

Chapter 6

Treatments and Interventions

The growing urgency with which problem gambling presents itself as a significant community health issue prompts the need to identify and develop effective treatments and interventions for individuals with gambling problems. Significantly, both gamblers and service providers alike have highlighted the need to understand the context within which gambling activity is situated and to identify the purpose that gambling plays in an individual's life, in order to reduce or eliminate the problem gambling behaviour. Accordingly, this report has attempted to locate problem gambling, and its treatment, within a broader sociological framework of gambling activity, its impact and effects.

This chapter looks at patterns of help-seeking behaviour, motivations for seeking help, the kinds of treatment modalities sought, perceptions of Gambler's Help and other problem gambling services, as well as the barriers to effective service delivery. In keeping with the qualitative nature of this report, it is not intended to statistically document rates of attendance at Gambler's Help or other services, nor is it to document increases or decreases in help-seeking behaviour. Rather, it is intended to collect, analyse and report the experiences, perceptions, thoughts and attitudes of gamblers and their families towards the interventions and treatments that they identify as helping to reduce the impact and incidence of problem gambling on their own and others' lives.

As indicated earlier, most gamblers and family members affected by problem gambling adopted a sequential approach to seeking and getting help. Such an approach involved four principal stages that will be discussed in detail in this chapter:

- self-help strategies (i.e. limiting the amount of money taken to a venue or 'not going for a month');
- signing up to a self-exclusion program;
- accepting intervention from venue staff on the gaming room floor, where this was available;
- contacting professional intervention and treatment programs (e.g. through Gambler's Help, financial or relationship counselling).

6.1 Motivations for Seeking Help

Service providers reported that, in the main, clients come to them when all else has failed; when they realise that they cannot keep chasing to pay the bills, when they are served with a notice to vacate, or as one service provider said: 'when the shit hits the fan.' Other motivations for seeking help, as identified by service providers, include:

- when someone significant to them has found out and has presented an ultimatum;
- when faced with crippling depression, when they are 'in emotional tethers';
- when they suddenly realise that their gambling is out of control;
- legally motivated, that is, by court order.

Similarly, gamblers identified that the motivation for them seeking help was when they realised their problem had impacted on others, when their financial affairs had become unmanageable, or when they realised that their gambling was out of control:

'I'm on a low income with two kids—once I started putting the rent money in, I knew it was time to stop ...'

'When I spent \$1,400 in two days. I had depression about losing. I was feeling guilty ...'

'When I was losing more money than I could afford. You get so involved, you don't realise how deep you're getting yourself into—you start chasing losses. You never have enough losses, because you're always looking for the one that will pull you out ...'

'When I started lying to my son, needing money and lying about it—that's when I realised I had the gambling instinct ...'

'Coming home really late from a venue one night, that was when I knew. I was in denial. I guess I always knew it was going to be a problem ...'

'I realised about seven years ago—it affected my financial state. I got really desperate there for a while. I was getting into my credit cards—then it was a problem ...'

For some respondents the problems with which they presented at problem gambling services, or which motivated them to seek help, cannot be limited to one factor, the impact and consequences of financial crises and relationship issues combining to become a set of presenting problems.

The explicitly qualitative nature of this study means that the colloquial language used by participants to reflect on their presenting behaviour is different to other studies, but such motivators for seeking help nonetheless fit with those categories of presenting behaviour reported in Jackson et al. (2000). While this research cannot be used to statistically validate these findings, it does support the argument that motivations for seeking and getting help remain relatively consistent over time, with the presenting problems still being concerned with gambling behaviour, inter- and intra-personal harm and financial loss.

6.1.1 Referral Patterns

The referral patterns by which people sought help were varied, and at times circuitous. Gambler's Help was primarily the agency from which help was initially sought, with people usually making first contact through the Gambler's Help Line, the 24-hour telephone service, which contributes to the referral of nearly one third of all new clients to Gambler's Help services (Jackson et al., 2000). The anonymous nature of the technology means that the Internet is also gaining in popularity as a source of information and referral for problem gamblers in particular.

General practitioners referred others, particularly partners, when they attended for advice or treatment for related effects such as anxiety or depression. Interestingly, service providers report a different story. While some maintain that 'GPs were quite cooperative and helped when they had time', others mentioned that 'GPs could do much more in referral.' In the regional areas in particular, many had tried to enlist the help of GPs with limited success:

'They think they know everything and look down on us ...'

'I think GPs would like to help, but our communications to them are intercepted by receptionists and it doesn't get to them ...'

'Because they adhere to a medical model, their perceptions of gambling are different to ours. It's been hard to maintain that we can help with counselling ...'

'Confidentiality issues get in the way, especially with GPs ...'

Studies in New Zealand, however (Sullivan et al. 2000), report that while there is strong support among GPs for problem gambling to be included within their mandate, many GPs feel they lack the knowledge to effectively intervene. To better engage GPs in the referral process, an educational campaign, complete with role-playing CD-ROM, has recently been undertaken by the Australian Medical Association to alert GPs around the country to the warning signs of problem gambling.

While other studies (Jackson et al. 2000), report that some people attend Gambler's Help services to fulfil legal orders that they receive counselling, no participants in this project were legally compelled to seek help.

Self-referral, and encouragement from partners and family—'get help or I'm leaving', 'my wife sent me'—were cited by service providers as factors for establishing contact with their agencies. Information in venues—'I saw the number in the dunny'—were also regarded as useful referral mechanisms, although the time between getting the information and then acting on it tended to be longer for this method than for other referral patterns.

Some service providers adopted a proactive approach to 'recruiting' people for their services. Several would go directly to the venues and talk to customers and staff, while, in the case of the Free Yourself Program, run by an ex-gambler: '... people would read about my story through women's magazines. I give a lot of talks to Rotary and Probus Clubs—a lot of people come to me through that.'

In addition to Gambler's Help, three other problem gambling services were used by project participants: Gambler's Anonymous, the Free Yourself Program and a suburban private counselling service, however these were usually attended as a result of dissatisfaction with Gamblers Help, a point addressed further in Section 6.5—Effectiveness of treatment services.

The most common reason for partners and other family members seeking help for their loved one's gambling activity, was overwhelmingly issues relating to their relationship or to their family and children. As acknowledged previously, relationships affected by gambling are more often than not strained to the point of breaking, triggered usually by a breakdown of trust or of increasing financial stress. Accordingly, partners and family members affected by problem gambling require a combination of service delivery strategies, including practical education in budgeting on reduced incomes, emotional support for themselves and strategies to support their partners. The agencies at which partners sought help were evenly spread across Gambler's Help, Relationships Australia and private psychotherapists/psychologists.

Family members also worked through the same stages for seeking and getting help that gamblers did, and those family members who took part in the project were at various stages in the help-seeking continuum identified earlier. Most were either at the self-help stage, trying to do things by themselves, or had moved through to the professional counselling stage. Their partners and family members were not necessarily at the same stage they were. Some partners (both men and women) had moved to seeking professional help for themselves, while their gambling partners were still at the self-help stage. Due to the relatively low numbers of family members who took part in the project, it is difficult to pull out any significant themes relating to gender or other demographic issues to compare with other studies of partners of problem gambling such as that by Crisp et al. (2001).

6.2 Seeking and Getting Help: Different Interventions

Such referral patterns however, were usually instigated only after a period of self-help had been attempted and failed. Invariably, most problem gamblers had tried self-help, resorting to various self-control measures such as limiting the amount of time or money spent in a venue or reducing their frequency of attendance.

6.2.1 Self-help Strategies

Public awareness of problem gambling is increasing, and there are more people seeking treatment, but there is still a significant proportion of problem gamblers who never seek or receive treatment (Petry, 1999), or who attend only after attempting a variety of self-help strategies first. Certainly, many of the participants included here correspond to this pattern:

'I tried limiting the amount of money I spent—that didn't work. I've now given my ATM card to my sister-in-law ...'

'I tried to limit the amount of time I spend there; I say "I'm not going down today", but if you keep denying yourself it doesn't work. I tried to limit the amount of money I spend, try and cut it down to a few dollars. I tried it for a couple of months, but when you put \$50 or \$100 in and nothing comes out, you just up your bets. Before you know it, you don't realise how involved you get with the machine—everything else becomes obsolete ...'

'Self control. I try that every day. It doesn't work without assistance [from my wife] ...'

'I tried to discipline myself. The thing is, I've been successful as a gambler—that's why I've never thought seriously about giving it away—over the years I've tried, but because I do win, it is very hard to let go ...'

'I opened a joint account with my daughter, so you need two signatures on it ...'

'I tried self-discipline, which is a joke. Anyone with a gambling problem is totally out of control ...'

Others tried making changes to their lives that were not gambling related:

'I read a lot of self-help books, but there's not much in the XX library. I borrowed a lot of books from XXX University for my course [Bachelor of Social Science] ...'

'I tried reading and meditation ...'

'I tried different ways of helping myself—cutting up the credit cards. Once I gave up smoking, I gave up gambling. I started replacing the gambling with other things—I found the gym, I started going to the beach. I try to do different things to stop me from getting bored. Otherwise, I'll start drifting back to the pubs and clubs. If I give myself five minutes spare, I'll start to think about gambling. I've started with yoga and I went to an ashram on the weekend ...'

Two participants were practising Christians, and for them, their faith was a form of self-help:

'Prayer and spiritual healing helps me. For the six weeks of Lent I went right off them ...'

'I have great faith in God—I take God into the venues too ...'

For one man however, the only answer was to dramatically remove himself from the problem:

'The only solution for me is to pack up my wife and beautiful children and move them to Western Australia. It's the only place without pokies ...'

When asked why these self-help strategies had not been a successful pathway to recovery, all participants acknowledged that they were hindered by the fact they were attempting such strategies alone, without social support, and that their self-help tended to take place at a time when their gambling activity had not reached a stage where they were compelled to disclose it to other people:

'Something would go wrong and I would self destruct—I was doing them on my own as well—that probably didn't help ...'

Natural recovery

Of the people who attempted self-help methods, none achieved successful recovery without formal treatment. For problem gambling, it appears that the typical pathway to recovery involves some kind of therapeutic intervention. While other studies (Sobel, Cunningham & Sobel, 1996) report that natural recovery or 'spontaneous remission' from drug or alcohol addiction is possible, we argue that the path to recovery for problem gamblers is littered with significantly more obstacles, making natural recovery a considerable challenge. This is not to suggest that it is impossible. Hodgins & El-Guebaly (2000) report that natural recovery is possible for problem gamblers, however none of the participants in this study, who had been gambling for various lengths of time, indicated that it would be possible for them. The sample included in this project was too small to allow the natural recovery phenomenon to be explored and further research would be useful in order to examine this issue using different sampling techniques and a research design that can address these issues more specifically.

6.2.2 Intervention from Venue Staff

Reported interventions from venue staff were infrequent or, in most cases, non-existent, but were regarded by problem gamblers as the single most important intervention that might have reduced the impact and incidence of their problem gambling. For harm minimisation, greater attention needs to be paid to the environment in which the greatest harm is caused—the gaming room itself. Accordingly, interventions from venue management and gaming room staff are seen by most of the study participants as a crucial factor in the second stage in the help-seeking continuum, even though appropriate gaming room interventions are yet to be fully developed and implemented in Victoria.

Gamblers reported having a very real need for greater intervention on the gaming room floor that could impact in direct and immediate ways on their gambling behaviour. Such interventions ranged from 'getting rid of ATMs in venues', banning smoking, reducing trading hours, to introducing Smart Card technology:

'Banning smoking is good. They go hand in hand—it's the adrenalin ...'

'They should ban smoking—80 per cent of people smoke. If people have to go outside, it will break their flow ...'

'The machines should only take a maximum of twenty dollars—that way you'd be too embarrassed to keep going back to the cashier ...'

'There is a lot of talk about the pokies being open too late. The real problem is the pokies are open too early. I'm in the XX by 9 am, and I've blown \$300–\$400 by lunchtime ...'

'ATMs at the venues are a very hard thing. I go in thinking I'll only spend \$20, but that goes in about ten minutes. I just take some more money out and away I go ...'

'There should be a card that identifies a person with a problem. If they put it in, it will limit how much they can spend ...'

'Shutting the machines down won't work—you'll just wait there, particularly if you've got money still in it ...'

'Putting up what you've lost [via display on the machine] won't work either—you'll just keep chasing that ...'

'They should have them in black and white—reducing the colour and the mental stimulation will reduce the number of people who get hooked ...'

Most participants were deeply cynical of what they saw as a 'pseudo duty of care' on the part of gaming venue operators, in which venues would entice their patrons with a variety of incentives, yet give scant regard to ensuring responsible gambling:

'They shouldn't make you feel so comfortable—giving you free tea and coffee—they give a false sense of caring about you ...'

'The venues are too friendly ...'

'It's too nice in there, with the 'have another biscuit routine', yet they clearly don't care ...'

'I can see that the free food is an attraction—people put their food and rent money through the machines, so they have to have somewhere to eat ...'

'[in one regional area] they send a bus out to pick you up. If you're on a low income, you're enticed by the free food. One guy I know, who was really on the skids, he got rung up. They said 'it's time you came back, we've missed you'. He went because he was hungry ...'

Clearly, there is a need for greater industry regulation, such as closer monitoring of non-compliance with the Australian Gaming Council Responsible Gaming Code (2001). Problem gamblers are repeatedly indicating that current industry practice does little to minimise the impact and distress of problem gambling. For problem gamblers, the hands-on attention on the gaming room floor needs to extend beyond free coffee to preventative action that can reduce the incidence and impact of problem gambling. The growing urgency for in-venue education, training and intervention is underscored by the service providers, who report that they are seeing more people who work in the gambling industry, who have themselves developed a problem.

As a related issue, some service providers felt that in-venue training and education should extend to supporting the venue staff:

'I think we need to do more to serve the industry as well—it's tough working in an environment which is totally legal, but causes people so much grief—I think we need to provide a service to the industry as well ...'

When reviewing other discussions of best practice interventions for gambling problems, there has been little discussion of the gaming industry's role in better meeting the needs of

people who clearly and unambiguously present to them with problem gambling related issues (see O'Connor et al. 2000). While problem gambling service delivery is undoubtedly a key mechanism through which to meet the needs of problem gamblers, attention must also be paid to the role that venues can play in reducing the impact and incidence of problem gambling.

The same criteria to evaluate the effectiveness of interventions in human service delivery (O'Connor, et al. 2000), should also be applied to gambling venues because they are:

- available and accessible (the ready availability of venues is often cited as a contributing factor in a person developing a gambling problem);
- affordable (this depends on funding);
- sustainable (this depends on the commitment of venue staff);
- ethical and equitable (given that the 'ethics' of gaming room behaviour is repeatedly called into question by problem gamblers and the wider community, displaying a real commitment to in-venue training and intervention is both ethical and equitable).

Each of the gamblers and family members said the single most important industry intervention would be an initiative that allowed venue staff to physically remove gamblers who are exhibiting observable signs of problem gambling. Such signs may include extended sessions of play, aggression towards fellow gamblers, or more tellingly, aggression towards the machine itself:

'There should be a bartender who says haven't you had enough now? ...'

'If you were pissed at a pub, a bouncer would throw you out. They need to do the same for problem gamblers—forcibly evict people who've been there for too long. If you're out of control in a pub, someone will look after you—not with gambling ...'

'They should block people, remind people of the time, of how long you've been there. The attendant is there all day—they see you, talk to you. They should remind you of the time or limit the amount of cash you can get out ...'

'They could intervene—give a drink, have a chat. Other games should be available, there should be something else to do ...'

'They could have someone like a co-ordinator down at pokies venues. If the attendants see you sitting on your own they should intervene, remind you, help you to realise how long you've been there and how much you've spent ...'

'Staff need to have discretion to tap you on the shoulder and to say "you've had enough" ...'

However, while gamblers were united in wanting venue staff to adopt a heavy-handed approach to dealing with their problem gambling activity, they were also aware of some of the difficulties of enforcing such a scheme:

'The problem is that people aren't getting violent, they're not annoying other people—you just keep to yourself ...'

'It must be hard for them in towns like this. They get phone calls from people's husbands saying "is so-and-so" there, and they have to say to so-and-so "are you here, he wants to speak to you?". That puts them in a very hard position ...'

'They do have responsibility, particularly for the self-exclusion program. There are so many people, women in particular, who are playing 45 lines. But, it's hard—who do you protect—the ones that are hooked or the ones that aren't? ...'

Here, the problem gamblers in our study provide a rare insight into one of the critical issues facing all concerned with reducing the impact and incidence of problem gambling – just how do you identify a problem gambler in a gaming/gambling venue, and who's responsibility is it to 'police' their presence in the venue? This issue has been the subject of a discussion paper commissioned by the Australian Gaming Council.¹

The paper, which reports the opinions of a number of researchers and practitioners in the problem gambling field, posed a series of questions for gaming staff when dealing with what potentially might be problem gambling behaviours—how do they recognise it; what do the behaviours look like; how do they differ from other kinds of behaviour; and how should staff respond to such behaviours? While a diversity of views were expressed, the central issue of ownership and responsibility for intervening on behalf of the problem gambler has not been adequately resolved, with the advice of some of the 'experts' differing markedly from the lived experience of the problem gamblers described in our study. By the same token, the views of some of the 'experts' were very closely in touch with those of the problem gamblers in this study.

Among the 'expert' views, there was a broad consensus that venue staff should not attempt to diagnose problem gambling behaviour. However, that is not to say that clear indicators of problem gambling behaviour should be ignored by venue operators or venue staff. The empirical research described in our study has found that problem gamblers are urgently wanting intervention from gaming staff, despite the difficulties that exist in recognising problem gamblers from the perspective of the venues. The problem gamblers in our study saw themselves as a readily observable population that exhibits a number of clear warning signs that venue operators/their staff cannot ignore. (e.g. being present at anti-social hours [i.e. very early in the morning or late at night]; multiple ATM visits, particularly either side of midnight; disorderly or aggressive behaviour towards machines, fellow patrons or the gaming industry; or lengthy gambling 'sessions'). There is clearly a need to somehow bridge the gap between the perceived difficulties experienced by venue operators and venue staff in identifying and dealing with problem gambling behaviours, and the unambiguous calls from problem gamblers in the study.

Pleas for gaming room interventions to reduce the impact of problem gambling make sense both in terms of explanatory models that rely for their frame of reference on the perceived individual deficiencies or weaknesses of problem gamblers, as well as the reality of the 'totally out of control' experience that is problem gambling for most project participants. It is entirely understandable that many problem gamblers would appreciate someone else taking control and removing them from temptation.

Display of information

In-venue information about where to seek help for problem gambling represents a significant part of current gaming room interventions. Questions about the reach and effectiveness of this met with mixed responses from gamblers:

'There are pretty good signs at venues, which is a good thing. The venues are very responsible in this respect ...'

'There's all these signs saying 'Come and Have Fun' or 'Have a Free Cup of Coffee', but stuff all about if you have a problem. If the information was more prevalent, many more people would seek help ...'

¹ *Current Issues Related to Identifying the Problem Gambler in the Gambling Venue*, (Ed. Allcock 2002), Australian Gaming Council publication

'The information about gambling help in venues is very obscure. It's by the cashier—if you're a mad gambler, you're not going to look at it, you're just going to cash another \$50 ...'

'The signs saying 'Have Fun' are enormous, but the ones telling you what you can do about it are so small you don't notice them. They have them near the cashier—the only bit of paper you care about there is if it has a ten or a fifty written on it ...'

Placing information near the cashier in gaming venues was not considered especially helpful, but information from venues was nonetheless regarded as a key referral pattern into problem gambling services. Either way, such responses highlight the position put forward by Surgey in her study of women and EGM problem gambling that 'women believed that venue operators within the electronic gaming industry could and should be responsible for implementing changes to assist consumers in their information needs at the time of playing' (2000: 77).

Problem gamblers were asked what messages need to be promoted to prospective and novice gamblers to help prevent them from becoming problem gamblers. Messages suggested included:

'Don't do it! ...'

'You start with ten dollars and it ends in tears ...'

'This is an addiction. You can't fight it. This is how you'll end up. You can't make money. Forget it ...'

'You don't know if you're going to be the one it takes over ...'

'It could be you ...'

'What the long-term effects of gambling are; how you are affected by it long-term ...'

'Don't even bother—you will end up in a position where your family falls apart ...'

'Just how quick it is. I went from not gambling at all to gambling every cent ...'

'We need to pay more attention to our youth. We are producing a nation of potential gamblers who associate winning, feeling good and accomplishment with their Nintendo ...'

'Get out while you can. It's better you don't start. Prevention is better than the cure—the cure is so very painful ...'

6.3 The Self-Exclusion Program

Nearly all respondents had participated in the self-exclusion program at some stage, with mixed responses as to its effectiveness as an interventionist or preventative measure. For some, the voluntary exclusion program was regarded as a 'saviour', while for others it was seen as a 'toothless tiger', with the lack of industry enforcement regarded as a considerable barrier to its effectiveness.

Indeed, several respondents reported a lax attitude from venue owner/operators on enforcing the ban:

'I'm on the self-exclusion program—I've been back once a week to a venue for the last 18 months ...'

'I banned myself from all of Bendigo, but I'd drive out to Maryborough. I'd go in the pouring rain—I couldn't get there quick enough. I'd be biting at the bit ...'

'They need a kick up the bum with the self-exclusion program—that really needs a wake up call ...'

A lack of punitive action taken against staff and a lack of ownership about whether it was a client- or industry-driven program led to a devolution of responsibility from both parties:

'The staff don't get the sack if they don't chuck you out. The deed is full of get-out-of-jail clauses for the venues ...'

'There are no sanctions on management, there is no dismissal of staff if they let someone in ...'

'They don't care to enforce it ...'

'They're too slack—there's too much money involved for them to do anything about it ...'

'The deed is full of clauses that exempt the AHA from any liability ...'

'There was a time when I was so desperate that I wanted to go the newspapers and get them to do a story—'why aren't the venues doing their job'?—if you ask for help, they have to take responsibility to help you from slipping down ...'

For others, however, the program was seen as an effective deterrent:

'If I know I can't get it, I won't bother ...'

'I banned myself from 36 venues. One I won't walk into because they know me too well. It's a deterrent, but because I'm not a noticeable person I could get away with it ...'

'I spent a fortune on psychotherapy—that just dug up shit from my past—it didn't stop me gambling. Self-exclusion did. I had to bar myself for 12 months but it worked ...'

'It's fantastic. It works because I want it to work, and because I wouldn't put the staff in the position of having to say something to me ...'

'I tried electric shock therapy, psychotherapy, counselling—I didn't click with the counsellor. I then self-excluded myself. It's the best thing I could have done ...'

Positive reinforcement and support from venue staff were also seen as contributing to the effectiveness of the program:

'With the self-exclusion program, it was a guy in the bottle shop who said "I commend you for doing it, good on you." That made me feel fantastic—it was nice to be reassured that you're not a loser ...'

Some saw undertaking the program in conjunction with more formal therapeutic interventions as being crucial to the program's success:

'It probably could have been good. My mistake was to stop seeing B when I went on the self-exclusion program. Because I hadn't fully got my shit together, I sneaked back and played ...'

In rural and regional areas however, one of the barriers to the self-exclusion program working as an intervening strategy was the fear that it would curtail social life:

'For a while it was difficult on my social life, all of my friends knew—that constrained where we could go for dinner ...'

'I'd be afraid that a lot of people who knew me would know I have a problem if I bar myself ...'

Others reported diversionary tactics such as covering their face with a handkerchief to feign a cold, when they walked into a gaming room with a group of friends.

The argument that the venues, particularly larger ones, had trouble enforcing the program due to the large numbers of photographs they needed to recognise was met with little sympathy by the gamblers. The gamblers felt that while a venue may attract a lot of foot traffic, the problem gamblers within the venues are a discrete, easily recognisable population:

'Every time I go in there I see the same faces—it's very easy to work out who's in trouble ...'

'They could look at the photographs on the self-exclusion program ...'

'They need to be more vigilant on the photos for the self-exclusion programs, maybe so you have to show ID to get in ...'

The eagerness with which industry interventions were advocated by gamblers underscores the theme of someone else taking control of the problem and emerged most strongly in people's attitudes towards the self-exclusion program:

'They need to be able to enforce the self-exclusion program. They need to totally humiliate people. If you can get away with it, you'll keep sneaking in—it's a pattern ...'

The twin motivators of shame and an external locus of control were instrumental in shaping gambler's perceptions of the effectiveness of industry-based interventions in helping them overcome gambling problem.

These comments from problem gamblers give an added insight into venue-based self-exclusion programs, which are the focus of another GRP study, Evaluation of Self-Exclusion Programs and Harm Minimisation Measures, to be released in early 2003.

6.4 Professional Interventions

Most gamblers in the research, having attempted self-help strategies and feeling abandoned by the industry, eventually sought professional, therapeutic interventions from a problem gambling or other counsellor (usually relationship or financial).

In broad terms, the scope of interventions offered by problem gambling services included:

- behavioural therapy;
- cognitive therapy;
- systemic approaches such as family/relationship interventions.

Where there was evidence of psychiatric disorder, clients were also treated using pharmacological interventions.

Depending on client need, worker skill, and the availability of funding to resource such programs, the modes of delivery offered included:

- individual counselling;
- group therapy;
- self-help interventions.

The main agencies through which participants had sought help were Gambler's Help and Gambler's Anonymous. One person had also sought help from the Free Yourself Program, while another spoke extremely positively of a program offered by a private psychological counsellor.

6.4.1 Gambler's Help

As stated in Freethy, 'Gambler's Help employs a harm minimisation framework, suggesting gambling participation and risk occur along a continuum rather than forming a distinct group of problem and non-problem players' (unpublished: 3). Such flexibility lends itself well to the 'horses for courses' approach requested by gamblers and their families, who note that effective interventions are eclectic and will 'depend on each candidate.'

The majority of project participants had entered the Gambler's Help service system by making contact with the 24 hour telephone service, before being referred on to a local counsellor:

'People come to us mainly through the Gambler's Help telephone services – that acts as a bit of a filter ...'

'I called Gambler's Help once—it helped. She told me to stop feeling guilty. She didn't accuse me—my mum thinks I'm stupid—or call me any names. I had an appointment with a counsellor but missed it because my car broke down. I will reschedule soon ...'

'I tried the Gambler's Help phone line. I used it a lot. I rang when I was ready to go gambling again, I'd been 36 days cold—they were fantastic and would refer me on to other things, but because I was regional I was limited as to where I could go ...'

Once referred to a counsellor, 'timely and effective triage' (Freethy, unpublished, 4) is necessary to ensure the client's needs are dealt with swiftly and appropriately. While there is undoubtedly a plurality of models offered within the various Gambler's Help agencies, clients could not pinpoint any particular treatment modality as being more or less effective in meeting their needs:

'It depends on the person. A lot of people need immediate financial counselling, whereas it might be something else for someone else ...'

For some, social liberation; 'committing oneself to action and reminding oneself that success is possible' (Hodgins 2000: 124) was regarded as an effective therapeutic framework:

'You need motivational speakers to get you excited about not gambling ...'

Individual and group counselling

Individual and group counselling sessions were regarded as being effective or ineffective, depending on needs:

'The group sessions were good. One-on-one only went for six weeks. A group of us wanted to continue ourselves, but we've dropped off. No one was interested—I would have liked that ...'

'I tried group therapy but it wasn't for me—I didn't want to run into people I knew ...'

'One-on-one was my preference initially, you can get it all off your chest. Group therapy was fantastic, having more than one person to talk to really aids you ...'

'The group therapy was good as everyone had a common goal. I'd like to be able to meet with them twice a week ...'

Many respondents could cite the usual cognitive behavioural and behavioural modification techniques used in counselling sessions. Addressing urges to gamble, challenging thoughts and beliefs, suggesting alternative activities ('not macramé!'), and addressing the wider social context or environment in which a person's gambling is situated, were all mentioned by gamblers as being among the repertoire of therapeutic interventions offered at gambling help.

Effective therapeutic relationships

Clients were unable to single out any specific intervention or interventions as being particularly effective in meeting the needs of a problem gambler, but they could, however, identify the need to rapidly establish a successful therapeutic relationship built on nothing more sophisticated than 'having a sympathetic ear:'

'Empathy, being a good listener and being patient ...'

'We're all still human beings—you need to be talked to like you're talking to me now. All gamblers hide something, you need to find out what they're hiding ...'

'They need a sympathetic attitude and approach so they don't feel guilty ...'

'You have to get a good counsellor that you click with ...'

While the need to establish an empathetic therapeutic relationship may be taken as an obvious 'given' among service providers, the rates of drop out and/or attending sessions for only very short periods of time (most clients attend three sessions or less: Jackson, unpublished), suggests that this is not always achieved, or indeed, achievable. Jackson hypothesises that this perceived lack of therapeutic relationship on the clients' part emerges from the very subjectivity of each party's different social and emotional worlds. In other words, what is 'reflective listening' for a service provider can be interpreted as 'not responding' for a problem gambler in emotional 'tethers'. Accordingly, measuring the quality of a therapeutic relationship is enormously difficult, given the need to balance and integrate two very different worlds.

Some gamblers and service providers cited reality therapy—shocking a person with the consequences of their gambling activity—as an effective means of engaging with a gambler and their problem:

'Being sympathetic to the person, but also painting the scenario of where they could be. You will lose your house, you will go to jail, that sort of thing ...'

'I don't let them off the hook—reality therapy—I try and make the person fully aware of the consequences their gambling will have on them ...'

Self help and professional interventions

Self-help strategies attempted in isolation were not regarded as being particularly effective, but when used in conjunction with professional interventions were seen as being considerably more effective:

'Gambler's Help have already made a big difference, advising me not to keep lots of money in my wallet and coming clean to my family ...'

For many gamblers, those services or counselling sessions deemed to be the most effective were those that offered practical, workable suggestions:

'The things that worked for me were NLP [Neuro Linguistic Programming], a tape and study book with checklist of things you should do everyday "have you eaten three healthy meals, try and reduce the amount of coffee you drink" and so on ...'

'The best advice I was given was if I was having a bad day, to wear thongs, because the venues won't let you in ...'

In some cases however, the suggestion of self-help and/or practical strategies led to a reduced confidence in service providers:

'The financial counsellor needed to be better—she gave me a budget, but I had no money! ...'

'My financial counsellor was the biggest hassle—she couldn't add up! They might be good in everyday budgeting situations but not for gambling. You need someone who will give you more information. The banks will write off debts—if they've [the financial counsellor] done their homework for you they can save you money ...'

While there is some slippage in what constitutes 'self-help', service providers and gamblers concede that 'practical' self-help strategies, when used in conjunction with therapeutic interventions designed to change gambling behaviour, were useful recovery strategies.

An important dimension to this practical interventionist approach was the clear need for service providers to adopt a brokerage role with banks and essential services:

'Brokerage between essential services (e.g. gas) is important. When you have no water, no fridge and no money—these things can trigger you off. You need to have a brokerage system whereby dealings with banks, essential services and people demanding money is removed from you. Getting calls every day "when am I going to see my rent money" is traumatic ...'

For many gamblers and their families, having to juggle the responsibility for financial management with that of emotional self-management was regarded as too great a burden, and one that service providers should at least mediate.

However, while such practical interventionist approaches were particularly engaging for the Gambler's Help client base included in this research, appeals to rationality—citing the odds, explaining the probability of winning and losing—were not:

'Appeals to rationality, explaining that you will never win, doesn't matter. You are not in a rational frame of mind. You still think "it's going to be me". That's how the pokies work—on a maybe and a promise ...'

'It's no use being rational and saying "the machines will never win" or "statistics have shown" ... rationality is out the window. Something just takes you there ...'

For some, appeals to rationality, like appeals to unworkable practicality, led to a diminished confidence on the part of the gambler as to the counsellor's ability to help and support.

Not being an ex-gambler

Service providers who had 'been there' were seen as having a credibility that those who had never had a gambling problem did not. Among service providers, there was some debate as to the appropriateness of gamblers using this criterion to judge their professional competence:

'There are different experiences of gambling, and if a counsellor had been a TAB gambler, gambling to chase losses, then is he really going to understand a female pokie player gambling to fill a hole in her relationship ...'

In the clients' eyes, however, being an ex-gambler, irrespective of the kind of previous gambling experience, did help to establish the authority of the service provider to dispense appropriate advice: 'they've been there, done that. Seeing someone who has made it through gives people hope.' For many clients, having an ex-gambler was crucial to establishing the therapeutic relationship:

'The fact that she was not a gambler was difficult for me. I felt that she didn't understand me ...'

'I saw Break Even ... I found them empathetic, but the fact that my counsellor was not an ex-gambler was difficult for me. I then went to XXX—that was fantastic. She was an ex-gambler, so I found my absorption was fantastic ...'

'I think a barrier is not having ex-gamblers as counsellors. You need someone who knows all the traps, all the things that will pull you back ...'

'They need to have walked a mile in your shoes ...'

'I think they have to have been there as well ...'

'Definitely, they have to be an ex-gambler. It's like with AA, they know all the temptations and things that would draw you back ...'

'I needed an ex-gambler, someone who could understand my situation ...'

'The counsellors weren't gamblers—they didn't feel an affinity. You have to experience it, there is no other way ...'

For counsellors who are not ex-gamblers, there is a need to develop alternative means by which to reassure clients of their competency to engage with clients and their gambling world.

6.4.2 Gamblers' Anonymous

There were mixed responses from those participants who had attended 12-step programs which followed certain pre-determined 'steps' towards recovery. While some found Gamblers' Anonymous to be 'depressing beyond believing', others spoke positively about the benefits of participation:

'I tried GA, years ago, and I came out very distraught. I was surrounded by people who had lost everything. There were druggies as well. It was too much, it wasn't me. A couple of years later I had sunk further into my addiction and went to XXX (a private service provider) ...'

'I went to GA once. I didn't like the quasi-religious, 'reach out to a higher power' approach of it ...'

Such findings lend preliminary support to Potenza's research which suggests that, although the most popular form of intervention, Gamblers' Anonymous is not necessarily the most effective, particularly in terms of preventing drop-out and relapse, with the majority of participants leaving after one or two meetings (Potenza, et al. 2001). A fear of loss of privacy and anonymity were among the other barriers to people maintaining contact with Gamblers' Anonymous.

On the other hand, some participants found it to be an extremely effective support mechanism, particularly the peer support dimension of the program:

'I thought GA was great ... it's all first names like this, you talk with other people like this. You can't even buy a raffle ticket. They meet once a week. That regular contact is really important. They have a support scheme where you can ring someone up if they're about to crack. You're with the same people who have the same problems ...'

No participant was currently attending a Gamblers' Anonymous group. In the two regional centres where focus groups were conducted, there was concern among participants that their local chapter had closed down due to a lack of funding and support. The family member (step-mother) of one gambler was attending Gamblers' Anonymous.

6.4.3 Other Professional Interventions

While Gambler's Help and Gamblers' Anonymous were the main gambling programs that participants were attending (or had attended), the Free Yourself Program and a privately run counselling program in metropolitan Melbourne had also been used by two participants, with extremely successful outcomes in both cases. In part, the financial commitment of entering into a privately run program was seen as being a significant motivator for people to stay in treatment, a point further addressed in Section 6.5.2.

6.5 Effectiveness of Treatment and Services

Assessing the effectiveness of services is a notoriously difficult task, due in part to the enormous range of subjective and circumstantial factors that impact upon an individual's pathway to recovery.

In this qualitative study, the relatively small sample, and the variety of industry, self-help and professional interventions used, makes a systematic evaluation of service effectiveness beyond the scope of this current report. The next phases of this research will involve a much larger sample, over time, and will yield more generalisable results.

Some preliminary assessments as to the effectiveness of services and interventions are presented, without comment on any particular service or agency.

Using the same criteria for evaluating current ‘best practice’ interventions used by O’Connor et al. (2000)—availability and accessibility, affordability, sustainability and ethical and equitable—preliminary comments and reflection are offered on those services used (currently or previously) by problem gamblers and their families in this study.

6.5.1 Availability and Accessibility

Availability is most frequently described in terms of the number of agencies and their locations. Currently, the Gambler’s Help network provides a good degree of accessibility, and variability of location (O’Connor, et al. 2000). However some clients reported difficulties with accessing services by public transport, or with venues for groups being moved and changed: ‘with Gambler’s Help I had so many problems with venues being closed down or moved.’

Other services (financial and relationship counselling) were also available through Gambler’s Help, however service providers identified a need for greater access to legal counselling and advice from people experienced in legal issues arising from problem gambling.

Availability and accessibility need also to refer to the ease of access for current and potential clients. Responsiveness and regular contact by service providers were critical factors affecting clients’ perceptions of the availability of services. For clients, the need to establish contact rapidly, and then maintain a regular, ongoing relationship between client and counsellor was imperative:

‘I know they have lives and families and I’m not the only person she has to see, but I think more regular contact is the key ... ’

‘The counsellor was very good, but XX [service] was hard—I didn’t find them very responsive to crisis stuff. There should at least be someone manning the phones from 9–5. You should be able to contact someone to speak to them ... ’

‘They need more counsellors available after hours—most crises happen after 5 pm or at 3.30 on a Friday afternoon ... ’

‘They are so snowed under. I rang XX and he said he couldn’t possibly fit another client in. When you ring for help, you don’t want it in a month’s time. That’s another three weeks of gambling. When you pick up the phone you’re nervous. You think if I can’t get help I may as well keep on gambling ... ’

Equally, service providers acknowledge the difficulties in providing the level of contact and attention clients request:

‘We can’t fill the number of people in our evening sessions—having dedicated staff who just work evenings would be fantastic ... ’

‘Having more counsellors for group work would be good ... ’

6.5.2 Affordability

As identified in O’Connor et al. (2000), affordability is defined as the personal financial cost to the consumer with the gambling problem (or significant others).

For this study, issues of affordability impacted on gamblers, their family members and service providers’ perceptions of the effectiveness of problem gambling services. Issues of

affordability reduced people's access to certain services or treatments, the kind of services and treatments available, as well as reducing the number of staff available to coordinate programs.

More particularly, issues of affordability related to clients' awareness of government cuts to funding for staff and services, or through clients simply not being able to afford to stay in private treatments:

'At the Health Centre they do mainly one-on-one. The group discussions have folded ... the government took the money away ... '

'I think the one-on-one is great, but DHS has cut the funding for my counsellor, so she's only part-time. The waiting list to see her is something like five months ... '

'I saw a psychologist there for a while ... then I couldn't afford to keep seeing him, because of the gambling, so I went to GA ... '

Gambler's Help service is free of charge but there are still costs for clients such as expenses incurred when travelling to and from appointments. Clients in regional centres may need to drive several hundred kilometres to access a particular counsellor or service.

An alternative perception of the affordability of services was that those services that commanded a fee or payment had an increased attendance rate from participants:

'Government counselling, I think works for people who are less educated—because it's a free service, it costs you nothing and you don't have to give anything, but it does help others ... '

'The fact that Gambler's Help is a free service means they get a lot of people who aren't really interested in getting help. At XXX I had to pay sixty dollars a session ... I had to be pretty committed to getting better ... '

The service providers were acutely aware of the limitations to service and program delivery imposed by funding cuts and reallocations: 'we are limited by the cloth we have to cut our coat from' provides an apposite comment from one regional service provider.

In particular, getting rid of discretionary funds was universally regarded as a short-sighted approach that would inevitably create more problems:

'Taking away the discretionary funding was bad—being able to give people money helped reduce their stress levels, and gave them breathing space so they could think about ways to re-connect ... '

The problem gambling services regarded to be most effective were those that could offer relief to a client in an immediate, desperate, usually financial, crisis. There is strong evidence from this research of the value in maintaining funding for legitimate financial relief as a means of reducing clients' stress, and the researchers believe that discretionary funding is a crucial resource in problem gambling service provision.

6.5.3 Sustainability

Sustainable services were those that clients regarded as beneficial enough to justify continuing, as well as those that the government considers worth funding.

Of those participants who were currently seeing a counsellor, many had been in their care for several months, in some cases, several years. In the most part, sustainable services were also those that were affordable and accessible, underscoring the need to rapidly establish and then maintain an effective therapeutic relationship:

'I went to Break Even for six weeks, then it was the end of the session and the girl I was talking to said "it's up to you now" ... I wasn't ready for it to be up to me ... '

'People need to become aware that they have got a problem. To get people to do anything about it, there needs to be a big enough carrot ... you need to keep people in group therapy every day for at least six weeks ... '

The strategies that initially appealed to clients (practical self-help techniques) are also those that clients could attempt alone, perhaps prompting them to move away from professional interventions prematurely. Sustainability of intervention, therefore, does not need to be tied to an outpatient setting. However, finding the appropriate time for a counsellor to exit from the relationship is clearly an important part of service sustainability.

6.5.4 Ethical and Equitable

If, at most, three per cent of the Australian population has a problem with gambling, some argue that this figure is not high enough to warrant drastic measures or policy changes to reduce the impact of problem gambling. However, as detailed in this report, the problems faced by problem gamblers are devastating and extend beyond the individual to affect family, friends, work mates and the general community. Many problem gamblers in this study believed the gaming industry should contribute to funding services for problem gamblers.

Indeed, the expansion of gambling opportunities has led to increasing community prevalence rates of gambling. As Grun and McKeigue (2000) point out in their work on excessive gambling before and after the introduction of the national lottery in the United Kingdom, 'the unfettered expansion of gambling' has impacted profoundly on the mental and physical health of the community. As such, there remains an urgent and unswerving commitment that services continue to be designed, evaluated and offered in ways that identify and respond not only to the gambling problem, but its wider impact as well.

Chapter 7

Implications for Policy and Service Provision

This report is the first in a series of four to be provided as part of the Study of Clients of Problem Gambling Services. This initial qualitative report has provided a preliminary snapshot of gambling and service activity, as seen through the eyes of problem gamblers, their families and service providers in problem gambling and related crisis intervention services.

To summarise, the key themes and issues to have emerged from this initial round of research include:

- the principal form of gambling engaged in by self-identified problem gamblers was overwhelmingly electronic gaming machines (EGMs). In some rural and regional centres, TAB betting was also problematic, however, EGM gambling was more often the type of gambling activity that prompted a gambler to seek help;
- the environment of the gaming venue is a contradictory mix of warm sociality and extreme social isolation, in which problem gamblers can be ignored or invisible and machines become lovers and best friends. Further research attention needs to be devoted to really understanding how the functionality and psychological design of the gaming machines enables them to be thought of as lovers, a best friends, soul mates and confidantes;
- the impact and effects of problem gambling on individuals, families and their immediate community can be catastrophic, adversely affecting employment and financial circumstances as well as families and relationships;
- defining, assessing and measuring ‘the gambling problem’ is surrounded by competing and complementary interpretations, with clinical measures being used by service providers to assess the severity of a gambling problem. Clients, however, spoke of impact and effects to assess their problem. Accordingly, greater attention needs to be paid to allowing gamblers’ own experiences of gambling—and its consequences, as defined and articulated by gamblers—to stand as equally legitimate measures of ‘the problem’;
- gamblers recognising their behaviour was becoming a problem adopted a range of approaches to seeking and getting help that involved increasing degrees of intervention:
 - self-help strategies (i.e. limiting the amount of money taken to a venue or ‘not going for a month’);
 - signing up to a self-exclusion program;
 - accepting intervention from venue staff on the gaming room floor, in the situation where this was available;
 - contacting professional intervention and treatment programs (e.g. through Gambler’s Help, financial or relationship counselling).
- in general terms, eclectic modalities in which the counsellor and client can very quickly establish a working therapeutic relationship were seen to be most effective in meeting the equally varied needs of problem gamblers and their families;

- in particular, those interventions that offered practical self-help, when used in conjunction with professional treatment modalities, were regarded by gamblers as being most effective in minimising the harm caused by problem gambling;
- those interventions, however, were viewed as a last resort. Of the various stages of gambling behaviour modification, both gamblers and families alike felt that gaming room interventions could make a significant difference to reducing and preventing problem gambling activity.

7.1 Recommendations

From this initial report of the Study of Clients of Problem Gambling Services, it is recommended that:

- further research be conducted specifically into the functionality and psychological design of electronic gaming machines and the social environment of the venue;
- greater acknowledgement of the problem be given by gaming room operators and the continuing development and evaluation of gaming room education and interventions;
- the effectiveness of self-exclusion programs be investigated in more detail;
- appropriate messages and strategies continue to be developed and promoted to those just beginning to gamble to help prevent them becoming problem gamblers;
- appropriate services and strategies continue to be developed and evaluated that respond to the growing and changing needs of problem gamblers and their families;
- problem gamblers and their families continue to be consulted, using interactive, empowering qualitative research techniques, as to their needs, expectations and perceptions of problem gambling service delivery.

7.2.1 Further research on EGMs and their impact

Further research is recommended to be conducted specifically into:

- the functionality and psychological design of electronic gaming machines and the social environment of the venue;
- the impact of the expansion of gambling on the quality of life of individuals, families and communities should remain on the research agenda to inform policy decisions.

7.2.2 Greater acknowledgement of the problem by gaming room operators and the development of better gaming room education and interventions

It is recommended that:

- a specialist panel be established which is responsible for evaluating electronic gaming machines before they are introduced in Victoria. Drawing from the further research to be undertaken into the functionality and psychological design of electronic gaming machines, the panel would look at machine characteristics such as spin rates, lines of play, bet limits, cash/credit options, use of colours and sounds, on-screen feedback on play, and whether their configuration is acceptable in terms of consumer protection and other considerations affecting gamblers' control over their betting behaviour. Other states such as South Australia specify that new games with new features must demonstrate they are not harmful;

- better training be provided to venue staff and hospitality students;
- there needs to be better enforcement of the self-exclusion program through more active policing of the program by venues and the application of sanctions for breaches by venue operators, where clear evidence exists for such breaches;
- alternative venues/activities be provided;
- the venues that do not have EGMs be more widely advertised;
- the feasibility of using Smart Card technology in Victoria that identifies and limits the spend of problem gamblers be investigated.

7.2.3 Appropriate services and strategies continue to be developed and evaluated that respond to the growing and changing needs of problem gamblers and their families

In recommending the most appropriate services and strategies to be developed and evaluated, guidance is provided by the problem gamblers, family members and service providers who participated in this study:

- 'keep the discretionary funds, it just reduces stress';
- provide more funding for more staff;
- have greater coordination with medical and legal services;
- have counsellors who are ex-gamblers;
- 'it's not a quick fix, and the government needs to be committed to long-term solutions'.

Problem Gambling continues to be a significant social, economic and health issue for men, women and children throughout Victoria. If the trend for increased gambling opportunities continues, problem gambling will become an even greater public health concern.

Current policies need to be refined to cope with the impacts of problem gambling. Such policy changes may involve enlisting the help of general practitioners in case-finding and early intervention (Sullivan et al., 2000; Pasternak & Fleming, 1999), through to the organisation of better coordinated health, financial and legal systems around problem gambling that can cope with the growing proportion of problem gamblers who present with alcohol and drug addictions, psychological disorders, family problems criminal behaviours and/or financial problems.

The opinions and experiences of gamblers and their families need to be taken seriously. Their stories, recorded through research such as this need to be heeded, just as much as professional experts, to inform policy.

Current and ex-gamblers should be given a stronger voice in, for example, public forums, government inquiries, steering committees, working parties, and should be encouraged and assisted to offer their invaluable experiences and knowledge to assist in the pursuit of more responsible and effective problem gambling interventions.

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