

8. Estimating the Prevalence of Problem Gambling in NSW

The SOGS comprised the 12 items marked * in the Table of negative impacts (Table 23). It is the only validated measure for assessing whether an individual is likely to satisfy the criteria for the diagnosis *pathological gambler* as specified in the Diagnostic and Statistical Manual (IVth Edition) of the American Psychiatric Association (1994). The validation was completed by Lesieur & Blume (1989) using a known group of client gamblers who satisfied the diagnostic criteria, who also then completed the SOGS questionnaire. A score of five or more points on the SOGS was chosen as the basis for discriminating those who were pathological gamblers from various control groups who were not.

In a national survey in Australia completed in 1991-92 the project team from the AIGR rejected the cut-off score of 5 preferring a score of 10 or more which it was argued identified a group of gamblers whose weekly expenditure on gambling was similar to that reported in published work for pathological gamblers in Australia. Given that this was a change from the original SOGS validation the name "Problem Gambler" was preferred. Such a label also avoids some of the pejorative connotations of the psychiatric terminology and 'problem gambling' is rapidly becoming accepted in Australia by various state government departments charged with developing policies and services to assist individuals and families adversely affected by gaming and wagering.

The cut-off of 10 or more points on the SOGS was used for both the Tasmanian and Western Australian Studies. Nevertheless, lower scores were also used to indicate the extent to which regular players may be at risk of incurring gambling related problems. In other words there is a case for using the scores on the SOGS not simply to identify 'cases' but also as a continuous scale of increasing likelihood that a respondent will be experiencing gambling related problems. Given that the estimates for Australia have been of the order of 1% and lower, this is a fragile process where the accuracy of a survey/questionnaire method is stretched to its limits. It is preferable to use the SOGS as a scale, thereby increasing reliability over the use of single items, and to establish the level and type of risk associated with ranges of scores.

The SOGS data base from Research and Teaching Unit, University of NSW has provided for the first time Australian validation data on clients attending a specialist clinic who were known to satisfy the DSM-IV diagnostic criteria of 'pathological gambler'.

TABLE 28: DISTRIBUTION OF SOGS SCORES FOR 82 PATHOLOGICAL GAMBLERS (14 WOMEN, 68 MEN)

SOGS score	%	N
3	1.2	1
5	1.2	1
7	9.8	8
8	2.4	2
9	7.3	6
10	78.1	64

These data provide support for the original preference for the cut-off of 10 points or more used in the three Australian studies completed so far. An argument can be made for lowering the cut-off to 7 as 97% of the above sample would be included. The more conservative position is preferred below in the presentation of the data from the survey for NSW. The reasons for this are that personal communications with researchers in the USA and New Zealand confirm that scores of 10 or more are associated with an insignificant level of false positives. In other words a respondent scoring 10 or more is very unlikely not to be a problem gambler.

Nevertheless, scores below 10 can be considered to provide an indication that the respondent is increasingly likely to be at risk of experiencing severe gambling related problems in their life. Based on the above SOGS data base and the team's expert opinion it was agreed that scores between 7-9 would correctly include 50% of those at risk i.e. (50% true positives), and scores 5-6 would correctly include 20% of those at risk.

TABLE 29: SOGS CATEGORIES FOR 'CASES' OF PROBLEM GAMBLERS AND THOSE AT RISK OF SEVERE GAMBLING RELATED PROBLEMS.

SOGS Score	N	Accuracy	%	Population	N
≥10	7	1	0.5	Cases	22,500
7-9	11	.5	0.4	At Risk	18,000
5-6	13	.2	0.2	At Risk	9,000

Table 30 (below) shows the distribution of SOGS scores for the 299 regular gamblers compared with the results for Tasmania and Western Australia using the same methodology. Across all categories or levels of risk the NSW figures are greater by a factor of between 2 and 4. This matches the much higher rate of family experience of problem gambling reported above.

TABLE 30: PERCENTAGE DISTRIBUTION OF SOGS SCORES BY US AND AUSTRALIAN CRITERION FOR 'CASE' IDENTIFICATION

	SOGS (N)	WA (204)	TAS (295)	NSW (299)			
US Criterion (No Problem)	0-2	91.7	94.2	75.3			
US Criterion (Possible Problem Gambler)	3-4	2.9	4.1	14.3			
US Criterion (Probable Pathological Gambler)	5-9	3.4	(0.56)*	1.0	(0.33)*	8.1	(2.2)*
Australian Criterion	≥10	2.0	(0.32)	0.7	(-)	2.3	(0.5)

(prevalence) *includes scores higher than 9

Using the 10 or more cut off (Table 31 below) the prevalence figure for NSW is 0.5% of the adult population with a ratio of women to men of 2:5. Based on the 1991 ABS population figures this gives a total of 21,000 adults as 'cases' i.e. experiencing severe levels of gambling related problems.

TABLE 31: SCORES ON THE SOGS FOR REGULAR GAMBLERS LOTTO ONLY VS OTHER

	N	0	1-2	3-4	5-9	10-15
Group		%	%	%	%	%
Lotto Only	140	68.6	21.4	7.9	1.4	0.7
Other	159	27.7	34.6	20.1	13.8	3.8

Footnote: [Given the very small number of LOTTO ONLY scoring on the SOGS in the at risk categories it was decided to err in the direction of maintaining a conservative estimate by not calculating a correction for the 'missing' LOTTO ONLY respondents - refer to paragraph 1, Section 7 on page 41]

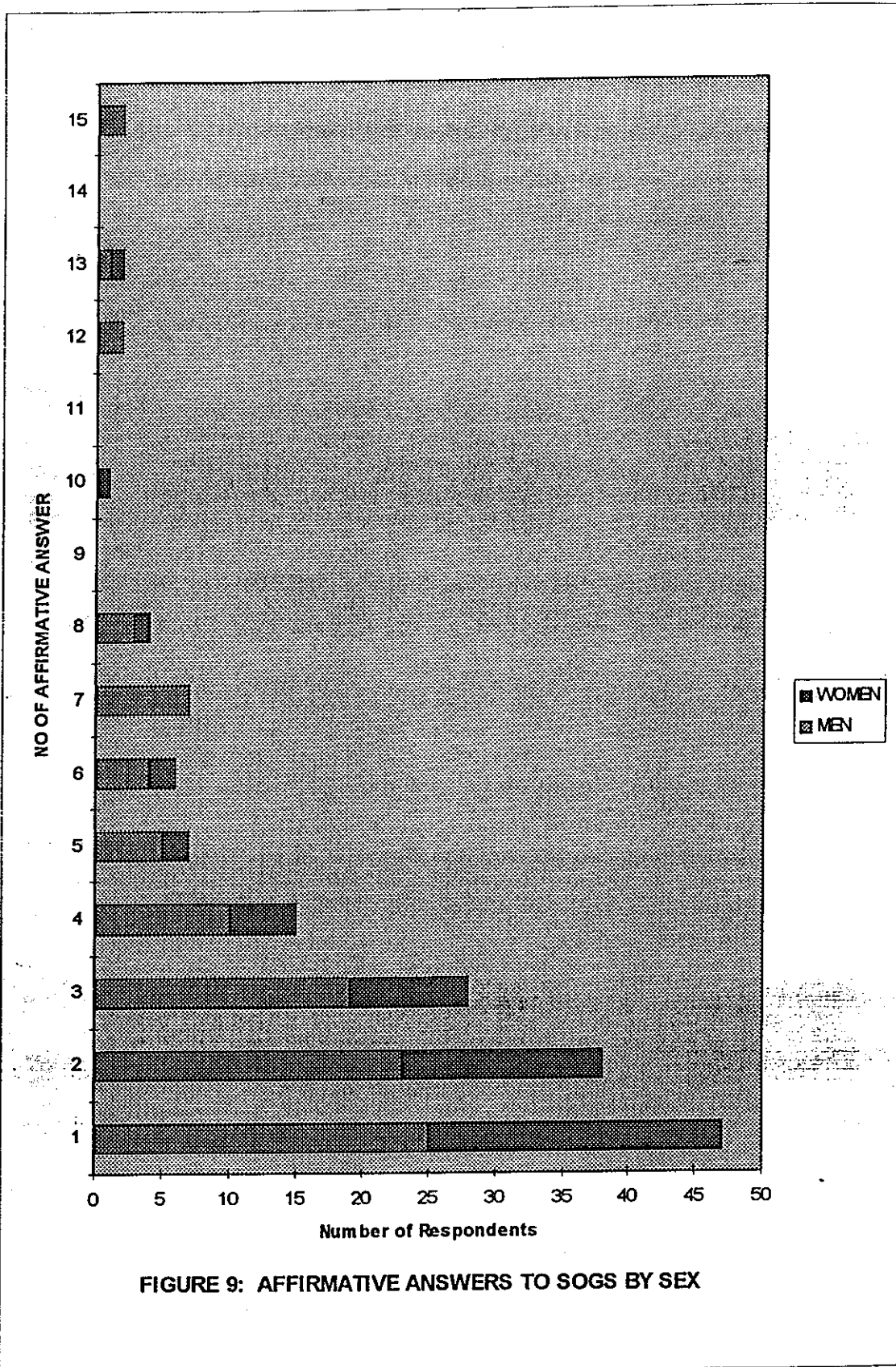


FIGURE 9: AFFIRMATIVE ANSWERS TO SOGS BY SEX

TABLE 32: SCORES ON THE SOGS FOR LOTTO ONLY VS OTHER BY SEX

	N	0	1-2	3-4	5-9	10-15
		%	%	%	%	%
LOTTO ONLY						
Men	71	70.4	19.7	7.0	2.8	0.0
Women	69	66.7	23.2	8.7	0.0	1.4
OTHER						
Men	99	19.2	34.3	24.2	17.2	5.1
Women	60	41.7	35.0	13.3	8.3	1.7

The distribution of scores on the SOGS can be seen, as expected from the overview of the negative impacts in the previous section, to be strongly associated with continuous forms of gambling (i.e. the OTHER group), in particular racing and gaming machines and with higher scores shown by men than women (see Tables 32 and 33; Figure 8).

TABLE 33: SCORES ON THE SOGS BY FAVOURITE FORM FOR OTHER GROUP

	N	0	1-2	3-4	5-9	10-15
Form		%	%	%	%	%
Lottery/Pool/Bingo	24	45.8	33.3	8.3	12.5	0.0
Keno	15	33.3	40.0	20.0	6.7	0.0
Cards	4	75.0	0.0	0.0	0.0	25.0
Racing	42	11.9	40.5	26.2	16.7	4.8
Gaming Machines	34	20.6	26.5	23.5	23.5	5.9
Casino	6	0.0	50.0	33.3	16.7	0.0
Other	7	42.9	57.1	0.0	0.0	0.0

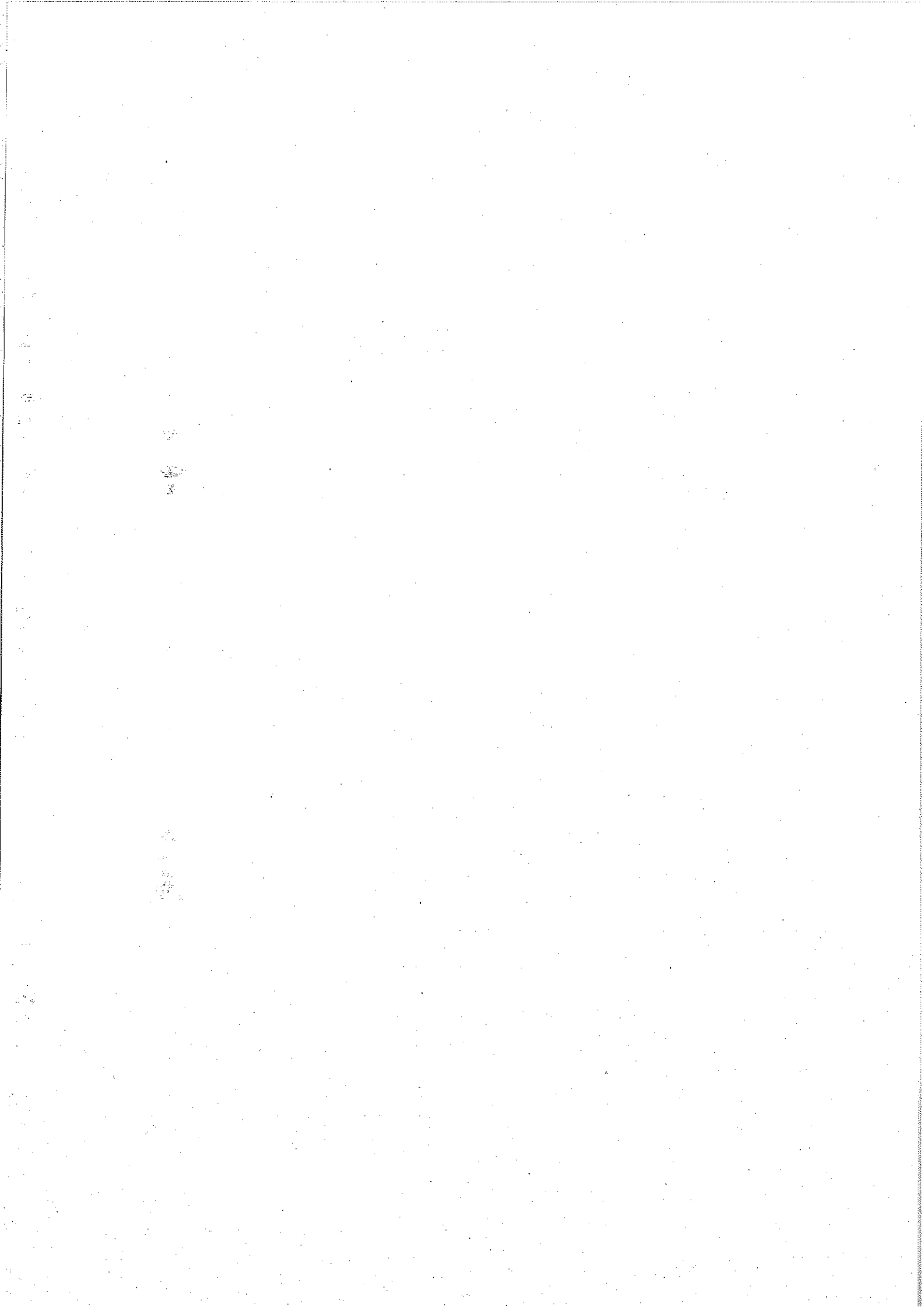
The distribution of SOGS scores for men and women and country NSW versus metropolitan NSW are at Tables 34 and 35 (below). There is a strong indication that males are at greatest risk of incurring gambling related problems at all levels of severity by a factor of 3 compared with women.

TABLE 34: SOGS SCORES FOR REGULAR GAMBLERS LIVING IN COUNTRY VS METROPOLITAN NSW

	SOGS 4+	SOGS 5+	SOGS 10+
COUNTRY NSW	13	8	1
METRO NSW	33	23	6

TABLE 35: SOGS SCORES BY GENDER FOR REGULAR GAMBLERS

	SOGS 4+	SOGS 5+	SOGS 10+
MALE	34	24	5
FEMALE	12	7	2



Similarly, respondents in metropolitan NSW, i.e. Sydney were, by a factor of 3-4, more likely to report gambling related problems at all levels of severity than respondents in country NSW.

These trends would be predicted from the greater expenditure reported by men, and particularly by respondents in metropolitan NSW and are very similar to the trends found in both Tasmania and Western Australia.

There is also a relationship between SOGS scores and a number of demographic variables. Higher scores are associated with the younger age groups 20-40 years with 20-24 year olds particularly at risk of gambling related problems.

Regular LOTTO ONLY players were more likely to have a partner and as SOGS scores increased so too was there a greater likelihood that the respondent was single.

Of the OTHER group, those who preferred regular play on forms such as gaming machines and betting, disproportionately more retired or non employed respondents as well as those with incomes less than \$20,000pa gave higher scores on the SOGS.

There was amongst the OTHER group a strong association between respondents of a non-English speaking background and higher scores on the SOGS.

8.1 Associations between Problem Gambling, Measures of Mental Health, Alcohol Usage and other Variables

Illustrated at Table 36 are the relationship found between key variables of problem gambling (SOGS), Mental Health (GHQ), excessive use of alcohol (AUDIT) and measures that describe a regular player's level of time and money investment in their gaming and wagering.

TABLE 36: CORRELATION MATRIX OF SOGS, GHQ, & AUDIT BY EXPENDITURE IN DOLLARS AND HOURS, SEX, MARITAL STATUS, AGE AND INCOME

	SOGS	GHQ	AUDIT
SOGS	1.0000	.2673**	.3906**
GHQ	-.0036**	1.0000	.0440**
AUDIT	.3906**	.2739**	1.0000
WEEKLY EXPENDITURE (\$)	.3696**	.1119	.2908**
TOTAL EXPENDITURE (HRS)	.3323**	.1004	.3021**
SEX	-.1769**	-.0484	-.3378**
MARITAL STATUS	.2547**	.0475	.1350*
AGE	-.3001**	-.1460	-.01562**
INCOME (ANNUAL)	.1167	-.1356	.061

*p<0.05 **p<0.01

The earlier discussion of the association between a preference for continuous forms of gambling and higher at risk scores on the GHQ and AUDIT can now be clarified as a relationship with higher risk scores on the SOGS. In other words the higher the risk of gambling related problems found for a respondent, then there was an increasing likelihood that they would also show an increased risk relating to psychiatric morbidity and hazardous use of alcohol.

The association between problematic levels of gambling and mental health remains a significant research question. As detailed below there is no doubt that one of the impacts of problem gambling is depression as described below for clients seeking therapy. Depressed mood has also been implicated in research studies as a possible contributing cause to uncontrolled or excessive gambling.

The relationship between alcohol use and problem gambling has been the focus of only one project (Baron & Dickerson, 1995) which provided tentative support for alcohol as a

contributing factor in the development of problematic levels of gambling. Research in several countries including Australia has confirmed that 20% or more of client problem gamblers attending for therapy may also be alcohol dependent.

Table 36 (page 55) also confirms earlier studies showing the strong, logical association between the amount of time and money invested in gambling and higher scores on the SOGS. The demographic variables confirm the associations discussed earlier i.e. that single, younger males are more at risk of problematic levels of gambling and hazardous use of alcohol (note: the direction of the relationship shown in the table is a function of the coding for demographic variables).

8.2 Review of Prevalence of Problem Gamblers in NSW

The National Study in 1991-92 established a benchmark figure of 1.16% for problem gamblers based on a sample of 2500 respondents drawn only from metropolitan Sydney, Melbourne, Brisbane and Adelaide. Studies using a similar methodology in Tasmania and Western Australia found a prevalence level of 0.3 for the latter and detected only 2 respondents out of 1220 in Tasmania who scored 10 or more on the SOGS.

Both these latter studies included a proportion of the sample drawn outside the metropolitan areas of Hobart/Launceston and Perth as was done in the present NSW study. In all three states the scores on the SOGS were significantly higher for metropolitan samples of regular gamblers. In retrospect it is reasonable to conclude that the earlier national prevalence figure reflected this higher level of a metropolitan sample rather than representing the prevalence for the population overall.

The consistency of the results across all four studies permits the conclusion to be drawn that even at a prevalence of 0.5% the level is almost double that found in Tasmania and Western Australia. This conclusion holds not just for the small number of 'cases' detected but at all levels of increased risk of severe gambling related problems, reported negative impacts of gaming and wagering and in the level of families experiencing a current problem arising from excessive gambling.

Given the strong association between SOGS scores and a preference for gaming machines and betting the restriction of the former to casinos in Tasmania and Western Australia may be the single most important factor contributing to the lower prevalence figures found in those States.

When the present results for NSW are placed in the context of other internationally published results, they are the highest recorded. In a number of studies conducted in the USA and Canada, the average estimate for current 'problem' and pathological gamblers taken together (i.e. all scores 3 and over on the SOGS) falls between 2% and 3% of the adult population. Similar figures have been found in some parts of Spain. The present results for NSW are higher by a factor of two. The New Zealand results, again combining the two categories) were 3.3%, still considerably lower than the 5.3% in the present study who scored 3 or more on the SOGS. Just as NSW in 1993-94 gave the highest percentage of household disposable income spent on gaming and wagering compared with all other states in Australia, so too does Australia have the highest per capita spend on gambling than any other developed country. Thus, in NSW, given the level of expenditure and the availability of a wide range of gaming and wagering products, it is to be expected that the negative impacts on individuals and families would be higher than in other jurisdictions.

9. Evaluating the Social and Economic Impacts of Gambling Related Problems

In the following section the areas of gambling related problems,

- Work-related
- Legal
- Family & Individual
- Financial

are considered in turn. Consideration is given to the frequency of occurrence reported for individual survey items in each area by the LOTTO ONLY and OTHER group. These are evaluated against the descriptive database from the 82 cases in the clinical sample used in validating the SOGS.

Each section is in two parts.

- **The first part provides a description of the range of negative impacts**

The approach adopted has been to use the summary statistics from the Clinic Sample, used in validating the SOGS in this survey, together with the negative impacts reported by respondents to the survey items (see Appendix 7).

- **Economic impact costings - approach**

The survey undertaken in this study and the results from clinical case databases of project team members (e.g. *Pathological Gambling and Criminal Behaviour, 1992*) reveal a wide range of economic and social impacts associated with problem gamblers.

We have undertaken indicative costings for a range of these impacts, where they are amenable to quantification. The following principles were used in undertaking these costings:

- the cost of impacts is undertaken from a community perspective. Personal costs, which involve a transfer of money between different sectors of the economy, without impinging on economic activity (such as the stock of debts owed by gamblers), are not included in these costings
- prevalence was estimated either from the survey results or, where more appropriate, from the clinical databases available
- responses to survey questions were grouped and directly linked to impacts where appropriate
- the team's professional judgment was used to decide whether the survey results or incidence from clinical data bases were used as the basis for costings (see detailed assumptions for each impact)
- the incidence of each impact was converted to annual cases per annum for the NSW adult population as follows:

- for survey results a scaling factor was applied between the sample and the NSW adult population (i.e. assuming a random sample).

- for the clinical data base results, which essentially reflect an incidence amongst the core of problem gamblers (SOGS score 10 or more), a scaling up of the incidence was undertaken to account for some occurrence of the impact in problem gamblers outside this core. 50% of those in the SOGS score 7-9 range, as revealed by the survey were incorporated into the prevalence assumptions.
- in effect this means that our costings using the clinical databases assume that a maximum prevalence for each impact is set at 0.9% of the adult population in NSW. The 20% incidence in the SOGS 5-6 group, identified as 'at risk' by the study (page 29), have been excluded from the costing analysis. Therefore, our costing results are likely to be on the conservative side. The actual prevalence at or below this level depends on the database results for each individual impact.
- an annualising factor was estimated for each impact to convert the cases to a per year figure. This factor varied by impact (see detailed assumptions). Although the survey questions were prefaced with a "in the last six months", we do not believe that the responses were confined to this period. Hence, there is a need for factors to annualise the reported incidence in either the survey or the clinical databases; for the latter reported cases are for an occurrence during the period of each problem gambling case for which the average duration is 10 years.
- costing assumptions were then sourced or estimated for each impact and applied to the prevalence data (see detailed impact assumptions below). It should be added that we have been conservative in our costing assumptions, where data on which to base assumptions has not been readily available.

9.1 Impacts on Employment

9.1.1 Types and Range of Impacts:

From the survey:

The negative impacts are given in greater detail at Appendix 7, and show that even in the OTHER group negative impacts that impinge on work productivity are reported by very few players and not on a regular or frequent basis.

Loss of work efficiency and lost time from work in the last six months is reported by 7% of those in the OTHER group, but typically only 'rarely' or 'sometimes'.

Changing work or being fired because of gambling related problems in the last six months was reported by approximately 3% of the OTHER group.

From the Clinic Group:

68% report interference with productivity and 28% resignation or termination of a job because of their gambling. These clients describe prolonged absences from work while gambling and reduced efficiency because of poor concentration or financial worries. Termination of a job may be to avoid the detection of a crime involving misappropriation of monies or goods from work.

9.1.2. Economic Costing of Work Related Impacts

Table 37: Productivity losses

Productivity loss impact in NSW	Survey prevalence out of 1390	Database prevalence of SOGS 10+	Which used	Annualise factor	Cases per year in NSW	% NSW population p.a.	% of problem gamblers p.a.	Assumptions & costing results
Cases	13	68%	Survey	1	30,172	0.6%	70.4%	
% of time lost								2.5%
Earnings (average full time)								\$27,500 p.a.
% in work / home duties								65%
Productivity loss								\$19.889 mn

Key points:

- efficiency loss affects an estimated 70% of problem gamblers per annum (such gamblers as defined at 0.9%, or 42,848, of the NSW adult population)
- the assumptions for the average earnings and percentage in work or home duties were sourced from the survey
- assuming a efficiency loss for the affected problem gamblers of 1 hour a week, the productivity loss is significant at almost \$20 million per annum. Clearly the size of this cost is critically dependent on the assumption for average time lost at work.

9.1.3 Job Change Costs

Table 38: Job Change Costs

Job change impact in NSW	Survey prevalence out of 1390	Database prevalence of SOGS 10+	Which used	Annualise factor	Cases per year in NSW	% NSW population p.a.	% of problem gamblers p.a.	Assumptions & costing results
Cases	4	28%	Survey	5	2,857	0.06%	6.7%	
Average cost of job change								\$2,038
% to employment								90%
% to unemployment								10%
Duration of unemployment								1 year
Unemployment benefit								\$9,477 p.a.
Total								

Key points:

- job change affects an estimated 6.7% of problem gamblers per annum. 10% are assumed to become unemployed for an average duration of 1 year. This is confirmed by the clinical database results and fits intuitively with an unemployment rate amongst gamblers of slightly higher than the national average
- the average job change cost is assumed to be 7.5% of average earnings, approximately half of the cost reported by major job search firms
- the job change costs is estimated at \$7.9 million p.a. This comprises \$5.2 million in job search costs and \$2.7 million in additional unemployment benefit.

9.2 Impacts with Legal and related costs

9.2.1 Types and range of impacts

From the Survey

Legally related negative impacts are reported very infrequently but none-the-less 4% of the OTHER group report a court appearance in the last six months because of charges related to their gambling. A similar proportion reported 'borrowing money' without permission to gamble.

From the Clinic Group

60% of clients report committing a gambling related offence. 25% of clients are charged and about half, i.e. 12% receive a custodial sentence of 1-2 years duration.

9.2.2 Economic Costing of Legal System Impacts

Table 39: Economic costing of Legal system impacts

Legal costs impact in NSW	Survey prevalence out of 1390	Database prevalence of SOGS 10+	Which used	Annualise factor	Cases per year in NSW	% NSW population p.a.	% of problem gamblers p.a.	Assumptions & costing results
Court cases	4	20%	Database	10	857	0.02%	2.0%	
Average case cost								\$6,500 per case
Court cost impact								\$5,570 mn
Prison cases	1	10%	Database	20	125	0.003%	0.3%	
Average prison cost								\$48,000 p.a.
Average sentence								1.5 years
Prison cost impact								\$8,998 mn
Police cases	9	60%	Database	5	5,142	0.004%	12%	
Average time cost								\$500 per case
Police cost								\$2,571 mn
Total Legal system costs								\$17,139 mn

Key points:

- the survey prevalence results are from single items and likely to have significant standard errors. We therefore used the prevalence in the clinical databases. Prevalence amongst problem gamblers ranges from 60% involving the police to 10% going to prison.
- the annualising factors have been assumed to be relatively long for legal case impacts, depending on the severity of the offence. On an annualised basis, the incidence amongst problem gamblers is low, ranging from 0.3% for prison cases to 12% for police involvement.
- average prison, court and police time costs have been sourced from industry estimates the legal system costs are significant, totalling an estimated \$17.2 million per annum in NSW.

9.3 Impacts on the Family and Individual

9.3.1 Type and Range of Impacts

From the Survey:

In the OTHER group the commonest negative impacts refer to dysphoric mood, lying, over-expenditure on gambling and the belief that gambling, for the respondent, was problematic and out of control (See Appendix 7). Three respondents reported seeking help but as with the court appearance item in the previous section respondents may not have been restricting their response to the last six months.

These kinds of impacts are the most frequently reported experience but up to 1 in 4 people who on a weekly or more frequent basis play a continuous form of gaming or wagering.

The scores on the General Health Questionnaire (GHQ) and the alcohol use screen (AUDIT) showed an association with SOGS scores. Those scoring 7 and above, the at risk gamblers (refer Table 29), were more likely to also report poor mental and physical health and more likely to score in the moderate or high risk category of alcohol use.

Impacts on the family are reported less frequently than impacts experienced by the individual but none-the-less they are substantial. For example almost 1 in 5 in the OTHER group have experienced arguments about money because of their gambling. For 4% of the OTHER group their gambling has caused the break-up of a relationship.

In addition 17% of respondents had been aware of problems for a family member arising from excessive gambling; for 60% of respondents these problems were current, i.e. had occurred within the last 6 months.

From the Clinic Group:

50% of the client pathological gamblers were described as having a significant level of marital dysfunction requiring counselling/therapy. Partners of pathological gamblers at significant risk of stress-related illness; affecting 40% of partners.

9.3.2 Economic Costing of Impacts on Family & Individual

Most of the family related impacts mentioned are not amenable to even indicative costing, since their valuation would have to be based on highly subjective and variable factors.

Family marital problems, which do have a significant incidence reported amongst problem gamblers, would lead to counselling in a large number of cases. However, the project team assumed that such counselling would be referred to gambling specific treatment and therefore these costs are included in the Gambling Service Costs detailed later in the report.

Two family and individual impacts have been costed - the costs of divorce proceedings and acute treatment costs.

TABLE 40: FAMILY AND INDIVIDUAL IMPACTS

Family costs impact in NSW	Survey prevalence out of 1390	Database prevalence of SOGS 10+	Which used	Annualise factor	Cases per year in NSW	% NSW population p.a.	% of problem gamblers p.a.	Assumptions & costing results
Divorce cases	n.a.	7%	Database	20	150	0.003%	0.4%	
Average case cost								\$2,000 per case
Divorce cost impact								\$300,000
Acute treatment cases	n.a.	9%	Database	20	182	0.004%	0.4%	
Average case cost								\$2,500 p.a.
Acute treatment cost impact								\$455,000
Total Family costs								\$755,000

Key points:

- divorce and acute treatment affects an estimated 7% and 9% of problem gamblers, but this has been spread over a 20 year time frame in annualising the impact, since they are, generally, once only experiences.
- the acute treatment incidence is based on reported suicide attempts in the clinical database sample.
- industry consultations suggest divorce costs range from a minimum \$300 upwards depending on whether court action is required. On the basis of the court case assumption used in the legal costings, adjusted for the fact that a high share of divorces do not involve a court case, we have assumed a \$2,000 average costs.
- the acute treatment average cost assumption has been sourced from Health Department casemix costings.
- the family impact costs are estimated at \$0.7 million p.a. Whilst this is a relatively low amount, it should be remembered that a wide range of other family impacts have not been costed.

9.4 Financial Impacts on the Individual and Family

9.4.1. Type and Range of Impacts

From the Survey

1 in 3 respondents in the OTHER group reported spending more than they can afford at least some of the time during the last 6 months. None-the-less debts incurred by gambling or debts repaid by OTHERS is reported by only 2-3% of such players.

From the Clinic Group

Maximum stakes range from \$10-\$50,000; debts at the time of help-seeking, range from \$150-\$240,000 (excluding those with debts over 1 million dollars). Debts are owed to family (36%), major finance companies (37%), credit cards (28%). Categories are not mutually exclusive.

9.4.2 Economic Costing of Financial Impacts

An indicative costing of bankruptcies has been attempted. According to the Attorney General's report on the 1986 Bankruptcy Legislation, approximately 1% of bankruptcies can be assigned to a gambling or related cause.

According to ABS statistics, some 1,000 business and personal bankruptcies occur in NSW each year. Hence an average of 10 can be assigned to gambling causes.

No data are available for the average cost of bankruptcy. We have assumed an average cost of \$6,500 per case, using the court case assumption sourced from market data.

The total cost of bankruptcies under these assumptions, attributable to gambling is estimated at \$65,000 p.a. in NSW.

10. Costing Existing Services (from Study 1)

The report prepared by Keys Young in Study 1, which identified existing services provided for problem gamblers and their families, has been used as the basis for costing of existing services. These are summarised in the table below.

Gambling service type	Examples	Service costs \$ 000
Public missions etc.	Wesley; Centacare; Odyssey	1,309
Other publicly funded	Public hospitals; Regional centres	371
Private hospitals	St. John; St. Edmunds; South Pacific	525
Other private treatment	Private consultants	72
Total		2,277

Key points:

- the estimated costings reflect not only the public funding of such services but the total cost of provision (except in the other public funded category).
- for other private treatment, we have assumed a total of five practitioners in NSW, (two are in the project team), dealing with private patients for an average of 6 hours each per week, at an average fee rate of \$50 per hour.
- the estimated cost of provision of existing services in NSW is \$2.3 million per annum. This does not, of course, reflect any additional services which may be provided in the future. As with public treatment, access is a very important factor in the use of these services. Where they are available and publicised they are used. The corollary is that there is latent demand for these services where they do not exist.

11. Summary of Impacts Costed

The following table summarises the economic and social effects of gambling in NSW, as costed in this study.

Impact in NSW	Estimated annual cost \$ 000
Employment impacts	27,834
- Productivity loss	19,889
- Job change	5,238
- Unemployment	2,707
Legal Costs	17,139
- Court costs	5,570
- Prison costs	8,998
- Police costs	2,571
Financial costs	65
- Bankruptcy costs	65
Personal costs	755
- Divorce	300
- Acute treatment	455
Existing services	2,277
Total	48,070

In summary:

- the impacts resulting from problem gambling valued in this study are estimated to cost the NSW community \$48.1 million per annum. This represents a cost of \$9.70 per head of the adult population in NSW.
- the annual cost of \$48.1 million per year represents 1.6% of the estimated output (net expenditure) generated directly by the sector in NSW.
- the main cost impacts are work related and legal system costs, which together represent over 90% of the total.
- this estimate could well be regarded as low given the conservative costing assumptions used and the range of impacts not costed.

12. Estimating the need for services for Problem Gamblers and their families

Policies relating to problem gambling in several Australian states include the following three types of broad strategies:

1. Direct Services for Client problem gamblers and/or their families
2. Educational and harm minimisation strategies
3. Industry assisted proactive strategies

In the following section, for each of these types of strategy the survey data are used as a basis for estimating the level of need for services/strategies in NSW.

12.1 Direct Services

Queensland and Victoria are the first states in Australia to establish a state-wide network of services for problem gamblers and their families. This has not been attempted previously anywhere else internationally and therefore the emerging best practice models must be seen as tentative and requiring further evaluation.

Nevertheless, it is generally accepted that the co-ordinating structure comprise:

- a government department, e.g. Family/Community Services.
- a reference group advising on policy, including gaming and wagering industry stakeholders.

and a service including:

- a toll-free crisis and referral number (24 hours) e.g. G-Line.
- an identified, state-wide, network of resource centres (and supporting referral network) e.g. Break Even.

Evaluating the need for such services from the survey data requires a way of assessing the proportion of the 0.5% current problem gamblers, and those at risk of significant gambling related problems in NSW who will seek help within a year.

In New Zealand the figure of 3% was proposed from the work of Smith (1993). This has generated reasonably accurate estimates for the NZ Hotline for problem gamblers and the rate of new clients presenting to the Break Even services in Queensland during its first year of operation.

Applied to NSW this generates the estimate that:

- 3% of 49,500 (from Table 29) adult population will seek help per annum, i.e. about 1500 people state-wide will seek help each year.

Telephone enquiries, from the NZ experience, will amount to perhaps 10 times this number or more once a toll-free number was well known (e.g. in 1995 with a population base of just over 3 million, the NZ Hotline exceeded 15,000 calls, more than double the number of calls received when it first opened two years earlier).

- If the actual presentation rate of new clients to Break Even in Queensland is taken as a guide to estimating the probable level of need in NSW then the per annum rate of new clients would be approximately 2,000 people. Even this estimate may be very conservative as Break Even in Queensland has a very low profile, nominated as a source of help for problem gamblers by 1% of the population in a recent survey. The impact of a state-wide media campaign on rates of presentation can only be evaluated over the next 3 months as the first ever campaign to increase public awareness gets underway in Victoria.
- The survey item, "I went for help with my gambling" was answered affirmatively by 3 respondents. As with some of the other items referring to 'one-off' events such as a court appearance it is difficult to be confident that the respondents were referring to the last 6 months and excluding help-seeking outside that time frame. If the item response is used to generate a statewide figure this is of the order of 20,000 per annum which is not credible. The estimates based on prevalence and experience in other states provide a more secure basis for estimating the current need for direct client services.

12.2 Educational and Harm Minimisation Strategies

- In other states school curricula on gaming and wagering has been developed to meet a variety of objectives including knowledge and expertise in understanding the objective probabilities of winning and losing when using different types of gaming and wagering. The present survey did not include items on under-age gambling and comments on the need for similar educational strategies in schools in NSW would be premature.
- The present survey suggest that it is common for people with a weekly or more frequent habit who play on gaming machines on wagering to experience over-spending and spending more than they can afford, as well as risky patterns of gambling such as chasing losses, gambling to win money to pay debts and gambling with borrowed money. Information and related strategies to encourage skillful gaming and wagering including money management strategies and avoidance of high risk behaviours have the potential to reduce the number of people who progress to develop significant levels of gambling related problems.
- Educational strategies aimed at harm minimisation i.e. encouraging regular players to use less risky gaming and wagering strategies such as being more skillful, avoiding chasing losses and adopting explicit money management strategies would need to target, as a priority, gaming machine players in clubs and hotels and TAB punters, all with a regular weekly or more frequent habit. (The same case may hold for regular players at the Sydney Harbour Casino but the survey was completed prior to the opening). As up to 1 in 4 such players affirm that "I've felt like stopping but didn't think I could" and over half report some occurrence of over spending the target group is very large - of the order of 250,000 players. To target such a population of players with information and encouragement to change their style of gaming and wagering would require significant support from the gaming and wagering industry.

12.3 Industry Assisted Proactive Strategies

Contemporary examples of best practice in this category of strategies includes:

Signage in all venues showing the:

- availability of problem gambling services .
- industry guidelines, code of conduct and related training for the responsible provision of gaming facilities.
- information booklets for gaming machine players giving machine information, budgeting guidelines and self-detection of problem levels of gambling.
- industry staff training to raise awareness of problem gambling both in patrons and amongst employees.
- industry participation in the development of policy on problem gambling.

Experience in other states in Australia emphasises the need for the development of a coordinated approach including all three broad types of strategies.

13. Limitations of this Study

This study breaks new ground providing an interlocking picture of the different facets of gaming and wagering in NSW with the emphasis on problem gambling, its range of impacts on the individual, family and community as well as an economic costing of these impacts.

In the context of the previous studies using the same survey method we are confident that the opportunity for the first time in Australia to revalidate the SOGS against an identified client group of gamblers has resulted in an accurate but conservative assessment of the percentage of the NSW population who are currently at risk of experiencing severe gambling related problems.

The survey highlights areas of concern which may usefully be targeted by future research. A major limitation of a survey is that there is no continued, prospective information and understanding of how for most regular players gambling remains a pleasurable leisure occupation but for others results in a complex of significant problems. Longitudinal studies of players are needed to understand the key features of this process.

Of the gambling related problems one of the most significant involves the impacts on the family. The present survey can only provide indications of the kinds of difficulties that arise. Further studies are needed to evaluate how families are effected by the excessive gambling of a member.

One of the major limitations encountered in costing of the impacts arising from problem gambling was the lack of established records that could accurately clarify the extent and rates at which problem gambling had lead to:

- court appearance/custodial sentence
- bankruptcy
- lost work productivity/absenteeism
- suicide/psychiatric treatment
- divorce/separation
- marital counselling

The negative impacts associated with problem gambling are wide ranging and complex and at present elude most routine data systems whether in courts of law or counselling centres.

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APPENDIX 1

The South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987)

The SOGS is the only internationally established measure validated against the Diagnostic and Statistical Manual (edition III-R) (American Psychiatric Association, 1987), diagnosis of 'pathological gambling'. This measure was included in the in-depth section of the interview given only to the regular gamblers. The SOGS consists of 13 items based on a ratio scale with forced choice answers to each item and scores are determined by adding up the items. A score of 0-2 indicates no problem with gambling, 3-4 indicates possible problematic gambling and a score of 5 or more indicates probable pathological gambling (out of a possible 20 points). Whilst there has been criticism of the heterogenous nature of this instrument as well as the hazardous nature of using 'cut-off' points to identify 'cases' of pathological gambling (Dickerson, 1991), this study used both the conventional SOGS scoring system (for comparisons with previous research in the US and NZ), and the SOGS as a continuous measure by employing a 5 point scale (1=never; 2 = rarely; 3=sometimes; 4=often; 5=always). This is preferable on psychometric grounds and it was envisaged that the measure would allow determination of degrees of excessive behaviour experienced by the gambler.

APPENDIX 2

"AUDIT" (Alcohol Use Disorders Identification Test) has been developed by the World Health Organisation to enable the early detection of persons who are likely to suffer harm as a result of their drinking. It can be completed by the person as part of a routine check-up, or in any circumstances where early diagnosis is important.

SCORING

The scores for each question range from 0 to 4 (progressively from left to right).

Items 11 and 12 are not scored. They are simply additional questions which will indicate a person's "readiness to change".

A score of 8 or more for the whole AUDIT questionnaire (questions 1-10) suggests this person has a harmful pattern of drinking.

A score of less than 8 for questions 1-10 indicates a low risk of the person experiencing problems due to hazardous alcohol consumption.

A score of 8-19 for questions 1-10 suggests that the person may be at moderate risk of alcohol-related harm.

A score of greater than 20 for questions 1-10 indicates that the person falls into the high risk category for potential alcohol-related problems.

Additional information (not a diagnosis) can be obtained by looking at the answers to each section:

CONSUMPTION, DEPENDENCE, LIFE PROBLEMS AND READINESS TO CHANGE

Questions 1-3 refer to the level of the person's alcohol consumption.

Questions 4-7 enquire about symptoms of dependence; the possibility that the person may be psychologically or physically dependent on alcohol.

Questions 8-10 enquire about problems the person has experienced that are related to drinking. A high score indicates that there have been significant problems already.

Questions 11 and 12 (which are not scored numerically) will supply information about the person's "readiness to change" and will assist you in deciding what level of intervention is appropriate at this stage. People with the most positive outlook are those who think they have a problem with drinking and think reducing or stopping will be relatively easy. Brief counselling is appropriate for these people. Many others with harmful or hazardous consumption will also respond to straightforward advice.

APPENDIX 3

The General Health Questionnaire (GHQ) (Goldberg, 1972)

The GHQ is a self-administered scale, designed for screening of non-psychotic psychiatric illness, and used in this survey as an estimator of morbidity. Used in this way, Tarnopolksy, Hand, McLean, Roberts and Wiggins (1979) found that "the GHQ predicts with reasonable closeness, the proportion of psychiatric disorders" in the community.

APPENDIX 4

DEMOGRAPHICS OF REGULAR GAMBLERS

	LOTTO ONLY N=140	OTHER N=159	SOGS Scores 4+ N=46	SOGS Scores 5+ N=31	SOGS Scores 10+ N=7
	%	%	%	%	%
SEX					
Male	50.7	62.3	73.9	77.4	71.4
Female	49.3	37.7	26.1	22.6	28.6
AGE					
18-19	0.7	3.8	6.5	6.5	0.0
20-24	2.9	13.8	23.9	19.4	42.9
25-29	10.0	7.5	8.7	9.7	14.3
30-34	13.6	11.9	17.4	16.1	14.3
35-39	15.0	7.5	13.0	16.1	14.3
40-44	6.4	8.8	4.3	6.5	0.0
45-49	7.9	9.4	13.0	16.1	0.0
50-54	10.7	6.9	4.3	3.2	0.0
55-59	5.7	3.8	0.0	0.0	0.0
60-64	10.0	7.5	4.3	3.2	14.3
65-69	4.3	6.9	4.3	3.2	0.0
>70	12.9	11.9	0.0	0.0	0.0
MARITAL STATUS					
Partnered	76.4	51.6	41.3	48.4	42.9
Single	23.6	48.4	58.7	51.6	57.1
EDUCATIONAL LEVEL					
Primary	3.6	3.8	2.2	3.2	0.0
Secondary	52.9	61.0	67.4	64.5	42.9
Tertiary	43.6	35.2	30.4	32.3	57.1
WORK STATUS					
Full time-worker	36.4	43.4	41.3	48.4	42.9
Part-time worker	17.9	13.8	17.4	16.1	14.3
Looking for Work	4.3	2.5	2.2	0.0	0.0
Retired/Non Worker	25.0	30.2	32.6	29.0	42.9
Home Duties	16.4	10.1	6.5	6.5	0.0

	LOTTO ONLY N=140	OTHER N=159	SOGS Scores 4+ N=46	SOGS Scores 5+ N=31	SOGS Scores 10+ N=7
INCOME					
<\$10,000	7.8	13.5	14.7	14.8	14.3
\$10,001-\$19,999	6.5	13.5	17.6	18.5	14.3
\$20,00-\$20,999	27.3	30.3	26.5	29.6	28.6
\$30,000-\$30,999	20.8	12.4	11.8	11.1	14.3
\$40,000-\$40,999	16.9	11.2	11.8	7.4	14.3
\$50,000-\$60,000	2.6	5.6	2.2	3.7	0.0
>\$60,000	11.7	6.7	4.3	7.4	0.0
No Answer	6.5	6.7	8.8	7.4	14.3
OCCUPATION					
Professional	5.2	3.4	2.9	3.7	14.3
Managers/Business Owners	53.2	60.7	64.7	59.3	42.9
Trades	7.8	11.2	11.8	14.8	0.0
Clerical/sales	33.8	24.7	20.6	22.2	42.9
ATSI					
Yes	0.0	0.0	0.0	0.0	0.0
No	100.0	100.0	100.0	100.0	100.0
NESB					
Yes	22.2	18.9	30.4	35.5	57.1
No	77.9	81.1	69.6	64.5	42.9

APPENDIX 5

BREAK DOWN BY SEX, REGION AND FORM FOR PATTERNS OF GAMING AND WAGERING

Lotto

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	29.1	30.6	27.7	34.3	26.1
Monthly habit	10.7	11.7	9.8	10.0	11.1
Less frequent habit	17.5	16.0	18.7	16.2	18.3
Don't play	42.7	41.7	43.8	39.5	44.7

Lottery

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	8.7	10.3	7.1	11.0	7.3
Monthly habit	16.0	14.9	17.0	16.0	16.0
Less frequent habit	24.4	22.3	26.5	23.2	25.0
Don't play	50.9	52.5	49.3	49.5	51.7

Pools

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	0.6	0.9	0.4	0.8	0.6
Monthly habit	0.4	0.4	0.4	0.2	0.6
Less frequent habit	3.2	4.6	1.9	2.9	3.4
Don't play	95.7	94.0	97.3	96.1	95.4

Bingo

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	2.2	1.3	3.1	2.3	2.2
Monthly habit	1.2	0.9	1.6	1.3	1.1
Less frequent habit	5.0	4.9	5.1	4.8	5.2
Don't play	91.5	92.9	90.2	91.5	91.5

Keno

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	3.1	3.8	2.4	5.0	2.0
Monthly habit	3.5	4.2	2.8	2.9	3.9
Less frequent habit	13.1	15.3	11.0	13.5	12.9
Don't play	80.3	76.7	83.8	78.6	81.3

Cards

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	0.9	0.9	1.0	0.8	1.0
Monthly habit	1.9	2.6	1.3	1.2	2.4
Less frequent habit	6.9	10.2	3.7	6.4	7.3
Don't play	90.2	86.3	94.0	91.7	89.3

Totalizator

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	0.5	0.9	0.1	0.6	0.5
Monthly habit	2.1	3.1	1.1	1.2	2.6
Less frequent habit	10.3	11.7	9.1	10.1	11.1
Don't play	87.1	84.4	89.6	89.2	85.8

TAB

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	4.0	6.9	1.3	4.4	3.8
Monthly habit	4.0	5.8	2.3	3.9	4.1
Less frequent habit	12.0	12.9	11.0	12.1	11.9
Don't play	80.0	74.3	85.5	79.6	80.3

Bookmakers

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	0.1	0.3	0.0	0.4	0.0
Monthly habit	0.6	1.2	0.1	0.6	0.7
Less frequent habit	5.9	8.3	3.6	5.6	6.1
Don't play	93.3	90.2	96.3	93.4	93.2

Card Machines

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	1.9	3.2	0.6	1.9	1.8
Monthly habit	5.3	7.6	3.0	5.0	5.4
Less frequent habit	9.4	11.3	7.6	8.1	10.2
Don't play	83.5	78.0	88.8	85.0	82.5

Poker Machines

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	5.9	6.4	5.4	7.7	4.8
Monthly habit	8.7	9.8	7.7	10.2	7.8
Less frequent habit	23.4	24.1	22.7	24.3	22.8
Don't play	62.0	59.8	64.2	57.8	64.5

Casino

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	0.0	0.0	0.0	0.0	0.0
Monthly habit	0.4	0.7	0.1	0.8	0.2
Less frequent habit	12.2	15.8	8.9	11.4	12.9
Don't play	87.3	83.5	91.1	88.1	86.9

Other Forms

	All N=1390	Male N=686	Female N=704	Country N=519	City N=871
Weekly habit	1.3	1.2	1.4	1.7	1.0
Monthly habit	1.4	1.0	1.8	1.3	1.5
Less frequent habit	2.0	2.0	2.1	1.0	2.7
Don't play	95.2	95.8	94.6	96.0	94.7

APPENDIX 6

Non-Parametric tests of sample population

To ascertain if frequency of play is independent of area and sex, χ^2 values were calculated for each form. Independence was confirmed in all cases, except for those summarised below:

MULTIPLE COMPARISONS FOR FORM BY SEX AND AREA

Form	Means	X2 value	df	P Value
Lotto	Country/City	11.16	2	.025*
Pools	Male/Female	9.99	2	.041*
Keno	Country/City	14.42	2	.006**
	Male/Female	11.29	2	.023*
Tote	Male/Female	13.65	2	.008**
TAB	Male/Female	44.40	2	.000***
Bookies	Male/Female	22.41	2	.000***
Card Machines	Male/Female	36.47	2	.000***
Pokies	Country/City	11.35	2	.023*

* $P < .05$; ** $P < .01$; *** $P < .001$

Critical value of χ^2 .05/6 with 2df; alpha = 7.185.

APPENDIX 7

RESPONSE PATTERNS TO NEGATIVE EFFECTS OF GAMBLING QUESTIONS FOR REGULAR 'OTHER' PLAYERS (N=154)

PERSONAL	Never		Rarely		Sometime ^s		Often		Always		Can't Say	
	N	%	N	%	N	%	N	%	N	%	N	%
I HAVE TOLD LIES ABOUT MY GAMBLING	120	75.5	24	15	10	6.3	3	1.9	2	1.3	0	0
WHEN I FELT DEPRESSED I USED GAMBLING TO ESCAPE	129	81.1	15	9.4	11	6.9	2	1.3	2	1.3	0	0
I HAVE FELT THAT MY GAMBLING WAS A PROBLEM	134	84.3	12	7.5	7	4.4	1	0.6	5	3.1	0	0
AFTER LOSING HEAVILY I HAVE FELT DEPRESSED	85	53.3	23	14.5	34	21.4	10	6.3	7	4.4	0	0
I WENT FOR HELP WITH MY GAMBLING	156	98.1	1	0.6	1	0.6	0	0	1	0.6	0	0
WHEN I'VE LOST GAMBLING, I'VE BRAGGED ABOUT WINNING	131	82.4	10	6.3	17	10.7	1	0.6	0	0	0	0
I'VE FELT LIKE STOPPING BUT DIDN'T THINK I COULD	117	73.6	23	14.5	11	6.9	2	1.3	5	3.1	1	0.6
AFTER LOSING I'VE GONE BACK TO WIN BACK MONEY LOST	98	61.6	27	17.0	23	14.5	7	4.4	4	2.5	0	0
IF LOST MORE THAN PLANNED, GO ON IF EXCITED	105	66.0	25	15.7	14	8.8	10	6.3	5	3.1	0	0
WHEN I'VE GAMBLED I'VE GONE ON FOR LONGER THAN PLANNED	78	49.1	31	19.5	42	26.4	6	3.8	2	1.3	0	0
WHEN I HAD A BAD DAY I WAS MORE LIKELY TO GAMBLE	112	70.4	23	14.5	20	12.6	4	2.5	0	0	0	0
WHEN I FINISHED GAMBLING I HAVE FELT GUILTY	112	70.4	22	13.8	20	12.6	1	0.6	4	2.5	0	0
EACH TIME I GAMBLED I EXPECTED TO WIN	40	25.2	30	18.9	36	22.6	13	8.2	40	25.2	0	0

	Never		Rarely		Sometimes		Often		Always		Can't Say	
	N	%	N	%	N	%	N	%	N	%	N	%
LEGAL												
I'VE BORROWED MONEY WITHOUT PERMISSION TO GAMBLE	153	96.2	3	1.9	2	1.3	1	0.6	0	0	0	0
THOUGHT OF DOING SOMETHING ILLEGAL FOR GAMBLING MONEY	149	93.7	3	1.9	3	1.9	2	1.3	1	0.6	1	0.6
I'VE APPEARED IN COURT ON GAMBLING CHARGES	152	95.6	3	1.9	3	1.9	1	.06	0	0	0	0
MY GAMBLING HAS LED TO PROBLEMS WITH THE POLICE	156	98.1	1	0.6	0	0	1	0.6	1	0.6	0	0
I HAVE BEEN IN PRISON BECAUSE OF MY GAMBLING	158	99.4	0	0	0	0	0	0	1	0.6	0	0

	Never		Rarely		Sometimes		Often		Always		Can't Say	
	N	%	N	%	N	%	N	%	N	%	N	%
FINANCIAL												
I'VE GAMBLLED TO TRY AND WIN MONEY TO PAY GAMBLING DEBTS	129	81.1	18	11.3	10	6.3	2	1.3	0	0	0	0
I SPENT MORE THAN I COULD AFFORD ON GAMBLING	104	65.4	29	18.2	21	13.2	3	1.9	2	1.3	0	0
I'VE BORROWED MONEY TO GAMBLE OR PAY GAMBLING DEBTS	146	98.1	8	5.0	4	2.5	1	0.6	0	0	0	0
I'VE BORROWED MONEY AND NOT PAID IT BACK FOR GAMBLING	154	96.9	2	1.3	2	1.3	1	0.6	0	0	0	0
IF I HAD URGENT DEBTS I WOULD GO ON GAMBLING	136	85.5	15	9.4	4	2.5	1	0.6	3	1.9	0	0
FAMILY AND FRIENDS HAVE HAD TO PAY MY GAMBLING DEBTS	155	97.5	1	0.6	3	1.9	0	0	0	0	0	0

	Never		Rarely		Sometimes		Often		Always		Can't Say	
	N	%	N	%	N	%	N	%	N	%	N	%
WORK-RELATED												
I'VE MOVED OR CHANGED JOBS BECAUSE OF MY GAMBLING	152	95.6	1	0.6	4	2.5	0	0	0	0	2	0.6
I'VE LOST TIME FROM WORK OR STUDY DUE TO GAMBLING	148	93.1	3	1.9	5	3.1	1	0.6	1	0.6	1	0.6
MY GAMBLING HAS STOPPED ME WORKING EFFICIENTLY	147	92.5	8	5.0	4	2.5	0	0	0	0	0	0
I'VE BEEN SACKED FROM MY JOB BECAUSE OF GAMBLING	155	97.5	3	1.9	0	0	0	0	0	0	1	0.6

	Never		Rarely		Sometimes		Often		Always		Can't Say	
	N	%	N	%	N	%	N	%	N	%	N	%
FAMILY AND FRIENDS												
MY GAMBLING HAS CAUSED PROBLEMS FOR FAMILY OR FRIENDS	140	88.1	9	5.7	6	3.8	3	1.9	1	0.6	0	0
MY GAMBLING HAS CAUSED THE BREAK-UP OF RELATIONSHIP	152	95.6	1	0.6	2	1.3	2	1.3	1	0.6	1	0.6
MY FAMILY OR FRIENDS HAVE CRITICISED MY GAMBLING	116	73.0	22	13.8	13	8.2	6	3.8	2	1.3	0	0
GAMBLING CAUSED MONEY ARGUMENTS WITH FAMILY/FRIENDS	130	81.8	16	10.1	7	4.4	4	2.5	1	0.6	1	0.6
I HAVE HIDDEN SIGNS OF GAMBLING FROM FAMILY OR FRIENDS	145	91.2	3	1.9	4	2.5	5	3.1	1	0.6	1	0.6
MY GAMBLING HAS BEEN MORE IMPORTANT THAN SOCIALISING	124	78.0	19	11.9	12	7.5	2	1.3	2	1.3	0	0