

*Aboriginal Health and Medical Research Council  
of New South Wales*



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# **Pressing problems**

## **Gambling issues and responses for NSW Aboriginal communities**

**Project and report by the  
Aboriginal Health & Medical Research Council of NSW**

**Funded by the  
Responsible Gambling Fund,  
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## Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACT	Australian Capital Territory
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
CCBF	Casino Community Benefit Fund
CDEP	Community Development Employment Projects
EGM	Electronic gaming machines
HREOC	Human Rights and Equal Opportunities Commission
IPART	Independent Pricing and Regulatory Tribunal
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NSW	New South Wales
NT	Northern Territory
OLGR	NSW Office of Liquor Gaming and Racing
RGF	Responsible Gambling Fund
TAB	Totaliser Agency Boards
WA	Western Australia

## **1. Executive summary**

Gambling is a significant issue for many Aboriginal people. However, to date there has been scant coverage or consideration of the views and needs of Aboriginal people in national and NSW gambling policy documents. In addition, research focused on the gambling views and experiences of NSW Aboriginal people has been very limited.

This project has been undertaken by the Aboriginal Health & Medical Research Council, through its Consultancy Service, and funded by the Responsible Gambling Fund to explore the issue of gambling in a NSW Aboriginal community context, to identify and characterize existing responses, with the aim to inform the development of future directions and ways forward for action to prevent and alleviate gambling related problems and harms for Aboriginal people in NSW.

The project has involved the collection, collation and analysis of information from reviews of relevant literature, as well as consultations with NSW Aboriginal community members, Aboriginal Community Controlled Health Service staff, gambling treatment service providers and other key stakeholders. Throughout the project, there has been a focus on identifying future directions, activities and approaches that would enhance and build on existing responses to gambling issues for Aboriginal people in NSW.

### **Gambling in Aboriginal communities**

Aboriginal community members consulted during the project universally identified gambling as a common activity within NSW Aboriginal communities, as well as consistently identifying gambling as a source of significant problems for individuals, families and communities. Commonly cited problems associated with gambling in Aboriginal communities included financial hardship, the needs of children being overlooked, family discord and contact with the criminal justice system.

While gambling-related problems were freely discussed in the context of project consultations, it was noted by those consulted that gambling problems could often be a source of shame and stigma within Aboriginal communities, resulting in people being reluctant to discuss openly the gambling problems experienced by themselves or their families. Shame and stigma were also seen as significant barriers to Aboriginal people seeking assistance for gambling related problems.

The need to raise community awareness and encourage the discussion and acknowledgement of gambling and related problems as significant issues within NSW Aboriginal communities was clearly identified during consultations. Acknowledging the potential for associated stigma to hamper efforts to raise community awareness, one model was for the inclusion of coverage of gambling issues in general Aboriginal health promotion and wellbeing initiatives, such as men's and women's groups and family camps.

In rural areas, the limited opportunities for alternative recreational activities accessible to Aboriginal people were seen as a significant contributing factor to high levels of problem gambling. The development of sporting facilities and the promotion and development of alternative recreational activities seem likely to be preventive strategies for gambling related harms for Aboriginal people. One avenue for facilitating this development within the gambling industry sector is to ensure Aboriginal communities and organisations are aware of funding opportunities available through local club's community support schemes, and to encourage clubs allocate funds to Aboriginal community organisations, particularly in locations where Aboriginal people are a significant proportion of their customer or membership group.

### **Gambling treatment services and Aboriginal people**

Both Aboriginal community members and gambling treatment providers consistently reported that existing mainstream gambling treatment services were often not well utilized by Aboriginal people. Currently available routinely collected data was of limited value in determining the extent to which NSW gambling treatment services are accessible to, and utilized by, Aboriginal people with gambling-related problems.

The limited capacity mainstream gambling treatment services to respond to the needs of Aboriginal people and community were prominent in discussions with both Aboriginal community members and gambling treatment service providers. A few gambling treatment service providers described long term efforts to engage with Aboriginal communities, with varying levels of success. Several small-scale local projects were identified that specifically responded to gambling issues for Aboriginal people in NSW.

Potentially useful strategies to build capacity in mainstream gambling treatment services to respond to the needs of Aboriginal people and communities include the development and delivery of cross cultural training to staff, employing Aboriginal people as counselors, and facilitating and supporting engagement with local Aboriginal communities and their organisations, through the development of resources, documentation of case studies and models of good practice, and providing networking and information-sharing opportunities.

During the course of the project, no Aboriginal-specific gambling centres or support services were identified in NSW. In South Australia, an Aboriginal-specific gambling service based at Nunkuwarrin Yunti, an Aboriginal Community Controlled Health Service, is well established, and could provide a valuable model on which the development of a statewide Aboriginal-specific gambling service could be based in NSW.

Specific models of treatment and support service delivery identified by those consulted during the course of the project that were considered appropriate, or potentially appropriate, for Aboriginal people in NSW were:

- working with financial institutions to provide structured assistance with budgeting
- financial literacy training
- regional models for the delivery of gambling and financial counseling services

- Aboriginal-specific telephone counseling services
- family financial counseling
- case-management and conferencing for individuals and families with serious gambling-related problems, with the possibility of residential rehabilitation being explored, based on existing models for Aboriginal people with drug and alcohol problems

It would be useful if these models were further explored, developed, trialed and evaluated.

A general principle identified during consultations was the need to ensure that associated issues were considered and addressed when delivering gambling treatment services to Aboriginal people, including grief and loss; co-existing depression and other mental health disorders; stress and anxiety; family crises; substance misuse; and future educational and employment opportunities.

### **Identifying and referring Aboriginal people with gambling associated problems**

Confidentiality was raised as a key issue for service providers enquiring about and responding to gambling issues for Aboriginal people during project consultations.

Tools and systems to better identify and assist Aboriginal people experiencing, or affected by, problems associated with gambling were identified as an area of need. Specific measures to respond to this need include:

- the development and validation of a problem gambling screening tool for use with NSW Aboriginal populations, including in ACCHS settings
- including screening for gambling-related problems in primary health care programs, including as part of assessment for entry into drug and alcohol, and mental health programs, and Adult Health Check and similar health screening initiatives
- developing, documenting and promoting local referral pathways for Aboriginal people identified by service providers as having gambling related problems, and for members of their families
- ensuring ACCHS staff and others involved in delivering primary health and community services to Aboriginal people are aware of gambling issues, and know how to respond and refer appropriately if problems are identified.

Developing and trialing a culturally-specific brief intervention for delivery by health and community service providers to Aboriginal people, similar to that in common use for tobacco, was also suggested, and is an idea worthy of further exploration.

### **Workforce issues**

The limited availability of qualified financial and gambling counselors, particularly in rural areas, was identified by gambling service providers as a limiting factor in efforts to increase gambling-related counseling services for Aboriginal people.



Gambling treatment services, and others consulted, reported that in the context of a widespread shortage of gambling and financial counselors, there were even fewer counselors with specific expertise in Aboriginal gambling issues, and noted that only a handful of Aboriginal people had been trained in financial or gambling counseling.

Potential strategies to increase the numbers and develop the skills of service providers who are able to deliver financial counseling and other gambling treatment services to Aboriginal people and communities include the development and delivery of:

- training for financial and gambling counselors about Aboriginal social and cultural issues and about how to work in a culturally competent manner with Aboriginal people. These modules could be delivered as part of an initial counseling qualification or as continuing professional development for counselors that are already trained
- a specific Aboriginal gambling-related counseling training qualification for Aboriginal Health Workers and others to work specifically with Aboriginal people experiencing gambling-associated problems
- training modules about Aboriginal gambling issues for health and community service professionals, including Aboriginal Health Workers, who work in clinical, drug and alcohol, and mental health settings, as well as other health and community workers with an Aboriginal client base

Another approach to increasing the number of Aboriginal people trained in gambling-related service delivery would be to better promote existing gambling and related counseling training to Aboriginal people, and to facilitate their access to, and uptake of, this training.

### **Data and research**

Quantitative data reporting on gambling participation and the prevalence of gambling-related problems for Aboriginal people in NSW or other jurisdictions appears limited. While there are methodological challenges relating to small numbers, as well as selection and measurement issues, the feasibility of including data collection about gambling issues and analysis of Aboriginal population groups in large scale population-based surveys could be explored.

Specific gambling-related issues were identified during the project that are considered worthy of further investigation through research to inform the development of appropriate prevention and treatment interventions. These are:

- Aboriginal people's experiences of shame and stigma associated with gambling
- links between gambling and grief and loss issues, life and family stressors, and social and emotional wellbeing for Aboriginal people
- gambling views and experiences of Aboriginal youth

In addition, the development and use of culturally-appropriate methodologies is important to appropriately evaluate the impact and effectiveness of Aboriginal-specific and mainstream gambling activities and services for Aboriginal population groups.

### **Policy development**

To date, Aboriginal people and their organisations appear to have had a minimal role in the development of gambling related policy and strategy in NSW. Ensuring Aboriginal people are included in the development and implementation of policy and programs that affect them is a key component of self-determination, a core principle in Aboriginal affairs, endorsed by both national and NSW state governments.

### **Conclusions and ways forward**

Current responses, services and interventions aimed at reducing gambling-related harms in NSW Aboriginal community settings do not appear to be well matched to the reported frequency and severity of related problems. At the time this project commenced, there was no existing structure or framework to coordinate, enhance, or build on existing responses to gambling-related issues for NSW Aboriginal people, or to lead and drive the process of developing new initiatives.

In addition to the funding provided to undertake this project, the AH&MRC has been allocated short term funding by the Responsible Gambling Fund to start the process of developing a more coordinated and concerted effort to reduce gambling-related harms for Aboriginal people in NSW. A plan to prioritise and implement strategies and activities related to gambling is being developed, based on the findings of this project and ongoing discussions with Aboriginal communities and other stakeholders.

Ongoing funding and support for the AH&MRC would allow the further development of an organisational unit with the role of leading, coordinating and supporting activities aiming to reduce gambling-related harms in Aboriginal communities in NSW.

## **2. Introduction**

This report presents the findings of a project that has aimed broadly to:

- gain perspectives about gambling and its impacts for Aboriginal communities in NSW
- determine appropriate measures that are acceptable and effective to minimize negative impacts of gambling within these communities
- assess the accessibility, appropriateness, and availability of services and programs including education, prevention and treatment for Aboriginal people with gambling problems.

The project was undertaken between 2005 and 2007 by the Aboriginal Health & Medical Research Council of NSW (AH&MRC) through its Consultancy Service. The AH&MRC is the peak body for Aboriginal health in NSW, and represents and supports more than 50 Aboriginal Community Controlled Health Services throughout NSW.

Funding for the project was provided by the Responsible Gambling Fund (RGF, formerly the Casino Community Benefit Fund) within the NSW Office of Liquor Gaming and Racing (OLGR, formerly the Department of Gaming and Racing).

### **Report overview**

The report is structured into six sections. Section 1 describes the project's methodology. Section 2 contains background information about the NSW Aboriginal population and relevant Aboriginal socio-economic indicators to give a context for understanding gambling issues within Aboriginal communities. This section also provides background information about Aboriginal Community Controlled Health Services and the AH&MRC, as well as some key Aboriginal health concepts. Section 3 presents a review of gambling in Australia, and Section 4 summarises available literature about Aboriginal people and gambling. The results of consultations with Aboriginal communities, gambling treatment services and other stakeholders are presented in Section 5. In Section 6 the project's findings are drawn together and discussed, including suggestions regarding future directions.

### **A note on terminology**

Throughout this report, the term 'Aboriginal people' is used to refer to both Aboriginal and Torres Strait Islander peoples. In recognition of Aboriginal people being the original inhabitants of NSW, this terminology has been identified as the most acceptable and appropriate way of referring collectively to Aboriginal and Torres Strait Islander peoples in NSW (NSW Department of Health, 2004). Where this report makes reference to publications that have used alternative terminology to refer collectively to Aboriginal people, the terms used in the original publication have been retained. Unless referring to specific national data.

### **3. Project methodology**

#### **3.1 General principles**

This project has been undertaken with reference to the general principles recommended by the Aboriginal Health & Medical Research Council of NSW (AH&MRC) and the National Health and Medical Research Council (NHMRC) for research about Aboriginal health (AH&MRC Ethics Committee 1999; NHMRC 2003). Particular attention has been paid to Aboriginal community control of research processes, sensitivity to Aboriginal cultural values, respect for confidentiality, and the use of a widely consultative process.

Consistent with a framework of Aboriginal community control, the project proposal was considered and endorsed by the AH&MRC Board of Directors prior to its commencement, and regular reports about the project's progress have been provided to the AH&MRC Board. The project proposal was also submitted to and approved by the AH&MRC Ethics Committee, which is an NHMRC-accredited Human Ethics Committee.

At an early stage in the project, a Project Advisory Group was convened, including representation from the AH&MRC Board, the (then) Department of Gaming and Racing (DGR), and NSW Health (see Appendix 1 for details of membership). The role of this Group was to provide expert advice and overall guidance for the project, and to facilitate access to relevant information and stakeholders. Subsequently, an Aboriginal Community Advisory Group was also established, with membership from two NSW Aboriginal communities, as nominated by the AH&MRC Board (see Appendix 1 for details of membership). The role of the Community Advisory Group was to provide input about Aboriginal cultural issues during the course of the project, and to review and provide feedback on a draft of the final report.

The Project Team was led by James Ward and Jenny Hunt of the AH&MRC Consultancy Service, who each have public health experience and expertise, including in conducting research and consultations in Aboriginal communities. Over the course of the project, assistance was provided by a Gambling Project Officer who was employed for four months, and other staff of the AH&MRC Secretariat who undertook specific project tasks.

#### **3.2 Terms of Reference**

The original project brief was to examine the attitudes and values of Aboriginal communities to restrictions on the supply of poker machines and alcohol. After discussion with members of the Project Advisory Group, and the endorsement of the Department of Gaming and Racing, it was agreed to amend this brief to focus on gambling issues, and to consider the issue more broadly. Resources available for the project were considered insufficient to explore both alcohol and gambling issues, and gambling was an area where little previous work appeared to have been done. Terms of Reference for the project were developed by the Project Team and endorsed by the Project Advisory Group in July 2005. They are reproduced in Figure 1 below.

## **Figure 1: Terms of Reference**

### **Project Goals**

To gain perspectives about gambling and its impacts within Aboriginal communities in NSW, and to determine appropriate measures that are acceptable and effective to minimise negative impacts of gambling within these communities.

To assess the accessibility, appropriateness, and availability of services and programs including education, prevention and treatment for Aboriginal people with gambling problems.

### **Key areas to be explored:**

- Existing literature both from within Australia and from other nations with comparable Aboriginal populations.
- Context of gambling and its impacts (positive and negative) within Aboriginal communities in NSW
- Programs and services in education, prevention and treatment of problems associated with gambling
- Existing programs that have addressed gambling and problem gambling within an Aboriginal context.
- Assessment of the impacts and effectiveness of interventions and identification of the principles of interventions that are effective for gambling, related issues such as alcohol, and for working with Aboriginal communities.
- Policy and legislation framework
- Protocols for introducing policy regulations and program development that may affect Aboriginal communities with regard to gambling
- Ways of working that are effective and appropriate (such as partnerships)

### **Key Tasks of Consultancy:**

- Seek advice and summarise the context within which gambling occurs within NSW Aboriginal communities
- Summarise issues that may impact negatively and/or positively among Aboriginal communities with respect to gambling
- Develop proposed strategies that may guide the Department of Gaming and Racing in addressing issues related to gambling and problem gambling within NSW Aboriginal communities
- Prepare a comprehensive report that incorporates each of the topics listed above.

### **Guiding Principles:**

- Aboriginal cultural sensitivity during consultations and at all phases of the project
- Respect for confidentiality of information provided at interview
- A wide consultative process
- Clarity and transparency of processes.

The Terms of Reference developed by the Project Team were used to define the scope of the project and guide its development and implementation. However, not all of the initially identified key areas were explored in detail. For example, consultation with experts in the field called into question the usefulness and relevance of literature from other countries with an Indigenous population to Australian Aboriginal people, where the social, historical and cultural context for both gambling and Aboriginal population groups were completely different. Consequently, the literature review focused on gambling issues for Aboriginal people was confined largely to Australian-specific publications. Review and analysis of the policy and legislation framework was limited to reviewing the content of major national and NSW policies about gambling for their coverage of Aboriginal issues, and key Aboriginal health and related policy documents for their coverage of gambling issues. In each case, decisions about depth of enquiry and level of focus were made with a view to enabling the most value to be obtained from the resources available to complete the project, in terms of its overall goal of informing the development of strategies to address gambling issues for Aboriginal people in NSW.

### **3.3 Literature review methods**

Relevant literature was identified and gathered for the key purposes of:

- Summarizing relevant information about gambling activities, problem gambling, and program, policy and research responses to gambling in NSW and Australia
- Reviewing available published and grey literature accounts including data, analysis and commentary about Aboriginal people and gambling in Australia

Sources of literature were identified through repeated searches of:

- Websites relevant to gambling issues in Australian States and Territories and nationally, including of government departments, regulatory bodies, industry organisations
- Electronic databases of journal articles including Medline, PsychInfo, CINAHL
- The electronic bibliography of gambling research maintained by Australian Gambling Research
- Electronic bibliographies of Aboriginal and Torres Strait Islander information maintained by the Indigenous HealthInfonet
- Google and similar internet search engines, using key terms such as “Indigenous” or “Aboriginal” and “gambling”

These sources were supplemented by literature identified by members of the Project Advisory Group, as well as through contacting researchers and others involved in gambling work. An early draft of the literature review was reviewed by Professor Jan McMillen of the Australian National University Centre for Gambling Research, and comments and additional sources of information were subsequently incorporated into the review.

### **3.4 Community consultation methods**

Selected NSW Aboriginal communities were approached through their local Aboriginal Community Controlled Health Services (ACCHSs) to determine community interest in participating in consultations on gambling issues. Communities were primarily selected

based on location, with the aim of giving coverage across urban, rural and remote regions of NSW. Nine ACCHSs and Communities participated in consultations (as listed in Table 1 below). Formal community consent was documented from each of the Aboriginal communities where consultations were undertaken, using a community consent form (see Appendix 2) adapted from an AH&MRC model.<sup>1</sup>

At each site, consultations were conducted via locally advertised and arranged meetings of Aboriginal community members, including those who worked as staff at the local ACCHS and other Aboriginal organisations. In some cases, local gambling, drug and alcohol, or welfare service providers identified by ACCHS staff as having an interest in gambling issues also attended the meetings. Meetings were often conducted at the local ACCHS, or held in other locations chosen on the advice of local ACCHS staff.

Each consultation meeting involved two facilitators, at least one of whom was Aboriginal. Facilitators included one or both of the AH&MRC Consultants or other AH&MRC staff who had been briefed about the project and were experienced in conducting community consultations. A theme list of questions and issues was developed for early consultations, and was subsequently revised and added to, to allow coverage of emergent issues in later consultations (see Appendix 3). Consultation meetings lasted one to two hours.

**Table 1: Sites and details of community consultation meetings**

Aboriginal Community	ACCHS involved	Date of meeting	Number of participants
Wollongong	Illawarra Aboriginal Medical Service	July 2005	6
Bourke	Bourke Aboriginal Health Service	August 2005	18
Tamworth	Tamworth Aboriginal Medical Service	December 2006	6
Kempsey	Durri Aboriginal Medical Service	December 2006	5
Campbelltown	Tharawal Aboriginal Corporation	December 2006	8
Wagga Wagga	Riverina Medical & Dental Aboriginal Corporation	December 2006	23
Dubbo	Thubbo Aboriginal Medical Service	December 2006	14
Newcastle	Awabakal Aboriginal Medical Service	December 2006	8
Walgett	Walgett Aboriginal Medical Service	February 2007	10
<b>Total participants involved in formal community consultations</b>			<b>98</b>

In total, 98 people were involved in the formal community consultation meetings. Although the number of attendees at some meetings was small, all community consultations were successful in eliciting in-depth discussion of gambling and related issues relevant to the project's aims.

<sup>1</sup> See AH&MRC website [www.ahmrc.org](http://www.ahmrc.org) for a sample Community Consent Form

During consultations, informal discussion of issues raised by participants was encouraged. Notes and, in some cases, audio recordings were used to document the consultation meetings; specific consent of participants was sought and obtained prior to these recording methods being used.

In addition to formal consultations, members of the project team discussed gambling and related issues opportunistically with many other Aboriginal people during the 2 ½ year duration of the project. While specific records were not kept of the numbers of Aboriginal people involved in these discussions, they included AH&MRC Directors and staff, Aboriginal Drug and Alcohol workers and other Aboriginal Health Workers, other ACCHS staff and clients, other Aboriginal health professionals and colleagues, and social contacts. In addition, several unsolicited contacts were made to the project team by Aboriginal community members who had heard about the project and wanted to express their views to project team members.

### **3.5 Gambling treatment service provider and other stakeholder consultation methods**

A number of approaches were used to consult with gambling treatment services providers and stakeholders. In the initial phase of the project, project team members undertook face-to face or telephone interviews with representatives of key stakeholder organisations identified by project team members or members of the Project Advisory Group. On several occasions, gambling treatment service providers and other stakeholder organisations attended Aboriginal community consultation meetings at the invitation of ACCHS staff, and were included in these discussions. On other occasions local service delivery organisations were consulted separately through brief interviews that occurred opportunistically during project team visits to regional centres to conduct community consultations.

While specific areas of inquiry were tailored to ensure relevance to the particular stakeholder and the situation, in general the issues explored included:

- Gambling by Aboriginal people
- Evidence about the impacts of gambling on Aboriginal communities
- Locally available gambling education, harm minimization and treatment services and their relevance for, and utilization by, Aboriginal people; and
- Aboriginal-specific resources and services

A factfinder survey instrument was developed by the project team to collect more detailed information from organisations involved in delivering gambling treatment services in NSW (See Appendix 4). A list of these organisations, and their contact details was provided by the OLGR, and the survey was distributed to gambling treatment services by email. Repeated follow-up using email and phone was used to maximize responses. Where gambling treatment services indicated an interest or current involvement in delivering services to Aboriginal clients, additional information was sought through telephone interviews.



Forty gambling treatment service organisations were contacted, of which thirty five responded (88% response rate). One service noted they no longer provided a gambling counselling service. The details of responding organisations and the summary results of the Factfinder survey are listed in the tables of Appendix 5.

The majority of responding gambling treatment services were non Government organisations with Christian religious affiliations (eg. Wesley Mission, Mission Australia, Centacare, Lifeline). Operational funding was generally provided through specific grants from the RGF and from other sources. Five services were located within three Area Health Services, and another was a Community Legal Service specializing in legal issues associated with problem gambling.

Most gambling treatment services focused solely on providing gambling-related treatment services for affected individuals. Most provided financial counseling; some provided generalist counselling, relationship counselling, individual counselling for grief or depression, or were co-located with generalist counselors. Eleven services regularly conducted targeted prevention initiatives or educational interventions to the general public to raise awareness of problem gambling; the majority of services said they would do educational sessions if requested.

A collated list of all organisations involved in gambling treatment provider and stakeholder consultations, as well as in Aboriginal community consultations is provided in Appendix 6.

### **3.6 Analysis, reporting and feedback**

Notes from community consultations and stakeholder interviews were reviewed and collated by members of the Project Team to identify common themes, diversity of views, and examples of specific issues and problems, as well as of services, resources and other interventions useful to formulate suggestions about future directions for responding to gambling issues for Aboriginal people in NSW. The results of the factfinder survey of gambling treatment services were summarised and collated into a table (see Appendix 5). Analysis of key points and future directions were developed through discussions amongst members of the Project Team.

A draft of this report was reviewed and approved by the AH&MRC Ethics Committee and reviewed and endorsed by the AH&MRC Board of Directors.

Reporting back to participating communities is a key feature of undertaking research in a manner considered appropriate by Aboriginal communities. After this report has been finalised, it is planned its findings will be presented to participating communities as part of the ongoing gambling-related work of the AH&MRC.

## **4. Context**

### **4.1 NSW Aboriginal population profile**

According to the 2006 Census, an estimated 138,504 Aboriginal people were living in NSW (Australian Bureau of Statistics, 2006). Aboriginal people in NSW comprise just over 2% of the total NSW population, and make up approximately 29% of the total Aboriginal population in Australia (Australian Bureau of Statistics 2001).

Compared to the non-Aboriginal population, the Aboriginal population is younger, with around 40% of the population under 15 years of age compared with 20% of the non-Aboriginal population (Australian Bureau of Statistics 2004). Just under 3% of the Aboriginal population is aged over the age of 65 years compared with just over 13% of the non-Aboriginal population.

In NSW 42% of the total Aboriginal population are resident in urban areas, 33% in rural, and the remainder in outer regional, remote and very remote (Australian Bureau of Statistics, 2006).

### **4.2 Aboriginal health and socio-economic inequalities**

Many indicators and reports demonstrate the health and socioeconomic disadvantage of Aboriginal people compared to other Australian population groups. A selection of key socio-economic and health indicators are presented and discussed below.

**Economic status:** Over the period 1985 to 2000, total average weekly earnings for people living in NSW almost doubled, to \$690 (ABS 2000). By contrast, in 2001 the average income for Aboriginal *households* was between \$300-399 per week. As well as being lower, Aboriginal families' incomes also support more individuals than non Aboriginal families (NSW Premiers Department 2005). About one third of Aboriginal people achieve home ownership, compared to three-quarters of the non-Aboriginal population.

**Employment:** While official unemployment statistics record unemployment rates for Aboriginal people of about 20%, if the Aboriginal 'work-for-the dole' program (CDEP) is included, unemployment would be double this figure or at least five times higher than that of non Aboriginal people (NSW Premiers Department 2005).

**Education:** Aboriginal students in NSW are also educationally disadvantaged, with literacy and numeracy levels being lower than for non Aboriginal students, and Aboriginal students being at least 50% more likely to leave school before completing year 10 than non Aboriginal students (NSW Premiers Department 2005). Aboriginal students are also less likely to complete year 12 or participate in further education: 39% of Aboriginal students completed year 12 in 2005 compared to 74% of non Aboriginal students.

**Incarceration:** Higher levels of incarceration of Aboriginal people have been recognized for many years (RCADIC 1991). Evidence suggests that, nationally, an Aboriginal person is about 15 times more likely to go to prison than a non-Aboriginal person (ABS 2001)

Health: Life expectancy has been estimated as 17 years less for Aboriginal people compared to non-Aboriginal Australian people (HREOC Social Justice Report 2005). Over recent decades, there has been very little progress in reducing the gap in health status between Aboriginal and non-Aboriginal populations in Australia. Rapid health gains have been made in the general Australian population, for example a 70% reduction in death rates from cardiovascular disease over the last 35 years (HREOC Social Justice Report 2005). In contrast, there has been no apparent reduction in death rates from cardiovascular disease for over this period for Aboriginal peoples.

The Human Rights and Equal Opportunity Commission has noted the high proportion of Aboriginal households that 'live in conditions that do not support good health' (HREOC Social Justice Report 2005). Indigenous peoples also do not enjoy equal access to primary health care and health infrastructure, including safe drinking water, effective sewerage systems, rubbish collection services and healthy housing (HREOC Social Justice Report 2005).

#### **4.3 Aboriginal Community Controlled Health Services (ACCHSs)**

Since the early 1970s, Aboriginal Community Controlled Health Services (ACCHSs) have been established by Aboriginal communities around Australia, to respond to local needs for accessible and appropriate primary health care. ACCHSs are governed by elected Boards of Aboriginal community members and deliver primary health care to meet local community needs, including a regionally variable range and number of services. Currently there are more than 140 ACCHSs throughout Australia.

ACCHSs are represented nationally by the National Aboriginal Community Controlled Health Organisation (NACCHO). The AH&MRC is the peak body for Aboriginal health in NSW, and a State Affiliate of NACCHO. The AH&MRC membership includes ACCHSs, as well as Aboriginal Community Controlled Health-related Services (including residential drug and alcohol rehabilitation services) and Aboriginal Community Controlled Health Committees.

The AH&MRC undertakes a range of activities including: supporting member ACCHSs; supporting Aboriginal community health and health promotion activities; conducting and supporting Aboriginal health research; planning, implementing and evaluating Aboriginal health projects and programs; developing and evaluating policy; and evaluating the ethics of Aboriginal health research and data. The Aboriginal Health College is a business unit of the AH&MRC with the role of developing and delivering Aboriginal health education.

A full list of AH&MRC members and more details of activities can be found on the AH&MRC website – [www.ahmrc.org.au](http://www.ahmrc.org.au).

#### **4.4 Definition of Aboriginal health**

Aboriginal people have stressed the importance of using a holistic approach when considering health and wellbeing issues for Aboriginal people. Aboriginal health has been defined in the National Aboriginal Health Strategy as follows:

“Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life”

(Source: NAHS 1989)

This definition and approach has been re-endorsed in recent national policy documents about Aboriginal health, for example in the National Strategic Framework (2003):

“A holistic approach recognizing that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.”

## 5. Gambling in Australia

### 5.1 History, size and economics of the Australian gambling industry

Gambling has been formally defined as 'staking money on uncertain events driven by chance' (Productivity Commission 1999). Common gambling activities include playing card games for money in private, raffles and other fundraising activities, as well as speculation on the stock and related markets. In Australia common organized or commercial gambling activities in Australia include:

- Electronic gaming machines (EGMs) – also known as 'pokies'
- Lotteries including lotto and instant lotteries known as 'scratchies'
- Casino table games
- Keno
- Betting on the outcomes of races (eg TAB) or sporting events
- Bingo
- Internet gambling

Although gambling has a long history in Australia, there has been a recent and dramatic expansion in gambling industry activity nationally over the past 15 years (Australian Institute for Gambling Research 1999). The Productivity Commission has characterized this growth as having the following key features:

- a proliferation of gambling forms
  - increasing accessibility and convenience of gambling
  - a more rapid tempo of gambling, particularly through EGMs
  - privatization of gambling forms traditionally owned by government such as TABs and lotteries; and
  - more pervasive advertising
- (Productivity Commission 1999)

The size and recent growth of the EGM industry is widely acknowledged as a key issue in considering contemporary gambling in Australia. EGMs were first legalised in NSW clubs in 1956, and became legal in other States and Territories except WA in the 1990s. The numbers, locations, design and cash-handling and other features of EGMs are highly regulated through licensing and legislative procedures which differ in each State and Territory. NSW legislation passed in 1984 allowed EGMs to be located in hotels, whereas previously they had been limited to clubs. Subsequent laws have allowed greater numbers and ranges of EGMs in these locations. In 1999 in NSW, there were estimated to be 72,429 EGMs in clubs and 23,961 EGMs in hotels (Australian Institute for Gambling Research 1999). The number of EGMs continued to increase to 104,000 until the NSW Government capped the number of machines in NSW in 2001.<sup>2</sup> Since then, a forfeiture scheme has resulted in a slight drop in the overall number of poker machines in NSW.<sup>3</sup>

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<sup>2</sup> As documented at website: [www.fbe.unsw.edu.au](http://www.fbe.unsw.edu.au)

<sup>3</sup> Personal communication, David Greenhouse, OLGR

Gambling in Australia is big business and has been a growth industry over recent years. The gambling industry involves about 7000 businesses Australia wide, and directly employs more than 37,000 people. In 2003-4, the net expenditure on gambling in Australia was estimated as about \$16 billion dollars or \$1,067 per adult (Queensland Government 2005), and several analyses have shown it to have increased significantly over recent years (Productivity Commission 1999; Tasmanian Gaming Commission 2003, Queensland Government 2005). As might be expected, these recent increases in gambling expenditure have been relatively greater in States and Territories where EGMs have been more recently legalized. However, even in NSW where EGMs have been legal for some decades, gambling expenditure doubled over the decade from 1987-8 to 1997-8 (Productivity Commission 1999).

Published analyses for NSW estimate that in 2003-4, expenditure on EGMs totaled \$4.67 billion dollars, representing 3.63% of all household income. For each indicator of gambling expenditure, NSW has the highest levels of expenditure of any Australian State or Territory except the Northern Territory (Queensland Government 2005).

Gambling taxation revenue is acknowledged as providing a significant proportion of income to the governments of each Australian State and Territory. In NSW government revenue from gambling in 2003-04 was estimated as \$1.3 billion (Queensland Government 2005). In 1997-98, revenue from gambling tax represented about 10% of the total NSW government income derived from taxes, fees and fines, and about 3-5% of total NSW revenue from all sources.<sup>4</sup>

It has been estimated that the 2% of the Australian population who are problem gamblers contribute 32% of all gambling tax revenue (Productivity Commission 1999). The apparent conflict of interest for State and Territory governments of being both regulators and beneficiaries of the gambling industry has been noted in contemporary commentary on gambling (Drabsch 2003; Marshall 2004). It has also been argued that compared to other forms of taxation, taxes on gambling are regressive in effect, because they disproportionately impact on people in lower socio-economic groups, who have been observed to spend a greater proportion of their income on gambling (Productivity Commission 1999).

Around Australia, various policy and programmatic efforts to increase the benefits returning to the community from gambling have been developed, through directing allocations of funds generated from gambling activities to community-based projects. In NSW, the Casino Community Benefit Fund (CCBF, now the RGF) was established to administer the proceeds of a specific 2% tax on casino gaming revenue. These funds (some \$12.6 million in 2003-4) are currently used to support gambling treatment services and research, and have in the past supported community projects. There are similar 'Community Benefit' funds of gambling generated monies in other Australian states and territories, although the sources and size of the funds they administer and the type of

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<sup>4</sup> Personal communication, David Greenhouse, OLGR, data sourced from NSW Treasury Budget Papers 1987-88 to 2007-2008, available from <http://www.treasury.nsw.gov.au/indexes/bppapers.htm>

community projects eligible for funding varies significantly. For example, in Victoria a major program of Community Support Grants is funded by an 8.33% tax on turnover from EGMs in all locations, and in Queensland an 8.5% tax on revenue from all EGMs, Keno and other gambling activities is used to fund a broadly focused program of community projects – the budget for the Queensland program in 2002-3 was \$32 million.

In NSW another scheme designed to return benefits from gambling generated revenue to the community is the Community Development and Support Expenditure scheme, which involves tax concessions for clubs with profits from EGMs of >\$1 million per annum if they contribute a proportion of profits beyond this level to fund local community projects. In 2001 expenditure through this program amounted to some \$60 million (Clubs NSW), although collated information about the projects supported by this scheme is not published.

## 5.2 Australian population participation in gambling

Most people in Australia participate in gambling activities. The National Gambling Survey undertaken for the Productivity Commission's major enquiry into gambling found that 82% of Australian people had participated in one or more gambling activities, of whom 50% participated regularly, being once or more each week (Productivity Commission 1999). The frequency of participation in common forms of gambling nationally and in NSW are shown in the table below.

**Table 2: National and NSW gambling prevalence survey results: Participation in common forms of gambling**

Form of gambling	National participation (National Gambling survey %)	NSW participation (NSW Gambling Prevalence Survey %)
Lotto/lottery	60.0	56
Instant lotto	46.2	
Electronic gaming machines	38.6	31
Horse or greyhound betting	24.3	20
Keno	15.9	11
Casino table games	10.3	5
Sports event betting	6.3	8
Bingo	4.6	
Any form of gambling	82.0	69

Source: National Gambling Survey as reported by the Productivity Commission (1999) and the NSW Gambling Prevalence Survey (AC Nielsen 2007)

The socio-demographic profile of Australian gamblers as a whole reflects that of the population, with men and women being equally likely to participate in gambling in general. However, some trends by gambling mode, and of regular gamblers and non-gamblers, are evident. In the National Gambling Survey:

- EGM players were more likely to be middle income earners and to be aged between 18 and 24 years
- Lottery gamblers were more likely to have higher incomes and to be aged between 50 and 64 years

- Casino and sports gamblers were more likely to be aged between 18 and 24 years and much more likely to be male
- Regular gamblers were much more likely to be male, aged 18 to 24 years, have lower levels of education and live in non-metropolitan regions
- Non-gamblers were more likely to be female, aged over 65 years, have higher levels of education and live in metropolitan areas.

A NSW Gambling Prevalence Survey reported in 2007 confirmed that patterns of gambling participation and frequency are similar NSW population groups (AC Nielsen 2007).

### **5.3 Defining problem gambling – conceptual and measurement issues**

The concept that some people have problems associated with gambling is straight forward. However, defining ‘problem gambling’ has proved difficult, and has been the subject of much debate in gambling research, policy and commentary (Blaszczynski et al 2004). Developing a national definition for problem gambling in Australia was one of seven national research priorities identified for gambling research by the National Gambling Research Working Party. A report released in January 2005 (SA Centre for Economic Studies and the Department of Psychology 2005) documented a major literature review and consultation process about definitions of problem gambling. This report recommended the following Australian national definition:

“Problem gambling is characterized by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others or for the community.” (p i)

The report’s authors assert that this definition implies a continuum of gambling behaviours, ranging from people who have no difficulty with gambling, including non-gamblers, to those who have extreme difficulty. They also note that in their view it will be impossible to find a definition that will be acceptable to all of the many stakeholders in the gambling area, including researchers, counselors, clinicians, regulators, and those from government, industry and the judiciary.

Over the last few decades, several screening tools have been developed to decide whether an individual has a gambling problem. The most relevant to an Australian context are those based on:

- DSM-IV which has a medical/psychometric focus
  - South Oaks Gambling Screen (SOGS) which is the most widely used internationally
  - Victorian Gambling Screen (VGS) which was developed in Australia
  - Canadian Problem Gambling Index (CPGI) which is based more on the idea of a continuum of gambling behaviour
- (SA Centre for Economic Studies and the Department of Psychology 2005)



Each tool consists of a series of questions or items, with a cut-off score indicating whether or not the individual is experiencing gambling-related problems. These tools can be used for a variety of purposes, including in clinical settings and for prevalence studies.

#### **5.4 Prevalence and features of problem gambling in Australia**

Prevalence estimates will clearly depend on the methods used to define and measure problem gambling. The Productivity Commission enquiry undertook comparative analyses using various tools and concluded the prevalence of problem gambling as being about 2% of the adult population, with 1% having more serious problems (Productivity Commission 1999; Banks 2002). NSW residents were recorded as having prevalence levels of problem gambling higher than other states' populations for most of the measures used. The type of gambling most commonly associated with problem gambling was EGM use, with one in five regular EGM players estimated to have significant problems with their gambling. Few socio-demographic factors were associated with problem gambling in the analyses undertaken for the Productivity Commission enquiry apart from younger people (aged 18 to 25 years) being disproportionately represented.

There is evidence in Australia and elsewhere from a variety of sources of an association between the prevalence of problem gambling and greater access to opportunities to gamble, particularly using EGMs (Productivity Commission 1999; National Institute of Economic and Industry Research 2003; Abbott et al 2004). The Productivity Commission suggested the higher prevalence of problem gambling in NSW was due to the high numbers of EGMs compared to other states. (Productivity Commission 1999)

The negative financial, social and emotional impacts for people with gambling problems can be substantial. The Productivity Commission report estimated that 'problem gamblers', on average, lose between \$6,000 and around \$19,000 per gambler per year. One in ten 'problem gamblers' said they had contemplated suicide because of gambling, and nearly half those in counseling reported losing time from work or study in the preceding year (Productivity Commission 1999). It was also asserted that the behaviour of one person with gambling problems will have negative impacts on between five and ten other people to varying degrees.

A report by the National Institute of Economic and Industry Research analyzing the economic impacts of gambling in NSW, estimated that in 2000-01 there were 71,708 problem gamblers in NSW who lost on average \$27,000 each and created an additional community cost of \$576 million for the State (National Institute of Economic and Industry Research 2003). Costs included in this analysis were based on those identified in the Productivity Commission's enquiry, including those relating to: financial issues (such as family debts and bankruptcy); employment (effects on productivity and employment); crime (thefts, court cases and imprisonment); family (divorce and separation, depression and suicide); and treatment services.

#### **5.5 Harm minimization approaches to gambling**

Several different frameworks have been proposed in gambling-related literature for conceptualizing harm minimization approaches to gambling. In one review of the

international literature, Blaszczynski proposes a three tiered conceptual approach with the following components:

1. Primary prevention: strategies to protect participants from developing gambling problems. Examples of harm minimization activities in this group are:
  - education
  - signage and warnings
  - responsible advertising and promotion
  - limitations on types and locations of gaming venues
  - prohibition of inducements etc.
2. Secondary prevention: limiting the potential for problems to arise and containing the impacts of gambling once it has commenced. Examples of harm minimization activities in this group are:
  - industry policies and procedures to deal with problem gambling
  - self-exclusion programs
  - machine design modification
  - restricting access to cash
  - total expenditure limits etc.
3. Tertiary prevention: Reducing the severity of impacts of existing problems with gambling and the prevention of relapses. This group includes:
  - referral pathways and
  - provision of treatment and counseling services.

(Source: Blaszczynski et al 2004)

A harm minimization approach was endorsed in the Productivity Commission inquiry report, and the term is often cited as an aim of policies and interventions in gambling policy documents. However, there is a diversity of understandings and views regarding harm minimization approaches to gambling. Some of these are examined in the 2004 IPART review of harm minimization approaches to gambling in NSW, which is mainly focused on evaluating regulatory and legislative measures (Independent Pricing and Regulatory Tribunal 2004). In this report various industry groups critique the concept as lacking meaning unless specific harms could be identified and measured, and expressed concern about the lack of clarity about how harm minimization approaches should be evaluated. Alternative policy approaches put forward include 'responsible gambling', 'consumer protection' and 'public health', although from the descriptions given in the IPART report these are not clearly distinguishable.

A 'public health' approach to problem gambling has been advocated for some years (Korn 1999, Hing 2003, Abbott et al 2004). While there are a range of interpretations of public health approaches to gambling issues, commonly described features include:

- using a broader definition of problem gambling than provided by 'medical' or 'psychological' models, and addressing issues for gamblers who are having problems but may not meet criteria defined by screening tools, particularly because of their large numbers
- looking at public awareness campaigns and other prevention and harm minimisation measures as well as treatment services

- assessing treatment modalities based on both 'controlled gambling' and abstinence outcomes
- involving families
- addressing structural issues

## **5.6 Australian national policy approaches and responses to gambling**

The Productivity Commission's enquiry into the gambling industry undertaken in 1998 and 1999 marked a key development responding to the significant growth of the industry in the preceding decade (Productivity Commission 1999). The enquiry's three volume report concluded the current regulatory environment was deficient. This was attributed this to complex, fragmented and inconsistent regulations as a result of both inadequate policy-making processes and the strong incentives for governments to derive revenue from gambling. It also highlighted the inadequacies of existing measures to ensure the informed consent of consumers, or ameliorate the risks of problem gambling. The report made several recommendations including regarding the need for an independent regulatory body in each State or Territory to allow the separation of policy-making, control and enforcement regulatory functions; and for funding for prevention activities, treatment services and research to come from levies from all segments of the gambling industry and to be independently administered.

A conference paper by the Productivity Commission Chairperson acknowledged in 2002 that some progress had been made towards addressing gambling issues since the original inquiry had been undertaken, although suggested the effectiveness of such activities remained unclear (Banks 2002). This paper also noted the continuing and apparently increasing dependency of government on income from gambling taxes, and identified specific issues continuing to need priority attention. These included:

- evaluation research about what works for consumer protection;
- arrangements to ensure research was independent and transparent;
- the need for effective monitoring and enforcement of industry compliance with regulations; and
- further reforms to policy and regulatory governance to ensure regulator independence.

Following the release of the Productivity Commission's report, the Federal government established the Ministerial Council on Gambling in 2000, with representation from Ministers with responsibility for gambling in each state and territory, and reporting to the Council of Australian Governments. The development of a national research program on gambling has been one major focus of this Council's activities. Another has been the release of a brief National Framework on Problem Gambling 2004-2008 under the auspices of the Commonwealth Department of Family and Community Services (Department of Family and Community Services 2004). This framework has the stated aims of minimizing the negative impacts of problem gambling on the individual, families and communities through a national approach, and outlines objectives in four areas:

1. Public awareness, education and training
2. Responsible gambling environments
3. Intervention, counseling and support services

#### 4. National research and data collection

Recent commentators have argued strongly for a national public health approach to developing policy addressing gambling issues in Australia (Marshall 2004). Key issues identified in this approach are:

- a coordinated, multifaceted response involving all stakeholders including all tiers of government, industry and community groups
- incorporating public health ideals, consumer protection and social and corporate responsibility as key issues; and
- minimizing the possibility of conflicts of interest arising from State and Territory government dependency on gambling-derived tax income.

#### 5.7 NSW policy approaches and responses to gambling

A 'Policy Framework on Treatment Services for Problem Gamblers and Their Families in NSW: Strategic Directions 2002-2006' was commissioned by the Department of Racing and Gaming and produced by the NSW Health Department in 2001 (Casino Community Benefit Fund 2001). This outlined the situation current at that time with respect to problem gambling and treatment services, as well as a 5-year strategic plan for the activities of the Casino Community Benefit Fund with particular focus on:

- applying an equitable model for resource distribution for treatment services;
- measures to improve planning and coordination of services;
- development, monitoring and evaluation of services;
- education, training and clinical supervision of service providers; and
- developing appropriate service models for rural and remote, Indigenous, and culturally diverse communities.

In 2003, the Independent Pricing and Regulatory Tribunal (IPART) was commissioned by the NSW State Government to undertake a review of the effectiveness of gambling harm minimization measures in NSW (Independent Pricing and Regulatory Tribunal 2004). The review's report, entitled 'Gambling: Promoting a Culture of Responsibility' had a major focus on regulatory approaches to harm minimization, and made recommendations about the development of an integrated gambling policy and evidence-based policy and guidelines for research, as well as evaluating specific harm minimization measures in three main areas of:

1. Promoting the level of 'informed choice';
2. Protecting gamblers to discourage risky behaviours and reduce the prevalence and negative consequences of problem gambling; and
3. Improving the effectiveness and efficiency of the problem gambling counseling program in NSW.

(Source: Independent Pricing and Regulatory Tribunal 2004 p2)

## **6. Aboriginal people and gambling – insights from the literature**

### **6.1 Aboriginal peoples' participation in gambling activities**

The history of gambling activity amongst Aboriginal people has been reviewed by several commentators (Dickerson 1996; McMillen & Togni 2000; Brady 2004; Cultural Perspectives Pty Ltd 2004; Kinsella & Carrig undated). These reviews suggest some evidence of Aboriginal people engaging in gambling activity prior to colonization, including wagering for animal carcasses and clothing. Macassans visiting from islands to the north of Australia are said to have introduced gambling activity to Aboriginal peoples living in Northern Australia in the 1700s (Brady 2004). The initiation of card playing by Aboriginal people is generally attributed to contact with European colonisers.

McCabe makes the point that participation in gambling was forbidden to the many Aboriginal people living on missions in South Australia up until the 1960s, similar to the consumption of alcohol. In this context, he suggests that gambling activity “was sought as a method of resistance to authoritarian rule by missionaries, as well as pursued as a social leisure activity” (Nunkuwarrin Yunti of SA Inc 2005).

Card playing is often cited as being a common and popular form of gambling amongst Aboriginal people, and has been studied in-depth in several qualitative research projects undertaken with community groups of Aboriginal people in the Northern Territory (Altman 1985; Goodale 1987; McMillen & Togni 2000). There are few sources of published information about the participation of Aboriginal people in institutionalized or commercial forms of gambling, such as the use of EGMs. Large population surveys of gambling participation have usually included too few Aboriginal people for useful conclusions to be drawn about their gambling practices (Productivity Commission 1999; McMillen & Togni 2000). Available reports that include some coverage of gambling activities and preferences of specific groups of Aboriginal people are each summarised below.

- A 2005 statewide household telephone survey in South Australia found that 78.6% of the 133 Aboriginal people responding had participated in gambling activities in the previous 12 months, compared to an overall population gambling participation estimate of 70.8% (South Australian Department for Families and Communities 2006). Although small numbers limited interpretation, these data suggested Aboriginal respondents played poker machines more frequently than the overall estimate (39.4% compared to 30%), and the prevalence of participation in other forms of gambling activity such as Keno or betting on horses appeared similar.
- Dickerson et al (1996) interviewed a convenience non-random sample of 91 urban-living Aboriginal people from Redfern and La Perouse and 121 rural-living Aboriginal people from Wollongong, Hilltop and Kempsey using network sampling techniques. Results were compared to those of a large random population sample surveyed with a similar questionnaire. Aboriginal people surveyed were more likely to participate more frequently in gambling activities than those involved in the

general survey, with more than 50% of the Aboriginal people surveyed participating in some form of gambling activity at least weekly, and almost a quarter playing EGMs weekly. The most popular forms of gambling activity among Aboriginal men were racing (35.9%) and EGMs (27.2%), and for Aboriginal women EGMs (32.6%) and 'Lottery/pools/bingo' (23.3%).

- Holden (1996) surveyed a non-random sample of 128 Aboriginal and Torres Strait Islander people living in Cairns, who were recruited through approaching players in clubs and hotels and 'snowball' sampling of friends and relatives. In addition consultations in a remote and an island community were undertaken. Of the Aboriginal and Torres Strait Islander people surveyed, who were said to be regular players, 78% preferred EGMs, and the TAB was more popular amongst men than women.
- McMillen and Togni (2000) noted that Aboriginal people had been under-represented in telephone surveys conducted as part of a large research study assessing gambling activities, costs and benefits in the NT. They collected qualitative data from Aboriginal people through semi-structured interviews conducted during several field trips to each of five major regional centres in the NT in 1996 and 1997. As well as reporting on the popularity and significance of card playing amongst both remote and urban Aboriginal population groups in the NT, they found the Aboriginal people they spoke to said casino gaming was popular for Aboriginal people living in or visiting Darwin and Alice Springs. In other centres, the TAB was said to be popular particularly amongst Aboriginal men and bingo amongst Aboriginal women.
- Delfabbro et al (Centre for Gambling Research 2005) undertook a school-based survey of ACT adolescents, reporting on the prevalence of gambling and problem gambling for 926 high school-age students, of whom 3.5% were Aboriginal or Torres Strait Islander. Compared to non-Indigenous students, Aboriginal and Torres Strait Islander students were more likely to gamble frequently (35.5% compared to 9.3%), and less likely to have never gambled (12.9% compared to 30.1%).
- A Victorian study commissioned by the Victorian Department of Human Services (Cultural Perspectives Pty Ltd 2004) involved consultations with Aboriginal people, service providers and other organisations, as well as in-depth interviews with six Aboriginal people who were problem gamblers and four who were family and friends of problem gamblers. The reported findings were that EGMs were the most common form of gambling for Aboriginal people who were problem gamblers.

## **6.2 Positive and negative impacts of gambling**

Several anthropological studies conducted within Aboriginal population groups in the NT have reported on the social significance of card playing in these communities (Altman 1985; Goodale 1987). These studies have been prominently included in published reviews reporting on gambling issues for Aboriginal people in the NT and more generally (Dickerson 1996; Productivity Commission 1999; McMillen & Togni 2000; Brady 2004). Features of this anthropological analysis include an emphasis on the positive value of

card games as an opportunity for social interactions between Aboriginal people, and because they lead to expressions of the reciprocal social responsibility which is a commonly described feature of Aboriginal culture. Gambling on card games was also said to be a mechanism for redistributing funds within Aboriginal communities, including to allow the purchase of larger items such as cars and white goods and to pay for funerals.

Several alternatives to, and critiques of, this analysis of gambling activities including card playing are also evident in the reviewed literature. Hunter & Spargo (1988) reported their observations of the potential for negative social and health impacts of card playing by Aboriginal people in communities in the Kimberleys, including an association with problems such as poor nutrition, substance abuse, crime, and neglect of children. In their submission to the Productivity Commission's hearings, McCabe and Randall gave specific examples of people who were playing cards neglecting to send their children to school, and not having time to maintain traditional practices because they were spending too much time playing cards (Productivity Commission 1999, transcript of submission by A Randall and M McCabe, p1378-89). They also made the point that the potential for positive social impacts does not necessarily protect those gambling and others from associated harms. In her 2005 analysis of this issue, Brady extends this analysis by asserting that an over-reliance on anthropological commentary reporting positive social impacts of card game playing in specific community settings had the effect of drawing attention away from the significance of the social problems experienced by Aboriginal people as a result of gambling activity, becoming "an exercise in 'problem deflation'" (Brady 2004, p8).

No published anthropological studies located for this review reported on the social impacts of institutionalized or commercial gambling for Aboriginal people, although a project about this topic was underway in the Northern Territory at the time of writing. Several of the studies summarised in the previous section included survey or interview data about Aboriginal people's perceptions of gambling, giving some insights into social impacts. In particular, several commentaries noted the greater potential for EGMs and other commercialized forms of gambling to have harmful effects on Aboriginal people because of the monies lost leaving the community, compared to card playing where funds were redistributed within the community.

McMillen & Togni (2000) reported that Aboriginal people, particularly women, enjoyed playing EGMs at the casinos in Darwin and Alice Springs, and in particular the social aspects of spending time with family and friends and as time away from the demands of their everyday life. However, the Aboriginal people consulted for their study were almost universally opposed to the introduction of EGMs into Aboriginal community settings in the NT, perceiving them to pose a major threat to Aboriginal culture and individual and community wellbeing.

The Queensland household gambling survey of 2003-4 surveyed 30,000 people statewide (Queensland Government 2007). Indigenous and South Sea Islander people, compared to their representation in Queensland population estimates (2.4%), were over-represented in

each of low risk (5.9%), moderate risk (5.1%) and problem gambling (7.6%) categories by a factor of two to three times.

Dickerson found that the 104 NSW Aboriginal people surveyed who gambled weekly with activities other than lotto, often reported positive experiences of gambling, such as it being a hobby or interest (86%) or being associated with feeling relaxed (85%). In almost all dimensions surveyed which assessed the positive impacts of gambling activities, Aboriginal people who were gambling regularly were somewhat more likely to report agreement than people in a comparable State-wide survey group. However, the results of the assessment of the negative impacts of gambling activity for Aboriginal people gambling regularly suggested negative social impacts were a major feature of their experience, with these impacts occurring at much higher levels than in the general population surveyed. Selected results of this analysis are reproduced in the table below.

**Table 3: Selected survey results from Dickerson et al comparing Aboriginal respondents who gamble regularly with a statewide survey comparison group**

Negative impacts of gaming and wagering	Aboriginal respondents	Comparison group
I have felt that my gambling is a problem	51.0%	15.7%
I've felt like stopping but I don't think I could	67.3	25.8
When I finished gambling I felt guilty	66.3	29.6
My gambling has caused arguments about money with family and friends	55.8	17.6
I've lost time from work or study due to gambling	33.7	6.3
I've gambled to try and win money to pay gambling debts	83.7	18.9
I've borrowed money to gamble or play gambling debts	45.2	0.7
Family and friends have had to pay my gambling debts	20.2	2.5
I've appeared in court on charges related to gambling	15.4	4.4
I've been in prison because of my gambling	6.7	0.6

Source: Dickerson 1996

General conclusions based on this limited body of evidence are that problem gambling appears to occur more frequently among Aboriginal populations than the general population, and that there is a wide range of far-reaching negative social and economic impacts which occur at relatively high frequency for Aboriginal population groups.

### **6.3 Relationships between alcohol and gambling**

Various relationships between alcohol and gambling are commented on in several of the available reports and commentaries about Aboriginal people and gambling. Specific issues raised are:

- gambling problems being more common for Aboriginal people who are drinking alcohol to excess, similar to findings for other population groups
- gambling winnings being spent on alcohol by some Aboriginal people
- alcohol sometimes being wagered by Aboriginal people
- the frequent co-location of gambling and alcohol licensed premises



- gambling treatment services may be co-located with substance misuse programs including those for alcohol
- examining alcohol policy, programs, interventions and resources may provide useful insights and models when considering gambling issues for Aboriginal people

#### **6.4 National and NSW policy responses to Aboriginal gambling issues**

Aboriginal people have sometimes been identified as a group requiring particular attention in national and NSW gambling policy documents. However, coverage of the specific needs of Aboriginal people and appropriate responses has been minimal to date. The Productivity Commission report of 2001, a key document informing the development of national gambling policies, included consideration of Aboriginal people in an Appendix to the main reports, and mainly focused on the lack of data available on which to draw conclusions about their gambling problems. The only specific reference to, or coverage of, issues for Aboriginal people with respect to gambling in the National Framework on Problem Gambling 2004-2008 document is a point listed under Key Focus Area 3: Intervention, counseling and support services: [To] 'Ensure services are effective for Culturally and Linguistically Diverse (CALD) populations and indigenous people' [sic] (Department of Family and Community Services 2004).

The NSW Policy Framework for Treatment Services for Problem Gamblers and their Families notes that "[g]ambling and its associated effects have contributed to the significant disadvantage already faced by indigenous communities, especially in remote areas", and also acknowledges the lack of data on patterns and levels of gambling participation by Aboriginal people (Casino Community Benefit Fund 2001). In this report, anecdotal accounts from community representatives are said to suggest that gambling is considered a recreational activity by many Aboriginal people and closely linked to alcohol consumption. Two specific recommendations relating to Indigenous communities are detailed in the Strategic Plan part of the Framework in Section 8:

- 8.1 Undertake promotional activities amongst Indigenous communities about problem gambling and related issues including stigma, availability of treatment services and the promotion of responsible gambling
- 8.2 In areas with concentrations of Indigenous people, require mainstream service providers funded by the CCBF, to under-go cross-cultural training
- (Casino Community Benefit Fund 2001 p28)

No specific evidence was available to document progress towards achieving these recommendations.

A 2004 IPART report about gambling in NSW includes very limited consideration of the problems or needs of any specific population groups (Independent Pricing and Regulatory Tribunal 2004). Of particular note is the finding that a boxed summary of 'at risk community' groups including a brief discussion of problem gambling amongst low income households, Non-English Speaking Background population groups and prisoners,

does not mention Aboriginal people as a population group at risk, and Aboriginal people are not mentioned elsewhere in the report.

Gambling as an issue is not covered in key national Aboriginal health policy documents such as the National Aboriginal Health Strategy (National Aboriginal Health Strategy Working Party 1989), the Royal Commission into Aboriginal Deaths in Custody (Royal Commission into Aboriginal Deaths in Custody 1991), or Health is Life (House of Representatives Standing Committee on Family and Community Affairs 2000). For the former two documents this may be at least partly a function of their having been produced before the recent growth of the EGM gambling industry.

The 2007 report of an enquiry into the protection of Aboriginal children from sexual abuse in the Northern Territory, "The Little Children are Sacred", identifies gambling as a significant problem for NT Aboriginal communities (Wild & Anderson 2007). Consultations with Aboriginal community members undertaken as part of the enquiry highlighted negative impacts of parental gambling on Aboriginal children, which are described in a specific chapter of the report. The authors note that harms to children are the results of the financial consequences of excessive gambling and of neglect.

Recommendations related to gambling noted in the report include:

- a targeted education campaign about the negative consequences of gambling highlighting impacts on children
- exploring and implementing options for delivering gambling counseling services to Aboriginal communities
- and further research being carried out regarding the effects on children of parental problem gambling and the potential for local laws to regulate gambling as part of community safety plans.

## **6.5 Involvement of Aboriginal people in gambling licensing processes**

A landmark case in which an Aboriginal community group successfully objected to a gambling licensing application has been described by Brady (2004). In 1998, local Aboriginal people mounted a case against the introduction of EGMs at the Nundroo Hotel in remote South Australia. An anthropological report prepared for lawyers representing Aboriginal community groups argued that the proposed EGMs would have negative impacts including on income redistribution, social wellbeing and public order, particularly because people were habituated to gambling, especially playing cards. The application and several subsequent appeals were refused by the Liquor and Gaming Commissioner who expressed concern that the EGMs had the potential to drain resources from communities which were already harmed by alcohol abuse, and also to increase levels of violence.

In discussion of the significance of this case and the lessons learnt, Brady notes the significant resources needed to allow Aboriginal community groups to participate in the regulation process:

*"Success for other community groups may depend on factors associated with community mobilization and development, such as being aware of their right to*

*object, being able to access legal advice, and having the ability to marshal local resources and to commission qualitative or quantitative social impact research. Combating resource-rich industries also requires resources.”*  
(Brady 2004, p9)

## **6.6 Use of mainstream gambling treatment services by Aboriginal people**

Some data is available that reports on the use of existing gambling treatment services by Aboriginal people, including from routinely collected data used to monitor activity of gambling treatment services by their funders.

In NSW a standard client data set collated by the RGF Branch within OLGR includes whether or not clients attending services funded by the RGF identify as Aboriginal. Published data from 2003 show that some Aboriginal people are accessing services: 122 Aboriginal people were recorded as clients compared to 2336 non-Aboriginal people, meaning 5% of clients were identified as Aboriginal people (Faunce 2004). This is clearly greater than the proportion of the NSW population who are identified as Aboriginal (approximately 2%). However, interpreting the data further, including as providing any measure of equity of access to gambling treatment services for Aboriginal people, is difficult without information about the procedures used for Aboriginal identification within gambling treatment services and the data set, and without any data estimating the prevalence of problem gambling within the relevant Aboriginal population groups with which to compare the uptake of gambling treatment services.

Two identified studies involved Aboriginal community members being asked about their views and experiences of accessing available gambling treatment services (Dickerson 1996; Cultural Perspectives Pty Ltd 2004). Concerns were expressed in each that Aboriginal people faced significant barriers to access, including because of feelings of shame and because they had concerns about the confidentiality of available services.

## **6.7 Culturally-specific programs and services for gambling problems**

Published or electronic sources appeared to be a poor source of information about Aboriginal-specific treatment and support services for people with gambling problems and their families. While this suggests few culturally-specific services exist, it is also possible services exist but have not been reported in published accounts.

Existing culturally-specific services for Aboriginal people described in review documents and submissions about gambling nationally were limited to:

1. South Australia: A comprehensive gambling service located at Nunkuwarrin Yunti, the Aboriginal Community Controlled Health Service (ACCCHS) in Adelaide
2. Victoria: A financial counselor position at the Victorian Aboriginal Health Service

In South Australia, the Nunkuwarrin Yunti ‘Safe Gambling Program’ is comprehensively described in a submission to the Independent Gambling Authority in South Australia (Nunkuwarrin Yunti of SA Inc 2005). The program is funded to provide state-wide gambling services to Aboriginal people in south Australia, and is positioned in an

ACCHS allowing linkages and integration with other primary health care, counseling, social health services and with the South Australian Link Up program which responds to Stolen Generation issues. The gambling services provided are strongly focused on a comprehensive primary health care model, with a loading of "30% dedicated to individual focused interventions and 70% dedicated to organizational practice" (p5). The service employs two full time staff, one of whom concentrates on metropolitan Adelaide and the other on regional and remote communities. The metropolitan worker has a clinical load, including providing financial counseling services. The submission notes the difficulties this worker experiences in meeting data collection requirements because of the level of informality requested by their client group and the discomfort created by data collection procedures. The regional worker is described as concentrating on community engagement and collaborative work, to "offer gambling specific input within locally determined processes used to engage the community (p6). The submission notes that:

*"significant additional resources are urgently required to resource local capacity within the Aboriginal community controlled primary health care sector to advance sustainable projects targeting problem gambling. It is clear that problem gambling is reaching more people in a more sustained and intensive manner than the current statewide program."*  
(Nunkuwarrin Yunti of SA Inc 2005)

In Victoria, case studies were collected to review available culturally specific gambling services for Aboriginal people (Cultural Perspectives Pty Ltd 2004). The report included a description of a gambling service at the Victorian Aboriginal Health service involving a financial counselor from a mainstream gambling service being based at the Aboriginal health service for two days a week (p74). The counsellor was reported to provide a variety of financial and psychotherapeutic interventions mainly to Melbourne residents, although occasionally people from regional areas accessed the service. The description notes the program being based on an organisational partnership model had been important to its success, as had the commitment support and acceptance of key Indigenous people. Although community education was listed as an area of program focus, it is noted there had been limited resources allocated to activities in this field. Other case studies described in this report were:

- a 12-month community education project conducted in regional Victoria 1999 focused on developing Koori friendly resources about gambling
- an Aboriginal parenting program which provided referrals to mainstream gambling treatment services if gambling was a problem issue for participants

The Victorian review, based on a range of consultations with stakeholders and community members and examining models from Aboriginal health promotion practice and alcohol programs, recommended the development of community education services about gambling for Aboriginal people from within a community development model, and the enhancement of existing services by allocating specific funds "to increase the number of Indigenous-specific counseling positions, with an emphasis on financial counseling, across the sector" (Cultural Perspectives Pty Ltd 2004, p7). The report noted that while "the 'ideal' service would be provided by Indigenous counselors, this aspect is not

essential to service provision as long as non-Indigenous counselors are culturally sensitive and considered appropriate by community members” (p7).

### 6.8 Culturally-specific information and prevention

Several examples of culturally-specific information and health promotion materials about gambling for Aboriginal people having been produced. The ‘Healthy Vibe’ magazine and website gives general information about gambling and that help is available (but doesn’t give specific information about where to go to for assistance). Comics with information about gambling have been produced by the Mildura Aboriginal Health Service in Victoria, Lifeline Cairns and Streetwize in NSW.

A women’s and children’s camp at Camp Coorong was organized by Nunkuwarrin Yunti in 2003 (White 2004). This camp included education and information sharing on gambling and other issues using a range of methods including story telling. Participants hand crafted their own design of a ‘pokie bug’, and there were plans for the artwork and stories to be the basis of a resource publication. This activity appears to have been a specific example of the program of community education activities supported by the Nunkuwarrin Yunti Safe Gambling Program described above (Nunkuwarrin Yunti of SA Inc 2005).

### 6.9 Interactions between Aboriginal communities and Community Benefit Funds

The use of gambling-generated revenue to support non-gambling related Aboriginal community projects and activities is considered here, because it provides a potential opportunity for gambling to have an indirect positive impact for Aboriginal communities. Available annual reports about the funding of community projects from gambling Community Benefit Funds document support for Aboriginal community projects in Queensland, NSW, and WA. In Queensland, in 2002-3, 2.9% of all grant monies were allocated to Aboriginal and Torres Strait Islander community projects.

In NSW allocations of RGF funds for non-gambling related community projects identified as being to Aboriginal community organisations over the four years for which data are available are summarised in the table below.

**Table 4: Allocations of CCBF grants to Aboriginal organisations 1999-2003**

Year	Funds allocated to Aboriginal organisations or to Aboriginal-specific programs or services	Total funds allocated	% total funds to Aboriginal organisations or services
1999/2000	\$254,969	\$3,574,143	7.1%
2000/2001	\$195,040	Undocumented	
2001/2002	No new funds allocated		
2002/2003	\$160,711	>\$1,600,000	10%*
2003/2004	No new funds allocated		

\* This % is an estimate only as total funds allocated were not specified other than >\$1.6 million

The program under which these community projects are funded has now been discontinued.

### **6.10 Research about Aboriginal people and gambling**

Very little specific research has been published about Aboriginal people and gambling issues. As described above, identified published accounts have been limited to:

- Several small-scale anthropological studies undertaken in the 1980s about the social significance of card playing for specific communities in the Northern Territory (Altman 1985; Goodale 1987)
- The case study of the successful objection to a licensing application at Nundroo described by Brady is another anthropological report taking a more critical approach (Brady 2004).
- Quantitative surveys: of the gambling behaviour and attitudes of NSW Aboriginal people from Redfern, La Perouse, Kempsey and Hilltop which was not formally released or published (Dickerson 1996); and of the gambling experiences and patterns of adolescents in the ACT including those identifying as Aboriginal (Centre for Gambling Research 2005)
- Consultations with Aboriginal people in Queensland and the Northern Territory to evaluate the impact of changes to gambling policy and EGM availability (Foote 1996; Holden 1996; McMillen & Togni 2000), and in Victoria to develop a statewide culturally specific response to problem gambling for Aboriginal people (Cultural Perspectives Pty Ltd 2004)

No published research evaluating interventions or services responding to gambling issues for Aboriginal people were identified.

Significant research projects about Aboriginal people and gambling are currently underway in the NT and the ACT. Published reports about these projects were not available at the time of writing.