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INFORMING TARGETED INTERVENTIONS FOR PEOPLE EXPERIENCING GAMBLING HARMS IN THE ACT

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Chapter 1: Executive summary

1.1 Background

The importance of applying a public health approach to address gambling harms has been identified as a policy priority and widely discussed in academic literature for more than a decade. Research suggests that an effective public health approach should be coordinated, collaborative, and integrated in targeting different community levels, such as (i) the general population, (ii) at-risk groups, and (iii) people already experiencing harms. These three levels for intervention are referred to as ‘universal’, ‘selective’ and ‘indicated’ (Gordon 1983). A growing body of evidence indicates that the implementation of single interventions is likely to have limited impact. To date, public health approaches addressing gambling harms have largely involved local implementation of ad hoc interventions and have been lacking in coordination, collaboration, and integration.

The targeting of interventions needs to be feasible across levels, in that (i) the targeted groups need to be identifiable and reachable and (ii) the interventions need to be acceptable. However, the evidence base regarding the feasibility of interventions is weak, particularly with regard to targeting different groups in the population. To illustrate:

At the universal level: terminology such as ‘gamble responsibly’ and ‘problem gambling’ has been found to be stigmatising and counterproductive. This suggests that public health messages using this terminology may have limited impact: indeed, people may be unlikely to self-identify as having a ‘problem’. Tailoring messages and interventions using language that is relevant and acceptable to the target group provides an avenue for targeting interventions.

At the selective level: supporting self-help and self-regulation strategies provides a potential avenue for targeting interventions at gamblers with a heightened risk of harm. However, there is also limited knowledge about the self-help and self-regulation strategies gamblers use, particularly in comparing strategies used by people experiencing harms and by those who are not.

At the indicated level: existing research consistently finds that people experiencing gambling harms do not tend to seek professional help for their gambling. People experiencing gambling harms also tend to have high rates of co-occurring problems. A useful approach might therefore be to reach people experiencing gambling harms in other service contexts. However, there is very little known about the use of non-gambling services by people experiencing gambling harms. It remains unclear whether people experiencing gambling harms are reachable in non-gambling services and whether they would be open to intervention via this avenue.

Overall, existing evidence regarding how best to target interventions at different levels of the population is extremely weak. In 2016, the Australian National University (ANU) Centre for Gambling Research was commissioned by the Australian Capital Territory (ACT) Gambling and Racing Commission to conduct a detailed study ‘*Informing Targeted Interventions for People Experiencing Gambling Harms in the ACT*’.

1.2 Objectives

The overarching aim of the study was to develop an evidence base that can be used to inform the targeting of interventions for people experiencing harms from gambling. Specific objectives included:

- Profiling gambling behaviours and patterns of behaviours characterising people experiencing gambling harms (including participation and other behaviour linked with problem gambling) and their contact with specialist gambling support services;
- Assessing co-occurring health and wellbeing problems among people experiencing gambling harms, and their contact with a range of health and community services;
- Better understanding self-identification of ‘problem gambling’;
- Assessing the likelihood that gambling behaviours and associated harms would or could be recognised by third parties, either in a gambling context (e.g., venues), service delivery settings (e.g., health and community services) or in other more personal contexts (e.g., family, close others, work colleagues);
- Assessing the openness of people experiencing harms to interventions, preferences for types of interventions, and the preferred contexts for offers of help;
- Developing a set of strategies by which people who are open to intervention can be directed to assistance and appropriate sources of information;
- Describing the range of strategies people use to control their gambling behaviour, including people reporting having problems in the past; and
- Providing an evidence base informing future guidelines for targeting interventions across the full range of contexts in which gambling harms can be identified.

1.3 Methods

The study used a multiple methods research design. It is primarily based on in-depth follow-up interviews with people who had previously completed the quantitative *2014 ACT Survey on Gambling, Health and Wellbeing in the ACT* (Davidson *et al.* 2015). The target sample comprised people meeting the Problem Gambling Severity Index (PGSI) criteria for ‘moderate-risk’ or ‘problem’ gambling in 2014 or reporting gambling problems in the past. The follow-up interviews (n=54) were conducted in 2016 and were specifically designed to address the project’s objectives. Quantitative data from the 2014 ACT Survey was also used.

1.4 Key findings

1.4.1 Gambling and ‘problem gambling’

Around 80% of people in this study described experiences playing poker machines. About half (55%) of the sample discussed currently play. In the 2014 ACT Survey, 5% of adults reported some problem gambling symptoms, including the low-risk (4%), moderate-risk (1%) and problem gambling (0.4%) groups (as defined by the PGSI; Davidson *et al.* 2015: 44). As expected, the prevalence of problem gambling was much higher in the follow-up sample (non-problem 24%, low-risk 17%, moderate-risk 44%, and problem gambling 15%) than in

the 2014 ACT Survey. At the individual level, PGSI scores did not change significantly between 2014 and 2016, suggesting considerable stability in problem gambling over time.

‘Problem gambling’ was often defined by participants as involving addiction as well as extreme behaviours, concrete consequences, emotional reactions, monetary losses, and feeling that gambling was not enjoyable or sociable. ‘Problem gambling’ was also defined as impacting on others, particularly close family members. Gambling was not described as a problem if an individual could afford the losses, or if gambling was discussed as controlled, regardless of the size of the losses. Describing negative impacts and harms from gambling was common, even when people did not identify with the term ‘problem’ in relation to their own gambling. Monetary losses were most commonly discussed as a negative impact. In contrast, time spent gambling was not described as a factor in the conceptualisation of gambling harm or impacts.

Self-identification of ‘problem gambling’ did not vary across socioeconomic or demographic groups, with one exception: lower qualifications were associated with higher self-identification. This could be because financial difficulties were significantly rarer amongst people with higher qualifications, meaning they would be better placed to absorb financial losses. The term ‘problem’ was found to be a barrier to people self-identifying behaviours, impacts and harms. Instead, the importance of self-awareness was mentioned by a large number of people throughout the interviews. Self-awareness of gambling impacts and harms is perhaps a more appropriate way of conceptualising ‘self-identification of problem gambling’. Barriers to self-awareness included (i) variation in gambling behaviour over time, (ii) focusing on wins and not losses, behaviours and impacts, and (iii) internal dialogues around gambling, particularly the justification of losses as affordable.

1.4.2 Help-seeking and self-regulation of problem gambling

Co-occurring mental health, alcohol and other drug issues were common among people experiencing gambling harms, as was poor physical health. People experiencing gambling harms do not tend to seek help, and/or only do so when their problems are extreme and impacting on others. An underlying belief that people should deal with gambling problems themselves was evident. This perception was also evident for other health and wellbeing issues. Help-seeking was more likely to be informal and contained within existing networks. Conversely, health and wellbeing services do not appear to identify gambling problems or to ask anything at all about gambling in their routine service delivery (even if people present with mental health problems).

Despite not seeking help from formal services, people used a wide range of strategies to control or stop their gambling. Among people showing improvements, behavioural strategies such as creating barriers to accessing money were common and usually designed to control rather than stop their gambling. People who had improved often involved others as a behavioural strategy to control their gambling (e.g., a partner, family member or friend). Cognitive strategies, such as setting expenditure limits, were also common.

The problem gambling group who had not improved significantly from 2014 to 2016 (as defined by their PGSI score) tended to use extreme behavioural strategies designed to stop gambling altogether. They also described relinquishing control of their money in an attempt to control their gambling. People in the lower-risk groups tended to use a broad range of strategies to control their gambling, and their cognitive strategies and limits were often flexible and vague. They also talked about ‘managing’ their gambling, implying a sense of control. Interventions that support the success of self-regulation strategies are a high priority for trial and evaluation – these may support changes to gambling environments (e.g., those that restrict access to cash).

1.4.3 Interventions for gambling problems

Partners, family and friends were overwhelmingly the most preferred option for talking to people about their gambling. Participants tended to prefer partners and family, using concrete examples of the impacts that their gambling was having. However, being non-confrontational and using slow and multiple approaches were also prioritised. It was considered particularly appropriate to raise gambling if a partner or family member was being affected, particularly financially. However, partners were also described as too close, often because they were affected.

Participants were also positive about general practitioners (69%) and counsellors (57%) asking people about their gambling. However, a caveat surrounding these positive attitudes was that gambling should be raised in a mental health context. Financial counsellors were also regarded positively. However, their capacity to intervene was bounded and limited in the nature of help they could potentially provide. There was also significant confusion about the services financial counsellors provide.

Attitudes about venue staff were divided in terms of approaching or talking to patrons about their gambling. A large proportion viewed venue staff as inappropriate (44%), and strong emotions were described, such as 'horrified', 'embarrassed', and 'ashamed'. About a third (37%) of participants thought venue staff were appropriate and a large proportion (19%) of responses were unclear. Despite participants' comparatively negative reactions to being approached by venue staff, there was still room for venue staff to be approachable.

Box1.1 Key considerations for targeting interventions addressing gambling harms

Universal

1. Shifting away from depicting 'problem gamblers' as an extreme group. 'Problem' terminology is better aligned with gamblers' understandings of gambling harms. Interventions focusing on impacts and harms that people identify themselves may lead to earlier recognition and help-seeking.
2. Initiatives that encourage self-awareness of gambling behaviour, such as keeping track of losses, may facilitate self-identification and minimise harms.
3. Interventions targeting 'spending more than you can afford' may have limited potential.
4. People experiencing gambling harms are unlikely to be approached by venue staff, and gamblers are resistant to this intervention.
5. People experiencing gambling harms are likely to be identifiable in gambling venues. Other gamblers are an untapped resource - interventions designed to support gamblers in approaching other people with problems may have significant impact.
6. Interventions designed to support and inform partners and close family about problems associated with gambling were highlighted, as attitudes towards partners discussing gambling and gambling problems were mostly positive.
7. However, attitudes were double edged. Partners were also described as too close. Nonetheless, interventions that facilitate partners and other family members in levels of awareness of services and referral to services could assist people experiencing harm from gambling.

Box1.1 continued

Selective

8. Interventions that target at-risk groups, in particular low- and moderate-risk gamblers, is consistent with a public health approach because people in these groups are identifying and experiencing negative impacts and harms from their gambling.
9. Even though many people did not identify with the concept of 'problem gambling', most recognised negative impacts and had self-regulation strategies in place.
10. Implementing behavioural strategies that involved the support of others was common for people who had shown a reduction in problem gambling risk factors.

Indicated

11. People were overwhelmingly not open to interventions and efforts to address problem gambling. Initiatives that portray positive outcomes from gambling interventions may assist in changing negative attitudes.
12. Interventions that encourage service providers to raise gambling with their clients are important in reaching people experiencing extreme difficulties. However, the potential is limited.
13. Some people with gambling problems are resistant to seeking professional help for any problems.
14. People were open to GPs and counsellors raising gambling in a mental health context. However, the one item problem gambling screen is unlikely to sit easily in such discussions.
15. People were open to financial counsellors discussing gambling. Raising awareness about financial counsellors and the services they provide may prove beneficial.

1.5 Targeting interventions in a public health context

The overarching purpose of this report was to provide an evidence base that can be used to inform the development of targeted interventions for people who are experiencing harms from gambling. The findings from the analysis were used to inform 15 key points to consider in targeting interventions for people experiencing gambling harms. It is essential that the targeting of interventions be coordinated and integrated both within, and between levels.

1.6 Concluding comments

The findings from this report provide significant insight into the ways interventions designed to reduce gambling harm can be targeted using a public health approach. Gambling harms were most likely to be identifiable in personal contexts, by partners, close family or friends. However, gambling harms were also likely to be identifiable within gambling venues. People experiencing gambling harms were generally resistant to intervention, whether it was from a close personal contact, a service provider, or venue staff. However, this report has identified close family and friends as the most acceptable source of intervention for gamblers. Interventions designed to facilitate peoples' ability to identify signs and symptoms early, and to source appropriate help and services, are critical in preventing or reducing gambling harms in the community. Interventions supporting close family and friends were indicated across the general population, for people at-risk and those already experiencing harms. A coordinated, collaborative and integrated approach to targeting interventions is essential within and across these levels. Overall, the findings suggest that interventions should be responsive to the experiences and understandings of people who are at risk of, or experiencing gambling harm.

Chapter 2: Background to the project

2.1 A public health framework for interventions for problem gambling

Public health has been defined as ‘... the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society’ (Detels 2009: 14). A public health approach involves cure, treatment, and prevention and aims to promote good health, avoid the occurrence of illness, and detect illness early (Commission on Chronic Illness 1957). In a model of disease prevention, Gordon (1983) proposed three levels of intervention referring to different target groups. He labelled these levels as:

1. *Universal*, comprising everyone in the population;
2. *Selective*, comprising ‘groups considered to be at heightened risk for the particular problem because of a shared characteristic’ (Rodgers *et al.* 2015: 13); and
3. *Indicated*, comprising ‘individuals diagnosed and found to have an abnormality or risk factor that requires intervention in order to reduce the risk of developing a more serious problem’ (Rodgers *et al.* 2015: 13).

This approach was adopted and refined by Mrazek and Haggerty (1994) with regard to mental health prevention interventions, and it has since been applied to many mental health and substance use issues.

A recent Centre for Gambling Research (CGR) report, *Preventive Interventions for Problem Gambling: A Public Health Perspective* (2015), outlined a public health framework for problem gambling, supporting strategies encompassing preventive approaches, specific interventions for those at greatest risk of harm, including treatment and recovery (Rodgers *et al.* 2015). This report applied Gordon’s model, targeting interventions at universal, selective and indicated levels, to problem gambling. The aims of this framework were to (1) reduce the incidence (i.e., new occurrences) of gambling harm in the population, (2) reduce the duration of gambling harms when they arise in individuals using targeted approaches, and (3) reduce the rate of relapse after individuals have received help, including formal treatment for gambling problems.

Given that about 1,300 individuals in the Australian Capital Territory (ACT) at any point in time are experiencing serious harm (Davidson *et al.* 2016), it is appropriate and practical to consider how targeted approaches might help to alleviate gambling problems and their consequences. A larger group of moderate-risk gamblers (between 3,000 and 4,000) will be less seriously affected at the individual level (Davidson *et al.* 2016), but will contribute more to the overall burden at the community level simply because of their greater numbers.

Regardless, public health approaches to gambling harm have largely involved local implementation of ad hoc interventions and have been lacking in coordination, collaboration, and integration (Rodgers *et al.* 2015: 67). The Victorian Government’s *Guide to Using a Health Promotion Approach to Problem Gambling* stated, ‘... single interventions, such as providing health information alone, have limited impacts. Therefore, using a mix of interventions to achieve a health promotion goal is consistent with the evidence that working at both the individual and population wide levels provides the best outcomes’ (Victorian Department of Justice 2011: 4). Overall, a public health approach to problem gambling should employ a diverse range of strategies that target the community and the individual. This approach is a fundamental tenet underlying the current research *Informing Targeted Interventions for People Experiencing Gambling Harms*.

A more detailed description and examples of universal, selective, and indicated interventions for problem gambling are described in the following three sections. For the purposes of this report, the term *intervention* pertains to any action that can be taken with the intention of improving or relieving gambling harm. The term

‘harm’ is defined as ‘harm or distress of any kind arising from, or caused or exacerbated by, a person’s gambling, and includes personal, social or economic harm’ (New Zealand Government 2003).

2.1.1 Universal interventions

As noted above, universal measures target everyone in the population. Rodgers and colleagues (2015: 13) summarised this level as involving measures that are ‘limited to advice and actions that could be safely targeted at anyone in the population, and acted upon by anyone, without risk and without first needing to consult a health professional’.

Most Australian jurisdictions have media campaigns designed to increase awareness about gambling problems and harms, such as responsible gambling awareness weeks. For instance, objectives for responsible gambling week in Victoria include individuals ‘knowing how to gamble responsibly’, organisations creating environments where responsible gambling is enabled and encouraged, and increasing knowledge and support about responsible gambling in the general community.¹ Australian gambling industries are required to use the ‘gamble responsibly’ message when advertising their products. However, research has increasingly suggested that the message ‘gamble responsibly’ is counterproductive – that it contributes to stigma and is ineffective (Carroll *et al.* 2013; Parliamentary Joint Select Committee on Gambling Reform 2012). In 2016, the ACT Gambling and Racing Commission responded to these concerns by changing the focus of their awareness week to ‘gambling harm awareness week: recognising the harms of gambling for the gambler and also their family and friends’.²

Regardless, ‘gamble responsibly’ continues to be the main message communicated by social marketing campaigns and the gambling industry (Miller 2016).

2.1.2 Selective interventions

Rodgers and co-researchers (2015: 14) summarise this level as involving measures ‘specifically targeted at groups considered to be at heightened risk because of a shared characteristic’. For instance, a selective approach targets the provision of information and resources to people who have a greater risk of experiencing gambling harm. This may be determined based on characteristics of people (e.g., socioeconomic risk factors) or by targeting locations, e.g., gambling venues, where people at greater risk are likely to frequent. Such strategies may include those implemented by venues to modify the gambling environment, e.g., gaming machine modification, warning messages, and pre-commitment. While these strategies are important, targeted environmental interventions are beyond the scope of the current report. However, the efficacy of strategies and actions gamblers take to self-manage any issues and difficulties they might be experiencing is poorly understood and an important area for research (Rodgers *et al.* 2015: 65). Elucidating and supporting self-management strategies and resources that people find helpful provides a potentially effective avenue for targeting interventions at gamblers at heightened risk of harm. These interventions may pertain to, but are not limited to, environmental factors such as accessibility of cash in venues.

Gambling problems rarely resolve spontaneously, rather resources, strategies, and actions reemployed (Lubman *et al.* 2015). In a recent report, Lubman and colleagues (2015) described self-help and self-regulation strategies as widely used and often the first choice for people experiencing difficulties (2015). However, the authors noted that self-help strategies have typically been investigated alongside formal help-seeking, amongst people in recovery, and have rarely been assessed in their own right (Lubman *et al.*, 2015). Existing research has generally been limited in ‘representing a select and often small subsample of the gambling population’ (Lubman

1 Responsible Gambling Awareness Week, <http://www.rgaw.com.au/>

2 <http://www.gamblingandracing.act.gov.au/gambling-harm-awareness>

et al., 2015: 14). Consequently, the authors conducted an extensive investigation of self-help strategies and actions using multiple methods, including analyses of (i) existing literature, (ii) gambling strategies promoted on websites, (iii) problem gambling online discussion forums, (iv) online gambling counselling transcripts, (v) an online gambling survey, and (vi) qualitative interviews with gamblers.

Lubman and colleagues (2015) identified seven strategies from existing literature: (i) information seeking; (ii) self-assessment and monitoring; (iii) alternative activities; (iv) cash control and financial management; (v) stimulus control; (vi) cognitive strategies; and (vii) social strategies. The report found that minimally invasive self-directed resources remediated gambling problems among gamblers not in formal treatment. Changing thoughts, improving and promoting activities other than gambling, and self-monitoring were the most effective strategies (Lubman *et al.* 2015). Further, this study noted that promoting universal strategies could lead to poor uptake by gamblers and may largely be ineffective; it suggested that individually targeted approaches were more likely to be effective.

This report also noted that a number of studies have identified some strategies and actions as more frequently used by those with gambling problems compared to those without. Research has found that people experiencing problems with their gambling discussed implementing additional, more restrictive control strategies. These included not going to gambling venues and replacing gambling with other, more adaptive hobbies (Griffiths 2006; Petry 2005). Help-seeking, including seeking assistance from friends or family, mutual help groups, and seeking self-exclusion were discussed by some problem gamblers. Initiation of self-exclusion was seen as a strategy of last resort, as it was a clear indication that the individual was no longer able to control gambling without assistance. Avoidance is a favoured self-regulation strategy for problem gamblers (Hodgins and El-Guebaly 2000; Hodgins *et al.* 1999). However, there has been little work comprehensively exploring how the uptake and helpfulness of strategies and actions differs according to whether an individual has a current or past gambling problem, or has never experienced difficulties with their gambling.

Overall, most research on self-help and self-regulation of gambling has focused on strategies guided and suggested by others, such as counsellors or support services. Only a small number of studies have explored self-regulation strategies instigated entirely by gamblers when managing their gambling behaviour themselves (Lubman *et al.* 2015).

2.1.3 Indicated interventions

Indicated interventions involve measures that are ‘targeted at individuals who have been diagnosed and found to have some abnormality or risk factor that requires intervention in order to reduce the risk of developing a more serious health problem’ (Rodgers *et al.* 2015: 14).

In Australia, public health approaches to problem gambling have focused on providing treatments, primarily through the provision of formal services, rather than prevention. The provision of formal services for problem gambling is an obvious form of indicated intervention. Despite the reported benefits of formal and clinical help and treatment for people with gambling problems, very few people access formal services for problem gambling, and only approximately 10% of people seek help (Carlbring and Smit 2008). Similarly, only 8.9% of ACT adults who have experienced a problem with their gambling had ever accessed counselling or professional help for gambling-related problems (Davidson *et al.* 2015). Research has also found that gamblers only tend to seek professional help after experiencing a crisis, when they are already experiencing extreme harms related to gambling, such as the breakdown of a relationship, or bankruptcy (Bellringer *et al.* 2008; Browne *et al.* 2016; Thorne *et al.* 2016). Reasons people with gambling problems give for not seeking help include: perceived stigma, embarrassment/shame, and not being able to access face-to-face services (LaBrie *et al.* 2012). This

lack of uptake of professional services for problem gambling has led to public health approaches seeking additional routes for providing indicated interventions.

One additional approach is to address problem gambling in other contexts. Recent research has demonstrated high rates of comorbidity among people with gambling problems. That is, people who have gambling problems have higher rates of physical health problems (Delfabbro and LeCouteur 2009), mood disorders, substance use, anxiety disorders, depressive disorders, personality disorders, and impulse control disorders than others in the general community (Lorrains *et al.* 2011). Furthermore, a long standing and large body of evidence supports the argument that people with multiple problems are more likely to seek help than people experiencing a single problem (Berkson 1946). Research investigating whether people attending health and wellbeing services for other problems have high rates of problem gambling has been unsystematic in terms of the service types covered. However, high rates of problem gambling have been found among people seeking treatment for substance abuse (Collins *et al.* 2005; Cowlshaw 2014) and within general practice (Séguin *et al.* 2013; Sullivan *et al.* 2007). It may therefore be feasible and appropriate to address gambling behaviour and harms in the context of other psychological or interpersonal problems that bring people into contact with services (Rodgers *et al.* 2015: 66). Overall, targeting the identification and reduction of problem gambling within mental health, substance use and other wellbeing service settings is a possible avenue for indicated interventions.

2.1.4 Feasibility of targeted approaches

In establishing coordinated and targeted interventions to reduce gambling harm, the feasibility of approaches needs to be established.

1. The target group (s) must be identifiable and reachable. Taking action relies upon people knowing they have a problem in the first place. This knowledge may be self-derived (self-identification) or it may be prompted by others (third-party identification).
2. Interventions should be acceptable and taken up by target groups if made available.
3. Interventions must be effective in real-life circumstances. Often, this can only be determined on implementation, as seemingly efficacious approaches demonstrated in trials may not translate into effective methods in natural settings.

Overall, there is very little research investigating these three core components underlying the feasibility of interventions to address gambling harm. It was beyond the scope of this report to review or investigate the efficacy of interventions in real-life settings. Below we discuss self-identification, third party identification of problem gambling, and openness to interventions for problem gambling.

2.2 Self-identification of ‘problem gambling’

As noted above, taking action relies upon people recognising they have a problem in the first place. A small body of recent research suggests that self-identification of problems is a necessary step on the path to accessing formal services for problem gambling. For instance, among moderate-risk/problem gamblers who had accessed a service, 99% had self-identified as having a problem (Davidson and Rodgers 2010). In the ACT, a reasonably large proportion of people meeting the criteria for moderate-risk or problem gambling self-identified as having ever had a problem (61.9%), with 58.0% reporting a problem in the last year (Davidson *et al.* 2015). These self-identification rates suggest considerable scope for interventions being taken up amongst people experiencing difficulties.

However, gamblers only tend to seek formal help when they have experienced extreme consequences. It is possible that gamblers tend to recognise having a problem because they have experienced a crisis in their life. Despite the importance of self-identification in the uptake of interventions, research exploring what, how, and when people self-identify as having gambling problems is extremely rare. One small study (n=30) found that financial problems, interpersonal issues, and psychological distress underlay the self-identification of 'problem gambling' (Bühringer *et al.* 2014). A further study found that adolescents who self-identify as having a gambling problem reported engaging in multiple forms of gambling, spending more money, and wagering, winning or losing greater amounts of money (Hardoon *et al.* 2004). The lack of research exploring self-identification of 'problem gambling' is surprising because interventions fostering self-identification of gambling problems provide a likely avenue for facilitating the uptake of interventions. Interventions fostering early identification, before crises and extreme consequences occur, may be particularly important in reducing the harms associated with problem gambling.

2.3 Third-party identification

Third-party identification relies upon the prevalence of gambling harms within the setting, the third party recognising problems, and then taking action.

2.3.1 In venues

Third-party identification in venues primarily derives from two potential sources: (i) venue staff, and (ii) other patrons, particularly other gamblers. While there is no research exploring third-party identification by other patrons in venues, there is a substantial body of literature discussing identification of problem gambling by venue staff.

The first Productivity Commission report (1999) emphasised the importance of industry's duty of care to protect patrons from harmful consequences as a vital component in public health approaches designed to minimise harms (Delfabbro *et al.* 2007). A substantial body of research has investigated external identifiers and profiled problem gambling behaviour in order to determine when an individual might be ready for intervention. For instance, Delfabbro (2012; 2007) found that spending large amounts of money, long durations of play (3+ hours), visible emotional reactions and unusual social behaviour were the most common behavioural indicators across studies. A subsequent report referring to two large Australian studies found that high bets spins, leaving a venue to get money, gambling through lunch breaks, and gambling winnings profiled problem gambling (Delfabbro *et al.* 2016). Finally, Delfabbro (2007) created the Gambling Behaviour Checklist, describing 12 key indicators of problem gambling (See; Thomas *et al.* 2014: 204). Identification of problem gamblers relies upon staff members being able to assess and integrate observations of 12 behavioural indicators in relation to:

frequency, duration, and intensity of gambling (e.g., putting wins straight back into a machine, gambling regularly, and or gambling for long sessions); impaired control (e.g., being attached to a particular machine, waiting for the venue to open); social behaviours (e.g., anti-social behaviour such as becoming irritable); raising funds, chasing behaviours (e.g., multiple ATM withdrawals, borrowing money); and emotional responses (e.g., becoming upset and or aggressive)

(in Hing *et al.* 2013b: 20).

Hing and co-authors (2013b: 17) found that venue staff were confident about being able to identify signs of gambling problems among their patrons, However, most employees would intervene 'only if the patron

displayed aggressive, abusive, or violent behaviour'. Other indicators were unlikely to prompt intervention. A further study investigated barriers to identifying people with gambling problems in venues (Delfabbro *et al.* 2016). This study found that lack of staff training covering how to approach patrons on the gaming floor was a main barrier, over and above high staff turnover, the length of shifts, and the size of venues. Most staff were not confident about patrons' responses to being approached. The provision of training to assist staff in approaching patrons was strongly supported by this report. Another study has supported the idea that it is possible to identify problem gamblers within venues. This study was conducted with counsellors and also found that venue staff needed much more support and training in approaching gamblers. The authors argued that unless carefully managed, it could be a negative experience and cause significant resentment amongst patrons (Delfabbro *et al.* 2016).

While identification of behavioural indicators is theoretically possible, Schellinck and Schrans (2004) were generally 'pessimistic' (Delfabbro *et al.* 2007: 287) about the practical value of models of this nature. They argued that it is unlikely that venue staff could observe multiple behavioural indicators at a single venue or be able to focus on gamblers for extended periods of time. Moreover, gamblers who are not experiencing problems may be incorrectly identified if the more frequently observed indicators are relied upon (Delfabbro *et al.* 2016). Hing and colleagues (2013b: 21) conclude that the considerable challenges identifying and intervening with patrons experiencing problems in venues mean that player data may provide a more promising avenue for detecting and advising patrons experiencing gambling harms. 'In the absence of player tracking systems, the results of this study suggest that frontline venue staff would benefit from clearer direction and boundaries around both the indicators of problem gambling and policies about when staff should initiate an intervention'.

Regardless, venues and venue staff provide an important potential context for identifying and providing information about interventions to people with gambling problems.

2.3.2 By formal services

As noted above, people with gambling problems have high rates of co-occurring health and wellbeing issues, and people with multiple problems are more likely to attend a range of services, including GPs, than people with a single problem. Anecdotal evidence suggests that a wider range of services may already be screening for gambling problems (Relationships Australia, personal communication 2017; Wesley Mission, personal communication 2016). Interest in the feasibility of GP involvement in identifying gambling problems and referring their patients to specialist gambling help services has recently increased (Sullivan *et al.* 2007; Thomas *et al.* 2008; Victorian Responsible Gambling Foundation 2014). For instance, the Victorian Responsible Gambling Foundation instigated a program targeting awareness about problem gambling among GPs (Victorian Responsible Gambling Foundation 2014). This program encourages GPs to screen for problem gambling and included the provision information about at-risk groups, co-occurring problems, and referral options.³

While health and welfare services are important in terms of identifying and referring people to specialist gambling help services, exactly how they should approach and identify problem gambling is a contentious issue. Recently, service providers have been encouraged to use brief screens designed to identify people at risk or already experiencing problem gambling, such as a one-item screen validated by Rockloff and colleagues (2011), which asks 'have you felt that you might have a problem with gambling?' (e.g., Victorian Responsible Gambling Foundation 2014). However, this screen has been found to be highly unreliable in predicting problem gamblers (with a 79% false negative error rate). It is possible this error is due to people not identifying they have a 'problem'. Social desirability bias may also mean that people who realise they have a problem are not willing to report it. Such screens substantially rely on people subjectively defining their gambling behaviour as

3 General Practitioners, <https://www.responsiblegambling.vic.gov.au/for-professionals/general-practitioners>

‘problematic’. Instead, screens that are founded on the self-identification of concrete harms may be more useful, such as the three-item Brief Biosocial Gambling Screen (Gebauer *et al.* 2010). This screen asks participants to identify (i) ‘becoming restless, irritable or anxious when trying to stop/cut down on gambling’, (ii) trying to ‘keep your family or friends from knowing how much you gambled’, and having (iii) ‘such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare’. Overall, this research points to the need to find alternatives to relying on gamblers self-identifying with the concept of ‘problem gambling’.

Overall, health and wellbeing services provide a potentially useful avenue for identifying problem gambling, although there is little research or understanding regarding how they might best go about it.

2.3.3 By close family and friends

Close family and friends are logical candidates for identifying people with gambling issues and successfully encouraging them to access help or implement self-management strategies. However, people who gamble often purposely conceal their behaviour and problems from others (Hing *et al.* 2013a; McMillen *et al.* 2004). One study has shown that partners (92%) and other family members (80%) are most likely to identify problem gambling, followed by friends (60%; Cunha and Relvas 2014). Another study suggested that when close others become aware, it is usually via the gambler disclosing their problem or when family and friends notice social, withdrawal, and financial problems (Bührlinger *et al.* 2014).

Previous research by CGR has determined that having been married or in a defacto relationship and talking to family and friends was strongly associated with whether or not someone with gambling problems self-identified or accessed services for gambling problems (Carroll *et al.* 2011). This report described the negative impacts experienced by the family of people with gambling problems, and some gamblers reported feeling shame for what they put their family through. Overall, the findings stressed the importance of family and friends, but concluded that further research was needed to unpack the roles family and friends play in identifying gambling problems and help-seeking pathways.

Combined with existing health-promotion strategies, targeting and educating family and friends has the potential to be a valuable element of a public health approach to problematic gambling. However, research has rarely investigated third-party identification of gambling problems by close family and friends.

2.4 Openness to interventions

Overall, there is very little research describing what people with gambling problems want and do not want in terms of interventions, and what they think might be helpful. Such research would effectively identify the types of interventions that people might be open to, and those which are not considered appropriate. One study suggested that clients attending self-help groups for alcohol and other drug problems expressed a desire to receive gambling help in a group setting (Carroll *et al.* 2011). Some clients argued that improved advertising of specialist problem gambling services, and school education programs covering problem gambling, might be helpful in terms of preventing other people from developing gambling problems. However, research representing the views of people with gambling problems in the general community is noticeably absent.

Carroll and colleagues (2011) described clients not being open to going to specialist problem gambling services, primarily because they felt too ashamed. This report described counsellors’ views about the needs of their clients. They reported a need for (i) more effective promotion of specialist problem gambling services, (ii) a

more flexible specialist problem gambling service delivery model, and (iii) better problem gambling awareness campaigns and support services for the partners and families of people with gambling problems.

The important roles families and friends play in help-seeking pathways for people with gambling problems also need to be delineated. However, research has found that interventions from friends may only be appropriate if the friendship is very close, and couched as indirect warnings (Thomas *et al.* 2010). Regardless, a large proportion of people with gambling problems choose to deal with their problems on their own rather than seek help (Hodgins and El-Guebaly 2000; Hodgins *et al.* 1999; Nathan 2003).

2.5 Project objectives

The overarching aim of this project is to provide an evidence base that can be used to inform the targeting of interventions in line with the above public health framework. More specific objectives are listed in Box 2.1.

Box 2.1 Key objectives of the project

- Profiling gambling behaviours and patterns of behaviours characterising people experiencing gambling harms (including participation and other behaviour linked with problem gambling) and their contact with specialist gambling support services;
- Assessing co-occurring health and wellbeing problems among people experiencing gambling harms and their contact with a range of health and community services;
- Better understanding self-identification of ‘problem gambling’;
- Assessing the likelihood that gambling behaviours and associated harms would or could be recognised by third parties, either in a gambling context (e.g., venues), service delivery settings (e.g., health and community services) or in other more personal contexts (e.g., family, close others, work colleagues);
- Assessing the openness of people experiencing harms to interventions, preferences for types of interventions, and the preferred contexts for offers of help;
- Developing a set of strategies by which people who are open to intervention can be directed to assistance and appropriate sources of information;
- Describing the range of strategies people use to control their gambling behaviour, including people reporting having problems in the past; and
- Providing an evidence base informing future guidelines for targeting interventions across the full range of contexts in which gambling harms can be identified.

2.6 Outline of the structure of this report

This report first summarises the methodology for the project. Subsequent chapters address (i) gambling participation and co-occurring problems, (ii) help-seeking and wanting help, (iii) self-identification of gambling problems, (iv) self-help and self-regulation strategies to limit, control or stop gambling, (v) third-party identification, and (vi) openness to interventions.

Chapter 3: Methods

3.1 Research design

This study used a multiple methods research design. It is based on in-depth follow-up interviews with people who had previously completed the quantitative *2014 Survey on Gambling, Health and Wellbeing in the ACT* (Davidson *et al.* 2015) and agreed to be recontacted. The follow-up interviews were conducted in 2016 and were specifically designed to address the current project's objectives. These interviews comprise the primary data source and the 2014 ACT Survey is used as a complementary data source. Below we describe the methodologies for (i) the 2014 ACT Survey and (ii) the 2016 follow-up interviews.

3.2 Ethics

The Australian National University human research ethics committee approved the protocols for the 2014 ACT Survey (protocol 2014/580) and the qualitative interviews for this project (protocol 2016/158).

3.3 The 2014 Survey on Gambling, Health and Wellbeing

In 2014, the ACT Gambling and Racing Commission (the Commission) funded the Australian National University to undertake a survey on the nature and extent of gambling and problem gambling in the ACT. This study was designed to inform the Commission about the social and economic impacts of gambling and to be a resource for tackling significant social policy research questions. Findings on gambling participation and problems were presented in detail in a final report (Davidson *et al.* 2015).

3.3.1 Procedure

All data were collected by an accredited market and social research company using Computer Assisted Telephone Interviewing (CATI). Data collection commenced on the 18th November 2014 and was completed on the 11th February 2015. Interviews were suspended from 21st December through 28th January because of the Christmas school holiday period. Interviews were conducted on weekdays (excluding public holidays) and weekends. The majority of contacts were made between 5pm and 8pm on weekdays or between 10am and 5pm on weekends.

3.3.2 Sample selection

Random digit dialling was used to contact 7,068 ACT residents. This involves the ongoing random dialling of telephone numbers from a list (sample pages) of numbers linked to their postcode. The list is updated on a monthly basis. Sample pages incorporate all landline numbers in the ACT (not including Jervis Bay), including listed and unlisted numbers. There is currently no way of drawing a random sample from mobile phone numbers of all ACT residents because the only existing comprehensive list is national and it does not link the numbers with area of residence. Given the small population of the ACT, too many calls would be required to identify ACT residents by randomly calling people using the national mobile phone list. Consequently, the advisory group decided not to include mobile phone numbers in the sampling frame of the current survey.

Upon establishing contact with a household, the interviewers asked to speak ‘to the adult resident with the last birthday’. However, it became evident during the data collection that older adults (40+) were overrepresented in the sample, and so a two-stage selection process was introduced. On the 4th December the introductory script was amended to specifically target households with residents aged 18 through 39. The interviewer asked ‘We’re speaking to households that have residents aged 18–39. Would that be your household?’ Then if the household included residents aged 18–39, the interviewer asked to speak to ‘the person aged 18 years or over in the household who had the last birthday, regardless of their age’. This meant that individuals were still randomly selected within households, but that households were screened depending on the above household age structure. This increased the number of younger participants in the final sample. A total of 7,068 interviews were conducted, with 5,167 (73%) taking place before implementing the screen for household age structure, and 1,901 (27%) taking place after the screen had been introduced.

If the person identified by the most recent birthday method was not available, the interviewer arranged an appropriate time to call back. Interviewers also made appointments to call back if it was not a convenient time to undertake the interview. On average, 2.2 calls were required per complete interview, with the majority of interviews being completed upon the first (48%) or second (23%) contact with a household.

All 7,068 people initially identified to do the interview were asked whether they had participated in a range of gambling activities in the last 12 months. If so, they were then asked how often they had participated in each undertaken activity, and could answer per week, month, or year. This information was used to determine total gambling frequency across all activities, and across all activities except lottery and scratch tickets. A global net expenditure question was also asked of each participant. A subsample of participants was then selected to proceed to a more detailed interview. Probability of selection was determined by a person’s frequency of gambling and net expenditure as follows:

- Everyone who either (i) gambled 48 times a year across all activities except lottery or scratch tickets or (ii) had spent \$2,000 or more in the last 12 months;
- One in four people who reported gambling 1–47 times in the last 12 months (and who had spent less than \$2,000 on all 12 activities); and
- One-third (33.5%) of non-gamblers.⁴

The method of selecting the subsample was designed to oversample people who had lost large amounts on gambling, high-frequency gamblers, and non-gamblers.

Table 3.1 shows the number of people interviewed for each of the above criteria. For instance, this table shows that 43 of the people initially interviewed had gambled fewer than 48 times in the last 12 months, but had spent \$2,000 or more in the last 12 months. The proportion and number of people selected to undertake the detailed interview is also described in this table. Everyone in the above example was selected for the detailed interview.

⁴ Initially 40% of non-gamblers were randomly selected; however, on 28 November 2014 this proportion was revised down to 25% because it was already apparent that the relative proportion of non-gamblers in the population had increased since 2009.

Table 3.1 Sample size for each of the criteria used to select the subsample undertaking the detailed interview

SELECTION CRITERIA			ACHIEVED SAMPLE		
Total gambling frequency, last 12 months	Activities included in total frequency [†]	Total out-of-pocket expenditure (all activities)	Initial Sample (n)	Subsample completing detailed interview (n)	Proportion selected for detailed interview
48 or more	All except lottery and scratch tickets	Any	319	319	100%
1–47	All except lottery and scratch tickets	Less than \$2,000	1,930	484	25%
1 or more	People who only gamble on scratch tickets or lottery	Less than \$2,000	1,580	378	25%
1 or more	All activities	\$2,000 or more	43	43	100%
0*	All activities	-	3,196	1,070	40% then 25%
<i>Total</i>			<i>7,068</i>	<i>2,294</i>	

[†]At least some lottery or scratch tickets were purchased for themselves.

*The proportion of non-gamblers randomly sampled was reduced on the 28th November 2014. Over the entire data-collection period, one-third (33.5%) of non-gamblers were randomly selected.

There was a good spread of ages amongst the achieved sample. However, when compared with the adult population of the ACT, those under 50 years of age were under-represented, with a corresponding over-representation of older people. People who were not married were somewhat under-represented in the achieved sample. To compare the age, sex and marital status of those people who were interviewed with the same characteristics in the adult population of the ACT, see Davidson and co-authors (2015: 16).

3.1.1 The questionnaire

In brief, everyone selected to undertake the detailed interview was asked about their net expenditure on gambling, and also asked about their health and wellbeing, and given socioeconomic and demographic questions. Problem gambling was assessed among everyone who had gambled in the last 12 months. The questionnaire was pilot-tested on the 11th and 12th of November 2014. The full questionnaire is available on the ACT Gambling and Racing Commission website.⁵

Measures are described ‘as needed’ throughout the report, with the exception of the two main measures assessing gambling problems (i) in the last 12 months, and (ii) over the lifecourse. These two measures are described below.

Problem gambling in the last 12 months: The Problem Gambling Severity Index (PGSI) from the Canadian Problem Gambling Index (Ferris and Wynne 2001) was the main measure used to assess severity of gambling problems in the last 12 months. The PGSI comprises nine items asking how often gamblers experience a range of problems from their gambling, including: betting more than they can afford, needing to gamble with larger

⁵ Research, <http://www.gamblingandracing.act.gov.au/community/research>

amounts to get the same feeling of excitement, trying to win back the money they have lost, and experiencing financial problems. Response options range from 0 ('never') to 4 ('almost always'). Responses to the nine items were summed, creating the PGSI total score (range 0–27). The PGSI total score reflects the continuum of increasing symptom severity underlying problem gambling. The total score is traditionally grouped into bands that define 'non-problem gambling' (0), 'low-risk gambling' (1–2), 'moderate-risk gambling' (3–7), and 'problem gambling' (8+).

Lifecourse problem gambling: The 2014 Survey included the question 'Do you feel you might ever have had a problem with your gambling?' This question distinguished people who self-identified as having had a problem with gambling in the past from those who did not. Participants could respond 'never', 'sometimes', 'most of the time' and 'almost always'.

3.1.2 Weighting and statistical methods

All analyses were weighted to (i) compensate for the probability of an individual being selected in the household, (ii) address the oversampling for more detailed interviews, and (iii) ensure the weighted sample represented age, sex, and marital status of the ACT adult population. In the results the actual numbers of participants interviewed are reported, whereas percentages and other population estimates use the weights.

3.1.3 Capacity for future research

At the end of the survey, all participants who completed the detailed interview (n=2,294) were asked whether they were willing to be contacted for future research and to provide contact details. A large majority (82%) of participants agreed, indicating that the 2014 ACT Survey provides an invaluable resource of comparatively willing people in the general population, covering the full spectrum of gambling participation and problems.

3.4 The follow-up interviews

3.4.1 Sample selection

The follow-up component of this study involved recontacting and conducting semi-structured interviews with selected participants from the 2014 ACT Survey. All participants of the *2014 Survey on Gambling, Health and Wellbeing in the ACT* who (i) met criteria for moderate-risk/problem gambling (scores of 3+, n=72) on the PGSI or (ii) who reported feeling they might have had a problem with their gambling in the past (but who scored below 3 on the PGSI, n=75) were eligible for the current study. This latter group are hereafter referred to as a 'past problem' gambling group. Table 3.2 shows the number of eligible participants from the 2014 survey, the number who refused to be recontacted, and the potential sample for the qualitative interviews for the problem, moderate-risk, and past problem gambling groups. In total, 20 (13.6%) eligible participants refused to be recontacted at the end of the 2014 ACT Survey. Refusals did not vary substantially across the problem (16.0%), moderate-risk (8.5%) and past problem (16.0%) groups.

Table 3.2 Number of eligible participants, refusals and resulting potential sample from the 2014 ACT Survey, by problem gambling group

2014 Problem gambling group	Eligible sample (n)	Refusals* (n)	Potential sample (n)
Problem	25	4	21
Moderate-risk	47	4	43
Past problem	75	12	63
<i>Total</i>	<i>147</i>	<i>20</i>	<i>127</i>

*refused or were missing data on recontact consent question in 2014.

3.4.2 Data collection

Interviews were conducted between the 16th August and the 8th December 2016. Calls were made between 9am and 8.30pm weekdays, 10am and 5pm weekends, and were prohibited on public holidays. This protocol adheres to industry standards.⁶ Given the extremely sensitive nature of the research, the recontact procedure was governed by a strict ethics protocol. For instance, scripts were provided and interviewers were instructed not to leave messages. Up to 12 attempts were made to contact participants, and calls varied by time and day of the week.

Upon establishing contact, participants were asked if they were willing to participate and whether they would prefer to be interviewed over the phone or in person. Interviews were conducted by CGR staff. Informed consent was obtained following provision of information about the study. Interviews were audio recorded where permission was given to do so, and all recordings were transcribed by a secure transcription service.

Table 3.3 Number of refusals, non-contacts, and achieved sample for the 2016 follow-up interviews from the potential 2014 sample, by problem gambling group

2014 ACT SURVEY		2016 FOLLOW-UP			
Problem gambling group	Potential sample (n)	Target (n)	Refusals (n)	Not contactable (n)	Achieved sample (n)
Moderate-risk	43	43	6	16	21
Past problem	63	41*	9*	8*	24*
<i>Total</i>	<i>127</i>	<i>105*</i>	<i>19*</i>	<i>32*</i>	<i>54*</i>

*Call attempts ceased when saturation was reached for the past problem group.

6 'Telecommunications (Marketing and Research Calls) Industry Standards' (2017)
<https://www.legislation.gov.au/Details/F2017L00323>

Contact was attempted with all individuals in the moderate-risk and problem gambling groups. For the past problem group, recruitment was stopped when the theoretical principle of saturation was reached, when new findings or insights were no longer being revealed. Table 3.3 shows that contact was attempted with 105 of the 127 (82.7%) potential participants. Of the 105 individuals, 32 were not contactable (30.5%) and 19 were not willing to participate (18.1%). Interviews were ultimately conducted with 54 people, of whom 9 (16.7%) were in the problem gambling and 21 (38.9%) were in the moderate-risk PGSI groups in 2014. The remainder (n=24, 44.4%) were in the past problem gambling group.

Further to Table, all but seven of the 54 participants reported that they 'sometimes', 'most of the time' or 'almost always' might have had a problem with their gambling in their lifetime in 2014.

While face-to-face interviews were prioritised, they were not always feasible. The majority of the interviews (n=34, 63.0%) were conducted over the telephone and 20 (37.0%) were face-to-face. Approximately 28 hours of interviewing was completed, with an average interview length of 31 minutes. The recording for one moderate-risk participant was not usable. This individual is included in the quantitative analyses (socioeconomic and PGSI data was available in both 2014 and 2016), but qualitative data was only available for 53 participants.

3.4.3 Interview content

The follow-up interviews included semi-structured and structured questions. The semi-structured interviews asked participants to reflect on their current and past:

- gambling behaviour;
- use of gambling venues and facilities;
- strategies for controlling gambling;
- issues with gambling (where relevant);
- use and experiences with problem gambling and other services;
- experiences being approached and talking with venue staff, personal contacts (e.g., partners, other family members, friends, work colleagues) and formal services (e.g., GPs, counsellors, welfare organisations, financial counsellors) about gambling;

Participants were also asked for their views about:

- who is appropriate and best-placed to intervene or help, and how it would be best to do so; and
- what they thought might help so circumstances 'didn't get so bad'.

Structured questions were asked after the semi-structured interview and covered the PGSI, general health, as well as mental health and alcohol or other drug-use issues. Participants were also asked if they had wanted or obtained help for these issues. The interviews ended with socioeconomic and demographic questions, and the opportunity to discuss anything they wanted about gambling that had not been covered by the interview.

3.4.4 The sample

The socioeconomic and demographic profile of participants was monitored throughout the data collection period to ensure recruitment of a wide range of population subgroups. Table 3.4 shows that about two-thirds of the participants were male, just under one-third (29.6%) were aged less than 45 years, and the majority (64.8%) were married or in a defacto relationship. A third (33.3%) had a child aged under 18. This table also shows a reasonably wide spread of completed qualifications and employment circumstances among participants. About

one-third had attained year 12 or a lower qualification (31.5%), and just over one-third had a bachelor degree or higher qualification (38.9%). Two-thirds were employed either on a full or part-time basis (64.8%) and a third were not a part of the paid labour force because they were retired or for other reasons (33.4%).

Table 3.4 Socioeconomic and demographic profile of follow-up participants in 2016

Characteristic	N	Percent
Sex		
Male	37	68.5%
Female	17	31.5%
Age		
18–29	6	11.1%
30–44	10	18.5%
45–59	19	35.2%
60+	19	35.2%
Marital status		
Married/defacto	35	64.8%
Separated/divorced/widowed	11	20.4%
Never married	7	13.0%
Missing	1	1.9%
Having a child aged under 18		
Yes	18	33.3%
No	35	64.8%
Missing	1	1.9%
Highest completed qualification		
Year 10/ 4th form (or equivalent)	6	11.1%
Year 12/ HSC/VCE (or equivalent)	11	20.4%
Trade certificate/Other certificate/Apprenticeship	8	14.8%
Associate/undergraduate diploma	6	11.1%
Bachelor's degree	14	25.9%
Post graduate	7	13.0%
Missing	1	1.9%
Current work status		
Employed full time	27	50.0%
Employed part-time or casual	8	14.8%
Retired or voluntarily out of paid work	15	27.8%
Other not in paid labour force	3	5.6%
Missing	1	1.9%

3.4.5 Analysis

Thematic analysis was used to explore the qualitative data and was structured around addressing the objectives of this report (Attride-Stirling 2001). Participants are quoted throughout the results sections of the report. Sex (M=male; F=female), age group (18–29, 31–44, 45–59, and 60+) and PGSI scores (banded as 0, 1-2, 3-7, 8+) are denoted for each quote. Descriptive statistics (n, %) are reported from the data collected from the more structured questions.

Chapter 4: Gambling and co-occurring problems

This chapter profiles participants' gambling participation, levels of 'problem gambling' (as defined by the PGSI), and change and stability in problem gambling from 2014 to 2016. We finally describe health and wellbeing issues occurring alongside participants' gambling issues.

4.1 Gambling participation

At the beginning of the follow-up interviews participants were asked to describe their gambling history and behaviour. Given that the participants were selected because they had reported problem gambling symptoms or a past gambling issue, they were not expected to reflect the general population. As might be expected, a greater proportion of the follow-up participants (n=43, 81.1%) were gambling on at least one activity compared to the ACT population (55.1%, Davidson *et al.* 2015: 22). At follow-up, ten participants were not currently gambling on any activities. Of these, six had been selected for the interviews because they reported past problems. The remaining four had PGSI scores between 3 and 7 when they were interviewed in 2014.

While participants were asked about their past gambling, the interviews prioritised establishing current gambling patterns and behaviour for people who were gambling. Table 4.1 shows the different gambling activities that people described *currently* participating in. Consequently, Table 4.1 does not cover past gambling activities – instead, they are broadly referred to when relevant.

Table 4.1 shows that playing poker machines was the most commonly described gambling activity: 29 (54.7%) people said they were currently playing to some degree, with a further 13 (24.5%) having played them in the past, but not currently. In total, 79.3% of participants described experiences playing poker machines. The next most common activity was races, with 16 people (30.2%) reporting current race betting, and a further five (9.4%) saying they had bet on races in the past. Other activities were less common, particularly with regard to past gambling. About 14 people (26.4%) reported currently buying lottery or scratch tickets, one in five had bet online or on sports (20.8%) or had recently played casino table games (17.0%), with one further participant mentioning past casino gambling. Again, the participation rates for individual activities (shown in Table 4.1) were higher for the follow-up sample than those for the ACT adult population: lottery or scratch tickets (38.4%), poker machines (19.9%), races (17.6%), sports or online betting (10.8, and casino table games (5.8%) (Davidson *et al.* 2015: 22).

Table 4.1 Current gambling participation by type and number of activities, n=53

Gambling participation measure	N	Percent
Type of activity		
Poker machines	29	54.7%
Races	16	30.2%
Lottery or scratch tickets	14	26.4%
Sports or online betting†	11	20.8%
Casino	9	17.0%
Any above		

Gambling participation measure	N	Percent
Number of activities		
0	10	18.9%
1	20	37.7%
2	14	26.4%
3+	9	16.9%

†It was not always possible to distinguish online gambling from sportsbetting so these activities were combined for descriptive purposes.

About one-third of participants described gambling on only one activity (37.7%). A quarter (26.4%) mentioned two activities and 16.9% mentioned three or more activities. Of the people who described a solitary gambling activity, 65.0% (n=13) were playing poker machines. A very small number of people discussed gambling on sports or online activities (n=2), races (n=2), lottery or scratch tickets (n=2), or gambling at a casino (n=1), but nothing else. A greater proportion of the follow-up sample was gambling on one (37.7% vs 26.9%) and two (26.4% vs 14.2%) activities than in the 2014 ACT Survey. However, the proportion of people gambling on three or more activities in the adult population (13.1%) was more similar to the follow-up sample. While follow-up participants were prompted to describe all gambling they were undertaking, they were not read a comprehensive list of activities as in the 2014 ACT Survey. Consequently, our description of participation at follow-up reflects gambling activities from the individual's perspective, as opposed to a comprehensive list of all undertaken activities.

Participants were prompted to describe how much and how often they gambled on different activities. Lottery and scratch ticket purchases were generally limited to once or twice a week, or less often, and involved a fairly small outlay of money (e.g., \$30 or less). Other participants described significant variation and escalation in gambling activities over time. For instance, one woman reported playing poker machines intensely 15 years ago, for approximately 3–5 years:

I went in there and \$2 turned into \$20, \$30 or \$40, and it was just very pleasant. I did that again for a while, every so often, and then I discovered I was winning, as one does in the beginning... and then I remember there was a time when I used to drive around with about \$500 in my car glove box and that was just gambling money....And then I was addicted. It became worse and worse: I borrowed money from the bank, went through I think \$10,000 in a week. So that was quite bad. And then I realised that I couldn't sustain this, this was not okay. (F, 60+, PGSI 8+)

This participant had quit for 10–12 years, but restarted in the last few years after a stressful event and had been 'stop/ start ever since'. She currently reported playing 'whenever I can... it's probably 2–3 times a week'.

The following participant reported playing poker machines less frequently and having an expenditure limit based on her physical reaction to the amount of money she lost:

Poker machines and that's it really, I only just do them, I don't bet on the horses, only Melbourne Cup, yeah so I only really do poker machines.... probably once every six weeks or something, not every day, not every weekend, no.... My limit is once I get up to \$100 I go, that's it, I start to feel sick and I go that's it. (F, 45–59, PGSI 3–7)

As described above, it was unusual for people not to have a history playing poker machines. One man had an extensive history playing poker at casinos, betting online, and on races. He described always having had a negative attitude towards poker machines:

I'll say something funny – poker machines are for losers, you can't win with them, that's not gambling, that's just giving your money away. (M, 45–59, PGSI 3–7)

4.2 Problem gambling

Figure 4.1 shows the distribution of participants across the PGSI groups in 2016. About one-quarter were in the 'non-problem' group (24.1%). Three-quarters (75.9%) reported some problem gambling symptoms, including the 'low-risk' (16.7%), 'moderate-risk' (44.4%), and 'problem' (14.8%) gambling groups. As might be expected, the problem gambling rates in the follow-up sample were much higher than those found in the 2014 ACT Survey. Of ACT adults, 5.4% reported some problem gambling symptoms, including the low-risk (3.9%), moderate-risk (1.1%), and 'problem gambling' (0.4%) groups (Davidson *et al.* 2015: 44).

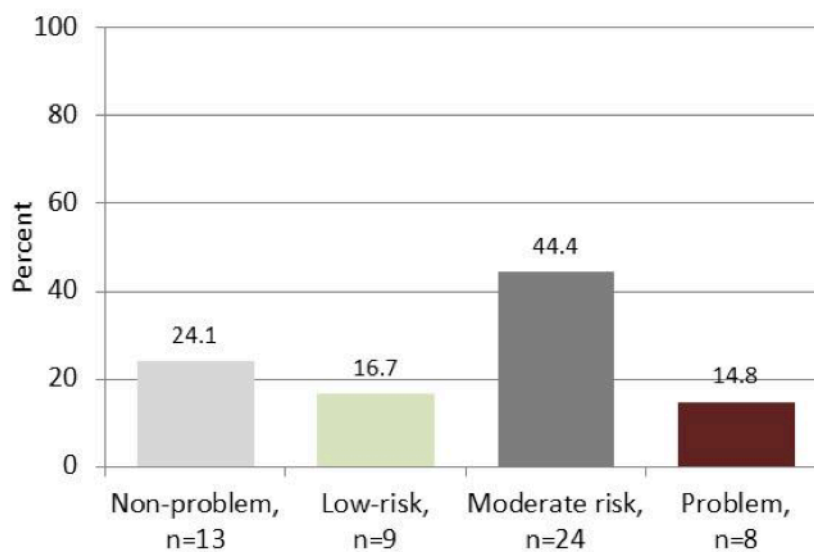


Figure 4.1 Distribution of participants across PGSI groups in 2016

One of the objectives of the current report was to describe the gambling behaviour of people experiencing gambling harms. Figure 4.2 shows the current gambling activities undertaken by people in the different PGSI categories. Seven of the eight people in the PGSI's 'problem gambling' group were currently gambling. The most common activity they reported was poker machine participation, followed by lottery or scratch tickets, races and sports or online betting. The gambling activities of the 'moderate-risk' gambling group were similar to the 'problem' gambling group.

Figure 4.2 demonstrates the dominance of poker machines as a gambling activity in the sample. This mirrors the 2014 ACT Survey, which found the most common activity reported by the PGSI 'moderate-risk/problem' gambling groups (combined) was poker machines (76.0%).

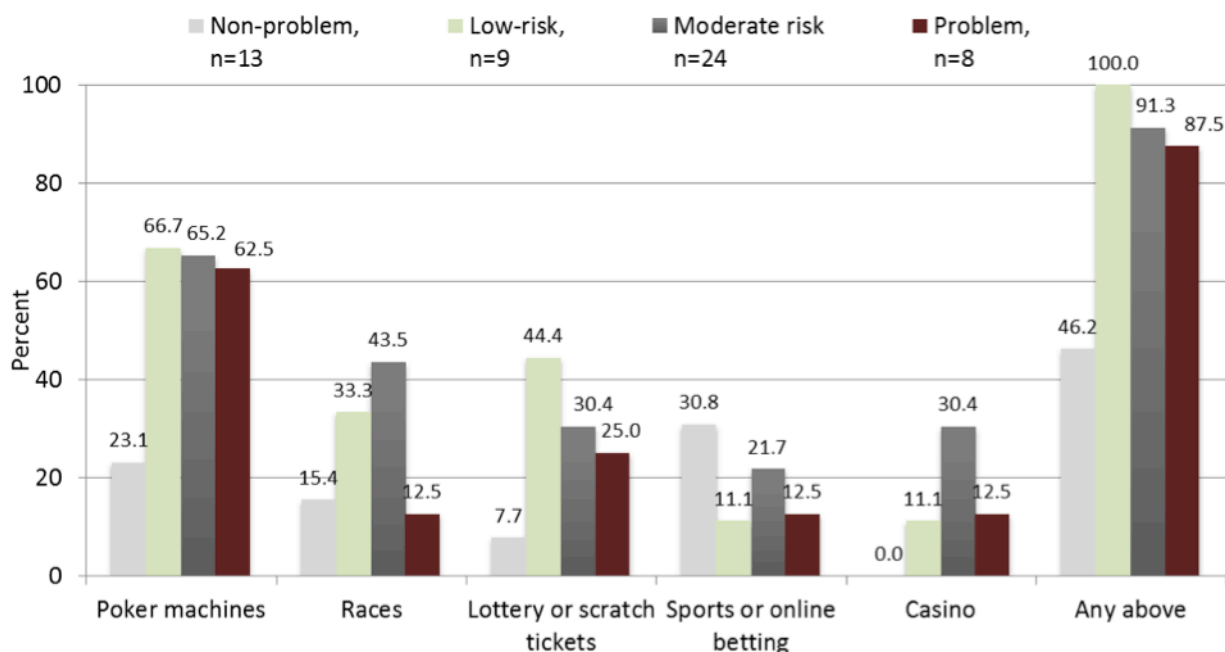


Figure 4.2 Types of gambling activity by PGSI group in 2016

Of the ‘problem gambling’ group, five described currently playing poker machines. The three who had not done so described a history playing poker machines. The following individual was not currently gambling at all, but had an extensive history, having played poker machines for a couple of decades:

The horses, particularly when I lived in [city]....probably about 25, ... the pokies in Victoria, they didn't have them then... and then when I came here to Canberra the pokies, and I wasn't really that interested in the horses anymore...entertainment I suppose... bit later when it became an issue for me.
(M, 45–59, PGSI 8+)

When asked what had changed, the participant confirmed no longer playing poker machines:

because I know how destructive it is, for me. Let alone others. (M, 45–59, PGSI 8+)

One of the ‘problem gambling’ group participants was currently betting on sports, but had a history of gambling their entire Centrelink payment (about \$200) playing poker machines:

[I was] gambling about 5 years ago...kind of stopped it, although when the football comes back on I do once a week, like a multi bet, but I don't play poker machines anymore: I used to be really bad on them, I'd spend my whole Centrelink payment. (M, 30–44, PGSI 8+)

Another person who was no longer gambling on poker machines had banned themselves from clubs in the ACT because they had the flexibility to go to NSW. They had used the ACT's self-exclusion program as a means of controlling rather than stopping their gambling:

I would say that's [poker machines] at least once a week, and from there it escalated at times and then would de-escalate and escalate and basically...I made the decision about four years ago to ban myself from every club except one, okay, just so I had that flexibility – this is in the ACT only, so I could go over to NSW if I wanted to, it was just the ACT only, primarily just because I want to remove any sort of temptation, and also I personally think that yes I have an addiction, but it wasn't a bad addiction, but that's my personal opinion, so, and in terms of horses I only play Melbourne Cup, and as I said lotto is lotto. (M, 30–44, PGSI 8+)

Of the five people who were currently playing poker machines in the problem gambling group, four were not gambling on any other activities, and one had gambled three times at a casino and was spending out \$30 a week on lottery tickets. Overall, poker machines were foremost in the minds of the 'problem gambling' group, covering a wide range of frequencies from 'very occasionally', to 'weekly' and '2–3 times a week'. Regardless of how often this group played poker machines, and whether their play was current or past, when losses were mentioned they were large, such as (i) \$200 in half an hour once a fortnight, (ii) \$1,000, and (iii) \$10,000 in one night.

4.3 Change in 'problem gambling' from 2014 to 2016

Change and stability in 'problem gambling' from 2014 to 2016 was also investigated in the follow-up sample. Repeated measures regression analyses demonstrated that mean PGSI scores did not change significantly from 2014 (mean 4.51, 95%CI 3.15–5.87) to 2016 (mean 4.02, 95%CI 2.89–5.15, $p=.379$). Table 4.2 shows the 2016 PGSI categories for people who in 2014: (1) scored less than 3 on the PGSI but who identified as having had a problem with gambling in their lifetime; (2) met the criteria for moderate-risk gambling (scoring 3–7 on the PGSI) and problem gambling (scoring 8+ on the PGSI). Overall, this table further demonstrates considerable stability in problem gambling over time. All of the people who met the criteria for 'problem gambling' in 2014 were either in the moderate-risk or problem gambling groups in 2016. Nearly all (81.0%) of the 2014 moderate-risk gambling group met the criteria for 'moderate-risk' or 'problem gambling' in 2016. Similarly, a large proportion (75.0%) of the past problem gambling group were non-problem/low-risk group (PGSI scores < 3) in 2016.

Table 4.2 PGSI group (2016) for each of the 2014 survey target groups, n (%)

2014 TARGET GROUP†	2016 PGSI GROUP		
	Non-problem/ low-risk	Moderate-risk	Problem
Problem, n=9	0 (0.0%)	4 (44.4%)	5 (55.6%)
Moderate-risk, n=21	4 (19.0%)	14 (66.7%)	3 (14.3%)
Past problem, n=24	18 (75.0%)	6 (25.0%)	0 (0.0%)
Total, n=54	22 (40.7%)	24 (44.4%)	8 (14.8%)

† Only includes participants who completed the 2016 follow-up.

However, Table 4.2 also shows a degree of change over the two-year period, with individuals moving up and down PGSI categories. For instance, six people moved from the 'non-problem/low-risk' to the 'moderate-risk' gambling group from 2014 to 2016. Three participants in the 'moderate-risk' group shifted up to the 'problem' gambling group. Lastly, four of the 'problem' gambling participants shifted down into the 'moderate-risk' group.

4.4 Co-occurring problems

During the interviews the participants were asked about their physical health. They were also asked about their mental health and their use of alcohol or other drugs when they were gambling a lot and to describe what was going on for them at this time. This section covers participants' experience and views of the co-occurrence of gambling with other health and wellbeing issues.

4.4.1 Mental health

About a third of the participants (35.9%) discussed having an issue with their mental health. The most common were stress and depression, including work and family issues. Gambling was regularly described as a response to stress and mental health problems:

I gambled a lot when my marriage was breaking up and I was getting out of [my job] for my health... I wasn't working but I was on a pretty good pension and I had nothing to do so I guess it was a way of covering the depression and the boredom which is a bad thing I know. (M, 45–59, PGSI 3–7)

Oh well, in the past, well you know, I do enjoy playing them, but since my husband died they're very mind deadening, you can just sit there and not have to think or worry about anything. (F, 60+, PGSI 1-2)

Some participants explicitly described gambling as a means of self-medicating long-term and chronic mental health problems:

People struggling with gambling are suffering from another symptom; I mean, in my case it's social isolation and a combination of Asperger's and a whole lot of other stuff because you start feeling and the feeling then drives the alienation and going to the poker machines combats the alienation.... Basically, I suffer from chronic depression. (M, 45–59, PGSI 8+)

Regardless of cause and effect, the circular associations of gambling with stress and depression were described:

I suffered depression in the past, feelings of [low] self-worth and all that sort of thing, and... it all contributes in a circular manner. (M, 30–44, PGSI 0)

If I was just a little bit just down, I know it sounds stupid, so you're down so you actually go into a situation where you're potentially going to make yourself more depressed by coming out without any money. (M, 30–44, PGSI 8+)

People were also using gambling as a way of coping with difficulties they were having in the workplace:

It's also linked to work....because work's been really stressful, so it's a way of also blowing off some steam.... It was definitely linked to work stress as well, so you can kind of forget your problems. (M, 45–59, PGSI 3–7)

For one individual, the distress he was experiencing from his gambling was so severe that it prompted a suicide attempt:

*I attempted suicide... the reality was we weren't in debt, like it's not like I actually put \$10,000 on the credit card or anything like that, it's just we didn't have, it was probably more out of guilt...*⁸

4.4.2 Physical health

In the 2014 ACT Survey only a small proportion of ACT adults said they had fair or poor health (10.9%, Davidson *et al.* 2015: 90). Poor or fair physical health was reported by 29.2% of the PGSI 'moderate-risk/problem' and 18.7% of the 'low-risk' gambling groups (adjusted by age and sex). Participants were also given the general health item in the follow-up interviews. Table 4.3 shows that nearly a quarter (n=11, 24.0%) of the sample reported poor or fair physical health. While the follow-up sample was too small to allow detailed statistical analysis across problem gambling categories, it is clear that poor and fair physical health were more common among the combined 'moderate-risk/problem' gambling group (n=8, 29.6%) than the 'low-risk' (n=3, 6.5%) and 'non-problem' gambling groups (n=0).

Table 4.3 Proportion of participants reporting excellent, very good, good, fair and poor health, n=46

Rating	n	Percent
Excellent	3	6.5%
Very good	11	23.9%
Good	21	45.7%
Fair	9	19.6%
Poor	2	4.4%

*This question was missing for 7 people

Gambling was described by one participant as a way of coping with poor physical health:

I was in constant pain from all the moving and the house work, and yeah when I gambled it actually took away the pain physically. (F, 60+, PGSI 8+)

Other participants did not directly relate their gambling to their physical health, but again, chronic health issues were not unusual:

I've got multiple sclerosis so that's, yeah, I'm constantly seeing GPs and others in the medical profession. (M, 60+, PGSI 3–7)

Well, you know, I've got some long-term problems with my back. (M, 45–59, PGSI 3–7)

I had a brain tumour at the time [I was spending \$400–\$500 a week on the pokies]... I was going to the doctor's nearly every day. (M, 45–59, PGSI 0)

8 Quotations that have no descriptive details have been de-identified to protect individuals' anonymity.

4.4.3. Alcohol and other drug use

One in five people reported issues with their use of alcohol or other drugs (20.8%). Some of this was simply listing use of alcohol or tobacco and attempts to stop or cut back:

I have an issue with smoking, bloody idiot that I am; I stopped smoking for a year and a half and then I started again, yeah. (M, 60+, PGSI 3–7)

Problems with alcohol were often mentioned by people who had high PGSI scores in relation to or alongside stress:

I got to a point where it [alcohol] could have gotten to be a problem, but I've certainly stopped that. It just gets easy to have a drink every day, you just get into habits....Stressed at work.... No [I didn't want help] again, just my partner helped me through. He's good like that. (F, 30–44, PGSI 3–7)

Responses simply linked co-occurring stress, alcohol and gambling harms:

Financial stress, is that an answer?...[Alcohol has] been an issue most of the time. (M, 30–44, PGSI 8+)

The use of alcohol and other drugs was sometimes so intertwined with mental health, stress, gambling, and physical health issues that it was not easy to describe in isolation.

4.4.4. Multiple issues

Overall, there was considerable overlap between mental health, alcohol, other drug and physical health issues: 42.3% of people who described at least one of these issues described more than one alongside their gambling. The language participants used demonstrates that mental health, physical health and substance use issues were sometimes so intertwined as to be inseparable:

Well, it's all medical stuff, yeah, it's all medical stuff. That puts stress on me. (M, 60+, PGSI 3–7)

I would guess boredom, yes, I would think so, and just, well, I'm a disabled pensioner so I don't get out much, so yeah I think mainly boredom and maybe mainly depression and things like that I think....It's just something to stop boredom I think, yeah, and of course if you spend too much in the damn thing you get very depressed afterwards, and that's, yeah, so you're liable to build on a depressed state, you know. (M, 60+, PGSI 3–7)

Well I got sick... I mean I had a stroke a few years ago and I realised I was under stress through business, and through business, I think it was, I used to go to the pub or club, have a few beers and play the poker machines because it was relaxing, I suppose it was relaxing, I don't know what it was but that was my get up. (M, 45–59, PGSI 3–7)

I often worry that what I'm doing to myself is affecting my mental health, and I'm talking about depression here mainly, I worry about the link, I worry about smoking, because if I go gambling I smoke, I never drink but I smoke, and that's part of it. Yet if I'm not gambling I might go a week without a cigarette: it's only when I'm gambling. I worry about the long hours and not moving, I worry about the effect that it has on my sleeping, mucking my sleeping patterns up. (F, 60+, PGSI 8+)

And did you ever experience other issues with drugs and alcohol, for example? Yeah, yes... they were connected a bit too, so that was sort of too much, not to pass-out levels, but yeah, it was too frequent... I've definitely had episodes of anxiety and depression through these periods, and that was part of it too, the gambling became involved in that unfortunately... I also had chronic pain. (M, 45–59, PGSI 8+)

Many things. I've got some PTSD issues...so that just kind of impacts and everything else just goes into the mix...I gave up smoking: it took me six months to be able to go out and be able to talk to people because I didn't have to run away and smoke a cigarette; because I could be... I'm fine.

(F, 30–44, PGSI 8+)

Key findings from Chapter 4

- People who self-exclude or are considering self-exclusion are experiencing severe negative A greater proportion of the follow-up sample (81.1%) was gambling than the adult population (51.5%). This is not surprising, given the follow-up sample participants were selected based on having a history of gambling harms, issues or symptoms.
- Poker machines were the activity most often discussed by participants, followed by races, lottery or scratch tickets, online or sports betting.
- All participants in the PGSI 'problem gambling' group had a history or were currently playing poker machines, mirroring the dominance of poker machine play among 'moderate-risk/problem' gambling adults in the adult population.
- Frequency of playing poker machines varied greatly within the problem gambling group, although losses were always substantial.
- Three-quarters (75.9%) of the follow-up sample reported some problem gambling symptoms, including the low-risk (16.7%), moderate-risk (44.4%) and problem (14.8%) gambling groups. There was considerable stability in problem gambling from 2014 to 2016 for the follow-up participants.
- There was considerable overlap between mental health, alcohol and other drug and physical health issues: 42.3% of people who described at least one of these issues described more than one alongside their gambling.
- Gambling was described as both a cause and an effect of these co-occurring issues. However, for some people co-occurring issues simply happened at the same time.
- Mental health, physical health, and substance use issues were often so intertwined with gambling harms as to be inseparable.

Chapter 5: Help-seeking and wanting help

5.1 Accessing help for gambling problems

Accessing help for gambling problems was uncommon. In the 2014 ACT survey (Davidson *et al.* 2015) only 8.9% of adults self-identifying as having 'ever had a problem with their gambling reported having ever received counselling or professional help (95), and only eight individuals had done so in the last 12 months (100). Analyses were conducted on the characteristics distinguishing those who had received formal help for gambling problems from those who had not (Davidson *et al.* 2015: 99–100). In summary, accessing help did not differ across any of the demographic and socioeconomic characteristics, health or general financial difficulties. However, similar to self-identification (see Chapter 5), gambling-related harms accounted for why some people received help and others did not. Nearly one in five people reporting any gambling-related harm had received counselling or professional help. Nearly one in five lifetime problem gamblers reporting gambling-related financial issues, relationship or family issues and emotional issues had received help. The majority of people who have felt suicidal because of their problem gambling (72.2%) have received help, but the other side of this association is that only 4.9% of those who had *not* felt suicidal ever received help. The 2014 ACT Survey report demonstrated that people in the general population do not receive help for gambling problems unless they report having serious personal consequences as a direct result of their gambling.

In the 2016 sample only seven (13.0%) people indicated having *ever* accessed a service of any kind for gambling harms (five men and two women). Five of these individuals were currently married, and two had never been married. Most of the seven (n=4) had a bachelor's degree or higher qualification, the others had year 12 or less (n=2) or a certificate qualification (n=1). All were aged between 40 and 66 and all had sought help with regard to poker machines. Of this group, five had seen a counsellor or psychiatrist for their gambling and five had attended Gamblers Anonymous.

Only two people were currently talking to a counsellor or support group about their gambling. One person described having a bad problem with poker machines about four years ago, spending his entire Centrelink payment on poker machines– \$200 in half an hour – and going to the Salvation Army to get food vouchers because he had spent all his money on poker machines. While he said he now only occasionally bet on the football, he had seen his [drug, alcohol and addictions] counsellor within the last few months. When asked whether there was a particular reason why he saw the gambling counsellor, he suggested it was more a matter of course than in reaction to a crisis:

Not particularly, I just had an appointment with her. (M, 30–44, PGSI 8+)

The other individual who had recently accessed a support service had a long history of playing poker machines. He had attended Gambling Anonymous after an unproductive attempt to obtain help earlier through a psychiatrist:

And as part of my depression I had a breakdown about 20 years ago, 15–16 years ago when I moved from [town] down here. A whole lot of things happened at the wrong time so that's got me – I got to the stage I couldn't do anything. I couldn't add up one and one so that's where I got on these, my mate said it's depression or whatever, so they put me on antidepressants and I've gone through all this bloody cycle and I've gone to psychiatrists and when I went to a psychiatrist and started saying to him I'm developing a gambling problem – 'I don't want to hear about it', he says, it's nothing to do with it, you know.⁹

People's experience with services varied. Two people in the study explained that they had tried different support services, but that one-on-one counselling worked better for them:

9 Quotations that have no descriptive details have been de-identified to protect individuals' anonymity.

But I did go to GA as well....but how ridiculous is this: at one point I thought 'oh this is an excuse to get out of the house, I might go to the pub and gamble instead, and tell my wife I'm going to the GA meeting'. It happens, you can put yourself into this fucked-up place. It becomes so addictive, it's crazy.... I think counselling's much better, one-on-one counselling is a much better resolution, that's my experience anyway. (M, 45–59, PGSI 3–7)

I've seen counsellors over the years, which has helped me deal with things. It was through helpline, yeah, they were great, the people were really good, it was a free service.... I had a look at the Salvation Army yeah, Gamblers Anonymous, I went... but their process, I don't know, just wasn't right for me. But the counselling was good, very good actually...What I needed to find out was why I was doing it. And that took a while, and so I think the counselling aspect for people [is important], so you can find out why. (M, 45–59, PGSI 8+)

Another participant reported losing \$10,000 in one week on poker machines. They had gone to GA when they realised they could not sustain the losses and stressed the importance of other gamblers in providing support:

And then I got addicted. And then it became just worse and worse: I borrowed money from the bank, went through I think \$10,000 in a week, so that was quite bad, and then I realised that I just couldn't sustain this, this was not okay, went to Gamblers Anonymous and it took, I can't remember if it was six months or a year or more, but then I stopped gambling for 10 years or 12 years. (F, 60+, PGSI 8+)

It sounds strange, but one of the most powerful suggesters if you like, are other gamblers who've had some relief in some way – that seems to have been a thread in Gamblers Anonymous, and I know that I've been gambling with people, when I was in Gamblers Anonymous, like it took me as I said quite a while, and I'd go to meeting after meeting, say yeah had a bust, had a bust, had a bust, had a bust, and they actually said to me look you know if you're going to just come and stuff us aroundYou know we've got gambling problems too, you're out there enjoying yourself and coming and telling us that you've had a bust week after week after week, it's about time you pulled your finger out and tried. So I thought 'yeah that's valid...'. I think fellow gamblers who've been there done that, do seem to have quite an influence, and that's actually an under-tapped resource, I would think. (F, 60+, PGSI 8+)

Even though many people who had attended services had experienced large losses, some described themselves as being fortunate they were not as bad as others:

I'll say at the outset that I've never done anything illegal to obtain money, unlike some of my cronies...and you would've heard the stories, yeah. Luckily I never had to cross that line, and you know I feel blessed by that, it's just so close, the compulsion is so strong that, yeah, I'm just fortunate that I've never been in that situation where I've done that. (F, 60+, PGSI 8+)

Use of the gambling helpline was also uncommon. Only two people described having called the gambling helpline. Further to this, one person described her mother calling the helpline on her behalf because she was too embarrassed to do so herself:

My mum rang one of the gambling helplines last year and got me some information and I have been receiving the texts from them and I did get a bit of information about, you know, strategies to help giving up....And how did you feel when she did call the hotline and got the information for you? Yeah, I didn't get upset about it I had a read through it all and tried to use some of the information that I had and, as I say, they send me a text every day at 1.00 that I can read. It sort-of helped a little bit in a way, I don't know, it's like every other thing you've got to want to be helped before you can be helped. (F, 45–59, PGSI 8+)

5.2 Accessing help for other issues

In total, 31 (59.6%) people described accessing some kind of health or wellbeing service while their gambling was at its highest. General practitioners were most commonly reported (n=21, 39.6%). Despite the high levels of co-occurring drug, alcohol, and mental health problems among participants described in Chapter 4, very few people (n=10, 18.8%) had seen a counsellor, psychologist or psychiatrist for issues other than their gambling. Two people reported having seen a financial service, and one had used the Salvation Army when in need of food.

5.3 Wanting help or support

The interviews also tapped into whether people wanted help to address gambling harms and for other issues they may have been experiencing. Other than the people who had already received help, only two people discussed wanting help for gambling problems. One man who reported losing two to three thousand dollars week when his gambling was at its highest (primarily at casinos or on races) mentioned having thought about getting help from a counsellor, but having never gone through with it. Despite recognising serious consequences this individual still thought he wasn't bad enough to seek help:

I've thought about it, definitely, like about ten years ago, I really, really thought about it. But I just ran out of money so it wasn't like, it wasn't a choice really for me. I just had to stop because I didn't have money. Back in those days I didn't have the source of easy credit or lending money off my family, that's something I would never do, so I guess I never got desperate enough to actually go through with it. But I definitely thought 'this has got to stop', like I'd go and eat a bowl of rice for a week, boiled rice because I couldn't afford food – but I'd spend \$300 on a horse that had no chance. So you just sort of have to come to that, being by yourself I guess it never got bad enough for me to seek someone out, I guess.

(M, 45–59, PGSI 3–7)

Another 23-year-old man who gambled on races and sports, and at casinos, had tried to go to Gamblers Anonymous, but said it wasn't convenient:

So apart from those self-exclusion things I've done (closing sports-betting accounts), the first place that I probably went, or tried to go to, was Gamblers Anonymous. I don't know why, I think it's probably just because AA is so prevalent and so widely talked about that I went 'oh, there's got to be a Gamblers Anonymous', and I think I just randomly googled that and something came up. The only problem for me, though, was I think at the time in the south side of Canberra there was only two sessions being run a week, or maybe one, and I couldn't make that one because I had sport on or something.

(M, 18–29, PGSI 3–7)

This participant was not aware of specific gambling help services in the ACT, but was aware of helplines; however, they didn't appeal:

There's probably two reasons. First of all I don't enjoy being on the phone that much; I guess most young people these days don't really make calls – texting is a lot more prevalent – so the fact like just physically having to hold my phone next to my ear for say half an hour on a phone call isn't particularly appealing. Second, I don't know, I think if you've got a psychological issue, or like some kind of mental-related, like something emotional or psychological that you want to address, it's just so much nicer having a person in the room or a face to look at. (M, 18–29, PGSI 3–7)

The most recurrent reason for not seeking or wanting professional help was founded on an underlying belief that people should deal with their problems themselves. This was the case for gambling harms, and it extended across many other types of problems. For instance, when asked whether they had ever wanted or received help for any gambling harms or other issues two participants responded:

Deal with it yourself....This is the way that I was brought up. I mean, you know, psychologists or any sort of things like that, you don't need that, you have to be strong enough to take care of it yourself, and I mean this is the way that I was brought up, and, yeah.... (F, 60+, PGSI 1-2)

Yeah, I consider it a problem myself, yes, but I deal with my own problems, like, I would never, like, I see those helpline things, it's not something I do, you know, I consider my weight a problem, but I deal with it myself, you know, I think if I can't control it, no one else has got any capability, you know. But yeah, it's just how I've dealt with life, I deal with things myself. (F, 60+, PGSI 3-7)

While people did not often overtly say they wanted professional help for gambling harms, support was a recurring theme. For instance, a man with chronic recurring depression stated:

You reach out and it's not help that you need, it's support. (M, 45-59, PGSI 8+)

As such, most help-seeking was informal and contained within people's existing networks:

Yeah, I mean, I thought about it quite a few times to go and talk to someone about it or Gamblers Anonymous or whatever, but I'd come home and have a conversation with my husband and he'd say 'it's alright, it's alright', and I'd be good for a little while and then I'd go back. (F, 45-59, PGSI 1-2)

Would you say that you've ever wanted help for gambling? No, never. Oh, except for that time where I blew a grand and I thought 'oh God, that's embarrassing'. What kind of help were you interested in at that time? Just my mates telling me what an idiot I was. And did they do that? Yeah quite happily.
(M, 45-59, PGSI 3-7)

Have you ever wanted to or gotten help for gambling problems? Not in any official capacity, other than what I've done previously, self-selected strategies....I didn't need to go to that next step [formal help], so the help I sought was from my partner to help me manage what I'd already put in place.
(M, 18-29, PGSI 3-7)

One person specifically noted that wanting help was transient for them:

I mean, the wanting to be helped comes and goes. I mean, if you've won money one week you sort of think 'oh this is great, this is gonna go on forever', and you sort of don't think you need to be helped out of it. (F, 45-59, PGSI 8+)

5.4 When is it appropriate to seek professional help?

Discussing when people should seek help, people's responses consistently mapped onto the definition of 'problem gambling' described in Chapter 4. That is, people discussed gambling impacting on other people, usually their immediate family:

You mentioned that you haven't used a service to help with gambling, but have you ever wanted to access a service? No. I don't believe it's gotten to that point yet. And at what point do you feel like you would end up contacting a service that helps with that sort of thing? Probably if I couldn't put food on the table... And probably, I mean, all of the above for my kids you know. They're pretty expensive. They play certain sports in summer and winter and if I couldn't pay for that.... (F, 30–44, PGSI 3–7)

Severe financial impacts were also mentioned as a threshold for seeking help:

Well, they're only going to seek it if they've been impacted financially, I believe, so you know, it might be a financial counsellor or you might seek out a Salvo or some sort of other religious sort of group, and obviously there's Gamblers Anonymous so, you know, if it impacted you severely then you might seek out a help group like that. (M, 45–59, PGSI 3–7)

People rarely said that help should be sought in a preventative manner. In the few instances where this occurred, the individual had already described extensive issues with their own gambling. One participant discussed prompting people towards seeking help:

Well, the thing is that the gambler will seek the help on his or her own, and will only seek the help on his or her own and/ or with family, when the time comes, and it's not rock bottom, there's a time when you just go enough....Yeah, so I think that ultimately people will come to some realisation themselves. But it doesn't mean that it can't be prompted and helped along. (F, 60+, PGSI 8+)

However, this individual noted that it was unlikely to happen until consequences were severe:

The time might be a long way down the track in terms of losing houses. Thank God I've never had a house to lose. (F, 60+, PGSI 8+)

Another participant noted:

I think in a couple of years, I guess if I start to, you know, maybe look for getting a house, buying a house and getting a loan out – something like that – where I'd have larger expenses, then that would be appropriate, yeah, because if I am prioritising gambling over those things, then that's a problem and that's when you need to seek help. (M, 18–29, PGSI 3–7)

A key finding from the 2014 ACT Survey was that people with gambling harms rarely seek help. This chapter has described the experiences of the few people who had accessed professional help for their gambling. It has also described the help-seeking behaviour, needs and wants of people experiencing gambling harms.

Key findings from Chapter 5

- Despite being a high-risk sample, only seven follow-up participants had ever got help for gambling harms, and only two were currently accessing support.
- Despite the high levels of co-occurring drug, alcohol, and mental health problems (described in Chapter 4), very few people (n=10, 18.8%) had seen a counsellor, psychologist, or psychiatrist for issues other than their gambling.
- Other than the people who had already received support, only two people discussed wanting help for problem gambling.
- The most frequently cited reason for not seeking or wanting professional help was an underlying belief that people should deal with their problems themselves. This was the case for gambling harms, but also for other types of problems.
- While people did not often overtly say they wanted professional help for gambling harms, support was a recurring theme. As such, most help-seeking was informal and contained within participants' existing networks.
- In discussing when people should seek help, participants described extreme circumstances, particularly when gambling was impacting on others, usually immediate family.

Chapter 6: Self-identification of problem gambling and gambling-related harms

Identifying as having a problem with gambling has been described as a necessary component of seeking help (see Chapter 2). For instance, Lifeline Australia state that identifying or admitting you may have a problem or be at risk of developing one is an important step to overcoming gambling problems.¹⁰ However, people experiencing harms do not tend to self-identify as having a ‘problem’ and do not get help until they have experienced extreme consequences. This chapter analyses how participants describe and define ‘problem gambling’. Following this, the chapter identifies different degrees of self-identification in the way participants describe their gambling. Negative impacts of gambling commonly identified as a concern for participants and barriers to self-identification are focussed on in subsequent sections of this chapter.

6.1 How people define ‘problem gambling’

6.1.1 When gambling is a problem

Thematic analysis was used to uncover language people used when describing ‘problem gambling’. ‘Problem gambling’ was almost exclusively described as the experience of extreme consequences. This particularly involved discussing gambling impacts and harms on others:

I guess when you can't afford certain things, like any scenario where you can't afford to buy dinner because you've spent your last fifty on a machine, and that's definitely a problem. Or if you've got kids and you need to take care of them and you can't because you don't have the money.

(M, 18–29, PGSI 3–7)

Fortunately, no, no, I've never been that bad: I would never gamble in a way that would harm me or mine, you know. (M, 60+, PGSI 3–7)

People also discussed gambling severely impacting on other facets of life, most notably concrete consequences, such as being unable to pay bills or being able to eat.

I think people start to consider [help-seeking] when the gambling actually is impacting other facets of their life, so when they can't pay bills, when they can't buy food, it's when they feel the pinch... I don't think many people even think about using it early, because it's only an issue when it's starting to impact other areas of your life, and even then it still takes a bit to push you to that next level. (M, 45–59, PGSI 0)

I've always been of the belief – I've always paid my bills and had food and everything else and then it's – but if you have a problem I don't think you really know until it gets that bad. (F, 60+, PGSI 1–2)

‘Problem gambling’ was also referred to as an addiction:

It's an addiction, I think – it becomes an addiction, so I just totally disagree now with any type of gambling whatsoever; that's my choice. (M, 60+, PGSI 0)

My partner, I've talked to my partner about it, I said I had a small addiction – not like her [ex] husband, her [ex] husband lost her house and everything, you know, so she is very anti-gambling, any gambling – and that helps me a bit because, you know, I don't want to stuff up another marriage or relationship, so that keeps me away from [gambling venues] too. (M, 60+, PGSI 0)

¹⁰ Problem Gambling, <https://www.lifeline.org.au/get-help/topics/problem-gambling>

I made the decision about four years ago to ban myself from every club except one... yes, I have an addiction, but it wasn't a bad addiction. (M, 30–44, PGSI 8+)

I got addicted. And then it became just worse and worse: I borrowed money from the bank, went through I think \$10,000 in a week, so that was quite bad. (F, 60+, PGSI 8+).

I won \$30,000-odd and then, yeah, got addicted to it, I suppose... I thought maybe I'm going to lose the house, and then that's where I stopped. (M, 45–59, PGSI 3–7)

Some people also identified as having an addictive personality. The following individuals did not identify with 'problem gambling':

I know that I had that addictive personality, and gambling was just waiting for that emotional crisis for me to have. (M, 45–59, PGSI 8+)

I have beaten two other addictions, so I'm really scared of getting addicted to gambling because I'm aware that it doesn't take very much. (F, 30–44, PGSI 8+)

I do have an addictive personality, and the few times I have been allowed to or have allowed myself it's been a dangerous sort of a thing, so I tend not to wherever possible and avoid situations like casinos and pokies. (M, 18–29, PGSI 3–7)

Extreme gambling behaviours were also described as defining 'problem gambling':

I think there's a misconception and people think there's a problem if you spend too much money, but you know the problem gamblers may only spend \$1 or \$2 in that week, but it's the behaviour that comes with that gambling that actually makes it a problem.... I watched someone throw not very much money over the counter, but was very aggressive when he lost, and sort of made everyone feel uncomfortable in those surroundings. And so at that point you go 'right, this is someone who's having a problem because they just lost so much money and then they were asking for other people to give them money, so then they can try and win it back', and you're kind of like 'well, it's not about the amount that you spend, but it's about what's happening right now'. (M, 18–29, PGSI 0)

I've never seen someone recognise themselves, but I've recognised people – I think, you know, they're just feeding these notes in and you know of course I'm not gonna say anything because I'll get defensive behaviour, but it is a concern, because you worry that they've got a family and kids and they're losing their wages for the fortnight. (F, 45–59, PGSI 3–7)

It was also defined in simple monetary terms, by the loss of a lot of money:

And the real problem gamblers – and I've seen people put such a fortune through: I saw a lady the other day, it was a pay day and I happened to be sitting by the change machine to change \$50 notes, and she would've put 3 or \$400 in, and she went back to the change machine four or five times, changing \$50 notes. (M, 60+, PGSI 3–7)

I can see how it can become problematic, though, like just observations when you're in those places – there are lots of people that look like they are spending a lot of money. (M, 45–59, PGSI 3–7)

6.1.2 When gambling is not a problem

Discussions around non-problem gambling also shed light on how people perceive 'problem gambling'. While people recognised losing large sums of money as potentially being a problem, it was not a problem if people could afford the losses, regardless of the amount:

Well yeah, we put a fair bit of money in that, but it's – we tried the limit to what only we can afford, you know.... But, well, as far as we're concerned, we pay our bills on time, we don't struggle, we don't go to Salvation Army or anybody else to pay our bills, we pay our bills on time, so far as we're concerned we're doing it within our budget and within our capabilities. There is the odd time where you do go overboard and think 'wish I hadn't of done that', you know, but it's not very often. (M, 60+, PGSI 3–7)

I wasn't thinking 'how the hell am I going to feed myself or pay my rent' or whatever, it was never like that. I always had the capacity to survive. (M, 45–59, PGSI 0)

I'd say it's been a more managed problem, so I guess I've set myself boundaries. There's still times I'd probably go outside my limits that I'd want to spend, but I'm in the fortunate position that, you know, we both earn pretty well and, yeah. (M, 45–59, PGSI 3–7)

Being able to control or stop gambling was a recurring theme for some participants. That is, it was not a problem if they could control or stop their gambling.

Well, [I] wasn't that much trouble, but I nearly lost the house. (M, 45–59, PGSI 3–7)

I'm lucky enough that it was never so bad, if that makes sense. I always was able to control myself, thank God. Sometimes I'd let myself go, but then I think I've got the smarts and the control. (M, 45–59, PGSI 3–7)

After those few times that you spent what you felt was a big amount of money, did you feel that you had a problem with gambling? I felt if I allowed myself to I definitely would, as simple as that. But not going was the way I controlled it... if you get what I mean. Had I been there I would have spent it, so the way of controlling my spending was to not go, rather than actually dealing with the issue in that regard. (M, 18–29, PGSI 3–7)

This was also the case even if they had experienced extreme consequences, such as going without food:

When I first turned 18... I was pretty cashed-up, so I think it was, you know, in a week I might've spent anywhere between about twenty and say fifty bucks a week on gambling.... I think there probably would've been a couple of weeks where I couldn't afford to feed myself, like, not really not be able to feed myself but, you know what I mean, like, you know, you'd go 'oh I'm real skint this week'...but it was never, I guess it was never a problem to be able to stop. (M, 30–44, PGSI 0)

Overall, participants tended to define 'problem gambling' as involving addiction and extreme negative consequences, in terms of affecting others, and of experiencing concrete impacts such as not being able to pay bills, or going without food. On the other hand, non-problematic gambling was discussed in terms of people being able to afford and control their gambling, regardless of the amount of money they lost.

6.2 Who self-identifies as having gambling problems?

In this section we use the 2014 ACT Survey to describe the characteristics of moderate-risk/problem gamblers who have ever self-identified as having a gambling problem in the last 12 months. Chi-square tests were used to determine whether there were systematic differences between those who self-identified as ‘ever having had a problem with their gambling’ and those who did not, using a representative general population sample. The top two-thirds of Table 6.1 shows self-identification across socioeconomic, demographic, and health-related characteristics. Significant associations are marked with an asterisk. It should be noted that these comparisons are based on 72 individuals, so fairly large differences are needed before they indicate statistical significance.

Other than education, none of the demographic and socioeconomic characteristics or health measures distinguished those who had received formal help from those who had not. Among the moderate-risk/problem gambling group, self-identification was lowest for people with a bachelor degree or a higher qualification (30.1%) and highest amongst people with year 12 or less (68.9%) or a trade certificate/diploma (87.6%).

Each participant was asked whether they had experienced a range of difficulties because of a shortage of money in the last 12 months. These difficulties included (i) paying bills on time, (ii) paying mortgage or rent on time, (iii) pawning or selling something, (iv) going without meals, (v) being unable to heat or cool their home, (vi) asking for financial help from friends or family, and (vii) asking for help from welfare/community organisations. Among the adult population, 10.8% reported at least one of these financial difficulties in the last 12 months (Davidson *et al.* 2015: 84). Table 6.1 shows that experiencing general financial difficulties, regardless of whether they were related to gambling, was also associated with moderate-risk/ problem gamblers self-identifying as having a gambling problem. Among the moderate-risk/ problem gambling group, 81.5% experiencing general financial difficulties self-identified as having a problem with their gambling compared to 46.6% of those without such financial difficulties.

Financial difficulties were significantly rarer among people with a bachelor degree or a higher qualification (16.0%) than they were among the two other groups (32.0% and 52.9% respectively; $p < .038$). As discussed above, participants often described gambling as not being a problem if they could afford the losses. Therefore, being better able to absorb the financial impacts of problem gambling may underlie the lower self-identification rates among people with higher qualifications.

Table 6.1 Characteristics associated with self-identification of ‘problem gambling’ in the last 12 months, among moderate-risk/ problem gamblers, n=72

	Self-identified	
	% Yes (58.0%)	% No (42.0%)
Sex		
Male	58.4	41.6
Female	57.0	43.0
Age		
18–29	34.0	66.0
30–59	66.1	33.9
60+	68.4	31.6

	Self-identified	
Currently married/de facto		
Yes	57.1	42.9
No	59.0	41.0
Child under 18		
Yes	61.0	39.0
No	56.3	43.7
Highest completed qualification**		
Year 12 or less	68.9	31.1
Certificate/diploma	87.6	12.4
Bachelor degree or higher	30.1	69.9
Physical health		
Fair or poor	78.7	21.3
Excellent, very good or good	50.7	49.3
Poor mental health (K-6 last 30 days)		
Yes	77.9	22.1
No	54.7	77.9
Any financial problems (last year)*		
Yes	81.5	18.5
No	46.6	53.4
Gambling-related financial issues (ever)**		
Yes	84.3	15.7
No	39.0	84.3
Other gambling-related emotional issues (ever)***		
Yes	88.5	11.5
No	31.8	68.2
Gambling-related relationship & family issues (ever)***		
Yes	88.4	11.6
No	35.7	64.3
Any gambling-related harm**		
Yes	84.1	15.9
No	30.7	69.3

*p<.05, **p<.01, ***p<.001

In the 2014 ACT Survey, people were asked to report whether they had experienced a range of issues as a result of their gambling. Twelve questionnaire items were used and these referred to both lifetime and past-year experiences: 'Next I'm going to ask about issues that can be related to gambling. These may or may not apply to you, but have you ever experienced any of the following in relation to *your* gambling.' The subsequent list of

harms included a range of financial,¹¹ emotional,¹² relationship and family,¹³ employment, and legal issues. A detailed description of the methods and findings can be found in the main prevalence survey report (Davidson *et al.* 2015).

Endorsement of the harm items was low in the general population, with 2.8% of adults reporting having ever experienced one or more of these harms in their lifetime (Davidson *et al.* 2015: 82). However, 51.1% of the moderate-risk/ problem gambling group endorsed having experienced at least one of these harms in their lifetime. Perhaps unsurprisingly, the bottom third of Table 6.1 shows that harms directly related to gambling were associated with self-identification of problem gambling among moderate-risk/ problem gamblers. Self-identification was remarkably similar across the different types of harms reported by the moderate-risk/ problem gambling group. Approximately 80% of the PGSI's 'moderate-risk/ problem gambling' group reporting gambling-related financial issues, relationship or family issues, and emotional issues self-identified as having a problem. Overall, the findings in Table 6.1 give the impression that the identification of gambling problems is strongly associated with reporting substantive impacts, including financial, relationship, family and emotional consequences directly resulting from their gambling.

6.3 Negative impacts commonly identified across all levels of gambling

The follow-up interviews allowed a more in-depth investigation of self-identification of problem gambling. Under half (n=23, 44.4%) the participants used or confirmed the term 'problem' when describing their own gambling. About half (n=15, 48.4%) the 'moderate-risk/ problem' gambling group used or confirmed the term, but a similar proportion did not (n=16, 51.6%). While people did not always use or relate to the term 'problem' in relation to their gambling, consequences, harms or concerns about their gambling were discussed and the terminology revealed an understanding and awareness of negative impacts they were experiencing. One participant epitomised this notion:

I don't know if it's a problem, but maybe a concern.... concern... that, yeah. (F, 45–59, PGSI 3–7)

This report does not aim to comprehensively describe all negative gambling concerns or impacts in the community, rather it describes those that people self-identify.

6.3.1 Monetary losses and impacts

Monetary losses were the most common issue described by participants. That is, the loss of money itself triggered the thought that their gambling was somehow not right, whether or not they identified as having a problem:

Well, I went through \$1,000 in one night and I thought 'right, that's got to stop', so then I banned myself from all the clubs. (F, 60+, PGSI 3–7)

11 Paying for household costs, family projects/activities, other financial difficulties.

12 Feelings of stress or anxiety, depressed or sad, and seriously thinking about suicide.

13 Having less quality time with family, a breakdown in communication with family, arguments over gambling, the breakup of an important relationship.

I get a feeling indeed if I've spent a little bit too much in the place, and, you know, I often say to myself 'I must stay away from this damn thing', but it doesn't always stop me from doing it. (M, 60+, PGSI 3-7)

I think I'd almost wiped out six grand, and I think at that stage I went 'no, I've got to stop' – like five grand in that much time, as a uni student. (M, 18-29, PGSI 3-7)

Some participants described their monetary losses as ridiculous:

When I realised I was probably putting in fifty per cent of what I was earning a week through poker machines, and it seemed to be what we were all doing, all my friends, I looked at it and I thought 'this is ridiculous, we can't come out and just have a drink or a social time, when there's not poker machines or something like that around'. It's just, you know, it's just a scene I wanted to remove myself from. (M, 45-59, PGSI 0)

Most of the time I did it because I was bored and I was pretty lucky a lot of times too, and that would sort of encourage me, but of course once I realised that I was putting in more than I got out, it was ridiculous. (M, 45-59, PGSI 3-7)

About ten years ago, when I was just gambling, like, I had three thousand on a horse and I just thought this, 'I lost'. If I had've won I probably would've kept going, but yeah, I just thought 'this is ridiculous', you know. (M, 45-59, PGSI 3-7)

Other participants talked about the amount of money they had lost being a waste, and contemplated what else they could have used it for:

I acknowledge now what such a waste it was. In the past I would have found myself, you know, always letting people know when I'd had a win, but not the other way. (M, 45-59, PGSI 3-7)

If you try and add up how much you've spent over, say, six months – and sometimes I mean even going once a fortnight or once a week, plus the Powerball and Lotto and those – if you add it up it can be quite a significant amount and you could have spent that elsewhere. (F, 45-59, PGSI 3-7)

For some people, their gambling specifically became a concern for them when they had spent more than they were willing to lose, regardless of what they could afford to lose:

Financially I didn't need to worry about it: I could afford it; but it's when I had some goals that I wanted to achieve, like pay off a car or a property or something, I just thought 'well, this amount of money I'm spending is really just going down the drain, I could be putting it to this' and bang! so it's exactly what I did, yeah. (M, 45-59, PGSI 0)

Sometimes I think it's only normal to think 'what did I do that for?' Yeah, and then go shopping and go, well 'oh God', you know. My husband and I go, so we put a hundred bucks in the pokies, and the next day we'll go, he'll say something to me like 'why are you buying the Doritos?' and I'll go 'get real, we've just put one-hundred bucks in the pokies and you're worried about us buying a packet of Doritos'. That sort of stuff, you know. (F, 45-59, PGSI 3-7)

Expressions and terms with negative connotations such as 'heavy' or 'frequent' were also evident:

I used to be a gambler; I don't gamble anymore; I used to gamble heavily on the horses... I got up to around \$1,000. (M, 45-59, PGSI 1-2)

On one occasion I gambled too heavily and I couldn't afford to pay the bloody bill and I'd forgotten about it, but it's rare. (M, 60+, PGSI 3–7)

The absence of money was also overtly discussed as a negative impact of gambling:

Because I just thought that it's not, it's not how you call it, it's not good for you to play because your pockets are always empty. (M, 60+, PGSI 3–7)

Did you think of it as a problem at any point? Oh definitely, for that little period when I was going in my lunch breaks, when I reflect back on it, I didn't see it as an issue then, but definitely, looking back on it, there's a lot of money that I would've much preferred to have had in my pocket that I put in poker machines. (M, 45–59, PGSI 0)

Just tired of running out of money...I made a decision not to do it anymore. (M, 30–44, PGSI 8+)

6.3.2 Time

The amount of time spent gambling was discussed by three people as a negative impact. The concept of time was otherwise absent from discussions around gambling. For one participant, gambling was simply a waste of their time:

I was just bored, I guess; I really finally realised that they're a waste of bloody time, I guess. Most of the time I did it because I was bored. (M, 45–59, PGSI 3–7)

One woman described gambling as an addictive activity that she enjoyed, but specifically recognised that her gambling sessions were longer than she thought they should be:

I think I'm addicted, yeah, but I do enjoy it, I don't just play – but sometimes I know I play for too long. (F, 60+, PGSI 3–7)

Sometimes, and that's probably more about, like, the frequency, because I'm going five times a week to gamble – is that excessive? probably– it's less about the cost at this point. Because you've reduced your betting by quite a bit? Yeah, that's right. But still, what a waste of time is that five hours a week or, you know, something like that – it seems excessive. (M, 45–59, PGSI 3–7)

6.3.3 Loss of control

Loss of control was a commonly discussed negative experience, including by people who did not self-identify as having a problem. Loss of control was described in very generic terms around gambling:

I didn't have any control over it [gambling], lost control of it... Well, it is an illness if you've lost control of it, so, yeah it is. (M, 45–59, PGSI 8+)

I really feel like I didn't have much control – it was a big urge, I guess. But I felt like I wasn't really, I wouldn't call myself addicted, I couldn't say that, like I felt like, I don't know, I'm not sure, I don't even know if I was. (M, 18–29, PGSI 3–7)

Yeah, I consider it a problem myself, yes, but I deal with my own problems, like I would never, like, I see those helpline things, it's not something I do, you know, I consider my weight a problem, but I deal with it myself, you know; I think if I can't control it no one else has got any capability, you know. (F, 60+, PGSI 3–7)

For others, loss of control pertained specifically to the amount or increasing amounts of monetary losses:

Well, at the beginning it started out really quite slowly – it was nothing out of control whatsoever in that it was really quite sensible, you know: it was only \$10 or \$15 or \$20, and that was basically it. But then it started to increase a little bit gradually, and then when I started making the self-realisation that this was not the right thing to do anymore it got up to sometimes even \$200 to \$300 a visit, so it started to be totally out of control. (M, 45–59, PGSI 3–7)

I only started really coming to the realisation that it started becoming a real problem when I saw that the amounts were increasing; it was just basically a habit that you get into and you just sit in front of the machine and just pump money into it...And would you say that you thought your gambling was a problem at that time? Yes. (M, 45–59, PGSI 3–7)

It tends to be a bit of a problem: I lose more and more money now than I ever used to. I mean I'll clean out my Bankcard and if I get paid I'll put most of that in them poker machines. (F, 45–59, PGSI 8+)

6.4 Negative impacts described only by people identifying as having a 'problem'

This section describes negative impacts from gambling that were unique to the 23 individuals who self-identified with 'problem gambling' terminology. These impacts are above and beyond those identified in the previous section.

6.4.1 Impacts on others

Only the people who self-identified with 'problem gambling' described their gambling impacting on others, most commonly their family. This was directly mentioned as part of the self-identification process and a reason for dealing with their problem:

I was really starting to damage our financial position, and it was really interfering with who I was and how we operated as a family. So I had to deal with it. (M, 45–59, PGSI 8+)

I was being very, very irresponsible. We weren't unable to pay our bills or anything like that, but it was a case of I was making life hard, yeah. (M, 45–59, PGSI 8+)

6.4.2 Extreme behaviours and experiences

Participants also described extreme gambling behaviours and experiences. One individual described prioritising gambling over eating:

I found when I had my problem that most of my personal sort of savings, money, went on poker machines, and even now when I have to go to the club, I never used to eat because I didn't want to spend my money on food: that's how bad it gets. No, I'm not leaving this poker machine to go have something to eat – and I can see why some of the clubs actually provide you with food, which I think is a very bad idea. (M, 60+, PGSI 0)

One person described juggling complex financial circumstances, credit cards and income sources:

Yeah, credit cards, yeah, juggling sneaky second job, it was grim. Yeah, primarily redrawing on the home loan, yeah. Been a long time since I've spoken about that. (M, 45–59, PGSI 3–7)

Sometimes extreme experiences were rationalised and deemed acceptable:

When I first turned 18... I was pretty cashed up....In a week I might've spent anywhere between about 20 and, say, 50 bucks a week on gambling... I think there probably would've been a couple of weeks where I couldn't afford to feed myself, like not really not be able to feed myself...like, you know, you'd go 'oh I'm real skint this week'...but I guess it was never a problem to be able to stop. (M, 30–44, PGSI 0)

Only people who identified with the term 'problem' used language describing 'problem gambling' as a chronic long-term issue:

Well, basically [gambling is] a lifelong issue, but I've only just recently, the last three years, basically, basically stopped completely, but other than that, up until then it's always been part of life. (M, 45–59, PGSI 3–7)

6.4.3 Stigma, shame and distress

Distress, guilt, shame, and negative emotional impacts from gambling were also discussed by people self-identifying with 'problem gambling'. When asked whether they had experienced any negative consequences other than financial difficulties, one participant gave a vivid description of how he felt:

I think you get a horrible gut feeling in your gut when you lose money, and it's like yeah, you just think 'whoa', it's that horrible feeling afterwards, it's a little bit like the euphoria you get when you win, it's almost the opposite of that, so there was an element of self-loathing to be honest. (M, 45–59, PGSI 0)

The emotional impacts at times were extreme. As outlined in section 4.4.1, one participant described having attempted suicide because of their gambling.

For some people, recognising stigma and shame were part of an internal self-identification process:

And it wasn't unusual that I'd go on a Tuesday and blow \$1000 and chastise myself to such an extent and.... I couldn't live with myself that I'd done such a silly thing....I was relying on sleeping pills to put me to sleep because I couldn't face myself for how stupid I was or how wrong the situation was. So it gets pretty serious, and unfortunately I've had periods where I've abstained, but I'm still subject to bad reoccurrences. (M, 60+, PGSI 8+)

That's what I did, yeah. But it's not nice, and a very difficult thing if you've got a problem to admit it to yourself, and there's an element of embarrassment to say it because you've got a choice – the machine tells you you've got a choice. (M, 60+, PGSI 8+)

Probably running away from reality – you go into a sort of zone, you know, yeah. And then, yeah, you just get into the zone and then you walk out the club and you kick yourself and the more you do it, and then nothing actually means anything to you when you're winning, you really don't enjoy it, which doesn't happen very often. (M, 60+, PGSI 0)

6.4.4 It's not enjoyable or sociable

Another theme emerging from the participants who self-identified with 'problem gambling' terminology was that their gambling was not, or was no longer, a social activity:

Because I know how destructive it is for me. There's no real social aspect in it, well I don't drink much too, so that excuse is not there for me either, and I don't want that excuse. (M, 45–59, PGSI 8+)

I remember when I've gone out with friends or family I never actually, even when I had the addiction, I never went and played the poker machines while they were there – but you know, it was only if I was on my own, that was the thing about it, it just gave me a peace of mind, I'd go and sit down here for an hour or so and play the poker machines, and I wouldn't play with anybody because you know, it's not done with somebody else, because it's not the same. (M, 60+, PGSI 0)

For the following individual, the antisocial nature of their gambling directly triggered thinking that their gambling might be a problem:

Well when I was doing it I used to, I really felt uncomfortable if someone that knew me walked in, and came up to me and started talking to me, you know, like what are you doing here this time of day or something, ah just had a bad day or something, come in and have a beer and put a couple of you know, couple of bucks in the pokies and go home.... And when I was thinking about these things, I said it sounds like you're having a problem here, you know, and you're very antisocial you know, when you go out. (M, 60+, PGSI 0)

This chapter has demonstrated that people who identify with the concept of having a 'problem' with gambling tend to identify the more extreme and emotional impacts and harms. However, it also demonstrates that gamblers self-identify a much wider range of impacts and harms regardless of whether or not they relate to the term 'problem'.

6.5 Barriers to self-identifying negative gambling behaviour, impacts, and harms

The findings from the previous section suggest that the term 'problem' is ambiguous and is itself a barrier to self-identification of impacts and harms. The following section focuses on other barriers to the self-identification of impacts that were evident in the way participants talked about gambling.

6.5.1 Awareness of behaviour, impacts, and harms

In total, 16 people overtly discussed the importance of being aware of gambling behaviour, impacts, and harms. As such awareness, or a lack thereof, was a clear barrier to self-identification:

I think we go back to the potential for people just to not be aware or hide the fact that what they know themselves is a problem. (M, 45–59, PGSI 3–7)

Well I think it's got to be self-awareness, you've got to be aware of what you're doing and, well, the penny has to drop at some stage. (M, 60+, PGSI 1-2)

I think it's just sort of being aware, more than anything. (M, 18–29, PGSI 0)

I think a lot of people don't realise, because you're in the moment, and you don't look at it long-term; it's like me going to the casino that night, because you're drunk and you weren't thinking about it, but you wake up the next day and you think 'oh my God', and I'm sure these people do as well, so they need to be really conscious of what you're doing, and like the spreadsheet and even the simple tally plus and minus, it makes you more aware of what you're doing. (M, 45–59, PGSI 3–7)

Self-awareness, that's definitely helped me. (M, 45–59, PGSI 3–7)

One person summed up the concept of self-awareness:

And if people could think for themselves why they're doing it that would [be a] start – and there's no shame in kind of being aware why you're doing it. (F, 30–44, PGSI 8+)

While there may be no - or less – shame in self-awareness, there is no doubt there is considerable shame around 'problem gambling'. These quotes suggest that self-awareness of gambling impacts and harms may be a more appropriate way of conceptualising 'self-identification' of problem gambling.

6.5.2 Variation in behaviour over time

Participants described considerable variation in gambling behaviour over time:

I remember winning about a hundred bucks... [then I] would regularly go to the pokies, so I would say that's at least once a week, and from there it escalated at times and then would de-escalate and escalate. (M, 30–44, PGSI 8+)

Lack of integration about gambling over time was a theme underlying awareness of gambling as a whole. Overall, the transitory nature of gambling behaviour influenced how people thought about it. For instance, one participant specifically described her thoughts about gambling oscillating, depending upon her behaviour at the time:

I'd go through good patches, and not do that, so it just depends on what sort of patch you go through. (F, 30–44, PGSI 3–7)

Someone might be a problem gambler on a particular week, but not on another week, but they're regular. (M, 45–59, PGSI 3–7)

6.5.3 Cognitive integration of losses, behaviours, and impacts

Lack of awareness was also demonstrated in participants not cognitively integrating losses alongside wins. For instance, the below participants specifically described only talking about or mentally processing their wins, not their losses:

I guess it was chasing the win, the adrenalin of a win, like all good gamblers I remembered my wins and forgot my losses. (M, 30–44, PGSI 0)

Nothing actually means anything to you when you're winning, you really don't enjoy it, which doesn't happen very often. (M, 60+, PGSI 0)

I don't know if this is like the right way to go about it, but we kind of do think that like it's only a problem if you're losing, so, yeah. (M, 18–29, PGSI 3–7)

Focusing on small wins was also used to justify gambling:

A whole range of emotions always just came into play: anger and getting frustrated and, yeah, it was not enjoyable, but the thing is if you did get a little win of course then you'd start to say 'oh, that's alright' and 'I did okay' and self-illusion and all the rest of it goes hand-in-hand with the whole situation.
(M, 45–59, PGSI 3–7)

Finally, participants described specific wins and losses in relation to their gambling, and many did not cognitively integrate any other components of gambling behaviour, outcomes or impacts when discussing gambling:

I used to in the old days, I used to keep a diary of losses and wins, but I don't anymore, I haven't done that for some years. On the average you'd probably lose \$50 on average, occasionally you'd win, my best win has been 4000, that was some years ago, I won 1300 and something a month or so ago, but on average, and when I was keeping the diary it was a loss of about 40 or \$50 a week. (M, 60+, PGSI 3–7)

I think initially I had a couple of big wins and I thought 'oh goodie', you know, 'this is easy'.
(F, 45–59, PGSI 1-2)

I've had quite a few wins, I have even won a car at one of the clubs, you know, some years ago; sometimes I have big wins, other times very little wins, but other times yes I lose money, and then I do sort of say why do I do it – but I mean, it's my money and if I don't really need it for anything else that's, I don't feel that I'm overdoing it or anything like that. (F, 60+, PGSI 1-2)

My normal response would've been 'crap, I've lost 200 bucks, I'm going to go play 600 bucks so I can make the 200'. (M, 18–29, PGSI 3–7)

Probably won \$30,000, probably lost \$300,000; I'm not saying that much, but, well could be, I wouldn't have a clue how much I've lost over the years. (M, 45–59, PGSI 3–7)

6.5.4 Internal dialogues around gambling

Participants described internal dialogues around their gambling. These internal dialogues often flagged that the individual had an underlying recognition that their gambling was somehow problematic for them. However, the dialogue itself also allowed people to rationalise gambling and dismiss any underlying recognition. Internal dialogues provided insight into barriers for people in self-identifying gambling impacts and harms.

The following individual described a process of convincing or deluding themselves about their gambling:

I guess I convince myself that I enjoy it. (M, 45–59, PGSI 3–7)

I'm always kidding myself that I can go in there, because I hate being beaten and I'm down \$500 or something, and I don't like being in the situation of 'I can't do it', you know. So I fall into that trap.
(M, 60+, PGSI 8+)

Internal dialogues involved comparisons with other people, such as not being as bad as others who actually do have gambling problems. For instance, when asked about whether their gambling was problematic one person said:

I don't think I do, it might be a slight delusion on my part, watching other people... I'm not half as bad as some of the people. (M, 60+, PGSI 3–7)

Being able to afford losses was described as defining when gambling was not a problem. However, some participants acknowledged the amount of money they were losing was wrong or even ‘ridiculous’, regardless of whether they could afford the losses. Justifying losses as affordable was at times a part of internal dialogues allowing participants to gamble while simultaneously expressing concerns:

And what aspect of it do you think is a problem for you? Probably the frequency and probably the amount of money I lose. Justifiable in my mind, but it's still a problem, it's a problem that shouldn't happen.
(F, 60+, PGSI 3–7)

The concept of being able to ‘afford losses’ is relative, ambiguous, and also allows people to shift goal posts in terms of any monetary limits they have set for their gambling:

It's all relative though isn't it, what I spend a week would still be viewed as a problem for somebody, you know, struggling to get by, so how do you measure whether it's a problem: is it time? Is it money?
(M, 45–59, PGSI 3–7)

We've both got our own play money and she knows maybe I probably go and spend some money on gambling, but I probably don't tell her as much as I do gamble, still got that element of shame, so, but yeah, I mean, we're in that position that we're pretty well-off and we can afford that. (M, 45–59, PGSI 3–7)

This final statement demonstrates the element of shame and stigma that people feel, despite feeling that they can afford it. There is an extensive literature on stigma and shame as a barrier to self-identification and help-seeking for ‘problem gambling’. It was beyond the scope of the current research to describe such concepts in detail.

Key findings from Chapter 6

- ‘Problem gambling’ was defined by participants as extreme, in terms of impacts on others, concrete consequences, gambling behaviours, addiction, and monetary losses.
- Gambling was not discussed as a problem if an individual could afford the losses, or if gambling was discussed as controlled, regardless of the size of the losses.
- Among the combined ‘moderate-risk/problem’ gambling group about half (n=15, 48.4%) identified with the term ‘problem’ in relation to their own gambling, and about half did not (n=16, 51.6%).
- Gambling behaviours, impacts, and harms lie on a continuum of severity. People identifying with the term ‘problem’ identified extreme behaviours and experiencing extreme impacts such as affecting close family, concrete consequences, emotional reactions (including stigma, shame, and distress) and feeling that gambling was not enjoyable or sociable.
- People readily described negative impacts and harms of gambling even when they did not identify with the term ‘problem’ in relation to their own gambling, including monetary losses and negative consequences, addictive elements of gambling, and loss of control.
- Time lost gambling was mentioned as a negative impact, but this was extremely rare.
- Using the 2014 ACT Survey, self-identification was confirmed as more prevalent among the moderate risk/problem gambling group if they were experiencing financial, relationship, family and emotional consequences directly from their gambling than if they were not.
- Self-identification did not vary across socioeconomic or demographic groups, with one exception: lower educational qualifications were associated with greater likelihood of identification.
- Self-awareness was discussed as an important part of self-identification by a large number of participants.
- Barriers to self-awareness included (i) variation in gambling behaviour over time, (ii) focusing on wins and not cognitively integrating losses, behaviours, and impacts, and (iii) internal dialogues around gambling, particularly those justifying losses as affordable and not being as bad as others.
- The term ‘problem’ is ambiguous and when used is a potential barrier to self-identification of behaviours, impacts, and harms.
- ‘Self-awareness of gambling impacts and harms’ may be a more appropriate way of conceptualising ‘self-identification of problem gambling’.

Chapter 7: Self-help and self-regulation strategies to limit, control or stop gambling

This chapter describes the self-help and self-regulation strategies participants discussed using to limit, control or stop gambling among people whose gambling had improved (n=26, 49.1%), either because (i) they reported past, but not current gambling problems, or (ii) their PGSI scores had decreased significantly (by more than one standard deviation, $SD > 4$). Following this is analysis of strategies used by the group of people who had not improved or who had become worse (n=27, 50.9%). For this group, strategies are described separately for people with higher and lower levels of problem gambling as indicated by the PGSI [people scoring 8+ (n=6) compared to <8 (n=21)].

An important caveat to keep in mind for this chapter is that the findings represent a description of the strategies used: it is not an investigation of the efficacy of the strategies per se. For example, it is not possible to determine whether strategies were being implemented because people's gambling had improved, whether the strategies themselves had played a role in causing improvements, or whether some other underlying factor (e.g., a partner) had directly caused both the strategy and the improvement in the participants' gambling issues.

Nevertheless, regression analyses demonstrated that the severity of gambling issues, as measured by the PGSI, did not differ significantly depending upon whether participants had (mean 4.6, se 0.57) or had not (mean 4.4, se 1.32; $p=.902$) improved between surveys. This indicates that having less severe gambling issues to begin with in 2014 is unlikely to underlie the improvement.

7.1 Participants showing improvement

Among people showing improvement, behavioural self-regulatory strategies designed to limit rather than stop gambling were most common. This primarily included taking set amounts of cash to venues, and individuals setting limits on spending:

Yeah, I started with a certain amount of cash and I wouldn't let myself go and get anymore.
(F, 60+, PGSI 0)

I will usually just go to the ATM at the start of the night and won't take any more money out; yeah, so just cap myself with how much is in my wallet, really. (M, 18–29, PGSI 0)

Well initially, yes, well, I just sort of, we did have a bit of a limit, well if I go now I still have a limit. I know when to stop and yeah it's a bit, well it was all under control, I'll put it that way. (M, 60+, PGSI 1-2)

I usually am able to restrain myself and don't spend too much, don't tend to lose so much and I don't chase my losses. (M, 18–29, PGSI 0)

For some people the limits were flexible: they cycled through different limits on spending:

I did set something up like a \$50 a week limit; it was pretty likely that two weeks later I would change it or lift it off. (M, 18–29, PGSI 3–7)

While most strategies were designed to control or limit gambling, a few people found that the best strategy was stop gambling all together. Going 'cold turkey' and completely avoiding venues were strategies to stop gambling:

Yeah, cold turkey again.... Yeah, well I just thought it was a waste, you can't win at it... I stopped going there [the venue]. (M, 45–59, PGSI 1-2)

I just didn't go [to the clubs]. (M, 45–59, PGSI 0)

Just not think about it, not going to the clubs, not getting tempted by machines: it's not much of a strategy, it's just I didn't want to do it anymore. (M, 30–44, PGSI 8+)

Some participants reported consciously changing their thoughts and beliefs about gambling to help them stop or control their gambling:

I think there's more to get away from the mentality of thinking 'it would be good to win this/ you will do this with all this money'; I think it's better off saying 'well, I don't have that money, I probably won't get that money, that's fine the way I'm going', and not have that expectation. (M, 60+, PGSI 0)

These thought processes resembled will power:

No, it was just will more than anything; it was just, well, in my mind I said I didn't want to do it, so I didn't do it. (M, 18–29, PGSI 0)

I was able to pull my head in and actually basically moderate my behaviour. (M, 45–59, PGSI 0)

The struggle to maintain willpower was described by another participant:

No, I just controlled it actually; it's a struggle, it's a real struggle. (F, 60+, PGSI 0)

7.1.1 Involving supportive others

Involving supportive people was a common behavioural strategy for participants whose gambling had improved. The following accounts show how supportive people found having someone else being present while they were gambling.

Because I enjoy it now, where because I'm sitting with someone, I've got someone to talk to, you know, we have a limit and we go when our limit's done. (F, 45–59, PGSI 1-2)

Well, the first thing is don't go to the club on your own, because you know they're there. Now when you go in a big group I don't find it that hard because I just sit and talk, sort of thing. But sometimes you find yourself at home and you think to yourself 'oh will I go?' I've still got a few mates that go to the club and all that, and I've said 'no', don't really, I don't really want to go. (M, 60+, PGSI 0)

[He] went cold turkey on the pokies; his partner went cold turkey on smoking at the same time. (M, 30–44, PGSI 3–7)

I guess I think I was, I mean, I guess I was lucky and my friends were lucky that we were in a group of people that more or less had similar opinions on these sorts of things. (M, 30–44, PGSI 0)

Supportive others were also integral for some people in maintaining other behavioural strategies, such as creating barriers to accessing money. The following participant describes having a close friend help her to control her access to money:

Yeah, I have given my best friend my card to access my money. (F, 60+, PGSI 8+)

The following individual's partner was important in both assisting them to maintain their strategies and in controlling their spending:

Yes, I have two card accounts, and before I go I can transfer money over to one account, so that means I've only got that much with me, or I just give all my money to my husband....He never says 'no' because nobody wants to hear 'no'... the person on the other end just really needs to know to sort-of not cut them off, but just guide them. (F, 30–44, PGSI 3–7)

It is important to note that some people who had experienced improvement didn't feel a need for strategies. When asked about strategies they might have put in place, they simply described changing circumstances, motivating or forcing them to cut back on gambling:

After I got married I suppose, yeah, things had to change, yeah... I just stopped, it wasn't hard. (M, 60+, PGSI 0)

It had a lot to do with having kids too, believe me... [I didn't] have the money, yeah, time and money. (M, 60+, PGSI 0)

I certainly set myself limits; my circumstances have changed from being a young single man of moderate means to being a married man with two children that I have responsibility for, so it's no longer just about me, so, you know, I have a financial strategy in place with my wife... I have no capacity anymore to, you know, blow hundreds and hundreds and hundreds of dollars. (M, 30–44, PGSI 0)

Others just no longer seemed to have an issue with gambling and they didn't attribute it to the active use of any strategies:

No, no, I don't deliberately try and employ any strategies to not go. (M, 45–59, PGSI 1-2)

Most of the participants whose problems had improved described using self-regulation strategies designed to limit their gambling. The strategies tended to involve creating barriers to accessing money or limits on gambling expenditure. Involving the support of other people to help maintain strategies was commonly discussed. Strategies designed to abstain from gambling were less common and involved avoiding gambling venues or areas in venues. Other self-help strategies were rare in the group that had shown improvements, and none described using a formal self-exclusion program. Only one person described using the internet to find information and resources.

7.2 People who had not improved

7.2.1 'Problem gambling' group

This section describes strategies put in place by people who were in the PGSI's 'problem gambling' group (scores of 8+) in 2016 whose scores had not improved significantly (by more than one standard deviation) since 2014. Compared to people who had improved, the self-help strategies for this group were more focused on stopping than on limiting their gambling. Use of the formal self-exclusion programs was evident among this group, with four people reporting having banned themselves from clubs:

I made the decision about four years ago to ban myself from every club except one, okay, just so I had that flexibility; this is in the ACT only, so I could go over to NSW if I wanted to, it was just the ACT only, primarily just because I want to remove any sort of temptation. (M, 30–44, PGSI 8+)

One individual described having self-excluded, but still going with friends:

But then I progressively got worse to the stage where I had to ban myself. I went through \$1,000 in one night and I thought 'right, that's got to stop', so then I banned myself from all the clubs, but they don't follow it. I think they've got better, but back then they didn't, I think they may have got better now because I actually joined a club, what I did I banned myself from all the pubs near where I live and then I went to a club...I thought 'I'll go in there', and they wouldn't let me in: they said 'no, you're banned from this other club (that they were)', so they wouldn't let me in. (F, 60+, PGSI 3–7)

Oh, the other strategy is I banned myself from every club in Canberra.... Yeah, but unfortunately Queanbeyan I didn't, so that's where I've been going, and in Sydney, yeah. (F, 60+, PGSI 8+)

One had excluded himself from an online betting agency:

At that point I actively went out to my betting agencies and said 'I want to close my account' – they asked why and I said 'look, I've lost a little bit of money, I want to cancel it' and they were like 'okay'. And they were really good, to be honest, to the extent where some of those accounts I've closed I don't think I've been able to reopen today, so like very good on that care front. (M, 18–29, PGSI 3–7)

A further two individuals mentioned having thought about self-exclusion but not going through with it:

I seriously considered it, a couple of times in early days, but no, I never.... Because I figured that I'd just go somewhere else. (M, 45–59, PGSI 8+)

This group also used extreme measures to create barriers to accessing money, for example, rather than leaving their card at home, they owned no debit or credit cards:

I have given my daughter my card, I've cut them up, my Bankcard and my other card, so I've had to actually go into the bank to get money out. Yeah, and as I say, just staying away from the club from time to time. (F, 45–59, PGSI 8+)

It's one of those things: I've found I'm better-off without having my Bankcard. (M, 45–59, PGSI 8+)

Well, I had to limit my access to money, yeah, and that was the way I had to do it... but I didn't want to give up that escape. And I still haven't really, well I haven't, no, but it's not an issue like it was, or an issue at all, yeah, and it won't ever be again. (M, 45–59, PGSI 8+)

Again, going 'cold turkey' or consciously changing their frame of mind were also strategies undertaken by these participants:

Oh, sort-of cold turkey: I don't go for six months, all kind of things, but there is a relief – the question is where that relief is coming from and what's going on?. (M, 45–59, PGSI 8+)

To recognise how it makes yourself feel, that how you feel about it when you get home first, you know, so recognise do you like that feeling? Do you want that feeling? So if you don't, don't do it, so remember that, saying to yourself 'don't beat yourself up about it' and 'stay away from it'. (M, 45–59, PGSI 8+)

I have to distract myself with something else. (F, 30–44, PGSI 8+)

One participant gave a vivid account of extreme cognitive and behavioural strategies she used to avoid gambling. Her account reflects the sense of struggle accompanying the implementation of strategies to reduce the negative impacts of gambling:

When I wasn't gambling, if I felt the urge and I'd be driving past a club and I'd be in the car by myself, I'd just yell no, like 'NO!', and that was, for some reason that worked brilliantly....Another strategy that I have... is when I go out I do not wear clothes that I can go gambling in, so I'll go out dirty and dishevelled to go shopping, you know, it'll be sort of like holey sneakers or something, just so that I won't turn around and go to the club, because I'd have to go home first and get changed, and that's too much hassle or whatever. (F, 60+, PGSI 8+)

As a whole, self-help strategies were rare in the sample. Three people in this group described using the internet to access information and resources:

Yeah, internet sites, yeah.... so it's good to have the help in terms of the papers that have been written and the studies that have been done, such as your own, it's terrific to have access to those, it's also good – and I haven't found one that is actually like a Gamblers Anonymous online – but that would probably be, that would be a good thing if it was moderated. (F, 60+, PGSI 8+)

I'm not trying to self-promote, but the thing is I came to the realisation personally, just by myself, and then I started investigating and looking at more and more information available on the internet, and then I could personally relate to a lot of the stories of other people who provided that information, and also reports from ANU and other educational and academic institutions which had a lot of this data.... (M, 45–59, PGSI 3–7)

7.2.2 Other gamblers

This section describes the strategies of the people who scored less than 8 on the PGSI in 2016 and whose scores had not reduced significantly (by more than one standard deviation) since 2014. For these participants the types of strategies used were diverse, ranging from having to be cut off from access to money to just stopping when they became bored:

I was at the club and I just kept on drawing out \$100 notes, so I don't have an ATM, I never have cash on me; if I want to, my husband manages all the cash, so often I don't have cash on me. And if I want to go, but I do admit I do lie to him because if I want to do \$50 on the pokies, I think I should be allowed to, so I'll, he keeps all the money, so. So I don't have an ATM card, so I've got to go to the bank and draw out money, so you can't do that obviously when the banks shut. And I don't ever have cash on me. (F, 60+, PGSI 3–7)

One participant mentioned talking to others as a strategy, rather than involving them in implementing a strategy designed to reduce gambling:

To talk through those issues as they arise. (F, 45–59, PGSI 3–7)

Behavioural strategies around controlling access to money were discussed by this group:

I redirected my payroll into the joint account and gave her control and I'd just get a small amount of money, so that seemed to work pretty well. Pretty extreme measures like, and you've got to be willing to do it. I guess it was my commitment that I wanted to not make it a problem anymore – to the relationship I suppose. (M, 45–59, PGSI 3–7)

I like to play the pokies once a week, I always have, but then I got bad so then I banned myself from all the clubs and I don't have an ATM card, but I still go occasionally. (F, 60+, PGSI 3–7)

Very simply removing so I no longer have a credit card; I no longer have anything with a significant amount of cash. (M, 18–29, PGSI 3–7)

Well, I always segregate the money in my wallet, so when we go in I usually, I'll segregate \$100 in my wallet, and so then I know where I'm up to, because, you know, when you're going from one place to another it's easy to forget where you've been or what you do. And then really it's just, like we leave once we've hit that ceiling, whatever it happened to be on that day. (M, 45–59, PGSI 3–7)

For others, strategies involved avoiding the gambling areas of venues:

I purposely would only take a certain amount of money with me as well as not taking a cash-card or a keycard or a credit card or any cards whatsoever... [I] thought about how much money was being wasted and thought 'well, the only way to stop this is to actually not go at all'. (M, 45–59, PGSI 3–7)

I still frequent venues quite regularly once or twice a week, but I just don't touch the machines anymore. (M, 45–59, PGSI 3–7)

In a sense, yes I do, I have a promise with myself not to go in more than on average once a week, and not to go to the poker machines. I might go in to the club for a meal, but not going to the poker machines, on an average more than once a week, and no more than fifty bucks on average. (M, 60+, PGSI 3–7)

While all groups used cognitive strategies, the language for this group was much more casual, involved lower stakes, and the strategies were less rigid:

Yeah, I don't happen to do it, sometimes it's a conscious strategy, sometimes I'll, as I said I walk home from the mall and I think oh yeah I'll just go in and have a little play, if there was nothing else on, so on the way home and I might go in and play \$20, I might win, lose, and you know I might stay for an hour and then I'll just continue on my walk home and be happy or annoyed you know. (F, 60+, PGSI 3–7)

Probably set myself limits, so whereas previously I might chase and withdraw money, now it's just like 'oh well, I know how much I'm going to stop after and I won't go past that', so yeah. Sometimes I'll write lists of things that I want to save money for and I'd rather do, like holidays, skiing with the boys, I suppose. (M, 45–59, PGSI 3–7)

No, I don't really limit the time either, just when I've had enough I've had enough and I'll go home. (M, 60+, PGSI 3–7)

I just sort of set my limit for the night and then I won't go over that and the thing is after a while I get bored with it anyway. (F, 45–59, PGSI 3–7)

Well, limit myself, yeah, I find that, yeah, I have to say that much and no more. Doesn't always work, mind you....Yeah, how much I can spend. (M, 60+, PGSI 3–7)

Making a conscious decision about whether gambling was affordable was also discussed as a strategy:

Yeah, basically just control, made sure bills were paid before entertaining the idea of gambling; still gambled, but not to an excess; yeah, made sure the bills were paid before we went gambling. (M, 30–44, PGSI 3–7)

We tried the limit to what only we can afford, you know. (M, 60+, PGSI 3–7)

As was taking periodic breaks from gambling:

We don't talk about it in terms of it being a problem; we've talked about it from time to time, to take a break or to not do it for a while, so we've done that. (M, 45–59, PGSI 3–7)

Yeah it's more of an internal thing, yeah, sometimes I think 'okay, I won't go to the club for a week, won't play poker machines for a week', and sometimes I think 'well, why not? You'll enjoy it'. (F, 60+, PGSI 3–7)

Only participants in this group talked about managing their gambling, either by using strategies to track their spending, or by seeking out formal self-exclusion possibilities:

I created a spreadsheet for the whole year to monitor my gambling, to see what I was actually doing and what I was spending on and what was worthwhile doing and what wasn't; and the pokies for example, it's fun, but you might as well just throw your money out on the street as well. (M, 45–59, PGSI 3–7)

I actively went out to my betting agencies and said 'I want to close my account'; they asked 'why?' and I said 'look I've lost a little bit of money, I want to cancel it', and they were like 'okay'... they said 'okay, do you want to put an exclusion period on it?' and I think I said 'yes'; they said 'six months or twelve months?', and I said 'make it the longest one you've got'. (M, 18–29, PGSI 3–7)

I like to play the pokies once a week; I always have, but then I got bad so then I banned myself from all the clubs and I don't have an ATM card, but I still go occasionally. (F, 60+, PGSI 3–7)

Overall, people who had improved favoured behavioural strategies that created barriers to accessing money, and this almost always involved support and action from other people. Extreme behavioural strategies designed to stop gambling altogether tended to be favoured by the 'problem gambling' group, with the lower-risk gamblers favouring a wide range of cognitive and behavioural strategies. This latter group of gamblers had the most diverse range of strategies. Only three people described using the internet as a self-help strategy to find information. Two of these had improved, but the other had not. Regardless, the internet was seldom mentioned as a self-help strategy.

Key findings of Chapter 7

- Behavioural strategies – such as creating barriers to access to money, credit cards, and venues, and involving supportive others – were evident across all groups.
- Cognitive strategies were also evident across the different groups, including adjusting beliefs about gambling.
- People who had improved often involved others in maintaining behavioural strategies they had put in place.
- People meeting the PGSI criteria for ‘problem gambling’ who had shown no improvement described implementing extreme behavioural strategies, such as not owning a credit card or relinquishing control of their money.
- People with lower PGSI scores (<8) who had not improved had the most diverse array of behavioural and cognitive strategies.

Chapter 8: Third-party identification

The ACT *Gambling and Racing Control (Code of Practice) Regulation 2002* specifies that venues keep a register of persons they have been told, or consider, may have a gambling problem. Venues must also make reasonable steps to discuss ‘the matter’ with identified persons and to give that person advice about the availability of counselling and support.

This chapter explores identification of gambling harms by third parties within venues. It also assesses the likelihood that gambling harms are identified across other contexts, including service delivery settings (e.g., health and community services) and other more personal contexts (e.g., by partners, other family members, friends and work colleagues). Table 8.1 shows the type of people participants had discussed their gambling with, regardless of who initiated the conversation. One-quarter to a third of participants had talked with their partner or another family member. Otherwise, talking with other people about gambling was extremely rare. The following sections describe people’s actual experiences being approached and talking about gambling.

Table 8.1 The number and proportion of participants who had been approached or had talked to other people about their gambling

People	n	Percent
Venue staff	5	9.4%
Partner	14	26.4%
Other family	18	34.0%
Friend	6	11.3%
Work colleague	2	3.8%
Formal service provider (non-gambling)	2	3.8%

8.1 In venues

8.1.1 By venue staff

Participants were asked whether they had been approached by venue staff, and a small number of participants had experiences to share. Five participants described having been approached by venue staff (each on one occasion only). While participants were asked if they were okay, they were not offered any information, resources or services. Three of these experiences involved staff overtly approaching the participant about their gambling.

The following individual was positive about having been approached, responding:

Yeah, yeah I have. Especially when I go to the same place where they know me, they know me, and yeah, yeah. That, in a sense, yeah self-recognition for me and, yeah, they do let you know. (M, 45–59, PGSI 8+)

He described the venue members asking general questions and he actively involved staff in controlling his gambling.

Just, you know, 'how are you?', Just sort-of 'how you going?'; You know, just to make sure, I think, you know, if you were really out of control they'd help you out. Probably just the comments maybe how long you might've been there forI feel like most of them there, where I go, would feel comfortable to let me know if they thought I was [getting out of control]. (M, 45–59, PGSI 8+)

One participant described having played poker machines on a daily basis from age 18 to his mid-twenties. He described being approached by a venue staff member at a time he was losing about \$500 a week. He was less positive about his experience:

It was quite confronting, I suppose, to get an appreciation that other people saw what I was doing and were concerned for my welfare. I'm a fairly private person, so I found that aspect little bit... well, I was embarrassed. And did it help? No, it probably pushed me to being more discreet. (M, 30–44, PGSI 0)

Another person suggested he had not taken the staff member's advice:

I wouldn't say, like, explicitly approached, there's probably been, I think there was one instance where I was significantly up and then I placed a big hand...I'd lost, and the dealer said maybe you should take your winnings and go... I don't think I did stop at that point. (M, 18–29, PGSI 3–7)

There were other reasons why people had been approached by staff members:

I fondly remember being approached by venue staff, but certainly not in relation to our gambling....In fact, the only time where it was even remotely related... it was like a bucks party or something that ended up at the casino, and everybody was way drunker than they probably should've been.... I don't know if he was a security person or he was just some kind of manager or whatever, but I think he pulled us all up and said 'you know, you guys are a bit drunk...like rather than sitting here at the gaming table, do you want to come and get a drink of water...', like he basically said 'I don't want to have to kick you out but, you know, if you take a break for a minute, maybe head back out to the floor after you're feeling a bit better'. (M, 30–44, PGSI 0)

Another individual was approached because she had self-excluded from the venue and was being asked to leave:

No, only when I rang to say I wanted to be banned, then they approach you...then they tell you you've got to leave because you're not meant to be here, that's the only time. (F, 60+, PGSI 3–7)

Furthermore, very few participants recalled having witnessed other gamblers being approached by staff:

No, I've never witnessed that, even with, you know, like serious gamblers, who you can see are getting angry, betting big amounts like \$5 hits....But, yeah, I've never ever seen that intervention by venue staff, which I find interesting. It's probably not effective anyway; I don't reckon it would work. (M, 45–59, PGSI 3–7)

I mean, I've got friends and sisters and brothers that have got problems with poker machines, but I've never seen them or I've never heard of them saying that they've been approached about their gambling addiction. (M, 60+, PGSI 0)

The only person who described seeing a gambler being approached by venue staff had worked in a venue:

I worked in betting shops... in my experience the times that happened was, you know, so rare, and the way they do it is that they try and do it at the start or the close of the business day when there's not many people in there, so you're not embarrassing the customer. (M, 45–59, PGSI 1-2)

Overall, very few participants had been approached or seen anyone approached by venue staff. If people experiencing gambling harms were being identified by venue staff, participants described it as unusual that any action was taken.

8.1.2 By other gamblers

This section describes the identification of gambling harms by fellow gamblers. Participants commonly described witnessing behaviour in other gamblers that they thought was problematic, including overt displays of extremely negative emotions and behaviours while gambling (such as hitting poker machines):

Well, I observed one bloke, and periodically I could hear bash, bash, so I got a bit fed up with it and went and looked, and this idiot is bashing the machine with his fist and looking agitated, and of course I didn't say anything, I just went back to where I was, lest I become the object of the bashing. Now that bloke had a problem, and he needed counselling. (M, 60+, PGSI 1-2)

I get quite frustrated when I see people hit and kick poker machines, because it's not going to help. (F, 30–44, PGSI 3–7)

Seeing people spending a lot of money was also concerning to participants:

Like, just observations when you're in those places, there are lots of people that look like they are spending a lot of money. (M, 45–59, PGSI 3–7)

I've recognised people I think you know they're just feeding these notes in. (F, 45–59, PGSI 3–7)

Participants also described witnessing others drinking alcohol excessively while gambling or experiencing social issues:

I think they tend to have had a bit to drink so they're probably not as conscious that they're doing it, I don't know if that's the right word, or they just don't care because the alcohol reduces your inhibitions about things. (F, 45–59, PGSI 3–7)

I go to the TAB – I see people there that are obviously there every day and on weekends too, so there's no break for them. And they, well, they look like they've got a few social issues. (M, 45–59, PGSI 1-2)

Most of these people...I mean, they're not doing this to socialise, it's a problem that they can't get rid of, perhaps. They're not going around there to socialise and talk to other players at the poker machines, so it's a very soloistic thing isn't it, these stupid machines. (M, 60+, PGSI 3–7)

One woman who was personally experiencing harms from gambling talked about how she had helped other gamblers, and was optimistic about fellow gamblers being a resource for other people experiencing problems related to gambling:

I ran into people in clubs who looked like they were in distress, and, you know, I just said 'yeah, I know what it's like', and I found some relief; it hasn't worked totally yet, but at least it's eased off the frequency, and some of those people went to meetings. So looking at it, yeah, I think fellow gamblers who've been there done that do seem to have quite an influence, and that's actually an under-tapped resource, I would think. (F, 60+, PGSI 8+)

However, they described not feeling it was appropriate to do anything:

Well yeah, as I say, I do keep my eyes open looking at others, I think it'd be inappropriate, I do because I can see why it would be a sensitive point, but I feel personally it'd be inappropriate. (M, 60+, PGSI 3–7)

I have tried, but she's, you know, in denial I think as to how much of an issue it actually is and how dependent she is on it; it's like a drug, and you know we've tried, we just sort of keep an eye on her and just make sure she's not doing stupid stuff with bank accounts. (F, 30–44, PGSI 0)

There's people who I look at in this club and think 'God', you know, they just, they put a lot of money in a week, you know it must be. It's not like business: maybe they can afford it, I don't know. See, that's where interfering is wrong: it's not your business, it's their business – maybe they can afford it, maybe their aunty died, maybe they inherited half a million dollars – I don't know, see. And you go approach them and say 'oh, you putting a bit too much in' – rude. (M, 60+, PGSI 3–7)

This persisted even when participants were concerned about the impacts gambling might be having:

Of course I'm not gonna say anything, because I'll get defensive behaviour, but it is a concern, because you worry that they've got a family and kids and they're losing their wages for the fortnight. (F, 45–59, PGSI 3–7)

While many participants described seeing people experiencing difficulties, they were worried that they might be mistaken:

It's fraught with potential misidentification. Someone might be a problem gambler on a particular week, but not on another week, but they're regular. Like in my local there's a whole range of people that go there every day and I see and say g'day to, some I think probably are problem gamblers because they seem to bet really big, but yeah, they all seem pretty stable and happy couples and, yeah. Who knows? They could be problem gamblers. (M, 45–59, PGSI 3–7)

Overall, participants commonly described seeing a range of signs that gambling might be causing harms and negative impacts for other people, including overt behaviours (such as hitting poker machines), spending a lot of money, drinking alcohol excessively while gambling, and being concerned about their social situation and behaviour. However, they expressed not feeling comfortable about doing anything about it, because they feared they were wrong or the response they might receive.

8.1.3 Use of venues

One of the aims of this report was to identify patterns in how and why people use gambling venues in order to delineate improved means of identifying people who are experiencing harms. With one exception, there were no specific, obvious differences across the PGSI's 'non-problem', at-risk, and 'problem gambling' groups. Below we describe forms of venue use that were common across all gamblers. We then describe a preference for gambling alone evident among people with gambling problems.

A common reason underlying why participants went to venues, other than for gambling, was for socialising:

Until really the last probably ten years I'd be with other people most of the time, yeah, so it was sort of, it was still a real social situation, yeah. (M, 45–59, PGSI 8+)

Do you normally go with anyone? Normally with my wife...I basically go there to gamble.
(M, 30–44, PGSI 3–7)

I go with my partner. It's just a nice way to end the working week on a Friday night; we just tend to go to the club because we're tired and have dinner and then just go and play the pokies for a little bit.
(F, 45–59, PGSI 3–7)

Me and my wife go to the club once a week, basically... we have a meal. (M, 60+, PGSI 1-2)

I mainly go down with a friend [to play the pokies] and have dinner. (F, 60+, PGSI 1-2)

We'd go to the races every now and again with friends, and I had quite a few friends, and it was also a connecting point for my father and my grandmother for me. (F, 30–44, PGSI 0)

Participants often reported using the venues for activities other than just gambling: they watched sport, purchased food and drinks, and used the Wi-Fi:

Yes, sometimes I'll use the Wi-Fi and the meals and other facilities. (M, 45–59, PGSI 8+)

Yeah, we always have a meal there and, you know, or you might go there to watch a sporting event, and then the pokies [are] almost traditional. (M, 45–59, PGSI 3–7)

Yeah, I don't play them by myself, yeah, I'd go with a couple of friends and just lose a bit of money. And would you do anything else in the clubs, drink or have dinner or anything? Yeah, well, we'd usually be drinking before we'd go and play the pokies, so, and we'd be drinking while playing as well.
(M, 18–29, PGSI 0)

The only clear theme distinguishing the use of venues for people with gambling problems was a preference for gambling alone: about half of them described going to the club specifically to gamble or that company was unwelcome:

Very rarely, I don't like going with other people, I prefer to go alone... I don't welcome it if people talk to me either, I'm there to gamble, I'm there to get my dopamine and that's it, and hopefully not lose my shirt.
(F, 60+, PGSI 8+)

I mean, even when someone comes and sits down alongside of you and tries to talk to you, they're in your space and you get a bit upset that they're there. (F, 45–59, PGSI 8+)

Accessibility was a main factor determining which clubs people used, with most people attending one or a few venues regularly, based on proximity to their home or work:

I tend to more or less go around four or five different clubs. (F, 45–59, PGSI 8+)

I go to the casino every now and again, but I don't really get it, poker machines are just so close.
(F, 30–44, PGSI 3–7)

The club was just down the road, so that's kind of where we'd go and have lunch all the time, so, yeah.
(F, 45–59, PGSI 1-2)

We live in [south-side suburb] so there's basically three clubs, and we kind of alternate between those. (F, 45–59, PGSI 3–7)

Use of machines was not often discussed. When it came up as a discussion point machine play was mixed, with some people preferring one machine and other people switching machines based on wins and losses:

Oh, numerous, because if it's not paying then I'll move on. (F, 45–59, PGSI 3–7)

My wife tends to be a one-machine person: she was playing, there's two out there that she just played constantly... I like to play different machines and I particularly like to try new machines when they bring in new machines. (M, 60+, PGSI 3–7)

A resounding, common, and positive message across problem and non-problem gambling participants was that the venues, particularly clubs, offer more than just gambling – they are affordable places that enable people to get out of the house and socialise:

I do go out for dinner with a lot of other people; I go by myself; and I get the papers and everything, which it's amazing: I can sit down, like last night for example, for an hour – papers and everything and didn't worry about it. (M, 60+, PGSI 3–7)

People across the whole PGSI spectrum used venue facilities, and not just the gaming area, in a similar manner. The only exception was that about half the PGSI's 'problem gambling' group expressed a preference for gambling alone or not using the venue for socialising. This preference was not evident among the other participants.

8.2 Within formal services

As described in Chapter 7, almost sixty percent (59.6%) of participants had been to a health or welfare service when their gambling had been at its worst. The majority of these had seen GPs (n=21, 39.6%). Only 18.8% had seen a counsellor, financial counsellor, welfare service, or other health service for issues other than gambling, despite high levels of comorbidity.

Participants were asked whether any of these service providers had talked to or approached them about their gambling, and responses indicated that this had never occurred. The rare instances where gambling had been discussed in a service setting was when they no longer had an issue with their gambling or the participants had disclosed their gambling alongside other issues. One woman described having brought up gambling in a consultation with her GP she had seen regarding work related stress. She subsequently sought help from a counsellor, a psychologist, and a psychiatrist. She described talking about gambling with her counsellor, but this was only after her gambling problem was resolved:

I had a nervous breakdown that was related to work, and then of course we talked about my history and things like that, so, my gambling, we discussed gambling. (F, 45–59, PGSI 1–2)

I went to that psychologist, I was having problems with work, I needed to discuss that and it probably manifested itself more through drinking than problem gambling. (M, 45–59, PGSI 3–7)

No participants had ever been screened or asked about gambling. It is therefore unlikely that gambling issues, whether developing or extreme, are being identified in service settings. Use of services demonstrates

the potential for identification of gambling problems by services, particularly GPs, and to a lesser degree by counsellors, financial counsellors, welfare, and other health services. However, this potential is limited.

8.3 By personal contacts

8.3.1 By partners

Participants were asked to describe any experiences of being approached by a partner about their gambling. Such experiences were generally described as confronting, at least initially. However, people acknowledged that it was reasonable for partners to approach someone about gambling:

Well, again, he [my husband] knows that it's a touchy subject and that it affects everybody. Yeah, we just had a good honest chat about it really, without the kids around. (F, 30–44, PGSI 3–7)

One participant talked about his wife learning of his undivulged gambling when she saw their bank statements. She then talked to him about it:

I was pretty angry at the time, but, you know, it's probably a reasonable thing. How did she bring up the topic with you? Pretty much after we got our bank statements and, you know, there was less there than she thought there was. (M, 45–59, PGSI 3–7)

Another person had been approached when family members and his partner noticed changes in his behaviour:

Mum might've asked me once, maybe ten years ago, soon after it had been a problem, if I was acting differently or frustrated or annoyed about something, and she assumed that maybe it was gambling, and my wife as well might've done that, but I think that was a normal reaction after the initial revelation of how bad my gambling had become. (M, 45–59, PGSI 3–7)

Several participants talked about their partner being upset or angry when talking about gambling:

Well, my husband just, yeah, he gets cranky if he knows I've been gambling.... He just [says], you know, 'you're not meant to be doing that', or he just makes some derogatory comment, but he doesn't really play the hard line. (F, 60+, PGSI 3–7)

One participant described their partner identifying their difficulties with gambling, but approaching other family members about the issue, rather than the participant themselves:

So, with a previous girlfriend, I think at some stage she got really worried about it, so she talked to her parents and her parents went out and contacted my brother...and I didn't like it and, like, I didn't ask for my family to be brought into it and I didn't want my brother and my parents knowing about it, but like, out of my control someone decided to act, and sure, it was out of good faith and they did it for my best interests, but I didn't appreciate that. (M, 18–29, PGSI 3–7)

About a quarter of the participants had talked to a partner about their gambling. Even though the majority of participants had not talked with a partner, they provide – alongside family members – the most likely avenue for identifying gambling problems.

8.3.2 By other family

People were asked if they had been approached by or talked to family members other than their partner about their gambling: about one-third had done so. Many participants also discussed family members being aware of their gambling, and described situations relating to this:

Sometimes my brother will say something, but that's because he hates any form of gambling, so he thinks that anyone that does anything has a problem with gambling. (F, 45–59, PGSI 3–7)

I asked my parents for some financial assistance and, yeah, my mum said to me... yeah, it kind of all came out. Yeah, so I decided from that point that I needed to stop. (F, 45–59, PGSI 1–2)

Mum and Dad probably at some stage [commented about gambling]. (M, 30–44, PGSI 0)

Parents, I guess, like my mum doesn't like me going, but, you know, I work for the money... she just says it's a waste of money, because the chances of winning are, or winning big, are slim (M, 18–29, PGSI 3–7)

Well, I was living at home at the time, when I was in the depths of my gambling problems; my parents became aware of the fact that I was gambling a lot; they challenged me about it; I indicated that I was going to stop. Of course, I didn't stop. (M, 30–44, PGSI 0)

When it became obvious to my family that I was borrowing large amounts of money from them, one of my sisters who also gambles blabbed, so that wasn't so good...personally I felt shame, a lot of shame that I'd been found out. (F, 60+, PGSI 8+)

Others specifically talked about hiding their gambling from family members:

No, because it's pretty well hidden from family, apart from maybe [they] probably know half of it, but sort of said 'slow down', so, yeah, it's not a massive talking point (M, 30–44, PGSI 3–7)

I kept it pretty quiet, because I live alone and away from most of my family, but they would occasionally say something. (M, 45–59, PGSI 3–7)

My children, they don't like it. If they find me doing it enough for them to notice, then they go 'that's gambling, what are you doing?' So they're kind of paranoid about it.... They're possibly right and I should hide it better from them, which I don't really need to do, I don't think. (F, 30–44, PGSI 8+)

While family members may be aware of someone's gambling, it's more likely to be hidden, or for gamblers to feel the need to hide it so that their family do not get involved. Regardless, family members, other than partners, were the most likely to identify and discuss gambling harms and impacts with participants.

8.3.3 Through friends

Throughout the interviews participants were asked if they had disclosed their gambling to a friend, or whether their friends were aware of their gambling. Only a small number of participants discussed having spoken to their friends about their gambling.

Some friends knew about their gambling because they gambled together:

Well, maybe a few people have questioned it, but, yeah, maybe a few friends now and then, but, yeah.... They said that, you know, they go 'is that a bit of a problem?', I'm like 'well, no, not really, I don't think so'. Yeah, I mean, I've listened to them, but I didn't think there was any problem there. (M, 18–29, PGSI 0)

Another participant talked about offering advice to his friends when gambling because he had experienced gambling harms himself:

Whenever my friends would make money on the first time I'd be like 'just be careful and don't go again, because you've just got to be aware of what you're getting into'. (M, 18–29, PGSI 3–7)

Overall, participants did not discuss friends as a source of support or advice, and similar to family members, participants described hiding their gambling issues from friends:

I hid it probably a lot of the time. My friends probably knew I played the pokie machines a lot, but they never said anything because they probably didn't realise how much money was put in. (M, 45–59, PGSI 3–7)

Yeah, a lot of acquaintances, friends, like most of the guys I went out with to the club or to the casino, all that, you wouldn't mention it, you just wear it on the chin because that was, you know, you can't cry about losing money. (M, 45–59, PGSI 3–7)

I think if a good friend sat me down and hit me across the head and said wake up to yourself, I probably would have, but no-one really did until it was too late. I wouldn't say too late; it wasn't too late, but it was very close to being too late. (M, 45–59, PGSI 3–7)

I had a friend who had a very bad gambling habit, and when I approached her we... we're not as close as we used to be anymore. (F, 60+, PGSI 1-2)

Only six participants had talked to friends about their gambling. Participants tended to describe their friends as being unaware of their gambling, particularly the extent of their gambling.

8.3.4 By work colleagues

Only two participants said they had ever spoken to colleagues about gambling. One participant specifically described debriefing about gambling with a work colleague, in their work setting:

Yeah, even between, I'm feeling that over the few years that I did participate in poker machines we talk between us and bugger this I lost \$20 last night, or I lost \$50 or something, I think we're giving it up or something, that's the way. (M, 60+, PGSI 3–7)

While conversations about gambling with colleagues were rarely described, several participants described gambling during work days, during lunch breaks, or directly following work:

I'll typically go in for half an hour after work, sometimes at lunch time on a Thursday or Friday, yeah, drinks, cigarettes, gambling, all three. (M, 45–59, PGSI 3–7)

I had my first job, I was about 100 metres from the local club and I would go over at lunch time and waste... basically on some days lose most of my pay. (M, 45–59, PGSI 0)

Anywhere that was accessible from work, you know what I mean, because that's where I'd actually blow money a lot quicker, because you'd go down at lunch time and you'd just blow money quickly. (M, 30–44, PGSI 8+)

Participants described gambling with colleagues:

You did what everyone else [at work] did, they'd go down at lunch time to the TAB or whatever.
(M, 60+, PGSI 0)

Yeah, like my close colleagues would come down with me, so yeah like my supervisor or anything never said anything, I never drank while I was down there so, you know, for all he knew I could've been going down for lunch rather than just playing the pokies, so I didn't come back smelling of alcohol or, yeah.
(F, 45–59, PGSI 1-2)

I do have a friend at work that I go to the poker machines with occasionally at lunch time, probably about once a month maybe. (M, 45–59, PGSI 3–7)

When I was in my early twenties and working in a bar it became sort of a thing that everybody would partake in, you know, when you had your break on your shift, start playing the pokies, and I did find that it was really quite addictive. (F, 60+, PGSI 0)

However, no participants talked about gambling affecting their work or relationships with colleagues. Overall, it was extremely rare that colleagues were aware of participants' gambling. However, gambling during work breaks was not unusual, and some participants described gambling with colleagues providing a potential avenue for third-party identification.

Key findings of Chapter 8

- Gambling harms and impacts are most likely to be identified by partners, other family members, and by other gamblers.
- Hiding gambling behaviours and harms meant that friends would be less likely to identify issues, unless they were also gambling.
- Gamblers commonly described seeing problem gambling behaviours in other gamblers. This confirms that the likelihood of problem gambling being identified in venues is high.
- However, only three participants described accounts of venue staff approaching them about their gambling.
- Although fellow gamblers may be aware of someone else's gambling, they are unlikely to say anything or offer support.
- The way gamblers described using the venues provided little insight into how problem gambling might best be identified, a preference for gambling alone was an exception to this rule.
- There were no accounts of health and wellbeing services identifying gambling problems or asking anything at all about gambling. Only two people brought up their gambling with non-gambling services.

Chapter 9: Openness to interventions

In this chapter we explore what participants thought would help, in terms of who, what, and when interventions might best help people experiencing gambling harms. The interviews primarily covered venue staff, personal contacts, and formal services. However, participants were also asked to describe in general terms what they thought would best help ‘so things don’t get so bad’. The information presented in this chapter addresses a major objective of the report. It describes the openness of people to interventions, preferences for types of interventions, and the preferred contexts for offers of help.

Table 9.1 summarises participants’ responses concerning who would be appropriate to approach people about their gambling. The interviewers were instructed to emphasise that this was not necessarily about intervening at extreme moments – they were to think about people raising gambling in general conversation. Three-quarters of participants described partners (74.1%), other family (74.1%), and friends (72.2%) as appropriate. Attitudes to general practitioners (68.5%) and counsellors (57.4%) were also relatively positive. However, attitudes towards other people and services were less positive. Colleagues and venue staff were least-often endorsed as appropriate (33.3% and 37.0 respectively). A large proportion of participants (44.4%) indicated it was not appropriate for venue staff to approach someone about their gambling. No other person or service was considered inappropriate.

Table 9.1 The proportion of participants describing people and services as appropriate to approach someone about their gambling

People	% Appropriate	% Inappropriate	% Don’t know
Venue staff	37.0%	44.4%	18.6%
Personal contacts			
Partner	74.1%	0.0%	25.9%
Other family	74.1%	0.1%	25.8%
Friends	72.2%	0.1%	27.7%
Work colleague	33.3%	0.4%	66.3%
Formal services			
GP	68.5%	0.2%	31.3%
Counsellors/psychologists	57.4%	0.1%	42.5%
Financial Counsellor	44.4%	0.2%	55.4%
Welfare	42.6%	0.2%	57.2%

The following section explores participants’ views about venues, personal contacts, and different professional services in terms of how appropriate and helpful they might be for someone experiencing gambling harms.

9.1 In venues

9.1.1 By venue staff

Participants were asked to describe what they thought about venue staff approaching or talking to people about their gambling. Table 9.1 illustrates their views were divided. Participants describing approaches from venue staff as inappropriate amounted to 44.4%. The language used by the participants was often powerful. Terms such as ‘horrified’, ‘embarrassed’, ‘ashamed’, ‘inappropriate’, ‘offensive’, and ‘intrusive’ were used to express their thoughts about venue staff approaching people to offer support. The resounding view from participants was that their gambling was their business, and not the business of anyone else in the venue:

Well, I'd be horrified. (M, 45–59, PGSI 1-2)

I'd be pretty pissed off... I believe in personal responsibility and taking responsibility for my own actions and not having them pointed out to me. (M, 45–59, PGSI 3–7)

I'd be totally embarrassed, like, and I wouldn't go back there, I'd find somewhere else to gamble.
(M, 45–59, PGSI 3–7)

I think it'd be inappropriate – I do because I can see why it would be a sensitive point, but I feel personally it'd be inappropriate. (M, 60+, PGSI 3–7)

Probably cranky, told them to mind their own business. (M, 45–59, PGSI 3–7)

It's a private thing – you don't want people knowing that you've got a problem. So someone coming up and trying to talk to you about your gambling – I mean, you're likely to get angry. (F, 45–59, PGSI 8+)

I think people would take offence to it and become quite aggressive towards that particular staff member – I don't think it's fair on the staff to ask them to do that. (M, 30–44, PGSI 8+)

Oh, you have to be so careful because people might think that that was a bit intrusive.
(F, 45–59, PGSI 3–7)

Even though participants clearly thought being approached by venue staff would be confrontational, some participants used language indicating that being approached by venue staff would raise awareness:

I would think that I really had a problem. (M, 45–59, PGSI 1-2)

I'd just feel a little bit uncomfortable, yeah, and a bit self-aware, I guess. (M, 18–29, PGSI 0)

Probably a little bit ashamed.... Just the fact that someone was acknowledging that I was doing something stupid. (M, 45–59, PGSI 0)

Other participants had a cautiously positive approach to venue staff talking to patrons about their gambling. The following statements illustrate possible positive outcomes from venue staff approaching people about their gambling:

If you do it really sensitively I think it could be a good strategy, but it's working out how to do that.
(F, 45–59, PGSI 3–7)

I realise that it's a stupid thing... the odds are against you all the time, so you know I wouldn't worry too much if someone came and talked to me about that. (M, 60+, PGSI 1-2)

When they started that kind of initiative I thought, oh you know, 'that's big brother watching you' and 'it's a privacy issue and it's none of their business', but in hindsight if someone how've said to me, you know, 'that's the fifth time you've been back to the ATM' or whatever, I might've actually gone 'oh', you know, people are noticing yeah...it might've alerted me to something a little earlier. (F, 45–59, PGSI 1-2)

I would've been okay with it.... For somebody betting in excess, just come up and say 'do you think you might've overdone your limit?' or something like that, but in a pleasant manner. (M, 45–59, PGSI 0)

Yeah, I'd be happy to talk to them. (M, 18–29, PGSI 3–7)

However, caveats surrounded the tentatively positive comments about approaches from venue staff. The relationship between staff members and patrons was very important. In addition, a level of sensitivity and empathy was required to communicate with people experiencing problems in venues:

I guess if it's someone at the club, like it would need to be somebody who's I guess a little sympathetic or [who can] show some empathy. (F, 45–59, PGSI 1-2)

I think it depends on the relationship with the person that you've got, and I think it's something that you've got to be really careful about, because it is somebody's choice to do, but I think if you personally knew somebody and their situation...you'd have to be very sort-of careful about how you did it and went about it. (F, 30–44, PGSI 3–7)

It would have to be somebody higher up in management that did that, but yes. (M, 60+, PGSI 3–7)

I mean, the person who is best to approach in certain situations is someone who that person won't dismiss, like if you're in the TAB and you've got an 18-year-old who's as a casual job saying something to someone who's there as a regular, it's not going to go down as well. (M, 18–29, PGSI 0)

Probably depends on who the staff member is. (M, 18–29, PGSI 3–7)

In addition to expressing opinions about how suitable it was for venue staff to approach people about gambling, participants gave suggestions and advice about how venue staff might go about it in an appropriate way:

The place where you're gambling if you go there repetitively, like if they know your name, then they know that you have a problem. That is the first port of call to say 'hey... you come here too often, what are you doing?' They're the only people who would really know, I think. (F, 30–44, PGSI 8+)

Having somebody come over and say, you know, 'look, I've noticed that you've now put a hundred bucks through the TAB machine', you know, 'do you want to take a break or something?' might be the answer. (M, 30–44, PGSI 0)

Maybe pull them aside outside of where people can hear what you say, because you don't want people to know your problems because it's not something that people are always willing to sort-of tell people about their gambling issues. You'd really have to sort-of pull them aside, and if they didn't want to, well, then maybe get them on another occasion when they're not playing the poker machines, so get them out of that zone before they get in it. (F, 30–44, PGSI 3–7)

I think they should have the right to come and ask – not so much stop you from gambling, but just make sure that – or even ask you to prove that you can afford to gamble, 'are your bills up to date?' 'something like that, 'can you please bring us your last rent receipt?' or whatever. (M, 30–44, PGSI 3–7)

If somebody came to me and said 'how about I lock your machine for you and you go and have a 10-minute break, would you like that?' then I'd say 'yes', actually I would. (F, 60+, PGSI 8+)

9.1.2 By other gamblers

Participants expressed positive attitudes towards other gamblers and past gamblers approaching them about gambling. They were seen as being able to understand what they were going through as well as being motivational for being able to stop or control their gambling:

Fellow gamblers who've been there, done that... that's an under-tapped resource. (F, 60+, PGSI 8+)

Oh, probably my wife's sister if anyone... because I know she also gambles... I know she's sort of given it up totally, so, yeah, probably someone who's sort of got around the same sort of systems....Someone with experience, yeah. (M, 30–44, PGSI 3–7)

Yeah, that's right, I'd be more open if he understood or [he'd] been there maybe, so, whereas a non-gambler you'd be less likely to think they understood. (M, 45–59, PGSI 3–7)

If someone's a non-gambler I don't particularly want to discuss anything about gambling with them. (M, 60+, PGSI 1-2)

9.2 Within services

9.2.1 By counsellors

Participants were asked whether they thought it would be appropriate for a counsellor to ask about gambling. As indicated in Table 9.1, above, over half the participants (57.4%) thought it was appropriate for a counsellor to ask about gambling in sessions. However, as participants suggested, a major issue is getting people to attend such a service in the first place:

Yeah, absolutely, except that it's often the onus is on the person with the problem to go see a counsellor...somebody has to prompt them to go see a counsellor before they can go see a counsellor. (M, 30–44, PGSI 0)

I wouldn't want a counsellor walking up to me on the street, but like, if you're obviously seeking out some help, then I guess anyone that you seek help from would have a right to broach the subject. (M, 45–59, PGSI 3–7)

Yes of course, but I mean the person and/or the family would have to go to a counsellor first of all, but yes, I mean, counsellors presumably would be the people who know how to handle it. (F, 60+, PGSI 1-2)

If I feel like I need the help I'd probably approach them. (M, 30–44, PGSI 3–7)

I think the person that's got the problem needs to reach out in the first place... because it's a decision you make to gamble, isn't it. (M, 45–59, PGSI 1-2)

Oh, well there's plenty of publicity given to various organisations, so that's up to the individual to approach them, they've got to admit that they're a gambler first before anything can be done. (M, 60+, PGSI 3–7)

Unless you go to them, it's none of their business. (F, 60+, PGSI 1-2)

People described why they thought counsellors would help:

Yeah, understanding why your brain is telling you this is a good thing or an enjoyable thing or why you're choosing to do it, definitely counselling, which could lead to all sorts of reasons, issues, bigger problems potentially....Like, you know, that reaching back into your childhood, upbringing and life history, that self-awareness, that definitely helped me. Why you're trying to escape, if you're treating it as an escape.

(M, 45–59, PGSI 3–7)

Yeah, I think so – it gave me insight into why I was gambling in an out-of-control fashion. Did it stop my compulsion? Probably not, but I think it allowed me to be self-aware and manage it. Because, I mean, maybe, whether it was the counselling or whether it was the fact that I'd reached crisis point, that made me realise that I had to do something differently, I'm not sure which was which, but probably the crisis point, you know, I realised what I'd put at risk in terms of the marriage, the relationship, etc.

(M, 45–59, PGSI 3–7)

Somebody that would have more expertise and more knowledge about it [than family].

(M, 60+, PGSI 3–7)

Although participants perceived counsellors as an appropriate avenue for helping with gambling problems, in essence, this was a multi-stage approach. The individual would need to first identify a problem (often defined by participants as hitting 'rock bottom' (M, 45–59, PGSI 0), and then the individual would need to make an active choice and advance to seek help and counselling. Further to that, they actually then needed to attend the service.

Some people expressed that it was too confronting to attend a counselling service, and that anonymity was important to them:

Anonymity is the one issue that I find more embarrassing or difficult to actually speak [about] to someone face-to-face. (M, 45–59, PGSI 3–7)

I think most people when they're gambling are very, very good at hiding stuff from people, and I honestly think in many instances people do lie to their counsellors. (M, 45–59, PGSI 0)

For other participants, counselling and revealing emotions, was just not right for them:

I wouldn't be interested in going to counsellors, so yeah, it wouldn't be anything that I would feel particularly comfortable with. (M, 45–59, PGSI 1-2)

I'm not into revealing things to a person that I don't know, I don't find that very comforting or helpful....I'm just not a counsellor person. (F, 60+, PGSI 3–7)

Finally, participants discussed the gambling help-line. Generally speaking people were aware it existed:

Well, I know that they're there, there's a gambling line and Gamblers Anonymous, some of those lines to call for help; not too sure whether there's anything out there for families, I have not looked into it.

(F, 30–44, PGSI 0)

However, other references to the helpline were negative in terms of it being able to help:

Yeah, I mean, I know there's call helplines and things like that, but what I sort-of take from that is at the end of the day people can advertise 'call this line, blah, blah, blah', but I don't think it actually ever, like the person doesn't really get help. (M, 45–59, PGSI 0)

He said he wanted to get help 15 years ago and did call the helpline, but it wasn't effective because the tasks they asked him to do didn't suit him and he wanted a magic fix. He said it was still helpful, but it wasn't a permanent fix. (M, 30–44, PGSI 3–7)

9.2.2 By financial counsellors

Of the people interviewed for this study, 44.4% viewed financial counsellors as an appropriate avenue for offering support for people experiencing problems with gambling. Similar to counsellors, if an individual was seeking support, it was discussed as appropriate for the financial counsellor to raise gambling with their clients:

Absolutely, if you're seeing a financial counsellor. (F, 60+, PGSI 0)

I guess if you'd seek them out to work out a budget and they said 'where's your money going?' and you said 'gambling', I suppose they could talk to you about it. (M, 45–59, PGSI 3–7)

Well, if you go into debt I guess you have to, don't you. But again, it would have to be after a relationship was established. (M, 45–59, PGSI 3–7)

A financial counsellor would be able to know pretty quickly if you have a gambling problem, and then if you've gone to them for financial help, then yes, I think it might be a great way to actually say you've got a gambling problem, that's a money issue, lets sort that out from that financial aspect. But I mean, if you have a gambling problem, then you may not be able to afford a financial counsellor, and to go through Centrelink to get the free financial counselling services, it's a joke, like it's really hard. (F, 30–44, PGSI 8+)

Well yeah, financial counsellors – that's where most people start to understand they've got a problem, when they start seeing the money's disappearing and they start to understand that if they don't change their ways things are going to go off the rails pretty bad. (M, 45–59, PGSI 3–7)

Definitely financial counsellors – if someone's engaged a financial counsellor to look at their records 100%, they should be looking at that level of where their spending is, and that's part of their spending. (M, 18–29, PGSI 3–7)

However, more than half of the participants didn't know how to respond to (or didn't answer) questions about financial counsellors. Some participants were not clear what a financial counsellor was, and how they differed from other financial professionals such as financial advisors or bank loan staff:

What about a financial counsellor? Probably not. And why do you feel that? Well, if you're going to see a financial counsellor it probably means that you have enough money to gamble anyway....I don't know, I've never been to a financial counsellor before, I don't know what they are, but normally you're sort of going there because you've saved money and you want to know what to do with your money; not you're spending it and you don't have any. (F, 30–44, PGSI 3–7)

Another participant raised potential gender preferences in types of counselling. She mentioned that financial counsellors might be more appealing to men than more emotionally based counselling:

If they had free financial counselling or if there was a financial counsellor that went in there every month that became someone they knew...I think for men as a transactional non-emotional kind of...[approach] that would work better [than emotional counselling].... Yeah, because it's not, it's attacking their money, not attacking, you know, it's not discussing their emotions, it's discussing what they're doing with their finances. (F, 30–44, PGSI 8+)

Another participant expressed concerns that participants could be dishonest about their gambling expenditure with a financial counsellor:

Maybe if you needed some sort of strict budgeting and you were willing to take that step – but you know, you have to admit how much you currently spend, and a lot of people would lie about how much they spend on gambling, so it takes a level of honesty there, you're supposed to be able to admit how much you do actually spend. (M, 30–44, PGSI 8+)

Identifying issues underlying why people were gambling or experiencing problems was viewed as out of bounds for financial services. For example, participants stated:

I think it would be appropriate for a financial counsellor to ask a question about the amount of money that you spend in gambling and, you know, possibly have at the ready some options for you to get more information if they thought that that was not a wise decision, but I wouldn't think that it was a deep conversation. (M, 45–59, PGSI 3–7)

No, no, because I think it's much more a psychological sort of thing and financial advisors and so on wouldn't, they wouldn't have the training for that at all, I mean they just know money matters and that's all. (F, 60+, PGSI 1-2)

I doubt [financial counsellors would] take that on, given they're usually paid for their services and all that stuff; they wouldn't want to be the bearers of bad news [telling someone that they may have a gambling problem]. (F, 45–59, PGSI 1-2)

Participants who responded to questions about financial counsellors with regard to some form of intervention for gambling problems tended to be positive, but identified boundaries around the nature and extent of help that financial counsellors could potentially provide.

9.2.3 By general practitioners

Participants usually had positive views on general practitioners being appropriate professionals to offer support. They were more positive about GPs approaching people about gambling (68.5%) than any other service:

I guess, I've talked to my GP about topics that you might think you might go to a counsellor about, and he's been very good. (F, 45–59, PGSI 3–7)

A GP.... Yeah, in the right circumstances I guess, if he could tell you were stressed or something like that, he could probably broach the subject. (M, 45–59, PGSI 3–7)

Yeah, I don't see why not, like they ask about smoking and everything that's not good for your health, but if you're gambling to excess then that's not good for your health either, so yeah, I don't see why not, why it couldn't be on a bit of a checklist from the GP, yeah. (F, 45–59, PGSI 1-2)

Yeah, it'd be appropriate if the GP asked me anything. (M, 60+, PGSI 0)

Yeah, I think so actually, because it does become a health problem, especially if you're prioritising gambling over other things, you can kind of lead to a pretty unhealthy lifestyle. (M, 30–44, PGSI 0)

A common theme emerging from responses was the importance of GPs discussing gambling problems in the context of other mental health problems:

If you were there for just a general wellbeing appointment I think it's probably in the scope of things that they could ask about; I assume in those situations they're sort of looking at the mental health, so certainly I think that would be okay. (M, 45–59, PGSI 3–7)

If the GP knows that it is a problem, if for example the person is going to the GP wanting some sort of medication, either for depression or not being able to sleep or something like that, then the GP can ask more questions and find out what is causing it, rather than just sort of writing a script. And yes, I mean, then it would be appropriate for the GP to also give some sort of advice. (F, 60+, PGSI 1-2)

I guess if it's affecting my health, yeah. Like, if you had depression or something like that, I'm sure. (M, 45–59, PGSI 3–7)

Yeah well, if they see it affecting your health, and that could be mental as well as physical health, so yeah, I tend to take heed of what GPs say. (M, 45–59, PGSI 1-2)

Look, I don't have an issue with it, I can see why they would, obviously with, you know, an addiction there's also that mental aspect or the psychology behind it as well, and you know, I think that's where the doctors have a role to play because, you know, it could be just deep-seated depression causing it. (F, 30–44, PGSI 0)

Well, it's part of their job too, if that's affecting any aspect of your health, then yeah, that's fine. (M, 45–59, PGSI 1-2)

Yeah, I suppose, yeah, you've always got to listen to your doctor. (M, 30–44, PGSI 8+)

I think a GP, yeah, because they're kind of in, not a position of authority, but they're someone that you rely on to give you good advice, so I think a GP – people would listen to a GP more than, say, a staff member at a club. (F, 45–59, PGSI 3–7)

Participants also suggested that GPs would be a possible point of referral to other, more specific services:

Oh yes, yeah, I suppose a GP can direct you to somewhere if you want help. (F, 60+, PGSI 3–7)

I guess if the problem got to that stage where it's almost an addiction, then yeah, a doctor – I guess they would be able to help you, maybe – like, link you to someone that would be [useful]. (M, 18–29, PGSI 3–7)

9.2.4 By welfare services

Just under half the participants (42.6%) were positive about welfare services approaching people about their gambling:

I think [it] probably goes both ways really. I mean, they're getting a government benefit, so the government should be able to ask them questions around where their money is being spent. (F, 45–59, PGSI 1-2)

As long as they remained within the guidelines they're given, it then... yeah, that's fine. (M, 45–59, PGSI 1-2)

I think Centrelink could be involved to provide counselling, but also to act as, like a big stick. Like, stop gambling or you'll lose your... you know, a restricted access card or something. (M, 45–59, PGSI 3–7)

I guess if you're involved in welfare services then there is an issue there somewhere, isn't there, so it seems appropriate; that's what they've been set up there to do. (M, 45–59, PGSI 1–2)

I think that's probably a more appropriate place than anything; you know, having access to financial records and things like that. I think that would be appropriate. (M, 18–29, PGSI 3–7)

Some negative attitudes about being approached by welfare services were expressed, particularly in connection with concerns over how the services would come to know about a person's gambling:

I would think that it would not be an appropriate conversation for Centrelink to engage in. (M, 45–59, PGSI 3–7)

I'd rather approach them [welfare service] if I was getting into trouble or if I couldn't get myself out of trouble, but we've been in pretty big trouble before financially, and that through gambling. (M, 30–44, PGSI 3–7)

Yeah, I'm just trying to work out how they would know, I hid it probably a lot of the time, so how, I just can't see. (M, 45–59, PGSI 3–7)

9.2.5 By other service providers

Participants were asked if they could think of any other services they thought would be appropriate or helpful for gambling problems. A handful of specific professionals were mentioned, including community support groups, bank financial advisors, and frontline health professionals. However, no clear themes emerged from this question, demonstrating that the interview had comprehensively covered services relevant to participants.

9.3 By personal contacts

9.3.1 By partners

When asked whether or not they felt it was appropriate for a partner to approach their partner about gambling, 74.1% of participants were open to this. Participants commonly described partners as directly affected by their gambling, and thereby entitled to be involved. The closeness of the relationship, shared resources, as well as financial and emotional impacts were often described and frequently intertwined in accounting for why a partner would be appropriate:

Well, if it's a partner, then it's shared resources for a start, so they have a personal and deep involvement in what's going on in that situation. Also, you would hope that that person is close enough to you to actually be the most important person in that conversation, I would think. (M, 45–59, PGSI 3–7)

Well, they're the closest person to you, you're sharing the finances, probably, and it's probably having an effect on the household, and maybe time, money, whatever, neglect of children... (F, 60+, PGSI 3–7)

Appropriate, yeah – sometimes people listen to their partners, and they would understand the full extent of perhaps what's going on, or the effect on the household or family or the person. (F, 45–59, PGSI 1–2)

Yeah, absolutely, but whether it's gonna get anywhere I don't know. Of course if it's joint money, then they have an absolute right to kind-of say something about it or try and discuss it. (F, 30–44, PGSI 8+)

Yeah definitely, because it has to be someone that you trust. (M, 18–29, PGSI 3–7)

It was extremely unusual for a partner to be described as inappropriate. One participant expressed that gambling was their personal choice and their partner had no right to be involved in this choice:

Probably uncomfortable, annoyed, so yeah, not anyone I can think of within the family that, yeah, it's like, I view it as a personal choice, of how, where I want to spend my money. (M, 45–59, PGSI 3–7)

While participants were overwhelmingly positive about partners having a right and being appropriate to raise gambling, the language used acknowledged that the experience would be confrontational, painful, difficult and shameful:

Yeah, I think they would be, it depends on the relationship to be honest...I think it's a lot of pressure to put onto a partner, and the impact it could have on a relationship would be interesting... there's nothing worse when you're in a relationship than feeling like you're shamed, as I said earlier, that they've caught you out. (M, 45–59, PGSI 0)

Yeah look, it has to be addressed, it's not something that, I mean the partner has to be aware of it, yeah, unfortunately no matter how painful, because the partner's affected really dramatically by gambling. (F, 60+, PGSI 8+)

To a certain extent, the closeness of the relationship and being affected by the gambling was double edged. For some participants partners could effectively be too close for discussing gambling:

I think someone in a personal, close, level, approaching would be ideal, maybe not a partner, but a close friend or someone along those lines. I always feel like someone like a close friend, that doesn't have the same sort of financial commitment that a partner does, would possibly be a more effective [intervener], like an outside source. (M, 18–29, PGSI 3–7)

I've gotten to the stage now I don't tell her anymore because I can't let her suffer anymore. And it's not through self-defence or anything, so that's why I go to a specialist. (M, 60+, PGSI 8+)

9.3.2 By other family

There was a lot of overlap in descriptions of partners and family intervening when someone is experiencing harms from gambling. Again, being affected was the most common reason for being open to family approaches. Interestingly, a range of different family members were seen as appropriate, including siblings and parents and, to a lesser extent, children:

Yeah, well, I guess they're in the same boat [as a partner, in] that it affects them, they're concerned about you. (M, 45–59, PGSI 1-2)

If you can't afford to lose a tonne of money and you do then it's affecting someone somewhere along the line. So it'd have to be someone who's being negatively impacted by your actual gambling, be it your spouse or your family. (M, 45–59, PGSI 3–7)

Yes, definitely, because at the end of the day you have an impact on, you know, if you're spending like your whole, you know, like, one of my mum's friends plays the pokies and she was talking about blowing 400 or \$500 a week on them, and where that's a problem. (M, 45–59, PGSI 3–7)

Yeah absolutely, but whether it's gonna get anywhere I don't know. Of course if it's joint money, then they have an absolute right to kind of say something about it or try and discuss it. (F, 30–44, PGSI 8+)

Well, you know, if someone was worried about their parents or whatever gambling, then I think it's probably alright for them to speak up. (M, 60+, PGSI 1-2)

I mean, I guess that would be okay, to a lesser degree than a spouse, but yeah, I suppose it'd be okay, just to mention it in, like, a sort of passing way. (M, 45–59, PGSI 3–7)

Oh yes, I think it's appropriate if a son or a daughter or a parent sees that you're having a problem. (F, 60+, PGSI 3–7)

Yeah absolutely, you've got the support around you, it's a lot easier, and if you can be honest with your family and friends, absolutely. (F, 45–59, PGSI 1-2)

Well, I think at first I'd be probably a bit angry, but then I'd think, I'd have a look at myself, you know, and see if I was, if I thought I actually had a problem, yeah, I think if it comes from family it's probably going to be more effective than a random person who doesn't know you approaching you. (M, 18–29, PGSI 0)

For me, you know, Dad, like I've got a lot of respect for Mum and Dad, and so if Dad came up to me and said 'you know, we need to have a chat about the money you're losing', I would probably listen to him. (M, 30–44, PGSI 0)

Family were described as intervening when problems, harms and impacts were evident, rather than at earlier stages:

Well, if a problem becomes apparent, yes, it's family first. (M, 60+, PGSI 1-2)

Again, I think it'd have to depend upon what I thought about it, so if I didn't think it was a problem I'd probably get defensive. But if I was thinking, if I was starting to think myself 'mmm, this is affecting my life and my livelihood', and I was controlled by it, and I was starting to accept that, or maybe come to or even have some acknowledgement of that, then I'd probably be, like, open to that. (F, 45–59, PGSI 3–7)

It depends if it looks like they're addicted to it and it's impacting on their life, then, yeah. (F, 30–44, PGSI 8+)

However, the importance of intervening early, although unlikely, was noted by one participant:

I mean, you know, if it's going to get a breakage point sort-of separation and so on, that's sort of pretty far down the track already, so this is something that should be talked [about] much earlier. (F, 60+, PGSI 1-2)

And another person directly discussed family encouraging formal help-seeking:

I guess you'd probably begin with questioning about how much money was being used in that situation and how that was affecting the family unit, and then, depending on how that conversation went and whether there was more to say, then you would then introduce that whole idea that maybe you need to get further help from somewhere else. (M, 45–59, PGSI 3–7)

Participants expressed negative views about other family members becoming involved more often than they did about partners:

No, my parents are useless; I think parents still see that childlike relationship and don't necessarily have the strategies, so a partner in that instance is better. (M, 30–44, PGSI 8+)

I should imagine something like Gamblers Anonymous or something like that, I would think. Somebody that would have more expertise and more knowledge about it. (M, 60+, PGSI 3–7)

Probably uncomfortable, annoyed, so yeah, not anyone I can think of within the family that, yeah, it's like, I view it as a personal choice, of how, where I want to spend my money, or like a leisure time activity cost to me. (M, 45–59, PGSI 3–7)

No.... Well, I'm thinking of children and that; well, the children don't really give you advice on that. (M, 45–59, PGSI 1-2)

It's not even my children's business, you know. It would be different matter if we were bludging off the kids, you know, borrowing money off them or something. (M, 60+, PGSI 3–7)

Shame was sometimes a reason for not being open to family members intervening:

I would find it really difficult to be approached by any family member, because it's about they've realised that I've been a dickhead. (M, 45–59, PGSI 0)

One of the problems with family and friends intervening is that it then triggers the desire to gamble because of that pain relief, to get rid of the shame. (F, 60+, PGSI 8+)

A family member approaching me, it would feel like a personal attack and I feel like I'd probably get very defensive and kind of try and fob it off or make excuses in that regard. It wouldn't be self-reflective. (M, 18–29, PGSI 3–7)

Most people are embarrassed and ashamed of what's going on, so it would be really quite confronting to have a close family member even aware of the problem, you know, just from my personal circumstances... they [family] don't really see what's going on, so they're in a very difficult position to know what's happening. (M, 45–59, PGSI 3–7)

9.3.3 With friends

A similar proportion of participants (72.2%) thought friends were as appropriate to raise gambling as partners and friends. While being impacted was again brought up, closeness seemed a more common reason for being open to friends intervening.

Yeah, that'd be fine, if it was impacting them. (M, 45–59, PGSI 3–7)

I don't know, it would depend on the friend, if it was a close friend I would listen. (M, 45–59, PGSI 1-2)

Yeah, friends can probably help in that regard. (M, 60+, PGSI 1-2)

Yeah, them too, because they have your interests at heart, they care about you, and you'd understand if they did. (M, 45–59, PGSI 1-2)

Again, yeah, depends on their relationship, how much they trust them, how much they really know, are they out there with them gambling. (F, 45–59, PGSI 1-2)

Well, they'd have to be extremely close. (M, 60+, PGSI 1-2)

For some people, friends were described as better than family with regard to intervention:

I think it's your close friends that you need to, the support, if people speak up and then support you, then that's the way to go. (M, 45–59, PGSI 1-2)

Probably be more open to it, if friends were to say something. (M, 45–59, PGSI 3–7)

I guess really, you know, it would be best coming from a good friend rather than anyone else I think.... Just out straight I think, yeah.... When you've seen them gambling away a lot of money and doing it frequently... I think, you know, just a casual discussion, yeah. (M, 60+, PGSI 3–7)

Probably a little bit better [than family], but it would have to be a good friend. (M, 45–59, PGSI 0)

Family to a certain extent, yes, but I think if one of my friends were to approach me and say 'what are you doing?', I think that would be a far stronger thing than a family member of any sort. (M, 18–29, PGSI 3–7)

However, caveats surrounded the concept of friends intervening or approaching people about gambling. Keeping gambling hidden and friends not being fully aware of gambling behaviour mean that friends may be less likely to know about it or be able to intervene:

I probably would've lied to them but anyway, back then, yeah probably. Yeah, I've had friends ask about my gambling over the years, yeah...I was embarrassed by it and, yeah, but then when I actually stopped a few of them said 'how did you do it', and stuff like that, so yeah, I have had conversations with friends about it as well...I did a lot of lying too, a lot of people didn't know. (F, 45–59, PGSI 1-2)

I think it's extremely confronting for someone to try and come up to somebody; you've got to have a very, very strong relationship with somebody to approach a topic such as this in my view. (M, 45–59, PGSI 3–7)

No, they're not fully in the picture. (M, 60+, PGSI 3–7)

9.3.4 With work colleagues

The overarching themes emerging from peoples' discussions about being approached by colleagues were that it wasn't appropriate, it wasn't their business, or they would have no way of knowing, unless gambling was affecting their performance at work:

I can't imagine ever being in a position where colleagues would know that you were gambling: you'd have to be pretty out of control. If it's affecting your job, then if colleagues tell you it's fair enough, otherwise I wouldn't be particularly happy. (M, 45–59, PGSI 1-2)

I think it'd be a difficult conversation with a colleague; it'd be fairly interfering, and I think the only time that you'd, well, difficult when you're not in that situation, but if it was affecting work outcomes or if it was affecting time at work. (M, 45–59, PGSI 3–7)

Negative attitudes were at times quite emphatic:

Oh God no, no, no, no, no I don't even know how they'd see it. Certainly, if it was impacting [their job]. (M, 30–44, PGSI 8+)

However, participants conceded there was potential for colleagues to make a substantial impact on problem gambling, if dealt with in the right way:

I guess depends on the relationship that, if they're trustworthy and they're willing to take the time out to reach out to you, then you should want to listen to them. (M, 18–29, PGSI 3–7)

I think that would, I don't know if 'appropriate' would be the right thing, but I think it would be effective. It's someone you know, but if it's too personal sometimes it can get a little bit messy like it feels like a personal attack, but if it's slightly detached like a friend. (M, 18–29, PGSI 3–7)

In summary, participants were only open to work colleagues discussing gambling with them if it was affecting their work. With this in mind, work colleagues are unlikely to provide an appropriate avenue for early intervention.

9.4 The best approach

Participants were asked to reflect on who might be best-placed and what might best help people 'so things don't get so bad'. Partners, other family, and friends were overwhelmingly the most preferred option for approaching and talking to people about their gambling:

So I think certainly a partner should be the first person that recognises it for a start, and maybe has a conversation; potentially it then gets difficult depending on the response, so yeah, I would think probably a GP would be the next person in line. (M, 45–59, PGSI 3–7)

A common theme was that conversations and approaches should be straightforward, using clear, concrete examples of gambling impacts, but it should not be confrontational:

Well, if the partner that's someone you care about so obviously they care about you ... would be the main one that you would listen to, yeah. Just to come straight out and say it... say 'I think you're losing too much money, you're gambling too much'. If you're partnered with someone then it's partly their finances as well isn't it.... I think it's fine for them to say.... Well, with poker machines I got to \$1000 when I played them, in one hit too, and that's when someone needs to say something. (M, 45–59, PGSI 1-2)

I'd say the best approach wouldn't be confrontation, it'd be just a chat about how your gambling is affecting them in a negative way, so just say something like 'oh, you know I went to pay the groceries this week and there was no money. I thought we had some money in the bank'.... Just come around to it that way. (M, 45–59, PGSI 3–7)

I think I'd talk about the time she's spending on it means that she's not getting to spend time with other people that would like to spend time with her, and that's actually causing a rift in the relationships that she has with other people. It's actually got nothing to do with how much money she's spending; it's actually the time she's putting into it and that's impacting and we miss her, you know. The emotional factor. (F, 30–44, PGSI 8+)

Participants expressed not wanting to be confronted with being told what to do:

I don't like being told what to do, so if they're going to lecture me I'm not going to be open to that. (M, 18–29, PGSI 3–7)

One participant further suggested that multiple attempts at talking, made over a period of time, might help:

I don't think there's any way you can sort of butter it, you've just got to go direct in and say 'this is what I've seen, and this is the fact, this is what I'm observing'. But you know, it's a two-way conversation, you can't sort of close it at that point... (M, 18–29, PGSI 0)

If they don't listen and they storm off... it's kind of like smoking. Every time you try you get a little bit stronger. If more people say it more regularly, it might sink in. (M, 18–29, PGSI 0)

Several participants also pointed out that the manner of conversation was important to consider. Slow and discreet approaches were described:

Well, not aggressively I think.... Yeah, slowly I guess, slowly would be the best way to go, and an understanding approach you know. (M, 18–29, PGSI 0)

In the first instance I guess it's always got to be a family member...take them to one side quietly, again, so try and be discreet about it, and just express your concerns about what's happening or what the situation is, what you perceive the situation is, find out what the person actually feels the situation is, and take it from there. (M, 45–59, PGSI 1-2)

For many participants the role of the person was not as important as their relationship and interpersonal dynamic. It needed to be a trusted individual, but not necessarily someone too close or directly affected by their gambling:

Yeah, so that slight level of detachment, so familiarity, but not the level of a family member I've always felt is the most effective. A stranger approaching me wouldn't have the same effect as someone I knew. (M, 18–29, PGSI 3–7)

It's absolutely got to be somebody that the person trusts; if that person doesn't have a close friend or family member that they trust, you know, it's got to be somebody, it's got to be a professional that can broker some trust, so again, the GP was probably not a bad idea, if they can somehow sort of form a relationship with the community service group or a counsellor or something like that. (M, 30–44, PGSI 0)

Someone you trust, in my case is my partner, they'd wait for me to bring it up, that's that level of honesty in the relationship that you can establish. (M, 30–44, PGSI 8+)

I think someone in a personal, close, level approaching would be ideal; maybe not a partner, but a close friend or someone along those lines. I always feel like someone like a close friend that doesn't have the same sort of, you know, financial commitment that a partner does would possibly be a more effective [intervener], like an outside source. (M, 18–29, PGSI 3–7)

Only a few participants talked about partners, family or friends directing the person experiencing gambling difficulties to formal services:

Well, I think your partner or family members would be best-placed to do that, and to perhaps put you in touch with the professional help that you need. (M, 45–59, PGSI 1-2)

While the preference was for personal contacts to approach participants about gambling, there was clearly still room for venue/venue staff to provide support for people. However, rather than venue staff approaching people about their gambling, it seemed better for them to be approachable:

I mean, the person who is best to approach in certain situations is someone who that person won't dismiss, like if you're in the TAB and you've got an 18-year-old who's as a casual job saying something to someone who's there as a regular, it's not going to go down as well as the manager stepping up and actually saying something... you've got to just go direct into it, but like anything, you need to have your knowledge and your information available, you can't just go on a whim. (M, 18–29, PGSI 0)

Take them aside privately and have a discussion with them and let them know we know you've lost x dollars this day and x dollars that day – we're concerned about your welfare and unless you start to reduce your gambling losses we're going to have to exclude you. (M, 45–59, PGSI 3–7)

Just ask them, you know, 'I've noticed you've been here regularly, do you want, are you happy with the amount of money you are gambling?' and if they say no, then that gives you an avenue to 'well, would you like to have some counselling? Because it does work' – if the person wants to stop gambling, they can, I think. (F, 60+, PGSI 3–7)

Formal services were also described as best being approachable:

I don't think so, you know, unless you go to them for help it's none of their business. (F, 60+, PGSI 1-2)

Yeah, probably put off more than anything; if I feel like I need the help I'd probably approach them. (M, 30–44, PGSI 3–7)

Yeah, I probably would talk to him about it, I think I'd be fine, I've got a good rapport with him. (M, 45–59, PGSI 1-2)

You'd have to disclose it to him [GP] first. (M, 60+, PGSI 3–7)

Overall, most people seemed open to having a support network involved with their gambling, giving offers of support, and talking about gambling. People were most open to their support network involving personal relationships rather than formal services, but they were also open to services providing help and support if they themselves approached the service.

9.5 When to intervene

On being asked when to intervene, and what would indicate that someone should say something, most people described intervention as being indicated when someone other than the gambler was being affected, or when clear financial or emotional consequences from gambling were visible. Usually these consequences were fairly severe:

Oh well, if they see that they're sort of always short of money or something like that, where gambling's causing their problems. (M, 60+, PGSI 1-2)

Family and friends can have a crack because they're being affected, but someone who's not affected, I wouldn't take it kindly or lightly, I'd probably arc up. (M, 45–59, PGSI 3–7)

I guess once it's having an impact on others, once it's having an impact, whether that's, you know, having a financial impact or it's having a negative social impact on those around you, that's probably an appropriate timeframe for a discussion to occur. (M, 30–44, PGSI 0)

Once you see a change in behaviour, it's sort of, you know, you see someone when you're out and they're sort of going back to the ATM after you know they've already lost so much money, you know at that point you need to go 'right, what are we doing? let's change our plan'. (M, 18–29, PGSI 0)

I guess a real change in behaviour and demeanour, maybe even physical appearance, and I could imagine it happening.... Asking you for money, that'd be the other thing, yeah. (M, 45–59, PGSI 1-2)

When it starts making an impact, or an involuntary sacrifice to do the gambling. You know, moving outside the disposable income and moving into the income spent for other things, so it's when its heading towards [that] sort of territory – that's when I would want someone to step in. (M, 18–29, PGSI 3–7)

It depends doesn't it on the financial circumstances, on how it's affecting people's emotional health within the family group. (M, 45–59, PGSI 1-2)

Key findings of Chapter 9

- Partners, family, and friends were overwhelmingly the most-preferred option for approaching and talking to people about their gambling.
- The dynamic of the relationship – being close – was more important than whether they were a partner, a family member, or a friend.
- Attitudes to general practitioners (68.5%) and counsellors (57.4%) were generally positive.
- Financial counsellors were generally positively regarded; however, there was considerable confusion about the services they provide.
- Over one-third (37.0%) of participants described it as appropriate for venue staff to raise gambling with patrons. However, venue staff were more often viewed as inappropriate than anyone else.
- People described strong emotions such as ‘horrified’, ‘embarrassed’, ‘ashamed’, and ‘intrusive’ in response to the notion of venue staff approaching people about gambling.
- Interventions were seen as appropriate when partners, family members, or friends were affected, or when it was clear there were damaging financial or emotional consequences. Usually these consequences were extreme or severe.
- Partners were described as a particularly appropriate source of intervention because they were affected by gambling, they had a right to know, and because of their close relationship.
- However, being close and affected was double edged, partners were also described as too close because they were affected.
- Giving concrete examples, being discreet and slow, and multiple conversations were described as most appropriate when approaching someone about gambling.

Chapter 10: Discussion

The overarching aim of this study was to develop an evidence base that can be used to inform the targeting of interventions for people experiencing harms from gambling. The underlying tenet of the research approach was that single interventions are likely to have limited impact. This chapter first summarises the key findings of the report. We then discuss how the findings can support an integrated, coordinated mix of interventions within a public health framework. This discussion uses Gordon's (1987) 'universal', 'selective', and 'indicated' levels of intervention, as described in *Preventive Interventions for Problem Gambling: A Public Health Perspective* (Rodgers *et al.* 2015). We highlight important considerations for targeting interventions as suggested by the findings.

10.1 Summary of results

Chapter 4 presented a profile of participants in terms of their gambling and harms. The potential participants of our follow-up sample were targeted for recruitment because they met the PGSI criteria for 'moderate-risk/problem' gambling in 2014, or had reported gambling problems in the past. It was therefore not surprising that a large proportion of people were experiencing problems when followed up in 2016: 75% reported at least some symptoms (PGSI 1+) including the PGSI 'low-risk' (17%), 'moderate-risk' (44%) and 'problem' (15%) gambling groups. There was considerable stability in problem gambling over this two-year period. The in-depth follow-up interviews painted a clear picture of poker machines as the dominant activity of concern, in that all of the PGSI 'problem gambling' group were currently playing poker machines or had a history of doing so. For this group the frequency of playing poker machines varied greatly however they always described high levels of expenditure.

Chapter 4 also confirmed that co-occurring health and wellbeing issues were common amongst the sample (42%) and participants also had comparatively poorer levels of physical health compared to the ACT adult population (24% vs 11%, respectively). Gambling was described as both a cause and an effect of co-occurring issues, and for some, issues simply occurred at the same time. In their entirety, descriptions demonstrated depression, stress, physical health, substance use and gambling as inseparably entwined.

Chapter 5 described participants' use of problem gambling and other health and wellbeing services. Despite being a high risk sample, this study has confirmed that help-seeking for gambling harms is rare. Only 13.0% (n=7) of the sample had ever accessed a service for gambling-related harms. Notwithstanding high rates of co-occurring mental health and substance use issues, only ten people (19%) described having seen a counsellor, psychologist, or psychiatrist for these issues. Participants most commonly described wanting to deal with their problems themselves, regardless of whether this was to do with their gambling or other issues they may have been experiencing. A greater proportion of our sample had seen a GP (40%) than other more specialist services. However, GP use is considerably lower among our sample than in the general Australian population. Among Australians aged 15 years or over, 77% of men and 88% of women reported having seen a GP in the last 12 months (Australian Bureau Statistics 2017).

Chapter 6 outlined what participants define and self-identify as 'problem gambling'. 'Problem gambling' was defined as extreme in terms of impacts on others, concrete consequences, gambling behaviours, addiction, and monetary losses. Gambling was not a problem if an individual could afford the losses or maintained a sense of control. Only half of the sample identified with the term 'problem' in discussions around their gambling. Irrespective of this, people readily self-identified a wide range of gambling impacts and harms. Participants often talked about the importance of awareness in keeping track of their gambling, which is a primary component of the process of self-identification. Barriers to awareness included variation in gambling behaviour over time, focusing on wins and not integrating losses, and internal dialogues justifying their losses as affordable.

Chapter 7 demonstrated that although people were not seeking help from formal sources, they were commonly using strategies to control or stop their gambling. In most instances these involved instigating self-regulating behavioural measures (such as creating barriers to accessing cash) or cognitive processes (such as deciding on an expenditure limit). Self-help strategies, such as formal self-exclusion or accessing the internet for information, were uncommon. People whose gambling had significantly improved often reported involving close others in supporting their behavioural and cognitive strategies. Participants in the 'problem gambling' group who had not improved were using absolute strategies such as not possessing a credit or debit card, or relinquishing control of their money.

Chapter 8 explored the likelihood that gambling harms would be identified by other people in a range of settings, in venues, services, and in more personal contexts. Only a quarter of gamblers had been approached or had talked to a partner (26%), and about one-third discussed talking to other family members. The other context in which gambling was commonly identified was in venues. However, this identification was evident among other gamblers. Generally, participants often discussed seeing problem behaviours in other gamblers. They had never seen venue staff approach anyone, and were themselves unlikely to do so because they were uncomfortable and feared they might be mistaken, incorrectly thinking someone had a problem. Only three participants had ever been approached or talked to venue staff about their gambling. If venue staff are identifying 'problem gambling', they were not described by participants as taking action with patrons experiencing gambling harms. Finally, there were no instances of health and wellbeing services raising gambling within their practice, and talking about gambling within other service settings was highly unusual (n=2). Overall, gambling harms and impacts are seldom raised or discussed, regardless of the context - however third-party identification was most likely to occur through partners, other family members, and other gamblers in venues.

Chapter 9 investigated attitudes towards interventions to give an indication about how open gamblers might be to interventions. Partners, family members, and friends were overwhelmingly the most-preferred options for approaching and talking to people about their gambling. Attitudes to general practitioners (69%) and counsellors (57%) were also generally positive. Financial counsellors were regarded positively, however, their capacity to intervene was bounded and limited in the nature of help they could potentially provide. In contrast, venue staff were more often viewed inappropriate in raising and discussing gambling with their patrons.

10.2 Limitations and strengths

When interpreting the findings, the main limitations and strengths of the project need to be considered. First, the 2014 ACT Survey and follow-up were confined to residents of the ACT and the gambling activities available there at that time. Consequently, caution must be taken when generalising findings to other locations and contexts.

It is important to determine whether interventions need to differ across different population subgroups. While our follow-up sample covered a diverse array of people (e.g., in terms of age, sex, and education levels), the number of people in the follow-up interviews was not sufficient to compare findings across population subgroups, such as younger men and older women. Our findings reflect trends evident across the gambling population as a whole.

Regardless, this is the first study to explore the feasibility of developing targeted interventions for people experiencing gambling harms. Specifically, to date there has been no research investigating people's openness to interventions in the general population.

A further strength of this report derives from the use of multiple methods. The follow-up interviews provided very personal insight into people's experiences and attitudes about gambling, gambling harms, their health and wellbeing, and their use of gambling and other services. Analysis of the 2014 ACT Survey enabled us to quantify most of these experiences in the general community. The survey data also allowed some subgroup analyses to be conducted. For instance, we were able to explore differences in self-identification of 'problem gambling' amongst different socioeconomic and demographic groups in the community.

Finally, re-contacting selected people from the 2014 ACT Survey enabled access to a large group of people at high risk of problem gambling in the general population. Our follow-up sample comprised fifty-four people, all of whom had some history of gambling issues, met criteria for moderate-risk/ problem gambling (n=30), or who reported having had a problem with gambling in the past (n=24). This is a particular strength of the project, as people experiencing gambling harms are typically very difficult to recruit from the general population.

10.3 Placing the findings in a public health context

10.3.1 Universal prevention interventions

Universal measures target everyone in the population. Rodgers and co-authors . (2015: 13) summarised this level as involving measures that are 'limited to advice and actions that could be safely targeted at anyone in the population, and acted upon by anyone, without risk and without first needing to consult a health professional'. To reduce the prevalence of gambling harm in the community, it is important first to (i) understand what the problem is, particularly from the perspective of those experiencing the problem, and (ii) provide information to the community about how to recognise problematic gambling behaviour in themselves and others.

A key objective of the project was to understand how people self-identify a gambling problem. 'Problem gambling' was almost exclusively described by participants as an addiction with extreme consequences, severely impacting on people's lives in very concrete, tangible ways, for example, relationship breakdown, not having food, or being unable to pay bills. However, unless the person identified as having a 'problem', notions of time spent gambling, or any emotional aspect pertaining to the psychological state of gamblers themselves were noticeably absent. Of the people meeting the PGSI criteria for 'moderate-risk' or 'problem' gambling in this study, only half identified with the term 'problem' in describing their own gambling.

People who did not identify with 'problem gambling' terminology often did use 'addiction' terminology when describing their gambling. Loss of control was also an experience commonly discussed by people who did not identify as having a 'problem'. People who self-identified with 'problem gambling' described negative impacts on others, extreme gambling behaviours and experiences, and feelings of distress, guilt, and shame. The findings suggest that the term 'problem' is itself a barrier to self-identification of impacts and harms.

Monetary losses were the most common negative impact described by people as triggering thoughts that gambling was somehow problematic in their lives. People discussed monetary losses as 'ridiculous', 'wasteful', and terms such as 'heavy' and 'frequent' were also commonly used. The self-identification of monetary losses is useful in informing universal health promotion approaches.

Consideration 1: Interventions, such as health promotion messages, that shift away from depicting 'problem gamblers' as an extreme group and from 'problem gambling' terminology are better aligned with gamblers' understandings of gambling harms. Interventions focusing on impacts and harms that people identify themselves may lead to earlier recognition and help-seeking.

The transitory nature of gambling behaviour described by participants may also lead to a level of resistance to self-identifying as having a ‘problem’ with gambling. Instead, people described the importance of being ‘aware’ of gambling behaviour, impacts and harms. Self-awareness of gambling impacts and harms may be a more appropriate way of conceptualising ‘self-identification of problem gambling’. People experienced internal conflict around their gambling, knowing that their gambling was somehow not right for them.

Consideration 2: Initiatives that encourage self-awareness of gambling behaviour, such as keeping track of losses, may facilitate self-identification and minimise harms.

Participants often mentioned that gambling was not a problem if a person could afford the losses. In spite of this, people also described their losses as ‘ridiculous’ or ‘inappropriate’, even if they could afford their gambling. Participants’ definitions of affordable losses varied, were unstable, and were used to justify continuing gambling. At times losses were described as affordable if the person ‘survived’ or had come through a crisis.

Consideration 3: Interventions targeting ‘spending more than you can afford’ may have limited potential.

Another key objective of this project was to provide insight into how gambling behaviour and gambling problems could be identified by third parties. The research looked at third-party identification in the venue context, service delivery setting, and in personal and relationship contexts. As third parties were not interviewed in this study, the findings were framed in what gamblers themselves think about third-party approaches and the behaviours that might warrant intervention.

People were asked whether they had ever been approached by staff in venues about their gambling behaviour, and very few had. They were also asked what they thought about venue staff talking to them about gambling in general, and approaching them to offer assistance or support. Many people had a very strong reaction to this idea, using language like ‘horrified’, ‘embarrassed’, ‘ashamed’, ‘offensive’, ‘inappropriate’ and ‘intrusive’ (44% of people in this study described this as inappropriate). Although people in venues may be experiencing distress and exhibiting problematic behaviours, gamblers don’t necessarily want venue staff to approach them, even to discuss gambling in general.

Consideration 4: People experiencing gambling harms are unlikely to be approached by venue staff, and gamblers are resistant to this type of intervention.

However, participants commonly described witnessing problematic behaviour in other gamblers in venues. While people described overt behaviours (such as hitting poker machines), spending a lot of money, drinking alcohol excessively while gambling, and being concerned about other gambler’s social situation and behaviour, they expressed not feeling comfortable about doing anything about it.

Consideration 5: People experiencing gambling harms are likely to be identifiable in gambling venues. Other gamblers are an untapped resource - interventions designed to support gamblers in approaching other people with problems may have significant impact.

It is important to note that there was a high degree of apprehension regarding intervention, regardless of the type or source. For instance, participants described being approached and talking about gambling as generally confronting, irrespective of whether this was by family, friends, venue staff, or a service provider. People generally accepted it was most reasonable for partners to approach someone about gambling if concerned. Partners were further described as having a right to know because they are likely to be affected. Partners were also seen as supportive. However, participants still described this experience as confronting, and partners could also be too close and reactive. Three-quarters of participants described partners (74%), other family (74%), and friends (72%) as appropriate third parties for discussing gambling. A quarter to a third of participants in this study had discussed their gambling with their partner or another family member.

Consideration 6: Attitudes about partners discussing gambling were mostly positive. Interventions designed to support and inform partners and close family about problem gambling are vital, particularly those that assist partners and other close family members raising gambling in general conversation and encourage being approachable.

Consideration 7: However, attitudes were double edged. Partners were described as too close to be impartial and potentially reactive. Nonetheless, interventions that provide information and facilitate partners (and other family members) referring gamblers to available services are a top priority.

In assessing universal prevention interventions in their entirety, third-party identification to support people in a venue who may be experiencing harms was perceived by participants as extremely problematic. However, partners, family, close friends, and other gamblers were viewed as most appropriate in identifying and approaching someone about potential harms and impacts. These findings suggest that universal prevention strategies could target third-party approaches, particularly by partners, families, close friends, and other gamblers.

10.3.2 Selective prevention interventions

Rodgers and colleagues (2015: 14) summarise this level as involving measures that are ‘specifically targeted at groups considered to be at heightened risk because of a shared characteristic’. One of the aims of this report was to identify patterns in why and how people use gambling venues to determine if problems could be better identified. Some people meeting the PGSI criteria for ‘problem gambling’ expressed a preference for gambling alone, and were less inclined to use venues to socialise. However, the research found no other obvious differences between non-problem, at-risk, and problem gamblers in how and why people use venues.

This project has determined that the majority of participants were gambling on at least one activity (81%), with approximately 80% describing experiences (either current or in the past) with poker machines. Poker machine play was by far the dominant activity among the problem gambling group, whether in reference to past or present play. We found considerable stability in PGSI scores over time.

Consideration 8: Interventions that target particular at-risk groups, in particular low- and moderate-risk gamblers, are important because people in these groups are identifying and experiencing negative impacts and harms from their gambling.

One of the objectives of this project was to describe the range of strategies people use to control their gambling behaviour. Behavioural strategies were the most common approaches used by people showing improvement in problem gambling. The strategies people used were more often designed to limit or control rather than to abstain from gambling. These included creating barriers that restricted their access to money and their gambling expenditure. Other strategies gamblers used involved cognitive strategies such as deciding on expenditure limits.

Consideration 9: Even though many people did not identify with the concept of ‘problem gambling’, the vast majority of participants recognised negative impacts and had self-regulation strategies in place. Interventions that support the success of self-regulation strategies are a high priority. These could include changes to gambling environments, for example, those that restrict access to cash.

A key to the success of behavioural strategies was often involving others (i.e. third party partner, family, or friend). This involved people attending venues with them and helping them control access to money.

Consideration 10: Involving the support of others in behavioural strategies was common for people who had improved in terms of problem gambling. This highlights the importance of interventions supporting close others in addressing and minimising the impacts of problem gambling.

People who met the PGSI criteria for ‘problem gambling’ who had shown no improvement were most likely to abstain from gambling or relinquish control of their money entirely when trying to control their gambling. The lower-risk participants used a much broader range of strategies when controlling gambling. They were the only group to talk about ‘managing’ their gambling. This group also had vague, moveable cognitive limits.

10.3.3 Indicated prevention interventions

Indicated interventions are ‘targeted at individuals who have been diagnosed and found to have some abnormality or risk factor that requires intervention in order to reduce the risk of developing a more serious health problem’ (Rodgers *et al.* 2015: 14). An obvious form of indicated intervention is the provision of problem gambling services. In the current study only seven people had ever received such help for gambling, and only two were currently accessing help. A common attitude on the part of the participants towards gambling problems was ‘deal with it yourself’.

Consideration 11: People were overwhelmingly not open to interventions and efforts to address problem gambling. Initiatives that portray positive outcomes from gambling interventions may assist in changing negative attitudes.

The findings suggest that about one-third of participants interviewed were experiencing co-occurring mental health problems, in particular stress and depression, including work and family issues. Despite high levels of co-occurring problems, only 40% of participants had been to a GP and 19% had seen a counsellor, psychologist, or psychiatrist when their gambling had been at its worst. Furthermore, service providers had never raised gambling as a topic with participants. These results suggest it is highly unlikely that gambling would be identified in current service settings.

Consideration 12: Interventions that encourage service providers to raise gambling with their clients have potential and are important in reaching people experiencing extreme difficulties. However, the potential is limited.

A fundamental belief in ‘dealing with problems yourself’ was also evident with regard to mental health and substance use problems. It was not specific to gambling.

Consideration 13: Some people with gambling problems are resistant to seeking professional help for any problems. Universal and selective interventions, such as supporting the use and success of self-help and self-regulation strategies are important for these individuals.

General practitioners (69%) and counsellors (57%) were considered appropriate for raising and talking about gambling. The main caveat was that gambling should be embedded in a mental health context. However, motivating people to attend services was discussed as a challenge.

Consideration 14: People were open to GPs and counsellors raising gambling in a mental health context. However, the one item problem gambling screen is unlikely to sit easily in such discussions.

Financial counsellors were also viewed as appropriate to raise and talk about gambling with their clients, particularly because they were focused on the financial impacts of gambling. A considerable number of participants were uncertain about the services financial counsellors provide.

Consideration 15: People were open to financial counsellors discussing gambling. Raising awareness about financial counsellors and the services they provide may prove beneficial.

10.4 Implications for targeting interventions

The overarching aim of this project was to provide an evidence base that can be used to inform the targeting of interventions in ways that are consistent with a public health framework. A public health approach requires the coordinated, collaborative, and integrated implementation of a diverse range of strategies targeting the community and the individual. The targeting of interventions needs to be feasible, in that the targeted groups and individuals need to be accessible, and the intervention strategies need to be acceptable. This report has presented evidence regarding the feasibility of targeting interventions across three levels: the general population (universal), at-risk groups (selective), and people already experiencing problems (indicated). Below we provide two examples of targeting interventions using the public health approach.

First, it is important to coordinate the targeting of interventions within levels. To illustrate: within the universal level the findings strongly suggest interventions that support and provide information to partners, close family, and friends (considerations 6 and 7) were particularly feasible because participants were most often open to their approach. Two factors weigh against this approach: partners were sometimes perceived as too close and affected by gambling harms to be appropriate; and not everyone has close relations or partners in their lives. Other gamblers were also described as an untapped resource as a potential source of intervention (consideration 5). A coordinated approach in implementing multiple strategies within the universal level might involve supporting the range of people considered most acceptable by those experiencing harms.

Second, it is important to coordinate the targeting of interventions across levels. At the universal level, the findings strongly support shifting away from ‘problem gambling’ terminology in messages designed to reduce gambling harms because many people did not relate to the term (consideration 1). At the selective level, the findings showed that people were identifying gambling harms and impacts regardless of whether they identified with having a problem (consideration 9). At the indicated level, the findings demonstrated that people were overwhelmingly not open to interventions and efforts to address gambling harms, but they were implementing a wide range of self-regulation strategies (consideration 11). A coordinated approach in implementing multiple strategies across levels might involve tailoring public health messages using acceptable terminology (universal), as well as supporting initiatives that improve the likely success of self-regulation strategies (selective) and portraying positive outcomes from gambling interventions (indicated).

10.5 Conclusions

The findings from this report provide significant insight into the ways interventions for gambling harms can be targeted using a public health approach. Gambling harms were most likely to be identifiable in personal contexts, by partners, close family, or friends. However, gambling harms were also likely to be identifiable within gambling venues. People were generally resistant to interventions for gambling harms, whether it was from a close personal contact, a service provider, or venue staff. However, this report has identified close family and friends as the most acceptable source of intervention for gamblers. Interventions designed to facilitate their ability to identify signs and symptoms early, support people who are experiencing gambling harms, and source appropriate help and services, are critical in preventing or reducing gambling harms in the community. Interventions supporting close family and friends were indicated across the general population, for people

at-risk and for those already experiencing harms. A coordinated, collaborative, and integrated approach to targeting interventions is essential within and across these levels. In their entirety, the findings suggest interventions should be responsive to the experiences and understandings of people who are at risk of, or are experiencing gambling harm.

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