"Evaluating the Current and Future Adequacy of Services for Problem Gamblers in Sydney"

Southern Cross University

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Executive Summary

This study represents the final stage of a three stage project which aims to investigate the poker machine playing behaviour of Sydney club members of different social, demographic and ethnic backgrounds in order to evaluate the adequacy of services available to Sydney populations most at risk of developing problematic gambling behaviour.

The objective of this third stage was to investigate the current and future adequacy of services for problem gamblers from the social, demographic and ethnic populations identified as most at risk of developing problem poker machine gambling behaviour in Sydney.

More specifically, this study analysed interview data from representatives of the welfare services in Sydney, through personal interviews and more formal survey to determine how they raise the awareness of their services among problem gamblers from different social, demographic and ethnic backgrounds, usage of their services by those from various backgrounds and how awareness of and access to these services could be improved for these groups.

Service providers have noted some changes in the numbers and composition of their problem gambling clients. New clients increasingly presenting as problem gamblers include: all younger people (Gam Anon, St. Edmunds, Creditline/Lifeline); young males (Centacare, Creditline/Lifeline); all females (Centacare, Creditline/Lifeline, William Booth Ins., St. Edmunds, Cumberland and St. John of God hospitals); older females (Centacare, Creditline/Lifeline) and those from Non English Speaking Background (NESB) groups (GA, Gam Anon, Creditline/Lifeline, four NESB welfare organisations, St. Edmunds). Public awareness has been raised of these services through provision of funds from the Casino Community Benefit Fund Trustees (CCBFT) for prevention and treatment programs for problem gambling. This is supported by the rise in numbers attending self-help groups such as GA and Gam Anon and a corresponding rise in the number of their meetings held in Sydney

The general profile of a mainstream English speaking problem gambler was found to include: age (25 - 54 years), income source (wages and salary), employment status (full time employed) and occupation status (blue collar skilled, unskilled and lower white collar worker). The general profile of a NESB problem gambler was found to include: age (20 - 40), income source (wages and salary), ethnic background (Asian), employment status (full time employed) and occupation status (blue collar skilled, unskilled worker). The profile of a possible poker machine problem gambler was mostly female 60% and male

40%. Responses varied from higher proportion of females, between 70% and 50%, equal proportions of married and single people and equal proportions of full time and part time workers.

There were some gaps in information between the results from this third stage (Study 3) and the previous stage (Study 2) of the project. These included: teenage groups, females involved with a wide range of gambling activities (not just poker machine playing), a lack of detail on housing, changing categories of marital status and differencing in ethnicity. Service providers tend to collect a varying amounts of data from their clients, much of which is highly confidential. Due to the perceived lack of information emanating from service providers, some comparisons between socio-demographic characteristics are difficult.

Recommendations that emerged from welfare agencies concerned with problem gambling included: an increase in funding for hospitals to reduce waiting lists and provide expanded services for those most severely affected by multiple addictions, of which gambling is usually included; further resource provision to reduce reliance on group therapy session in favour of individual counselling; increased resources in the counselling sector to provide more timely responses to those in crisis; waiting times for both 'at risk' and 'in crisis' clients must be reduced, and more research focussing on pertinent issues such as current levels of the problem gambler population, their prevalence rate, specific groups of gamblers, such as teenagers and gambling related crime. Establishing a coordinating body, in similar fashion to the 'Break Even' model, was a expectation, and a recommendation from agencies providing services in Sydney.

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Section One
Background to the Study

This project has been conducted for the Casino Community Benefit Fund Trustees. Under the Casino Control Act 1992, Sydney Harbour Casino Pty Ltd is required to pay into the Casino Community Benefit Fund a 2% community benefit levy on casino gaming revenue from the commencement of gaming operations on 13 September 1995.

The Casino Community Benefit Fund Trustees are responsible for advising the Minister for Gaming and Racing on allocating funds for appropriate community benefit projects from the Casino Community Benefit Fund so that:

- original and innovative research can be undertaken into gambling and the social and economic impact of gambling on individuals, families and the general community to effectively study the problems it causes for some members of the community and how these effects can be modified;
- community attitudes to gambling and the different forms of gambling may be established and monitored;
- the treatment and rehabilitation services currently available for gamblers and their families may be enhanced to provide greater support to problem gamblers and their families;
- problem gamblers and their families are properly identified and counselled, and that there is a marked and sustained reduction in gambling problems amongst those counselled;
- specialist training is provided for counsellors, social welfare workers and others to enable them to detect and effectively counsel and assist family members and others affected by their relationship to a problem gambler;
- public and industry education is encouraged to raise the awareness of problem gambling in the community and promote responsible attitudes to gaming in order to prevent an increase in the number of persons suffering from gambling related problems;
- wherever possible, the project may otherwise address the social impact of gambling;
- the community may gain genuine and tangible benefits from the project.

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

Department of Gaming and Racing. Now there are eleven trustees with the two extra members representing ethnic community organisations.

The project team was commissioned by the Casino Community Benefit Fund Trustees in April 1996 to conduct this project.

Section Two
Project Objectives

This study represents the final stage of a three-stage project which examines poker machine playing behaviour in Sydney registered clubs. The aims of the entire project are to investigate the poker machine playing characteristics of Sydney club members of different social, demographic and ethnic backgrounds and to evaluate the adequacy of services available to populations most at risk of developing problematic gambling behaviour.

2.1 Overall Project Objectives

More specifically, the objectives of the project were to:

- identify the social and demographic characteristics that tend to support registered clubs and their poker machine gaming activities in the Sydney Statistical Division;
- compare by social, demographic and ethnic characteristics the poker machine playing behaviour of a random sample of members of some of the largest Sydney registered clubs;
- compare the characteristics of poker machine players of some of the largest Sydney registered clubs with profiles of problem gamblers as identified by prior research;
- investigate the current and future adequacy of services for problem gamblers from the social, demographic and ethnic populations identified as most at risk of developing problem poker machine gambling behaviour in Sydney.

To address these objectives, the study was conducted in three stages.

- The first stage made use of secondary data collected by the Australian Bureau of Statistics (ABS) and the NSW Department of Gaming and Racing to determine whether there are distinct socio-demographic profiles of areas in the Sydney Statistical Division which support registered clubs and club poker machine gaming.
- The second stage consisted of a survey of 3,000 members of the largest Sydney clubs to collect data pertaining to the socio-demographic characteristics of club members, their leisure and gaming activities, their poker machine playing behaviour, and the incidence of problem gambling.

- The third stage involves personal interviews with representatives from providers of support services for problem gamblers in Sydney to determine how they raise awareness of their services among problem gamblers from different social, demographic and ethnic backgrounds, usage of their services by those from various backgrounds and how awareness of and access to these services could be improved for these groups.

This volume reports only on the third stage of the project which addresses the last of the project objectives.

2.2 Stage Three: Survey of Service Providers for Problem Gamblers in Sydney

Stage Three of the project will address the fourth project objective which is:

> *To investigate the current and future adequacy of services for problem gamblers from the social, demographic and ethnic populations identified as most at risk of developing problem poker machine gambling behaviour in the Sydney Statistical Division.*

Keys Young (1995) investigated the extent of services for problem gamblers in NSW. Most service providers reported high demand and waiting lists for their services. Their clientele are predominantly English speaking males from a wide variety of socio-economic backgrounds, with gambling problems related mainly to gaming machines and wagering. Many females who accessed the services were family members of problem gamblers who were experiencing financial difficulties.

However whether the profile of people using treatment services accurately reflects the profile of people who have gambling problems is not known without further research. For example, people from non-English speaking backgrounds, the elderly, those with small children and those in isolated locations or locations some distance from service provision were some groups identified as not being adequately reached by service providers (Keys Young, 1995). Identifying those social, demographic and ethnic populations most at risk of developing gambling problems related to club poker machines will help to identify those groups which are not currently accessing treatment services.

Personal interviews were conducted with representatives from the main service providers in Sydney to determine how they raise awareness of their services among problem gamblers from different social, demographic and ethnic backgrounds, usage of their services by those from various backgrounds and how awareness of and access to these services could be improved for these groups. Recommendations are then made as to how access, adequacy and availability of these services can be improved for those populations most at risk of developing problem gambling behaviour. Population

and immigration forecasts by the ABS are used to estimate future changes in the relative size of high risk groups so that sufficient services can be planned to meet expected future needs of problem gamblers.

2.2.1 Stage Three Report Structure

The Report for Stage Three covers the following:

Sections One and Two:	provide background information on the Project and identifies overall and Stage 3 objectives;
Section Three:	addresses current approaches to treatment for problem gamblers in three areas: international, Australia and Sydney;
Section Four:	focuses on the methodology used for this third stage of the Project;
Section Five:	reports the results from the interviews and survey conducted with gambling service providers which examines service provision for problem gamblers in Sydney in 1997;
Section Six:	analyses outcomes from service provider responses as well as comparing these results to those obtained from Study 2 of the Project;
Section Seven:	discusses current and future implications for service provision for problem gamblers given the results from Stage 3 responses and an examination of certain characteristics which may impact in the future;
Section Eight:	outlines several imitations arising from this study; and
Section Nine:	summarises this study and reports recommendations from service providers for improving services to problem gamblers in the Sydney region.

Section Three
General Approaches to Treatment for Problem Gamblers

"Problem gambling .. is most disruptive to individual well-being and family harmony" (Walker, 1993).

Why do some people have problems controlling their level of gambling? In an effort to find an effective answer, many types of treatment have been used in the hope that individual well-being is restored and families are able to live together in peace. Some of the more popular treatments/programs include: self-help groups promoting abstinence, psychotherapy, conjoint marital therapy (Steinberg, 1993), structured family intervention (Heineman, 1993), psychoanalysis, aversion therapy, in vito desensitization, imaginal desensitization, behavioural counselling and cognitive based treatment (Griffiths, 1994). More unusual treatment includes: hypnotherapy, logotherapy, minimal intervention, brief therapy and win therapy (Walker, 1993; Murray, 1993).

The range of different types of services provided for problem gamblers and their affected family network generally includes: initial prevalence surveys, helpline telephone crisis counselling, individual and group counselling with health, community, legal and welfare agencies, self-help groups, family/relations support groups, psychological/addiction/impulse control treatment in hospitals and clinics for inpatients and outpatients, training for addictions and mental health professionals, industry assistance, community education and self exclusion from gambling venues (Volberg et al, 1996).

3.1 Some International Services for Problem Gamblers

As the international legalisation of different types of gambling spread in the late 1970's - 90's emerging social problems became apparent. Some governments funded problem gambling prevalence studies in order to estimate the numbers affected by problem gambling. From this, a range of services was usually developed for the general population, mostly education and community awareness programs. As well, a range of services was developed specifically for problem gamblers and their families, including treatment and prevention services. These programs were expected to minimise the negative impacts of problem gambling (Volberg et al, 1996).

3.1.1 United States of America

Since 1981, some states in the United States have established publicly funded education, prevention, treatment and research programs into problem gambling (Volberg et al, 1996). The National Council on Problem Gambling has 28 state groups which provide education, community awareness and clinical training programs for problem gamblers, their families and the general public. They have a national telephone helpline and other state wide telephone helplines for crisis counselling. Gamblers Anonymous (GA) and Gam-Anon are two non-profit international self-help organisations where members join to discuss common problems. Their main purpose is to stop gambling and to find effective ways to cope with gambling family members and friends. They both follow a 12 step recovery program adapted from Alcoholics Anonymous.

The American Gaming Association industry group in its first industry-wide effort established the National Centre for Responsible Gaming and the creation of a Responsible Gaming Resource Guide in 1996. The National Centre for Responsible Gaming is a non-profit organisation funding independent research on problem and under age gambling in the United States of America. It is expected that the research will provide a scientific basis from which to generate prevention, intervention and treatment strategies. The Centre is advised by academics, social service providers, community workers and civic leaders (American Gaming Association, 1996).

The Responsible Gaming Resource Guide is a resource kit advising venues on programs, approaches and ideas for dealing with problem and under age gambling, employee education and awareness. It was developed by the Responsible Gaming Task Force of the American Gaming Association (American Gaming Association, 1996).

At a venue level, some operators have instigated their own responsible gambling services. For example Harrah's Casino Hotels have developed two programs that all Harrah venues have implemented. The first is Operation Bet Smart which focuses on problem gamblers and employee training. The second is Project 21 which focuses on under age gambling. These programs have been licensed and are being used by several other gaming organisations in the USA and Canada. (Sherman, 1991).

3.1.2 Spain

Although there has been intense development of gambling since 1977, with central and state legalisation of bingo halls, casinos, gaming machines, Lotto and scratch lotteries, there are serious doubts about setting up specific agencies to deal with gambling problems (Cayuela and Guirao, 1991). Remedial assistance is only available from alcohol and drug services, health professionals and private counsellors. Gamblers

Anonymous a non-profit international self-help organisation operates in Spain (Becona, 1996).

3.1.3 Netherlands

The range of games of chance available in the Netherlands has grown considerably since the mid-1970's with the development of State lotteries, sports wagering and horse racing betting first, followed by casinos, Lotto, gaming machines and bingo/Keno. Assistance for problem gamblers can be found at Alcohol and Drug Consultation Centres (CAD). These are nationally funded, mobile centres, offering psycho-social and medical help for people with any addiction problem. Clients are referred by medical staff, social and justice departments, family and friends. The centres offer assistance for crisis intervention, treatment and rehabilitation, prevention, information, accommodation and employment (Hermkens and Kok, 1991). Gamblers Anonymous (GA) a non-profit international self-help organisation has operated in the Netherlands since 1981 (Becona, 1996).

3.1.4 Germany

In Germany, there is little evidence of government intervention with, or assistance for, problem gamblers. The provision for self banning at casinos has led to about 30,000 individuals self banning in Bavaria. In 1988, 4,900 people asked Gamblers Anonymous for assistance with their gambling problems related to slot machine gaming (Becona, 1996),

3.1.5 Canada

In Canada seven of eleven individual state/territory governments have made efforts to fund assistance for problem gamblers. Generally organised treatment is through the health, drug and alcohol addiction treatment agencies. A helpline telephone crisis counselling service has been established and training for addiction professionals has begun (Dickerson, 1995; Volberg et al, 1996).

3.1.6 New Zealand

Since the late 1980's there has been an expansion of gambling opportunities in New Zealand from only horse racing to Lotto, instant lottery cards, video gaming machines, telephone betting and casinos. In 1991 a national survey to determine the extent and nature of problem gambling was carried out by Abbott and Volberg (1996). Since then services available for problem gamblers have included: a national helpline telephone

counselling service; local counselling; outpatient support aligned to drug and alcohol services; and voluntary self help groups. As well, community information and education programs were established. The national government has instigated discussions between the gaming industry and treatment/welfare providers to negotiate a voluntary contractual agreement and funding arrangement to provide support and treatment for problem gamblers (Flintoff and Chapman, 1995; Volberg et al, 1996).

3.1.7 Britain

The Gaming Act (1968) has as one of its purposes to protect the public from themselves. This purpose is centred on the notion of unstimulated demand, the 48 hour rule and a ban against gaming advertising. To obtain a casino licence, a club must prove that demand for this service exists, members must apply and wait 48 hours before they can enter the club to gamble, and clubs or casinos are not allowed to advertise their gaming (Fitzgerald, 1991). The Gaming Board for Great Britain has responsibility for casino gaming, bingo and small scale lotteries while the Office of the National Lottery controls the British National Lottery. Under the National Lottery Act (1993), the Office has the responsibility to implement a gambling research unit, which has not been established yet. The National Council on Gambling argues that the agent operating the National Lottery breaches the Lottery advertising code, encouraging people to participate excessively. Gamblers Anonymous have reported increasing numbers of phone calls for requests to assist people experiencing difficulty in coping with their Lottery spending. There appears to be a push to deregulate, to lift restrictions and give the casinos and clubs equal opportunity to compete with the National Lottery. Critics suggest that the Office of the National Lottery has the paradoxical duty to protect the best interests of citizens while maximising the income to the fund (Miers, 1996).

3.2 Overview of Australian Services for Problem Gamblers

In order to set the study into perspective, this section outlines services for problem gamblers reported in previous Australian research. Queensland, South Australia, Victoria, Tasmania and Western Australia have integrated their problem gambling services and programs under the resource centre model called Break Even. While all five states share the same name, they have different structures and they focus on different features (Anglicare, 1996).

Gamblers Anonymous (GA) a self help group operates in all states, while the family and friends support group, Gam Anon only operates in some states. As well, the Australian Hotels Association and Licensed Clubs Association of South Australia have developed a Code of Practice for venues, licensees and staff to encourage all gaming machine operations be conducted responsibly in line with community

expectations. In 1997, Victoria followed South Australia's lead and introduced its own Code of practice.

3.2.1 Queensland

In Queensland, the Department of Families, Youth and Community Care operates a Break Even service which provides direct services to problem gamblers and their families, is linked to other community services and engages in community education. As of June 1997, there were six Break Even centres along the east coast of Queensland with trained counsellors in addictions, finance and family relationships. These centres are sponsored by Centacare Catholic Family Services, Lifeline and Relationships Australia. Funding is obtained from gaming machine taxes and the community benefit levy (Dept. of Family Services and Aboriginal and Islander Affairs, 1995).

3.2.2 South Australia

In South Australia, the Gamblers Rehabilitation Fund under the auspices of the state Department of Family and Community Services operates a similar Break Even service to Queensland, providing counselling for addictions, family support, financial, community education and information. There are Break Even centres throughout South Australia. These centres are sponsored by Centacare, Lifeline, Salvation Army, Wesley Uniting Mission, Adelaide Central Mission, Anglican Community Services and Relationships Australia. Funding is obtained from contributions of the Independent Gaming Corporation (fees from hotels and clubs) and the Adelaide Casino (State Government of South Australia, 1995).

In 1996 the gaming industry, the licensed clubs and hotels in South Australia, took the first step in Australia to develop a voluntary, self regulatory code of practice in relation to responsible service of gaming. "Smart Play" is an information booklet for gaming machine players explaining how to maximise their entertainment and minimise damage. It contains strong messages about playing within a budget, not betting over a set limit and not gambling on credit or with borrowed money. As well, it lists counselling service agencies and their contact numbers in South Australia. It was written in consultation with the Australian Institute of Gambling Research in N.S.W., the Break Even agencies in South Australia and the Minister for Family and Community Services.

"Guidelines for the Responsible Provision of Gaming Machine Services" is the information booklet produced for gaming licence holders and their staff. These guidelines contain a code of practice on customer care and developing sound house policies, including staff training on the sensitivity of their role. To assist staff the suggestion list includes: signs to look for and expect; when, how and where to refer patrons for assistance; legal boundaries; reasonable expectations from their employer and barring provisions.

The Smart Play and Guidelines package, based on voluntary funds, was unique in Australia. It has helped develop effective working relationships in South Australia between the industry, the government and the welfare agencies that did not exist previously.

In 1996, a community survey on gambling patterns in South Australia found that of the 1206 people interviewed, about 21% were aware of Break Even. In particular there was an inverse relationship between the amount people gambled each year and this awareness. Those who gambled small amounts tended to know more about Break Even than those who gambled large amounts. The need for publicity of the service was highlighted in the recommendations (Delfabbro and Winefield, 1996).

3.2.3 Victoria

Victoria has a Break Even program, operating under the auspices of the Department of Health and Community Services and funded by the Community Support Fund. The Break Even program consists of a 24 hour telephone crisis counselling service called G-Line and eleven counselling agencies throughout the state offering individual, family and financial counselling plus community education. The Victorian Council of Problem Gambling originally established to provide counsellor training and conduct media campaigns for problem gambling awareness, was disbanded in 1996 (Wooton, 1995).

In February 1997, the Victorian gaming machine industry developed Codes of Practice to ensure that gaming machine play is conducted responsibly and in line with expected community standards. The industry group consisted of Tabcorp, Tattersall's, Crown Ltd., the Australian Hotels and Hospitality Association, venue operators and the Licensed Clubs Association of Victoria. They have all agreed to voluntarily abide by the codes which include a gaming machine industry accord, an advertising code of ethics, an operators code of practice, a venue operators code of practice and Crown Ltd. code of practice. The codes include: a self exclusion program; a complaints process; assistance for patrons for whom gaming machine play presents problems; display of signs and brochures with contacts for counselling services; restrictions on gaming rooms for minors and intoxicated persons; prohibiting credit betting; encouraging large winners to 'cool off' and then collect their payment by cheque; training staff in responsible provision of services; and support for the industry body with financial donations.

3.2.4 Tasmania

Since the legalisation of gaming machines in January 1997, Tasmania has been implementing the Break Even model of integrated service provision. It provides therapy and financial counselling for problem gamblers and a community education

officer. Relationships Australia and Anglicare agencies operate Break Even. They use the G-Line crisis telephone service from Victoria, given the small population base in Tasmania. Funding is obtained from the Community Services levy paid by venues with gaming machines. The Gambling and Betting Addiction Inc. (GABA) group, a community based support group with a holistic, preventative approach for problem gamblers and their families, also exists (Colleen Coleman, senior counsellor, Anglicare, Tasmania, personal communication on 21/5/97).

3.2.5 Northern Territory

Under the auspices of the Racing and Gaming Authority, Amity Community Services, Darwin are the providers of direct assistance for problem gamblers in the Northern Territory. They have set up a state-wide 1800 toll free crisis number and provide telephone, individual and group counselling sessions. As well they provide community education producing a free self-help guide for gamblers and insert problem gambling information leaflets into power and water accounts that reach many NT households. They refer to and from other health and welfare organisations. Each year they counsel about 50 people with gambling problems from a population of 180,000 (Bernie Dwyer, Co-ordinator of Gambling Services, Amity Community Services, Darwin, personal communication 22/5/97).

3.2.6 Western Australia

The gaming industry, welfare organisations and state government have formed a Gambling Committee to assist and fund community education and services for problem gamblers and their families. Break Even operates in Western Australia under the sponsorship of Centacare, Perth. There are two counsellors working 3 days each per week to provide individual counselling for those in need. They have developed two self-help guides: one for problem gamblers and one for their family and friends. Break Even also provides publicity material for community education awareness programs. Since October 1995, Break Even has counselled about 200 people with gambling problems. They do not have any financial counselling (Graham Burton, counsellor, Centacare, Perth, personal communication 22/5/97).

3.2.7 Canberra

The Australian Capital Territory government through its Consumer Affairs Bureau is in the process of developing a gaming machine code of practice based on the South Australian model for the responsible provision of gaming machine services. The draft includes: industry guidelines; customer service, strategies for delivering responsible gaming services, house policies; sensitivity to gaming related problems; agencies who can assist patrons with gambling problems; barring provisions; and a review of the

laws relating to gaming machines. Consultation was carried out with the relevant South Australian and Victorian policy makers. and the policies will relate to clubs, casinos, hotels and TAB outlets. The ACT document is to be finalised later in 1997 (Jerry Ingerman, Consumer Affairs Bureau, Attorney General's Dept., Canberra, personal communication on 13/6/97).

3.3 Overview of Sydney Services for Problem Gamblers

This section outlines the direct services for problem gamblers in New South Wales as provided in the Keys Young (1995) research:

3.3.1 Badham Clinic

Type: University of Sydney clinical psychology unit,

Services: counselling & therapy for psychological disorders, including problem gambling in ten x 1 hour weekly sessions,

Philosophy: increase control over gambling, rather than abstinence,

Treatment: aims to identify determinants & construct alternative behaviours and beliefs about gambling, cognitive restructuring,

Referral: advertisements, other problem gambling agencies.

3.3.2 Centacare

Type: non-profit, non-government, welfare service for problem gamblers & families operated by the Catholic church in Parramatta, Sydney.

Services: individual & family counselling on a weekly basis with about 15 clients seen each week; structured group therapy sessions and education support meetings held weekly; families encouraged to attend.

Philosophy: to empower the problem gambler & family to address the gambling problem through education & understanding, to enhance family relationships & social skills; to enjoy a better quality of life.

Treatment: assessment & evaluation of each client followed by individual counselling & group sessions.

Clientele: 140 people per year, 62 % male, 70% from western Sydney, most common gambling preference -TAB, poker & card machines.

Referral: families; community, health, school & legal services. When accompanied by other addiction problems, clients are referred to specialist agencies such as drug & alcohol counselling.

Funding: Dept. of Community Services (DOCS) & Catholic Church.

Waiting time: 3 to 4 weeks.

3.3.3 Creditline/Lifeline

Type: non-profit, non-government, welfare service for problem gamblers & families operated by the Wesley Mission in Sydney.

Services: individual gambling and financial counselling with about 20 clients seen each week.

Philosophy: to understand & control gambling habits.

Treatment: assessment & evaluation using the cognitive behavioural & psycho-dynamic approaches to identify & analyse circumstances which led to problem gambling and develop alternative strategies.

Clientele: 90 % male, aged 20 - 40 yrs, most common gambling preference -TAB, poker & card machines.

Referral: families; community, health, school & legal services. Phone number in NSW TAB agencies, telephone counselling. When accompanied by other problems, clients are referred to specialist agencies.

Funding: Dept. of Community Services (DOCS) & Wesley Mission.

Waiting time: 2 to 3 weeks.

3.3.4 Cumberland Hospital

Type: Cumberland Hospital Psychiatric Admissions Ward.

Services: individual gambling counselling generally every 3/4 weeks, with about 8 -10 clients seen each week.

Philosophy: problem gambling is seen to be a maladaptive way of dealing with other problems.

Treatment: uses a cognitive approach to challenge gambling myths & can vary from abstinence to controlled gambling.

Clientele: wide socio-demographic range, most common gambling preference (electronic) - poker & card machines.

Referral: to and from other health & welfare agencies.

Funding: not separately funded, counselling provided by the Senior Consultant Psychiatrist.

Waiting: time: 2 to 3 weeks.

3.3.5 Gam-Anon

Type: self help organisation, aided by the Regional Service Office.

Services: meetings to assist families & friends to cope with problem gamblers, advice on protection, understanding problems & spiritual growth.

Philosophy: problem gambling is seen as an addiction leading to loss of control & emotional illness.

Treatment: fellowship at anonymous meetings.

Clientele: anyone.

Referral: advertise time and location of meetings through other agencies.

Funding: donations, literature & advice from Regional Service Office.

3.3.6 Gamblers Anonymous

Type: self help organisation, aided by the Regional Service Office.

Services: weekly self help therapy meetings to assist problem gamblers to share their problems.

Philosophy: problem gambling is seen as an addiction that can never be cured, abstinence is recommended.

Treatment: fellowship at anonymous meetings to promote practical advice & moral support for abstinence.

Clientele: about 300 people attend weekly meetings in Sydney.

Referral: advertise time and location of meetings through other agencies.

Funding: donations, literature & advice from Regional Service Office.

Waiting time: meetings held every night in Sydney.

3.3.7 Liverpool Hospital

Type: Impulse Disorders Unit, part of the University of NSW psychiatric research & training unit, situated at the South Western Sydney Area Health Service, Liverpool.

Services: individual counselling with about 100 clients per week.

Philosophy: problem gambling is an impulse control disorder.

Treatment: imagery desensitisation, the focus on identification of behaviour leading to problem gambling, relaxation techniques taught to help modify behaviour.

Clientele: anyone except those diagnosed as psychotic, depression is stabilised before admission to the program.

Referral: on an ad hoc basis.

Funding: University of New South Wales & NSW Dept. of Health,

Waiting time: 4 weeks.

3.3.8 Odyssey House

Type: Non government charity in inner Sydney & Campbelltown.

Services: inpatient & outpatient drug, alcohol & gambling addiction counselling with individual therapy over 24 weeks.

Philosophy: problem gambling is seen as an addiction similar to drug & alcohol addiction.

Treatment: cognitive behavioural approach, identify causes & develop alternative coping strategies to reduce underlying problems.

Clientele: its drug & alcohol dependent clients.

Referral: all welfare agencies.

Funding: donations.

3.3.9 South Pacific Hospital

Type: private hospital in Harbord, Sydney.

Services: inpatient gambling, substance abuse & addiction counselling with individual & group sessions over 6 - 8 weeks.

Philosophy: problem gambling is seen as an addiction based on low self esteem & distorted beliefs about power, winning & escape.

Treatment: co-dependency model focussed on family of origin issues like child abuse & incomplete personality development are explored while abstaining from gambling to develop adult functions and relationships.

Clientele: problem gamblers who prefer gaming machines, TAB, bookmaker bets.

Referral: GA and Gam-Anon, all welfare agencies.

Funding: fee for service.

3.3.10 St. Edmund's Hospital

Type: private hospital in Eastwood, Sydney.

Services: inpatient & outpatient gambling & addiction counselling with individual & family group sessions over 4 weeks.

Philosophy: addiction based on low self esteem lead to distorted beliefs about money, power, relationships & winning.

Treatment: cognitive behavioural approach, identify causes and develop alternative coping strategies to reduce underlying problems & abstain from gambling.

Clientele: problem gamblers who prefer gaming machines.

Referral: GA and Gam-Anon, all welfare agencies.

Funding: fee for service.

3.3.11 St. John of God Hospital

Type: private non-profit Catholic hospital in Burwood, Sydney.

Services: inpatient gambling counselling, 4 sessions per day over 7 days.

Philosophy: problem gambling is an impulse control disorder.

Treatment: imagery desensitisation, the focus on identification of behaviour leading to problem gambling, relaxation techniques taught to modify behaviour.

Clientele: mostly male problem gamblers (75%).

Referral: GA and Gam-Anon, all welfare agencies, Cumberland & Liverpool hospitals.

Funding: fee for service, negotiable fees.

3.3.12 William Booth Institute

Type: non-government charity in inner- Sydney run by the Rehabilitation Services Command of the Salvation Army.

Services: inpatient gambling & substance abuse counselling, 10 month program with 1 month of assessment in Sydney, 7 months residential treatment in Newcastle, 2 months integration stage in Sydney, outpatients, groups & families also counselled.

Philosophy: problem gambling is an addiction.

Treatment: behavioural & attitudinal strategies taught to modify behaviour to abstain from gambling.

Clientele: people in crisis, desperate for help.

Referral: GA and Gam-Anon, all welfare agencies.

Funding: donations, Dept. of Health, DOCS (Keys Young 1995).

3.4 Summary

As the international legalisation of different types of gambling spread in the past three decades, emerging social problems became apparent with little proportional growth in services for people with gambling problems except for Gamblers Anonymous and Gam-Anon. In Spain, the Netherlands, Britain and Germany gambling problems, along with alcohol and drug services are treated as a health issue. In Canada, the USA and New Zealand more active intervention has seen the setting up of crisis advice on telephone helplines, community education and awareness programs and some industry initiatives such as staff training in recognition of problem gambling, patron care, venue codes of practice and self-exclusion.

In Australia, all states except NSW have integrated problem gambling programs under the model and name of Break Even. Break Even provides an overarching organisational structure with a wide range of services including: crisis advice on telephone helplines, referral to trained counsellors in addictions, relationship and financial counselling, inpatient and outpatient clinics with professional staff, individual and group therapy sessions, self-help manuals, community education and public awareness projects. In NSW many of these services are available as discrete units but are not integrated under the Break Even name or organisational structure. Thus the NSW population have no publicly recognisable symbol or common element to associate with problem gambling services.

Section Four
Methodology

The following methodological considerations are important in interpreting the results which follow. This study:

- used Keys Young (1995) questionnaire with their permission and the permission of the Casino Community Benefit Fund Trust (CCBFT), to re-interview the original 14 service provider organisations and ask if their services had altered in any way since 1995, using a focused interview technique. This critical reference group was then asked to identify other relevant service providers, a type of snowball sampling. This technique built on prior research efforts to select organisations which were expected to offer different or expanded insights into the developing issues of problem gambling in NSW.

  Of the 14 organisations contacted, twelve responded.

- administered a formal questionnaire to the 12 service providers, respondents to the interviews. Of the 12 surveyed, 6 responded. Written responses have been included with the telephone interview outcomes.

- contacted four newly identified services providers based on cultural and ethnic community organisations now providing counselling for problem gamblers amongst their other services. This purposive sample was selected for inclusion on the basis of their specific ethnic backgrounds to provide in depth information on the emerging characteristics of their client groups, in contrast to the more traditional, mainstream welfare and health counselling services. Of the four ethnic and cultural organisations, detailed responses were received from three of these organisations.

- used the socio-demographic profile from Stage 2 of this research to develop a short questionnaire. This asked service providers to estimate the socio-demographic proportions of the problem gambling population that they counsel. The questionnaire dealt with problem gambling in general and then

poker machine gambling in particular. The results were then incorporated into the interview themes and compared to Study 2 results.

- used the findings of this research effort and the population projections from the Australian Bureau of Statistics (ABS) to identify possible future changes in the relative size of at risk groups of problem gamblers so that future needs of problem gamblers can be identified.

This research method is a modified version of the interlocking/daisy strategy consisting of three or more studies carried out in sequence or parallel which all contribute to or are linked with the key questions of the main research effort but are independent studies in their own right (Hakim, 1992).

Section Five
Changes in Service Provision and Client Profiles in 1997

This section of the report presents the results of research into the current position of service providers in Sydney. In 1997, there have been some changes in the service provision as recorded in the interviews and questionnaires. These are identified below:

5.1 Changes in Service Provision in 1997

5.1.1 Badham Clinic

The Badham Clinic is just beginning an experimental program that includes counselling, therapy and self help groups. These three treatments will be tested, compared and evaluated over two years with about 100 problem gamblers from a diverse range of backgrounds and a wide range of socio-demographic characteristics. Those excluded will be people with brain damage, those who are severely depressed and drug addicts. This project is being funded through the Casino Community Benefit Fund Trustee (CCBFT). There is no typical profile of the clients at this clinic, just any gambler unable to control their gambling. Public awareness of this treatment is through press releases and media interviews as well as other agency referrals.

5.1.2 Centacare

The Centacare office at Blacktown conducted about 413 face to face interviews and 217 telephone interviews in the financial year 1995-96, roughly equal to 150 people or cases. The majority of problem gambling clients are from the local government area of Blacktown and then from Parramatta, Holroyd and Nepean, in descending order of importance.

The socio-demographic details of their clients include:

- males (80%), females (20%),
- males aged from 21 - 30 years and females aged from 41 - 50 years,
- married with a nuclear family (two children),
- Australian cultural and ethnic background (60%), with small but roughly equal proportions from New Zealand, South East Asia, Asia, Eastern and Western

Europe, United Kingdom and the Middle East (40% combined) speaking English and/or their respective languages,

- living in private housing with mortgages,
- mostly wage earners on about $276 - $475 per week.

About 13% of inquiries are from gamblers' families and friends, seeking information and assistance. Problem gamblers usually present with gambling problems, low self esteem and financial problems, in that order. Approximately 90% of problem gamblers want to abstain from gambling while the other 10% want to control their habits. In order of preference the most popular forms of gambling are poker machines, horse racing, video games and Keno type games. Clients are usually referred by families, government agencies and health professionals. They are referred in turn to Gamblers Anonymous and Gam-Anon. Part of Centacare's problem gambling counselling service is being funded from the Casino Community Benefit Fund Trustees.

5.1.3 Creditline/Lifeline

Since 1995 Creditline/Lifeline have employed three extra counsellors increasing the staff from 3 to 6 with Casino Community Benefit Fund Trustee assistance. They now have counsellors available for advice on addictions, financial and family problems. They are currently conducting a pilot study, funded by the CCBFT, on family issues and addictions including gambling problems, which if successful in Sydney will be transferred to other parts of the state.

The general profile of problem gamblers presenting at Creditline/Lifeline include:

- males aged 32 years and females aged 35 years,
- employed, with an annual income in two general brackets (about $27,000 or about $60,000),
- married but with an increasing rate of separation and divorce as problem gambling persists,
- mostly living in privately rented accommodation, followed by mortgaged house and then government rented accommodation,
- recently, about 40% of those counselled have had some possibility of being involved in gambling related crime.

In the past 6 months the number of clients from non- English speaking background (NESB) has increased and many of these are from the Sydney Harbour Casino, Sydney. Of the 25 people in this group presenting at Creditline/Lifeline, most were of Chinese, Vietnamese and Indonesian ethnic backgrounds, who had not been seen previously. It is expected that this group of clients could grow as the permanent casino in Sydney is established. In May 1997, Creditline/Lifeline started broadcasting

some non-English radio programs to develop awareness of gambling problems and provide public education in the NESB community. Thus awareness of Creditline/Lifeline is growing in the NESB groups. Creditline/Lifeline also release media statements, distribute brochures, advertise their services and refer to and from other agencies.

It was suggested that with the introduction of gaming machines into the wider range of leisure activities in hotels and casinos, that younger people will be encouraged to use them in these venues and then may present as problem gamblers in the future. However club dress codes and local entry requirements will mean that clubs are more likely to be seen as an older person's gambling venue, and this profile should remain stable. Self exclusion from gambling venues was recommended as an option but it was not fully understood or used by all stakeholders.

5.1.4 Cumberland Hospital and St. John of God Hospital

There has been little change in the program/treatment offered or patients seen at both these hospitals under the supervision of Dr. C. Allcock. Both organisations have roughly the same number of clients, based on available places in their counselling sessions and both bulk bill through Medicare so that all clients have the opportunity to attend. Client numbers are determined by capacity rather than demand and there is a waiting list for many clients. Awareness is developed by referral to and from other agencies. The client profile at both hospitals generally includes:

- male (80%), female (20%),
- mostly aged from 25 to 54 years, about 50% married and 50% single or divorced,
- mostly with no dependant children (70%),
- with roughly equal proportions of people with no educational qualifications, School Certificate (SC), Higher School Certificate (HSC) and trade/vocational qualifications,
- working full time (65%) earning wages or salary.

There is some difference between the typical problem gambler and the typical poker machine problem gambler seen at both hospitals. This difference is a higher proportion of female poker machine problem gamblers (70%) to males (30%) aged between 35 - 54 years.

5.1.5 Gam-Anon

The philosophy of providing assistance to family and friends of problem gamblers is the focus of Gam-Anon. They are now answering at least twice as many phone calls

and have at least twice the number of people attending meetings than in 1995. The increase has come from two previously unrecognised groups; younger people in their teens and early twenties and people with an Asian background.

In the young people's group there seems to be an obvious attraction to hotel and casino gambling. The hotel gambling, usually card machines, is attractive because it is very accessible for ordinary young impressionable males and females. The casino gambling is attractive because it is glamorous, entertaining, open for 24 hours and accessible with free buses. It was estimated that about four out of six phone calls came from parents of young people worried about their children's gambling habits.

Of the gamblers with an Asian background, they usually are employed people who look for somewhere to relax after a long day of hard work. The 24 hour venues provide a safe yet exciting place to play. The idea of winning in one hit, what has taken many days or weeks to earn through physical effort, seems an attractive option to some. Gam-Anon have contact with a counsellor from within the Asian community to refer calls where a language other than English is needed.

Gam-Anon suggests that more access to gambling opportunities brings an increase in problem gambling. Awareness of their service is conducted in the traditional way by advertising times and location of meetings through other agencies, brochures and newspapers.

5.1.6 Gamblers Anonymous (GA)

Gamblers Anonymous have seen the number of people attending meetings rise in the past two years. There are now about 750 people regularly attending GA meetings in Sydney; in 1995, there were about 500 attending.

Several new groups have been formed in the past two years, split from older groups as they have grown too big to accommodate their members. Awareness of their service is growing although their message is only publicised by advertising times and location of meetings through other agencies and brochures.

GA have taken on some initiatives in the past six months, to start up Mandarin, Cantonese and Vietnamese language meeting groups. It would seem that this initiative will involve much consultation and possibly be a project developed for the long term.

5.1.7 Liverpool District Hospital

Being a hospital with fixed resources there has been little capacity for change in the program/treatment offered or patients seen at Liverpool Hospital since 1995. The program is under funded and under resourced, with a 6 weeks waiting list. It has a stable population based on available places, treating people with all addictions, including drugs, sex, alcohol and gambling. A few problem gamblers are coming from the Sydney Harbour Casino, Sydney. Dr. Alex Blaszczynski systematically

evaluates the hospital treatment, testing cognitive behavioural approaches. In general the problem gambler profile seen at Liverpool District Hospital includes:

- male (75%), female (25%) of mostly Australian cultural background (65%) with small proportions from the United Kingdom, Middle East and South East Asia,
- aged from 25 - 54 years (80%),
- single or divorced (50%), married or partnered (50%),
- with HSC educational qualifications,
- in unskilled and skilled blue collar work or lower white collar jobs (70%),
- on very low, low and middle incomes.

There is some difference between the typical problem gambler and the typical poker machine problem gambler seen at Liverpool District Hospital. This difference is a more equal proportion of females (50%) to males (50%) presenting with poker machine playing problems.

5.1.8 Odyssey House

Due to a lack of resources both the residential and non-residential problem gambling programs have stopped functioning. It had reached a peak of seeing about eight people (mostly women) at any one time with gambling problems including associated low self esteem and domestic violence difficulties.

When the occasional problem gambler presents, they are now invited into the Relapse Prevention Skills Program to learn everyday coping skills, along with those in the program for drug and alcohol rehabilitation.

5.1.9 South Pacific Private Hospital

South Pacific Private Hospital offers the same treatment and service to patients with addiction problems and depression as it did in 1995. About 8 to 12 people with primary gambling problems are counselled each year. More often, the gambling addiction is related to other complex behavioural problems and the underlying causes need to be addressed. Awareness is generated to and from other agencies and self-help groups.

5.1.10 St. Edmunds Private Hospital

There has been little change in the program/treatment offered or patients seen at St. Edmund's since 1995. They treat about 200 people per year from a wide range of backgrounds. There is an increasing number of women and younger problem gamblers presenting for treatment. This may not reflect an increase in the number of problem gamblers, simply that public awareness of the problem is more apparent due to publicity in the media. However it was felt that the number of problem gamblers in Sydney had increased and would continue to do so as more gambling opportunities became available. Self banning from gambling venues is recommended as an option.

Raising public awareness of problem gambling has been undertaken by Mr. Paul Symond a counsellor at St. Edmund's. He has conducted seminars, media interviews and issued press releases as a counsellor to advise and warn people of the symptoms of this problem. As an adviser to some of the newly established ethnic organisations providing services for problem gamblers, Mr. Symond presented this case study to illustrate the extent that people are affected by problem gambling.

> *The Vietnamese community has a common credit union where approximately 20 members contribute about $1000 as seed money to assist one of their members to start a business venture. It is expected that this money will be used productively in developing the business and it will be repaid when the business is well established. There have now been cases where this seed money has been lost in gambling activities. This resulted in the loss of community funds and concern about future lending to others. The borrower lost their reputation and jeopardised a productive, community self-help assistance scheme*
>
> ('Insight' SBS TV 7.30 pm Thursday May 8, 1997)

5.1.11 William Booth Institute

Since 1995, the Institute has added an intervention program for people presenting with addiction problems. This includes group session meetings every week for eight weeks, of about 2 - 3 hours each session. This program raises problem awareness and provides information/education for anyone with gambling, drug, alcohol and other addictions. Generally, the Institute provides advice to about 140 problem gamblers per year. Their general client profile includes:

- majority are male but with some recent increase in female clients,
- all age ranges,
- employed full time,
- skilled blue collar or lower white collar workers, some professional middle-income jobs,
- wage and salary income,

- mostly mainstream Australian background and English speaking.

5.1.12 Indo China Chinese Association

The Indo China Chinese Association is a cultural group supported by their ethnic organisation. They have formed a support group which is focussed on public awareness, education and prevention of problem gambling. Problem gambling is seen as a newly recognised problem for the Indo Chinese community, who tend to keep problems "inside the door" from a cultural perspective. This support group targets problem gamblers in the Indo Chinese community. In May 1997, they had a publicity and poster launch followed by a one month radio program to educate people on the signs of problem gambling. This group refers to and from other welfare agencies, particularly those with Indo Chinese associations.

With assistance from the Casino Community Benefit Fund Trustees and Dr. Alex Blaszczynski the Indo China Chinese Association have translated the South Oaks Gambling Screen (SOGS) into Chinese, Vietnamese, Lao and Kymer languages. When approved, they hope to send the questionnaire home through the Indo China Chinese school to get families to complete the survey. From the results, they should be able to estimate the prevalence rate of problem gambling in their community. The general profile of problem gamblers in the Indo-Chinese community includes:

- more males than females,
- 30 - 60 years,
- living in rented accommodation,
- low income, based in a job with low prospects and so turn to gambling for excitement and, after a loss, they need to continue gambling to chase debts,
- attracted to and satisfied with excitement and a big win.

An example of a typical problem gambling case study follows:

> *The husband of a compulsive gambler phoned the service to ask for advice. His wife is a compulsive gambler, who has lost all the assets they have. They are auctioning their home to pay back their debts. They have two small children aged 6 and 2 years. The husband, a sewing factory worker, is now unemployed. The counsellor advised him to immediately cancel all their credit cards, and to fill in the self-exclusion forms at the casino.*

5.1.13 Chinese Youth League of Australia (CYL)

The Chinese Youth League promotes Chinese cultural, sports, youth and welfare activities. It is funded by the Ethnic Affairs Department and the Sydney City

Council. The Chinese Youth League counsels on behavioural and family problems. They attempt to identify the causes of problem behaviour, try to redress these problems and improve the behaviours. Individual counselling is available now, and in 1998 they will run group therapy sessions. They refer to and from other health, welfare, legal and employment agencies.

For the next three years the Chinese Youth League has been funded by the Casino Community Benefit Fund Trustees to provide a combination of educational and preventative programs to help overcome problem gambling in the Chinese community. This refers particularly to Chinese youth, for whom gambling can be a serious problem. The majority of problem gamblers that they advise, gamble at the casino and prefer poker machine gambling. The typical client profile of a problem gambler usually includes:

- males (70%) females (30%) of South East Asian background with the same languages,
- aged from 15 - 34 years (90%),
- married, with dependant children aged over 6 years,
- housing mostly being purchased,
- education mostly to year 10 or School Certificate level,
- mainly blue collar workers in full time employment earning low wages.

There is a slight difference between the typical problem gambler and the typical poker machine problem gambler seen at the CYL. This difference is a higher proportion of females (60%) to males (40%) with poker machine playing problems. In most other respects both profiles are similar.

5.1.14 Chinese Australian Services Society (CASS)

This group is a community welfare organisation for Chinese speaking people. They organise community activities, child care, cultural liaisons and language lessons. A family, marriage and relationships counsellor is now providing problem gambling counselling through funds from the Casino Community Benefit Fund Trustees. They offer personal individual, group and telephone counselling sessions. The treatment used is a cognitive behavioural approach, to identify causes and develop alternative coping strategies to reduce underlying problems.

The general background of this typical problem gambler is such that they are immigrants from a Chinese community usually with poor English language skills. Often their professional qualifications are not recognised in Australia and thus they take any available job to earn a living. They tend to work long irregular hours which reduces their time for social activities with friends. When bored, they may find a 24 hour open venue to relax, often a hotel, casino or club and join in the venue's

activities. With gambling wins, they discount their hard working lives and see this as an opportunity to make an easy living. Once losses are sustained, they tend to chase their debts. It was suggested that there were two perception problems surrounding consultations with gambling counsellors within the Asian community. These were:

1. a mistrust of counselling - the Asian 'sense of shame' means that to admit having a problem is to bring shame onto yourself and your family, and
2. only the insane need counselling - that is only desperate people, practically insane, need to go to a counsellor.

Awareness of the service is generated through the Chinese community and other health and welfare organisations. The typical profile of a problem gambler usually includes:

- male (90%), of South East Asian background with the same languages,
- aged in the 30's and 40's,
- single (60%),
- overseas educational qualifications,
- mainly blue collar (unskilled) workers in full time employment, earning low to medium wages,
- living in rented accommodation.

There are some differences between the typical problem gambler and the typical poker machine problem gambler seen at the CASS. The first is an equal proportion of single and married people with poker machine playing problems (as opposed to 60/40% respectively for general problem gamblers) and the second is equal proportion of full and part time employment presenting with problem poker machine playing behaviours, in contrast to the full time employment status of problem gamblers. In most other respects both profiles are similar.

5.1.15 Greek Orthodox Community Welfare in NSW

With funds from the Casino Community Benefit Fund Trust (CCBFT), they have organised a support group for problem gamblers in the Greek community since the end of 1996. This group offer individual and group counselling sessions and they are developing a video and information pamphlet in order to create a better awareness of the service within the Greek community. The issue of problem gambling is a new phenomenon for the Greek community where there appears to be a stigma attached to admitting to an addiction problem that could require counselling.

For a summary of the results of interviews with the agencies concerned with problem gambling see Table 1, on the following page.

Table 1: Summary of Interview Results from Welfare Agencies Concerned with Problem Gamblers

	Centacare	Creditline / Lifeline	St John & Cumberland Hospital	Gam Anon	Liverpool District Hosp	St Edmunds	William Booth Institute	Indo China Chinese Association	Chinese Youth League	Chinese Australian Services Society
Male	80%		80%		75%		Mainly male	Mainly male	70%	Male 90%
Female	20%		20%		25%		Recent increase in female clients	Few, if any, female clients	30%	Female 10%
Age	Males 21-30 yrs Females 41-50 yrs	Males: 32 yrs Females: 35 yrs	25 - 54 yrs	Increase in 'Teens'	25 - 54 yrs (80%)	Increase in 'Teens'; Increase in Women	All ranges	30 - 60 yrs	15 - 34 yrs (90%)	30 - 40 yrs
Marital Status	Married (2 children)	Married; Divorced; Separated	Married 50% Single 50% No children 70%		Married or Partnered 50% Divorced or Single 50%				Married with children >6 years	Single 60%
Housing	Mortgage	Renting; Mortgage; G'vmt rental						Renting	Mostly purchasing	Renting
Ethnic Background	Australian 60% Others 40%				Australian 65%		Australian	Asian	Asian	Asian
Income Source	Wages	Wages & Salary	Wages & Salary		Wages		Wages & Salary			
Earnings	$15,000 - $25,000	$27,000 group $60,000 group			Very low, low, middle income			Low income	Low income	Low income Middle income
Occupation					Blue Collar Lower White Collar All 70%		Skilled Blue Collar Lower White Collar Some professional		Blue collar	Unskilled Blue Collar
Education			All ranges		HSC				Yr 10 / SC	Overseas qualifications
Work Status			Full Time (65%)				Full Time		Full Time	Full Time
NESB[1]		Just beginning		Increase in Asian clients						
Comments on Poker Machine Gamblers			Females 70% Males 30% 35-54 yrs		Females 50% Males 50%				Females 60% Males 40%	Single 50% Married 50% Full-time 50% Part-time 50%

1 NESB Non English Speaking Background