs and is negotiated between the counsellor and the client.
- The service is underpinned by the assumption that there is a variety of explanations for problem gambling. Basically however, gambling is seen as a maladaptive way of dealing with other problems and people who gamble generally have misguided beliefs as to their gambling ability.
- The service uses a cognitive approach to treating problem gambling and attempts to challenge the myths of gambling and in particular the belief amongst problem gamblers that they are more skilful than they really are. Outcomes are negotiated with individual clients and can range from abstinence from gambling to controlled gambling.
- Cumberland Hospital provides a service to between eight and ten people per week and receives around three new referrals each week. There is usually a two to three week waiting list for counselling appointments.

### The Clientele

- The clientele are from a wide range of socio-economic backgrounds and engage in all the gambling forms though electronic gaming machines are the most prolific. The service has no catchment area and clients are from a variety of localities.
- Data collected from clients include demographic information, gambling history, financial situation, psychiatric history, medical history, family history, drug and alcohol history and employment status.
- According to the practitioner, The Cumberland Hospital service is not equipped to meet the needs of long term, 'hard-core' gamblers whose behaviour is difficult to alter through counselling. Nor is it equipped to provide a service to people with psychiatric disabilities who find it difficult to focus and concentrate on the counselling. According to the practitioner, the service could also better meet the needs of people from non-English speaking backgrounds.

### Sources and Levels of Funding

- The gambling service at Cumberland Hospital is not funded but rather, a psychiatrist is permitted to provide counselling to problem gamblers in addition to his duties as Senior Consultant Psychiatrist at the Hospital.
- No fee for service is charged by the Hospital.

### **Coordination and Cooperation with other Organisations**

- The gambling counsellor at Cumberland Hospital is a member of NAGS, is a Director of the Australian Institute for Gambling Research and is a member of the NSW Council on Compulsive Gambling.
- The gambling counsellor provides training to staff in other agencies in approaches to gambling counselling. He also does presentations in schools and community groups when invited as well as occasional media interviews.
- Cumberland Hospital receives referrals from a range of other agencies and refers its clients to other agencies as appropriate.

### **Program Performance**

- The Hospital service is not subject to any kind of evaluation as its operations approximate a private practice. However, the data collected from clients allow for their progress to be continually monitored.
- Because there is only one gambling counsellor there is no peer review or case conferencing. However, the counsellor keeps up to date with other approaches through the problem gambling network.

### **Service Provider**

- The service at Cumberland Hospital is provided by Dr Clive Allcock who is Senior Consultant Psychiatrist at the Hospital. He has been providing a service to problem gamblers for nearly 18 years. He also operates a private practice from his consulting rooms in Burwood.
- He spends about one day a week in total with problem gamblers.

## 2.5 GAM-ANON

Gam-Anon is a self help organisation specifically for the families of people with gambling problems. Each group is self governing though representatives from each group attend an inter-group meeting at the Regional Service Office each month. The Office provides literature and a 'start your own meeting kit'; handles public enquiries; and is the first point of contact for people wanting to join the fellowship. Beyond that however, the Office does not impose any guidelines on individual groups. The Regional Service Office is located in Lewisham.

Gam-Anon meetings are focused on helping family members and friends to live/cope with problem gamblers. Gam-Anon assists family members and friends by providing advice on how to protect themselves from the damage that can be caused by problem gambling, how to provide encouragement and understanding to the problem gambler, how to direct the problem gambler to help for his/her problem, and how to grow spiritually.

The fellowship is based on the belief that problem gambling is an addiction which can lead to a total loss of control and emotional illness. More relevant to Gam-Anon though is the fact that problem gambling can be a destructive force to the family and friends of the gambler-financially, emotionally and spiritually.

There are currently 12 Gam-Anon groups meeting across NSW with a fellowship of between 300 and 500 at any one time. Only a small number of these meetings are in rural areas where there is a great need for more support groups like Gam-Anon. Apart from those in rural areas, Gam-Anon struggles to meet the needs of those who are housebound, the elderly and those with small children.

Gam-Anon does not seek funding, rather each group is self sufficient, relying on the small donations of their members. Gam-Anon makes use of literature produced by Gam-Anon in the United States and this literature is also available for purchase. Any surplus funds help pay for the operation of the Regional Service Office.

Gam-Anon has no formal linkages with other organisations except that it advertises times and locations of its meetings through other agencies. Long-time members of Gam-Anon are sometimes invited to speak at schools or community groups about problem gambling and the effects on the family. Members of Gam-Anon are also encouraged to seek help from other agencies which provide family counselling, financial counselling etc.

Because of the anonymous nature of Gam-Anon, no client details are recorded.

## 2.6 GAMBLERS ANONYMOUS

Gamblers Anonymous (GA) is a self help fellowship for people with gambling problems. Everyone within the fellowship is a problem gambler.

There are GA groups in areas throughout NSW and each group is self governing - there are no strict guidelines as to how GA groups must operate. There is however a Regional Service Office which meets each month and to which each group sends a delegate. The office shares its premises with Gam-Anon. The office serves a coordination and public relations role but does not dictate a mode of operation to individual groups. The office will provide information and advice and literature to anyone who is interested in establishing their own GA meeting. It is the general focal point of GA and is the first point of contact for someone seeking to join the fellowship. There is also a worldwide GA board of trustees and GA publishing house which supplies literature and advice to Regional Service Offices as requested but is basically separate to the day to day operations of GA groups.

GA meetings are held weekly and are based on a self help/group therapy format. The meetings provide education/awareness about gambling as well as providing the opportunity for people to share their experiences and feelings. GA is based on the assumption that once an addiction to gambling has developed, it will never be cured. The goal of GA meetings is to provide the individual with the practical advice and moral support needed to achieve or to maintain abstinence from gambling.

GA has no linkages with and does not endorse or oppose any other services for problem gamblers and their families. It is left up to the individual as to what other services they utilise.

GA is targeted at anyone with a gambling problem who wants to stop. People who attend GA meetings are from a wide range of backgrounds but are all English speaking. There are currently no groups in Australia for people who speak other languages. GA attendees engage in a range of the gambling forms. Because of the anonymous nature of the fellowship (people only ever give their first names), GA does not collect any data from the people who attend meetings.

There are currently about 500 people in Sydney who regularly attend GA meetings and in any one week there are approximately 300 people who attend meetings. Some people attend only one meeting while others attend for life. There are currently 33 GA meetings held around NSW each week and, for those in Sydney, meetings are held on every night of the week. The demand on GA meetings is not relevant. Once meetings become too large, separate groups are formed. There is however a lack of GA meetings in rural areas. People often have to travel great distances to attend meetings. The Regional Service Office is trying to promote GA in country areas and to encourage people in regional centres to start their own groups.

GA does not seek funding from any organisation. However, attendees generally provide a donation to help pay for hall hire, tea and coffee etc. Any surplus funds raised from meetings goes to the Regional Service Office to help pay for phone calls etc. Each GA meeting is totally self supporting.

GA has no formal linkages with other organisations beyond advertising the time and place of GA meetings. GA does receive many referrals from a range of other agencies. On occasion, someone from the GA Regional Service Office is asked to speak at conferences or give lectures to schools etc. Such invitations are usually accepted. The wider community is precluded from attending most GA meetings, with the exception of those which are 'open' meetings.

## 2.7 LIVERPOOL HOSPITAL

Liverpool Hospital houses an Impulse Control Disorders Unit as part of the University of NSW psychiatric research and training unit. The unit is also a part of the South Western Sydney Area Health Service. While the service is located on the Hospital grounds, it is not part of Liverpool Hospital services. The program fulfills a research as well as a treatment function for problem gamblers.

### Service Provided

- The program offers individual face to face counselling on an outpatient basis. The service does not include telephone advice or counselling.
- There are currently in excess of 100 ongoing patients receiving counselling with three to four new clients being admitted to the program each week. A waiting list is maintained for new admissions and the wait is currently about four weeks long.
- The treatment is based on a theoretical model with empirical research data collected to demonstrate its efficacy.
- The treatment model is based on the assumption that gambling is not an addiction but an impulse control disorder. Treatment is focused on what factors cause the individual to gamble and clients are taught techniques to help reduce this drive. Clients are also helped to understand what behaviours precede the actual gambling (reading the form guide, drinking, etc). Clients are taught relaxation techniques to help abstain from those activities which usually lead to gambling. This cognitive behavioural approach is known as imaginary desensitisation.
- Where other problems such as depression, stress or financial duress are factors in an individual's gambling, treatment is provided through the clinic so that these factors can be addressed prior to gambling counselling. Referrals are made for hospitalisation for the prevention of suicide.
- Group therapy sessions are not currently held. However, a structured cognitive group therapy session is being developed as a cost effective means of providing the service.
- The service continually assesses the client's progress. Outcomes are measured through client self reports, psychometric measures, psychological factors, relationship, financial and employment status, counsellor assessment and, where possible, independent assessment. A standard interview schedule is used to collect this information and is administered before counselling and periodically after treatment.
- The service has also developed a set of self help audio tapes for those who are geographically isolated or who are anxious about accessing a face to face counselling service. The tapes follow the same approach used in face to face counselling.

### The Clientele

- Anyone is eligible for admission to the gambling service except those assessed as psychotic. Where people with gambling problems have other symptoms such as depression, they are referred to other services for 'stabilisation' before they are admitted into the program.
- Detailed demographic information is gathered in addition to the behavioural information collected as part of the program. These data are shared with researchers and other agencies and is archived for use by any interested parties.

- According to the practitioner, the particular needs of those from non-English speaking backgrounds are not currently being met by the Liverpool service.

### Sources and Levels of Funding

- The coordinator of the Liverpool service is funded as an academic position by the University of NSW. Apart from this, the service is funded by the NSW Department of Health and, in the past, by research grants through the National Health and Medical Research Council (NHMRC) and the Criminology Research Council. The service does not currently receive funds from external sources.
- Area health funding for the Impulse Control Disorders Unit does not include specific funding for problem gambling services.
- Clients are not charged a fee if they reside in the South Western Sydney Area Health region. Fees are negotiated with clients from other areas on a means test basis. Fees are also generally charged for the preparation of court reports.

### Coordination and Cooperation with other Organisations

- The service has no formal referral linkages with other organisations and is not integrated with services provided by other agencies. Referrals to other types of services are made on an ad-hoc basis only.
- The coordinator of the service is a member of the NSW Council on Compulsive Gambling but apart from this does not meet formally with other service providers. He is also a member of a number of international councils and societies on gambling, psychiatry and psychology.
- The coordinator is also invited to give lectures to other services and campaigns and is on occasion invited to do media interviews.

### Program Performance

- The service is not accountable, beyond the professional code of conduct, to any organisation.
- Peer review takes place between the two professionals on staff. No external peer review is applicable.
- Evaluation of the service is built into the program. Because research into problem gambling is an integral part of the program, the approach used to treat problem gamblers is under continuous evaluation. There is no external evaluation of the service except by other academics who may compare the approach of the Liverpool service with other approaches.
- Annual reports supplied to the Department of Health include statistical information about the clientele. Other reports may have to be prepared for organisations which provide research grants.

### Service Providers

- The gambling service is coordinated by Dr Alex Blaszczynski, Associate Professor and Deputy Director of the Psychiatry Research and Teaching Unit. He is also Director of the Impulse Control Disorders Unit. He provides the bulk of the face to face counselling for problem gamblers (one and a half days a week).
- A trained psychologist also provides some face to face counselling though is only available for half a day per week. She is under the clinical supervision of Dr Alex Blaszczynski.

### Priorities for Program Development

If additional funding were available to this service, the priorities for program development are as follows.



- the development of resources as well as the infrastructure for training of additional gambling counsellors throughout NSW.
- the development of educative resources for the community in general.
- the translation of the *South Oaks Gambling Screen (SOGS)* into other languages to be distributed to general practitioners. The SOGS is a widely used questionnaire type screen used to diagnose people with gambling problems.
- the development of prevention strategies to be implemented in schools.
- the development of a coordinated and consistent approach to the treatment of problem gambling across the State. This would involve the development of a best practice, core approach to the treatment of problem gambling. This would also provide the necessary infrastructure for across the State case conferencing and collection of compatible client data necessary for better research into gambling.

## 2.8 MACQUARIE DRUG AND ALCOHOL SERVICE

The Macquarie Drug and Alcohol Service in Dubbo offers counselling for people with gambling problems. It is the only service identified which provides a service to problem gamblers and their families outside the Sydney metropolitan area.

### Services Offered

- Macquarie Drug and Alcohol offers an individual counselling service for people with gambling problems. Once identified, problem gamblers are assessed and either referred to relevant agencies or are provided with counselling by the service's staff. The counselling is not organised according to any strict program but is tailored to meet the needs of the individual. Some people may only participate in one counselling session while others need ongoing treatment.
- Macquarie Drug and Alcohol also runs educational workshops for people with all types of addictions and for their families. The workshops are designed to run for five days although this is flexible depending on the participants. The workshops provide education as to the causes and effects of addictions as well as the options available for treatment.
- The service provides only addictions counselling and referrals are made for a client's associated problems such as financial or family crisis.
- The program works on the assumption that gambling is an addiction similar to substance addiction and is commonly a result of underlying issues such as low self esteem. The approach to the treatment of problem gambling is also similar to that of drug and alcohol addiction. The service uses a cognitive behavioural approach whereby the immediate causes of an individual's gambling are identified and the means of changing or avoiding these circumstances, behaviours or emotions are taught. Thus, the desired outcome of the program is to teach individuals alternative coping skills necessary to deal with their underlying problems thereby reducing the problems caused by gambling.
- The level of demand on the service is currently the major factor affecting the type of treatment offered. At present, a relatively small number of problem gamblers are accessing the service and the individual counselling approach is meeting needs. However, more resources will have to be dedicated to problem gambling if the demand on the service continues to increase.
- Macquarie Drug and Alcohol currently provides a service to around 40 problem gamblers per year with about one new client accessing the service each week.
- Because of the lack of appropriate resources for problem gambling treatment, Macquarie Drug and Alcohol has developed its own pamphlet and pocket card. They contain a number of 'tips' to help people in a time of crisis. Aside from creating awareness in the community about problem gambling, they are helpful for people who are receiving counselling and trying to abstain from gambling.

### The Clientele

- Though the majority of clients are male, a number of females also access the service. Clients are typically between the ages of 20 and 50 and come from a wide range of socio-economic backgrounds. The most common forms of gambling amongst the clientele are electronic card and poker machines.
- Most clients are referred to the service by other agencies, especially the courts. This is probably due to the fact that the service is not advertised and is not widely known.

- A large number of clients are primarily addicted to drugs or alcohol and also have a gambling problem. However a number of clients have only a gambling-related problem.
- The client data collected by Macquarie Drug and Alcohol are identical for those with gambling problems as it is with those with a drug or alcohol addiction. The information collected includes demographics, employment status, marital status, legal status and nature of presenting problem.

#### **Sources and Levels of Funding**

- Macquarie Drug and Alcohol service is funded solely by the Drug and Alcohol Directorate of the NSW Department of Health.
- There is no separate budget for the gambling program, rather this service falls within the Drug and Alcohol budget.
- No fees are charged for the service.
- Macquarie Drug and Alcohol is continually seeking additional funding from the Department of Health.

#### **Coordination and Cooperation with other Organisations**

- Rather than advertising directly to the wider community, Macquarie Drug and Alcohol advertises the program to other local agencies and waits for referrals.
- Macquarie Drug and Alcohol is active in the local inter-agency drug and alcohol network and also promotes the gambling service through these contacts.
- As only addictions counselling is provided by the Macquarie Service, referrals are made to a wide range of other agencies for other types of counselling or other assistance.
- Macquarie Drug and Alcohol provides a range of educational services to the community and includes problem gambling with the other addictions. Lectures and seminars are sought by a range of organisations and groups including students and employers.

#### **Program Performance**

- The program is accountable only to the NSW Health Department.
- The service has not been subject to any external evaluation as program performance must be carried out within the existing budget. Resources are not available for detailed evaluation or client follow up.
- Measures used to assess the performance of the program are therefore limited but include the number of clients, the number of clients who complete the agreed number of days in the education workshops and the number of clients who have followed up after the initial counselling sessions. The service also attempts to measure improvements in quality of life though there is no standardised measure for this.
- The effectiveness of the service is also measured through the use of a client satisfaction survey.

#### **Service Providers**

- The service is provided by a team of tertiary qualified drug and alcohol counsellors. There are four general Drug and Alcohol counsellors, two group workers and two educators. Problem gambling services occupy about one tenth of their time. The Co-ordinator of the gambling service is Scott Griffiths.

- Staff each have ten days allotted to them for professional development and attend workshops and seminars as appropriate. Staff have attended workshops specific to problem gambling which were facilitated by experts and problem gambling service providers from Sydney (Clive Allcock and Alex Blaszczyński).
- Peer review and case conferencing are an integral part of the service.

**Priorities for Program Development**

If additional funding were available to the Macquarie Drug and Alcohol Services for the problem gambling services, the priorities for program development would be as follows.

- The employment of a full time gambling counsellor(s).
- The development of a special approach to address the needs of the Aboriginal community with regard to problem gambling. Some research could also be done into the link between Aboriginality and gambling. The employment of an Aboriginal worker would be desirable.
- The development of educational resources and programs about problem gambling for gaming institutions and employers.

## 2.9 ODYSSEY HOUSE

Odyssey House is a non-government, charitable organisation which has been operating in inner-Sydney for 18 years. The program also operates in Campbelltown. In the past it has been predominantly an inpatient drug and alcohol rehabilitation unit providing both education and counselling. It also runs an outpatient program for people with drug and alcohol problems. Odyssey has recently developed and implemented a problem gambling program.

Odyssey has recently started to apply the *South Oaks Gambling Screen* (a diagnostic tool) to its drug and alcohol clients and has found that gambling is a significant problem amongst its clientele- nearly 50% possibly have a gambling problem. This finding provided the impetus for the implementation of the gambling program.

Odyssey House is run by an independent Board of Directors who make policy and financial decisions in consultation with the manager and program staff.

### Services Provided

- At present, Odyssey House provides only a non residential counselling service to problem gamblers and their families. The service is separate from the drug and alcohol rehabilitation program though a number of its current clientele are also clients of the drug and alcohol program.
- Odyssey is also looking at the possibility of resourcing a residential program for problem gamblers in Campbelltown. Its sister organisation in New Zealand runs such a residential program for 30 to 40 clients and has apparently been very successful. The incorporation of a residential program for problem gamblers would give the total Odyssey House service more continuity.
- Odyssey House currently facilitates one two-hour self help style therapy session per week. Individual face to face and phone/crisis counselling for problem gamblers is also available.
- The gambling service is based on a cognitive behavioural approach to addictions counselling and therapy and is very similar to the approach used for drug and alcohol counselling at Odyssey House. The counselling and therapy start with helping clients to understand what factors have led to the gambling problem and clients are taught means of coping with these factors. The service then helps in defining what outcomes the client wishes to achieve and then addresses the consequences of the changes in behaviour necessary to achieve those outcomes. While abstinence is considered the ideal goal, a reduction in gambling behaviour, controlled gambling and a reduction in associated problems are also considered successful outcomes.
- The gambling program follows a 24 week schedule where clients go through an assessment stage and a treatment stage. An aftercare stage is also included where clients are encouraged to return to the service on a three monthly basis for follow up counselling.
- Odyssey House currently provides a service to three problem gamblers and a further five are currently in drug and alcohol rehabilitation and once stabilised will be treated for their gambling problems.
- The service makes use of literature developed by St Edmunds Private Hospital and other specialist gambling services as well as resources from the New Zealand program.

### The Clientele

- Because the gambling program is relatively new and only a small number of people are accessing the service, Odyssey does not have a profile of its gambling clientele. However, of the three clients currently

accessing the service, one used to be in the residential drug and alcohol program but still has significant problems with gambling; one also attends the outpatient drug and alcohol program; and one has an addiction to gambling alone.

### **Sources and Levels of Funding**

- Odyssey is not regularly funded for the gambling program but rather seeks corporate sponsorship (its non-residential drug and alcohol program received a two year grant from Tooheys), relies on endowments and fundraises through cottage industries which also provides vocational opportunities for the clientele. Odyssey recently received \$10,000 through the Baxter Fund to help establish a gambling program.
- Clients of residential programs are charged 80% of their sickness benefit as a fee for service. Non-residential clients, including those in the gambling program, are charged ten dollars per week.

### **Coordination and Cooperation with other Organisations**

- Odyssey House has been very active in promoting its gambling program with other agencies and organisations. The program is advertised at the Sydney Casino, on a Victorian crisis phone line and is advertised on the Internet.
- While implementing the gambling program, Odyssey House sought advice and resources from other agencies and experts in the field including Odyssey House in New Zealand.
- Odyssey House has formal links with the Commonwealth Rehabilitation Service (CRS), the Commonwealth Employment Service, Skillshare and TAFE outreach programs.
- Odyssey has recently created the position of a community liaison officer who is active in promoting the service to other agencies and to the community in general as well as liaison with government departments. The community liaison officer is also invited to conduct educational sessions in schools and in community based organisations.
- Odyssey is starting to receive referrals for the gambling service from a number of sources. Records of source of referral are maintained.
- The gambling counsellor is a member of the NSW Council on Compulsive Gambling.

### **Program Performance**

- Because the gambling program is relatively new, no real evaluation procedures or measures of program performance are currently in place. However, the most recent strategic plan drawn up by Odyssey House has included a plan for the gambling project. In time, the gambling program will be evaluated against the strategic plan.
- As part of the assessment stage of the gambling program, comprehensive information is collected from the clientele. This includes demographics, place of residence, gambling behaviour and history, financial status, accommodation status, employment status, family status, criminal record, psychiatric history and drug and alcohol history.

### **Service Providers**

- There is currently one gambling counsellor at Odyssey House - Steve Eastway. One third of this full time position is devoted to problem gambling. He is a qualified drug and alcohol counsellor and has done training in therapeutic group work. He has also attended workshops and seminars on problem gambling.

- Clinical supervision is done by a team of psychiatric consultants who review case reports on a biennial basis.

**Priorities for Program Development**

If additional funding for the Odyssey House gambling service were available, the priorities as to how the program could be further developed are as follows.

- The employment of full-time gambling staff and, if possible, someone with experience in the treatment of problem gambling.
- The development of a long term residential program for problem gamblers. It would provide a chance for people with gambling problems to get some 'time out' and allow them to be effectively treated.

## **2.10 ROYAL PRINCE ALFRED HOSPITAL**

Royal Prince Alfred Hospital has recently established a 24 hour crisis intervention phone line for problem gamblers and their families. The Hospital responded to what it saw as a need for 24 hour help for those in crisis, especially as the new Sydney Harbour Casino was to be open around the clock. This service is advertised in the Sydney Harbour Casino.

People in crisis can ring the advertised number and are assured of being able to speak with a trained counsellor. After the initial discussion with the counsellor, people can arrange either for a face to face counselling session or are referred to specialist gambling counselling services.

The service was established by Chris Patchet, a counselling psychologist with prior experience working at Lifeline/Creditline. A second counsellor is a trained drug and alcohol counsellor and has also had in-house training in gambling counselling.

As of 20 October 1995, the service has received four calls from clients who have all accessed the number via the advertisements at the Sydney Harbour Casino.



## 2.11 SOUTH PACIFIC PRIVATE HOSPITAL

South Pacific Private Hospital in Harbord provides treatment for people with lesser psychiatric problems, clients in withdrawal from substance or behavioural addiction needing detoxification and clients who require rehabilitation from substance and/or behavioural addictions. The Hospital is not affiliated with any other organisation.

### Services Offered

- South Pacific offers an inpatient program for problem gamblers. The duration of this program is usually five weeks though it is sometimes extended to six or eight weeks depending on client needs.
- The inpatient program features individual counselling, group therapy, education on the causes, effects and means of recovery from problem gambling as well as the importance of self help organisations such as Gamblers Anonymous and Gam-Anon. Crisis intervention and family work are also provided where appropriate.
- The program also includes counselling on financial matters resulting from problem gambling and debt resolution counselling. Referrals may be made to Gamblers Anonymous and Gam-Anon where appropriate.
- An important part of the treatment is aftercare counselling. Depending on the client, this can be carried out over the phone or on an out-patient basis. Attendance at Gamblers Anonymous or Gam-Anon is an important part of the aftercare program.
- Although South Pacific provides counselling and/or therapy for a wide range of substance and behavioural addictions, the gambling program is tailored to meet the needs of problem gamblers through the use of specific gambling modules.
- The theoretical assumption underlying the program is the belief that anyone who has suffered abuse or trauma as a child may develop a gambling problem. When unresolved childhood issues are not treated, a person can feel the need to 'medicate' this sense of loss or worthlessness. This need can often manifest itself as a need to gamble. Such people often have distorted beliefs about money, power and relationships and believe that all their problems can be solved by the feeling of winning, by being powerful enough to win. South Pacific's understanding is that once an addiction to gambling develops, the idea of winning loses its importance and 'staying in action' becomes the goal.
- The treatment modality used by South Pacific is based on Pia Melody's co-dependency model as used at 'The Meadows' in the United States. This approach focuses on family of origin issues such as child abuse and incomplete personality development. Each client is seen as a unique individual capable of honesty, open-mindedness and the willingness necessary for recovery. The underlying causes of each client's gambling problem are addressed as well as the symptoms.
- The desired outcome of the program is for clients to totally abstain from gambling, to function as an adult in society and to enjoy proper adult relationships. The goal is to bring the client to a point of awareness and resolute action that excludes not only gambling as an option but other 'trade-off' addictions as well.

### The Clientele

- South Pacific's service is targeted at anyone with an addiction including those with a gambling problem.
- Clients with gambling problems engage in a wide range of gambling forms although the most pronounced are gaming machines, TAB and bookmaker betting.

- Demographic, place of residence, family history and addiction history data are all gathered. These data are collected for market research purposes, quality assurance and professional medical record keeping.
- There is a high demand on the service with a constant flow of enquiries and a two to three week waiting list. A service is provided for up to 22 people, with all types of addictions, at any one time. Of these, there are typically two or three clients for whom gambling is a primary addiction.

### **Sources and Levels of Funding**

- Funding for South Pacific comes solely from fees for service. No additional funding has been sought. The fee charged is in the order of \$350 a day and is partially rebated through top medical insurance.

### **Coordination and Cooperation with other Organisations**

- Referral sources include general practitioners and mental health professionals; media marketing campaigns, word of mouth and self referral. Records of referral sources are maintained.
- Clients in the aftercare program or those that are unable to afford the South Pacific program are referred to Gamblers Anonymous and Gam-Anon, Lifeline and Centacare. Because the South Pacific service overlaps with the 12 step approach of GA, such referrals are critical to the maintenance of the abstinence goal of the program.
- Referrals are also made to half-way houses, detoxification units and other specialist institutions where appropriate.
- South Pacific is actively involved in sharing recovery information with other agencies, health care organisations and community groups. Staff from other agencies are also invited to South Pacific's in-house training and to observe counselling and therapy sessions.
- South Pacific has informal linkages with health services, drug and alcohol rehabilitation groups and self help organisations. Staff from South Pacific are associated with the NSW Council on Compulsive Gambling.
- Staff from the hospital are involved in community based activities through frequent radio and television interviews and by giving lectures on problem gambling and related topics to community groups. These activities are primarily voluntary.

### **Program Performance**

- The service is accountable to the hospital's owners and facilities and programs are monitored by a management quality assurance team to ensure ongoing accreditation with the Australian Council on Health Care Standards. Peer review, case work conferencing and individual clinical supervision are part of the quality assurance procedures.
- In order to meet Australian Health Care Standards, both internal and external auditing procedures are in place.
- Program performance indicators are based on Quality Assurance standards combined with information obtained from follow-up interviews with the ex-client population.

### **Service Providers**

- Counselling and therapy are provided by a clinical staff of seven. Staff have tertiary and experiential qualifications and are trained in the 12 step approach to addictions treatment as well as Pia Melody's Post-Induction Therapy Co-dependency model.

- Ongoing professional development for staff is undertaken through in-house training and attendance at seminars and conferences relevant to addictions recovery and medical and psychological issues.
- Staff are continually under the clinical supervision of the Clinical Director, Earland Cass.

**Priorities for Program Development**

If additional or alternative sources of funding were available, South Pacific's priorities for program development would be:

- the funding of one or more beds for problem gamblers who are unable to meet the costs of treatment.
- the provision of additional staffing, training and resource materials to further develop the existing program for problem gamblers.
- greater involvement in community based education/awareness programs on the issue of problem gambling and treatment options.
- the development of training modules for employers in the area of identification, prevention and intervention for problem gambling amongst employees.
- the provision of an outpatient program.

## 2.12 ST EDMUNDS PRIVATE HOSPITAL

St Edmunds is a private hospital in Eastwood which provides rehabilitation treatment for people with addictions and also to people experiencing problems who may not necessarily have a dependency problem. A counsellor has been specifically employed by the hospital to help raise the profile of problem gambling in the addictions counselling provided.

### Services Provided

- St Edmunds provides a predominantly inpatient program which typically runs for four weeks. The length of stay however is negotiable depending on individual situations. Prospective clients are usually medically referred and are assessed for suitability. Clients with a history of psychotic or violent behaviour are assessed by a Hospital psychiatrist and may be excluded from admission.
- Outpatient counselling is available as an aftercare service for those who have been through the inpatient program. The gambling counsellor also operates a private practice from the hospital's premises, providing outpatient, face to face counselling for people with gambling problems including ex residents of the Hospital.
- Where possible the family of the problem gambler is involved in both inpatient and outpatient services.
- There are typically four or five clients receiving gambling counselling through the hospital at any one time. The demand on the service varies but there is a clear indication that the service needs to expand.
- The residential gambling service follows a timetabled program which includes gambling-specific therapy groups (if the number of problem gamblers is sufficient), therapy groups including clients with all forms of addictions and in-house Gamblers Anonymous meetings. The gambling counsellor is also available for individual counselling if needed.
- The program is based on the assumption that problem gambling is an addiction brought about by a negative self image and that the sense of power and winning associated with gambling leads to a deluded self image to which an individual can 'escape'.
- The residential program utilises a cognitive behavioural approach to the treatment of problem gambling and teaches clients self management techniques based on the cognitive restructuring of the person's negative self image system and initiates a process of deeper change in areas of core negative affect and distorted self representations. Therapy focuses on the addictive behaviour itself as well as current disorders and life disruptions such as anxiety and depression which in most cases are related to trauma or abuse in childhood. Basically, clients are equipped with the knowledge and skills to cope with their addiction over time and are encouraged to continue seeking self help (the four week program does not 'cure' the addiction).
- One of the 'skills' taught is ways to cut the supply of money to the problem gambler thereby reducing the harm that can be done through gambling.
- The program is tailored to individual needs. Individuals attend therapy sessions which address issues relevant to them. While in the inpatient program, abstinence from gambling is ensured and remains the objective for clients once the program is completed.

### The Clientele

- The clients are generally middle class, although people from all socio-economic backgrounds access the service.

- The program provided is very intensive and so the clientele typically have massive gambling problems. They engage in all forms of gambling though poker machines and card machines are the most prolific. In particular, the younger clientele is most likely to have problems with card machines.
- Only those with sufficient funds or top medical insurance can access the service. A large number of enquiries about the gambling service are received although most have to be referred to other community based counselling services.
- Very few people from non-English speaking backgrounds access the service.
- St Edmunds maintains client records and includes information such as history of suicide attempts, sexual history, gambling history, financial situation and family history. Demographic data are maintained for inpatients but not for outpatients.

#### **Sources and Levels of Funding**

- St Edmunds hospital is run as a private company and receives no funding from external sources. Funds for the gambling program are derived solely from fees which are in the order of \$7,500 for a four week program.
- The hospital budget is not split into separate budgets for different addictions-treatments and resources are shifted according to the demands on the different services.

#### **Coordination and Cooperation with other Organisations**

- Because St Edmunds is the only short term residential rehabilitation service available for problem gamblers, a large number of referrals are received from prisons, courts, ministers, general practitioners, psychologists etc.
- People who cannot afford the service or are not suitable for admission are referred to a range of other gambling counselling services.
- The hospital employs medical and psychiatric professionals as well as a family therapist. As a result few referrals have to be made to address clients' associated problems. Clients are referred elsewhere for financial counselling if necessary.
- The hospital runs community seminars and information nights which include information about problem gambling, advertises the service on radio and is represented at local community group meetings. The gambling counsellor has also assembled a number of articles on problem gambling and the means available for treating it which are available for sale at a nominal cost. This literature is advertised during seminars and information nights.
- An information package has been developed for delivery to employers on a seminar basis. The package aims to educate employers on how to recognise symptoms of problem gambling and other addictions and how to intervene. The package is sold to employers and includes a half hour consultation with any employees who may be seeking help.
- The gambling counsellor is the current president of the NSW Council on Compulsive Gambling and as such is in constant contact with a range of other service providers and other people with an interest in gambling. He is also a member of the National Association for Gambling Studies.

#### **Program Performance**

- The service is not accountable to any external organisation and is not subject to external evaluation.

- A research officer has recently been employed to analyse the data collected, to build up a profile of the clientele and to measure the program's effectiveness.
- The effectiveness of the program is currently measured in terms of the demand on the service. The number of ex-client referrals as well as occupancy are used as performance indicators.
- An independent assessment of the effectiveness of the hospital's services was conducted through the use of follow up questionnaires. This assessment however was not specific to clients with gambling problems.

### **Service Providers**

- St Edmunds employs one specialist gambling counsellor Paul Symond, who is an addictions counsellor accredited with the Australian Institute of Counselling in Addictions.
- Psychologists, psychiatrists, medical professionals, a family therapist and nursing staff are also employed and provide counselling. These staff have been trained in gambling counselling in-house by the gambling counsellor.
- Clinical supervision is provided by the gambling counsellor who in turn seeks clinical supervision outside the hospital.

### **Priorities for Program Development**

- If additional funding were available, the priority for how the program could be developed would be the funding of a bed(s) to be used for the provision of a free service to problem gamblers who cannot afford the hospital's fees. Because all the facilities for effective treatment of problem gamblers are in place, it would be a cost effective means of providing a service to people with gambling problems.

## 2.13 ST JOHN OF GOD HOSPITAL

St. John of God is a Catholic, private hospital which operates in Burwood on a not for profit basis. The hospital is managed by a board of directors which is made up a number of the Brothers of St John of God as well as community representatives. The hospital treats people with a range of psychiatric disorders including problem gambling.

The gambling program was established a number of years ago by Dr Alex Blaszczyński.

### Service Provided

- St John of God offers a one week intensive inpatient program for problem gamblers. The program consists of face to face therapy and counselling only and each client sits through four individual sessions each day.
- The approach used to treat problem gambling is one called imaginary desensitisation whereby clients are taught relaxation techniques and step by step skills to overcome the impulse to gamble. For example, rather than engaging in established behaviours which lead to gambling such as reading the form guide, clients are taught to relax and to reject the need to engage in such behaviours. Clients are also educated as to the benefits of attending Gamblers Anonymous and other self help organisations.
- The program is based on the assumption that gambling is not an addiction but an impulse control disorder akin to exhibitionism. Imaginary desensitisation is considered a very effective means of treating impulse control disorders.
- Prior to commencement of the program, prospective clients are formally assessed. St. John of God is very selective about who is accepted into the program. The type of service offered demands that the client is ready for relaxation type therapy. For example, someone with major depression would be treated for that problem within the hospital, or referred elsewhere, before they could benefit from problem gambling counselling at St John of God.
- On average, St John of God provides a service to 10 problem gamblers a year but has the capacity to treat more.
- At the completion of the program, clients are referred to Dr Clive Allcock at Cumberland Hospital or to Dr Alex Blaszczyński at Liverpool for aftercare counselling and are encouraged to attend Gamblers Anonymous.
- The objectives of the service are total abstinence from gambling, to help clients restore control in their lives and to help clients, enjoy a healthier lifestyle.

### The Clientele

- The service is aimed at anyone in the community, of any denomination, with a gambling problem for whom the imaginary desensitisation approach is considered appropriate.
- Clients have been referred from around NSW as well as from other states. The clientele includes people from all age groups and are mostly male (around 75%).
- Because St John of God is a private hospital which charges a fee for service, the clientele is from the upper end of the income spectrum. For every person accepted into the program about 20 are eligible but unable to afford the service. Where people are unable to access the St John of God service they are referred to either Dr Clive Allcock or Dr Alex Blaszczyński.

- St John of God collects data from clients as part of the assessment process as well as part of the actual therapy. These data include demographic information and gambling history and behaviour and are collected for medical records only.

### **Sources and Levels of Funding**

- Fees are received either as personal payments or are rebated through top medical insurance. For those covered by medical insurance, fees are approximately \$475 per day. For people not covered by medical insurance, fees are negotiated depending on individual circumstances and means.
- St John of God does not receive any other funding.

### **Coordination and Cooperation with other Organisations**

- The only formal coordination between St John of God and other services is the requirement that patients follow up with either Dr Clive Allcock or Dr Alex Blaszczyński and Gamblers Anonymous.
- Staff at St John of God have access to the expertise of the coordinators of these other hospital services.
- Staff from St John of God are involved in community education activities when possible and provide advice or support to anyone making enquiries.

### **Program Performance**

- The program is accountable to the hospital, to the specialists who refer them and to the Board of Trustees.
- The Board monitors the performance of the whole hospital and, thus, the gambling service.
- There is continuous documentation and evaluation on a case by case basis. Measures used to determine the progress of each client are rigorous and are built into the service.
- St John of God does not do any follow up of clients after they exit the program and does not currently evaluate overall program. However, a research coordinator has recently been employed to evaluate individual programs within the Hospital.

### **Service Providers**

- The service is provided by a trained nursing staff which have undergone training specific to this program. Staff were originally trained by Dr Alex Blaszczyński.
- Training is ongoing as groups of professionals evaluate and discuss each case. Staff also attend workshops and seminars where appropriate and have access to clinical supervision.

### **Priorities for Program Development**

- If St John of God were to receive any additional funding, its only priority would be to provide a service to the large number of problem gamblers who enquire about the service but are uninsured and unable to afford the fees. The hospital would be prepared to negotiate fees with any funding body for the provision of charitable or reduced cost placements in the St John of God program.



## 2.14 WILLIAM BOOTH INSTITUTE

The William Booth Institute in inner-Sydney is an addictions rehabilitation unit under the control of the Rehabilitation Services Command of The Salvation Army. Day to day decisions about the service though are made by the service manager. The service includes a program for people with gambling problems.

### Service Offered

- The service offers predominantly an inpatient program for people with a substance or behavioural addiction. People with a gambling problem follow a ten month program which is set in three stages- a three to four week assessment stage at the primary facility in Sydney, a seven month residential treatment stage at a Salvation Army secondary facility in Newcastle (a facility which focuses primarily on problem gambling) and a two month reintegration stage back in Sydney.
- Treatment consists of two types of group sessions each day- addictions education in the morning and group therapy/support in the afternoon. When appropriate, the family of the problem gambler is invited to attend. If there is a sufficient number of people with a gambling problem, separate groups will be held. Otherwise they attend the same groups as people with other addictions. Gamblers Anonymous meetings are also held on the premises.
- William Booth also provides an outpatient service for problem gamblers and their families. Individual counselling, group sessions and referrals to other organisations are provided for non-residential clients. Counselling is not necessarily on a fixed schedule basis, rather clients can book counselling appointments on an as needs basis.
- Both modes of service offer addictions counselling and education. Referrals are made for financial and other counselling.
- The service is based on the 12 step approach to addictions counselling. Inpatients are required to sign a contract of abstinence from gambling and can be discharged from the program if they break that contract. For outpatients, abstinence is set as the goal but is not demanded. Clients must first accept that they have an addiction and then set about developing behavioural and attitudinal strategies to maintain their abstinence. Clients are encouraged to attend Gamblers Anonymous meetings after they have completed the inpatient program. This approach to addictions counselling has been used for over 20 years by The Salvation Army.
- The goal of the service is to simply improve the quality of people's lives.
- Of the 750 or so admissions each year, around 140 have a gambling problem. There is capacity at William Booth for up to 40 inpatients and there is rarely a waiting list.
- In addition to counselling and therapy groups, William Booth makes use of literature and videos on addictions and has developed its own self-help video- *Turning Point*.

### The Clientele

- William Booth does not have a specified catchment area and receives clients from around the State. Clients come from a variety of backgrounds and engage in all different types of gambling. Some clients are still in employment and are married, others are unemployed and unattached. The common thing amongst the clientele is that they are in crisis and are desperate for help. For a lot of clients, William Booth is the final option, other approaches to treating their problem having failed, they need to escape totally from their current situation while they address their problems, having been recognised.

- People from non-English speaking backgrounds rarely access the service though this is one group which is being specifically targeted.
- Information collected from clients includes demographics, place of residence, gambling history and behaviour, criminal history, family history, financial situation and employment history. This information is maintained and used for annual reports for funding bodies.

### **Sources and Levels of Funding**

- Because the William Booth Institute is primarily a drug and alcohol rehabilitation unit, the bulk of its funding comes from the Drug and Alcohol Directorate of the NSW Department of Health. However, the Department of Community Services provides funding for one full time gambling counsellor. The service also has a nursing unit which is funded by the Department of Health.
- Additional funds are supplied by The Salvation Army through the Red Shield Appeal and direct donations.
- Inpatient clients are charged a fee of \$21.50 per day during their residence. This amount is usually taken from sickness, disability, unemployment or other benefits received through the Department of Social Security. For some clients, private health insurance covers some of the cost of treatment.

### **Coordination and Cooperation with other Organisations**

- Staff from William Booth are often invited to schools and community organisations to provide information or give seminars on addictions and the help that is available.
- Informal referral linkages are maintained with other community based organisations and information is shared. Interagency visits are also common.
- The gambling counsellor at William Booth is a member of the NSW Council on Compulsive Gambling and the National Association for Gambling Studies.

### **Program Performance**

- The program is accountable to the Department of Health, Department of Community Services and The Salvation Army. Reports including statistical information about the program's performance are submitted to each.
- No external or internal evaluation of the service has been undertaken.

### **Service Providers**

- The service at William Booth is provided by a counselling team of 12. These counsellors are trained addictions counsellors, accredited with the Australian Institute of Counselling in Addictions, and all have experience in problem gambling counselling.
- Staff attend regular seminars and workshops and also receive in-house training.
- Clinical supervision is undertaken by the counselling supervisor, Gerard Byrne who in turn seeks supervision externally.
- Peer review and case conferencing is an integral part of the service.

## 2.15 GENERAL SERVICES

In addition to the services profiled above which provide a specific service to problem gamblers and their families, there are a wide range of other services which identify problem gambling amongst their clientele and provide counselling to address their associated problems. Such services include family and relationships counselling services, financial counselling services and drug and alcohol counselling services.

Consultation with the Family Support Services Association of NSW, Relationships Australia, Financial Counsellors Association of NSW as well as a range of drug and alcohol, financial and family counselling services was undertaken. In addition, the Department of Social Security, Department of Community Services and Department of Corrective Services, all of whom employ welfare workers and/or counsellors, were consulted.

People who access these services are generally in need of some form of counselling, having relationship, family, financial, drug and alcohol or other problems. However, these problems can often be associated with or even caused by a gambling problem. Difficulties arise however if the client does not self identify as having a gambling problem; staff are typically not trained to 'diagnose' problem gambling and are often unaware that problem gambling can be causal to these other problems. Counselling can continue without the 'root' problem ever being identified.

If problem gambling is identified as being an additional problem, counsellors in these other services are then faced with the difficulty of what to do about it. Their options are basically limited to referring the client to a problem gambling service (if they are aware of what is available) or to do the best they can themselves in addressing the client's gambling problem. There tends to be no training or information available to these types of counsellors on how to detect and to treat a gambling problem.

While those consulted generally accepted that problem gambling was often a factor, they had little concept of the prevalence of problem gambling amongst their clientele as information collected from clients did not usually include problem gambling as a 'box to tick'. This was particularly true amongst family and relationships counselling services which noted that child abuse and domestic violence were more important to the focus of their services. Some financial and drug and alcohol counselling services had noted a high prevalence of problem gambling amongst their clientele and begun to collect some data though data are disjointed and inconsistent across the various services. Interestingly, Odyssey House has been applying the *South Oaks Gambling Screen* to its residential drug and alcohol clientele for over a year and estimate a 50% incidence of problem gambling.

Other services, such as those provided to inmates by the Department of Corrective Services, were very aware of the issue of problem gambling but noted that they were simply not resourced or trained to address the problem properly.

## 2.16 PRIVATE SERVICES

In addition to the services outlined above, there is also a large number of private practitioners who offer a range of counselling services. Letters were sent to all such practices that advertise and provide an address in the Sydney Yellow Pages (see Appendix E). Of the letters that were sent to private practitioners, only nine responded with a description of the services that they are able to provide to problem gamblers. This low response rate could possibly reflect that there is little expertise in the area of gambling counselling amongst private counselling services or that problem gamblers are not utilising such services.

The private services that did respond indicated that there were problem gamblers amongst their clientele and that they are able to provide counselling to these people.

There was a variety of approaches evident amongst the practitioners that responded, from standard addictions counselling to neuro-linguistic programming.

A number of practitioners indicated an interest in obtaining more information about the prevalence and effects of problem gambling as well as information about the services that are available to people with gambling problems so that appropriate referrals could be made.

### **3.0 ORGANISATIONS AND INDIVIDUALS WHO CONDUCT RESEARCH INTO GAMBLING**

#### **3.1 ORGANISATIONS**

##### **Australian Institute for Gambling Research (AIGR)**

The Institute's mission is clearly defined as:

*to promote, conduct, commission, develop and coordinate opportunities for research into all aspects of gambling and gaming and related activities.*

The centre consists of an executive based at University of Western Sydney, Macarthur. Members comprise leading academics in the research domain drawn from University of Sydney, University of NSW, University of Technology Sydney, Queensland University of Technology, Australian National University and professionals with significant expertise in gambling research.

The Institute is independent of any particular interest group or any part of the gaming industry (a named chair of the Institute, to be funded by a major gaming machine manufacturer, will be subject to a Deed of Agreement that ensures the actual and perceived independence of the Institute). The advisory structure of the Institute includes the National Association for Gambling Studies and an Industry Reference Group is currently being established.

The Institute specialises in three strands of gambling research: social and economic impact; policy analysis including taxation policy, government regulation, labour relations and tourism policy; and prevalence and treatment of problem gamblers. The Institute has undertaken a range of research studies into all these areas.

##### **National Association for Gambling Studies (NAGS)**

NAGS is an organisation with a wide membership of people with an interest in gambling. Members are academics, professionals, industry representatives and people who provide services to problem gamblers and their families.

NAGS holds regular conferences and publishes articles and a regular newsletter. While there is an interest within the membership of NAGS in conducting research from this setting, the organisation is not currently funded and relies solely on membership fees for its operation.

The main function of NAGS is to maintain a network for information and ideas sharing for those interested in gambling and problem gambling. It also serves an advisory role with the AIGR.

##### **NSW Council on Compulsive Gambling**

The NSW Council on Compulsive Gambling, though not currently undertaking any research projects, is another organisation which provides an opportunity for interested people to share information, experiences and ideas with one another. Its membership consists of clinicians, researchers, academics and other interested parties including industry representatives. Members of the Council sit on the Executive and on sub-committees on an honorary basis.

The Council is looking to gain a higher community profile (perhaps through the engagement of a patron) and to become more pro-active in fostering a cooperative approach to raising the community's awareness of problem gambling.

The Council is not currently funded and relies solely on membership fees. It is looking to expand its membership and is also seeking funding for its future activities. Its sister organisation in Victoria has recently received funding through a community benefit fund to coordinate research and education/awareness campaigns into problem gambling.

### **Other Organisations**

A range of other organisations was also identified which, while their primary focus was not necessarily gambling, had a peripheral interest and were equipped to conduct research into gambling. These organisations included the Institute of Family Studies, The National Drug and Alcohol Research Centre and the Addictions Research Institute (VIC).

In addition, a research working party has been established comprising nominees of government gaming regulatory bodies in Australia and New Zealand. The working party is yet to finalise its terms of reference.

## **3.2 ACADEMICS**

### **Dr Clive Allcock**

Clive Allcock (BSc, MB) is Senior Consultant Psychiatrist in the Admissions Ward of Cumberland Hospital and has had an interest in gambling research for over 18 years. He is a Director of the Australian Institute for Gambling Research.

He has had published seven articles, contributed to books and co-authored a book on gambling. He has also written numerous articles for the lay press and has attended and presented papers to conferences on gambling.

The focus of his research has been on the behavioural aspects of problem gambling though he is also interested in the behaviour of 'normal' gamblers. His research has been done mostly in a clinical setting and has been unfunded.

### **Associate Professor Alex Blaszczynski**

Alex Blaszczynski (BA, MA, Dip.Psychol., PhD) is an Associate Professor and Deputy Director of the Psychiatry Research and Teaching Unit (School of Psychiatry, University of NSW and South Western Sydney Area Health Service) and Director of the Impulse Control Disorders Unit. He is also area adviser in psychology, South Western Sydney Area Mental Health Service. He is a Director of the Australian Institute for Gambling Research and a founding member of NAGS..

He has a particular interest in gambling and coordinates a service for problem gamblers through the University of NSW Psychiatric Research and Teaching Unit at Liverpool. He was instrumental in establishing the first hospital in-patient treatment program for problem gamblers and in introducing a similar program (including staff training) at the St John of God Hospital.

He has had some 47 journal articles on gambling and associated subjects published, has contributed to ten books on the subject, and has had monographs and treatment manuals published. He has also attended and presented papers to a large number of international and local conferences, seminars and workshops.

His research has been internationally received and he has won a research award for contributions to the understanding of problem gambling from the United States National Council on Problem Gambling.

Dr Blaszczynski has also received a number of grants to carry out research into gambling including grants from the University of Western Sydney, Australian Institute for Gambling Research, NSW Health Department, Criminology Research Council and the National Health and Medical Research Council.

His research is mainly focused on the evaluation of treatment approaches for problem gambling, on predictors of program outcomes and on understanding problem gambling itself. He has also been involved in several studies into the social impact of problem gambling.

### **Associate Professor Mark Dickerson**

Mark Dickerson (BA (Hons), MSc, PhD) is an Associate Professor and Head of the Department of Psychology, University of Western Sydney, Macarthur. He is also founder and Executive Director of The Australian Institute for Gambling Research.

He has contributed to eight books and has published over 30 journal articles on gambling related subjects. He has given evidence to a number of State Boards of Inquiry and Select Committees and has presented papers to a number of conferences, seminars and workshops on the issue of gambling.

He has received funding for various research projects from the Australian Research Council, the QLD State Government, University of Western Sydney, the WA Office of Racing, the Tasmanian Treasury and the Australian National University.

His research has focused on the psychological factors in persistent, 'out of control' human behaviours and cognitions, persistent gambling, problematic and compulsive gambling and the impact of the availability of forms of gambling on the individual and family. He has also undertaken studies into the prevalence of problem gambling as well as wider ranging social impact studies.

### **Dr Geoffrey Caldwell**

Dr Caldwell (BA, MA, PhD) is a Senior Lecturer at the Centre for Continuing Education at the Australian National University. He is also a Director of the Australian Institute for Gambling Research.

He was chairperson of the 1988 Federal Government Committee appointed to review the likely social impact of the casino in Canberra. Excluding this, all his research has been conducted from an academic setting and he has received some university funding to conduct research into gambling. He has jointly published a book entitled 'Gambling in Australia' and has had published six journal articles on gambling related subjects.

The focus of Dr Caldwell's research has been the motivating factors which lead to gambling, Australian cultural attitudes to gambling and the patterns of gambling activity in Australia (from both an industry and gambler perspective). He is also interested in gaming revenue policy and how it addresses the issue of problem gambling.

### **Associate Professor Robert Lynch**

Robert Lynch (B.Ed (Hons), M.Ed, PhD) is an Associate Professor and Head of the School of Leisure and Tourism Studies, University of Technology, Sydney (UTS).

The focus of his research has been on leisure behaviour, gambling behaviour, casino development, gambling and illegal activity, crowd disorder in leisure contexts and the social and economic impacts of casino development, in particular, leisure and tourism impacts.

In 1984 he was engaged as a consultant by a Sydney RSL club to do a study of regular poker machine players but the majority of his recent research activities have been from an academic setting. He has received research grants from UTS for research into gambling related issues including a recent study into the social and economic impacts of the Sydney Harbour Casino.

He has published a small number of articles and book chapters on gambling and also a number of more generally related articles on leisure related subjects.

### **Dr Michael Walker**

Dr Michael Walker is a senior lecturer in the Department of Psychology at the University of Sydney and also has a grounding in mathematics. He has a particular interest in gambling and has had some 23 research studies published. His research has been mostly undertaken from an academic setting though he has also undertaken research projects in association with the Australian Institute for Gambling Research (AIGR).

Most of Dr Walker's research has been unfunded though he has received small research grants from the University of Sydney and the Australian Research Council.

He is Secretary of NAGS and was at one time a Director of the AIGR. He is currently engaged in establishing a gambling research centre at Sydney University in conjunction with a team of interested colleagues.

His research is mostly focused on the causes of, and motivations associated with, gambling. His research is theoretically driven, taking a social and cognitive rather than a psychoanalytic perspective. Other research has also focused on the impacts of casinos on the family, on leisure patterns and on the financial problems, stress and other effects on the individual.

He is interested in conducting future research into the prevalence of gambling, the problems caused by problem gambling to society and a comparative evaluation of the various treatment approaches to problem gambling.

Aside from research into gambling and his involvement with NAGS and the AIGR, Dr Walker has run courses on gambling, which were open to the general public, covering the nature of the gaming industry, the true expectations of different forms of gambling and strategies for better gambling. The courses also covered how to recognise a gambling problem and where to get help. He is the supervisor and provides the theoretical direction to a Sydney University training clinic for problem gamblers- the Badham Clinic. The clinic is research oriented but also offers treatment for problem gamblers, providing a service .

### **Dr Jan McMillen**

Jan McMillen (BA, PhD) is a Lecturer in the School of Economics and Public Policy, Faculty of Business, Queensland University of Technology. She is currently a Commissioner of the Machine Gaming Commission, Queensland and a member of the National Working Party on Gambling Research. She is also Chairperson of the Australian Institute for Gambling Research.

She has undertaken a number of research consultancies for governments both in Australia and overseas. She has obtained small research grants from universities and from the Australian Research Council. She has also obtained industry support of over \$200,000 for a comparative study of the social and economic impacts of the Brisbane and Cairns casinos.

Most of her research however has been unfunded and undertaken from an academic setting. She has contributed to 11 books and published nine journal articles. She also has a number of forthcoming publications. She has attended and presented papers to a large number of seminars and conferences and has been invited to write submissions for Parliamentary Committees and Commissions of Inquiry.



Her research is of a multi disciplinary nature but has been focused mainly on the social impact of gambling as well as the impacts of gambling on tourism and employment. Her particular interests around gambling are the development of the Australian gaming industry, government-business relations and gaming policy development.

**Ellen Baron**

*increases alcohol & gambling*

Ellen Baron (BA (Hons)) is currently completing her PhD through the University of Western Sydney and is in current receipt of the National Drug Strategy Research Scholarship. She was previously Research Assistant for the Australian Institute for Gambling Research.

The focus of her research is on the nexus between alcohol use and gambling though she is also currently working across a range of gambling related projects for the Australian Institute for Gambling Research.

**Dr Bob Crossman**

Bob Crossman (PhD) is a freelance researcher who has a grounding in applied mathematics. He has recently become a Director of the Australian Institute for Gambling Research. The focus of his research is analysing optimal strategies and calculating the percentages for different gambling forms. He also has an interest in public awareness about the expected returns and take of the various gaming forms.

Though he now receives consultant fees for much of his research, he previously carried out his research from a university setting without any funding. From this setting, he had published a number of journal articles.

**Dr Sara Murray**

Dr Sara Murray (BA, PhD) is a Lecturer in the Department of Psychology at the University of Western Sydney.

The focus of her research is the social and psychological problems associated with gambling and her most recent research project is on the effects of problem gambling on the gamblers, their spouses and family. She is also interested in the relationship between problem gambling and other addictive behaviours.

Her research has been undertaken primarily from an academic setting though she has at times been engaged by the Australian Institute for Gambling Research. She has received a university research grant for her current study.

**Maree Abbott**

Maree Abbott (BA Hons, MA) is currently completing her PhD in Psychology at the University of NSW. Most of her research has been conducted from a university setting though she has on a number of occasions been engaged by the Australian Institute for Gambling Research to assist in research projects.

The focus of her research is the uncontrollability of intrusive cognitions and understanding the persistence of repetitive negative thoughts. This relates to gambling in that problem gambling can be seen as a form of impaired control.

She has had published five reports and journal articles.

**Duncan Turpie**

Duncan Turpie (BA) is currently completing his PhD in Applied Mathematics at Sydney University. He has a particular interest in the mathematics of, and strategies for, different gambling forms. He has also focused on

modelling and analysis of horse race betting markets. He has worked with Dr Michael Walker on a number of his research projects.

All of his research has been carried out from Sydney University and he has received no funding for his work.

### **Associate Professor Martin Painter**

Martin Painter (BA, MA, PhD) is an Associate Professor in the Department of Government at the University of Sydney. He has written a book and had two articles published in the field of gambling. He has also presented a paper to a NAGS conference.

The focus of his research is on the history of the horse betting industry in Australia and, in particular, on government regulation and taxation policy. This research has included comparisons between States.

### **Dr Chris Leithner**

Chris Leithner (BA, MA, PhD) is a Lecturer in the School of Government at the University of Queensland. He was subcontracted by the Australian Institute for Gambling Research to assist in the evaluation of the QLD Breakeven program for problem gamblers and their families. The evaluation focused on the implementation and the effect of the Breakeven program on problem gamblers. This is the only gambling related research that he has undertaken.

### **Associate Professor Tony Veal**

Tony Veal (BA) is Associate Professor and Acting Associate Dean of the Centre for Leisure and Tourism Studies at the University of Technology. Though his interests are primarily leisure studies, he has undertaken a number of research projects into gambling.

His gambling related research has focused on the social and economic impact of casinos and in particular on the possible impact on NSW Registered Clubs. In recent years he has undertaken three consultancy research projects for government and private enterprise.

### **Dr Nerina Caltabiano**

Nerina Caltabiano (PhD) is a Lecturer in Psychology at James Cook University, Cairns Campus. In conjunction with Peter Camilleri (MSc, PhD), she is currently undertaking a longitudinal study of the effects on problem gambling of the Cairns casino. The project is currently unfunded although funds are being sought through the Australian Research Council and the QLD Department of Family and Community Services.

Dr Caltabiano has also undertaken two other research projects into problem gambling from James Cook University.

### **Dr Peter Swan**

Dr Peter Swan (BEc (Hons), PhD) is Professor of Finance and Head of Department, Department of Finance, University of Sydney. His research is generally in the field of micro-economics and financial economics with a particular focus on policy and management. He has undertaken a wide range of research projects, both as academic research, and as consultancy based research for government and private clients. One of these projects, for the NSW Government, was a study into the likely impact of slot machines, in the then proposed casino, on poker machines in registered clubs.

### 3.3 CONSULTANTS

#### **John Williams (Coopers & Lybrand)**

John Williams (BA(Hons), MA) is a Senior Associate of Coopers and Lybrand Consultants, Tourism, Leisure and Gambling Services. He is also a Director of the Australian Institute for Gambling Research, a member of NAGS and of the International Association for the Study of Gambling.

He has 15 years experience in tourism, leisure and gambling research and has undertaken feasibility studies and reviews of 14 different casino projects in five countries. He has also presented papers on gambling to international conferences.

The focus of his research is on social and economic impact of casino development, market and financial forecasts and corporate planning for casinos.

#### **Barry Nicholls (Coopers & Lybrand)**

Barry Nicholls (BA (Hons), MA) is a managing consultant and senior economist for Coopers and Lybrand Consultants in Sydney. He has extensive experience in economic impact analysis and economic appraisals of major projects including racing and betting projects and casinos.

#### **Mark Solonsch (Sutherland Smith)**

Mark Solonsch (BSc (Hons)) is a consultant with Sutherland Smith Marketing and Research Consultants in Melbourne. He is a Director of the Australian Institute for Gambling Research and executive officer of NAGS.

The focus of his research relates to the commercial and economic aspects of gambling. In particular, the motivations to engage in different forms of gambling have been researched in detail and the propensity of individuals to use different forms of gambling in different environments has also been studied. The marketing of gambling services is a further key area of research in addition to studies of trends in different gambling markets. He is also interested in the mathematics of gambling and decision processes used by gamblers in making gambling choices.

His Honours thesis is publicly available, as is his book, both of which relate to the field of gambling. In addition to this, he has been actively involved in gambling research undertaken by Sutherland Smith since 1991. He has also presented a number of papers to international gambling conferences.

#### **Price Waterhouse**

Price Waterhouse has undertaken a number of research projects into gambling, focusing on the social and economic impact of proposed and existing casinos and other gaming organisations. It has also undertaken market and financial feasibility studies for the gaming industry organisations in Australia and overseas. It has completed research projects for government and private clients.

Price Waterhouse's research into gambling and gaming has generally been undertaken through its Corporate Finance section and its Economic Studies and Strategies Unit.

#### **Susan Young (Keys Young)**

Susan Young, a Director of Keys Young has had some twenty five years experience, in Australian and overseas, in consumer research, public consultation and social planning. She trained in the USA, first as a psychologist (BA and MA) and then as an urban planner (MCP) (Massachusetts Institute of Technology). She served as one of the four person committee of inquiry into the social and economic impacts of the

Canberra Casino and also carried out a social impact study of the Auckland Casino. She was also responsible for the initial study of services for problem gamblers and researchers carried out for the Casino Community Benefit Fund Trustees.

### 3.4 OVERSEAS RESEARCHERS

A number of individuals from overseas who conduct research into gambling were also identified. A number of these people have collaborated with Australian researchers on various projects. The researchers identified are listed below however this list should not be considered exhaustive.

Rachel Volberg(US)

B. Browne (US)

A. Corless (US)

R. Culleton (US)

Henry Lesieur (US)

Derek Syme (NZ)

Nick Tarrier (UK)

Robert Ladouceur (Canada)

Max Abbott (NZ)

Mark Griffiths (UK)

Kenny Coventry (UK)

Ian Brown (UK)

Howard Schaffer (US)

Ellisardo Becona (US)

William Eadington (US)

Ann Flintoff (NZ)

Sue Fisher (UK)

Jim Orford (UK)

Heather Shotter (NZ)

#### 4.0 GAMING INDUSTRY ORGANISATIONS

A range of organisations from the gaming industry was contacted to establish what activities they might be involved in, or interests they may have in relation to problem gambling. A number of the organisations failed to respond and others responded by saying that there were no gambling problems amongst their clientele and that they had no need to address the issue.

However, a number of activities were identified that represented efforts on behalf of the industry to address problem gambling. Under TAB policy, every TAB outlet in NSW is required to display a notice with Lifeline's telephone number. The Australian Gaming Machine Manufacturers Association tabled Keys Young's letter at a meeting of its member organisations and their response was that gaming machine manufacturers were not in a position to address the issue of problem gambling though if there were any technological means of assisting, they would be quite prepared to help. The Directors of the Sydney Turf Club (which operate racecourses at Rosehill Gardens and Canterbury Park) have resolved to obtain signs to be displayed at the racecourses to advise people where they can obtain help if they have a gambling problem.

As has been the experience with casinos in other States, the Sydney Harbour Casino appears to be very receptive to ideas of patron care, responsible marketing and cooperating with agencies that provide services to problem gamblers and their families. Sydney Harbour Casino displays plaques with a list of contact phone numbers of agencies that provide services to problem gamblers and their families, and is seeking to identify better ways of making this information available to their patrons.

Sydney Harbour Casino is currently refining its policy in regards to its approach to problem gambling and is investigating possible measures (other than the plaque) to address the issue of problem gambling in the Casino. Representatives from Sydney Harbour Casino noted that it was not in the interests of the Casino to support the habits of problem gamblers and that it wants to be, and be seen as, a responsible corporate citizen. The Casino is clearly interested in cooperating with the Trustees to this end.

## 5.0 MODEL OF SERVICE DELIVERY IN QUEENSLAND AND VICTORIA

### Queensland

An issue which service providers, researchers and others were interested in pursuing was the possibility of a coordinated, statewide provision of services for problem gamblers and their families in NSW. Such an approach is already in existence in Queensland and Victoria under the banner of 'Breakeven'. The two State schemes, however, operate under different sets of circumstances and in a different manner.

Breakeven in Queensland is jointly coordinated by three auspicing agencies- Lifeline, Relationships Australia and Centacare. It is funded through the Community Services Development Division of the Department of Family Services and Aboriginal and Islander Affairs which manages a fund derived from taxes on gaming machines.

Breakeven is a banner under which all three services operate and advertise themselves. However the model of service differs across the three agencies as it does in NSW. Each agency is funded separately and service agreements define the needs of the target group, the goals and objectives of the services, data collection requirements as well as funding arrangements for salaries, training and operations. Services are also supplied with funds for marketing and advertising under the Breakeven banner, outreach (making the services more accessible to clients) and community awareness and education activities.

The scheme has statewide coverage with services in Brisbane, Rockhampton, Gold Coast, Toowoomba and Townsville.

Implementation of the program involved some training for existing and new staff in problem gambling counselling. Training courses were delivered by experienced problem gambling counsellors especially engaged for the task. Breakeven Queensland is currently being evaluated by the Australian Institute of Gambling Research on behalf of the Department of Family Services and Aboriginal and Islander Affairs.

### Victoria

Breakeven in Victoria is a scheme heavily driven by the Department of Health and Community Services (HACS) which has secured funds managed by the Casino and Gaming Authority and generated by the Melbourne casino. The funds secured were for counselling of problem gamblers and their families, liaison with the gaming industry, community education, research into problem gambling and curriculum development.

Upon receipt of the funds, HACS advertised for expressions of interest from agencies interested in providing a problem gambling service. Funds were then distributed according to a formula which took into consideration the geographic area (at least one service in each health region was ensured), the demographic profile of the area, the concentration of gaming venues in the area, the quality of addictions and relationships counselling, referral linkages with other agencies and the qualifications of staff. There were no expectations in regard to the therapeutic approach employed by the agencies. In the end, six community health centres and five family support agencies were selected to provide a problem gambling service. Staff in each of these agencies were provided with training on problem gambling counselling and data collection processes were negotiated with the services until a standard set of procedures was established.

Monthly interagency meetings were scheduled to which HACS only attends if invited and a problem gambling service provider's reference group was established, with representatives from a variety of organisations (including the gaming industry).

HACS also funded the Victorian Council on Compulsive Gambling to develop and coordinate the provision of information products, to launch an educational media campaign and to liaise with the gaming industry.

It funded the Social and Community Services Industry Training Board to develop a problem gambling course for financial counsellors and also a training module for casino staff.

It also funded a 24 hour 1800 telephone crisis and referral line called G-Line.

The response to these approaches to the provision of services was mixed among those consulted for this study. Some of those consulted saw the benefits of a cooperative and coordinated effort in providing services to problem gamblers while others saw flexibility in service delivery and a range of available services as all important. Some saw benefits in having problem gambling services under a common banner in as far as it would allow cost effective marketing of problem gambling services and therefore raise awareness of problem gambling in the community. The idea of a central assessment and referral agency was also well received.

The prevailing sentiment, however, was that funds available through the Casino Community Benefit Fund should be directed towards consolidating the existing infrastructure of problem gambling services and expertise and not 'wasted' on creating a 'bureaucracy of new services'.

## 6.0 RESOURCES - OBSERVATIONS OF STUDY

The consultations with specialist problem gambling services (Section 2) identified a wide variety of resources which the services felt were lacking. As well as these, a number of other key areas were identified where resources are most needed.

### 6.1 RESOURCE MATERIAL

Nearly all problem gambling services consulted complained of a severe lack of resource materials available specifically for problem gambling. There are no videos, few audio tapes and little literature available as are available for people with other types of problems. At present, services are using what materials they can borrow from drug and alcohol and self esteem programs. This material is useful though not sufficient.

There is also an apparent lack of literature containing information about problem gambling and where to get help. There is a need for such literature to be available for circulation to other agencies, for the community in general and most importantly for people with gambling problems to take home. The only widely available resource is a pamphlet which was developed many years ago and contains out of date information. It is left to individual agencies to prepare their own literature and other resources which are costly to produce.

A number of agencies have indicated an interest in developing such materials for use by all services. Unfortunately, a lack of resources usually means that they are unable to do so.

### 6.2 EDUCATION AND AWARENESS CAMPAIGNS

Those consulted also saw a great need for community education and awareness about problem gambling. The point was made that such activities often have the effect of 'nipping the problem in the bud'. Not only would people be more aware that gambling can turn into problem gambling but would also be more aware that help is available.

Most agencies take an active role in community awareness, speaking to community groups, schools, gaols etc. but, again, lack the resources to do the amount of work needed.

Agencies and researchers alike saw the need for a large scale campaign to alert people to the dangers of gambling beyond ones means and to counter the often misleading advertising of gaming establishments. There was a feeling however amongst those consulted that government would resist such a campaign, as it would cut into its gaming revenues.

Several people noted that there was a place for gambling education in the school curriculum. The theory is that by gambling age (18 years), if a person has more realistic expectations about gambling, they are less likely to develop a gambling problem. An attempt has been made in Victoria to include a module in its school curriculum devoted to gambling, and included the social impacts of gambling such as problem gambling. The proposed module was, however, rejected on the grounds that it might promote or encourage gambling amongst students. There are a number of researchers who are interested in developing such a module for NSW.

The point was made that education/awareness campaigns need to be targeted at particular groups of people who were either considered at risk of developing gambling problems, such as inmates, or had special needs such as those who are from non-English speaking backgrounds. The Ethnic Affairs Commission, in its submission to this study, made the point that there are few mainstream services available



which are culturally appropriate for people from non-English speaking backgrounds. There is also no literature available, which is printed in other languages, on problem gambling and where to get help. It was also noted that the widely used and accepted problem gambling screen - SOGS, is not currently available in other languages and that this has led to a lack of information about the prevalence of problem gambling in ethnic communities.

### **6.3 TRAINING**

A number of people consulted saw an opportunity for the gaming industry to train its staff in how to recognise and react to problem gambling. Similar training is provided for staff to learn how to deal with people drinking to excess yet there is no mention of problem gambling in hospitality staff training courses/programs. Again, a number of researchers have indicated an interest in developing such training modules. In NSW, as in other states, casinos have been more likely to cooperate on this front than have other gaming industry organisations.

There was also a perceived need for training resources and programs for people providing services to problem gamblers in NSW. In particular, financial counsellors, family and relationship counsellors and drug and alcohol counsellors need training in how to identify and provide treatment for problem gambling. Such training modules have been incorporated into training for financial counsellors in Victoria.

### **6.4 FURTHER RESEARCH**

Researchers and service providers were asked to comment on what they thought were the areas most in need of further research. One of the most common responses was that the various approaches used in the treatment of problem gambling needed to be systematically and comparatively evaluated. There is currently very little research which demonstrates the comparative effectiveness of the various approaches and what constitutes best practice in problem gambling counselling. Theoretical research also needs to be undertaken, according to some, into the genesis of gambling behaviour- what is it that really motivates people to gamble.

In light of the opening of the Sydney Casino, it was deemed necessary by some to undertake social impact studies- how will the Casino affect individuals, the family, family leisure patterns, gambling patterns, tourism, etc. It was also seen as important to measure the nett effects of the Casino on problem gambling. Studies into the prevalence of problem gambling were therefore seen as important and in particular, the prevalence of problem gambling in ethnic communities.