



FINAL REPORT
26 November 2010

**2009 Survey of
The Nature and Extent of Gambling, and Problem
Gambling, in the Australian Capital Territory**

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Table 5.3: Prevalence of gambling problems amongst the adult population, gamblers and regular gamblers†, by jurisdiction.

Jurisdiction	Share of adults	Year	CPGI 3-7	CPGI 8+	CPGI 3+
General population					
NT	-	2005	1.38	0.64	2.02
SA	-	2005	1.21	0.43	1.65
TAS	-	2007	0.84	0.52	1.35
VIC	-	2008	2.36	0.70	3.06
NSW	-	2009	1.3	0.4	1.7
QLD	-	2009	1.58	0.37	1.96
ACT††	-	2009	1.45 (0.98)	0.45 (0.39)	1.90 (1.37)
Gamblers					
NT	73.0	2005	1.89	0.87	2.77
SA	69.6	2005	1.74	0.62	2.36
TAS	71.6	2007	1.17	0.72	1.89
VIC	73.1	2008	3.23	0.96	4.19
NSW	69.6	2009	1.87	0.57	2.44
QLD	74.7	2009	2.12	0.50	2.62
ACT††	69.8	2009	2.16 (1.45)	0.67 (0.57)	2.83 (2.02)
Regular gamblers†					
NT	-	2005	18.4	8.5	26.9
SA	9.4	2005	10.0	3.8	13.8
TAS	7.5	2007	11.1	6.9	18.0
VIC	4.1	2008	16.8	9.0	25.8
NSW	9.3	2006	19.0	10.2	29.2
QLD	5.6	2009	13.7	5.7	19.4
ACT	6.5	2009	14.4	5.6	20.0
Regular EGM players					
NT	9.1	2005	-	-	-
SA	-	2007	16.2	9.3	25.5
TAS	1.6	2007	7.6	19.3	26.9
VIC	1.6	2008	19.0	16.4	35.4
NSW	5.0	2006	20.9	15.9	36.8
QLD	3.5	2009	16.2	6.8	23.0
ACT	3.0	2009	17.8	8.9	26.7

Jurisdictions other than the ACT: Source Productivity Commission (2010: pp 5.18-5.24), Tables 5.2, 5.4 and 5.5.

For each section of the table, the most recent CPGI prevalence rates are shown for each jurisdiction.

†Regular gamblers were defined as gambling 52 times a year or more often across all activities other than lottery or scratch tickets.

††In the ACT the CPGI was given to people gambling 12 or more times in the last 12 months across all activities except scratch tickets and lottery games. Bracketed text denotes prevalence estimates if only 'regular gamblers' had received the CPGI.

Table 8.3 Characteristics associated with receiving services amongst lifetime problem gamblers, n=141.

		Ever received help	
		Yes (16.9%)	No (83.1%)
Sex			
	Male	14.8%	85.2%
	Female	21.3%	78.7%
Age*			
	18-29	4.6%	95.4%
	30-59	22.2%	77.8%
	60+	8.6%	91.4%
Country of birth			
	Australia	18.4%	81.6%
	Other	9.9%	90.1%
Highest completed qualification			
	Year 10	18.2%	81.8%
	Year 12 or certificate/diploma	19.6%	80.4%
	Bachelors degree or higher	10.4%	89.6%
Marital status			
	Ever married/defacto	12.9%	87.1%
	Separated/divorced/widowed	24.4%	75.6%
	Never married	17.7%	82.3%
Seriously thought about suicide because of gambling (ever)***			
	Yes	85.3%	14.7%
	No	8.7%	91.3%
Relationship break up or neglected family because of gambling (ever)***			
	Yes	42.2%	57.8%
	No	8.7%	91.3%
In trouble with police or bankrupt because of gambling (ever)***			
	Yes	64.9%	35.1%
	No	15.5%	84.5%
Gambling adversely affected job (ever)**			
	Yes	74.3%	25.7%
	No	7.2%	92.8%
Mental health Inventory (last 4 weeks)*			
	>6	30.3%	69.7%
	<=6	12.4%	87.6%
General physical health			
	Fair or poor	23.8%	76.2%
	Excellent, very good or good	14.7%	85.3%
Financial problems (last year) (p=.08)			
	Yes	31.0%	69.0%
	No	13.4%	86.6%

*p<.05; **p<.01; ***p<.001.

8.3 Reasons for seeking help

Table 8.4 shows the reasons that people gave themselves for seeking (and receiving) help based on the 31 individuals who had ever received formal help. They most commonly reported they were prompted to seek help by financial problems, feeling depressed/worried and relationship problems.

Table 8.4: Reasons for seeking help amongst those who had ever sought help.

What prompted you to seek help	% of those who had ever sought help, n=31[†]
Financial problems	43.4%
Felt depressed/worried	39.5%
Relationship problems	36.5%
Someone urged you to go	19.7%
Employment problems	1.7%
Legal problems	0%

[†]The column total is greater than 100 because people could endorse more than one reason.

8.4 Reasons for not seeking help

People who self-identified as ever having a gambling problem, but had never received formal help (n=94), were asked why they had not sought help. Structured response options were presented by the interviewers but people were also given the opportunity to describe other reasons why they had not looked for help. The most common responses were that they felt they could beat their problems on their own or that they didn't need help.

Table 8.5: Reasons for not seeking help amongst self-identified lifetime problem gamblers.

Reasons for not seeking help	% of self-identified lifetime problem gamblers who had never sought help n=94
Thought I could beat the problem on my own	48.7%
Didn't need help ^{††}	32.6%
I could afford my losses ^{††}	5.7%
Too embarrassed to see a counsellor	4.9%
Didn't know where to go	2.9%
The kind of help I wanted wasn't available locally	0%

[†] The column total is greater than 100 because people could endorse more than one reason

^{††}These responses were not structured, they were volunteered, and the reported proportions are likely to under represent the true proportion.

8.5 Summary -

The results in this chapter show that receiving help for gambling problems is not only a rare event in the general population but is even uncommon amongst people with gambling problems, with only about one in five ever getting help. Most people with gambling problems replied negatively to all the questions asked about help-seeking and had not even discussed their problems with friends or family. There was little indication that people had tried to get help but could not access services, or that they wanted help in some way but did not know how to go about finding it. When asked directly why they had not looked for help, most said that they felt they could beat their problem on their own or simply said that they did not need help. When gamblers who had received help were compared with those who had not, striking differences were seen in their reporting of serious harms. In particular, feeling suicidal was the most common factor associated with help-seeking for gambling problems.

9. Community attitudes to gambling

In the 2001 and 2009 Surveys everyone proceeding to the detailed interview was asked the extent they agreed with the statement, ‘Overall, gambling does more good than harm for the community’. They were also asked whether they thought ‘the number of poker and other gaming machines should be increased, decreased or stay the same’. Table 9.1 shows responses to these questions in both surveys.

Table 9.1 Community attitudes to gambling in 2001 and 2009, n=2,060

Gambling does more good than harm			The number of EGMs should be increased, decreased, or stay the same		
	2001†	2009		2001†	2009
Strongly agree	2.7%	2.3%	A large increase	0.2%	0.3%
Slightly agree	8.9%	6.8%	A small increase	0.7%	0.2%
Neither agree nor disagree	9.9%	14.0%	Stay the same	38.2%	33.0%
Slightly disagree	22.8%	26.2%	A small decrease	16.5%	17.8%
Strongly disagree	55.1%	50.0%	A large decrease	37.8%	40.0%
Don't know or can't say	0.7%	0.7%	Don't know or can't say	6.6%	9.2%

†Source: McMillen et al. (2001: p 132, Table 41)

Table 9.1 shows that a large proportion of ACT adults disagree with the statement that gambling does more good than harm in 2009 (76.2%) and 2001 (77.9%). Similarly, a large proportion of the ACT population thought that EGMs should be decreased in 2009 (57.8%) and 2001 (54.3) and across both surveys about a third thought that the number of EGMs should stay the same. Given differences in survey methodology it is difficult to compare these figures directly but they are very similar over time. In 2001, McMillen et al. (2001: p132) remarked that the ACT residents were more disapproving of gambling than the Australian population. The current survey suggests that community attitudes have not shifted dramatically over the past 10 years.

In 2009, people were also asked, ‘In the ACT ATMs are not allowed in gaming machine areas, but they are allowed in the venues. Do you think ATMs should be available in gaming machine venues?’ A much larger proportion (70.3%) responded ‘no’ to this question than ‘yes’ (24.0%), and 5.7% had no opinion.

10. Discussion

10.0 Gambling participation and problems in the ACT

As in other surveys conducted in Australia, the 2009 ACT survey found that a large majority of the adult population (about 70%) had gambled in the past 12 months. The most commonly reported activities were lottery games, playing EGMs, betting on horse or greyhound racing and buying scratch tickets. Around half of the population reported gambling on activities other than lotteries and scratch tickets in the past year. The proportion of high frequency gamblers (i.e. weekly or more often) in the population was 17.6% over all activities and 6.5% when lotteries and scratch tickets were excluded.

Most people reported gambling on more than one activity. There was a substantial group who bought lottery and/or scratch tickets and did not report any other activity (about one third of all gamblers) but also a large number of people who reported multiple activities. About a quarter of the adult population reported having gambled on three or more activities in the past year. For this reason, it is difficult to characterise gamblers by the type of activities they report or to investigate the potential benefits or harms attributable to any particular form of gambling. There were also strong associations between frequency of gambling, the number of activities reported, the amount of money lost on gambling, and (where gambling activities involve distinct “sessions”) the duration of gambling sessions. This means that the concept of intensity of gambling participation is multidimensional and complex. Characterising gambling intensity has not reached the degree of consensus found in comparable research areas, such as the measurement of alcohol consumption or use of other drugs.

The prevalence of problem gambling in the ACT adult population identified by the CPGI (score of 8+) was 0.5%. A further 1.5% was identified as moderate risk/problem gamblers (scores ranging from 3 to 7) and low risk problems (scores of 1 or 2) were found in 3.4% of the adult population. The confidence intervals for problem gambling are too large to make meaningful comparisons with other individual surveys but the ACT figure is in the range reported from recent surveys in other jurisdictions (0.4% - 0.7%; see Table 5.3). When moderate risk and problem gambling are combined (i.e. 1.9%), the prevalence is similar to

that found in previous state and territory surveys using the CPGI measure, which fall in the range of 1.35% to 3.06% (Table 5.2).

10.1 Electronic gaming machines (EGMs) and gambling using the internet

In the 2009 ACT Survey, about 30% of the adult population reported playing EGMs in the past year, including 3% who were high frequency players (i.e. weekly or more) and 6% medium frequency (i.e. monthly or more but not weekly). About a third of all EGM players reported typical session times of an hour or longer; for high frequency players, two-thirds reported typical sessions of an hour or longer. For expenditure on EGMs, around 5% of EGM players in the past year reported losses of \$5,000 or more. Amongst high frequency players, nearly a third reported losing \$5,000 or more. About 7% of all EGM players were moderate risk or problem gamblers and this rose to over a quarter for high frequency players (weekly or more). Playing EGMs is the most commonly reported activity for moderate risk/problem gamblers – over 90% reported playing EGMs in the past year – although it should be noted that most problem gamblers report multiple activities.

Gambling using the internet was not a frequently reported activity (about 5% of the adult population). This included people who played casino type games on the internet for money (1% of the adult population) as well as those who used the internet to place bets on sports betting, races or other special events. While gambling on the internet is reported by a small proportion of the population, it is somewhat larger than estimated by other Australian prevalence studies across all activities. For instance, the 2005 Tasmanian prevalence survey estimated that 3% of the population had gambled on the internet using the same question (Roy Morgan Research, 2006).

About 20% of those who had used the internet to gamble reported losses of \$2,000 or more, including 9% who reported losses of \$5,000 or more. One in ten people who used the internet to gamble were moderate risk or problem gamblers based on CPGI score (3 or more). This is considerably higher than comparable figures for people who play EGMs (6.6%) or bet on horse or greyhound races (4.2%). The Productivity Commission reviewed the very small, but growing, literature dedicated to online gambling. In general, the evidence suggests that people who have gambled online tend to have a higher rate of problem gambling than people who have never gambled online (Productivity Commission, 2010: p15.11).

10.2 Changes in participation and problems over time

Overall participation was only slightly lower in the 2009 survey compared to 2001 (70% compared with 73%). Table 10.1 shows participation across all activities for each jurisdiction since 1999. This Table shows that the ACT Survey findings broadly corroborate a gradual fall in participation evident in most jurisdictions.

Table 10.1: Proportion of the adult population participating in any gambling activity in the last 12 months.

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1999	80%	81%	86%	77%	84%	77%	80%	80%
2001			85%					73%
2003		77%						
2003-04			80%					
2005				70%			73%	
2006	69%					85%		
2006-07			75%					
2008		73%						
2008-09	69%		75%					
2009								70%

Source of figures other than 2009 ACT Survey:
Productivity Commission (2010: p2.6), Table 2.2

However, there were more noticeable reductions in playing EGMs and buying scratch tickets between 2001 and 2009. Table 10.2 shows EGM participation since 1999 across all Australian jurisdictions. The 2009 ACT Survey corroborates an overall decline in the proportion of the adult population who use EGMs. While participation has decreased over time, the Productivity Commission noted that real expenditure amongst people who gamble on EGMs has increased since 1999 (Productivity Commission, 2010: p2.21). It was not possible to investigate change in net expenditure amongst EGM players across the 2001 and 2009 ACT Surveys because the questions were asked differently over time.

Table 10.2: Proportion of the adult playing EGMs in the last 12 months.

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1999	39%	45%	41%	41%	16%	36%	33%	37%
2001			34%					38%
2003		34%						
2003-04			32%					
2005				30%			27%	
2006	31%					29%		
2006-07			30%					
2008		21%						
2008-09	24%		31%					
2009								30%

Source of figures other than 2009 ACT Survey:
Productivity Commission (2010: p2.22), Table 2.9

Overall, in the 2009 ACT Survey there were more evident declines in those who reported frequent gambling. Other than playing casino type games on the internet and betting on horse or greyhound races, all activities showed a fall (often substantial) in frequent gambling. These changes are mirrored by falls in per capita expenditure on gambling in the ACT as reported by the Office of Economic and Statistical Research (2010).

10.3 Socioeconomic and demographic characteristics associated with gambling and problem gambling

Participation in gambling varied appreciably across different groups in the adult population. Women were more likely to be non-gamblers than men, older adults were more likely to be non-gamblers than younger adults, people born overseas were more likely to be non-gamblers than those born in Australia, and those engaged in full-time education had a very low level of participation. High frequency gamblers (weekly or more often) were more likely to be in older age groups, to be less educated, to have their main income derived from pensions, benefits or superannuation, or to be employed full time rather than part time.

Moderate risk and problem gamblers were more likely to be male, young, Australian born, less-well educated, never married, and either unemployed or employed full-time. Overall, the

characteristics most consistently related to participation and problem gambling were sex, age and education. Education in particular stands out as showing very strong relationships with participation, high frequency gambling and problem gambling.

10.4 Gambling, wellbeing and harms

Very few people reported harms, either in the past year (0.6%) or ever during their lifetime (1.5%), that they attributed to gambling. Financial difficulties (assessed using standard measures) showed little difference across levels of gambling frequency but they were three times more frequent in moderate risk/problem gamblers than non-gamblers. Other measures of wellbeing showed different patterns of association with gambling. Smoking and alcohol consumption both showed strong relationships with frequency of gambling and with categories of problem gambling whereas self-reported physical health showed no significant variation across gambling groups.

Poor mental health also showed little association with gambling frequency but was a feature of the very small group of individuals with gambling problems (CPGI score of 8+). Few Australian prevalence surveys have assessed mental health across levels of gambling. The 2008 Victorian prevalence study is an exception (Department of Justice, 2009). While the mental health of non-gamblers was not reported, this survey found that distress increased across levels of problem gambling, and that 24% of problem gamblers met the criteria for a severe disorder, compared to 1.4% of non-problem gamblers (Department of Justice, 2009).

10.5 Help seeking for gambling problems

As with other Australian jurisdictions (Productivity Commission, 2010), seeking help for gambling problems was found to be very rare in the ACT. Just 0.7% of the adult population had ever accessed services for help with gambling. A further 0.2% had tried to get help but could not get it and 0.1% had wanted help but didn't try to find it. A further 0.8% of the population had talked to family or friends about gambling problems but had made no attempt to get professional help and indicated that they had not wanted such help. Amongst people who self-identified as having had a gambling problem only 19% had ever accessed a service for gambling problems and more than 50% said they had never wanted help, tried to get it or talked to family and friends about their gambling problems. This is the first survey to apply a

hierarchical approach to investigating help-seeking behaviour, and the findings suggest that even though people might recognise they have a problem, a large proportion do nothing about it.

Comparing problem gamblers who had and who had not received services showed little difference in terms of their demographic and socioeconomic characteristics. When asked why they had not looked for help, most said that they did not need help or could beat their problem on their own. However, reports of feeling suicidal were far more common amongst those that had sought help (85%) compared to those who had not (15%), consolidating the impression that people only seek help when gambling problems lead to extreme distress.

10.6 Future research

This initial report has presented basic tables and figures addressing the main objectives of the survey. Subsequent reports will explore these findings in greater detail. The areas identified for future research include the following topics.

- (i) The relationship between the several measures of gambling participation and the experience of problem gambling are complex. More detailed statistical modelling is required to show how the measures of participation, when used in combination, best identify problem gambling. This will take account of type of product, gambling across multiple activities, frequency and time spent on specific activities, and the amount of money spent on gambling. This will provide a more accurate profile of the gambling behaviours that typify problem gamblers.
- (ii) Similarly, more detailed modelling will help characterise which sections of the community (in terms of demographic and socio-economic position) are at greatest risk of high levels of gambling participation and at greatest risk of problem gambling.
- (iii) The associations of gambling participation and intensity with various measures of harm require further exploration to establish which aspects of gambling behaviour are most strongly related to health and wellbeing.

- (iv) A better understanding is needed of the factors that encourage people to seek help for their gambling problems and of the barriers encountered by others who do not seek help. This topic will require additional information to that collected in the prevalence survey.

11. References

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