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## **FINAL REPORT**

**19 November 2012**

### **Beliefs and knowledge about gambling amongst high-intensity players of gaming machines**

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This report was funded by the Australian Capital Territory Gambling and Racing Commission.

The opinions, comments and/or analysis expressed in this document are those of the authors and do not necessarily represent the views of the ACT Gambling and Racing Commission and cannot be taken in any way as expressions of ACT Government policy

## **Acknowledgements**

The authors would like to acknowledge all who volunteered to take part in this research, and thank them for showing immense generosity in giving their time and sharing their personal experiences.

The authors would also like to thank all those who helped us to promote the research.



## Table of contents

1.	EXECUTIVE SUMMARY .....	7
2.	INTRODUCTION.....	13
2.0	<i>Knowledge and beliefs about gambling, problem gambling, and treatments for problem gambling</i> .....	13
2.1	<i>Purpose</i> .....	16
2.2	<i>Key objectives</i> .....	16
2.3	<i>Conceptual framework</i> .....	17
3.	METHODS .....	19
3.0	<i>Research design</i> .....	19
3.1	<i>Promotion and recruitment</i> .....	20
3.2	<i>Data collection</i> .....	25
3.3	<i>Data analysis</i> .....	28
4.	THE SOCIOECONOMIC, DEMOGRAPHIC AND GAMBLING CHARACTERISTICS OF THE SAMPLE .....	31
4.0	<i>Chapter aims</i> .....	31
4.1	<i>Demographic and socioeconomic characteristics</i> .....	31
4.2	<i>Frequency of gambling</i> .....	34
4.5	<i>Severity of gambling problems and self-identification</i> .....	43
4.7	<i>Attitudes about gambling</i> .....	45
	<b>Key findings for Chapter 4:</b> .....	<b>50</b>
5.	FACTORS THAT CONSTITUTE RESPONSIBLE RATHER THAN RISKY OR PROBLEM GAMBLING BEHAVIOUR?.....	51
5.0	<i>Chapter aims</i> .....	51
5.1	<i>Knowledge and beliefs about responsible gambling</i> .....	51
5.2	<i>Knowledge and beliefs about risky or problem gambling</i> .....	59
	<b>Key Findings of Chapter 5:</b> .....	<b>64</b>

6.	KNOWLEDGE AND BELIEFS ABOUT THE SIGNS AND SYMPTOMS OF PROBLEM GAMBLING .....	65
6.0	<i>Chapter aims</i> .....	65
6.1	<i>Signs of problem gambling amongst people in gaming venues</i> .....	65
6.2	<i>Signs and symptoms of problem gambling in others outside gaming venue settings</i> .....	69
6.3	<i>Signs and symptoms of problem gambling within themselves</i> .....	73
	<b>Key Findings of Chapter 6:</b> .....	<b>75</b>
7.	ATTITUDES TOWARDS PEOPLE WITH GAMBLING PROBLEMS .....	77
7.0	<i>Chapter aims</i> .....	77
7.1	<i>Personal characteristics of people who have gambling problems</i> .....	77
7.2	<i>The likelihood of wanting help and seeking help</i> .....	82
	<b>Key Findings of Chapter 7:</b> .....	<b>85</b>
8.	KNOWLEDGE AND BELIEFS ABOUT SERVICES AND TREATMENTS FOR GAMBLING PROBLEMS .....	87
8.0	<i>Chapter aims</i> .....	87
8.1	<i>Knowledge about problem gambling services in the ACT</i> .....	87
8.2	<i>Beliefs about the likelihood that gambling problems can be treated</i> .....	93
	<b>Key Findings of Chapter 8:</b> .....	<b>98</b>
9.	THE BARRIERS TO INTERVENING WHEN SOMEONE HAS A GAMBLING PROBLEM .....	99
9.0	<i>Chapter aim</i> .....	99
9.1	<i>What participants said they would do if someone they knew had a gambling problem</i> .....	99
9.2	<i>Instances where participants had intervened when someone had a gambling problem</i> .....	104
9.3	<i>Reasons given for not intervening when someone they knew had a gambling problem</i> .....	105
	<b>Key Findings of Chapter 9:</b> .....	<b>109</b>
10.	DISCUSSION .....	111
10.0	<i>Summary of findings</i> .....	111
10.1	<i>Strengths and limitations</i> .....	115
10.2	<i>Implications</i> .....	117
10.3	<i>Future research</i> .....	117
10.4	<i>Conclusion</i> .....	118
11.	REFERENCES .....	123
12.	APPENDICES .....	125

# **1. Executive summary**

## ***Background***

Previous research has demonstrated that a large proportion of people with gambling problems do not seek help, and help-seeking is often a last resort after experiencing significant negative consequences (e.g. Davidson and Rodgers, 2010, Productivity Commission, 2010). Research has also highlighted a lack of self-identification of problems, lack of knowledge of available services, stigma and shame as reasons underlying why people do not seek help, or do not seek help until problems are extreme (e.g. Carroll *et al.*, 2011). However, there has been no previous research investigating knowledge and beliefs about the signs and symptoms of problem gambling amongst people who gamble, and little research describing attitudes towards people with gambling problems.

## ***Objectives***

The key objectives of this research were to investigate:

- knowledge and beliefs about gambling participation and what constitutes risky and responsible gambling behaviour;
- knowledge and beliefs about the signs and symptoms of problem gambling;
- knowledge and beliefs about available interventions and services as well as treatment outcomes;
- beliefs about people with gambling problems; and
- different types of stigma as potential barriers to self-identification and help-seeking for gambling problems.

## ***Methods***

This research was based on empirical data collected from adults residing in the ACT recruited via newspaper advertisements and promotional material in gaming venues, libraries and shopping centres and the internet. The promotional material asked

people who played electronic gaming machines (EGMs) at least once per week to volunteer for the research by calling a 1800 telephone number. **In this first stage** callers were asked questions about their frequency and net losses from gambling on EGMs and other gambling activities, as well as questions about their attitudes towards gambling. Callers who played EGMs at least weekly and with net weekly losses of \$40 or more were invited to an in-depth interview. **In this second stage**, participants were asked questions regarding their knowledge and beliefs about gambling participation, problem gambling and services for people with gambling problems. They were also asked how they identify signs and symptoms of problem gambling within themselves and others, and why they think people with gambling problems often don't self-identify and don't seek help. **In the third stage**, participants completed a short questionnaire containing the Problem Gambling Severity Index (PGSI) items of the Canadian Problem Gambling Index. Participants were then grouped according to their PGSI score as (i) non-problem/low-risk, (ii) moderate-risk, or (iii) problem-gambling.

## **Results**

*Findings from the telephone interview and PGSI questionnaire:* Information from the telephone interview determined that twenty-five callers met the criteria for the in-depth interview. Of these, nineteen were male and six were female. Ages ranged from 18 years to 79 years. Fourteen participants were currently married or in defacto relationships (56%), five were separated or divorced (20%) and six had never married (24%). EGMs were the dominant gambling activity for participants, accounting for 96% of all financial losses from gambling. More than a third met the criteria for problem-gambling and 84% reported some symptoms. Nearly half reported having had a gambling problem in their lifetime. Participants most often associated EGMs with gambling problems (96%). People with gambling problems had the most negative attitudes toward gambling.

*Findings from the in-depth interviews:* Not spending more than you can afford was the most commonly reported feature of responsible gambling, though participants tended to gravitate towards talking about problem gambling even when directly asked about responsible gambling. Knowledge about responsible gambling increased across



PGSI groups, with the moderate-risk group reporting more sophisticated concepts of budgeting, and the problem-gambling group describing responsible gambling as a time-limited, social activity. Gambling more than you can afford, harms, chasing losses and unrealistic expectations about winning defined problem gambling for all groups. While those in the non-problem/low-risk group described problem gambling as being 'like alcoholism', the concept of addiction as a defining feature of problem gambling (rather than just spending more than you can afford) was most evident amongst the moderate-risk and problem-gambling groups.

All participants could describe at least some signs and symptoms of problem gambling in other people, but their ability to do so differed across PGSI groups. When asked about identifying problem gambling in others, the problem-gambling group tended to gravitate to describing their own gambling problems. All participants found it extremely difficult to describe possible signs and symptoms of problem gambling when not observing an individual in a gaming venue. The non-problem/low-risk and moderate-risk groups primarily mentioned money problems as an indicator of problem gambling when not in venues, while the problem-gambling group were further able to describe emotional signs and symptoms of gambling problems evident in people when not in gaming venues. Not wanting to make judgements based on appearances when observing other people's gambling behaviour was a recurring theme for all groups.

All participants held negative views about people with gambling problems and common themes included having an addictive personality and an individual vulnerability for gambling problems. Greed, unrealistic expectations and gambling as an escape were also themes. The non-problem/low-risk group had the widest range of views, from feeling sorry for people with gambling problems to seeing them as 'stupid'. The moderate-risk and problem-gambling groups were also negative but less pejorative when expressing their views. Most participants were pessimistic about the likelihood that people with gambling problems would seek help and thought they would only do so if their problems were extreme and they were 'desperate'.

Only one participant (from the problem-gambling group) had attended specialist problem gambling counselling, and no other participants knew anyone who had attended a specialist problem gambling service. While some individuals were confident that there was plenty of help available and they could find it if needed, others were more pessimistic about the availability of services other than the telephone number advertised on EGMs. In general, participants' knowledge of problem gambling services was vague and no-one named the specialist service in the ACT. Very few people mentioned health professionals or welfare agencies as potential sources of assistance. Most participants were optimistic that gambling problems could be 'treated', with an onus on the individual recognising their problem and wanting to change.

Most participants could think of ways to intervene if they felt that someone they knew might have a gambling problem, but they were reluctant to do so. Most said they would only intervene if the person was a family member or a very close friend, and they were reluctant to talk about gambling with someone they thought might have a gambling problem. They feared being rebuffed and thought that the person would be in denial. Participants had rarely intervened when they felt someone they knew had a gambling problem, and had only done so when the person was a family member or a relative. Reasons for not intervening included (i) not being close enough to the person, (ii) not having enough information about their income, (iii) feeling that it wasn't their business, (iv) not thinking that the person really had a gambling problem and (v) not finding out until it was too late (e.g. they were out of contact with the person, or the person had died). Not wanting to bring up other people's financial affairs often underlined their reluctance to intervene.

### ***Future research***

While we used a multi-faceted recruitment strategy for this research, the number of participants recruited was small. Development of recruitment methods, particularly when investigating questions that can only be addressed by general population samples (as opposed to clinical samples), would greatly benefit problem gambling research.

The current research was designed to address the lack of research on problem gambling literacy. The findings have the capacity to inform the development of a problem gambling literacy measure. Used in general population surveys, such a measure would provide a useful benchmark regarding public knowledge and beliefs about gambling participation and problem gambling.

A common barrier to identifying gambling problems in others – even when they are observed spending a lot of money - is being unsure how much they can afford to spend on gambling. However, there was reluctance on the part of research participants to enquire about the financial circumstances of people they felt might have gambling problems. A better understanding of the sensitivities associated with raising the topic of problem gambling – which includes discussion of personal financial circumstances - may also inform efforts aimed at encouraging earlier identification, help-seeking and uptake of services for gambling problems.

### ***Conclusion***

The findings of this report demonstrate that problem gambling literacy amongst people in the ACT who play EGMs at high-intensities is low. Participants' ability to describe the signs and symptoms of problem gambling was generally limited, but was greater amongst people who had experienced gambling problems themselves. People tended to describe problem gambling when asked about responsible gambling. While awareness of the Problem Gambling Helpline was high amongst participants, knowledge about the services it can provide was lacking, as was knowledge about the free specialist problem gambling counselling service in the ACT. Participants were generally optimistic that problem gambling could be successfully treated but only if the person was motivated to change. Participants were reluctant about intervening when they thought someone might have a problem with their gambling because they found it was a sensitive and uncomfortable issue to raise or discuss. Overall, the findings demonstrate a need to foster more openness in discussing signs of risky gambling behaviour, and gambling problems more generally, in order to encourage more timely self-identification and help-seeking.



## **2. Introduction**

### **2.0 Knowledge and beliefs about gambling, problem gambling, and treatments for problem gambling**

Previous research has demonstrated that a large proportion of people with gambling problems do not seek help. For example, Davidson and Rodgers found that only one in five people meeting the criteria for moderate-risk/problem-gambling, and 8% of people reporting any problem gambling symptoms, had ever sought help for problems relating to their gambling (Davidson and Rodgers, 2010). Even when people do get help, help-seeking is often a reactive, last resort response to the negative consequences of problem gambling (Davidson and Rodgers, 2010, Productivity Commission, 2010). For instance, an Australian study of people who had sought help found that they were *'predominantly crisis-driven'* (Evans and Delfabbro, 2005a: p133), and a recent review article noted that *'help-seeking occurred largely in response to gambling-related harms (especially financial problems, relationship issues and negative emotions) that had already happened or that were imminent'* (Suurvali *et al.*, 2010: p1). A fundamental concern underlying this research is to better understand reasons why people with gambling problems do not seek help, or do not do so until their problems are extreme.

#### ***Self-identification***

To seek help, people first need to recognise that they have a problem. However, when asked why they have not sought help, a common response amongst people with gambling problems (identified in the general population) is that they do not feel they have a problem (e.g. Davidson and Rodgers, 2010, Department of Justice Victoria, 2009, NSW Office of Liquor Gaming and Racing, 2007, Queensland Treasury Department, 2008). Furthermore, a recent study asked people with gambling problems attending a wide array of services about why they had not sought help for

their gambling problems or had not sought help sooner. Many respondents stated that it took a long time to realise that they had problems with their gambling. Service providers working with clients attending a wide array of services also confirmed that clients with gambling problems often do not realise they have a gambling problem or don't see their gambling as being problematic (Carroll *et al.*, 2011). Furthermore, a recent New Zealand study found that people were most often motivated to get help because of consequences relating to their gambling problems, such as financial, emotional and relationship problems, rather than their problem gambling behaviour per se (Pulford *et al.*, 2009).

A recent report directly investigated self-identification of gambling problems amongst people reporting problem gambling symptoms in a population survey of the ACT (see Davidson and Rodgers, 2010). This study demonstrated that the majority (69%) of people reporting problem gambling symptoms did not identify that they might have a problem with gambling (Carroll *et al.*, 2011: pp32-33). In this study, self-identification was found to be a necessary but not sufficient predictor of service use. Overall, self-identification of problems is an important part of the pathway to accessing services. However, previous research has never sought to understand the public's ability to identify the signs and symptoms of problem gambling.

### ***Shame and stigma***

Shame and stigma are frequently noted as a reason why people with gambling problems may not seek help (e.g. Carroll *et al.*, 2011). For instance, people with gambling problems attending services have been asked about what might have prevented or discouraged them from getting help. Pulford *et. al.* (2009) noted that '*responses indicative of pride ... shame ..... or denial*' were important barriers to seeking help for people with gambling problems who had used a telephone helpline. While shame and stigma are cited as barriers to help-seeking, it is also possible that shame and stigma are barriers to people identifying as having a problem with gambling. Furthermore, different types of stigma, including self-stigma (accepting negative views of others), perceived stigma (believing that others have negative views) and stigmatising beliefs in the community (Barney *et al.*, 2006) have not previously

been investigated as barriers to self-identification and help-seeking for gambling problems.

### ***Knowledge and beliefs about interventions and services***

For people to access interventions and services, they need to have an idea about where they might turn for help, and they must also believe that an intervention might be helpful. A recent Australian survey determined that 40% of the Australian adult population would not know where to turn if they or a family member had a problem with gambling (Mond *et al.*, 2011). The most frequently nominated resources were a gambling helpline (23%), Gamblers Anonymous (19%) and the internet (16%). The adult population most often thought that psychologists or psychiatrists would be helpful (85%) with family doctors being rated as helpful about as often as self-help guides (49% and 42% respectively). This research indicates that people's beliefs about interventions for gambling problems differ markedly from beliefs about other health and wellbeing problems such as depression, where GPs are perceived as being helpful and the '*preferred point of first contact*' when people nominate where they think people experiencing depression might go for professional help (Highet *et al.*, 2002: pS63). However, very little research has been conducted on beliefs about interventions and services for gambling problems amongst people who gamble.

Overall previous research has highlighted a lack of self-identification of problems, lack of knowledge of available services, and stigma and shame as reasons underlying why people do not seek help, or do not seek help until problems are extreme. However, there has been no previous research investigating knowledge and beliefs about the signs and symptoms of problem gambling amongst people who gamble. There is also little research describing beliefs about people who gamble or who are experiencing problems with their gambling.

## 2.1 Purpose

Early intervention for gambling problems relies upon people recognising problems at early stages when they may be experiencing a few issues or symptoms, prior to serious and more obvious financial, personal and family impacts. In order for services to provide early intervention, we need to better understand:

- Why people who are experiencing signs or symptoms of gambling problems do not self-identify until (or even if) they experience serious harms; and
- Why people who do self-identify as experiencing problem gambling signs and symptoms don't seek help earlier, or don't seek specialist problem gambling help at all.

Overall, understanding the knowledge and beliefs of people who gamble regularly - in regards to gambling problems, services and interventions - has enormous capacity to inform public health initiatives targeting literacy about problem gambling to the general population. Findings from research in this area have the potential to facilitate earlier self-identification of problems, help-seeking and uptake of services.

In January 2012 the Australian Capital Territory (ACT) Gambling and Racing Commission commissioned the Australian National University (ANU), through the Centre for Gambling Research, to undertake the current research investigating *Knowledge and beliefs about gambling amongst high-intensity players of electronic gaming machines (EGMs)*.

## 2.2 Key objectives

The key objective of this research is to investigate knowledge and beliefs about gambling, problem gambling, and treatments for problem gambling, amongst a group with a high-risk for gambling problems in the general population. More specifically, the research will investigate:



- knowledge and beliefs about gambling participation and what constitutes risky and responsible gambling behaviour;
- knowledge and beliefs about the signs and symptoms of problem gambling;
- knowledge and beliefs about available interventions and services as well as treatment outcomes;
- beliefs about people with gambling problems; and
- different types of stigma as potential barriers to self-identification and help-seeking for gambling problems.

## 2.3 Conceptual framework

The framework for the research is adapted from an existing body of work investigating mental health literacy (borrowed from Jorm *et al.*, 1997: p182). Mental health literacy *‘refer[s] to knowledge and beliefs about mental disorders which aid their recognition, management or prevention’* (Jorm *et al.*, 1997: p182). Components of mental health literacy (below) will be modified and used to identify what factors may aid problem gambling literacy.

<b>Mental health literacy</b> (Jorm <i>et al.</i> , 1997: p182)
• <i>‘the ability to recognise specific disorders’</i>
• <i>‘knowledge of risk factors and causes’</i>
• <i>‘knowing how to seek [mental health] information’</i>
• <i>‘attitudes that promote recognition and appropriate help-seeking’</i>
• <i>‘knowledge of self-treatments, and of professional help available’</i>

Mond, Davidson & McAllister (2011) reviewed the questions developed for mental health literacy research when undertaking a general population survey on attitudes towards gambling. Many questions were not applicable to problem gambling. However, when items were relevant and comparable, the public had substantially

different beliefs about interventions for problem gambling than for other health and wellbeing problems. Overall, there is a fundamental lack of research investigating problem gambling literacy in the general public. The current research will therefore utilise qualitative methods to determine how best to ask people about problem gambling and problem gambling treatment.

Methodologies for both the quantitative and qualitative components of the research are outlined in chapter 3 and specific research aims are outlined and addressed in chapters four through ten.

## **3. Methods**

### **3.0 Research design**

This research was based on empirical data, collected in three stages, from adults residing in the ACT:

- 1) In the first stage we sought to recruit participants from the general population who gambled at least once per week on EGMs to complete a telephone interview.
- 2) In the second stage we conducted in-depth interviews with participants who either: (i) played EGMs at least once per week and spent \$40 per week or more (subtracting winnings); (ii) played EGMs twice a week or more often, regardless of expenditure; or (iii) self-identified as having had a gambling problem in their lifetime.
- 3) In the third stage we asked participants who completed the in-depth interview to complete a short questionnaire containing the nine items from the Problem Gambling Severity Index (PGSI) (see Appendix G) from the Canadian Problem Gambling Index (CPGI) (Ferris and Wynne, 2001).

In the first stage callers were asked a series of questions about their frequency and net losses from gambling on poker machines or EGMs; scratch and lottery tickets; and other activities combined. Information regarding frequency and expenditure on EGM play collected during the telephone interview was also used as a screening tool in order to recruit high-intensity players of EGMs for the in-person, in-depth interview. The screening criteria was chosen because the highest-intensity players of EGMs are most likely to report symptoms of problem gambling, with approximately 30% meeting the criteria for moderate-risk or problem-gambling as defined by Canadian Problem Gambling Index (CPGI) (Davidson and Rodgers, 2011).

At the end of the telephone interview those callers who met the criteria for the in-depth interview were invited to take part in the second stage of the research, and to make an appointment with the primary investigator at a mutually agreeable time and location.

In the second stage, participants were asked a series of questions in order to explore, in detail, their knowledge and beliefs about gambling participation, problem gambling and services for people experiencing gambling problems (a list of indicative questions is included on page 27). The purpose of the interview was to better understand the knowledge and beliefs of the highest-intensity players of EGMs regarding:

- responsible and problem gambling;
- how they identify signs and symptoms of problem gambling in themselves and others;
- why people who experience signs or symptoms of gambling problems often don't self-identify until (or even if) they experience serious harms; and
- why people who do self-identify as experiencing problem gambling signs and symptoms don't seek help earlier or don't seek specialist problem gambling help at all.

In the third stage, we asked in-depth interview participants to answer a short, self-complete questionnaire which contained the nine items from the PGSI.

### ***Ethical approval***

The Australian National University Human Research Ethics Committee approved this study (protocol 2011/634).

## **3.1 Promotion and recruitment**

We used a wide range of promotion and recruitment strategies, in order to recruit as many participants as possible. The strategy included a print media campaign, a poster

campaign and an internet campaign in order to appeal to people in different demographics. Details of these campaigns are described below and Table 3.1 (on page 24) summarises the strategies used and the relative success rates.

Promotional material (see Appendix A to C) asked for people over the age of 18 who played 'pokies' to volunteer by telephoning a free call 1800 number or by emailing the primary investigator.

### ***Print media campaign***

We placed an advertisement in the following publications (see advertisement at Appendix A).

#### Canberra Times (major daily newspaper in the ACT)

We advertised three times in the Saturday general news section of the Canberra Times – the first two advertisements resulted in six calls and then five calls. However, the third advertisement resulted in no calls. From the 11 calls, 10 people met the criteria for the telephone interview and one person did not meet the criteria for the study because they lived interstate. We then advertised twice in the Monday edition in the sports section – the first advertisement resulted in three calls and the second resulted in no calls. Of these three callers, all met the criteria for the telephone interview, but only two met the criteria for the in-depth interview (the third caller did not meet the expenditure criteria).

#### Canberra Chronicle (weekly free newspaper)

We advertised twice in the general section in this newspaper – the first advertisement resulted in three calls, but the second time yielded no calls. Of the three callers, two met the criteria for the telephone interview. The other caller did not meet the criteria because they did not play EGMs. Only one caller met the criteria for the in-depth interview (the other caller did not meet the expenditure criteria).

### BMA (fortnightly street magazine and gig guide)

We advertised once in this publication primarily to increase the likelihood of recruiting young adults (aged 18-25), but this was unsuccessful (no calls).

## ***Poster campaign***

### Posters in licenced venues

Promotional material was sent by post to a total of 63 Licensees in the ACT (EGM and ACTTAB venues) by the ACT Gambling and Racing Commission, with a cover letter asking Licensees to display promotional material and assist the ANU Centre for Gambling Research with recruitment (see Appendices B and C for examples of promotional materials). This attracted seven calls from people who had seen flyers or posters in one of five different venues. Of these, five callers met the criteria for the telephone interview and the in-depth interview (the other two callers did not meet the criteria because they did not live in the ACT).

### Posters in the community

Posters were given to the City branch of the ACT Public Library, who distributed them to other ACT Public Libraries for display on their community noticeboards. Posters were also displayed on community noticeboards in the City and suburban shopping centres around Canberra (in areas where it was legal to do so). This resulted in five enquiries. All five callers met the criteria for the telephone interview and in-depth interview.

Posters were also placed on community noticeboards around the City ahead of National Youth Week Expo (13 April 2012) in order to increase the likelihood of recruiting young adults (aged 18-25) for the study, but this resulted in no enquiries. Posters and flyers were also distributed to education and training organisations in order attract young adults in education, training or apprenticeships. These posters and flyers did not result in any enquiries.

### ***Electronic media campaign***

Notices were also placed on various websites including: the *Riot-ACT*; *Gumtree*; *Canberraexchange*; *Prime Community Infonet*; and the *ABC Radio Canberra Events Guide*. In order to try to attract people aged 18-25, we also placed a free ad on the classified section of the CIT Student Association website and set up a *Facebook* page (though we did not buy Facebook advertising). Of these, only the *Riot-ACT* website proved successful, attracting five callers. Three callers had seen the notice on the *Riot-ACT* website, and two had been told about the study by someone who had seen the notice. All five callers met the criteria for the telephone interview and the in-depth interview.

Table 3.1: Promotion Recruitment Strategy

Medium		No. times advertised.	No. enquiries	No. met criteria - phone interview	No. met criteria - in-depth interview	No. interviewed
<b>Print Media</b>	Canberra Times – Saturday news section	3	11	10	10	9
	Canberra Times – Monday sports section	2	3	3	2	2
	Canberra Chronicle (all ACT editions)	2	3	2	1	1
	Newspaper**		1	1	1	1
	BMA Magazine	1	0			
<b>Poster &amp; Flyers</b>	Libraries & shopping centres	n/a	5	5	5	5
	Education and training organisations	n/a				
	Clubs	n/a	7	5	5	5
<b>Internet</b>	Riot-ACT	ongoing	5	5	5	5
	Gumtree website	ongoing	1	0		
	Canberraexchange	ongoing	0	0		
	Facebook	ongoing	0	0		
	Prime Community Infonet	ongoing	0	0		
	ABC Radio Canberra Events Page	ongoing	0	0		
	CIT Student Association website	ongoing	0	0		

\* Please note, numbers do not add up to 26 because two callers reported seeing the research advertised in two places, and two callers found out through word of mouth.

\*\* One participant reported seeing an advertisement in a newspaper but could not recall which newspaper and also reported seeing a poster in a shopping centre.



We monitored the success of our recruitment strategy on an ongoing basis. For example, to overcome the difficulty we experienced in attracting recruits aged between 18 and 25, and considering that people in this age group are likely to have a significantly lower income than many people over 25 years old, criteria for in-depth interview for people in this younger age group was lowered to playing EGMs once a week or more, regardless of expenditure. However, this only led to the recruitment of one additional research participant.

## **3.2 Data collection**

### ***Telephone interviews***

The promotion of the study resulted in a total of 34 enquiries. Of these, five callers did not meet the criteria for the telephone interview because they either did not live in the ACT (n=4), or they did not play EGMs (n=1). These five callers were thanked for their interest in the research.

Most participants called the free call 1800 number (n=32), however one participant was recruited while the primary investigator was distributing promotional material, and one other participant made initial contact by email.

Telephone interviews took place between February and June 2012 and a total of twenty-nine participants were interviewed by telephone.

As mentioned in section 3.0, participants were asked a variety of questions including questions regarding their frequency and expenditure playing EGMs. Other questions included their frequency of play and expenditure for a variety of other gambling activities (see Appendix D for complete list of activities).

Participants were also asked questions about their attitudes towards gambling. First they were asked *“when people talk about gambling problems, what are the first two activities you think of?”* Then they were asked a series of questions from the 2007 *British Gambling Prevalence Survey* (Wardle et al., 2007).

Participants were also asked how they felt about their own gambling, specifically: *“do you feel you’ve EVER had a problem with your gambling?”* and *“in the past 12 months, have you felt that you might have a problem with your gambling?”*

Finally, they were asked questions covering demographic and socioeconomic characteristics (e.g. age, sex, highest completed educational qualification and marital status). All participants were also asked whether or not they were willing to be contacted for future research purposes.

The results of the telephone interviews can be found in chapter 4.

### ***In-depth interviews***

Of the twenty-nine participants who completed the telephone interview, twenty-six met the criteria and were invited to participate in an in-person, in-depth interview. Three participants who completed the telephone interview did not meet the criteria for the in-depth interview because they did not meet the expenditure criteria: two played EGMs once per week and spent \$5 per week, while one played EGMs once per week and spent \$2 per week. Of those who were invited to be interviewed in person (n=26), twenty-five completed a face-to-face interview and one did not (this caller initially agreed to be interviewed, but then cancelled).

All in-depth interview participants were given a Participant Information Sheet (see Appendix E) and a consent form (see Appendix F). The primary investigator explained the purpose of the research and what their participation would involve, and gave research participants an opportunity to ask questions before the interview commenced.

The in-depth interviews investigated the core components of mental health literacy (see page 17 above), but applied to problem gambling. In order to find out more about stigma and shame, we also included questions about participants' attitudes towards people with gambling problems, and what they would do if they suspected

someone close to them might be developing a gambling problem. A list of indicative questions asked is outlined below:

#### Identification & self-identification

- Can you describe what you think responsible gambling might be?
- How can you tell if someone is gambling in a risky way?
- What are the signs of problem gambling?
- How would you know if you or someone close to you had a gambling problem?

#### Attitudes & stigma

- What do you think causes gambling problems?
- Are there certain types of people who are more likely to develop gambling problems?

#### Knowledge about services & help-seeking

- Where do you think people with gambling problems might go to for help?
- Do you know anyone who has gotten help for their gambling problems?

#### Attitudes towards services, barriers to help-seeking, shame & stigma

- Do you think problem gambling can be treated?
- We have found from our previous research that most people with gambling problems don't get help. Why do you think that might be?
- Have [you / anyone you know] ever sought help for problems related to gambling? Was it helpful?

All interviews were conducted by the primary investigator. Interviews ranged from 15 minutes to 50 minutes; with an average interview taking around 30 minutes.

#### ***Pen and paper questionnaire***

At the conclusion of the in-depth interview, participants were asked to complete a short questionnaire containing the nine PGSI items (Ferris and Wynne, 2001) (see

Appendix G). Participants were asked to place the completed questionnaire in an envelope and give it to the interviewer. The method was designed to respect the respondents' confidentiality and to minimise response bias.

The PGSI comprises nine items, asking about personal experiences with gambling. Questions include: *"In the last 12 months, have you bet more than you could really afford to lose?"* and *"In the last 12 months, have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?"* Response options include *"never"*, *"sometimes"*, *"most of the time"* and *"always."* The items are scored 0-3, respectively. Items are summed to create a scale ranging from 0-27. The PGSI scores are then grouped and the following levels are defined (1) non-problem (score=0); (2) low-risk (scores of 1-2); (3) moderate-risk (scores of 3-7); and (4) problem (scores of 8-27).

### **3.3 Data analysis**

#### ***Telephone interview and self-complete questionnaire***

Descriptive statistics were used to characterise all people who volunteered and met the criteria for the telephone interview phase of the research, and those participants who went on to complete the qualitative interviews. Attitudes towards gambling were compared across (i) PGSI groups and (ii) those who self-identified as having a gambling problem and those who did not. These results are presented in chapter 4.

#### ***In-depth interviews***

A grounded theory analysis of the interview data, aided by NVIVO data analysis software, was conducted in light of the research objectives (outlined in chapter 2 above). The grounded theory method was chosen because it is the most appropriate method for studies that utilise primary data as the foundation of analysis. Data was collected and systematically analysed in order to develop theory, rather than a predetermined theory being utilised to analyse and understand the data. As Strauss and Corbin note: *"[t]heory derived from data is more likely to resemble "reality" than is*

*theory derived by putting together a series of concepts based on experience or solely through speculation (how one thinks things ought to work)' (Strauss, 1987: p12).*

A goal of the research was to investigate differences and similarities in knowledge and beliefs about gambling and the level of problem gambling literacy across PGSI groups. Therefore, data was further analysed by grouping research participants into three categories as determined by the PGSI: (i) non-problem/low-risk; (ii) moderate-risk, and (iii) problem-gambling. The non-problem and low-risk groups were combined because there was a low number of people in the non-problem group (n=5). In addition, preliminary analysis of the in-depth interview data indicated that the low-risk group was more similar to the non-problem group than to the moderate-risk group.

Previous studies have often combined the moderate-risk group and the problem-gambling group together when undertaking analyses because of the small number of participants in the problem-gambling group (e.g. Davidson and Rodgers, 2010). In contrast, we analysed these groups separately because a large proportion of the participants in our study met the problem-gambling criteria (nine out of twenty-six). This provided a good opportunity to investigate differences between the moderate-risk and the problem-gambling groups. In addition, preliminary data analysis indicated that those in the problem-gambling group differed from the moderate-risk group because they had extremely high scores on the PGSI (with five having scores of 19 or above) and all self-identified as having, and were open to talking about having, a gambling problem. On the other hand, none of the participants in the moderate-risk group identified as having a gambling problem in the past 12 months and only one disclosed that they may have ever had a gambling problem.

Results of the analysis of in-depth interview data are presented in chapters 5 to 9 of this report.

In the following chapter we present findings from of stage 1 (the telephone interview) and stage 3 (the self-complete questionnaire containing the PGSI) of the research.



## **4. The socioeconomic, demographic and gambling characteristics of the sample**

### **4.0 Chapter aims**

The main aims of this chapter are to describe the sample in terms of:

- 1) demographic and socioeconomic characteristics;
- 2) frequency of gambling;
- 3) financial losses gambling;
- 4) attitudes towards different types of gambling activities;
- 5) severity of gambling problems and self-identification; and
- 6) beliefs about gambling.

All findings presented in this chapter are derived from information gathered during the telephone interview (stage 1) except those pertaining to the PGSI, which was completed by participants during the self-complete questionnaire (stage 3).

### **4.1 Demographic and socioeconomic characteristics**

As mentioned in chapter 3, to meet the criteria for the in-depth interview individuals needed (i) to gamble once per week and report financial losses of 40 dollars or more on EGMs, (ii) to gamble on EGMs twice a week or more often, or (iii) to self-identify as having had a problem with gambling in their lifetime. Of the full sample, 25 people met the criteria for the in-depth interview. The only exception was that all people aged 25 or less were invited to participate in the in-depth interview, because younger people were relatively difficult to recruit. Overall, only four of the individuals who completed the telephone interview did not go on to complete an in-depth interview.

For the purposes of this report, only people who completed the in-depth interview are described below.

### ***Age and sex***

Three-quarters of the sample were male (76.0%, n=19) and a quarter were female (24.0%, n=6). Participants' age ranged from 18 to 79 and the average age was just under 50 (mean 48; median 46). Figure 4.1 shows the ages of individuals across categories. A quarter of the sample was aged between 45 and 59 and the smallest proportion of participants was aged 18-29 (16.0%).

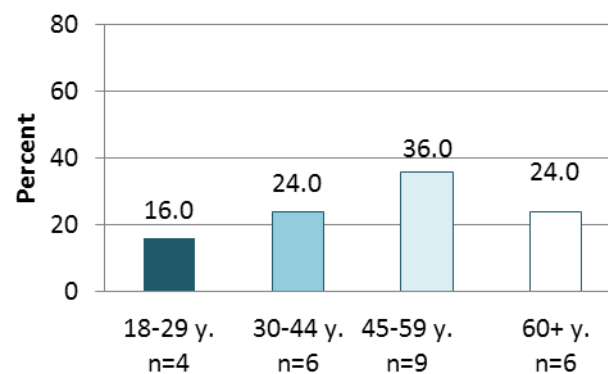


Figure 4.1: Age categories for participants completing the in-depth interview, n=25.

### ***Marital status***

Figure 4.2 shows the marital status of the sample. More than half the participants were currently married or in a de-facto relationship, about one in five were separated or divorced, and a quarter had never married.

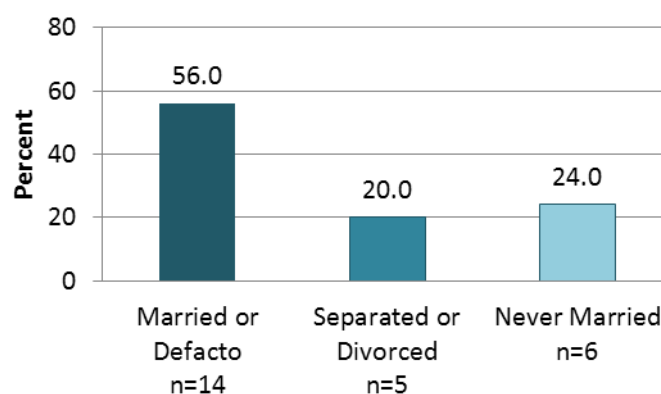
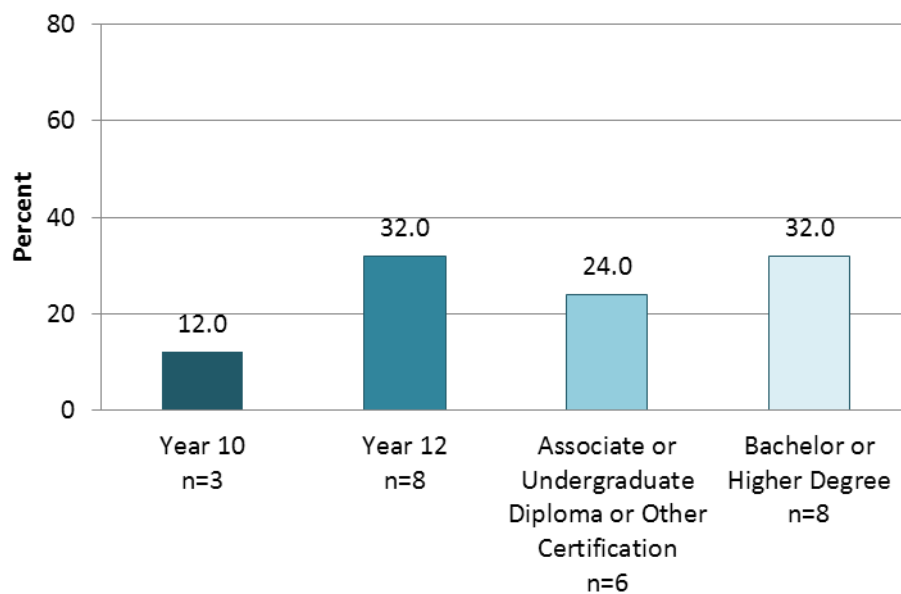


Figure 4.2: Marital status of participants completing the in-depth interview, n=25.



## ***Education***

Figure 4.3 shows the highest level of education participants reported having completed. Approximately one third (32.0%) reported having a bachelor's degree or a higher qualification and the same proportion reported completing year 12 as their highest level of education. About a quarter had an associate diploma or other certification (24.0%) while relatively few people reported year 10 as their highest completed level of education (12.0%).



*Figure 4.3:* Highest level of education completed amongst participants undertaking the in-depth interview, n=25.

## 4.2 Frequency of gambling

### *EGMs*

Participants were asked “About how many days each week did you play poker machines or gaming machines in the last 12 months?” Answers ranged from 1-7 days per week. On average, people reported gambling on 2.9 days per week (median 2.0 days) in the last 12 months. Figure 4.4 shows that half of the sample (52.0%) reported gambling 1-2 days per week on EGMs, one third gambled 3-4 days per week (32.0%) and a smaller proportion gambled on EGMs five or more days per week (16.0%).

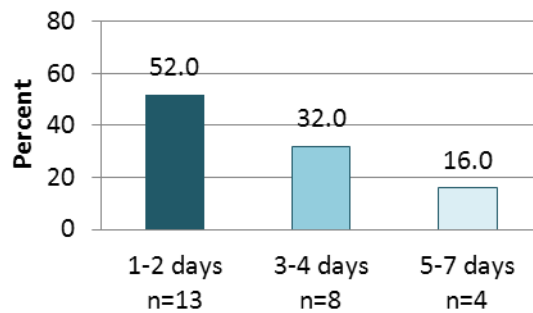


Figure 4.4: Frequency of gambling on EGMs (per week) in the past 12 months, n=25.

### *Lottery and scratch tickets*

Participants were asked “About how many days each month did you buy instant scratch tickets or lottery tickets for yourself, in the last 12 months?” Figure 4.5 shows that the majority of participants had bought lottery or scratch tickets at least once (80%).

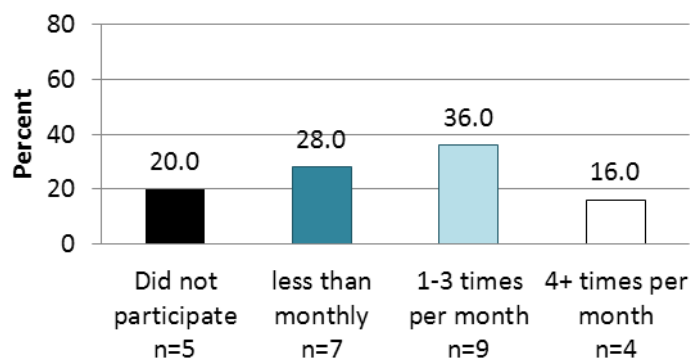


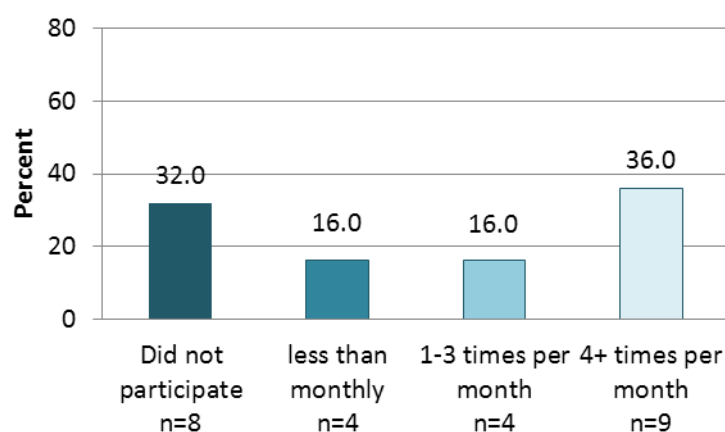
Figure 4.5: Frequency of purchasing lottery or scratch tickets (for themselves) in last 12 months, n=25.

More specifically, more than a third had done so 1-3 times per month and 16% had bought lottery or scratch tickets four or more times per month (about once a week or more often).

### ***Other gambling activities***

Participants were asked how often they gambled on other activities with the following question. *“I would like to ask you about other gambling activities. These include betting on: horse or greyhound races (but not sweeps), Keno, table games at a casino like Blackjack or Roulette, bingo or housie at a club or hall, sporting or special events like football or a TV show, casino type games on the internet for money, and games like cards, mah-jong, or snooker privately for money. Thinking about all of these activities, on approximately how many days each month did you gamble in the last 12 months?”*

Figure 4.6 shows how often participants reported engaging in these activities in the last 12 months. Gambling on these activities was common, with two thirds (68%) of the sample doing so at least once. More than a third of the sample gambled on these activities four or more times per month. Amongst this latter group, the range of reported frequencies was broad. For example, three people reported gambling on these activities four times per month and two people reported gambling 30 times per month.



*Figure 4.6: Frequency of gambling on activities other than EGMs or lottery or scratch tickets (per week) in the last 12 months, n=25.*

### ***Total gambling frequency***

Finally, we summed frequency of gambling across the above three questions. This created a measure covering frequency of gambling on all activities. People most frequently reported gambling 4-6 times per week (40.0%). Approximately one-quarter engaged in gambling less than twice per week and 16% reported gambling seven or more times per week (16.0%).

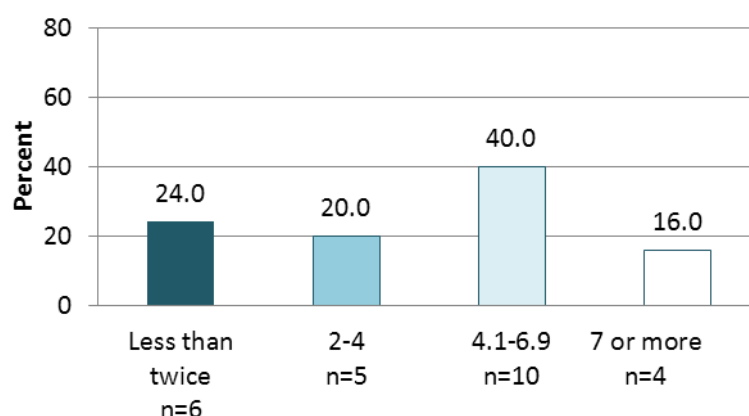


Figure 4.7: Frequency of gambling (per week) summed across all activities in the last 12 months, n=25.

We then investigated the relative importance of EGM participation in relation to how often people gamble overall. Figure 4.8 shows frequency of EGM participation as a proportion of total gambling frequency. This figure shows that EGM play represented 75% or more of total gambling frequency for half (52%) of the sample, and EGM play represented 50-75% of total gambling frequency for a fifth (20%) of the sample. This demonstrates that EGM participation was the dominant activity (representing 50% or more of total gambling frequency) for 72% of the sample.

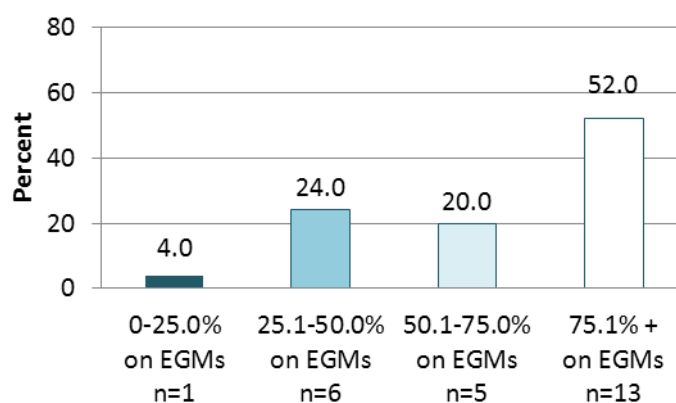


Figure 4.8: Frequency of gambling on EGMs as a proportion of frequency of gambling summed across all activities (in quartiles), n=25.

### 4.3 Financial losses from gambling

#### *Electronic Gaming Machines*

The telephone interview included questions about financial losses from gambling including, “Subtracting any winnings, how much money in dollars would you say you spent playing poker machines or gaming machines in an average week? How much would you say you were out of pocket?” Responses ranged from \$20 to \$1000 per week, with mean financial losses of \$190.80 and median losses of \$75.00.

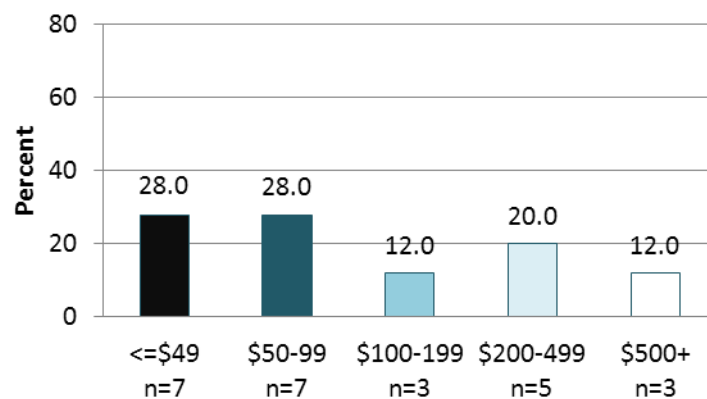
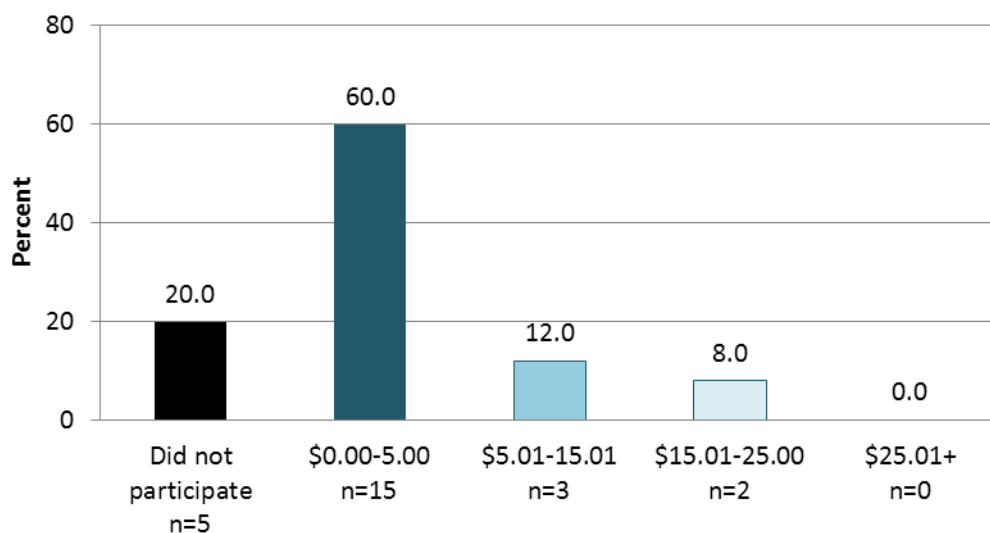


Figure 4.9: Dollars lost per week playing EGMs in the last 12 months, n=25.

### ***Lottery and scratch tickets***

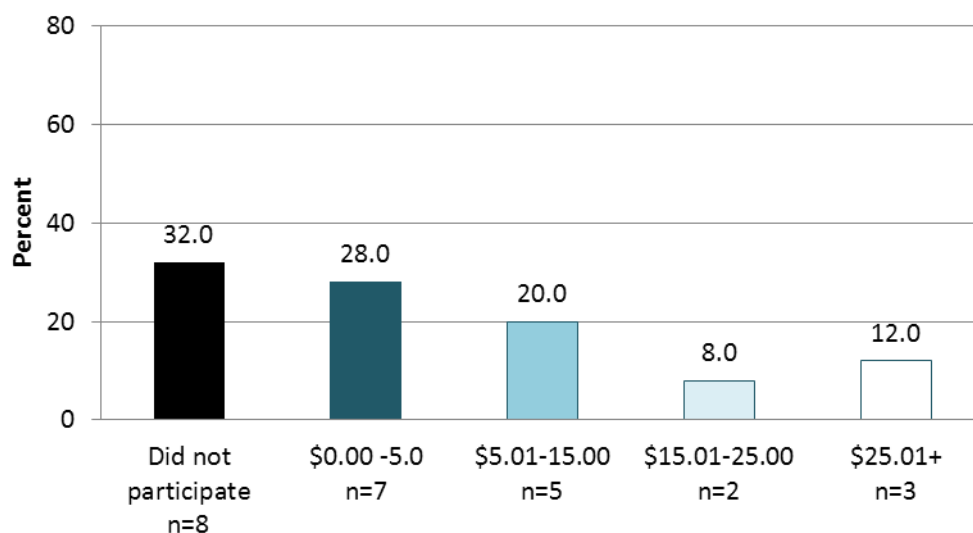
People were also asked about their financial losses on lottery or scratch tickets. *“Subtracting any winnings, how much money in dollars would you say you spent on instant scratch tickets or lottery tickets for yourself, in an average week (or month or year)? How much would you say you were out of pocket?”* Answers could be given in weekly, monthly or annual losses, but are reported per week. Most of the sample (80%) reported losing at least some money on lottery or scratch tickets. Average financial losses on lottery and scratch tickets (mean \$3.82, median \$1.15) were markedly lower than those for EGMs (mean \$190.80, median \$75). Figure 4.10 shows the distribution of financial losses in the sample, with 60.0% of the sample reporting losing \$0 to \$5 per week and no one lost over \$25.00.



*Figure 4.10:* Dollars lost per week gambling on lottery or scratch tickets in the last 12 months, n=25.

### ***Other gambling activities***

Financial losses were also assessed across all activities other than EGMs, lottery and scratch tickets. After being given a list of activities participants were asked *“Subtracting any winnings, how much money in dollars would you say you spent across all activities in an average week (or month or year)? How much would you say you were out of pocket?”* Again, answers could be given in weekly, monthly or annual losses, but are reported per week. Mean financial losses across these activities were \$12.70 and median losses were \$4.62 per week. Figure 4.11 shows the distribution of financial losses on these activities across the sample. More than a quarter of participants reported losing \$5 or less on these activities. While the highest amount lost per week was \$100, only three individuals (12.0%) lost more than \$25 per week.



*Figure 4.11: Dollars lost per week gambling on activities other than EGMs and lottery or scratch tickets in the last 12 months, n=25.*

### ***All gambling activities***

Financial losses were summed across lottery and scratch tickets, EGMs and other gambling activities. Average financial losses summed across all activities (mean \$207.32; median \$104.62) were marginally higher than those reported for EGMs (mean \$190.80; median \$75.00). Figure 4.12 shows the distribution of financial losses across all activities. The findings in this figure are also similar to that shown for EGMs (Figure 4.9).

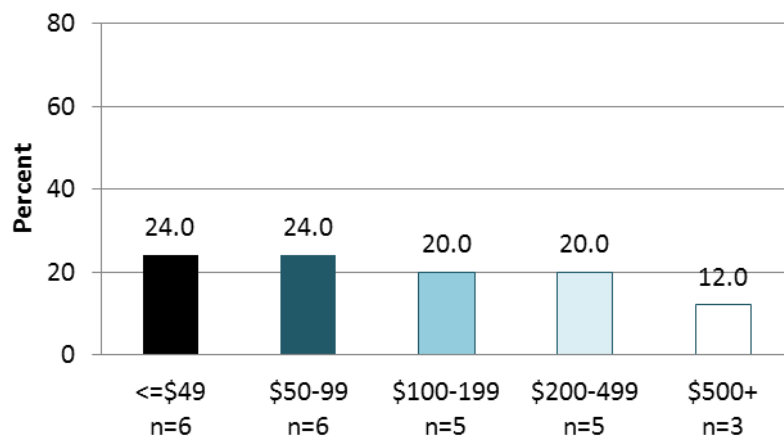
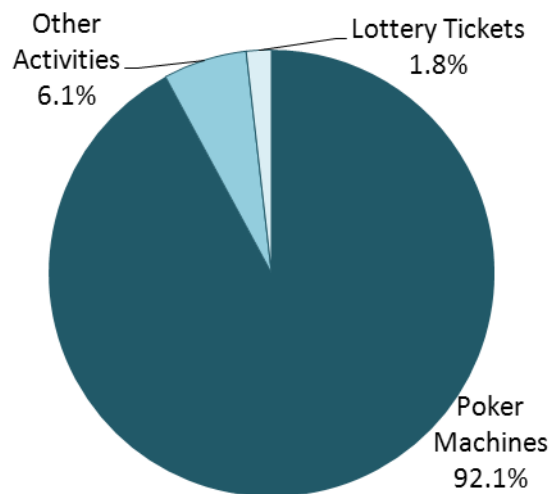


Figure 4.12: Dollars lost per week summed across all gambling activities in the last 12 months, n=25.



Finally, we investigated financial losses on EGMs as a proportion of all money lost gambling (Figure 4.13). This figure shows that 92% of all money lost on gambling was lost on EGMs. That is, EGMs accounted for the vast majority of financial losses from gambling for our sample. This underlies the finding that financial losses on EGMs were only marginally lower than financial losses summed across all activities.



*Figure 4.13:* Proportion of total financial losses by type of gambling activity, n=25.

#### 4.4 Attitudes towards different types of gambling activities

After being asked about gambling participation across different types of activities, a broad question assessed participants' attitudes about different types of activities in relation to gambling problems. They were asked, *"Thinking about all the activities I have mentioned, when people talk about gambling problems, what are the first two gambling activities you think of?"* Figure 4.14 shows the first and second activities mentioned. EGMs were mentioned at least once by 96% of our sample, for 88% of the sample EGMs were the first response. Horse and greyhound races (44.0%) were mentioned second most frequently as relating to gambling problems, and then table games at a casino (28.0%).

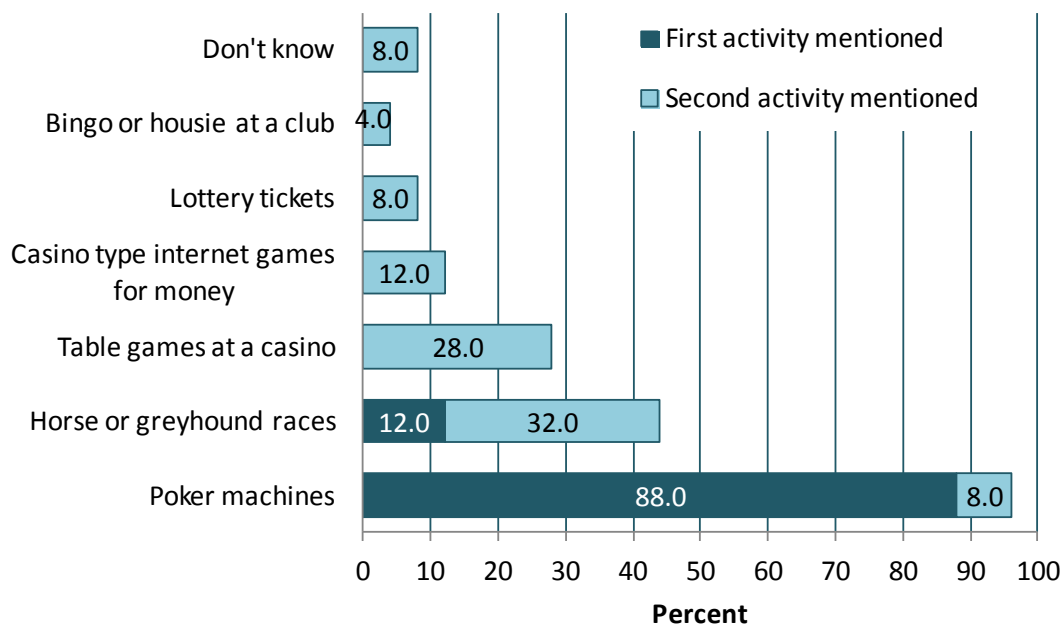


Figure 4.14: First two activities mentioned when talking about gambling problems, n=25.

## 4.5 Severity of gambling problems and self-identification

### *The Problem Gambling Severity Index*

Figure 4.15 shows the distribution of PGSI categories for the sample. The PGSI was completed by participants at the end of the in-depth interview. The largest proportion of people, more than a third (36.0%), met the criteria for problem-gambling. A quarter (24.0%) of participants were in each of the low-risk and the moderate-risk groups, and 16% reported no problem gambling symptoms.

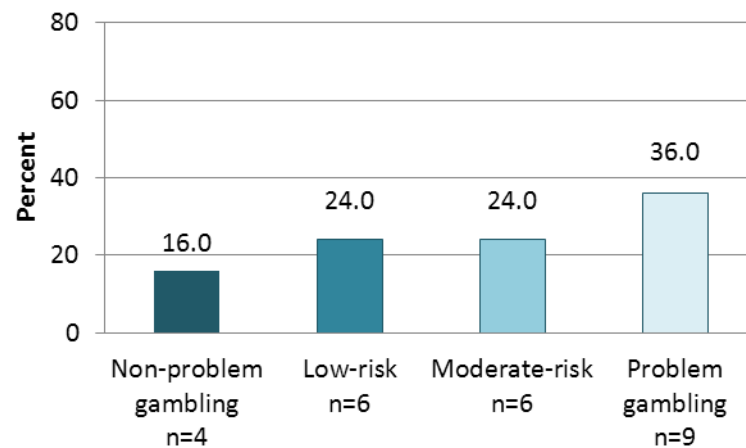


Figure 4.15: Distribution of PGSI categories in the sample, n=25.

## 4.6 Self-identification of problem gambling

In the telephone interview, people were asked, “Do you feel you’ve ever had a problem with your gambling?” and ‘in the past 12 months, have you felt that you might have a problem with your gambling?’ Figure 4.16 shows that nearly half (48.0%) of the sample reported having had a problem with their gambling in their lifetime. Figure 4.17 shows that 40.0% of respondents reported having had a problem with their gambling in the past 12 months.

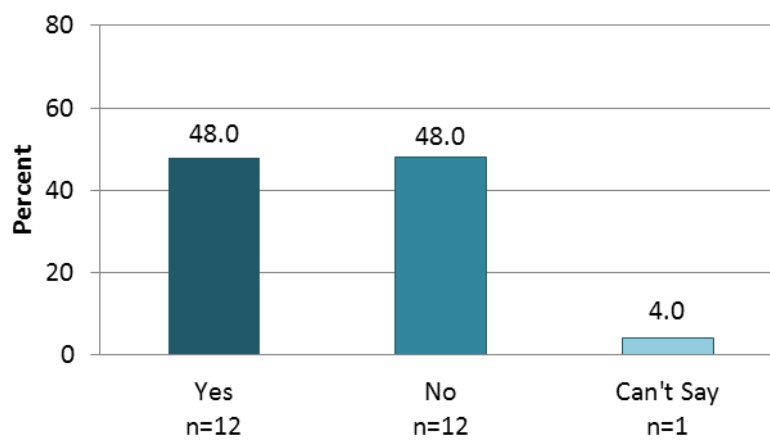


Figure 4.16: Proportion of people reporting having ever had a problem with their gambling, n=25.

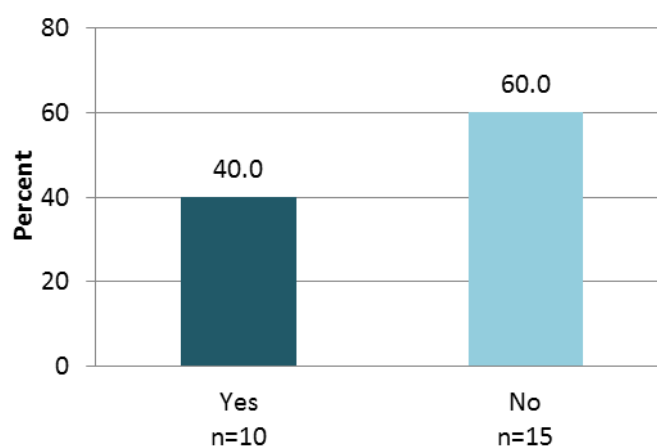


Figure 4.17: Proportion of people reporting having had a problem with their gambling in the past 12 months, n=25.

All four respondents who did not meet the selection criteria or chose not to participate in the in-depth interview reported never having had a problem with their gambling.

Figure 4.18 shows the proportion of participants who self-identified as having a problem with their gambling (in the past year) for each of the PGSI categories. All nine participants in the problem-gambling group reported having had a problem with their gambling. In contrast, only one individual among the moderate-risk group (reflecting 17% of the group) and none of the low-risk and non-problem-gambling groups self-identified as having a problem with their gambling.

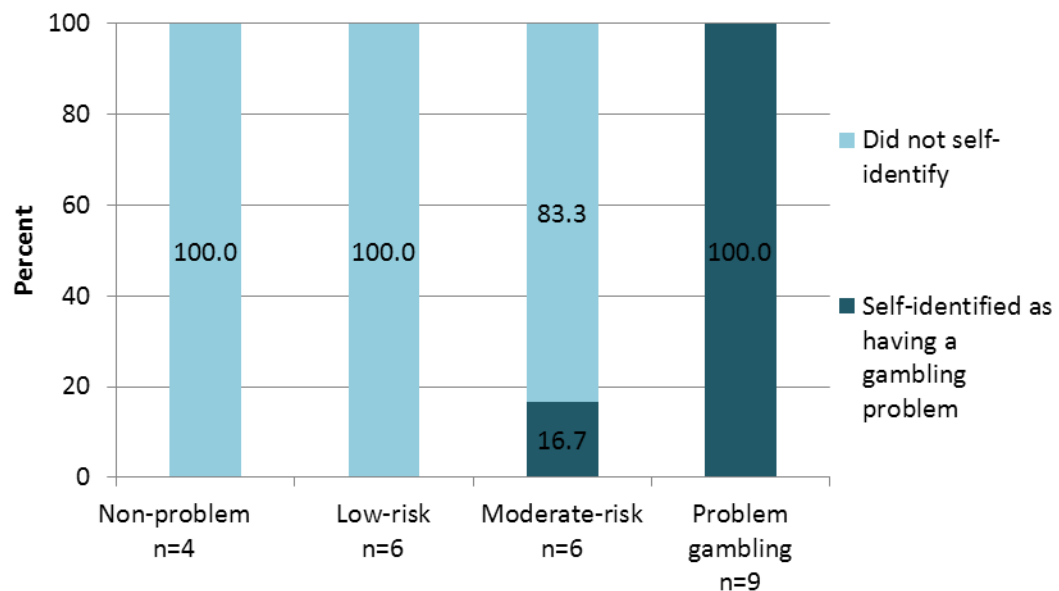


Figure 4.18: Self-identification of problem gambling by PGSI category, n=25.

## 4.7 Attitudes about gambling

### *Attitudes amongst the whole sample*

Eight questions assessed attitudes towards gambling. These items were taken from a general population survey undertaken in the UK (Orford *et al.*, 2009) and were included in a nationally representative telephone survey of Australian adults<sup>1</sup>

<sup>1</sup> Mond, J., Davidson, T. & McAllister, I. (2001). Public opinion on gambling: ANUpoll July 2011. Australian National University: Canberra.

(n=1,212) (Mond *et al.*, 2011). The items covered a range of beliefs about gambling (see Table 4.1) and response options included “*strongly agree*”, “*agree*”, “*neither agree nor disagree*”, “*disagree*”, and “*strongly disagree*”. If participants responded that they did not know, this response was also recorded.

The proportion of the sample agreeing or strongly agreeing with each statement is shown in Table 4.1. The majority of people agreed with the statements, “*People should have the right to gamble whenever they want*” and “*There are too many opportunities for gambling nowadays*”. Most people disagreed with the statements “*It would be better if gambling were banned altogether*” and “*On balance, gambling is good for society*.” Opinions were more evenly distributed between agree and disagree for the other four items. Very few people (two or less) responded “don’t know” for these attitude questions.

Statements	Present study n=25	Australian population* n=1,212	Frequent gamblers† in the Australian population* N=84
People should have the right to gamble whenever they want.	80.0	67.4	84.0
There are too many opportunities for gambling nowadays.	88.0	83.7	78.6
Gambling should be discouraged.	52.0	69.3	49.8
Most people who gamble do so sensibly.	44.0	39.5	60.3
Gambling is dangerous for family life.	64.0	80.0	67.4
On balance, gambling is good for society.	20.0	15.5	31.0
Gambling livens up life.	48.0	22.9	35.9
It would be better if gambling was banned altogether.	20.0	24.0	14.4

Table 4.1: Proportion of the sample agreeing or strongly agreeing with statements about gambling in (i) the present study, (ii) the Australian population\*, and (iii) frequent gamblers\*

\* From Mond *et al.* (2011). Public opinion on gambling: ANUpoll July 2011. Australian National University: Canberra.

†People gambling four or more times per month on activities other than lottery or scratch tickets

Table 4.1 also shows the findings for these items using survey data from a nationally representative telephone survey of Australian adults (Mond *et al.*, 2011), (i) for the whole population and (ii) amongst people gambling four or more times a month on

activities other than lottery or scratch tickets. In general, the Australian population were most negative and the frequent gamblers were most positive about gambling. The attitudes of our sample tended to lie between these two extremes. One exception was that a greater proportion of our sample agreed that "*Gambling livens up life*" than amongst the adult population and frequent gamblers.

### ***Attitudes by PGSI and self-identification categories***

We used a two stage process to assess whether attitudes towards gambling differed by PGSI and self-identification categories. First we investigated overall attitudes towards gambling by combining all the attitude items and second, we investigated individual items.

In the first stage we summed participants' responses to all eight attitude items. The scoring of some items was reversed, so that high numbers reflect positive attitudes (score=5) and low numbers reflect negative attitudes (score=1). The theoretical range of the resulting attitude scale was 8-40, with higher numbers reflecting more positive attitudes towards gambling. The actual range of responses was 10 to 33 and the mean was 22.1 (Standard Deviation [SD] 6.3).

We compared the attitudes of the non-problem and low-risk groups (combined) with moderate-risk and problem-gambling groups (combined). The categories needed to be combined because the number of participants in individual groups was too small to allow meaningful statistical analysis. Analysis of variance showed that the moderate-risk/problem-gambling group (mean=19.3, SD=5.7) were significantly more negative about gambling than the non-problem/low-risk group (mean=26.2, SD=4.7;  $p=.007$ ). Second, we compared attitudes towards gambling amongst people who self-identified as having a gambling problem in the last year with those who did not, using analysis of variance. Similarly, people who self-identified as having a gambling problem (mean=17.4, SD=5.1) were significantly more negative about gambling than people who did not self-identify as having a gambling problem (mean=26.1, SD=4.3;  $p<.001$ ).

In the second stage of the analysis, we used chi-square tests to investigate differences in individual attitude items across the PGSI and self-identification groups. None of the individual attitude items differed significantly across the two PGSI groups described above ( $p > .05$ ). However, attitudes for three statements differed significantly depending upon whether or not people self-identified as having a gambling problem. Figures 4.19 to 4.21 show the proportion of people who agreed and disagreed with these three statements amongst people who self-identified as having a gambling problem and those who did not. These figures show that people who self-identified as having a gambling problem had more negative attitudes towards gambling on the following statements; (1) Gambling should be discouraged; (2) Most people who gamble do so sensibly (more people who self-identified disagreed); and (3) It would be better if gambling were banned altogether (more people who self-identified agreed). The findings for the non-significant associations can be found in Appendix H.

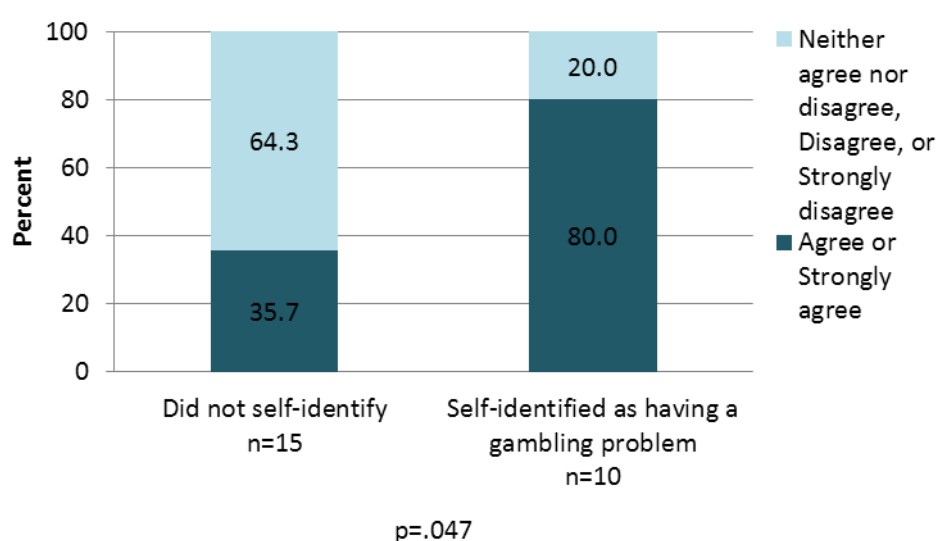


Figure 4.19: Attitudes towards the statement “Gambling should be discouraged” by whether or not participants self-identified as having gambling problems,  $n = 25$ .





$p=.036$

Figure 4.20: Attitudes towards the statement “Most people who gamble do so sensibly” by whether or not participants self-identified as having gambling problems,  $n=25$ .



$p=.005$

Figure 4.21: Attitudes towards the statement “It would be better if gambling was banned altogether” by whether or not participants self-identified as having gambling problems,  $n=25$ .

#### **Key findings for Chapter 4:**

1. Three quarters of the high-intensity players of EGMs who met the criteria and were interviewed for this study were male. More than half were currently married or in a defacto relationship, and 40% were under and 60% were over the age of 45. A third of the participants had a bachelor's degree or higher, with 44% having completed year 12 or less.
2. On average, participants gambled on EGMs about three days per week and lost nearly \$200 on EGMs per week.
3. EGMs were the dominant activity for the majority of participants, accounting for 92% of all financial losses from gambling.
4. More than a third of the sample met the criteria for problem-gambling, 84% reported at least some symptoms of problem gambling and nearly half self-identified as having had a problem with gambling in their lifetime.
5. EGMS were the activity most often associated with gambling problems (96%). Horse or greyhound races (44%) and table games at a casino (28%) were the second and third most frequently mentioned activities.
6. Participants interviewed for this research had more positive attitudes towards gambling than the Australian population, but they generally held more negative views than frequent gamblers.
7. Gambling problems were associated with more negative attitudes toward gambling.

## **5. Factors that constitute responsible rather than risky or problem gambling behaviour?**

### **5.0 Chapter aims**

The main aim for this chapter is to investigate the research participants' knowledge and beliefs about gambling and what constitutes responsible and risky or problem gambling behaviour. Using the in-depth interview data, we investigate differences and commonalities in knowledge and beliefs amongst people in different PGSI categories. This chapter also assesses participants' problem gambling literacy, specifically their '*ability to recognise [problem gambling]*' (Jorm *et al.*, 1997: p182).

### **5.1 Knowledge and beliefs about responsible gambling**

When research participants were asked to describe responsible gambling, the common theme – and most important feature – was that people who gamble responsibly don't spend more than they can afford. Indeed, one participant in the non-problem/low-risk group believed that this was the sole characteristic of responsible gambling:

*Within your means, you're allowed to gamble as much as you like as long as it's within your means* (Participant G, non-problem/low-risk group).

#### ***Participants in the non-problem/low-risk group***

In fact, when pressed further and asked if there was *anything else about gambling responsibly, other than not gambling more than you can afford*, the above participant replied emphatically: '*no, that's all and you can gamble all you like as long as it's not more than you can afford*' (Participant G, non-problem/low-risk group).

Other participants in the non-problem/low-risk group had broader views of what constitutes responsible gambling. They tended to view responsible gambling as involving (i) not spending more than you can afford, (ii) beginning gambling sessions with set expenditure limits, and (iii) exerting self-control. Some used their own gambling style to illustrate responsible gambling behaviour:

*Responsible gambling is where you go into a club or a facility, you have a sum of money, you play that money, then you walk away (Participant A, non-problem/low-risk group).*

Embedded in the above description of responsible gambling is also the assumption that a gambler is spending money which will run out, and this was also a key theme amongst other participants in the non-problem/low-risk group. In addition, many participants in this group thought responsible gambling involved not pinning your hopes on winning and realising that you are more likely to lose than to win.

The idea that responsible gambling involves a conscious acknowledgement that you are spending money which you will ultimately lose was further elaborated on by two other participants who joked about gambling. The first, when asked to describe responsible gambling, replied: *'is that an oxymoron?'* The second participant said jokingly that his wife gambled too much because she put small bets on horses:

*... the missus gambles too much, she has about \$15 every Saturday on the horses and backs about 30 horses at 50 cents a time. Sometimes she wins, but of course, mostly you lose. But we can afford it (Participant G, non-problem/low-risk group).*

Both of the above participants viewed gambling as an entertaining activity that is innately frivolous and improvident. The first explained his reasons for indulging in this activity: *'I get a certain amount of entertainment out of it'* and *'to some degree there's a social aspect to it ... going to the club and knowing people there ...'* He also

differentiated his style of responsible gambling – going to the club to be social and to gamble a limited amount – from people who go to the club *‘purely to gamble’*. When he was asked to describe features of responsible gambling, he instead described a *‘silly gambler’* using this as an example of the opposite of what a person who gambles responsibly is:

*I mean, your ‘silly gamblers’ will pump up the machine to put in whatever the maximum the machine will take, which can be, you know, a horrendous amount of money ...* (Participant E, non-problem/low-risk group).

Some participants gave examples of the behaviour of people they know to explain responsible gambling and embedded in their illustrations was the idea of setting limits and exerting self-control:

*... [she] will go and play the pokies and she’ll spend her 50 bucks and then she says, ‘right, that’s it, that’s spent, done’* (Participant D, non-problem low-risk group).

*... he has... his own little kitty and that’s it, he has no access to any other money as in you know paying mortgage and so that’s to me responsible gambling, he only uses the money in his little kitty* (Participant X, non-problem/low-risk group).

Responsible gambling was also seen as being financially responsible, that is, limiting expenditure on gambling *‘... so you have still got money to pay your bills and to meet your responsibilities’* (Participant Q, non-problem/low-risk group).

One participant also thought that responsible gambling required being honest with money:

*...only gambling your own money, of course, probably – probably warrants a mention. Yeah, there shouldn't be any – shouldn't be any crime involved ...*  
(Participant D, non-problem/low-risk group).

On the theme of honesty, another participant thought that people who gamble responsibly would feel guilty if they gambled in an irresponsible way. Describing a hypothetical person with a gambling problem she argued:

*I don't think it's the same with everybody but there must be something within them that they don't feel guilty, you know, imagine the threat of losing your house because, because you've blown all the money ...* (Participant X, non-problem/low-risk group).

She then compared this lack of guilt with her own experiences and values:

*I myself couldn't live with myself and I think most people who are responsible gamblers are like that ...* (Participant X, non-problem/low-risk group).

The financial aspect of gambling was always the first factor mentioned by participants, and most had to be further probed to elaborate on other aspects of responsible gambling. However, when they did talk about other factors they tended to focus upon talking about the potential risks of gambling and things that a person who gambled responsibly wouldn't do rather than outlining what they would do:

*... [I]t's not just money but you might go from club to club to club to club or something along those lines so yeah it's more than just money. Time, time away from family ... .. wouldn't be responsible if that's what you were doing, obviously'* (Participant Y, non-problem/low-risk group).

### ***Participants in the moderate-risk group***

Knowledge and beliefs about responsible gambling amongst the moderate-risk group were similar in many respects to those of the non-problem/low-risk group – focussing on not spending more than you can afford and setting limits. However, some participants in this group also stressed the importance of knowing your limits (and not just setting your limits) and ‘*knowing when to stop*’ (Participant W, moderate-risk group). Participants in the moderate-risk group also often used the word ‘*budget*’ in describing responsible gambling, and quickly veered to talking about problem gambling. For example:

*Responsible gambling is setting a limit – à la Andrew Wilkie – and sticking to it. So like a budget, it’s easier said than done by, apparently, and people do go over their limit, and that’s because, I think that’s because they’re [i.e. EGMs] addictive* (Participant I, moderate-risk group).

This next participant began by defining responsible gambling, but then quickly concentrated on explaining what a person who gambled responsibly shouldn’t do:

*Responsible gambling would be briefly gambling within your limits ... .. but spending money in the way that you would spend it as part of your budget. So don’t, don’t spend money you haven’t got and don’t spend, don’t use money on gambling that you’re going to, you need for other things* (Participant S, moderate-risk group).

One participant differed from the others in the moderate-risk group in that he started by describing responsible gambling as setting a limit or a budget, but then went on to define responsible gambling in terms of not negatively impacting on your broader life. Embedded in the statement is the assumption that harm to family would be the result of financial losses:

*... gambling knowing that whatever you lose will not affect you outside of (long pause) um, outside of the scenario that you're in of gambling. So whether that be at home, family, extended family, um or opportunities to, to do other things ... (Participant T, moderate-risk group).*

Unlike others in the moderate-risk group, the above participant was the only person in this group to portray the behaviour of someone they know as an example of responsible gambling. He described an acquaintance, an elderly woman:

*... and she goes, 'I just put \$5 [in] every time that I'm in a bistro and I do 20 cent hits and once that \$5 is gone I walk away.' And [laughs] she said to me the other day that she won \$20. Ahh that was funny.*

*Question: Okay and she was happy with that?*

*Answer: Oh yeah she, she was thrilled because she, she only sort of plays I think more as a social thing ... (Participant T, moderate-risk group).*

This quote suggests that people who gamble small amounts and adhere to strict controls can appear as an oddity to frequent gamblers – despite the fact that the people gambling small amounts and adhering to strict controls are gambling responsibly. The participant thought it was 'funny' that their acquaintance was happy to win \$20 because she only ever gambled \$5 at a time (though from his tone, he used the word 'funny' in an endearing way rather than a mean way). This example also reflects the idea that responsible gambling is '*more a social thing*', rather than an attempt to profit from gambling.

Overall, participants in the moderate-risk group did not offer a description of their own gambling style as an example of responsible gambling as readily as those in the non-



problem/low-risk group. They also tended to define responsible gambling in abstract but very rigid terms, such as not going over your budget, and veered towards describing what not to do very quickly.

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group on the whole thought responsible gambling should be an occasional, time-limited social activity that involved gambling small amounts of money.

One participant, drawing on his own experience, explained what he thought his own gambling behaviour would be like if he gambled responsibly: *'I think I would be setting limits on what I'm going to gamble and sticking to those limits, not gambling if I can't afford it'* (Participant K, problem-gambling group).

In the same vein, another participant in this group spoke about responsible gambling as being a planned and strategic behaviour (reminiscent of descriptions given by participants in the non-problem/low-risk and moderate-risk groups):

*I believe responsible gambling is, possibly, taking like a set amount of money with you when you go out to gamble. So if you want to have some fun or something, that's fine, but maybe just take, know your limits and know ... how much you can afford. I suppose that's the main thing, I think, with being a responsible gambler* (Participant C, problem-gambling group).

Another participant gave a strict, prescriptive definition of what a person who gambled responsibly would be like:

*... someone who ... goes out on a Friday night with the family or friends and can set a limit, say \$10, \$20 and that's it. Once they've gone through that money they can just resume doing their social activities that they were going there previously to do* (Participant I, problem-gambling group).

While giving an abstract or hypothetical example of how a person who gambles responsibly would behave, he also described someone he knows who he thinks gambles responsibly. Like one of the participants in the moderate-risk group above, he also knows an elderly lady with a strict \$5 limit and he described how her gambling is a small component of her social life:

*... so she's there with the ladies, doing their thing with the bowls, they go in for lunch, and have a spritzer or something and go and put \$5 in and once it's gone, it's gone, that's it. And there's no going back, there's no sneaking around, there's no lying, there's no just going for that, there's no going to other clubs, there's no, it's just that's it. Didn't win, so 'oh well' (Participant I, problem-gambling group).*

It is interesting that the participant emphasised that there is no '*sneaking*' or '*lying*' involved in this lady's gambling activity. In addition, her gambling style did not strike this participant as being '*funny*' or endearing, simply responsible.

Another participant described responsible gambling as spending money and time in the same way as with any other hobby:

*... gambling an amount and time that would be a normal amount of a recreational pursuit. You know what I mean? So if you're in a rugby league team and it costs you, say 1,000 bucks a year or whatever, to do everything associated with that, you know, travel and all of that. Something like that, that doesn't impact too much on your time or too much on your finances (Participant U, problem-gambling group).*

Similarly, another participant thought that responsible gambling would be an occasional activity and that a person who gambles responsibly would be '*someone that might have a punt on the Lotto, or the horses every now and then... you know.... bet on Melbourne Cup Day...*' (Participant J, problem-gambling group).

One participant in the problem-gambling group stood out in that he was ambivalent about what he thought responsible gambling would be. First he said *'I don't know'*, but then gave a matter-of-fact definition: *'... probably paying your bills first and then playing with [pause] what you've got left rather than playing with everything ...'* However, when asked if you could tell if someone gambled responsibly, he described someone close to him who played lotto *'just once a fortnight'* and who will buy things she needs first before spending money on gambling, but he then remarked – displaying an ambivalence that was not present in any other participant in the problem-gambling group – that *'...it's hard to say..... what responsible gambling [is] like'* (Participant V, problem-gambling group).

Overall, however, participants who were in the problem-gambling group thought gambling was only responsible if it was experienced as a fun, social and occasional activity, where strict controls on spending are applied:

*... if you want to have a bit of fun and put a bit of money on something in whatever way that it doesn't impact adversely on you, your circumstances and your family and stuff like that, especially things like bills. Yeah – hurt free* (Participant N, problem-gambling group).

## **5.2 Knowledge and beliefs about risky or problem gambling**

During the in-depth interviews, participants were first asked to describe responsible gambling, and then risky gambling, partly as a warm-up before asking questions directly about problem gambling. However, participants seemed to gravitate towards talking about problem gambling even when describing responsible gambling, often focusing on what not to do if you wanted to gamble responsibly. Certainly, problem gambling appeared to loom large for all participants (in all PGSI groups) when thinking and talking about gambling.

### ***Participants in the non-problem/low-risk group***

In their descriptions of problem gambling, participants in the non-problem/low-risk group overwhelmingly defined problem gambling in terms of gambling behaviour that causes significant harms. They also commonly described problem gambling as an addiction and usually made an analogy with alcohol addiction. For example, one participant used alcohol addiction as an analogy in order to explain her views on problem gambling on EGMs:

*... and I think with poker machines it has to be all or nothing, because once you start – it's like an alcoholic – once you have one drink then the next one soon follows. One bet on a gambling machine, it doesn't take much to add another one, and then you start ramping up the bets and then the money seems to flow away (Participant A, non-problem/low-risk group).*

Another participant thought people develop gambling problems quite rapidly, and made an analogy with smoking:

*...Yeah, it doesn't take long, a bit like smoking. It becomes addictive. I think they do it for an, ah, an adrenaline rush, quite a few of them. They don't realise that you can't win on them (Participant G, non-problem/low-risk group).*

A commonly held view amongst the non-problem/low-risk group was that people with gambling problems are people who either chase their losses or have unrealistic expectations of winning large amounts of money. However, some participants did not like to label people who chase their losses as necessarily having a gambling problem. For example, one participant said he wouldn't necessarily describe people who chased losses, or had unrealistic expectations, as "problem gamblers" because '*I don't like the term problem gamblers, they're all gamblers to a point.*' He added factors that, in his view, would contribute to problem gambling:

*... It only becomes a problem when it impacts on the rest of your – the rest of your way of life. So defining this ... I'm thinking of specific cases of family people, problem gamblers are people who again have no – have minimal, who go beyond their means basically. The signs are that they've got no money, they'd go straight from work to the poker machines and stay there till all their money's gone... (Participant H, non-problem/low-risk group).*

The next participant thought problem gambling was a 'sad' and all-consuming problem, again drawing on substance use addiction for an analogy:

*Oh it's like drinking, it's like anything isn't it. Problem gambling is quite sad because generally it impacts socially over their whole persona, their being ... .. you must be living this constant dread ... you know your life would be pretty awful ... and hiding it from family or friends ... (Participant X, non-problem/low-risk group).*

### ***Participants in the moderate-risk group***

Like participants in the non-problem/low-risk group, people in the moderate-risk group also saw problem gambling as chasing losses and gambling more than you can afford:

*... that keep going therefore spend more than they can afford, or spend more than they have set aside from their budget for their weekly or monthly fun .... [who] still think 'okay I've lost my 50 bucks, but if I put another 50 in I'll make 150' (Participant S, moderate-risk group).*

An addiction analogy was also used by some participants in the moderate-risk group to describe problem gambling, for example one participant thought:

*... if you're hooked on gambling, you just keep going regardless of background pressure, you know, you'd probably start working on ways to dodge them [family] knowing (Participant W, moderate-risk group).*

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group (all of whom self-identified as having a gambling problem), drew on their own experiences when describing problem gambling. However, their ease of speaking about problem gambling was similar to that of the non-problem/low-risk group, and they seemed much better able to articulate their knowledge and beliefs about problem gambling than the moderate-risk group.

As participants in this group drew on their own experiences to illustrate their knowledge of problem gambling, they tended to offer descriptions of serious signs and symptoms of gambling problems, which are discussed in more detail in the next chapter. The example below is an excerpt from an interview with a participant who had recently sought help for a long-term gambling problem, and his description encapsulates similar themes present in the interviews with the other participants in this group:

*... I just can't stop. I've tried that where I put, say for instance there are three of us going, sitting around a poker machine. We put \$20 each in, you know, and then my friends will go home and then I will go back, secret, I'll pretend as if I've gone home and then come back to the club by myself and isolate myself and continue until I have no money, and then once I have no money, then I start to scheme and lie and cheat and phone up friends for loans and you know, even sell things, and you know, all sorts of scheming things ... .. So um, yeah, a continuation of that, an urge to continue that can't be controlled, that I cannot control. I know I'm doing the wrong thing, I know I shouldn't be doing it, I have all the information in the world about percentages and, you know, the chances of winning and how random it is, and, but all that knowledge just cannot stop*

*me from wanting to go and play the pokies* (Participant 1, problem-gambling group).

In the next chapter, we describe participants' knowledge and beliefs about the signs and symptoms of problem gambling.

### **Key Findings of Chapter 5:**

The key findings of this chapter were that:

1. Not spending more than you can afford was the most commonly reported feature of responsible gambling.
2. Participants tended to gravitate to discussing problem gambling even when specifically asked about responsible gambling.
3. When asked to define responsible gambling, participants tended to describe what *not to do*, as opposed to concepts of gambling in a responsible way.
4. Knowledge about responsible gambling increased across PGSI groups, with the moderate-risk group reporting more sophisticated concepts of budgeting, and the problem-gambling group reporting the most detail regarding responsible gambling as a time-limited, social behaviour.
5. Gambling more than you can afford, harms, chasing losses and unrealistic expectations about winning defined problem-gambling for all groups.
6. While those in the non-problem/low-risk group described problem gambling as being ‘like alcoholism’, the concept of addiction as a defining feature of problem gambling (rather than just spending more than you can afford) was most evident amongst the moderate-risk and problem-gambling groups.



## **6. Knowledge and beliefs about the signs and symptoms of problem gambling**

### **6.0 Chapter aims**

The aim of this chapter is to explore knowledge and beliefs about signs and symptoms of problem gambling amongst the in-depth interview participants, in particular how they come to notice signs in themselves and others. The chapter is divided into three sections and describes:

- 1) participants experience of observing signs of problem gambling amongst people in gaming venues;
- 2) participants ability to identify signs and symptoms of problem gambling in others outside of the gaming venue setting; and
- 3) participants ability to identify signs and symptoms of problem gambling within themselves.

### **6.1 Signs of problem gambling amongst people in gaming venues**

When asked to describe either responsible or risky gambling, many participants began by describing people they had noticed in gaming venues who they believed to be exhibiting signs of risky or problem gambling. They tended to describe very overt and sometimes extreme behaviours, suggesting that people are more able and ready to identify and talk about the more extreme signs of problem gambling, rather than about the signs of someone developing problem gambling symptoms. While many participants in each of the PGSI groups described signs of problem gambling behaviour they had seen in venues, the groups differed in their ability to identify signs and symptoms of problem gambling outside of the gaming venue setting.

### ***Participants in the non-problem/low-risk group***

One participant in the low-risk/non-problem group described in ethnographic detail people she had seen in venues who she thought exhibited signs of problem gambling:

*.... When they first approach the machines often there is a drink in their hand – different alcohol, whether it be beer or spirits I don't know – otherwise they might be with a group of friends. But otherwise they're people that are sitting quietly on their own and just simply one beer after the other, especially if you're there for a protracted period of time. They're drinking, you know, and going through their wallet and finding some more money, trying to think they can win, the next one will be the next right one and everything will be fine again (Participant A, non-problem/low-risk group).*

However, other participants in the non-problem/low-risk group suggested there was a danger in assuming people had a gambling problem based on their appearance:

*... If I see someone wearing [high visibility clothing] and betting three bucks or five bucks a press (pause) I tend to think that they're ah likely to be earning relatively little and probably punting more than they should, but again I don't know if they've got a family ... .... I guess I try to stop myself from making these sorts of judgments as well, because in terms of, essentially, it's none of my business ... (Participant D, non-problem/low-risk group).*

Other participants in this group emphasised that if you only see a person once, you don't know how often they gamble and what they can afford:

*... Just because you spend a lot in a short amount of time doesn't necessarily mean that you're irresponsible, but then if you did that every day, you would be, morning and night, but then I'm not there to see it so I wouldn't know (Participant Y, non-problem/low-risk group).*

*If they're a billionaire then betting \$5,000 a push is not necessarily irresponsible. You've got to set your parameters, haven't you (Participant E, non-problem/low-risk group).*

One participant in the non-problem/low-risk group reported seeing recently arrived refugees in a club he attends, gambling in what he thought was an excessive way. He reasoned that they were unlikely to have a lot of money, and therefore deduced that they had gambling problems. He also suggested that, because of their background, they did not know the risks involved:

*... and gambling three dollars at a go, one push. And they're probably on welfare. And I think they're problem gamblers already. They haven't been out in this country very – and they haven't seen a poker machine before ... (Participant G, non-problem/low-risk group).*

### ***Participants in the moderate-risk group***

Participants in the moderate-risk group also noticed people in venues who they thought had gambling problems. These accounts tended to be very detailed in the sense that they sought to describe what they thought was going on in the minds of the people that they had observed. In addition, the signs that they noticed tended to be extreme. As one participant argued:

*I've noticed a lot of people who – in a club environment, they can hear the machines and they get very twitchy, and then they start shaking and when they get to the machine, they've got it bad, they've got this addiction very bad, and that's a real problem ... They're taking no notice of anyone, they sort of don't smile or stop or say excuse me or any of those kinds of things, they're just focused on the screen, which is fairly mesmerising anyway. And they could be sitting there for hours and not moving. And I've seen people doing that. They become a fixture (Participant M, moderate-risk group).*

Even when participants in the moderate-risk group said they thought they might be being 'judgmental' about others, they did not offer this as a reason to discount the behaviour they had witnessed. This is evident in one participant's comments:

*... and there was this couple playing on a machine close to me and without being judgmental, they looked as though they – they were down on their luck ... I did notice they were betting you know \$2.50 a spin or something ah and the women said to the partner 'well what do you want to do now' and I don't know what he said, but she said 'but don't forget we have to save ten bucks for the cab', which to me indicated that they were going to use their last cash, available cash, less the ten bucks for a cab to go through the pokies ... to me that was a signal of someone who's, you know high-risk and probably irresponsible ... they might have had a larder full of food at home, but to get down to your last dollar I think is ah, is an extreme form of behaviour (Participant S, moderate-risk group).*

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group were less likely to describe the signs of problem gambling they had seen in people who they had observed in venues and more likely to describe their own experience to explain the signs of problem gambling. One participant said he could notice the signs and symptoms of problem gambling in other people 'because I am one' and went on to describe behaviour he had observed in gaming venues:

*... but you see them all the time and you see them, you know, spending, what is it, the maximum might be five or even up to ten dollars a hit and that they're there and often getting more money out of the ATM or from their partner or something like that until they win a certain amount (Participant U, problem-gambling group).*

Despite their inclination to use their own experience in describing problem gambling, when asked directly if they could tell if another person is gambling in a responsible or risky way, other participants in the problem-gambling group also described behaviour they had seen in venues. For example, one participant was asked *do you think you can tell if another person is gambling responsibly?*, but he replied by describing people he had observed in gaming venues who were gambling in a risky way:

*Um, yeah. It's quite easy to sort of tell most of the time. Like, oh, if they're a stranger and you see them like in a club or whatever, it's easy. Like they get quite frustrated sometimes, and um, if they're doing big bets it sort of is a bit of a, like it might be a bit of a giveaway that they're not really, um, gambling that responsibly. Um, and also if it's people that you know, they get like really like stressed out and, um, mainly, yeah, just the stress of playing and knowing that they can't afford it, it's just like a pick up when they're stressed I suppose (Participant C, problem-gambling group).*

It is not clear whether he misheard the question, or if risky or problem gambling simply springs to mind more easily than responsible gambling.<sup>2</sup> A follow-up question was asked – *I'm getting a sense that it's easier to notice if someone is a risky gambler than a responsible gambler in the club situation?* He replied in the affirmative.

## **6.2 Signs and symptoms of problem gambling in others outside gaming venue settings**

Outside of gaming venues, participants in all PGSI groups thought it was more difficult to identify signs and symptoms of problem gambling in others. In this section, we explore the putative signs and symptoms that participants thought might indicate that someone has a gambling problem.

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<sup>2</sup> Another participant (in the non-problem/low-risk group) also described problem gambling as observed in a venue when she was asked to describe responsible gambling. Whether both these participants misheard the question, or whether these are instances of parapraxis is unclear.

### ***Participants in the non-problem/low-risk group***

Overall, participants in the non-problem/low-risk group thought that it was difficult to identify signs of problem gambling outside gaming venue settings, unless you knew a person reasonably well and knew their financial circumstances.

Amongst participants in the non-problem/low-risk group, one participant thought that so long as you knew their income and knew how much they were spending on gambling, then you would know if someone had a gambling problem or not. In fact, for this participant these were the two necessary and sufficient conditions for determining if someone had a gambling problem (Participant G, non-problem/low-risk group).

Another participant thought spending too much time gambling and spending too much money on gambling were signs of problem gambling:

*... there's an obvious clue in terms of ... 'where were you between four and midnight?' or whatever as the case may be [and] ... in terms of financial records, and banks, how much money's in the various accounts and so on and so forth (Participant E, non-problem/low-risk group).*

However, he qualified his answer:

*Equally, they may or may not talk to you about it, I don't know. If they're trying to hide it then obviously they are not going to talk to you about it (Participant E, non-problem/low-risk group).*

Another thought that he could tell if someone close to him had a gambling problem because he could '*pick up the signs*'. Like other participants in this group, money was the main indicator of the presence of a potential gambling problem:

*'... if they are going regularly to clubs or poker machine places and you've got an idea of how much they are spending if you are spending time with them or if*

*you know they're having trouble paying their bills or borrowing money or asking to borrow money, that sort of thing.'*

However, unlike many others in this group who could identify overt signs in people in venues, or who said it was hard to identify signs because they are hidden (discussed in more detail in chapter 7), this participant was able to list signs and symptoms as well as the impacts of problem gambling on families:

*I guess there could be other signs. If they are not looking after themselves or their house, but yeah I guess money is sort of the primary sign ... .. If it continues there can be flow-on effects, if they are not paying their bills, and that could upset other family members and can lead to conflict in the family and separations and that sort of thing (Participant Q, non-problem/low-risk group).*

### ***Participants in the moderate-risk group***

Participants in the moderate-risk group were more likely to identify signs of problem gambling that they had noticed in people in gaming venues than they were to posit a general list of signs and symptoms of problem gambling that might be identified in other settings. Even when they mentioned a general factor that might be a sign of problem gambling – such as a friend being secretive about their whereabouts - most participants quickly turned to talking about gaming venues. For example, when this participant was asked *amongst people you know, what would be the signs if someone had a gambling problem?* he replied:

*Not telling their friends where they are, when they're at the club. Ah, I suppose always eager to go to the club, um, spending a lot of money at the club, going to the ATM numerous times while at the club (Participant O, moderate-risk group).*

However, one participant in this group did identify signs outside of gaming venues. He thought borrowing money and not paying it back or having money problems in general were possible signs of problem gambling:

*I guess I'd be looking for such things as if they're borrowing money. And if they're borrowing 50 bucks for something and don't pay it back or – or do it regularly. If I saw evidence that's ah their family was going without, or just their general demeanour or the way they spoke to – to indicate that they were having trouble meeting bills (Participant S, moderate-risk group).*

### ***Participants in the problem-gambling group***

Of all the PGSI groups, participants in the problem-gambling group were the best able to identify and articulate signs of problem gambling in others outside of gaming venue settings. Even so, participants in the problem-gambling group still considered it easier to recognise signs and symptoms of gambling problems in venues:

*Question: So outside of the clubs situation, is there any way you would know if other people you knew had a gambling problem?*

*Answer: Not until it really became obvious by asking me for a loan constantly or, um that ah – or the financial impact or the family impact has become so public that you find out about it by – deduction (Participant U, problem-gambling group).*

Participants in this group could articulate the signs and symptoms of problem gambling beyond descriptions of money problems and they were also able to identify some of the emotional indicators that might suggest the presence of gambling problems. For example, Participant U continued to explain the signs:

*There's, there's a relationship breakdown and people becoming more insular, and there's mental health problems that might be associated with it, so they're*



*– but that can apply to many other things as well so it's hard to say that 'Yeah, that's because it's the gambling', but then you know that gambling could be one of the several causes of it ... (Participant U, problem-gambling group).*

Another participant in this group also identified parallel financial and emotional indications that may suggest a gambling problem:

*I think, um, just like being able to afford, like never having enough money to be able to afford those extra things that usually you would have enough money for ... .. just making excuses, I guess, for where you've been.... .. you can sort of tell by their money and I guess their attitude. Like if they're down, you can just pick up on that I guess (Participant C, problem-gambling group).*

### **6.3 Signs and symptoms of problem gambling within themselves**

As all participants in the problem-gambling group self-identified themselves as having a gambling problem when they first volunteered for this research, this section explores the ability of participants in the low-risk/non-problem group and the moderate-risk group to identify signs and symptoms of problem gambling within themselves. Although participants in these PGSI categories rarely self-identified symptoms within themselves, those who did are considered here to give an indication of the life circumstances that may encourage self-identification. What is most concerning is that so few people who scored as low-risk or moderate-risk on the PGSI (and therefore are experiencing some symptoms) identified any concerns about their own gambling or have taken any action to address their gambling.

One participant in the non-problem/low-risk group described how he and his friends had gambled heavily on EGMs when they were much younger but argued that after about two years they '*twigged*' and reduced their gambling intensity:

*You'd live pay-to-pay and once you got paid you'd all put into a machine and sometimes it would win and sometimes it wouldn't. I don't know anyone now that's got a gambling problem but I think we were pretty close but then we all kind of grew up all at the same time ...* (Participant Y, non-problem/low-risk group).

Two participants in the moderate-risk group also described reasons for reducing their gambling. The first of these had recently taken on extra financial responsibilities and, consequently, decreased his spending on gambling. He described himself as *'understanding the value of a dollar now'* and while he was hesitant to go so far as saying that having extra financial responsibilities had helped him control his gambling, he said *'I definitely think it controls the spending'* (Participant O, moderate-risk group).

The second participant in the moderate-risk group reported that they had reduced their gambling as a result of retiring from a *'high pressure job'*:

*... so I wanted to get away from things, by gambling. And it was just a way out, it's like going to the movies and you're in another world. And so that was this stress release. And now that I'm retired, I find I don't do it so much* (Participant M, moderate-risk group).

Another participant in the moderate-risk group said she sometimes thought she had a gambling problem, because she sometimes felt an urge to go into gaming venues when she was out walking. However she has resisted the urge and only goes to the club when her partner is going and they meet up with friends. Beyond using strategies such as only taking a set amount of money into the club with her and only going to venues with her partner, she has sought no other help for her gambling.

In the next chapter, we explore the attitudes of participants towards people with gambling problems.

### **Key Findings of Chapter 6:**

The key findings of this chapter were that:

1. All participants could describe at least some signs and symptoms of problem gambling in other people, but their ability to do so differed across PGSI groups.
2. Not wanting to be make judgements based on appearances, when observing other people's gambling behaviour, was a recurring theme for all groups.
3. More extreme problems and behaviours were mentioned by the higher-severity PGSI category.
4. When asked about identifying problem gambling in other people, the problem-gambling group tended to gravitate to describing their own gambling problems.
5. All participants found it extremely difficult to describe possible signs and symptoms of problem gambling if not observing an individual in a gaming venue. They also tended to gravitate towards describing EGM playing rather than other forms of gambling.
6. The non-problem/low-risk and moderate-risk groups primarily mentioned money problems as an indicator of problem gambling when not in venues. The problem-gambling group were further able to describe emotional signs and symptoms of gambling problems evident in people when not in venues.



## **7. Attitudes towards people with gambling problems**

### **7.0 Chapter aims**

The main aim of this chapter is to explore the attitudes of interview participants towards people with gambling problems. Specifically, the chapter describes their views regarding the personal characteristics of people who have gambling problems, and whether or not they think it is likely that people with gambling problems would want to seek help.

### **7.1 Personal characteristics of people who have gambling problems**

#### ***Participants in the non-problem/low-risk group***

Participants in the non-problem/low-risk group had differing views about the personal characteristics of people with gambling problems and the kinds of people they think are more likely to develop gambling problems. However, overall, they tended to have negative views of people with gambling problems, thinking they were sad or lonely people, 'stupid' people, addicts or people who lacked self-control.

When describing people she thought were exhibiting signs of problem gambling in gaming venue settings, one participant thought that they could be people who gamble in groups or alone, either male or female, and any age or nationality. However, she also thought that people with gambling problems were likely to be lonely:

*People who are on their own who use clubs as places to go to be with other people, especially if they are on their own or they feel – in a house where they've got nothing else to do (Participant A, non-problem group).*

Another participant in this group seemed bemused by people who gambled large amounts on EGMs and did not understand their reasoning: *'If you're playing every line why do you need to put \$5 on a line, rather than one cent on a line? ... I can't work out the logic of that.'* At the same time he thought expenditure wasn't the only factor and felt that people with gambling problems seem to have *'a lack of control.'* Using weight loss as an analogy – *'if you want to lose weight you have to eat less and exercise more'*, in his view people with gambling problems similarly needed to *'exercise control'* over their gambling. He also held a dim view of people who thought that they could win at gambling:

*... But there are people who gamble I think on the basis that they think they're going to win. God help them, I mean they're, they're as dumb as dishwater* (Participant E, non-problem/low-risk group).

However, this participant took a more compassionate view towards people with gambling problems and thought that they were trying to block out and escape from their unhappiness:

*Well personally I think it comes down to some sort of anxiety about maybe something that's happened in their life or their life situation that they're not happy about and I guess it's an escape even if it is only temporary sort of thing, to try and block out some painful sort of issues in their lives* (Participant Y, non-problem/low-risk group).

One participant thought people with gambling problems must have a personal *'propensity for risk-taking behaviour'* (Participant Y, non-problem/low-risk group), while another thought they were people *'who chase the big win'* (Participant H, non-problem/low-risk group). In contrast, one participant thought some people with gambling problems must not feel guilt or anxiety at the thought of heavy losses:

*... I don't think it's the same with everybody but there must be something within them that they don't feel guilty; you know imagine the threat of losing your house because you've blown all the money on the horses or blackjack or you know. I myself couldn't live with myself and I think most people who are responsible gamblers are like that and then the others, I think it's there must be a trait, there has to be otherwise they wouldn't do it would they. It's like alcohol ... (Participant X, non-problem/low-risk group).*

### ***Participants in the moderate-risk group***

Participants in the moderate-risk group had a narrower range of views about the personal characteristics of people with gambling problems and the kinds of people they thought were more likely to develop gambling problems. Their views of people with gambling problems also tended to be negative, but not as judgemental in tone as some of the people in the non-problem/low-risk group. Most tended to view people with gambling problems as addicts or as people with '*addictive personalities*', while a few also thought they were people who hoped to have a big win in order to change their life circumstances.

One participant in this group described electronic gambling machines as being '*addictive*', however, she then went on to describe people with gambling problems as having '*an addictive personality*':

*And so if it wasn't gambling, it would be something else they'd be addicted to, like drink or drugs or any of those kinds of things (Participant M, moderate-risk group).*

Another participant had come to the conclusion that people with gambling problems are more likely to have other addictions, because he noticed that '*regulars*' at the gaming venue he attended '*drink enormous amounts of beer and smoke a thousand cigarettes*' (Participant O, moderate-risk group).

Another participant described people as being '*hooked on gambling*' and argued that once a person is hooked: '*[y]ou just keep going regardless of background pressure, you know, you'd probably start working on ways to dodge [your family] knowing*' (Participant W, moderate-risk group).

One participant in the moderate-risk group did not talk about problem gambling in terms of addiction, however, and instead thought problem gambling was caused by '*greed*' and a desire to make a lot of money quickly:

*Greed. Um, the want to win more money, a lot of people feel that they are underpaid, and they feel that by gambling they feel as if they can get money, more money to do the things that they want to do, and I think that's it in a nutshell* (Participant T, moderate-risk group).

Two other participants in the moderate-risk group did not use as pejorative a word as '*greed*' to describe the characteristics of people with gambling problems, but they felt that they were people who were looking for an escape from their financial circumstances. As one participant explained:

*Um [a] bit of delusion that, you know, it's an easy way to get money. The fact we all know someone who's had a big win or heard of someone who's had a big win, and in some peoples case it's their only prospect of getting a lot of money ... for some to fall out of the sky, and that's why people I guess buy Lotto tickets ...* (Participant S, moderate-risk group).

Another participant in this group argued, '*[based on] what I've read about the research it's usually those that can least afford it*' or people who acquire money quickly '*you know, young footballers for instance who get a big influx of cash*' who are most likely to develop gambling problems (Participant S, moderate-risk group).



### ***Participants in the problem-gambling group***

Participants in the problem-gambling group also tended to hold negative views about people with gambling problems. Several participants described themselves as having *'addictive personalities'* and some described themselves as coming from a *'gambling family'* and reported that other people in their immediate families (parents, siblings and sometimes grandparents) also had gambling problems.

One participant talked about his own experience of help-seeking and how his negative views of other people with gambling problems – *'those losers'* – stood in the way of him joining Gamblers Anonymous (GA) (an organisation he now finds very helpful):

*I was told when I first started enquiring about getting myself better or searching for some kind of um, help, GA was mentioned to me and I thought you know, 'I'm not one of those losers.' And it's taken me ten years to get to the point where I have accepted that I am one of those people. It's interesting* (Participant I, problem-gambling group).

Another participant in this group used the word *'we'*, when describing other people with gambling problems that she has noticed in gaming venues, but also presented a negative picture of what people with gambling problems are like. She contrasted her observations of the few who are *'having a good time'* to the majority of EGM players who she described as *'zombies'*:

*You might see you know, kind of two women out for the night, they've got the champagnes and they're actually talking while they're using it [the EGM], and they're doing 10 cent bets or something like that. I think they're just out having a good time but I think everybody else in that room is a gambling addict, you know, they're zombies, we're all zombies. It's really scary. Nobody talks to one another, nobody dares and if somebody does talk to you you're going 'why are you talking to me? Please stop talking to me, we're playing the pokies.' That's*

*how I feel anyway and I know other people do as well and nobody's nice to one another* (Participant R, problem-gambling group).

## **7.2 The likelihood of wanting help and seeking help**

Participants in both the non-problem/low-risk group and the moderate-risk group tended to take a pessimistic view towards the likelihood that people with gambling problems would want to seek help, with most believing they would only do this if they *'hit rock bottom.'*

While their view that people with gambling problems are unlikely to seek help reflects findings of various studies (e.g. Carroll *et al.*, 2011, Davidson and Rodgers, 2010, Productivity Commission, 2010), it might also explain the reluctance of people to intervene when they suspect someone has a gambling problem. For instance, all participants in the non-problem/low-risk group and the moderate-risk group either knew someone, or had known someone in the past, who had a gambling problem, but very few had made any attempt to intervene (this is discussed in detail in chapter 9).

### ***Participants in the non-problem/low-risk group***

Participants in the non-problem/low-risk group overwhelmingly thought that a person with a gambling problem would have to *'want to change'* before they would seek help. Underlying this assumption is the view that people with gambling problems are likely to be in denial:

*... if you don't admit you've got the problem, well you're not going to be looking for a solution because you don't think you've got anything to be worried about. I think it's pretty apparent with gambling, definitely* (Participant Y, non-problem/low-risk group).

The people in this group also felt that the person with gambling problems needed to be the one to come to the decision to *'change'* and to seek help:

*I keep on comparing to alcoholism, um, it's the first step is admitting you have a problem and I think – I think most of it boils down to people wanting to change essentially. You have to want to* (Participant D, non-problem/low-risk group).

However, this group of participants also thought that it was likely that only a small number of very desperate people with gambling problems would seek help:

*I think if they hit rock bottom, and they were absolutely desperate, maybe a small percentage might reach out* (Participant A, non-problem/low-risk group).

Another participant in this group felt that it would be difficult to give up the 'pleasure' or 'escape' that gambling provided for someone with a gambling problem:

*Well I think even if you admit the problem, it's um, if that is your pleasure or your escape or if you view that as your only pleasure or escape, it's pretty hard to resist I guess* (Participant Q, non-problem/low-risk group).

### ***Participants in the moderate-risk group***

If anything, participants in the moderate-risk group were even more pessimistic about the likelihood of people with gambling problems seeking help, with a typical attitude being: *'I think by the time you go to get help you'd be really desperate, sadly ...'* (Participant W, non-problem/low-risk group).

Another participant in this group expressed a fatalistic view about people with gambling problems, arguing that she thought extreme measures would need to be taken to encourage them to acknowledge they have a gambling problem:

*... they'd have to be told by several people, including people that are not close to them, and then for them to believe it is another thing again, because they're never ever going to acknowledge it.*

In addition, she felt that very extreme (and impossible) measures would have to be taken to actually stop them from gambling:

*And I'm not sure how you can – except by having the relatives ban them from clubs. I can't think of any other way* (Participant M, moderate-risk group).

Similarly, another participant in this group also expressed strong views about the likelihood of a person with a gambling problem seeking help:

*... they think they're in control. They think they can get through it themselves, you know a bit like drug addicts, I suppose ... they don't want to admit it, so there's the shame. So there's the stigma and they don't want to admit to themselves, they don't want to admit to their friends. To get help you've got to actually confide in people and they're not prepared to do that* (Participant S, moderate-risk group).

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group expressed similar ambivalence towards seeking help for their gambling problems as participants who took part in our previous study: *Help-seeking and uptake of services amongst people with gambling problems in the ACT* (Carroll *et al.*, 2011). Amongst participants interviewed for this present study who identified as having gambling problems, uptake of specialist problem gambling services was low, with only one participant reporting attending specialist problem gambling counselling, and one other attending Gamblers Anonymous. However, several reported that they had attended other services, including three participants who had attended an alcohol or other drug service and two who had attended a mental health service.

In the next chapter, we explore the respondents' knowledge of the available services for people with gambling problems and their views on the efficacy of such treatments.

### **Key Findings of Chapter 7:**

The key findings of this chapter were that:

1. All participants, regardless of PGSI group, had negative views about people with gambling problems.
2. Addictive traits and having an individual vulnerability for gambling problems were common themes across all groups. Greed, being unrealistic about winning (delusional), and gambling to escape were also common themes.
3. The non-problem/low-risk group had the widest range of views, ranging from feeling sorry for people with gambling problems to seeing them as being stupid. The moderate-risk and problem-gambling group were less pejorative when expressing their admittedly negative views of people with gambling problems.
4. Most participants were pessimistic about the likelihood that people with gambling problems would seek help, and indicated that they would probably only do so after problems were extreme.
5. Participants with more severe gambling problems were more negative or ambivalent about the likelihood of seeking help.



## **8. Knowledge and beliefs about services and treatments for gambling problems**

### **8.0 Chapter aims**

The main aim of this chapter is to explore the knowledge and beliefs of the interview participants about the available services for people with gambling problems. In particular, this chapter describes:

- 1) their knowledge of available services for people with gambling problems in the ACT, the services they provide; and how they might be accessed; and
- 2) their beliefs about the likelihood of successfully treating gambling problems.

### **8.1 Knowledge about problem gambling services in the ACT**

Participants in both the non-problem/low-risk group and the moderate-risk group had very little knowledge about services in the ACT for people with gambling problems. None had first-hand experience with available services and they did not think they knew anyone who had used them. In both groups there were individuals who were optimistic that there would be plenty of help available and that they would be able to find it if they needed it. On the other hand, there were individuals in both groups who felt that there wasn't much help beyond the phone numbers they had seen on EGMs and in gaming venues and they also tended to take a more pessimistic view towards the in-venue promotion of problem gambling services. Amongst the problem-gambling group, only one participant had received specialist problem gambling counselling. All participants knew about the Problem Gambling Helpline and most knew about self-exclusion programs at venues, but only one person had done this. Participants in this group also tended to feel that there was not much help available.

### ***Participants in the non-problem/low-risk group***

The participants in the non-problem/low-risk group who felt confident that there was plenty of help available for people with gambling problems tended to think that low-uptake of services was more a matter of people failing to seek help, than it was a matter of services not being available or well-advertised:

*... there's a lot of helplines and Lifeline and there's special gambling services. There is a lot of help there, ah, self-exclusion programs from your club ... As I said, if you don't think you've got the problem well you're not going to go and ban yourself from turning up to your local on a Friday or a Saturday or a Tuesday or whatever it is with friends or work colleagues to have a drink. It just wouldn't cross your mind ... I'm certainly aware that there's any number of opportunities for assistance if somebody wanted it. But that I just don't think, there's not a real big take-up of them though* (Participant Y, non-problem/low-risk group).

While the above participant had a positive view about the presence of problem gambling help information in gaming venues, another participant took a different view, thinking that information in venues allowed venues to *'offload the problem'*:

*It annoys me to some extent that the clubs have all these poker machines, they have the temptations all there, and in the bathrooms and on some of the machines I have seen a sticker saying 'if you need help call Lifeline.' Ah, you know, they're sort of offloading the problem* (Participant A, non-problem/low-risk group).

Another participant expressed doubt about the usefulness of using stickers on EGMs to promote problem gambling services:

*... these strange signs on the poker machines that appeared, what, 12, 18 months ago, maybe two years ago, something like that. Saying if you know,*



*you've got an issue – and the clubs have all now slavishly put these things on the machines. That's their great contribution to saving the World...* (Participant E, non-problem/low-risk group).

However, he did think that it would be easy for someone who wanted to find problem gambling help to do so. While he did not possess any specific information about services or what treatment would entail, he thought it would be simple to search for this information via the phone book or the internet:

*... I'm sure it's as simple as picking up a phone book and, you know, and flicking the pages, and we'll soon have a phone number, and it won't be long and we'll soon have somebody, you know, somewhere who's prepared to offer some assistance ... [it's not] very difficult to Google 'gambling problems' or 'Gamblers Anonymous' ... one phone call to any organisation of that ilk is going to offer you a plethora of potential assistance ... I don't know that, but I'm sure it's true* (Participant E, non-problem/low-risk group).

Another participant said he only knew about one service where people with gambling problems could go for help, as a result of seeing the phone number advertised in gaming venues, but he did not know anything about the services they offered: *'well there's only one I know, is a certain number to call, that's advertised at the clubs'* (Participant G, low-risk/non-problem group).

One participant in the non-problem/low-risk group offered suggestions about places or professionals which people with gambling problems might go to for help, but did not mention any specialist problem gambling services or signs in gaming venues:

*I just think the ACT government is the only one that would have the set-up or maybe even a private psychologist, psychiatrist, or hypnotherapist; you know ones that hypnotise you ... I imagine they're the ones that would help* (Participant X, non-problem/low-risk group).

Finally, one participant thought that people he knew would be hesitant about going to counselling in general, because they wouldn't know what counselling entails:

*I would imagine anyone who's a friend or family member of mine will have a similar obliviousness to the nature of counselling services, so probably not be in a hurry to take them up (Participant D, non-problem/low-risk group).*

### ***Participants in the moderate-risk group***

Many participants in the moderate-risk group mentioned that they had seen signs about problem gambling services in gaming venues and nominated that as the first place they would look for help. However, one participant who said she would know where to get help for gambling problems did not nominate information in gaming venues or specialist gambling services as the most useful source of help. Rather, she said she would contact other services that she knew about – namely the *Griffin Centre in Civic* and the *Women's Information Referral Centre* as places that would be able to give her the information: *'see I know these places and that would be the place I'd start.'* She also thought that a doctor would also know where you could go, supposing that *'they must have a list of things that they can put you in the direction of'* (Participant W, moderate-risk group).

Another participant said he was sure there was help available for people with gambling problems: *'if they were prepared, if they admitted they had the problem'*. While he was vague about details, he offered a number of likely places where a person with a gambling problem could seek help:

*... There is a Gamblers Anonymous, is that what they call it? ... I'd say look at any poker machine there's a number to ring. If they're a church-goer I'd say they could go to a church group. But I would have thought something like Gamblers Anonymous. I don't know how widespread they are and where, and what their methodology is. I don't know whether Lifeline deals with that sort of*

*thing, I suppose they do and whether those places could refer them to someone else (Participant S, moderate-risk group).*

However, one participant in this group had different views, in that he was '*...not sure whether there's enough support out there for them*' (i.e. people with gambling problems) but at the same time he thought that high quality counselling was available if only more could be done to pave the way for people with gambling problems to seek support. Although he doesn't use the phrase, it seems he thinks that there is a need for more outreach services to encourage the uptake of services for gambling problems:

*I'm sure there are lots of people out there who are ready to receive the people [with gambling problems], um, and who are really good at supporting people with problem gambling but it's sort of that, that middle part that there's, it's like a one-way bridge. They're, the people who are supporting and waiting for them [people with gambling problems] to come across rather than the other way around. That's what it feels like (Participant T, moderate-risk group).*

Another participant in this group thought he would be able to find help, if he needed it, and had seen '*the odd pamphlet.*' However, he was unsure if '*people that actually do need help know where to get that information, that's a concern*' (Participant T, moderate-risk group).

Finally, another participant who had seen signs advertising problem gambling services on EGMs thought that people with gambling problems would ignore the information:

*Oh yes, yes they're there. But it's a bit like the signs on the drinks, you don't take them in and of course you don't think you've got a gambling problem do you? I would suggest that's what most of us would say, we don't have a gambling problem (Participant W, moderate-risk group).*

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group were aware of the Problem Gambling Helpline, and had seen problem gambling help advertised in gaming venues. They knew little about the specialist problem gambling counselling service in the ACT, and were not aware of the name of the current provider. Overarching themes tended to be a belief that there wasn't much help available, and ambivalence in their desire to attend the services they had seen advertised in gaming venues.

One of the participants who thought that there was *'not much, not much at all'* available for people with gambling problems also thought that services in the ACT did not have *'professional knowledge about gambling'*, to the same degree as they do for other forms of addiction (Participant I, problem-gambling group).

Another participant had seen brochures in clubs, but had never contacted the service. He also thought there was a need for groups and activities for people with gambling problems because *'people need something to get their mind off it'* (Participant U, problem-gambling group).

Participants in this group tended to be unenthusiastic about the Problem Gambling Helpline. One participant reported that: *'most of the support [available in the ACT] I guess is telephone helplines ... it doesn't really help ... I don't think it would actually really help when you are in the situation'* (Participant C, problem-gambling group). She had looked for information on the internet and said she had found a good website from Victoria, but nothing similar from the ACT:

*... when I've looked online there hasn't really been that much for Canberra ... I know there's a good website for Victoria, they had quite a good website and it's got people's stories and things like that, and support services and that. I think that would be good'* (Participant C, problem-gambling group).

While participants in this group knew that they could approach management or staff in gaming venues regarding their gambling problems, this was not an appealing option.

One participant noted that: *'it doesn't seem like an inviting prospect ... that's more confronting I suppose [than] if you're going to talk to a counsellor ...'* (Participant K, problem-gambling group). Nevertheless, this participant had excluded himself from gaming venues and reported that: *'in all my years of gambling I've found it's been the most effective thing to curb my habits'* (Participant K, problem-gambling group).

## **8.2 Beliefs about the likelihood that gambling problems can be treated**

### ***Participants in the non-problem/low-risk group***

Most participants in the non-problem/low-risk group thought that gambling problems could be treated. However some expressed more optimism than others and, even amongst the more optimistic participants, there was a strong belief that the onus was on the person with a gambling problem to recognise their problem and be motivated to change.

One of the more optimistic participants imagined that professionals could teach people with gambling problems skills and strategies to manage their problem:

*I think they can be given skills to minimise [expenditure] by I don't know, just don't take your card to the clubs, try something else, join a club. I would imagine that they would give them skills and support and probably bring in the family too* (Participant X, non-problem/low-risk group).

Amongst those who thought that problem gambling could be treated if the person with the gambling problem recognised they had a problem, one participant emphasised that they would also have to have a personal motivation to change:

*... if a person honestly realises they have got a problem and they want to stop it because [of] the flow-on effects in their lives and their families* (Participant E, non-problem/low-risk group).

Another participant expressed confidence in the ability of professionals to help people with gambling problems provided that they are willing to undergo treatment:

*... cognitive behavioural therapy is probably a good one. I think there's a lot of people [who] don't like counsellors or psychologists ... but I think that's a proven method ... the hotlines are good I'm sure ... But you've got to learn to help yourself, that's the bottom line* (Participant Y, non-problem/low-risk group).

On the other hand, another participant held a more fatalistic view of the prospect of successfully treating gambling problems. She expressed uncertainty about what causes gambling problems and mused that there might be a genetic component:

*I don't know. I don't know. I mean, is it simply a manifestation of a depression-type illness? Is it something that you're born with, so therefore this is a gene that you've sort of ... an addictive gene?* (Participant A, non-problem/low-risk group).

Nevertheless, another participant thought counselling could help a person with gambling problems address any underlying trauma and assist them in more practical ways, such as financial counselling:

*I guess counselling would explore the issues of perhaps why the person gambles. As I said, maybe there's an anxiety or a trauma in their life that they're trying to deal with. And I guess maybe financial planning. Maybe sometimes think they can gamble their way out of financial problems. So a bit of financial counselling might be helpful too* (Participant Q, non-problem/low-risk group).

Interestingly this participant was the only person in the non-problem/low-risk group who knew anyone who had sought any kind of help for their gambling – in this case he

had friends who had excluded themselves from gaming venues. However, he did not know much about the process and pointed to limitations in the system: *'... my friends have sort of got themselves barred from certain clubs which is a good thing but then they tend to go to another club, but anyway'* (Participant Q, non-problem/low-risk group).

### ***Participants in the moderate-risk group***

Participants in the moderate-risk group thought that gambling problems could be treated, given the proviso that the person with the gambling problem wanted help. Counselling seemed to be the preferred method:

*... Somebody with the skills and the way to be able to get into people's minds and be able to say 'look, I know you feel this way, but I want to talk you round'* (Participant S, moderate-risk group).

Another participant who was optimistic about treatment for gambling problems thought that a specialist problem gambling counsellor would be the preferred option, but also thought people should go to *'wherever they feel comfortable'*. If he was to help someone he knew with a gambling problem, he said:

*... I'd choose the gambling help professional[s] first because they are trained and qualified in assisting ... but having said that, if that didn't work then we'd try as many other avenues as possible* (Participant T, moderate-risk group).

However, one participant thought there was a need for change at the social level to address problem gambling:

*Question: So you think problem gambling can be treated?*

*Answer: Um, yes, I'm sure there'll be some possible cases. But I think in the climate we're in there's a lot of work to be done to, to discourage excessive gambling* (Participant T, moderate-risk group).

### ***Participants in the problem-gambling group***

Participants in the problem-gambling group expressed a similar ambivalence towards the prospect of attending specialist problem gambling counselling as participants who took part in our previous study: *Help-seeking and uptake of services amongst people with gambling problems in the ACT* (Carroll et al., 2011).

Some participants in this group expressed uncertainty about the likelihood of treating gambling problems, but others thought they could be treated if the right services were provided. One participant who was optimistic about the prospect of treating gambling problems thought that attending a support group to help abstain from gambling would help. While she had not attended one herself, she thought attending support groups such as Gamblers Anonymous would be beneficial. On the other hand, she was *'not too sure about the helplines ... I don't think they would really help that much. But I haven't had any experience with it'* (Participant C, problem-gambling group).

The one participant who had attended specialist problem gambling counselling (from the former specialist problem gambling counselling provider in the ACT) discontinued after *'probably about two to three months'* because he was given different counsellors, a problem he had experienced at other health and social services in the past:

*I kept losing my counsellors, every time I would get someone and I was speaking with the counsellors at [name of service] as well and you know it just seems like you see someone, you get to know them and they're there for a month and then they disappear and you have to get to know someone else ... these people don't hang around. So you have to jump between people ... I find that can sort of be negative sometimes rather than the counselling trying to be a positive thing ... if you feel like you're getting somewhere with someone and then they*



*leave and you have to talk to someone new and go over everything that you've gone over again ...'* (Participant K, problem-gambling group).

In the next chapter, we explore the barriers to intervening when someone has a gambling problem.

### **Key Findings of Chapter 8:**

The key findings of this chapter were that:

1. None of the participants in the non-problem/low-risk group or moderate-risk group had first-hand experience with specialist problem gambling services, or knew of anyone who had attended specialist problem gambling counselling. Only one participant in the problem-gambling group had attended specialist problem gambling counselling.
2. While some individuals were confident that there were plenty of services available for people with gambling problems, and that they could find them if they needed to, others were more pessimistic about the availability of services other than the telephone number advertised on EGMs.
3. In general participants were vague in their knowledge regarding services for problem gambling. No-one could mention the name of the specialist problem gambling service currently available in the ACT, and very few people mentioned health professionals or welfare agencies - such as psychiatrists, psychologists, general practitioners and information referral centres - as potential sources of assistance.
4. Most participants across PGSI groups were optimistic about the likelihood that problem gambling could be 'treated', with an onus on the individual recognising their problem and wanting to change.
5. 'Counselling' was the treatment most often mentioned by participants. Overall, descriptions of treatment were vague and only one individual was able to name a specific type of treatment (cognitive behavioural therapy).

## **9. The barriers to intervening when someone has a gambling problem**

### **9.0 Chapter aim**

The main aim of this chapter is to explore the reasons why people do not intervene or recommend help to people with gambling problems, through exploring:

- 1) what participants said they would do if someone they knew had a gambling problem;
- 2) instances where participants intervened when someone had a gambling problem; and
- 3) reasons given for not intervening when someone they knew had a gambling problem.

### **9.1 What participants said they would do if someone they knew had a gambling problem**

Many participants said that they would intervene in some way if someone they knew had a gambling problem. However, they were much more likely to say they would intervene if the person was someone close to them (such as a family member) and far less likely to say they would intervene if the person was a friend (unless it was a very good friend) much less an acquaintance.

#### ***Participants in the non-problem/low-risk group***

While many participants in the non-problem/low-risk group gave suggestions about what a person could do if they notice someone close to them had a gambling problem, most also pointed out that it was ultimately up to the person themselves to decide that they wanted help:

*Well the logic says you need to sit down and talk to them about it, if they're prepared to do that. They may not be. But assuming that they are prepared to talk about it, then logically you would discuss with them, you know, what's going on, how it's impacting on them and on the family, their friends, or whatever, and presumably you would point them to some sort of professional assistance ... .. But, you know, at the end of the day it's up to them, they've got to make the decision, not you. You can guide, you can assist, you can coax, but they have to fundamentally say yes or no (Participant E, non-problem/low-risk group).*

Another participant pointed out that even if you were intervening with a family member or a close friend, it would be on the proviso that the person was willing to accept the help:

*Well I guess all you can do is talk to them, if you are comfortable with that. To have a heart-to-heart to ask why they're doing it and do they realise the ramifications or the potential ramifications, and if they want to go further you can steer them in the line of those counselling services (Participant Q, non-problem/low-risk group).*

Some participants expressed a willingness to support the person with a gambling problem by helping them find professional help and one participant said she would be happy to go with the person to their appointments:

*I would speak to them and probably go to Gamblers Anonymous, say 'I'll come with you', you know, 'I'll sit and hold your hand' or, you know, 'it's nothing to be worried about, let's address it, it's like any other illness or something that's out of control' .... And I'd treat it exactly the same way, as if they had any problem ... I'd be more than happy to go along with that person and would encourage them, make the appointment, pick them up (Participant X, non-problem/low-risk group).*

Despite saying she would actively intervene, this participant also said she would preface her approach to the person with: *'I know this is none of my business'* (Participant X, non-problem/low-risk group).

In contrast, one person in the non-problem/low-risk group said she wouldn't intervene if a friend or a relative had a gambling problem, because the person with a gambling problem *'[would] deny it. They find excuses. Um, it's none of your business, to a large extent'*. On the other hand, she said that if someone in the immediate family had a gambling problem then one would have to intervene: *'... if it's within a family and it's found then yes, it would have to be brought up'* (Participant A, non-problem/low-risk group).

### ***Participants in the moderate-risk group***

Participants in the moderate-risk group varied in their views about how to intervene if someone close to them had a gambling problem.

One participant in this group said he would take a direct approach:

*I'd firstly ask them straight up just 'do you reckon that you're spending too much money on gambling?' and if they denied it I'd watch them carefully over the next week or something to see how they act and how much money they're actually spending. If they were really close to me, if I thought it was still really bad, I'd give them the number, at least give them a pamphlet just [to] look at it and maybe just call this number. Then if it got worse I'd call up the number and find out other ways I can help the person* (Participant L, moderate-risk group).

Another participant thought it would be a difficult issue to raise because the person in question might not think it is your place to be telling them that you think they have a gambling problem:

*... well I'd try and talk to them about it ... With family and friends you know, well anyone for that matter, it can be difficult to play the mentor or the*

*guardian if you haven't got that role ... So to the extent that I thought a person would trust me I would try and help them out, but I wouldn't necessarily always think that that person is going to accept my advice and so you've got to have some way of ah, steering them round, convincing them to get professional help and make it sound like their idea to get them to accept it. As I said a psychologist would be able to do it [better] than I could (Participant O, moderate-risk group).*

Another participant in this group thought it would be difficult to approach a person directly about their own gambling:

*You probably would say, well, 'a friend of mine had a gambling problem and this is what she did and what happened', and the consequences of that, or even put in it to say, 'I think I've got a gambling problem, what do you think?' Just sort of start that way (Participant M, moderate-risk group).*

Finally, one participant said she wouldn't know what to do:

*I don't know, I've never been, I've never thought of. No I just haven't thought, I can't imagine what I'd do. Um if they approached me, I think that'd be the difference, if they approached you and were talking to you about it, it would be different to you seeing it, because you know, how do you say to somebody who's obviously losing a lot and not happy with it? I don't know, I don't know how you'd approach somebody to, I think they'd have to come to me before I'd make a comment (Participant W, moderate-risk group).*

### ***Participants in the problem-gambling group***

Some participants in the problem-gambling group said they would draw on their own experiences in order to intervene if someone they knew had a gambling problem, but

even then they would be hesitant to push the issue if the person did not welcome the approach. One participant argued:

*I'd basically say that I've been through it, and so it's easy for me to say that, 'I've been through it and look, when you're ready I'm happy to talk and discuss and tell you how I got rid of it or, controlled it or other avenues, or even if you don't want to talk to me, there are these other organisations.' But I wouldn't do more than that until there was something that's really made that other person feel – whether it's sorry for themselves or it's a wake-up call – like stealing money and or having their car repossessed, whatever it might be (Participant U, problem-gambling group).*

Another participant, who also thought he would draw on his own experience in intervening if someone he knew had a gambling problem, similarly pointed out the necessity of the person being ready to receive the intervention:

*... I would talk with them – that's if they're ready to talk. They need to be ready to talk ... there's no way I would be confrontational and say 'You have a gambling problem.' I would tell them my story and let them think about what I've said ... (Participant I, problem-gambling group).*

One participant, appreciating the irony of her suggestion, said she would suggest they go to counselling, even though she hadn't done it herself:

*... I guess I'd tell them about the counselling line, the pamphlet that I keep picking up [laughs]. I mean and I know that there's a rehab you can go to if it was quite serious, but yeah I'd just say go get counselling. That's probably the only thing that I can think of that you can do so (Participant R, problem-gambling group).*

## 9.2 Instances where participants had intervened when someone had a gambling problem

Only three participants (one from each PGSI group) said they had intervened with someone with a gambling problem. In two cases (one participant from the non-problem/low-risk group, and one from the problem-gambling group) had intervened when a close family member had a problem, while in the last case (the participant from the moderate-risk group) intervened when a relative exhibited signs of a gambling problem.

One participant in the non-problem/low-risk group had intervened when a close family member exhibited signs of having a gambling problem:

*Well I, he'd never call it a problem as such. We did. So we could see that he was forever short of money, forever wanting to go to the club, that sort of thing ... He still does flutter a bit but nowhere near what he used to (Participant H, problem-gambling group).*

However, the intervention took a subtle form and the family never told the person that they thought he had a gambling problem:

*Well it was never as blunt as that. You know, 'come on let's play football' ... That's about it ... telling him enough to know what we're saying (Participant H, problem-gambling group).*

One participant in the problem-gambling group intervened to help a family member with a gambling problem, but initially this had a negative impact on his own abstinence from gambling:

*... so we both decided not to gamble this year. Ah last year too he excluded himself from the clubs, something that I kept saying to him to do because I saw how it helped me ... and then when I moved in with him, we've always gambled*



*together so I fell back into the rut of gambling with him ... because he hadn't excluded himself from the clubs at the time I was going to the clubs with him ...*  
(Participant K, problem-gambling group).

However, his family member has since excluded himself from clubs so: *'at the moment it's good though because we're discouraging each other [from gambling]'* (Participant K, problem-gambling group).

The participant from the moderate-risk group had only intervened on one occasion and that was on a night out in a gaming venue with relatives. He noticed one relative was spending a lot of money on EGMs and took the decision to encourage his relative to leave the venue: *'... he went to the toilet and we pulled out whatever he had left in [the EGM], waited outside the toilet for him and we left.'* However, he has since taken no further action to intervene with his relative and is unsure whether or not his relative has a gambling problem because, he said, *'I don't know whether the amount that he put in would affect him or not'* (Participant T, moderate-risk group).

### **9.3 Reasons given for not intervening when someone they knew had a gambling problem**

While very few participants had intervened when someone they knew had a gambling problem, most were able to tell the interviewer about someone they knew (or had known) who had a gambling problem. Sometimes these were people who were not close to them, and in these instances they never intervened. However, in some instances the person with the gambling problem was close to them (for example, a family member, a close relative, or a close friend). In this section, we explore typical reasons given for not intervening.

One participant in the non-problem/low-risk group knew two people he thought had gambling problems. While initially he said he would happily tell someone if he thought they had a gambling problem: *'Yeah. Geez I'll tell anyone anything, I don't care'*, he

hadn't in fact talked to either of these people about their gambling problems. In one case the person with the gambling problem was an elderly neighbour – *'who sold his car to put through the machines'* – and his reason for not intervening was that *'he's living, he's 80, and he lives by himself.'* The other person was a family member who lived interstate:

*I can't tell her that, I don't really know now how much she is gambling ... .. I think she gambles too much on the pokies, but she's been getting by for a long time. She's got a couple of nice kids and grandkids* (Participant G, non-problem/low-risk group).

Another participant described a close friend who gambled at high-intensity levels, but was reluctant to say his friend had a gambling problem. While remarking that his friend seemed to spend a lot of time playing EGMs and had a much stronger compulsion to play them than he did himself, he felt it was not necessary to intervene:

*... [He] freely admits [he] gambles too much but he's got bottomless pockets. He seems to have a compulsion to go play ... .. [but] ... .. his wife is happy with it and it doesn't affect his lifestyle at all ...* (Participant D, non-problem/low-risk group).

Sometimes participants did not find out that someone they knew had a gambling problem until after that person was no longer in their lives and it was too late for them to offer assistance. For example, one person from the non-problem/low-risk group mentioned a work colleague that she knew slightly (but who worked in a different area) and she did not find out that he had a gambling problem until after he had lost his job (he was caught pilfering money) and moved interstate. She thought it was a shame no one in his work team had helped him, and that he hadn't been made aware of counselling and support services that were available in her workplace:

*... one of the other people in the area said 'oh yeah you know he'd been going to the club every lunch time and that' and I thought well why didn't any of you do anything? Why didn't any of you help him? ... ..There are occupational health and safety officers, or counsellors and what have you. So I kind of thought those people – and they were all lovely people – but they didn't take the, no one took the initiative to say to him and I didn't know because I would've said something to him like 'maybe you need to go and see somebody' and the first port of call would have been in the workplace would've been a counsellor (Participant X, non-problem/low-risk group).*

Finally, two participants reported that they knew people who had gambling problems, but they did not find out until after the person with the gambling problem had died. In the first instance, the participant had a friend who died and after their death the spouse found out that the person had left them with a large amount of debt (Participant A, non-problem/low risk group). In the second case, a participant in the moderate-risk group had a close friend who lived interstate whose husband had a gambling problem, but she did not find out until many years after her friend's husband died:

*It's one of the terrible things people don't always talk about their real agonies. I mean even if you've got a very close friend as I always thought ... .. I mean it's a shame, especially for our generation you just didn't talk about this. You just don't talk about those kinds of things with anybody (Participant W, moderate-risk group).*

In most of the cases above, spending too much money on gambling or experiencing financial problems were the most noticeable signs of a likely gambling problem, and in chapters 5 and 6 participants nominated spending more than you can afford as both a definition of and a sign of problem gambling. Participants seemed to have an unspoken, underlying reluctance to interfere in other people's financial affairs. However, one participant did articulate her belief that it wasn't her place to interfere

with how other people managed their money. She reported knowing someone who spent all their money gambling and subsequently never had money when they needed it, but lamented: *'it's their freedom and their money, so that's that'* (Participant A, non-problem/low-risk group).

In the next chapter, we discuss the key findings of this report.

### **Key Findings of Chapter 9:**

The key findings of this chapter were that:

1. Most participants could think of ways to intervene if someone they knew had a gambling problem, however, most were also reluctant to do so, and some participants said that other peoples gambling was none of their business.
2. Most participants said they would only intervene if the person with the gambling problem was a family member or a very close friend.
3. Most participants were reluctant to bring up the subject of gambling with someone they thought might have a gambling problem. They feared they would be rebuffed and that the person with the gambling problem would be in denial.
4. Participants rarely intervened when they knew someone who had a gambling problem, and those that did only did so if the person was a family member or a relative.
5. Participants gave various reasons for not intervening when someone had a gambling problem, including not being close enough to the person or not having enough information about their income, not thinking that the person really had a gambling problem, and not finding out until it was too late (e.g. they were out of contact with the person, or the person had died). Though mostly unspoken, it appeared that not wanting to interfere with other peoples financial affairs underlined the reluctance of participants to intervene when they knew someone with a gambling problem.



## 10. Discussion

### 10.0 Summary of findings

The boxes at the end of each chapter provide a summary of findings for the themes explored in this report. This section describes the findings in relation to the conceptual framework used for this report, the mental health literacy model (Jorm *et al.*, 1997).

As mentioned in the introduction of this report, mental health literacy '*refer[s] to knowledge and beliefs about mental disorders which aid their recognition, management or prevention*' (Jorm *et al.*, 1997: p182). Jorm *et al.* (1997) described five main components of mental health literacy: (1) *the ability to recognise specific disorders*; (2) *knowledge of risk factors and causes*; (3) *knowing how to seek information*; (4) *attitudes that promote recognition and appropriate help-seeking*; and (5) *knowledge of treatments and of professional help available*.

#### ***The ability to recognise signs and symptoms of problem gambling***

The current study explored the ability of participants to recognise the signs and symptoms of problem gambling amongst others in venues, amongst others outside venues and within themselves. The most frequently noted sign was spending more than you can afford, but chasing losses and having unrealistic expectations about winning were also common themes. However, when participants were asked how they could identify problem gambling in others they tended to downplay their ability to be certain, because they would not know the person's financial circumstances – '*they could be a millionaire.*'

Also of concern was the finding that participants only tended to recognise extreme signs and symptoms in other people, such as people becoming agitated in gaming venues or experiencing extreme financial difficulties. Therefore, they were unlikely to identify gambling problems – or acknowledge that the behaviours they were

witnessing in others were signs and symptoms of gambling problems – unless the person in question was already experiencing significant harms.

It is somewhat reassuring that participants' abilities to recognise signs and symptoms increased with their own experience of gambling problems. For instance, the problem-gambling group were concrete in discussing gambling problems as an addiction. However, it is important to note that the participants in this study were recruited because their gambling behaviour – specifically their intensity of playing EGMs – meant they had a high-risk for having or developing gambling problems (Davidson & Rodgers, 2011). It is concerning that their ability to identify non-monetary symptoms of gambling problems (with the exception of people becoming agitated in gaming venues) was generally lacking.

A distinctive finding of this report was that participants were not at all confident about the signs and symptoms of problem gambling amongst others when not in a gaming venue. Again most participants noted money problems might be an indicator, for instance an individual might ask to borrow money. However, many participants raised the issue that discussions around other people's financial circumstances are extremely personal and intimate, and only really possible (if at all) with very close friends or family. Also of concern was the reluctance of participants to contemplate that heavy expenditure on gambling might be a sign of gambling problems when they did not know the person's financial circumstances.

Lastly, only the problem-gambling group were consistent about self-identifying gambling problems, or had any concerns about their own gambling. This confirms the frequently reported finding that people with gambling problems do not recognise many of the signs and symptoms until problems are severe (e.g. Carroll *et al.*, 2011, Evans and Delfabbro, 2005b, Pulford *et al.*, 2009).



### ***Knowledge of risk factors and causes***

Participants were asked to describe the risk factors and causes of problem gambling. Overall participants were very unsure about how to respond and primarily referred to lack of control, addictive traits and individual vulnerability as likely causes. Very little information was offered in terms of other risk factors. Participants tended to gravitate to describing monetary problems or gave negative portrayals of people with gambling problems as opposed to unpacking specific causes. For instance, many participants held negative views about people with gambling problems, and some used pejorative terms such as “greed”, “loser”, “silly” and “delusional” when describing them. Overall, participants seemed to have a unidimensional concept of problem gambling as comprising a lack of control, involving ‘losers’ or ‘vulnerable’ people with extreme financial problems. Only people who self-identified as having gambling problems were more reflective about underlying causes. For instance, gambling to escape from problems, loneliness/isolation, or a history of gambling in the family of origin were all mentioned as likely causes by people with higher symptom levels.

Findings from the telephone interview indicated that almost all participants associated EGMs with problem gambling. EGMs are commonly discussed in relation to problem gambling in popular media and a recent report in the ACT confirmed that intensity of playing EGMs accounted for a large proportion of symptoms in the community (Davidson & Rodgers, 2011). Therefore, participants recognised EGMs as an activity associated with increased risk for problem gambling.

### ***Knowing how to seek information***

While the telephone helpline was mentioned by a large proportion of participants, no-one in the study mentioned the main specialist problem gambling service provider in the ACT. Furthermore, very few people named any kind of specific service. For instance, only a handful of people discussed health or welfare professionals.

Despite not mentioning specific services, many participants were confident about seeking information if needed. By far the most common source was ‘the number on the machines’ – that is the Problem Gambling Helpline. However, no participants had

ever called this number, or knew what kind of assistance this service actually provides. Many were also cynical about the advertising of the number in gaming venues, and thought a person would have to be 'really desperate' to ring it. Some also mentioned the internet as a likely source of information. This confirms findings from Mond *et. al.* (2011), where the internet was the third most frequently endorsed source of help (after the Problem Gambling Helpline and Gamblers Anonymous). Overall, findings from this present study, and Mond *et. al.* (2011), demonstrate that information available on the internet needs to be easily accessible and of high quality.

### ***Attitudes that promote recognition and appropriate help-seeking***

Findings from the telephone interview indicated that people with gambling problems tended to have more negative views about gambling than non-problem/low-risk individuals. Participants who self-identified as having a problem were the most negative. This indicates that attitudes towards gambling change. While it is not possible to determine cause from effect in the current study, it is likely that attitudes towards problem gambling become more negative as symptom severity increases.

Most people had negative views about people with gambling problems, and stigma was an underlying theme throughout interviews. One individual specifically noted that negative attitudes towards people with gambling problems had prevented them from seeking help, saying he delayed going to Gamblers Anonymous for many years because he did not want to be with 'those losers'. Other participants also thought a person would have to be desperate before they would seek help for a gambling problem.

Another important finding from this report was the general reluctance participants' exhibited with regard to intervening when they thought others might have gambling problems. While many participants knew of other people with gambling problems intervention was extremely rare, with only three of the twenty-five participants having ever done so. Even broaching the topic of gambling with someone they thought had a gambling problem was met with hesitation, reluctance and a fear of being rebuffed. Over the last decade, mental health promotion campaigns have encouraged people to talk with individuals they think might be depressed or struggling with another

psychological problem. However, starting a conversation with someone about their gambling – although no one mentioned the word – appears to be taboo. While participants knew they could ring the Problem Gambling Helpline, this intervention may be of limited use as an early intervention or treatment modality if people won't talk openly about gambling problems. However, as the Problem Gambling Helpline is so well known, and participants view it as a resource for people who are feeling 'desperate', it is likely to be an important emergency support for people with gambling problems when they are in crisis.

### ***Knowledge of treatments and of professional help available***

Overall, participants were vague about services and interventions that are available for problem gambling. The most frequently nominated "treatment" was counselling, otherwise very few interventions were mentioned. Despite a lack of knowledge about services and interventions, most participants were fairly positive about the likelihood that problem gambling could be successfully treated. Interestingly, people with higher symptom levels were more negative about the potential efficacy of treatment. Given that only one of the participants had ever accessed a service for problem gambling, negativity about the success of interventions may be an important factor as to why people with gambling problems do not tend to seek help.

## **10.1 Strengths and limitations**

While this report comprises one of the first pieces of research investigating peoples' knowledge and beliefs about gambling and problem gambling, several limitations need to be noted. First, despite considerable time and effort, it proved difficult to recruit participants for the study. This is a common feature of gambling research. In order to maximise the likelihood of people volunteering we deliberately targeted people who played EGMs at high intensities and our selection criteria did not rely upon recruiting people with gambling problems. One of the aims of our research was to test this recruitment strategy, in order to determine whether we could better recruit participants based on frequency of gambling. This report demonstrates that asking

people who play EGMs to volunteer for research did significantly improve recruitment numbers. Prior to and during our recruitment campaign there was considerable media and political discussion about introducing mandatory pre-commitment technology to EGMs in Australia. Anecdotal evidence (personal communication with the authors) suggested that the high degree of media attention given to EGMs may have deterred people from identifying themselves as regular EGM players and from volunteering for the research. Similarly, we approached several licenced gaming venues about recruiting participants directly from venues. Clubs were understandably concerned about protecting their clients given the political and media climate at the time.

As a consequence our sample is quite small and may not reflect all people playing EGMs at high-intensities. Regardless, one of the criteria used to define the cessation of recruitment of research participants in qualitative research is saturation of information. That is, recruitment is ceased when interviews stop providing new information. While we acknowledge that our participants were limited in number, we are confident that saturation was reached in the current study.

Similarly, the small number of participants meant we had limited ability to find statistical differences when analysing the data collected in the telephone interview. For this reason, we primarily used the telephone interview data to broadly describe the sample. Caution needs to be taken in dismissing non-significant statistical results. However, we found striking and statistically significant differences in attitudes across the PGSI. These findings indicated that people with higher symptom levels, and who self-identified as having gambling problems, were more negative about gambling. Given that the analysis had limited statistical power the findings are still likely to be considered as both strong and robust.

A final limitation to our study was that we did not assess knowledge and beliefs across the full spectrum of gambling participation. Our study targeted people who gamble on EGMs at high-intensity, and who are therefore at higher risk of developing gambling problems. Caution should be taken when generalising the findings to lower levels of gambling intensity, non-gamblers and people who only gamble on other activities.

## 10.2 Implications

Knowledge is necessary but not sufficient with regard to help-seeking. While many participants were aware that help for gambling problems was available, very few had sought that help. Responses from participants indicate that people find it difficult to broach the topic of gambling problems and are not likely to actively encourage people experiencing gambling problems to seek help. Given that individuals with gambling problems are unlikely to seek help - and family and friends find it so difficult to intervene - a better understanding is needed of how broader social institutions can support and encourage individuals, their families and friends to seek and receive timely interventions for gambling problems.

Our findings suggest that participants are vague in their ability to describe responsible gambling beyond '*gambling within your means*' and they tended to drift into talking about problem gambling even when asked to describe responsible gambling. Responsible gambling literacy is therefore very low, even compared to problem gambling literacy. This would imply that public awareness/prevention campaigns might benefit from increasing awareness about potentially risky gambling behaviours and circumstances that may lead to problems, rather than solely depicting extreme images of problem gambling.

## 10.3 Future research

While we used a multi-faceted recruitment strategy for this research, the number of participants recruited were small compared to the effort and money expended. However, it should be noted that in the weeks after we ceased recruitment we continued to receive enquiries about the research (despite not advertising and asking gaming venues to remove promotional material). This would indicate that this recruitment strategy works but that it requires a long recruitment phase (i.e. greater than five months). Nevertheless, a valuable area for future research would be to develop more efficient recruitment methods for problem gambling research, particularly when

investigating questions that can only be addressed by general population samples (as opposed to clinical samples).

The current research was designed to address a lack of research on problem gambling literacy. The findings have the capacity to inform the development of a problem gambling literacy measure. Using such a measure in general population samples would provide a useful benchmark regarding the public knowledge and beliefs about gambling across the full spectrum of participation and problems. Such benchmarks can be used to assess change over time, and may be particularly useful when assessing the efficacy of prevention intervention campaigns.

An important finding of this research is that participants were reluctant to identify gambling problems in others, let alone intervene when they felt that someone they knew might have a gambling problem. A common barrier to participants identifying gambling problems amongst people who they thought were gambling too much was that they did not know how much the person could afford. This would suggest that the research participants had a reluctance to ask other people, even if they were concerned about the intensity of their gambling, about their financial circumstances. Findings point to the potential value of future research aimed at better understanding barriers to talking about gambling problems. While barriers to discussing issues related to addiction and/or mental health is one area of concern, discussing money and money problems is a similarly sensitive issue that evokes unease. Research into how these factors prevent open discussion about problem gambling may also inform efforts to encourage earlier identification, help-seeking and uptake of services.

## **10.4 Conclusion**

The findings of this research indicate that people in the ACT who gamble at high-intensity on EGMs tend to have fairly low levels of problem gambling literacy, unless they self-identify as having problems with their gambling.

Participants tended to have a clearer idea of what constitutes problem gambling than responsible gambling, and tended to gravitate towards talking about problem gambling even when specifically asked about responsible gambling. According to research participants, the universal feature of responsible gambling is not spending more than you can afford. Knowledge about responsible gambling increased across PGSI groups, with the moderate-risk group reporting more sophisticated concepts of budgeting, and the problem-gambling group further describing responsible gambling as a time-limited, social activity. Gambling more than you can afford, harms, chasing losses and unrealistic expectations about winning defined problem-gambling for all groups. While those in the non-problem/low-risk group described problem gambling as being 'like alcoholism', the concept of addiction as a defining feature of problem gambling (rather than just spending more than you can afford) was most evident amongst the moderate-risk and problem-gambling groups.

The ability to describe signs and symptoms of problem gambling tended to increase along with the severity of problem gambling symptoms. The non-problem/low-risk and moderate-risk groups primarily mentioned money problems as an indicator of problem gambling for people when not in gaming venues. The problem-gambling group were further able to describe emotional signs and symptoms of gambling problems evident in people when not in gaming venues. The problem-gambling group also tended to gravitate to describing their own gambling problems. All participants found it extremely difficult to describe possible signs and symptoms of problem gambling when not observing an individual in a gaming venue, and they all were reluctant to make judgements based on appearances when observing other people's gambling behaviour.

When describing people with gambling problems, commonly described themes were having an addictive personality and an individual vulnerability for gambling problems. Greed, unrealistic expectations and gambling as an escape were also themes. The non-problem/low-risk group had the widest range of views, from feeling sorry for people with gambling problems to seeing them as 'stupid'. The moderate-risk and problem-gambling groups were also negative but less pejorative when expressing their views.

Most participants were pessimistic about the likelihood that people with gambling problems would seek help and thought they would only do so if their problems were extreme and they were 'desperate'.

Knowledge about what specialist problem gambling counselling entails was extremely limited, with the exception of one participant (from the problem-gambling group) who had attended specialist problem gambling counselling. No other participants knew anyone who had attended a specialist problem gambling service. While some individuals felt confident that there was plenty of help available and they could find it if needed, others were more pessimistic about the availability of services other than the telephone number advertised on EGMs. In general, participants' knowledge of problem gambling services was vague and no-one named the specialist service in the ACT. Very few people mentioned health professionals or welfare agencies as potential sources of assistance. Regardless, most participants were optimistic that gambling problems could be 'treated', with an onus on the individual recognising their problem and wanting to change.

While many participants could proffer ideas about ways to intervene if they knew someone with a gambling problem, they expressed reluctance to do so. Most said they would only intervene if the person with the gambling problem was a family member or a very close friend, and they felt reluctant to talk about gambling with someone they thought might have a problem. They feared being rebuffed and thought the person with the gambling problem would be in denial. Participants had rarely intervened when they knew someone with a gambling problem, and had only done so when the person was a family member or a relative. Reasons for not intervening included (i) not being close enough to the person, (ii) not having enough information about their income, (iii) feeling that it wasn't their business, (iv) not thinking that the person really had a gambling problem and (v) not finding out until it was too late (e.g. they were out of contact with the person, or the person had died). Not wanting to bring up other people's financial affairs often underlined the reluctance to intervene when participants knew someone with a gambling problem.



Overall, the findings of this report demonstrate that problem gambling literacy amongst people in the ACT who play EGMs at high-intensities is low. Participants who self-identified as having a gambling problem had experienced the most harm as a result of their gambling. While awareness of the Problem Gambling Helpline was high amongst participants, knowledge about the services it can provide was lacking, as was knowledge about the free specialist problem gambling counselling service in the ACT. Participants were generally optimistic that problem gambling could be successfully treated but only when the person was motivated to change. Participants were reluctant about intervening when they thought someone they knew might have a gambling problem because it is a sensitive and uncomfortable issue to raise or discuss. In conclusion, the findings demonstrate a need to foster more openness in discussing signs of risky gambling behaviour and gambling problems in order to encourage more timely self-identification and help-seeking.



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## **12. Appendices**



## Appendix A



Australian  
National  
University

# DO YOU PLAY POKIES?

## Volunteers Needed

If you play 'pokies' at least once a week and are over 18, please help us with our research by calling 1800 251 880 (free call) to do a short phone interview about your gambling.

You may also be asked to be interviewed in person about your views on gambling and to complete a short survey. If we interview you in person we will give you a gift card as a token of our appreciation. Any information you provide will be treated with the strictest confidence.

**Information** T 1800 251 880 (free call)  
E [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)

This research is funded by the ACT Gambling and Racing Commission. This is the regulatory body for gambling and racing in the ACT.  
CRICOS 00120C | 200112CT

## Appendix B



Australian  
National  
University

# Do you play pokies?

## Volunteers needed



If you play 'pokies' at least once per week and are over 18, please help us with our research by calling 1800 251 880 (freecall) to do a short telephone interview, where you will be asked about your gambling participation and general questions (like your age, marital status).

You may also be asked to be interviewed in person to discuss your views on gambling and fill out a short survey about your own gambling. This will take 20-30 minutes. A participant information sheet will be provided and any questions answered prior to the interview.

If you are interviewed in person we will give you a gift card as a token of our appreciation for your time and participation.

All information provided will be treated in the strictest confidence.

**Please call 1800 251 880 (freecall)**

This research is funded by the ACT Gambling and Racing Commission, the regulatory body for gambling and racing in the ACT.

ANU College of  
Arts & Social  
Sciences

### Contact

T 1800 251 880 (free call)  
E [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)

Please note: original posters were in colour.



## Appendix C



### Do you play pokies?

#### Volunteers Needed

If you play 'pokies' at least once per week and are over 18, please help us with our research by calling 1800 251 880 (freecall) to do a short telephone interview, where you will be asked about your gambling participation and general questions (like your age, marital status).

You may also be asked to be interviewed in person to discuss your views on gambling and fill out a short survey about your own gambling. This will take 20-30 minutes. A participant information sheet will be provided and any questions answered prior to the interview.

If you are interviewed in person we will give you a gift card as a token of our appreciation for your time and participation.

All information provided will be treated in the strictest confidence.

#### **Please call 1800 251 880 (freecall)**

This research is funded by the ACT Gambling and Racing Commission, the regulatory body for gambling and racing in the ACT.



ANU College of  
Arts & Social  
Sciences

#### **Contact**

T 1800 251 880 (free call)  
E [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)  
MO\_12025 | CRICOS# 00126C

Please note: original flyers were in colour.

## Appendix D

List of gambling activities read out during telephone interview:

- *Horse or greyhound races, but not sweeps*
- *Keno*
- *Table games at a casino like Blackjack or Roulette*
- *Bingo or housie at a club or hall*
- *Sporting or special events like football or a TV show*
- *Casino type games on the internet FOR MONEY*
- *Games like cards, mah-jong or snooker privately FOR MONEY*

Asked separately:

- *Lottery and scratch tickets*

## Appendix E

(ANU Logo)

### PARTICIPANT INFORMATION SHEET

#### *Beliefs about gambling*

##### ***What is this research for?***

The ANU Centre for Gambling Research has been asked by the ACT Gambling and Racing Commission (the statutory body responsible for the regulation of gambling and racing activities in the ACT) to find out about *the beliefs about gambling amongst people who play poker machines and gaming machines*.

##### ***We would like to speak to:***

We would like to speak to adults who gamble at least once a week on poker or gaming machines ('pokies').

We would like you to take part in private interview at a date and time that suits you, at a pre-agreed location (this could be a private office at the ANU or a private room at a Public Library). The interview will take 15-20 minutes, followed by a short questionnaire (no longer than 5 minutes) and you will be given a gift card as a token of our appreciation for your participation. Before the interview begins, the interviewer will give you the opportunity to read this information sheet, and then explain the research to you and answer any questions you may have.

##### ***What we want to know:***

During the interview, we would like to ask you questions about your views on gambling participation and problem gambling. In the short questionnaire, we would like to ask you questions about your own gambling.

##### ***Are the results confidential?***

Yes! We will keep all your personal information confidential (as far as the law allows). While we will use the information you give us in our reports and publications, we will not name you or include any information that would make you identifiable. While we will ask you if we can record our conversation, we will not include your name on the recording, and we will keep the recording private. We will not record your interview if you do not want us to.

**If you would like to be interviewed for our study, please call us on:**

**1800 251 880** (free call)

or email: [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)

Page 1 of 2

## Appendix E (page 2)

### ***Why is this study important?***

This research will help to inform and improve problem gambling prevention strategies, and services for people with gambling problems.

### ***What happens to my information?***

Your information will be de-identified and securely stored at the ANU Centre for Gambling Research Office for a minimum of 5 years in accordance with the ANU Responsible Practice of Research Policy, and will be accessible only to the researchers at the ANU Centre for Gambling who are working on this particular project (Ms Annie Carroll, Dr Tanya Davidson, Prof Davis Marsh and Ms Sharryn Sims).

### ***Do I have to take part?***

No. Your participation in both parts of the research is entirely voluntary and you can stop the interview, or stop completing the questionnaire at any time without giving a reason, and this will not have any adverse consequences for you. We will erase any information you have given us and we will not use any of your information in our report. However, we will retain and securely store your identifying number and first name with the words “data deleted at research participant’s request”.

### ***Can I find out about the findings?***

Yes! When the report is complete, a summary of findings will be published on the ANU Centre for Gambling Research Website (<http://sociology.cass.anu.edu.au/centre-gambling-research>), and we anticipate that the ACT Gaming and Racing Commission will make the report available to the public via their website (<http://www.gamblingandracing.act.gov.au/Publications/Research.htm>). If you prefer, you can call us on 6125 2659 to arrange to have a copy sent to you. It will take a few months before the report is released, but results should be available in the second half of 2012.

### ***Any questions?***

If you have any questions or concerns about this research, or any concerns about how our interview with you was conducted, please contact our Supervisor, Dr Tanya Davidson at the ANU Centre of Gambling Research: email [tanya.davidson@anu.edu.au](mailto:tanya.davidson@anu.edu.au), or phone 6125 7839.

### ***Ethics Committee Clearance***

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee.

If you have concerns or complaints about how this research is being conducted, please contact:

Ethics Manager  
The ANU Human Research Ethics Committee  
Australian National University  
Tel: 02 6125 3427  
Email: [Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au)

**If you would like to be interviewed for our study, please call us on:**

**1800 251 880** (free call)

or email: [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)

## Appendix F

(ANU logo)

### CONSENT FORM

#### *Beliefs about gambling*

Researchers: Ms Annie Carroll, Dr Tanya Davidson, Prof David Marsh and Ms Sharryn Sims at the ANU Centre for Gambling Research

1. I ..... (please print) consent to take part in the **Beliefs about gambling project**. I have read the information sheet for this project and understand its contents, and any questions I have about the research have been answered. The information provided explains the nature and purpose of the research project, so far as it affects me, to my satisfaction. My consent is freely given.
2. I understand that if I agree to participate in the research project I will be asked to take part in an interview that will take approximately 15- 20 minutes. I will then be asked to fill in a short questionnaire that should take no longer than 5 minutes. My participation in both parts of the research is entirely voluntary and I can stop the interview, or stop completing the questionnaire, at any time without giving a reason.
3. I understand that while information gained during the research project may be published in reports to the ACT Gambling and Racing Commission, and in peer-reviewed academic publications, my name and any identifying information will not be used in relation to any of the information I have provided.
4. I understand that personal information, such as my name and contact details (should I agree to provide them), will be kept confidential so far as the law allows. This form and any other identifying materials will be stored separately in a locked office at the Australian National University. Data entered onto a computer will be de-identified and kept in a computer accessible only by password. All data will be securely stored for a minimum of 5 years, in accordance with the ANU Responsible Practice of Research Policy, and only members of the ANU Centre of Gambling Research team (listed above) will have access to the data.
5. I understand that I may withdraw from the research project at any stage without providing any reason and that this will not have any adverse consequences for me. If I withdraw, the information I provide will not be used by the project, and the researchers will delete my data. However, the researchers will retain and securely store my identifying number and first name with the words “data deleted at research participant’s request”.

Signed .....

Date .....

#### **Audio taping**

I consent to have my interview (if any) audio-taped by the interviewer. I understand that the tapes will be stored securely at the Australian National University.

Signed .....

Date .....

## Appendix G

(ANU Logo)

### QUESTIONNAIRE

#### *Knowledge and beliefs about gambling*

Some of the questions may not apply to you, but please try to answer as accurately as possible.

**1. In the past 12 months,** have you bet more than you could really afford to lose?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**2. In the past 12 months,** have you needed to gamble with larger amounts of money to get the same feeling of excitement?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**3. In the past 12 months,** when you gambled, did you go back another day to try to win back the money you lost?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**4. In the past 12 months,** have you borrowed money or sold anything to get money to gamble?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**5. In the past 12 months,** have you felt that you might have a problem with gambling?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**6. In the past 12 months,** have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**7. In the past 12 months,** has gambling caused you any health problems, including stress or anxiety?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**8. In the past 12 months,** has your gambling caused any financial problems for you or your household?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**9. In the past 12 months,** have you felt guilty about the way you gamble or what happens when you gamble?

- ☐ Never
- ☐ Sometimes
- ☐ Most of the time
- ☐ Almost always

**Please seal the questionnaire in the provided envelope and return it to the interviewer.**

**Thank you for your time!**

## Appendix H

Table A.1: Beliefs about gambling by PGSI problem-gambling groups

Question	Gambling status	Percent agree or strongly agree	Percent neither agree nor disagree, disagree, or strongly disagree	N	P-value
<b>Q10: People should have the right to gamble whenever they want.</b>					
	Non-problem gambling	90.0	10.0	10	0.615
	Problem gambling	73.3	26.7	15	
<b>Q11: There are too many opportunities for gambling nowadays.</b>					
	Non-problem gambling	90.0	10.0	10	1.000
	Problem gambling	86.7	13.3	15	
<b>Q12: Gambling should be discouraged.</b>					
	Non-problem gambling	33.3	66.7	10	0.206
	Problem gambling	66.7	33.3	15	
<b>Q13: Most people who gamble do so sensibly</b>					
	Non-problem gambling	70.0	30.0	10	0.100
	Problem gambling	30.8	69.2	15	
<b>Q14: Gambling is dangerous for family life</b>					
	Non-problem gambling	44.4	55.6	10	0.099
	Problem gambling	80.0	20.0	15	
<b>Q15: On balance, gambling is good for society.</b>					
	Non-Problem gambling	40.0	60.0	10	0.121
	Problem Gambling	6.7	93.3	15	
<b>Q16: Gambling livens up life.</b>					
	Non-Problem gambling	66.7	33.3	10	0.400
	Problem Gambling	40.0	60.0	15	
<b>Q17: It would be better if gambling was banned altogether.</b>					
	Non-Problem gambling	0.0	100.0	10	0.061
	Problem Gambling	33.3	66.7	15	

\*p<.05, \*\*p<.01, \*\*\*p<.001

## Appendix H (cont.)

Table A.2: Beliefs about gambling by with self-report problem-gambling groups

Question	Gambling status	Percent agree or strongly agree	Percent neither agree nor disagree, disagree, or strongly disagree	N	P-value
<b>Q10: People should have the right to gamble whenever they want.</b>					
	Non-problem gambling	93.3	6.7	15	0.121
	Problem gambling	60.0	40.0	10	
<b>Q11: There are too many opportunities for gambling nowadays.</b>					
	Non-problem gambling	86.7	13.3	15	1.000
	Problem gambling	90.0	10.0	10	
<b>Q12: Gambling should be discouraged.</b>					
	Non-problem gambling	35.7	64.3	15	0.047*
	Problem gambling	80.0	20.0	10	
<b>Q13: Most people who gamble do so sensibly</b>					
	Non-problem gambling	69.2	30.8	15	0.036*
	Problem gambling	20.0	80.0	10	
<b>Q14: Gambling is dangerous for family life</b>					
	Non-problem gambling	50.0	50.0	15	0.079
	Problem gambling	90.0	10.0	10	
<b>Q15: On balance, gambling is good for society.</b>					
	Non-Problem gambling	26.7	73.3	15	0.615
	Problem Gambling	10.0	90.0	10	
<b>Q16: Gambling livens up life.</b>					
	Non-Problem gambling	57.1	42.9	15	0.680
	Problem Gambling	40.0	60.0	10	
<b>Q17: It would be better if gambling was banned altogether.</b>					
	Non-Problem gambling	0.0	100.0	15	0.005*
	Problem Gambling	50.0	50.0	10	

\*p<.05, \*\*p<.01, \*\*\*p<.001