



Australian National University

Final Report 15 December 2015 2014 SURVEY ON GAMBLING, HEALTH AND WELLBEING IN THE ACT

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Chapter 1: Executive summary

1.0 Background

In 2014, the Australian National University (ANU) was commissioned by the Australian Capital Territory (ACT) Gambling and Racing Commission to conduct a survey on *Gambling, Health and Wellbeing in the ACT*. This followed similar surveys conducted in 2001 and 2009. The study was conducted by the ANU Centre for Gambling Research (CGR) and its development and objectives informed by an advisory group comprising academic researchers, policy makers and clinicians with expertise related to gambling. The interviewing was carried out by an accredited market and social research company using Computer Assisted Telephone Interviewing (CATI). Random digit dialling was used to contact 7,068 ACT residents in late 2014 and early 2015. They provided detailed information on their gambling participation in the past 12 months. Over 2,000 of these people were selected to complete more detailed interviews covering attitudes towards gambling, gambling participation, expenditure, problems and harms as well as physical and mental wellbeing, socioeconomic and demographic characteristics, whether they had sought help for gambling related issues and whether they had close family with gambling problems.

1.1 Objectives

The objectives of the 2014 Survey were based on the 2009 Survey and are shown in Box 1.1.

Box 1.1: Key objectives of the 2014 Survey

- To investigate community gambling participation, including frequency, expenditure and session duration (where relevant) by activity;
- To clearly distinguish type of activity from modality of gambling (where feasible)*;
- To estimate the prevalence of problem gambling using the Problem Gambling Severity Index;
- To pay particular attention to playing electronic gaming machines and gambling using the internet;
- To examine changes in participation and problems over time;
- To determine socio-demographic features associated with gambling participation and problems;
- To investigate health and wellbeing across all levels of gambling participation and problems, including non-gamblers;
- To describe help-seeking for gambling problems in the general population, both in the last year, and across the lifetime;
- To assess impacts of gambling harms on close family*;
- To identify areas requiring further research, with particular reference to the ACT context, and
- To establish a register of participants who are willing to be contacted for future research*. *New objectives, not included in 2009.

1.2 Gambling participation and intensity

About 55% of the ACT adult population had gambled in the last 12 months, with 8% reporting losing more than \$1,000 in the last year and 1% losing more than \$5,000. The most common activity was playing Lottery (33%), with about half the gamblers reporting activities other than buying Lottery or scratch tickets. The next most common activities were playing EGMs (20%), betting on horse or greyhound races (18%) and buying scratch tickets (15%). High frequency gambling, or gambling 48 times or more often in the last year, was also most commonly reported by people gambling on these activities.

The internet provides a means of gambling encompassing a range of different activities, it is not a gambling activity in itself. The 2014 Survey provided the first comprehensive estimate of internet gambling amongst ACT population. Just over 8% of adults reported gambling using the internet with 2% doing so weekly or more often. The most common gambling activities undertaken using the internet were betting on sports (4%), races (4%) and Lottery (3%). The majority of people gambling online gamble via other means (84%). While more detailed investigation is warranted, the findings indicate that internet gambling provides a supplementary means of gambling rather than an alternative form of gambling.

1.3 Problem gambling

Problem gambling was assessed using the Problem Gambling Severity Index (PGSI). Amongst the adult population, 5.4% reported at least some symptoms on the PGSI (scores of 1+), and the prevalence of moderate risk (PGSI scores of 3-7) and problem (PGSI scores of 8+) gambling was 1.1% and 0.4%, respectively. Moderate risk/problem gamblers bet on an average of 4 activities but most commonly reported having gambled on EGMS (76%) followed by Lottery (71%). A quarter (25%) of the moderate risk/problem gamblers had gambled using the internet. Perhaps not surprisingly people who gamble more frequently were more likely to meet the criteria for moderate risk/problem gambling than other gamblers, and this was evident for frequency of gambling (i) on EGMs, (ii) on activities other than EGMs, scratch tickets and Lottery, and (iii) across all activities. About 13% of EGM players played EGMs for two or more hours. Of these, 39% reported at least some symptoms of problem gambling, with 19% meeting the criteria for moderate risk/problem gambling.

1.4 Gambling participation and problems from 2009 to 2014

The 2014 Survey demonstrates that there has been considerable reduction in gambling participation and expenditure since the last Survey, undertaken in 2009. The proportion of people reporting having gambled dropped by 15% (from 70% to 55%) and total gambling expenditure fell by 19% over this five year period. The reduction in gambling participation rates was evident for all activities other than bingo and betting on sports or special events. The proportion of people playing EGMs fell by 10% (from 30% to 20%) and per capita EGM expenditure, as reported by industry, fell by 17% in real terms over this period. There was a significant reduction (by 2 percentage points) in the proportion of people reporting at least one symptom of problem gambling (PGSI scores of 1+). Severe problem gambling (PGSI scores of 8+) was found amongst 0.4% of the adult population in 2014 compared to 0.5% in 2009. However, the surveys did not have the statistical power to determine whether the prevalence of serious problem gambling significantly differed from 2009 to 2014.

1.5 Characterising gambling participation and problems

The characteristics consistently associated with gambling frequency and problems were sex, age, education and marital status. Being male, older, having lower qualifications, being separated/divorced, and not having a resident child aged under 18 years was associated with the highest rates of gambling participation. Both the low risk and the moderate risk/problem gambling groups were also more likely to be male, separated/divorced, but they were more likely to be aged under 60, to have never married compared with the rest of the adult population.

We also investigated the social and economic harms associated with gambling. While only 1% of the adult population reported a gambling related harm in the last 12 months, the prevalence of gambling related harms was notable amongst people playing EGMs at least weekly (16%) and people who undertook activities other than EGMs at least weekly (14%). The most common harms reported by moderate risk/problem gamblers pertained to emotional issues, with 38% reporting experiencing an emotional issue (such as stress, anxiety or depression). Emotional issues were more common than financial issues amongst moderate risk/problem gamblers, with 23% reporting the latter. Smoking and alcohol consumption were also strongly related to gambling frequency and problem gambling. For instance, 28% of moderate risk/problem gamblers reported smoking compared to just 8% of other gamblers. Poor physical and mental health were associated with problem gambling.

1.6 Help-seeking and service use for gambling problems

Only a very small proportion of the adult population had ever wanted or tried to get help with only 0.3% having ever received counselling or professional help for a gambling problem. Amongst lifetime problem gamblers only 8% had ever got such help and a further 8% had wanted or tried to get help but then not got it. Amongst those wanting help, the majority wanted help to cut back or stop gambling (89%) but a large proportion wanted help for feelings of stress or anxiety (66%), financial issues (53%) or relationship or family issues (35%). These findings highlight the prominence of emotional issues alongside the financial aspects of problem gambling.

1.7 Impacts of gambling related problems on family

Research has rarely investigated family impacts of problem gambling in general population samples. We found that 16% of ACT adults reported having had at least one close family member with gambling related issues in their lifetime, with 5% saying this had been in the last 12 months. Amongst the latter 39% said the issue had affected them. Reporting an inability to trust the person with gambling problems (73%), having less quality time (66%), communication breakdowns (62%), and feelings of anger (63%) were commonly reported by people affected by a family members gambling, but so were emotional issues such as feeling stressed or anxious (85%). Financial issues were common (48%) but less so than many of the relationship and family impacts.

1.8 Community attitudes to gambling

Finally, the 2014 Survey explored community attitudes towards gambling. While a small proportion of the population report that gambling does more good than harm (7%), attitudes about gambling varied markedly depending on the type of activity. The proportion of people reporting that gambling on EGMs (7%), table games (7%) and races (11%) did more good than harm was smaller when compared to Lottery (23%) and scratch tickets (20%). While 54% of the population supported having ATMs in gambling venues there was substantial support for limiting the amount of money you can withdraw from these ATMs to \$250 (or a lesser amount). This support was evident amongst the general population (86%) but also amongst EGM players (85%) and people with gambling problems (79%). Finally, nearly half (46%) the adult population had heard of the program in the ACT that allows people to exclude themselves from gambling venues. Knowledge of this self-exclusion program was greater amongst low risk (72%) and moderate risk/problem gamblers (78%) gamblers than gamblers experiencing no problems at all (39%).

1.9 Future research

The 2014 Survey informs and allows two streams of future research. First, detailed analysis can be undertaken using existing survey data. For instance, unpacking and profiling the overlap between gambling over the internet and via other means would provide valuable insight into whether or not the internet is particularly risky in terms of gambling problems. Similarly, profiling people reporting having family members with gambling related problems would provide valuable insight into a group who play a pivotal role in help-seeking for gambling problems. Second, in 2014 we asked participants if they would be willing to be recontacted for future research and 82% of participants agreed, including 89% of people with gambling related problems and 83% of people affected by a close family member's gambling problems. Being able to conduct new research following such individuals over time, including exploring why people with problems do not want or get help will provide invaluable information for policy and service providers in terms of how they might best target and encourage help seeking amongst people experiencing problems. These groups are extremely difficult to recruit for research and the contact information collected through the 2014 Survey is an invaluable resource.

1.10 Conclusions

This report presents the initial findings from the 2014 Survey providing a snapshot of gambling and problem gambling in the ACT. The findings indicate a reduction in gambling participation and frequency on all activities except bingo and betting on sports and special events since 2009. The findings are supported by industry data documenting a substantial reduction in real per capita expenditure over the same period. There is some indication that the prevalence of problem gambling symptoms in the community has declined, but the 2014 Survey did not have sufficient statistical power to determine whether this reflects a reduction in the prevalence of severe gambling problems. While the general trend of reduced gambling is reassuring, people with gambling problems reported considerable harms, distress and were at increased risk for physical and mental health problems, financial difficulties as well as problems in 2014 than in 2009. Overall, help-seeking for gambling problems remains rare and typically related to experiencing extreme consequences.

Chapter 2: Introduction

2.0 Preamble

In 2014 the ACT Gambling and Racing Commission (the Commission) funded the Australian National University's (ANU) Centre for Gambling Research to undertake a survey on the Nature and Extent of Gambling and Problem Gambling in the ACT. This survey broadly replicated a National Problem Gambling Prevalence Survey (Productivity Commission, 1999) and subsequent surveys conducted in the ACT in 2001 (McMillen *et al.*, 2001) and 2009 (Davidson and Rodgers, 2010). The Commission has agreed to conduct such surveys approximately every five years and the current report comprises a description of the methods and findings from the 2014 Survey on Gambling, Health and Wellbeing.

2.1 The 2001 and 2009 Surveys on gambling in the ACT

The first comprehensive survey of gambling and problem gambling in the ACT was undertaken in 2001 (McMillen *et al.*, 2001). In this survey, telephone interviews assessed frequency of gambling amongst 5,500 ACT residents and more than 2,000 of these individuals completed a more detailed interview schedule. These methods were broadly replicated in 2009 (Davidson and Rodgers, 2010). The findings from both surveys have provided a useful description of gambling and problem gambling in the ACT with the results compared over time and against surveys conducted in other Australian States and Territories. The ACT surveys have assisted the Commission's monitoring of the social and economic impacts of gambling in the ACT.

The 2009 Survey data have also provided a particularly valuable resource for tackling significant social policy research questions including (1) the predictors of help-seeking, (2) determining which measures of gambling participation are most closely linked to gambling problems, (3) unravelling the importance of a particular range of demographic and socioeconomic characteristics related to gambling participation and problems, and (4) estimating gambling expenditure shares, both across levels of problem gambling and a range of socioeconomic and demographic measures (Carroll *et al.*, 2011; Davidson and Rodgers, 2011; Rodgers *et al.*, forthcoming). A summary of the main findings from 2009 are included in Box 2.1.

Box 2.1 Main findings from the 2009 ACT Prevalence Survey[†].

- Around 70% of adults gambled at least once in the last 12 months;
- 30% of adults played gaming machines at least once in the last year with 3% playing at least once a week;
- Using the Canadian Problem Gambling Index (CPGI) the prevalence of problem gambling amongst ACT adults was 0.5%;
- 7.9% of gamblers had at least one symptom of problem gambling, with 2.9% being classified as moderate risk or problem gamblers;
- Of those identified as moderate risk or problem gamblers, 90% reported playing gaming machines (but not necessarily exclusively);
- Problem gamblers tend to bet on a range of products the average being four different products;
- The moderate risk/problem gambling group were more likely to be male, young, Australian born, less well educated, never married and either unemployed or employed full time compared with the rest of the population;
- · Education had the strongest association with problem gambling; and
- Problem gamblers and those at risk typically do not seek intervention (ie counselling support) until they are at risk of, or are contemplating, suicide.
 [†]Source: Davidson and Rodgers (2010).

2.2 The 2014 Survey on gambling in the ACT

In March 2014 an advisory group was established to develop the design of the 2014 Survey. This group included academic researchers, policy makers and clinicians with expertise related to gambling. A central consideration for the advisory group was to identify improvements on the 2009 Survey whilst maintaining the important capacity to compare gambling behaviour and problem gambling over time. The terms of reference for the group were to provide advice on: (i) updating the survey objectives, (ii) developing the study design, including sample size, methods of recruitment and data capture, (iii) prioritising changes to the interview, (iv) identifying subgroups who could be recontacted for future research, and (v) finalising a study protocol (including a draft questionnaire). After pilot testing changes, the 2014 Survey incorporated most recommendations made by the advisory group. The advisory group agreed upon the following key objectives for the 2014 Survey.

2.3 Key objectives of the 2014 Survey

The overarching objective of the 2014 Survey was to assist the Commission's monitoring of the social and economic impacts of gambling in the ACT. It was also intended to provide a valuable resource to tackle significant social policy research questions. The specific objectives of the 2014 Survey are to:

- 1. investigate community gambling participation, including frequency, expenditure and session duration (where relevant) by activity;
- 2. clearly distinguish type of activity from modality of gambling (where feasible)*;
- 3. estimate the prevalence of problem gambling using the Problem Gambling Severity Index;
- 4. pay particular attention to playing electronic gaming machines and gambling using the internet;
- 5. examine changes in participation and problems over time;
- determine socio-demographic features associated with gambling participation and problems;
- 7. investigate health and wellbeing across all levels of gambling participation and problems, including non-gamblers;
- 8. describe help-seeking for gambling problems in the general population, both in the last year, and across the lifetime;
- 9. assess impacts of gambling harms on close family*;
- 10. identify areas requiring further research, with particular reference to the ACT context, and
- 11. establish a register of participants who are willing to be contacted for future research*. *New objectives, not included in 2009.

This report describes the main findings of the first nine objectives.

2.4 Structure of the report

The following chapters present findings across the major areas of interest covered by the survey. The report describes (i) gambling participation and intensity, (ii) problem gambling, (iii) socioeconomic and demographic characteristics associated with gambling and problem gambling, (iv) social and economic harms associated with gambling, (v) help-seeking and service use for problem gambling, (vi) impacts of gambling related problems on family, and (vii) community attitudes towards gambling. The final chapter discusses the implications, limitations and relevance of the key findings.

Chapter 3: Methods

3.0 Procedure

The procedures for the 2014 Survey were broadly based on the previous gambling prevalence survey undertaken in the ACT in 2009 (Davidson and Rodgers, 2010). All data were collected using Computer Assisted Telephone Interviewing (CATI) by Wallis Consulting Group Pty. Ltd., an accredited market and social research company. Data collection commenced on the 18th November 2014 and was completed on 11th February 2015. Interviews were suspended from 21st December through 28th January because of the Christmas school holiday period. Interviews were conducted both on weekdays (excluding public holidays) and weekends. The majority of contacts were made between 5pm and 8pm on weekdays or between 10am and 5pm on weekends. Calls were also made before 5pm on weekdays if respondents made this request or if no contact had been made after several calls during the weekend or weekday evening time periods.

3.1 Sample selection

Random digit dialling was used to contact 7,068 ACT residents. This involves the ongoing random dialling of telephone numbers from a list (sample pages) of numbers linked to their postcode. The list is updated on a monthly basis. Sample pages incorporate all landline numbers in the ACT (not including Jervis Bay), including listed and unlisted numbers. There is currently no way of drawing a random sample from mobile phone numbers of all ACT residents because the only existing comprehensive list is national and it does not link the numbers with area of residence. Because the ACT has a small population, too many calls would be required to identify ACT residents randomly calling people using the national mobile phone list. Consequently, the advisory group decided not to include mobile phone numbers in the sampling frame of the current survey.

Upon establishing contact with a household, the interviewers asked to speak to 'to the adult resident with the last birthday'. However, it became evident during the data collection that older adults (40+) were overrepresented in the sample and so a two stage selection process was introduced. On the 4th December the introductory script was amended to specifically target households with residents aged 18 through 39. The interviewer said 'we're speaking to households that have residents aged 18-39. Would that be your household?' Then if the household had residents aged 18-39 the interviewer asked to speak to 'the person aged 18 years or over in the household who had the last birthday, regardless of their age'. This meant that individuals were still randomly selected within households but households were screened depending on the above household age structure. This increased the number of younger participants in the final sample. A total of 7,068 interviews were conducted with 5,167 (73.1%) taking place before implementing the screen for household age structure and 1,901 (26.9%) taking place after the screen had been introduced.

If the appropriate person identified by the most recent birthday method was not available, the interviewer arranged an appropriate time to call back. Interviewers also made appointments to call back if it was not a convenient time to undertake the interview. On average, 2.2 calls were required per complete interview. However, the majority of interviews were completed upon the first (48%) or second (23%) contact with a household.

3.2 Survey design

All 7,068 people initially identified to do the interview were asked whether they had participated in a range of gambling activities in the last 12 months. They were then asked how often they had participated in each undertaken activity (if any), and could answer per week, month or year. This information was used to determine total gambling frequency across all activities, and across all activities except lottery and scratch tickets. A global net expenditure question was also asked of everyone.

	SUBSAMPLE		
Total gambling frequency, last 12 months	Activities included in total frequency	Total out of pocket expenditure (all activities)	Population selected for detailed interview
52 or more	All except lottery and scratch tickets	Any	100%
1-51	All except lottery and scratch tickets	Less than \$2,000	25%
1 or more	People who only buy scratch tickets or play lottery	Less than \$2,000	25%
1 or more	All activities	\$2,000 or more	100%
0	All activities	-	40% then 25%*

Table 3.1: Criteria used to select the subsample undertaking the detailed interview.

*The proportion of non-gamblers randomly sampled was reduced on the 28 November 2014. Over the entire data collection period, one third (33.5%) of non-gamblers were randomly selected.

A subsample was then selected to proceed to a more detailed interview. Probability of selection was determined by people's frequency of gambling and net expenditure as shown in Table 3.1. The oversampling methods described below were designed to ensure that groups would be large enough to undertake analyses and maximised the probability that people with current gambling problems would complete the detailed interview. Table 3.1 shows that everyone who either (i) gambled 48 times a year across all activities except lottery or scratch tickets or (ii) had spent \$2,000 or more in the last 12 months was selected to undertake the detailed interview. One in four people who reported gambling 1-47 times in the last 12 months (and who had spent less than \$2,000 on all 12 activities) proceeded to the more detailed interview. Initially 40% of non-gamblers were randomly selected, however on the 28th November this proportion was revised down to 25% because it was already apparent that the relative proportion of non-gamblers were randomly selected to be given the detailed interview. The method of selecting the subsample was designed to oversample people who had lost large amounts on gambling, high frequency gamblers and non-gamblers.

3.3 The sample

Table 3.2 shows the number of people interviewed for each of the criteria used to identify the subsample who proceeded to complete the detailed interview. For instance, this table shows that 43 of the people initially interviewed had a total gambling frequency less than 48, but had spent \$2,000 or more in the last 12 months. The proportion and number of people selected to undertake the detailed interview is also described in Table 3.2. Everyone in the above example was selected for the detailed interview.

Table 3.2: Sample size for each of the criteria used to select the subsample undertaking the detailed interview.

	ACHIEVED SAMPLE				
Total gambling frequency, last 12 months	Activities included in total frequency [†]	Total out of pocket expenditure (all activities)	Initial sample (n)	Subsample completing detailed interview (n)	Proportion selected for detailed interview
48 or more	All except lottery and scratch tickets	Any	319	319	100%
1-47	All except lottery and scratch tickets	Less than \$2,000	1,930	484	25%
1 or more	People who only do scratch tickets or lottery	Less than \$2,000	1,580	378	25%
1 or more	All activities	\$2,000 or more	43	43	100%
0	All activities	-	3,196	1,070	40% then 25%
Total			7,068	2,294	

[†]At least some lottery or scratch tickets were purchased for themselves.

*The proportion of non-gamblers randomly sampled was reduced on the 28 November 2014.

Over the entire data collection period, one third (33.5%) of non-gamblers were randomly selected.

The final age, gender and marital status distribution of the achieved sample is shown in Table 3.3. There was a good spread of ages amongst the achieved sample, but when compared with the adult population of the ACT, those under 50 years of age were underrepresented, with a corresponding over-representation of older people. People who were not married were somewhat under-represented in the achieved sample. The proportions in each of the cells determined by age, gender and marital status cells were the basis for weighting the sample to provide estimates reflecting the age, sex and marital status distributions of the ACT population (see section 3.6, p20).

Sex and age group	2011 ACT	ADULT POPU	LATION [†]	ACHIEVED SAMPLE		
	% Not married	% Married	% TOTAL	% Not married	% Married	% TOTAL
Men						
18-29	11.7	1.4	13.1	5.6	0.4	6.0
30-39	4.4	5.4	9.8	1.9	3.9	5.8
40-49	3.2	5.8	8.9	1.4	4.8	6.1
50-59	2.4	5.2	7.6	2.4	6.7	9.1
60-69	1.4	4.1	5.5	2.2	7.4	9.6
70+	1.1	2.9	4.0	2.5	5.4	7.9
Women						
18-29	10.6	2.2	12.8	4.8	0.6	5.3
30-39	4.1	5.9	9.9	2.9	5.8	8.6
40-49	3.5	5.8	9.3	2.6	5.7	8.4
50-59	3.0	5.1	8.1	3.7	6.8	10.5
60-69	2.2	3.6	5.7	5.1	7.0	12.3
70+	3.0	2.2	5.2	6.2	4.4	10.7
Total	50.5	49.5	100.0	41.2	58.8	100.0

Table 3.3: Proportion of adult men and women by marital status in the ACT population and the achieved sample.

[†]Source: ABS (2011).

3.4 The questionnaire

The questionnaire used in 2014 was based on the 2009 Survey, to maximise comparability of findings over time. However, there were several notable exceptions. Measures of gambling harms and help-seeking, attitudes towards gambling, mental health, and income were all refined. In addition, new items were included for assessing gambling related harms amongst people who said they had close family with gambling related issues. Finally, all people completing the detailed interview were asked if they were willing to participate in future research and if so, provide additional contact details. The full questionnaire is available for download on the ACT Gambling and Racing Commission's website'. However a summary of the measures, and the people who received them, is given in Table 3.4.

The questionnaire was pilot tested on the 11th and 12th of November 2014 and included both members of the community and the ANU research team. These interviews tested the CATI technical procedure and the questionnaire. The research team were included in the pilot so that they could role play less common but important scenarios. This ensured that the majority of pathways through the questionnaire were tested. A total of 40 pilot interviews were conducted.

^{*} http://www.gamblingandracing.act.gov.au/community/research

Table 3.4: Summary of questionnaire items.

Measures	TIME PERIOD		Interview [†]	People assessed	
	Lifetime	Last 12 months			
Gambling frequency, for each activity		Х	Initial	All	
Global net expenditure screen, across all activities		Х	Initial	All	
Questions about specific activities (eg net expenditure and duration of gambling sessions)		X	Detailed	If undertook activity in last 12 months	
Self-identification of gambling problems	Х	Х	Detailed	All	
PGSI		X	Detailed	If gambled on any activity in last 12 months	
Global net expenditure and gambling frequency, across all activities	Х		Detailed	All	
Harms from gambling	X	X	Detailed	If ever gambled 12 or more times in a 12 month period If ever lost \$2,000 or more in a 12 month period If self-identified as ever having a problem with gambling	
Help-seeking and service use	Х	Х	Detailed	As above	
Having a close family member with gambling problems	Х	Х	Detailed	All	
Impacts of gambling related problems on family		Х	Detailed	If affected by a family member in the last 12 months	
Help-seeking and service use amongst family		Х	Detailed	If affected by a family member in the last 12 months	
Attitudes to gambling	n/a	n/a	Detailed	All	
Health and wellbeing	n/a	n/a	Detailed	All	
Socioeconomic and demographic	n/a	n/a	Detailed	All	

[†]Initial interview=all 7,068 people; Detailed interview=2,294 selected people.

3.5 Ethics approval

The Australian National University ethics committee (HREC) approved the protocol for this study (protocol 2014/580).

3.6 Weighting

In order to generalise findings from the sample to the ACT adult population it was important to ensure that the survey sample represented the ACT population as closely as possible. Therefore potential sources of sample bias needed to be identified and addressed. First, only one adult was selected for interview from each household, so the number of adults in the household *not interviewed* needed to be taken into account. Second, the oversampling of non-gamblers, high frequency gamblers and people losing large amounts on gambling needed to be taken into account in all analyses using the subsample who completed the detailed interview. Third, people who answer the phone and agree to do a survey might differ from those who do not. Simple statistical weights can be used to compensate for the under or over representation of particular groups of people (e.g. related to age and sex) in a sample. Two weights were estimated and used in this study. The first weight was used for all analyses based on the full sample and the second was used for all analyses based on the subsample.

Weight 1: the full sample

All 7,068 people who initially agreed to complete the interview were asked the number of adults aged 18 or over who normally live in their household. This information was used to compensate for the probability of an individual being selected from the household. Age, sex and marital status were also recorded for everyone. This allowed the analyses to be weighted so that the sample proportionately reflected the age, sex and marital status of the adult ACT population (as determined by the 2011 census).

Weight 2: the subsample undertaking the detailed interview

In addition to the factors incorporated into Weight 1, Weight 2 addressed the oversampling of non-gamblers, high frequency gamblers and people spending more than \$2,000 (described in Table 3.1) so that levels of gambling were proportionately represented.

Throughout the report, findings are presented that variously represent (1) the adult population of the ACT (i.e. gamblers and non-gamblers combined), (2) the gambling population (i.e. ever gambled in the past 12 months), and (3) frequent gamblers (i.e. those who said they had gambled on 48 or more occasions, 4 or more times per month, or weekly or more often in the past 12 months. The figures and tables give the **actual** number of participants who were interviewed within any particular group whereas percentages and mean values are the **estimated** values using the weights described above.

3.7 Statistical analyses

Of the 7,068 individuals initially interviewed, no-one had missing data on age or sex but 15 had missing data about the frequency of their gambling, on at least one activity. These people were excluded from the analysis because we do not know how often they gambled. An additional 59 people from the full sample had missing data for household size or marital status. These people were also excluded from the analysis. In total we had complete data on gambling frequency across all activities, as well as age and sex, for 6,995 individuals. Amongst the subsample undertaking the detailed interview, data on gambling frequency were missing for 5 of the 2,294 people interviewed, and a further 20 had missing data on marital status or household size. The subsample analysis was undertaken using data from the 2,274 individuals with complete information on gambling frequency age, sex, household size and marital status as these variables were all used in the weight. P-values were used to indicate the statistical significance of findings. P-values less than .05 were considered statistically significant, indicating that there was no more than a 5% probability that any particular finding was due to chance. Expressed another way, there was at least a 95% probability that the finding was *not* due to chance. P-values less than .01 and less than .001 indicate that differences between groups were not due to chance with a greater degree of certainty (99% and 99.9% probability respectively).

4.0 Gambling participation

There are a number of ways of quantifying gambling participation and intensity. No single approach provides an accurate or comprehensive picture and so the strategy adopted for the 2014 ACT Survey was to collect multiple measures of gambling participation and intensity for each individual who took part in the survey. These measures included: (1) any participation in gambling in the past 12 months; (2) participation in particular types and groups of gambling activity in the past 12 months; (3) how often people gambled (gambling frequency) over the past 12 months; (4) how often people gambled on each reported activity and some groups of activities; (5) the number of types of gambling activity in the past 12 months; (6) the length of typical gambling sessions for each activity reported; and (7) overall expenditure across gambling activities in the past 12 months. This chapter provides an overview of these measures for the ACT adult population.

Table 4.1 shows the proportion of the population who reported gambling in the past year on each type of activity, and also shows the proportion who reported gambling on any activity in the past year. The activities are listed in order from the most common to the least common. Across all activities, 55.1% of the adult population reported any gambling in the last year. The most common activity reported was buying lotto or lottery tickets (for themselves 33.4%). One in five people had played Electronic Gaming Machines (EGMs) in the past year (19.9%). A slightly smaller proportion of the population reported betting on horse or greyhound races in the past year (17.6%) and buying scratch tickets (for themselves 15.1%).

Table 4.1: Gambling participation	(%) in the adult population in the last	t 12 months by type of activity,
n=6,995.		

Activity	% Yes	% No
Played lotto or any other lottery game	33.4	66.6
Played EGMs	19.9	80.2
Bet on horse or greyhound races	17.6	82.4
Bought instant scratch tickets	15.1	84.9
Bet on a sporting or special event like football, cricket, tennis, a TV show, or election	6.9	93.1
Played table games such as Blackjack, poker, or Roulette	5.8	94.2
Played informal games like cards privately for money	3.7	96.4
Played Keno	2.9	97.1
Played bingo or housie	2.2	97.8
Played any other gambling activity, excluding raffles or sweeps	0.2	99.8
Any activity	55.1	44.9

Other types of gambling activity were less common and reported by fewer than 10% of people. Betting on sports or special events and playing table games were reported by 6.9% and 5.8% of the population (respectively). The least common gambling activities were playing informal games like cards for money, Keno, bingo, and 'other' activities (mostly 'two-up' and very likely played on ANZAC day).

4.1 Total gambling frequency

Figure 4.1 shows the proportions of the population gambling at different frequency levels grouped as (i) non-gambler, (ii) low frequency gambling, (iii) medium frequency gambling, and (iv) high frequency gambling. Frequency has been summed across all the activities listed in Table 4.1. Here, and elsewhere in the report, a non-gambler is defined as someone who reported no gambling activity in the last 12 months. Low frequency gambling is defined as gambling fewer than 12 times in the last 12 months or less than monthly. Medium frequency gambling is defined as 12 to 47 times in the past year, or 1 to 3 times per month. High frequency gambling includes those who reported gambling on 48 or more occasions, or 4 or more times per month, or weekly or more often. Although high frequency gambling was defined in terms of gambling across all activities in the past year, 94% of people in this group gambled weekly or more often on an individual activity.



Frequency of gambling in last 12 months

Figure 4.1: Frequency of gambling on all activities in the last 12 months, n=6,995.

More than 1 in 10 of the adult population (12.1%) reported high frequency gambling and a similar proportion (12.8%) reported medium frequency gambling so, together, around one-quarter of people gambled 12 or more times in the last 12 months. Just under one-third (30.2%) of the population gambled but did so less than 12 times in the last 12 months.





4.2 Frequency of gambling for individual activities

Figure 4.2 shows levels of gambling frequency for individual activities. It breaks down those who reported participating in each activity (as shown in Table 4.1) into low, medium and high frequency groups. Playing lottery games was clearly more frequent than playing other activities, with 8.3% saying they had bought tickets at least 48 times in the last 12 months. Between 1% and 2% of the adult population reported high frequency gambling for playing EGMs, and betting on races, scratch tickets and sports or special events. High frequency gambling on other individual activities was reported by 1% or less of the adult population and most of these other activities were relatively uncommon.

Figure 4.3 is based only on people who were high frequency gamblers across all activities. It shows how often they gambled on particular activities, using the same categories as Figure 4.2. It is important to note that many people in this high frequency group reported gambling on more than one, and sometimes several activities (see Figure 4.6). The vast majority (83.7% of this group) had bought lottery tickets and, indeed, 68.4% of this group would be classified as high frequency gamblers based solely on this activity. The order of reporting other activities broadly follows how common these activities are in the adult population (see Figure 4.2) although, as expected for a group defined as high frequency, the level of activity is generally greater in Figure 4.3.

Apart from lottery tickets, the other activities where high frequency gambling was reported (based solely on that one activity) were EGMs, betting on horse or greyhound races, scratch tickets, and betting on other sports or events. Less than 5% of high frequency gamblers reported high frequency gambling on any of the other five listed activities.





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4.3 Number of gambling activities

This section explores the number of activities that gamblers undertake, and the overlap between gambling activities. First, Table 4.2 shows that the majority of people who gambled did so on more than one activity, and that this varied considerably by type of activity. For instance 49.7% of people who played lottery or bought scratch tickets gambled on another activity. In contrast, the majority of people who gambled on anything other than lottery or scratch tickets, also gambled on other activities. For instance, 77.1% of people who play EGMs and 90.1% of people who bet on sports or other special events gambled on at least one other activity. Table 4.2 also shows that the majority of EGM players gambled on activities other than lottery or scratch tickets (51.9%). Over 80% of people who bet on Keno, table games or sports or special events, gambled on another activity even when lottery or scratch tickets were excluded.

Activity	% Another activity	% Another activity (not including lottery or scratch tickets)
Lottery or scratch tickets	49.7	49.7
EGMs	77.1	51.9
Other activities (any below activity)	74.3	53.1
Horse or greyhound races	77.8	56.3
Keno	98.5	88.1
Table games	89.4	84.2
Bingo	77.0	60.1
Sports or special events	90.1	82.9
Informal games, like cards	73.1	66.5

Table 4.2: Proportion of gamblers playing another activity, by gambling type.

In order to further explore the overlap between different types of gambling activities, activities were collapsed into three groups, (i) EGMs, (ii) lottery or scratch tickets and (iii) other activities. Figure 4.4 shows the proportion of gamblers reporting these activities and the overlap in participation. Perhaps the most striking feature of this figure is that a small proportion of gamblers (8.3%) reported gambling on EGMs alone. A much larger proportion of gamblers (35.1%) confined themselves to lottery and/or scratch tickets. A similar proportion of gamblers combined buying lottery and/or scratch tickets with other types of gambling (34.7%).



Totals: EGMs =36.0%, Lottery or scratch tickets=69.7%, Other activity=47.6%.

Figure 4.4: Venn diagram showing the prevalence of gambling on EGMs, lottery or scratch tickets, and other activities amongst gamblers, n=3,832.

Figure 4.5 shows the number of gambling activities reported by ACT adults. As reported previously, about 45% of ACT adults were non-gamblers. About 41.1% of the population reported gambling on just one or two activities, 8.1% reported three activities, and 5.9% said they had gambled on four or more activities in the past year. Expressed in another way, on average the adult population had gambled on 1.1 activities in the last 12 months.



Figure 4.5: Number of gambling activities undertaken in the last 12 months as a proportion of the adult population, n=6,995.

Figure 4.6 shows the number of activities reported by high frequency gamblers (summed across all activities). Almost a quarter (21.4%) said they gambled on three activities and a quarter (24.4%) reported four or more activities.



Figure 4.6: Number of gambling activities reported by high frequency gamblers⁺ in the last 12 months, n=1,026.

[†]High frequency=gambling 48 or more times in the last 12 months, across all activities.

The average number of activities undertaken by high frequency gamblers was 2.6. Low and medium frequency gamblers had intermediate averages (1.5 and 2.4 activities respectively). Overall, these findings indicate the extent to which people who gamble more frequently also gamble on multiple activities.

The considerable overlap between gambling activities means that it is not possible to separate the significance of any single activity from other activities without undertaking complex statistical analyses. The only group large enough to examine separately and in detail were people who gambled on lottery or scratch tickets, but who reported no other gambling activity. For some activities, the people who reported participating in that activity and no other were very small in number. For instance, of the full sample (comprising 6,995 people), just 7 individuals reported playing Keno and no other form of gambling, and only 18 people who played bingo reported no other form of gambling in the past 12 months.

Figure 4.7 shows frequency of gambling summed across particular combinations of activities. These combinations of activities will be referred to throughout this report, along with total frequency across all activities. More than a third of the population (35.8%) reported gambling on activities other than scratch tickets or lottery, and 4.3% did so at least 48 times in the last year. As already indicated, 19.8% of the adult population had gambled on EGMs including 1.7% who were high frequency gamblers. Figure 4.7 also shows that 26.2% of the adult population gambled on activities other than EGMs, scratch tickets and lottery, including 2.8% who were high frequency gamblers. These activities included, horse or greyhound racing, table games, informal games (like cards) for money, sports or other special events, Keno, and bingo.





Figure 4.7: Frequency of gambling in the last 12 months on (i) all activities other than scratch tickets or lottery, (ii) EGMs, and (iii) all activities other than EGMs, scratch tickets and lottery, in the adult population, n=6,995.

4.4 Time spent gambling

Another way to consider intensity of gambling participation is in terms of time spent on activities. Table 4.3 shows the duration of gambling sessions for a number of specific activities reported in the past 12 months. For each of these activities, people also reported the typical time they spent gambling per session. The average of these estimates across individuals is shown in the table (in minutes). The longest average session times were seen for playing informal games like cards for money (close to three and a half hours), playing bingo (about one and a half hours), and playing table games when at a casino (one and a quarter hours). For EGMs and Keno, the average session times were more than 45 and 30 minutes respectively. Of course, not all individuals have the same typical session time and there is considerable variation around the average.

	n	Mean minutes per session (95% CI)	% 2 hours or more per session (95%Cl)	Mean hours per year (95% Cl)
EGMs	515	47.4 (39.6-55.2)	12.5 (8.9-17.3)	15.9 (10.7-21.1)
Keno	76	34.4 (21.6-47.3)	6.9 (2.3-19.1)	2.9 (1.6-4.2)
Table games	102	78.5 (61.3-95.7)	34.0 (21.7-49.0)	5.2 (3.3-7.2)
Bingo or housie	68	87.8 (71.2-104.3)	36.8 (19.3-58.5)	23.7 (9.2-38.3)
Informal games, like cards	64	207.0 (173.7-240.3)	96.4 (89.2-98.8)	19.1 (8.4-29.8)

Table 4.3: Length of gambling sessions amongst people who participate in specific activities within gambling venues.

The third column of Table 4.3 shows the proportion of participants who reported typical session times of two hours or longer for each activity. As expected, the majority of those playing informal games like cards reported long session times (typically more than two hours), as did a large proportion of the bingo (36.8%) and table game (34.0%) players. More than one in ten of the EGM (12.5%) players also reported typical session times of greater than two hours.

The final column represents the average number of hours people play per year. This was estimated by multiplying people's frequency of play by the length of their gambling sessions. While mean session times were not as large for EGMs as for some of the other activities, the final column shows that, on average, people had spent substantially more time playing EGMs than Keno or table games in the last year.

It is possible that some individuals prefer to engage in gambling activities on a more frequent basis and therefore adopt a strategy of limiting the length of sessions (a little and often approach) whereas other individuals participate less often but have longer session times ('binge' gambling). There was a sufficiently large number of EGM players in the study to investigate the length of typical session times for those defined as low, medium and high frequency EGM players. Average reported session times increased across these three groups and were about 41 minutes, 51 minutes and 84 minutes respectively. Similarly, mean hours per year increased markedly over the three groups: 2 hours, 14 hours and 120 hours respectively. Figure 4.8 compares the high frequency EGM players with the entire group of EGM players, showing the proportions of each across four bands of session time (less than 30 minutes, 30 minutes to 59 minutes, 60 to 119 minutes and 2 hours or more).

The high frequency players were more than twice as likely to have typical session times of at least an hour (76.4% compared with 32.3%) and nearly three times more likely to report session times of at least two hours (37.1% compared with 12.5%). In summary, individuals who are more frequent players of EGMs also tend to play them for longer sessions.



Figure 4.8: Time spent on machines when at a venue amongst all EGM players, and amongst high frequency EGM players.

[†]High frequency=gambling 48 or more times in the last 12 months on EGMS.

4.5 Net expenditure

Research has found that people tend to under-report how much they have 'spent' on gambling for some activities and over-report money spent for others. People need specific instructions about what 'spending' means. For each activity listed in the current study, participants were asked, 'subtracting any winnings, how much money did you spend' in the last 12 months. They could answer in terms of average amount per week, month, or year and net profits were also recorded. This measure was designed to assess net expenditure, so interviewers also asked, 'How out of pocket were you?' and then if needed, provided a prompt asking, 'Can you give me an approximate amount?'

Figures 4.9 and 4.10 show net expenditure amongst the adult population and amongst high frequency gamblers, across all activities. In the general adult population, 12.3% reported losses of \$520 or more, including 2.2% who lost between \$2,000 and \$4,999 and 1.2% who lost \$5,000 or more. Not surprisingly, net expenditure was

greater amongst high frequency gamblers than the adult population. A large majority (71.8%) reported losses of \$520 or more, including 16.4% who lost between \$2,000 and \$4,999 and 9.1% who reported losing \$5,000 or more. Lastly, only small proportions of the adult population and the high frequency gamblers reported that they had made a profit from gambling.



Figure 4.9: Net expenditure on all gambling activities amongst the adult population in the last 12 months, n=2,215.





[†]High frequency=gambling 48 or more times in the last 12 months, across all activities.



Net expenditure on EGMs is also shown in a separate figure (Figure 4.11). While a large proportion (40.8%) of EGM players reporting losing \$1-51 in the last year, 3.1% reported losing \$5,000 or more.

Figure 4.11: Net expenditure on EGMs in the last 12 months, n=518.


Figure 4.12 shows net expenditure amongst high frequency EGM players. Nearly two thirds (61.2%) of high frequency EGM players reported losing \$2,000 or more in the last year, with 29.1% losing \$5,000 or more

Figure 4.12: Net expenditure on EGMs for high frequency EGM gamblers[†] in the last 12 months, n=146. [†]High frequency=gambling 48 or more times in the last 12 months on EGMs.

4.6 Internet gambling

A particular focus is given to internet gambling in this report because it is not readily measurable using other sources, such as industry data. Participants were asked how often they undertook each activity endorsed in Table 4.1 (p22) over the internet. Note that in 2009 we assessed internet gambling using different questions, for a more limited range of activities, so the 2014 findings are not compared to findings reported in 2009.

Table 4.4 shows the proportion of ACT residents who used the internet to gamble by type of activity in the last 12 months. For instance, 2.9% of the adult population had bought lottery tickets over the internet in the last 12 months. The most common internet activity was betting on sports or special events (4.4%), followed by races (3.9%). In total, 8.4% of the adult population reported having used the internet to gamble in the last year. The percentages in the table add up to more than 8.4% because some individuals said they used the internet for more than one type of gambling. A small proportion of the adult population used the internet to gamble weekly or more often (2.1%), and at least monthly (but not weekly) (2.0%), with 4.3% of adults gambling over the internet less than monthly.

Table 4.4: Proportion (95% CI) of the population reporting gambling on the internet for money in the last12 months by type of activity.

Internet gambling in the last 12 months	PARTICIPATION	
	%Yes (95%Cl)	%No (95%Cl)
Lottery tickets, n=2272	2.9 (2.1-4.0)	97.1 (96.0-97.9)
EGMs, n=2273	0.7 (0.4-1.3)	99.3 (98.7-99.6)
Horse or greyhound races, n=2272	3.9 (2.8-5.3)	94.7 (95.9-97.2)
Sports or special events, n=2274	4.4 (3.1-6.3)	95.6 (93.7-96.9)
Table games, n=2274	0.4 (0.2-0.7)	99.6 (99.3-99.8)
Other*, n=2271	0.4 (0.2-0.9)	99.6 (99.1-99.8)
Any activity, n=2266	8.4 (6.7-10.4)	91.6 (89.6-93.3)

*includes instant scratch tickets, informal games, Keno, bingo, other (n<5 for each of these activities).

We found considerable overlap between gambling using the internet and gambling by other means. The large majority (84.0%) of people who gambled over the internet also gambled by other (non-internet) means. In other words, only 16.0% (n=36) of these people (just 1.3% of the adult population) gambled exclusively over the internet.

Net expenditure on internet gambling activities was summed across activities. Figure 4.13 shows total net expenditure on internet gambling in the last 12 months, that is, how much people reported losing when gambling on these activities using the internet. About 5.8% of internet gamblers reported losing \$2,000 or more specifically when gambling using the internet in the last 12 months, including 3.0% who lost \$5,000 or more.





Figure 4.14 shows net expenditure when gambling using the internet amongst high frequency internet gamblers. A large proportion (22.0%) of high frequency internet gamblers lost \$2,000 or more in the last 12 months when gambling using the internet, including 11.1% who lost \$5,000 or more.



Figure 4.14: Net expenditure across internet activities for high frequency internet gamblers[†] in the last 12 months, n=95.

[†]High frequency=gambling 48 or more times in the last 12 months, using the internet.

4.7 Gambling participation and frequency in 2001, 2009 and 2014

Table 4.5 shows participation rates across the three gambling prevalence surveys completed in the ACT to date. The data from 2001 were not available for re-analysis and so the statistical significance of any differences between 2001 compared to 2009 and 2014 could not be tested. The 2001 rates are shown to demonstrate general trends over this period of time.

Table 4.5 shows the participation rates for activities that were broadly comparable over surveys. The footnotes of this table delineate minor changes in the wording of questions over time. For instance, in 2001, people were asked whether they played Keno in an ACT, club hotel or casino. However, in 2009 and 2014, they were simply asked if they had played Keno. It is also important to note that the 2001 estimates were only weighted for household size. In 2009, the estimates were further weighted so the findings reflected the age and sex of the ACT adult population. Then in 2014 marital status was further incorporated into the weight.

Chi-square statistics (not shown) and corresponding p-values were estimated to determine the significance of any differences in participation rates between 2009 and 2014. The p-values from these analyses are given in the final column of Table 4.5. Overall, this table shows a significant decline (from 69.8% to 55.4%) in the

proportion of people participating in any gambling activity from 2009 to 2014. This represents a 14% increase in the proportion of non-gamblers in the adult population. Table 4.5 also shows that the decreases in gambling participation rates for most activities were statistically significant. The biggest drops were evident for lottery followed by EGMs. In absolute terms, the drop in participation for these two activities was more than 10%. In contrast, the participation rates for sports and special events, and bingo did not significantly change over the two surveys.

Activity	PARTICIPATION			
	2001 %	2009 % (95%Cl) n=5,462	2014 % (95%CI) n=6,995	p-value 2009 vs 2014
Played EGMs	38.1	30.2 (28.8-31.7)	19.9 (18.5-21.3)	<.001
Bet on horse or greyhound races	23.3	24.2 (23.2-25.8)	17.6 (16.3-19.1)	<.001
Bought instant scratch tickets	35.9	22.8 (21.6-24.1)	15.1 (13.8-16.5)	<.001
Played lotto or any other lottery game	46.5	46.1 (44.6-47.6)	33.4 (31.8-35.0)	<.001
Played Keno	6.9 ¹	5.8 (5.1-6.6)	2.9 (2.4-3.5)	<.001
Played table games at a venue	10.0	8.3 (7.4-9.3)	5.5 (4.1-7.4)	n/a²
Played bingo or housie	3.2	2.1 (1.7-2.6)	2.2 (1.7-2.9)	.836
Bet on a sporting or special event like football, cricket, tennis, a TV show, or election	5.9 ³	7.9 (7.0-8.8)	6.9 (6.0-8.0)	.158
Played informal games, like cards, for money	5.1	8.1 (7.2-9.1)	3.7 (3.0-4.5)	<.001
Played any other gambling activity, excluding raffles or sweeps	0.7	0.7 (0.5-1.0)	0.24	-
All activities	72.9	69.8 (68.5-71.2)	55.4 (53.5-57.0)	<.001

Table 4.5: Participation in the 2001, 2009 and 2014 surveys, by gambling type[†].

[†]2014 estimates are weighted for age, sex, marital status and household size;

2009 estimates are weighted for age, sex and household size

2001 estimates are weighted for household size.

1. In 2001 the Keno question was restricted to ACT club, hotels, or casinos.

2. Table games at a casino was measured in the screen section of the survey in 2009 but in the

detailed survey in 2014. The estimates are comparable but not statistically testable.

3. In 2001 only sports betting was assessed.

4. Small cell sizes mean estimates either cannot be calculated or should be interpreted with caution.

Table 4.6 shows frequency of gambling on (i) all activities, (ii) EGMs (iii) Lottery and scratch tickets and (iv) other activities in 2009 and 2014. This information was not available in the 2001 Survey report. Chi-square statistics (not shown) and corresponding p-values determined the significance of any differences in the proportion of people gambling at different frequencies between 2009 and 2014. Only people gambling on the activities were included in these analyses so the p-values reflect the significance of change amongst gamblers. That is, any change in frequency is additional to the drop in participation demonstrated in the previous table.

Table 4.6: Frequency of gambling amongst gamblers in 2009 and 2014 for different combinations of gambling activities.

Activity and frequency	2009 % (95%Cl)	2014 % (95% CI)	p-value 2009 vs 2014
All activities, n=7,559			
Low (1-11)	50.4 (48.6-52.2)	54.8 (52.4-57.1)	.008
Medium (12-47)	24.4 (22.9-26.0)	23.3 (21.4-25.3)	
High (48+)	25.2 (23.7-26.7)	21.9 (20.1-23.8)	
EGMs, n=2,768			
Low (1-11)	69.4 (66.7-72.0)	74.1 (70.5-77.4)	.117
Medium (12-47)	20.8 (18.5-23.3)	17.5 (14.8-20.5)	
High (48+)	9.8 (8.3-11.5)	8.5 (6.5-11.0)	
Lottery and scratch tickets, n=5,868			
Low (1-11)	53.6 (51.6-55.6)	53.2 (50.6-55.9)	.950
Medium (12-47)	23.7 (22.0-25.4)	24.1 (22.0-26.4)	
High (48+)	22.7 (21.2-24.4)	22.6 (20.6-24.9)	
All activities other than lottery, scratch tickets or EGMs, n=3,444			
Low (1-11)	75.5 (73.1-77.8)	76.6 (73.5-79.5)	.824
Medium (12-47)	13.7 (11.9-15.6)	12.9 (10.6-15.5)	
High (48+)	10.9 (9.4-12.6)	10.5 (8.7-12.7)	

Table 4.6 shows an overall decrease in frequency of gambling amongst gamblers. However, this decrease is statistically significant only when frequency of gambling is summed across all activities and not for frequency of gambling on (i) EGMs, (ii) lottery and scratch tickets (combined) or (iii) all activities other than lottery, scratch tickets or EGMs. The trend reflects a general across the board reduction in how often gamblers gamble across all activities rather than change for any particular activity.

Overall, participation rates for all gambling activities decreased between 2009 and 2014, except for bingo and sports and special events betting, where no such change was evident. Amongst gamblers, frequency of gambling has also decreased slightly.

4.8 Per capita net expenditure from 2001 to 2013/14

Industry information on gambling expenditure is presented in Figures 4.15 and 4.16 to provide a context for the survey findings. The data for these figures reflect information collected on an annual basis, largely for taxation purposes, and released in publicly available reports (Australian Gambling Statistics, 2015). Expenditure is the net amount lost or, in other words, the amount wagered less the amount won. These figures consequently represent the gross winnings for the industry for each form of gambling.

Figure 4.15 shows per capita expenditure on all gambling activities amongst adults (aged 18 or over), in Australia and the ACT (from 1989/90-2013/14: Australian Gambling Statistics, 2015).



Figure 4.15: Real per capita expenditure on gambling in the ACT and Australian adult populations. Source: Australian Gambling Statistics (2015).

This graph shows a well documented increase in per capita gambling expenditure from the 1980's into the 1990's in Australia and the ACT specifically. This period coincided with the expansion of EGMs in Victoria, Queensland and South Australia and the introduction of casinos in most States. Gambling expenditure plateaued around the time of the 2001 ACT Survey in Australia generally and the ACT. Since this time, real per capita expenditure has declined by 41% in the ACT. Between 2009 and 2014 expenditure decreased by 19%. The reduction in gambling expenditure in the ACT has been greater than that seen across Australia as a whole. Real per capita expenditure across Australia decreased by 18% since 2001 and only 4% since 2009.

Figure 4.16 breaks down the total per capita expenditure into different types of gambling activity from 2001/02 to 2013/14. Whilst expenditure on some activities has changed relatively little, it is most evident for EGMs (43% reduction), racing (38% reduction) and casino gambling (37% reduction). Between 2009 and 2014 expenditure on these activities reduced by 17%, 29% and 27% respectively.



Figure 4.16: Real per capita expenditure by activity from 2001-02 to 2013-14 in the ACT (in 2013/14 dollars). Source: Australian Gambling Statistics (2015).

Overall, these industry figures, representing the average net expenditure on gambling within the ACT, corroborate the 2014 Survey's findings of an overall decrease in gambling participation in the ACT from 2001 through 2014, including decreases from 2009 to 2014.

Key findings of Chapter 4

Gambling is a common activity for ACT adults with 55.1% reporting having gambled at some time in the past year. The most common activities were playing lottery games, playing EGMs, betting on horse or greyhound races and buying instant scratch tickets.

Amongst the adult population, 44.9% were non-gamblers, 30.2% reported gambling less than monthly and the remainder gambled monthly or more often. High frequency gambling (48 times a year or more often) was reported by 12.1% of the ACT adult population and was most often associated with playing lottery games, playing EGMs, betting on horse or greyhound races and buying instant scratch tickets.

There was considerable overlap in the reporting of gambling activities. About a quarter of ACT adults (26.9%) reported a single type of gambling activity. A further 22.3% reported two or three activities and 5.9% reported four or more activities. The number of activities people reported was related to the frequency of their gambling; nearly a quarter of high frequency gamblers (24.4%) reported four or more types of activity in the past year.

Nearly one in ten (8.4%) ACT adults reported having used the internet to gamble in the past 12 months, with 2.1% doing so weekly or more often. The most common internet gambling activities were sports and special events (4.4%), horse and greyhound races (3.9%) and buying lottery tickets (2.9%).

Only a small proportion of people gambling online, gamble exclusively online (16%).

Between 2009 and 2014, participation rates for all gambling activities decreased, except for bingo and betting on sports or special events, which remained much the same. The proportion of ACT adults gambling on any activity fell by about 14%.

Industry data also show that real per capita gambling expenditure in the ACT fell by about 19% over the same period of time, reinforcing the 2014 Survey findings.

5.0 Prevalence of problem gambling in the adult population

Problem gambling has been defined and measured in different ways in different surveys, which can make it difficult to compare across studies carried out in different places or at different times. The main measure used in the 2014 ACT survey was the Problem Gambling Severity Index (PGSI) from the Canadian Problem Gambling Index (Ferris and Wynne, 2001). Everyone who reported gambling on any activity in the last 12 months was asked all of the questions in the PGSI (n=1,216). Complete data were obtained from 1,213 of these people. Each individual was given a score based on the number of positive responses to the items. These scores are grouped into bands that define 'non-problem gamblers' (0 score), low risk gamblers (1-2), moderate risk gamblers (3-7), and problem gamblers (8+). The ACT Survey also asked individuals whether they had ever felt they had a problem with their gambling and, if so, whether this was currently so, or in the past.

Figure 5.1 shows that 5.4% of the ACT population reported some problem gambling symptoms based on the PGSI, including 1.1% who were moderate risk gamblers and 0.4% who were classified as problem gamblers.



Figure 5.1: Distribution (%) of PGSI categories in the adult population.

5.1 Problem gambling by type of activity

Figure 5.2 shows the proportion of ACT adults classified as low risk, moderate risk and problem gamblers amongst participants undertaking each type of gambling activity. The column totals represent the proportion of participants reporting any symptoms (i.e. a PGSI score of 1 or more). For example, the figure of 15.7% for EGM players is the combination of low risk, moderate risk and problem gamblers. The two right hand columns in Figure 5.2 show PGSI categories amongst all gamblers and amongst people who gambled on any activity other than lottery or scratch tickets. Across all activities, 10.0% of gamblers had some symptoms, with 2.1% and 0.8% classified as moderate risk and problem gamblers respectively. Amongst people who gambled on any activity other than lottery or scratch tickets, the proportion of people with problem gambling symptoms was higher (13.8%), with 2.8% and 1.2% classified as moderate risk and problem gamblers respectively.

It is important to keep in mind that many individuals reported more than one activity in the past year and their PGSI score is included for all the activities they reported. It is not possible on the basis of these analyses alone to ascribe the problems reported by an individual to just one particular activity.

Looking across activities, around 30% of people playing informal games like cards for money (32.2%), table games (29.7%) and betting on sports or other events (29.9%) reported some degree of symptoms (PGSI scores of 1+). Playing Keno, EGMs, betting on horse or greyhound races, scratch tickets and bingo were associated with proportions of symptoms in the range of 10-20%.

Moving the focus to moderate risk or problem gambling, these were found in over 10% of participants of Keno (10.2%) and informal games like cards (12.0%). Four other activities were associated with proportions between 5% and 10%: table games, betting on sports or special events, playing EGMs and scratch tickets.

Estimates for problem gambling alone (PGSI scores of 8+) are based on relatively small numbers and are therefore less reliable. Problem gambling was, in the main, most prevalent amongst people undertaking five activities: Keno, betting on sports and other events, playing EGMs, table games, and informal games like cards for money.





5.2 Type of activities undertaken by people with gambling problems

The importance of the type of activity for problem gambling is not just a feature of the **proportion** of people reporting problems. The total number of people engaging in the activity also contributes to the extent of problem gambling in the community. This can be illustrated by looking at all the activities reported by moderate risk/problem gambling individuals (Figure 5.3). The difference between the information in this figure and the information presented in Figure 5.2 can be illustrated by focussing on a particular type of gambling activity, such as playing EGMs. In the previous figure (Figure 5.2), 5.8% of EGM players were shown to be either moderate risk or problem gamblers (3.9% plus 1.9%), whereas Figure 5.3 shows that 76.0% of the moderate risk/problem gambling individuals played EGMs in the past year. Overall, Figure 5.3 shows that playing EGMs is the most common activity reported by moderate risk/problem gamblers followed by lottery (70.8%). It is striking that at least a third of moderate risk/problem gamblers reported gambling on seven of the nine activities, with around 40-50% of this group betting on horse or greyhound races and scratch tickets.

Figure 5.3 also shows the type of activities undertaken by people who gamble but not at moderate risk/ problem levels. Amongst this group, the most common gambling activities were lottery games. This figure demonstrates that particular activities are much more frequent amongst moderate risk/problem gamblers than other gamblers. For instance, participation rates for EGMs were 40% greater amongst moderate risk/problem gamblers than other gamblers. Participation rates for scratch tickets, sports or special events, table games and informal games like cards for money were also 20% to 30% higher amongst moderate risk/problem gamblers.

Finally, it is also clear from Figure 5.3 that the sum of the column percentages for moderate risk/problem gamblers is well over 100% (it is around 370%). This indicates that moderate risk/problem gambling individuals report an average of about 3.7 different types of activity. In contrast, the total across columns for other gamblers is around 200% (on average two types of activity). Further information on this is presented later.





5.3 Frequency of gambling and problem gambling

Figure 5.4 compares PGSI categories across low, medium and high frequency gamblers. Based on frequency of participation in all gambling activities (three columns on the left of the figure), 95% of the low frequency gamblers reported no problems on the PGSI compared with 89.1% of the medium and less than 80% of the high frequency gamblers. When the level of problem scores is examined in more detail, the differences between these three groups are found to be more evident in the higher PGSI categories. Low risk gambling approximately doubles across each of the low, medium and high frequency groups. Moderate risk gambling and problem gambling are nine times more prevalent in the high frequency compared to the low frequency groups. The three columns on the right of Figure 5.4 show a more extreme pattern when frequency of gambling is based on activities other than scratch tickets and lottery. The prevalence of low risk, moderate risk and problem gambling (44.2% in total) is approximately double that found for people gambling at high frequencies across all activities (21.3% in total).





There was a sufficient number of EGM players in the study to look at the association between frequency of playing EGMs and the prevalence of problem gambling. This is shown in the three columns on the left of Figure 5.5 for the same categories of PGSI score as used previously. Around 92.5% of low frequency EGM players were non-problem gamblers compared with 74.9% of medium frequency and 50.9% of high frequency players. The proportion with some symptoms of problem gambling (low risk, moderate risk and problem combined) was twice as common in the high frequency compared to the medium frequency group.





Note: Italics denote the sum of the below categories.

The three columns on the right of Figure 5.5 show comparable findings based on frequency of gambling participation on activities other than EGMs, scratch tickets or lottery. It should be noted (in keeping with findings in Chapter 4) that many individuals will feature in both parts of Figure 5.5 because over half of the people who played EGMs (51.9%) also reported other gambling activities not counting scratch tickets and lotteries (see Table 4.2, p27). Around 90% of the low frequency group were non-problem gamblers. The total proportion for all levels of problem gambling (low risk, moderate risk and problem combined) was almost twice as common in the high frequency group as the medium frequency group.

5.4 Number of gambling activities and problem gambling

The prevalence of problem gambling was associated with the number of types of gambling activity reported in the past year. Figure 5.6 shows that the proportion of gamblers reporting any symptom (low risk and moderate risk/problem gamblers combined) increased along with the number of activities people reported, from one (5.0%), 2-3 (8.9%) through 4 or more activities (36.8%). Figure 5.6 also shows that the prevalence of moderate risk/problem gambling increased across those reporting one activity (0.9%) and two or three activities (2.5%), and was much greater amongst of those reporting 4 or more activities (13.0%).



Figure 5.6: Moderate risk/problem gambling by number of gambling activities, amongst the adult population, n=1,212.

Note: Italics denote the sum of the below categories.

From another perspective, moderate risk/problem gamblers reported an average of 3.6 activities, low risk gamblers reported 2.9 activities, and non-problem gamblers reported 1.9 types of activities in the past year.

Number of gambling activities was also related to gambling frequency (see Figure 4.6) and so the association seen in Figure 5.6 could be more to do with gambling frequency than the number of activities. To look at this association more closely, the prevalence of problem gambling was plotted against number of activities reported just for the group identified as frequent gamblers (Figure 5.7). This shows that the likelihoods of low risk gambling or moderate risk/problem gambling are related to both gambling frequency and number of activities in a cumulative way. Amongst people reporting 4 or more activities more than half (51.8%) had PGSI scores of 1+ with nearly one in five (19.0%) meeting the criteria for moderate risk/problem gambling.



Figure 5.7: Moderate risk/ problem gambling by number of gambling activities, amongst high frequency gamblers, n=523.

Note: Italics denote the sum of the below categories.

5.5 Time spent on EGMs and problem gambling

There was a sufficient number of EGM players in the survey for the relationship between typical EGM session time and problem gambling to be explored (Figure 5.8). The proportion of EGM players reporting symptoms increased along with their typical session times, from 10.5% of those playing for 1 to 29 minutes to 39.2% of those playing for two or more hours. Moderate risk/problem gambling also increased along with session time. About 1% of those who typically played EGMs for less than half an hour were classified as moderate risk or problem gamblers. Amongst those who typically reported EGM sessions between one and two hours, 10.0% were classified as moderate risk/problem gamblers. For the group reporting typical sessions of two hours or more, the prevalence of moderate risk/problem gamblers was appreciably higher at 19.2%.



Figure 5.8: Moderate risk/problem gambling by time spent on machines when at a venue amongst all EGM players, n=515.

Note: Italics denote the sum of the below categories.

It should be noted that these are not just small 'extreme' groups of players. Amongst EGM players, one in five (19.8%) reported session lengths of one to two hours and more than 10% (12.5%) reported sessions of two hours or more.

Amongst the 76.0% (n=58) of moderate risk/problem gamblers who played EGMs (see Figure 5.3, p48), 35.4% played for 1 to 2 hours and 45.5% spent 2 hours or more on machines when at a venue. In contrast, a smaller proportion of EGM players who were low or non-risk on the PGSI (n=464) played the machines for 1 to 2 hours (17.7%) and 2 hours or more (10.6%) when at a venue.

5.6 Net expenditure and problem gambling

The prevalence of problem gambling was strongly associated with net annual expenditure (Figure 5.9). More than three quarters (77.7%) of those whose expenditure was reported to be \$5,000 or more in the past year reported at least some problem gambling symptoms and more than a quarter (26.4%) were moderate risk/ problem gamblers.



Figure 5.9: Moderate risk/problem gamblers by net gambling expenditure in the last 12 months. Note: Italics denote the sum of the below categories.

Figure 5.10 shows net annual expenditure amongst non-problem, low risk and moderate risk/problem gamblers. More than three quarters of non-problem gamblers lost less than \$520 whereas 54.9% of moderate risk/ problem gamblers lost \$2,000 or more in the last 12 months.



Figure 5.10: Net gambling expenditure in the last 12 months amongst (i) non-problem, (ii) low risk and (iii) moderate risk/problem gamblers.

5.7 Using the internet to gamble and problem gambling

Figure 5.11 shows problem gambling amongst people using the internet to gamble on any of the activities listed in Table 4.1 compared to other gamblers. About a quarter of people who used the internet to gamble had at least some symptoms (PGSI scores of 1+) compared to 7.4% of other gamblers. People who used the internet to gamble had nearly double the prevalence of moderate risk/problem gambling than other gamblers.

Looking at this association from a different perspective, 37.3% of people reporting any symptoms had used the internet to gamble with more than a quarter of the moderate risk/problem gamblers (25.3%) having gambled using the internet.



Figure 5.11: Proportion of low and moderate risk/problem gambling amongst people who use the internet to gamble and other gamblers.

Note: Italics denote the sum of the below categories.

Figure 5.12 shows the PGSI categories amongst people gambling on different activities using the internet. The prevalence rates of PGSI symptoms for playing EGMs and table games using the internet are strikingly high (more than 50% for all levels combined). However, caution must be exercised in drawing any conclusions about these activities because the number of people doing them is small. The prevalence of reporting any symptom for gambling on sports and special events using the internet (32.5%) was similar to that found for everyone betting on sports or special events (29.9%, see Figure 5.2). The prevalence of reporting any symptom amongst those gambling on horse or greyhound races was higher amongst those using internet to place their bets (23.5%) compared all gamblers betting on races (14.6%). Similarly prevalence rates for those buying lottery tickets were higher amongst those doing so over the internet (14.8%) compared to everyone playing lottery (9.2%).





5.8 Self-identified problem gambling and duration of problems

Everyone was asked if they felt they had ever had a problem with their gambling and 3.4% (n=128) said they felt this way. This included 1.4% who reported problems in the last 12 months (n=69) and 2.0% who identified as having had a problem, but not in the last 12 months (n=59). A large proportion of those classified as moderate risk or problem gamblers based on the PGSI scores self-identified as having ever had a problem (61.9%) with 58.0% reporting a problem in the last year.

Figure 5.13 shows the duration of problems reported by individuals who self-identified as having a current or past problem with gambling. Half (50.2%) of those who reported having current problems said they had had problems for ten or more years. Nearly a third of people with current problems said they had had problems for less than one year. This figure also shows that people who reported past problems had experienced problems for a shorter period of time.



Figure 5.13: Duration of problems amongst people reporting current and past gambling problems. Note: the percentages do not sum to 100% because 4 current and 4 past problem gamblers had missing data on this question.

5.9 Gambling problems and symptoms, 2009 to 2014

In 2001, the SOGS was used to measure problem gambling. The SOGS and the PGSI measures are not comparable and so no analyses were possible of change over time in the prevalence of problem gambling since 2001. Consequently, change over time is only examined between the 2009 and 2014 Surveys.

It is important to note that in 2009, only the individuals who gambled 12 times a year or more often across all activities (excluding lottery or scratch tickets), or who had a net expenditure on gambling of \$2,000 or more, were asked the PGSI questions. All other gamblers were assumed to have PGSI scores of zero. In 2014, all gamblers were given the PGSI, regardless of the amount they gambled or how often they did so. In order to make comparisons between 2009 and 2014, the assumptions made in 2009 were applied to the 2014 data and people who were asked the PGSI questions in 2014 but would not have been in 2009 were assumed to have PGSI scores of zero regardless of their responses. This means that the 2014 problem gambling estimates in Table 5.1 are lower than those shown in Figure 5.1 (p44).

Table 5.1 shows the prevalence of problem gambling in the adult population in 2009 and in 2014. This shows the increase in non-gamblers between 2009 and 2014. After this, the biggest change in PGSI categories over time was an 11% decrease in the prevalence of the non-problem gambling group from about 62% to 51%. This table also shows a decrease in the prevalence of problem gambling in the adult population. Summing across categories, the proportion of adults reporting any symptom (PGSI scores of 1+) dropped from 5.4% (95% Cl 4.3-6.4) to 3.3% (95% Cl 2.6-4.2). The proportion of people reporting any symptom was significantly lower in 2014 than in 2009 (p=.004). The prevalence of moderate risk/problem gambling was 2.0% (95% Cl 1.4-2.6) in 2009 and 1.2% (95% Cl 0.8-1.8) in 2014. While, the difference was not statistically significant across surveys (p=.069), the small sample size means caution must be taken in drawing conclusions about this group. Overall, the findings indicate a significant decrease in the proportion of people reporting one or more symptom of problem gambling between 2009 and 2014, however, the surveys did not have sufficient statistical power to determine whether the prevalence of serious gambling problems differed significantly in the community over this time period.

Table 5.1: Distribution of PGSI categories in the adult population in the 2009 and 2014 Surveys.

PGSI category	PREVALENCE IN THE ADULT POPULATION		
	2009 % (95%Cl) n=2,059	2014* % (95%Cl) n=2,273	
Non-gambler	32.6 (30.4-34.9)	45.8 (42.6-49.0)	
Non problem	62.1 (59.7-64.5)	50.9 (47.8-54.2)	
Low risk	3.4 (2.6-4.3)	2.1 (1.5-2.9)	
Moderate risk	1.5 (1.0-2.1)	0.8 (0.5-1.4)	
Problem	0.5 (0.3-0.8)	0.4 (0.2-0.7)	

*The 2014 estimates were adjusted to reflect the sampling used in 2009 and therefore under-represent the prevalence in the population shown in Figure 5.1 (p44).

5.10 Self-identification of gambling problems, 2009 to 2014

Whether or not people self-identified as having had a problem with gambling was also investigated between surveys. Table 5.2 shows the proportions of the adult population who identified that they 'might have a problem with gambling' in the last 12 months, in 2009 and 2014. Between 1% and 2% of the adult population self-identified in both surveys and the prevalence rates were not significantly different (p=.453).

Table 5.2: Proportion of the ACT adult population self-identifying as having a problem with gambling in the last 12 months.

Self-identified problems	2009 % (95%Cl) n=2,058	2014 % (95%Cl) n=2,273
Yes	1.7 (1.2-2.3)	1.4 (1.0-2.0)
No	98.3 (97.7-98.8)	98.6 (98.0-99.0)

Self-identification was also investigated amongst moderate risk/problem gamblers across surveys. As in the previous section the assumptions made in 2009 were applied to the 2014 data and the people who were asked the PGSI in 2014 but would not have done so in 2009 were assumed to have PGSI scores of zero regardless of their actual score. Table 5.3 shows that the proportion of moderate risk/problem gamblers self-identifying as having a problem with gambling in 2009 (65.9%) and 2014 (60.8%). These estimates are based on a relatively small number of people and the confidence intervals are correspondingly broad. Self-identification amongst moderate risk/problem gamblers was not significantly different across surveys (p=.694).

Table 5.3: Proportion of moderate-risk/problem gamblers* self-identifying as having a problem with gambling in the last 12 months.

Self-identified problems	2009 % (95%Cl) n=72	2014 % (95%Cl) n=64
Yes	65.9 (50.6-78.5)	60.8 (38.6-79.3)
No	34.1 (21.5-49.4)	39.2 (20.1-61.4)

*The identification of moderate risk problem/gamblers reflect the sampling used in 2009 and therefore under-represent the prevalence in the population shown in Figure 5.1.

5.11 Problem gambling across jurisdictions

Figure 5.14 shows the prevalence of gambling problems amongst the adult population by jurisdiction, using the most recent state surveys. It remains difficult to compare these rates for numerous reasons (see Productivity Commission, 2010 for a full discussion). In brief, states have used different sampling methods (e.g. whether and how mobile telephone number frameworks are incorporated in samples) and methods used to weight data have not been consistent. Jurisdictional studies have broadened the subsample of people receiving the PGSI from those gambling weekly on activities other than lottery and scratch tickets (e.g. NT: Young *et al.*, 2006) to include all past year gamblers other than lottery/scratch tickets (e.g. NSW: Sproston *et al.*, 2012). Most surveys now ask these questions of all past year gamblers (e.g. TAS, QLD, SA, VIC: ACIL Allen Consulting, 2014; Queensland Government, 2012; Social Research Centre, 2013; Victorian Responsible Gambling Foundation, 2012).

Figure 5.14 shows that the prevalence of moderate risk and problem gambling is lower in the ACT than in other jurisdictions. While the prevalence of moderate risk/problem gambling was 1.5% in the ACT in 2014, the 95% confidence interval ranged from 1.1% through 2.2%. Caution needs to be taken in drawing any conclusions about differences across states and territories, given (i) that confidence intervals for the other jurisdictions are likely to be similar and (ii) the differences in methods across surveys noted above.



Figure 5.14: Distribution of PGSI categories amongst the adult population for Australian states and territories.

Source: NSW (2011): Sproston, K., Hing, N. & Palankay, C. (2012). NT (2005): Young, M., Abu-Duhou, I., Barnes, T., Creed, E., Morris, M., Stevens, M. & Tyler, B. (2006). Qld (2011-12): Queensland Government (2012). SA (2013): Social Research Centre (2013). Tas (2013): ACIL Allen Consulting, The Social Research Centre and The Problem Gambling Research and Treatment Centre (2014). Vic (2012): Victorian Responsible Gambling Foundation (2012).

Key findings of Chapter 5

The 2014 Survey found that 0.4% of adults were problem gamblers, 1.1% were moderate risk gamblers, 3.9% were low risk and 48.7% were non-problem gamblers. The vast majority of people who gambled (90.0%) reported no symptoms, but 7.1% of gamblers were classified as low risk, 2.1% as moderate risk and 0.8% as problem gamblers.

The prevalence of problem gambling varies by type of activity. Just under a third of people gambling on informal games like cards for money (32.2%), sports or special events (29.9%) and table games (29.7%) reported some level of symptoms. About one in five people playing Keno (20.4%) and 15.7% of people playing EGMs reported some level of symptoms. Other than Lottery (9.2%) the other activities were associated with problems in the range of 10-15%.

A much greater proportion of moderate risk/problem gamblers had played EGMs (76.0%) in the past year compared to 36.3% of other gamblers. A large proportion of moderate risk/problem gamblers also reported buying lottery tickets (70.8%), betting on horse or greyhound races (44.7%) and scratch tickets (52.4%).

On average the moderate risk/problem gambling group gambled on more activities (about four) than low risk (about three) or non-problem (about two) gamblers.

Problem gambling and more frequent gambling go hand in hand. Moderate risk gambling was twice as common and problem gambling was fifteen times more common in high frequency gamblers compared with medium frequency gamblers. This association between gambling problems and frequency was stronger for EGM players and for gambling on other activities, excluding scratch tickets and lotteries.

The prevalence of problem gambling was also strongly associated with net annual expenditure. Over 26% of people losing \$5,000 or more in the past year fell into the moderate risk/problem gambling group.

A much larger proportion (23.7%) of people using the internet to gamble reported at least some problem gambling symptoms compared to other gamblers (7.4%). The prevalence of moderate risk/problem gambling amongst internet gamblers (4.5%) was nearly double that of other gamblers (2.5%).

The prevalence of gambling problems differed markedly by the type of internet gambling activity, it was higher for online betting on sports, special events and races than for buying lottery tickets over the internet.

Since 2009 there has been a significant decrease in the proportion of people reporting at least one symptom of problem gambling. However, it is not feasible to determine whether this reflects change in the prevalence of severe gambling problems.

The proportion of moderate risk/problem gamblers who self-identified as having gambling problems did not change significantly from 2009 to 2014.

Chapter 6: Socioeconomic and demographic characteristics associated with gambling

This chapter explores associations of socioeconomic status and demographic characteristics with gambling. The first two sections focus on gambling frequency, and the latter two sections describe problem gambling. Chi-square statistics (not shown) and corresponding p-values were used to assess the significance of the associations of socioeconomic status and demographic characteristics with gambling measures. Asterisks denote significant associations for each graph.

6.0 Socioeconomic and demographic characteristics across levels of gambling frequency

Figures 6.1 to 6.9 show how levels of gambling frequency (across all activities) vary across demographic and socioeconomic characteristics. Overall, men gambled more often than did women (Figure 6.1) and this was most clearly shown in the proportions of high frequency gamblers: 15.8% of men compared with 8.5% of women. This is a familiar pattern in gambling surveys.



Figure 6.1: Frequency of gambling across all activities by sex in the adult population. ***p<.001

Frequency of gambling differs across age groups (Figure 6.2). High frequency gambling is more common in progressively older groups. Medium frequency gambling is much the same across age groups and, consequently, low frequency gambling shows a marked decline with age, from 38.0% in the group aged 18-29 years to 22.6% in those aged 60 years and older. It is important to recognise that this pattern could either represent differences between different generations or it could indicate that individuals change their gambling behaviour as they get older. In the latter instance, the oldest age group (60 years or more) would have been more like the youngest group when they were younger themselves. In the former instance, the youngest age group (18 to 29 years) would retain their profile of gambling frequency as they grow older.



Figure 6.2: Frequency of gambling across all activities by age in the adult population. ***p<.001

Figure 6.3 shows that frequency of gambling amongst people born in Australia and those born elsewhere (Figure 6.3). A smaller proportion of Australian-born adults (44.5%) were non-gamblers than other individuals (49.3%) but this difference was not statistically significant.



Figure 6.3: Frequency of gambling across all activities by country of birth in the adult population.

Gambling frequency varied across marital status (Figure 6.4). The separated/divorced (23.5%) and widowed (19.1%) groups had the largest proportion of high frequency gamblers.



Figure 6.4: Frequency of gambling across all activities by marital status in the adult population. ***p<.001



Figure 6.5 shows gambling frequency by whether or not people had children aged under 18 years who lived with them. Gambling was less frequent amongst people with children than people who did not have children.

Figure 6.5: Frequency of gambling across all activities by whether or not people had children (aged under 18) who lived with them in the adult population.

*p<.05

Given that gambling involves financial expenditure, it is appropriate to consider whether the extent of gambling is related to employment and income. For employment status (Figure 6.6), people in full-time employment were more likely to report gambling in the past year (only 40.4% were non-gamblers). About three-quarters of students who were not in the paid labour force were non-gamblers; a very high proportion compared to other employment status groups. One in five retired people were high frequency gamblers.



Figure 6.6: Frequency of gambling across all activities by employment status in the adult population. **p<.01

Figure 6.7 shows that those whose main source of personal income was a wage or salary were less likely to be high frequency gamblers and more likely to be low frequency gamblers than either people on government pensions, allowances or benefits, or those whose main source of income was superannuation or annuity. A small group in the population who had no personal income reported comparatively low gambling frequencies.



Figure 6.7: Frequency of gambling across all activities by main source of income in the adult population. **p<.01

Personal income showed some relationship with gambling frequency but the pattern was not clear cut (Figure 6.8). For those on \$20k or less, the proportion of high frequency gamblers was smaller and the proportion of non-gamblers was larger than that found for any other income group. Overall, the variation in gambling frequency across personal income was not striking.



Figure 6.8: Frequency of gambling across all activities by personal income in the adult population. *p<.05

The most striking of all the associations with gambling frequency is that seen for level of education (Figure 6.9). The most educated group (higher degree level) showed both the highest proportion of non-gamblers (52.9%) and the lowest proportion of high frequency gambling (7.1%). In contrast, the least educated group (Year 10 equivalent or less) showed the lowest proportion of non-gamblers (33.6%) and the highest proportion of high frequency gambling (33.3%). Other groups were intermediate between the two extremes. More complex data analyses will be needed to determine how gambling frequency relates to education independently of other characteristics (such as age, sex and country of birth) but it is clear that the magnitude of the differences shown here cannot be explained by those other factors.



Figure 6.9: Frequency of gambling across all activities by education in the adult population. ***p<.001

6.1 A socioeconomic and demographic profile of high frequency gamblers

Table 6.1 provides an alternative way of looking at characteristics associated with frequency of gambling. This table gives a socioeconomic description of high frequency gamblers, and then compares them with the rest of the adult population. For instance, 64.0% of high frequency gamblers were men, and high frequency gamblers were more likely to be male than the rest of the adult population (46.8%). Similarly, compared to the rest of the adult population, high frequency gamblers were more likely to be in older age groups, to be less educated, to be separated or divorced or to have never married, to not have children, to have their main income derived from pensions, benefits or superannuation, or to be retired.

Characteristic	%	%
	High frequency	Rest of adult
	gampiers	population
Sex		10.0
Male	64.0	46.8
Female	36.0	53.2
Age***		
18-29	9.5	28.2
30-49	33.7	38.5
50-59	22.8	14.8
60+	34.0	18.5
Country of birth		
Australia	77.5	80.1
Other	22.5	19.9
Highest completed qualification***		
Year 10	17.7	5.0
Year 12	24.5	25.0
Certificate/diploma	23.9	18.6
Bachelors degree	20.6	27.0
Higher	13.3	24.4
Marital status***		
Married/defacto	64.7	60.1
Separated/divorced	14.6	6.6
Widowed	5.5	3.2
Never married	15.2	30.1
Having a child aged under 18**		
No	76.7	66.2
Yes	23.3	33.9

Table 6.1: Socioeconomic characteristics of high frequency gamblers compared to the rest of the adult population.
Table 6.1 continued	% High frequency gamblers	% Rest of adult population
Main source of income***		
Wage/salary/business	60.4	71.6
Government pension, allowance or benefit	15.2	9.4
Superannuation/annuity/investments	21.0	13.3
No personal income	3.4	5.7
Personal income***		
\$less than 20k	7.1	20.0
\$20k-49,999	28.5	19.0
\$50k-79,999	21.4	26.3
\$80k-124,999	27.6	22.4
\$125k or more	15.4	12.3
Employment status***		
Employed full time	48.9	46.5
Employed part time	15.5	28.0
Unemployed, looking for work	3.2	4.3
Not in paid workforce, retired	28.3	15.2
Not in paid workforce, home duties	3.0	3.6
Not in paid workforce, studying	1.0	2.5

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

6.2 Socioeconomic characteristics across levels of gambling problems

Figures 6.10 to 6.18 show levels of problem gambling in different demographic and socioeconomic groups in the adult population. Moderate risk and problem gambling groups have been combined because of the relatively small number in the latter category. Note that the tests of statistical significance (P values) on the figures were obtained from parallel analyses where the non-gamblers and the non-problem gamblers were combined into a single group. These tests therefore reflect differences in the proportions each of (i) low-risk and (ii) moderate risk/problem gamblers relative to a combined group of non-gamblers and non-problem gamblers.



Both low-risk and moderate risk/problem gambling were more than twice as common in men compared with women; together they represent 8.1% of men and 2.8% of women (Figure 6.10).

Figure 6.10: Prevalence of problem gambling categories by sex in the adult population. ***p<.001

Figure 6.11 shows that moderate risk/problem gambling was less prevalent amongst adults aged 60 years or older (0.9%) compared to the younger age groups (range 1.6% through 1.8%). Low-risk and moderate risk/ problem gambling (combined) was seen in 7.2% and 1.6% respectively of 18-29 year olds. Low-risk gambling was not significantly associated with country of birth (Figure 6.12).



Figure 6.11: Prevalence of problem gambling categories by age group in the adult population. **p<.01.



Figure 6.12: Prevalence of problem gambling categories by country of birth in the adult population.

For marital status (Figure 6.13) the never married (8.2%) and separated/divorced (7.1%) groups stood out, showing greater prevalence of low-risk and higher risk gambling than other groups. The association between whether or not people had children who were aged under 18 (and who lived with them) and problem gambling was not significant (Figure 6.14).



Figure 6.13: Prevalence of problem gambling categories by marital status in the adult population. *p<.05



Figure 6.14: Prevalence of problem gambling categories by whether or not people had children (aged under 18) who lived with them in the adult population.



There was also little association of employment status, main source of income, or income level with problem gambling (Figure 6.15 to 6.17 respectively).

Figure 6.15: Prevalence of problem gambling categories by employment status in the adult population.



*p<.05



Figure 6.17: Prevalence of problem gambling categories by personal income in the adult population.

Figure 6.18 shows that while there was a marked increase in non-gamblers across higher levels of education, the prevalence of low-risk and moderate risk/problem gambling did not vary significantly across qualifications.



Figure 6.18: Prevalence of problem gambling categories by highest completed level of education in the adult population.

6.3 A socioeconomic and demographic profile of people with gambling problems

Table 6.2 shows an alternative way of looking at characteristics associated with problem gambling. It directly compares the characteristics of the higher-risk group (i.e. moderate risk and problem gamblers combined), and the low-risk group with the characteristics of the rest of the adult population. It highlights the factors mentioned above. The low risk and moderate risk/problem gambling groups were more likely to be male, young, separated/ divorced or never married, and to be on a government pension, allowance or benefit.

Characteristic	%	%	%
	Rest of adult	Low risk	Moderate risk
	population		/problem
Sex***			
Male	47.7	74.3	71.6
Female	52.3	25.7	28.4
Age**			
18-29	24.4	47.1	26.1
30-49	38.7	22.3	44.8
50-59	16.4	13.1	17.4
60+	20.6	17.6	11.7
Country of birth			
Australia	80.1	75.6	70.8
Other	19.9	24.4	29.2
Highest completed qualification			
Year 10	6.4	6.9	17.0
Year 12	24.7	28.2	26.5
Certificate/diploma	19.0	21.6	19.1
Bachelors degree	26.2	34.7	15.9
Higher	23.8	8.6	21.5
Marital status*			
Married/defacto	61.8	42.9	54.3
Separated/divorced	7.0	8.5	11.6
Widowed	3.9	2.2	2.1
Never married	27.3	46.4	32.0

Table 6.2: Socioeconomic characteristics of low risk and moderate risk/problem gamblers compared to the rest of the adult population.

Table 6.2 continued	% Rest of adult population	% Low risk	% Moderate risk /problem
Having a child aged under 18			
No	67.3	69.7	65.1
Yes	32.7	30.3	34.9
Main source of income*			
Wage/salary/business	70.1	70.6	68.0
Government pension, allowance or benefit	9.6	16.8	24.3
Superannuation, annuity or investments	14.6	12.0	5.9
No personal income	5.7	0.6	1.8
Personal income			
\$less than 20k	17.9	25.6	31.3
\$20k-49,999	20.1	25.1	19.3
\$50k-79,999	26.0	16.3	12.9
\$80k-124,999	22.9	27.2	26.5
\$125k or more	13.2	5.8	10.1
Employment status			
Employed full time	46.8	46.6	39.2
Employed part time	26.2	31.1	33.3
Unemployed, looking for work	4.0	3.7	12.2
Not in paid workforce, retired	17.1	13.9	13.0
Not in paid workforce, home duties	3.7	2.0	2.3
Not in paid workforce, studying	2.3	2.8	0

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

Key findings of Chapter 6

In terms of socioeconomic and demographic factors, high frequency gamblers were more likely to be men, older, less educated, separated or divorced, to be retired, or have their main income derived from pensions, benefits or superannuation in comparison with the rest of the adult population. They were also less likely to have a child who was aged 18 or less (and who resided with them) than the rest of the adult population.

The moderate risk/problem gambling group was more likely to be male, aged under 60, separated or divorced or to have never married, and to be on a government pension or benefits compared with the rest of the adult population.

While there is some similarity in the subgroups gambling frequently and those experiencing problems (being male, for instance), the characteristics associated with high frequency gambling are not necessarily the same as those associated with problem gambling.

Chapter 7: Social and economic harms associated with gambling

7.0 Harms people attribute to gambling

As in many other gambling surveys, people were asked to report whether they had experienced a range of issues as a result of their gambling. Twelve questionnaire items were used in the 2014 ACT Survey and these referred to both lifetime and past-year experiences. 'Next I'm going to ask about issues that can be related to gambling. These may or may not apply to you, but have you ever experienced any of the following in relation to **your** gambling.' The subsequent list of harms included a range of financial, emotional, relationship and family, employment and legal issues.

These questions were suitable only for people who had gambled more than occasionally, either recently or in the past, and would have seemed irrelevant to non-gamblers, therefore specific criteria were applied to determine who was asked these questions. They were asked of everyone who satisfied at least one of the following three criteria: (1) individuals who had ever gambled 12 times in any 12-month period (excluding raffles, lottery and scratch tickets); (2) those who had ever lost \$2,000 or more across all gambling activities in any 12-month period; and (3) those who self-identified as having a gambling problem in their lifetime. These criteria were met by 612 individuals, representing 19.5% of the ACT adult population.

As in previous studies, endorsement of the harm items was low with 2.8% (n=108) of the ACT population saying they had experienced one or more of these harms in their lifetime. Table 7.1 shows those who reported these gambling-related harms, expressed as a proportion of (i) the adult population, and (ii) everyone who selfidentified as having ever had a problem with their gambling (self-identified life-time problem gamblers). While the proportion of the adult population ever experiencing these harms was low, the proportions amongst selfidentified life-time problem gamblers were substantial, with half (50.2%) reporting at least one of the harms. Emotional issues were the most commonly reported harms, with 43.0% of self-identified problem gamblers endorsing at least one of (i) feelings of stress or anxiety (38.7%), (ii) feeling depressed or sad (35.8%) or (iii) having seriously thought about suicide because of their gambling (4.7%). Relationship and family issues were also fairly common and reported by nearly 30% of self-identified problem gamblers. More than one in five reported having arguments over gambling. The next most common harms were reporting having less quality time (16.8%) and having had a breakdown in communication 14.8% in relation to their gambling. More than a quarter of the self-identified lifetime problem gamblers reported having some kind of financial issues, whether not having enough money for household running costs, such as food, rent or bills (16.1%), for family projects or activities (18.2%) or some kind of other financial difficulties (21.6%). Very few people reported employment issues (n=5) and no-one reported legal issues in relation to their gambling.

Table 7.1: Harms attributed to gambling in the general population and amongst self-identified lifetime problem gamblers.

Lifetime gambling related harm	% Adult population n=2,274	% Self-identified lifetime problem gamblers n=128
Financial issues		
Household costs	0.6	16.1
Family projects/activities	0.7	18.2
Other	0.9	21.6
Any above financial issue	1.2	27.3
Emotional issues		
Feelings of stress or anxiety	1.7	38.7
Feeling depressed or sad	1.8	35.8
Seriously thought about suicide	0.2	4.7
Any above emotional issue	2.3	43.0
Relationship & family issues		
Less quality time with family	0.6	16.8
Breakdown in communication with family	0.5	14.8
Arguments over gambling	0.9	21.8
Break up of an important relationship	0.4	10.6
Any above relationship or family issue	1.2	29.1
Employment issues	*	1.3
Legal issues	0.0	0.0
Any of the above	2.8	50.2

*5 people endorsed this item. They are included in the totals but findings are not presented for this harm individually.

Table 7.2 shows the proportion of the sample who reported experiencing these harms in the last 12 months. These are expressed as a percentage of (i) the adult population, (ii) high frequency gamblers (across different combinations of activities), (iii) moderate risk/problem gamblers based on PGSI score, and (iv) people who self-identified as having gambling related problems in the last 12 months (self-identified current problem gamblers). The prevalence of harms amongst the general population was low during the last year. Only a small proportion of high frequency gamblers reported these harms when total frequency across all activities was investigated. The proportion of high frequency EGM players, moderate risk/problem gamblers and self-identified current problem gamblers reporting one or more of these harms in the past year were 15.7%, 42.3% and 44.4%, respectively. For the two problem gambling categories, the most commonly reported harms were feeling depressed or sad, having feelings of stress or anxiety and arguments over gambling.

Table 7.2: Prevalence of gambling related harms in the last 12 months.

Past year gambling related harm	ADULT POPULATION	HIGH	REQUENCY	GAMBLERS	PROBLEM	GAMBLERS
	(%, n=2,274)	On all activities (%, n=524)	On EGMs (%, n=149)	On all activities excluding scratch tickets, lottery and EGMs (%, n=193)	Moderate risk/Problem gamblers (%, n=72)	Self-identified current problem gamblers (%, n=69)
Financial issues						
Household costs	0.3	2.0	5.3	5.3	19.4	17.0
Family projects/activities	0.2	1.1	3.9	1.9	7.0	7.2
Other	0.2	1.5	8.2	2.2	9.9	14.3
Any above financial issue	0.5	3.1	10.4	6.8	22.8	25.6
Emotional issues						
Feelings of stress or anxiety	0.6	4.2	10.0	9.8	36.5	35.3
Feeling depressed or sad	0.6	4.1	9.7	9.8	33.6	35.7
Seriously thought about suicide*	*	*	*	*	*	*
Any above emotional issue	0.8	4.7	11.3	10.9	38.2	37.6
Relationship and family issues						
Less quality time with family	0.3	2.2	5.0	6.4	19.9	18.8
Breakdown in communication with family	0.3	1.8	4.8	4.7	16.5	15.1
Arguments over gambling	0.5	3.7	10.5	9.8	25.4	29.0
Break up of an important relationship	*	*	*	*	*	*
Any above relationship/family issue	0.6	4.3	12.5	10.5	30.2	33.8
Employment issues	*	*	*	*	*	*
Legal issues	0.0	0.0	0.0	0.0	0.0	0.0
Any of the above	1.0	6.2	15.7	14.2	42.3	44.4

*less than 5 people endorsed these items in the last 12 months. They are included in the totals but findings are not presented for these harms individually.

A difficulty in using questions where harm is attributed to gambling is that individuals may be unsure as to how much a particular problem arises from gambling itself and how much other factors may contribute to that problem. Further, the individual concerned may not be best placed to judge the extent of a problem; other family members, for example, may be more appropriate sources when seeking reports of family neglect. For the following areas of potential harm (e.g. financial strain, health, alcohol consumption and smoking) questions were asked of all those included in the detailed interview, so that comparisons could be made across the continuum of gambling activity from non-gamblers through to high frequency gamblers and problem gamblers.

7.1 Financial difficulties and gambling

Everyone selected to complete the detailed interview was asked whether they had experienced a range of difficulties because of a shortage of money in the last 12 months. These difficulties included (i) paying bills on time, (ii) paying mortgage or rent on time, (iii) pawning or selling something, (iv) going without meals, (v) being unable to heat or cool your home, (vi) asking for financial help from friends or family, and (vii) asking for help from welfare/community organisations. Amongst the adult population 10.8% reported at least one of these financial difficulties, and 4.8% reported two or more.

Figure 7.1 shows financial difficulties by gambling frequency on all activities, and on all activities other than lottery and scratch tickets. Frequency of gambling was not significantly associated with financial problems in either of these groups, ie low, medium and high frequency gamblers were no more or less likely to report financial problems than non-gamblers.



Figure 7.1: Financial difficulties [% (95%CI)] by frequency of gambling on (i) all activities and (ii) all activities other than lottery and scratch tickets in the last 12 months, n=2,274.

Figure 7.2 shows financial difficulties amongst non-gamblers and by PGSI categories. Logistic regression indicated that low risk and non-problem were not significantly different to non-gamblers. However, about 20% more moderate risk/problem gamblers reported financial difficulties than non-gamblers (p=.002) and non-problem gamblers (p=.018).



Figure 7.2: Financial difficulties [% (95%Cl)] by PGSI categories.

7.2 Health behaviour and gambling

Alcohol and tobacco use were investigated in relation to gambling frequency and problem gambling. As it is known that patterns of drinking and smoking differ substantially between sex and age groups (and this was confirmed in the present survey), these differences have to be taken into account when reporting how health behaviours are associated with gambling. The following findings are therefore adjusted for age and sex differences.

Everyone selected to complete the detailed interview was asked how often they had a drink containing alcohol and how many standard drinks they had on a typical day when drinking. Responses to these questions were combined to estimate typical weekly alcohol consumption and we identified those whose drinking level was considered hazardous or harmful according to the 2001 National Health and Medical Research Council criteria (National Health and Medical Research Council, 2001). For women, hazardous/harmful drinking was defined as 14 or more standard drinks per week. For men, hazardous/harmful drinking was defined as consuming 28 or more standard drinks per week.

In the current study 4.9% of the sample were hazardous/harmful drinkers. Figure 7.3 shows that medium frequency gamblers were nearly twice as likely to drink at hazardous or harmful levels compared to non-gamblers after adjusting for age and sex (p=.086). High frequency gamblers (across all activities) were nearly three times more likely to drink at hazardous/harmful levels than non-gamblers after adjusting for age and sex (p=.004). Focussing on activities other than lottery or scratch tickets, high frequency gamblers had more than five times the likelihood of hazardous/harmful drinking compared to non-gamblers (p<.001).



Figure 7.3: Hazardous/harmful alcohol consumption [% (95%Cl)] by frequency of gambling on (i) all activities and (ii) all activities other than lottery and scratch tickets, adjusted for age and sex, n=2,266.

Hazardous or harmful drinking also differs across problem gambling categories based on PGSI scores. Figure 7.4 shows that after adjusting for age and sex, hazardous/harmful drinking was reported by about 10% more low risk than non-gamblers (p=.003) or non-problem gamblers (p=.006). Amongst moderate risk/problem gamblers the proportion of hazardous/harmful drinkers was also about 10% larger than those found for non-gamblers (p=.001) non-problem gamblers (p=.001) respectively.



Figure 7.4: Hazardous/harmful alcohol consumption by PGSI category, adjusted for age and sex, n=2,263.

Everyone was asked whether they currently smoked cigarettes and 11.1% of the sample said they did. Figure 7.5 shows the prevalence of smoking amongst the different gambling frequency groups. The proportion of smokers amongst high frequency gamblers across all activities (13.1%) was nearly double that of non-gamblers (7.5%) after adjusting for age and sex (p=.026). Figure 7.5 shows a stronger association between frequency of gambling on activities other than lottery or scratch tickets and smoking. Logistic regression showed that people gambling at medium (p=.010) and high (p<.001) frequencies on activities other than lottery or scratch tickets were significantly more likely to smoke than non-gamblers after adjusting for age and sex. People gambling at medium frequencies and high frequencies on these activities were nearly three times as likely to be smokers compared to non-gamblers.



Figure 7.5: Smoking [% (95%CI)] by frequency of gambling on (i) all activities and (ii) all activities other than lottery and scratch tickets in the last 12 months, adjusted by age and sex, n=2,271.

Figure 7.6 shows that the proportion of smokers also differed substantially across problem gambling categories as defined by PGSI scores. Again, the proportions in the figure are adjusted for age and sex. Low risk problem gamblers were three times as likely to be smokers as non-gamblers (p=.002). Moderate risk/problem gamblers were about four times as likely to be smokers compared with non-gamblers (p<.001) and about three times as likely to be smokers (p=.002).



Figure 7.6: Smoking [% (95%CI)] by PGSI category, adjusted for age and sex, n=2,268.

7.3 Physical health and gambling

A global physical health item asked, 'in general, would you say your health is excellent, very good, good, fair or poor.' Only a small proportion of ACT adults said they had fair or poor health (10.9%). The proportion of people reporting fair or poor physical health was explored across levels of gambling frequency and then PGSI categories. The following proportions were adjusted for age and sex because physical health differs substantially between sex and age groups and these differences have to be taken into account when reporting how health is associated with gambling.

Frequency of gambling across all activities was not significantly associated with physical health (Figure 7.7). However, high frequency gamblers across activities other than lottery and scratch tickets were nearly twice as likely to report poor physical health than those who had not gambled on these activities (p=.022). The PGSI was also associated with physical health (Figure 7.8). Moderate risk/problem gamblers were 2.5 times more likely to report poor physical health than non-gamblers (p=.003).



Figure 7.7: Proportion of people (95%CI) reporting fair or poor physical health by frequency of gambling on (i) all activities and (ii) all activities other than lottery and scratch tickets in the last 12 months, adjusted for age and sex, n=2,267.



Figure 7.8: Proportion of people (95%CI) reporting fair or poor physical health by PGSI category, adjusted for age and sex.

7.4 Mental health and gambling

The interview included a six-item measure (K-6: Furukawa *et al.*, 2003; Kessler *et al.*, 2010) that assesses mental health in the last 30 days. These items asked how often people felt (i) nervous, (ii) hopeless, (iii) restless or fidgety, (iv) so depressed that nothing could cheer you up, (v) that everything was an effort and (vi) worthless. A 5-point response scale was used, ranging from all of the time, to none of the time. We summed across responses so a high score reflects poorer mental health (scores ranged from 6 to 27). Those scoring 14 or more on the K-6 were identified as having the poor mental health, having the highest (9.1%) scores in the sample.





Figure 7.9: Proportion of people with poor mental health as indicated by K-6 scores of 14+ (95%CI) by frequency of gambling on (i) all activities and (ii) all activities other than lottery and scratch tickets, adjusted for age and sex, n=2,233.

We next explored mental health across PGSI categories. Preliminary analyses indicated that problem gamblers were significantly different to moderate risk gamblers and so they were kept as a separate group in the analysis. Figure 7.10 shows that there was no significant difference in poor mental health (K-6 score of 14+) across non-gamblers and the lower PGSI categories, but the majority of people with gambling problems had poor scores on the K-6, indicating they had high level of distress.



Figure 7.10: Proportion of people with poor mental health as indicated by K-6 scores of 14+ (95%CI) by PGSI categories, adjusted for age and sex.

Key findings of Chapter 7

Across the whole adult population, just 2.8% reported having ever had one or more gambling related harms, including emotional, relationship and family, financial, employment or legal issues. Just 1% of the adult population reported such harms in the last 12 months.

Half the self-identified lifetime problem gamblers reported having ever experienced at least one of these harms. Self-identified lifetime problem gamblers most commonly reported harms relating to emotional issues (43.0%). followed by family (27.3%) and financial (27.3%) issues.

Reporting a harm in the last 12 months was more than twice as common for people playing EGMs at least weekly (15.7%) and gambling on activities other than EGMs, scratch tickets or lotteries at least weekly (14.2%) compared to weekly gamblers as a whole (6.2%).

How often people gambled was not significantly related to recent financial difficulties but moderate risk/ problem gamblers were three times more likely to report financial difficulties than non-gamblers.

Higher rates of smoking and hazardous/harmful alcohol consumption were evident across increasing levels of gambling frequency and problem gambling.

People gambling at high frequencies on activities other than scratch tickets and lottery were nearly twice as likely to report poor physical health than non-gamblers. Poor physical and mental health were associated with problem gambling.

8.0 Wanting, trying to get and accessing help across the lifetime

Several questions in the survey asked whether people had ever wanted any sort of help for issues related to their gambling, and whether they had tried to get any help. If they had wanted or tried to get help they were further asked if they had ever received counselling or professional help for issues related to their gambling. As with the information on harms associated with gambling, questions on help-seeking were only asked of those who satisfied at least one of the three criteria of: (1) had ever gambled 12 times in any 12-month period (excluding raffles, lottery and scratch tickets); (2) had ever lost \$2,000 or more across all gambling activities in a 12-month period; and (3) self-identified as having a gambling problem in their lifetime. In total, 612 individuals (19.5% of the adult population) were asked about help-seeking.

Table 8.1 shows lifetime help-seeking behaviour described as a proportion of several groups of interest. These were: (i) the total adult population; (ii) self-identified lifetime problem gamblers; and (iii) a combined group representing all self-identified lifetime problem gamblers and moderate risk/problem gamblers identified by their PGSI scores. There were 147 individuals in the latter combined group. These people are referred to as 'lifetime problem gamblers' in the remainder of the report. Only 0.3% of the population had ever received help for gambling problems from a service. Further to this, only a very small proportion of the population had ever wanted or tried to get help. Everyone who had accessed services self-identified as having a gambling problem.

Table 8.1: Help seeking amongst the adult population, self-identified lifetime problem gamblers and lifetime problem gamblers.

Lifetime help seeking	Adult population (%, n=2,274)	Self-identified lifetime problem gamblers [†] (%, n=128)	Lifetime problem gamblers ^{††} (%, n=147)
Received counselling or professional help	0.3	8.9	7.6
Tried to get help	0.5	14.0	11.9
Wanted help	0.6	17.9	15.3

[†]Comprises individuals who self-identified as having ever had a problem with their gambling. ^{††}Comprises the above and further includes past year moderate risk/problem gamblers.

Amongst both groups of people with gambling problems, only a minority of individuals report having received help, trying to get help or wanting help. Individuals could have given many combinations of responses to the questions on help-seeking, so we classified respondents in a hierarchical way, identifying those who had received help from a service, those who tried to get help but did not receive a service, and those who said they wanted help but didn't receive help or try to get help. These groups are shown in Table 8.2.

The most common response amongst people with gambling problems (however defined) was to do nothing by way of help-seeking (over 80% across groups). Less than one in ten had ever received help for their problem. The remainder (around 10%) represent those who in some way acknowledged their problem but who, for some reason, did not find help or did not seek help.

 Table 8.2: Hierarchical help seeking, amongst the adult population, self-identified lifetime problem gamblers and past and current problem gamblers.

Lifetime help seeking	Adult population (%, n=2,273)	Self-identified lifetime problem gamblers [†] (%, n=127)	Lifetime problem gamblers ^{††} (%, n=146)
Received counselling or professional help	0.3	8.9	7.6
Tried to get help but didn't get it	0.2	4.8	4.1
Wanted help but didn't try to get it	0.2	5.1	4.3
None of the above	99.4	81.2	84.0

Note: One person was missing data on service use and so the n's vary across tables 8.1 and 8.2.

[†]Comprises individuals who self-identified as having ever had a problem with their gambling.

^{††}Comprises the above and further includes past year moderate risk/problem gamblers.

8.1 Lifetime gambling related issues and help-seeking

Participants who had wanted or tried to get help for gambling related issues were asked about the issues they had ever wanted or tried to get help with as follows. First, these individuals were asked whether they had ever wanted help with cutting back or stopping gambling. Then further questions asked about help-seeking for issues reported in Table 7.2. For example, if someone had said they had 'feelings of stress or anxiety' and they had wanted help, they were asked, 'which of the following have you ever wanted help with, what about.... feelings of stress, anxiety or depression'. In order to minimise burden from being asked too many questions, people were asked about the groups of issues rather than each specific issue, that is (i) financial issues, (ii) feelings of stress, anxiety or depression, (iii) relationship or family issues, (iv) employment issues and (v) legal issues. People were also asked if they had wanted help for any other sort of issue.

The vast majority (89.2%) of people who had ever wanted or tried to get help wanted help cutting back or stopping gambling, 70.8% had tried to get help and less than half (45.9%) had actually received help for these issues. The next most common issue people wanted help with was feelings of stress, anxiety or depression, followed by financial and relationship issues. For each of the four issues in Figure 8.1, approximately half the people who wanted help had received it.



Figure 8.1: Issues that gamblers wanted, tried and had received help for (amongst those who had ever wanted or tried to get any sort of help), n=35.

It is also possible to look at help-seeking for gambling related issues in a hierarchical way, identifying those who had received help from a service for a particular issue, those who tried to get help but did not receive a service for that issue, and those who said they wanted help for an issue but didn't receive help or try to get help. The top bars in Figure 8.2 show the proportion of people accessing a service for the main issues as given in Figure 8.1. More than a quarter of people who said they had wanted or tried to get help had specifically wanted it for cutting back or stopping gambling, but they then hadn't tried to get help (Figure 8.2). A further quarter had tried to get help but not received any help from a service for this issue. About one in five people had wanted but then not tried to get help for the other gambling related issues.



Figure 8.2: Hierarchical help-seeking for specific gambling related issues amongst participants who had ever wanted or tried to get help, n=35.

Characteristics related to receiving services 8.2 amongst lifetime problem gamblers

Given that a small minority of lifetime problem gamblers ever receive any formal help, it could be informative to see whether there are systematic differences between those who received services and those who had not. The top two thirds of Table 8.3 reports this across the range of socioeconomic and demographic, and the health related characteristics assessed in the survey. It should be noted that these comparisons are based on just 146 individuals, so fairly large differences are needed before they show as being statistically significant. None of the demographic and socioeconomic characteristics, health or general financial difficulties measures distinguished those who had received formal help from those who had not.

The bottom third of Table 8.3 reports on a range of gambling related harms that might account for why some people received help and others did not. Nearly one in five people reporting any gambling related harm had received counselling or professional help. Nearly one in 5 lifetime problem gamblers reporting gambling related financial issues, relationship or family issues and emotional issues had received help.

It is reassuring that the majority of people who have felt suicidal because of their problem gambling (72.2%) have received help but the other side of this association is that only 4.9% of those who had not felt suicidal ever received help.

Overall, the findings in Table 8.3 give a strong impression that people do not receive help for gambling problems unless they reported having serious personal consequences as a direct result of their gambling.

Characteristic **EVER RECEIVED HELP**

Table 8.3: Characteristics associated with receiving counselling or professional help for issues related to gambling amongst lifetime problem gamblers, n=146.

	% Yes (7.6%)	% No (92.4%)
Sex		
Male	6.7	93.3
Female	9.8	90.3
Age		
18-29	0.0	100.0
30-59	11.5	88.5
60+	6.5	93.5
Country of birth		
Australia	6.2	93.8
Other	15.1	84.9

Table 8.3 continued		
Highest completed qualification		
Year 10	3.5	96.5
Year 12 or certificate/diploma	8.4	91.6
Bachelors degree or higher	7.8	92.2
Marital status		
Ever married/defacto	9.4	90.6
Separated/divorced/widowed	0.8	99.2
Never married	6.2	93.8
General physical health		
Fair or poor	8.6	91.4
Excellent, very good or good	7.4	92.6
Poor mental health (K-6 last 30 days)		
Yes	19.1	80.9
No	6.3	93.7
Any financial problems (last year)		
Yes	11.1	88.9
No	6.9	93.1
Gambling related financial issues (ever)***		
Yes	21.6	78.4
No	3.2	96.8
Seriously thought about suicide because of gambling (ever)***		
Yes	72.2	27.8
No	4.9	95.1
Other gambling related emotional issues (ever)***		
Yes	18.1	81.9
No	1.7	98.4
Gambling related relationship & family issues (ever)**		
Yes	18.9	81.1
No	3.8	96.2
Any gambling related harm***		
Yes	16.5	83.5
No	0.6	99.4

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

8.3 Help-seeking in the last 12 months

If participants had ever wanted, tried or received help for issues related to their gambling they were asked if this had been in the last 12 months. Only a small number of people had wanted or tried to get help for issues related to their gambling in the last 12 months (n=15) or had received counselling or professional help (n=8). These estimates reflect 0.2% or less of the adult population.

Tables 8.4 and 8.5 reflect parallel analyses to those undertaken for lifetime help-seeking (section 8.1) but pertain to past year gambling problems and help-seeking behaviour. The prevalence of help-seeking is reported amongst moderate risk/problem gamblers (PGSI scores of 3+).

Table 8.4 shows that 6.8% of the moderate risk/problem gamblers had received counselling or professional help in the last 12 months. Amongst the moderate risk/problem gamblers, 8.1% reported having tried to get help and 15.8% reported that they had wanted help. As per life-time help-seeking analysis, all people who had sought help in the past self-identified as having a problem with their gambling. It is important to note that only 58% of moderate risk/problem gamblers self-identified as having a gambling related problem in the last 12 months (see chapter 5).

Past year help seeking	% Moderate risk/ problem gamblers n=72
Received counselling or professional help	6.8
Tried to get help	8.1
Wanted help	15.8

Table 8.4: Help seeking amongst moderate risk/problem gamblers in the last 12 months.

Table 8.5 shows hierarchical help-seeking amongst moderate risk/problem gamblers in the last 12 months. About 6.8% of people with such problems had received counselling or professional help in the last 12 months. A further 2.8% had tried to get help but didn't get it, and about one in ten wanted help but didn't try to get it. More than 80% of moderate risk/problem gamblers had not wanted, tried or received help for gambling related problems in the last 12 months. Given the small number of people who had accessed counselling or professional help, past year help-seeking was not explored in any more detail.

Table 8.5: Hierarchical help seeking, amongst moderate risk/problem gamblers in the last 12 months.

Past year help seeking	% Moderate risk/ problem gamblers n=71
Received counselling or professional help	6.8
Tried to get help but didn't get it	2.8
Wanted help but didn't try to get it	8.5
None of the above	81.9

Note: One person had missing data on service use and so the n's vary across tables 8.4 and 8.5.

8.4 Help-seeking from 2009 to 2014

Different help-seeking measures and methods were used in the 2014 Survey compared with those used in 2009. For instance, in 2009 participants were asked if they had 'ever received counselling or help' from a list of specific services, including the problem gambling helpline and gamblers anonymous. The 2014 survey asked whether people had 'ever received counselling or professional help for issues related to gambling' and did not list any services. The PGSI was also given to all gamblers in 2014, regardless of how often they gambled and how much they spent. Such changes could account for any differences in help-seeking over surveys and comparison over time would not be valid. Regardless of such methodological caveats, the proportion of moderate risk/problem gamblers who received counselling or professional help was extremely low in both 2009 (7.9%) in 2009 and 2014 (6.8%).

Key findings of Chapter 8

Receiving help for gambling problems is not only a rare event in the general population but is even uncommon amongst people with gambling problems.

Less than 10% of lifetime problem gamblers had ever received counselling or professional help for issues related to their gambling.

About 4% of lifetime problem gamblers had tried to get help but did not get help, and a further 4% wanted help in some way but did not try to get it.

Most people who wanted help, wanted it to try to cut back or stop gambling (89.2%). This was followed by wanting help for feelings of stress, anxiety or depression (66.6%), financial issues (53.3%) and then relationship or family issues (35.2%).

As in 2009, help-seeking was rare and only evident amongst people who identified as having serious consequences as a result of their gambling. This supports the argument that self-identification is a necessary, but not sufficient pre-cursor of help-seeking for gambling problems.

Chapter 9: Impacts of gambling related problems on family

9.0 How many people have close family with gambling related issues?

All people completing the detailed interview were asked, 'Not including yourself, has anyone in your close family ever had any issues in relation to their gambling?' Individuals who said yes were then asked how these close family members were related to them and could describe as many relatives as they wanted. Table 9.1 shows that 15.7% (n=355) of the adult population said at least one close family member had ever had issues in relation to their gambling. The last column in Table 9.1 shows that amongst people reporting family with gambling issues, one in ten reported multiple close family members, including 2.7% who reported 3 or 4 family members.

Number of close family members with gambling issues	% Population	% amongst people reporting family with gambling issues
Lifetime	n=2,274	n=355
None	83.6	-
One	14.1	90.0
Тwo	1.2	7.4
Three or four	0.4	2.7
Refused or don't know	0.7	-
One or more	15.7	-
Past year	n=2,274	n=98
None	93.9	-
One	4.7	92.6
Тwo	0.4	7.4
Three or four	0.0	0.0
Refused or don't know	1.0	-
One or more	5.1	

 Table 9.1: Number and relationship of close family members having ever had gambling issues.

For each mentioned family member, people were asked, 'And was this in the last 12 months'. Table 9.1 also shows that 5.1% of the adult population (n=98) reported at least one close family member with gambling related issues in the last 12 months.

9.1 The impacts of family members' gambling

A series of more detailed questions was asked about having a close family member with gambling issues in the last 12 months. Note that if people had listed multiple family members they were asked to think about the person whose gambling had 'affected them the most'. The findings for the rest of this section therefore pertain to the family member whose gambling had the greatest impact in the last 12 months.

First, people were asked a broad question about whether or not their relative's gambling related issues had actually affected them and 38.8% (n=47) agreed with this question. This reflects 2.0% of the adult population. The 47 people affected by a close family member's gambling in the last 12 months were asked a series of questions designed to assess how they had been affected. They were told, 'Next I'm going to ask about issues that can be related to gambling and they may or may not apply to you. But in the last 12 months, have **you**, **yourself**, experienced any of the following in relation to your [relatives] gambling.' The issues are listed in Table 9.2 and are based on the Problem Gambling Impact Scale developed using clinical samples (Dowling *et al.*, in review). It is important to note that the findings from this chapter reflect problem gambling impacts amongst family in the general population.

Table 9.2 shows the impacts amongst people affected by a close family member's gambling in the last 12 months. The impacts included in the list covered 95.3% of the individuals affected by their family member's gambling. The majority reported feelings of stress or anxiety and an inability to trust their family member. More than half these individuals reported having less quality time with their family member (66.4%), feelings of anger (62.5%), a breakdown in communication (61.9%) and feeling depressed or sad (53.0%). Nearly half the people affected by a close family member's gambling reported financial impacts (47.8%) and watching or keeping an eye on their relative (43.7%).

Past year gambling related impacts	% people affected by a close family member's gambling n=47
Financial impacts	
Household costs	18.0
Family projects/activities	23.2
Other	45.5
Any above financial impact	47.8
Emotional impacts	
Feelings of stress or anxiety	85.3
Feeling depressed or sad	53.0
Any above emotional impact	86.0

Table 9.2: Impacts attributed to a close family member's gambling in the last 12 months, n=47.

Table 9.2 continued		
Relationship and family impacts		
Less quality time with their relative	66.4	
Breakdown in communication with their relative	61.9	
Feelings of anger towards their relative	62.5	
Arguments over their relative's gambling	40.3	
An inability to trust their relative	73.3	
Needing to take over the decision making in the home	20.9	
Watching or keeping a close eye on their relative	43.7	
Any above relationship or family impact	92.7	
Legal impacts	4.4	
Any above impact	95.3	

9.2 Help-seeking and service use amongst family

Help-seeking and service use was also explored amongst the 47 people who said they had been affected by a close family member's gambling in the last 12 months. Questions included asking whether they had wanted help for issues they themselves experienced related to their relative's gambling. Only 11 (21.8%) people said they had wanted help. These 11 participants were asked whether they had wanted help or support in relation to their family member cutting back or stopping gambling. They were also asked whether they had wanted help for themselves related to (i) financial issues, (ii) feelings of stress anxiety or depression, (iii) relationship or family issues and (iv) legal issues, if they had endorsed any of the impacts within these groupings. Finally they were asked if they wanted help for any other issues they had experienced related to their family member's gambling.

The majority of the 11 individuals wanting support or help wanted it for relationship or family issues (n=9), 7 wanted support or help for feelings of stress or anxiety and 6 said they wanted help or support in relation to their family member cutting back or stopping gambling. Only 2 said they wanted support or help with financial issues.

These 11 participants were further asked whether they had tried to get help and then if they had 'received counselling or professional help for issues **you, yourself,** experienced, related to their family member's gambling'. Only 5 had tried to get help and 3 had received counselling or professional help.

Overall, a small number of people wanted support or help in the last 12 months regarding issues they themselves had experienced in relation to their family member's gambling and few people had tried to get or had received help.

9.3 Which family members had gambling issues?

People were asked how their family member was related to them. Table 9.3 shows the relationship of the family member to the survey respondent. The most commonly reported family members with gambling issues were parents followed by spouse or partners. A substantial proportion of ACT adults reported having had a parent (4.3%) or a spouse/partner (3.0%) with gambling related issues. This table shows that 4.3% of adults reported a relationship type other than those listed. While these largely comprised extended family such as aunts and uncles they were reported as being close. In the last 12 months, the most commonly reported family members were a spouse/partner, parent, an 'other' extended close family member and in-laws. Amongst those reporting a family member in the last 12 months, about one in five referred to a spouse or partner and a similar proportion referred to a parent.

Relationship	% Population	% amongst people reporting family with gambling issues
Lifetime family members	n=2,274	n=355
Spouse or partner	3.0	19.1
Sibling	2.2	13.7
Parent	4.3	27.6
Child	0.7	4.5
In-law [†]	2.5	16.1
Other	4.3	27.3
Past year family members	n=2,274	n=98
Spouse or partner	1.1	21.0
Sibling	0.8	15.2
Parent	1.1	22.2
Child	0.3	5.1
In-law [†]	1.2	23.1
Other	1.5	28.8

Table 9.3: Relationship of the close family member with gambling issues amongst the ACT population and those reporting family members in their lifetime and in the last 12 months.

[†]Includes immediate in-law relationships (parent, sibling and child).

People reporting being affected by a family member's gambling in the last 12 months most commonly referred to their spouse/partner or an 'other' extended close family member (Table 9.4). These 47 individuals were also asked whether they lived with the family member and Table 9.5 shows that only a quarter of the survey respondents were living with their family member with gambling issues.

Table 9.4: Relationship of the person with gambling issues to the affected person in last 12 months, n=47.

Relationship	% people affected by a close family member's gambling n=47
Spouse or partner	26.6
Sibling	12.4
Parent	9.3
Child	4.9
In-law [†]	20.2
Other	26.7

[†]Includes immediate in-law relationships (parent, sibling and child).

Table 9.5: The proportion of affected people living with a close family member with gambling issues in the last 12 months by relationship type, n=47.

Relationship	% Reside together	% Reside apart
Spouse or partner	74.3	25.7
Sibling	0	100
Parent	0	100
Child	15.1	84.9
In-law [†]	0	100
Other	11.1	88.9
All above	23.4	76.1

[†]Includes immediate in-law relationships (parent, sibling and child).

These respondents were further asked, 'in the last 12 months how often have you sat down together with your [family member] and talked about any issues related to their gambling'. Table 9.6 shows that amongst individuals affected by a family member's gambling, nearly half had not talked to their relative about their gambling issues.
Table 9.6: Frequency of talking about gambling related issues amongst people affected by a close family member's gambling, n=47.

Response	%
Not in the last 12 months	47.4
Once or twice	12.7
Sometimes	19.7
Often	20.2

Finally, whether or not people had talked to their relative about their gambling related issues differed depending upon whether or not they lived together. Amongst those living together, 80% had talked to their family member at least once or twice in the last 12 months, with 58.3% talking about their gambling related issues 'often'. In contrast, amongst people who were not living together, 44.3% had talked to their family member at least once or twice, and only 8.6% had talked 'often'.

Key findings of Chapter 9

About 15.7% of ACT adults reported having had a close family member with gambling issues, with 5.1% saying this had been within the last 12 months. About a third of people reporting having close family member with gambling issues in the last 12 months (38.8%) said these issues had affected them.

Relationship and family impacts (92.7%) and emotional impacts (86.0%) were reported by the vast majority of people affected by a close family member's gambling. Financial impacts were also reported but were less common (47.8%).

Family members with gambling problems were often the spouse/partner (19.1%) or parent (27.6%) of the respondent. However, other family members were also commonly reported as having problems, including those related by marriage (in-laws: 16.1%) and other extended but close family (27.3%).

Less than half (41.8%) of the people affected by a close family member's gambling had talked to their family member about their gambling in the last 12 months.

Only a small number of people affected by a close family member's gambling wanted help or support (n=11) or had received counselling or professional help (n=3).

Help was most often wanted for their own stress and anxiety or in relation to their family member cutting back or stopping gambling. Only two people wanted help for financial issues.

Chapter 10: Community attitudes to gambling

In 2014, people completing the detailed interview were randomly allocated to receive one of two sets of questions designed to assess community attitudes. The first module assessed attitudes towards gambling, including individual activities. The second module assessed attitudes towards the regulation of EGMs and ATMs in gambling venues and awareness of the ACT's self-exclusion program.

Some of the 2014 attitude questions were based on items used in 2001 and 2009. Given the simple descriptive nature of this chapter, any comparable findings from previous surveys are presented alongside the 2014 Survey findings.

10.0 Attitudes to gambling activities

Half the people receiving the first module were asked, 'What do you think of the statement that, overall, gambling does more *good* than *harm* for the community', responding and could respond as follows: 'strongly agree' (scored as 1); 'slightly agree' (scored as 2); (3) 'neither agree nor disagree' (scored as 3); 'slightly disagree' (scored as 4); or 'strongly disagree' (scored as 5). This statement was included in both the 2001 and 2009 Surveys. However, in 2014 we assessed whether the positive wording of the statement could influence people's responses. The remaining half of participants receiving this module were given the equivalent negatively worded version of the statement, 'Overall, gambling does more *harm* than *good*'. The responses for the negatively worded version of the statement were reverse scored. After excluding people who responded that they 'didn't know', the mean scores for the positively and negatively worded statements were not significantly different (p=.854). Responses across both versions were combined and are shown in Table 10.1.

Overall, Table 10.1 shows the proportion of people agreeing that gambling does more good than harm in 2001 (11.6%), 2009 (9.1%) and 2014 (7.3%) We could not test the statistical significance of any change since 2001 because the survey data were not available. However, responses to this question (excluding those who said they didn't know) did not significantly change from 2009 to 2014 (p=.937).

Response	GAMBLING DOES MORE GOOD THAN HARM		
	2001 [†] (%)	2009 (%, n=2,040)	2014 (%, n=1,158)
Strongly agree	2.7	2.3	1.6
Slightly agree	8.9	6.8	5.7
Neither agree nor disagree	9.9	14.0	16.4
Slightly disagree	22.8	26.2	27.8
Strongly disagree	55.1	50.0	47.8
Don't know or can't say	0.7	0.7	0.7

Table 10.1: Proportion of participants agreeing that gambling does more good than harm, n=1,158.

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

In 2014 people were also given positively and negatively worded statements assessing whether gambling on specific activities did more good than harm for the community. The findings for the positively and negatively worded versions differed by less than 1%. Consequently, Table 10.2 presents the findings combined across versions, where the negative version (more harm than good) is rescored to reflect the positive version (more good than harm).

Table 10.2: Proportion of participants agreeing that gambling on specific activities, and over the internet, does more good than harm, n=1,158.

Response	EGMs (%)	Lotteries (%)	Scratch tickets (%)	Horse or greyhound races (%)	Table games (%)	Over the internet (%)
Strongly agree	2.5	3.2	2.7	1.5	2.7	1.1
Slightly agree	4.0	19.6	17.2	9.6	4.6	4.0
Neither agree nor disagree	7.0	29.1	31.1	17.7	19.5	8.0
Slightly disagree	24.0	27.0	27.0	33.1	28.8	19.7
Strongly disagree	62.2	19.6	19.8	35.7	40.6	64.4
Don't know or can't say	0.3	1.4	2.3	2.5	3.9	2.8

Table 10.2 shows that people's attitudes about how good or harmful gambling might be for the community differ substantially across activities. EGMS and gambling over the internet were considered to be the most harmful, with 62.2% and 64.4% of adults respectively strongly disagreeing that these activities did more good than harm. Conversely, only a small proportion of people agreed (whether strongly or slightly) that gambling using the internet (5.1%), on EGMs (6.5%) or on table games (7.3%) did more good than harm. In contrast, people were more positive about lotteries and scratch tickets, with about one in five adults agreeing that lotteries (22.8%) or scratch tickets (19.9%) did more good than harm.

10.1 Attitudes towards the regulation of EGMs

Half the people completing the detailed interview in 2014 were given the second module asking about specific regulation initiatives, including whether the number of EGMs should be increased, decreased or stay the same.

Table 10.3 shows that more than half of the ACT population thought that the number of EGMs should be decreased in 2014 (51.8%), 2009 (57.8%) and 2001 (54.3%). Across each survey about a third of respondents thought that the number of EGMs should stay the same and mean scores (excluding people who didn't know or couldn't say) did not change significantly between 2009 and 2014 (p=.110). The current survey indicates that community attitudes to EGM numbers have not shifted over the past 15 years.

Response	2001 [†] (%)	2009 (%, n=2,060)	2014 (%, n=1,116)
A large increase	0.2	0.3	0.3
A small increase	0.7	0.2	0.9
Stay the same	38.2	33.0	35.5
A small decrease	16.5	17.8	16.2
A large decrease	37.8	40.0	35.6
Don't know or can't say	6.6	9.2	11.6

Table 10.3: The proportion of the adult population reporting that the number of EGMs should be increased, decreased, or stay the same 2001, 2009 and 2014.

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

10.2 Attitudes towards regulating ATMs in gambling venues

The people receiving the second module were also asked questions specifically about the regulation of ATMs in gambling venues.

In both 2009 and 2014 (but not 2001), people were also asked, 'In the ACT ATMs are not allowed in gaming machine areas, but they are allowed in the venues. Do you think ATMs should be available in gaming machine venues?' In order to assess whether participants could be influenced by the positive wording of this item, half the people receiving this module in 2014 received a negatively worded version of the question, 'Do you think that ATMs should be banned from gaming machine venues'. The negatively worded version of this question was reverse coded. There was less than 1% difference in findings across the positive and negatively worded items and so the responses were combined and are shown in Table 10.4.

Table 10.4: Proportion of participants reporting that ATMs should be allowed in gaming machine venues in 2009 and 2014*.

Response	2009 (%, n=2,060)	2014 (%, n=1,116)
Yes	24.0	53.7
No	70.3	42.5
Have no opinion	5.7	3.8

*This question was not asked in 2001.

In 2009, 24.0% supported having ATMs in gaming machine venues. In 2014, 53.7% of adults said 'yes' to this question, reflecting a 25% increase over surveys. This increase was statistically significant (p<.001). In 2014, the proportion of people agreeing that ATMs should be allowed in gaming machine venues was significantly higher amongst people who played EGMs (64.4%) than people who did not (51.0%, p=.012).

In 2014, participants were also asked 'In ACT gaming machine venues the maximum amount of money you can withdraw from ATMs, per card, per day, is \$250. What do you think this amount should be?' Participants could volunteer any amount. Table 10.5 shows that more than a third of the adult population support the \$250 limit (39.5%). A further 46.5% thought the amount should be lower, with one in five supporting a \$100 limit and 6.3% stating that money should not be withdrawable from ATMs in gaming machine venues. While 11.7% of the adult population had no opinion, only 2.1% thought that the amount should be greater than \$250.

Amount	Population (%, n=1,115)
Nothing/no money	6.7
<\$100	9.7
\$100	21.9
\$100-\$249	8.2
\$250	39.5
\$250-\$800	1.4
No limit	1.7
No opinion	11.1

Table 10.5: The maximum amount of money you should be able to withdraw from ATMs per card, per day, in gaming machine venues.

Amongst EGM players, more than half nominated a \$250 limit, more than a quarter (28.1%) said the amount should be smaller and 8.1% said the amount should be higher. Only 6.8% had no opinion. Amongst people reporting at least some problem gambling symptoms (PGSI score 1+), 36.9% said this amount should be \$250 with a further 40.8% endorsing a lower amount. Only 10.5% supported a higher amount, with 11.7% having no opinion. Overall the findings show general support for limiting money withdrawals from ATMs in gaming machine venues.

10.3 Knowledge of the ACT's self-exclusion program

Individuals receiving the second module of questions were also asked 'In the ACT there's a self-exclusion program that enables people to ban themselves from gambling venues. Have you heard of this program?'. Table 10.6 shows that 41.8% of the adult population reported having heard of the program. Amongst EGM players, 45.5% reported knowledge of the self-exclusion program. This was not significantly different compared to people who did not play EGMs (40.9%, p=.419).

Table 10.6 also shows awareness of the self-exclusion program amongst non-problem, low risk and moderate risk/problem EGM players. Knowledge about the self-exclusion program was much greater amongst low risk (72.3%) and moderate risk/problem (77.6%) EGM players and both these groups were significantly more aware of the ACT's self-exclusion program than were non-problem EGM players (39.4%, p=.005).

	% Yes	% No	% Don't know
All adults, n=1,116	41.8	57.8	0.5
EGM players, n=262			
Yes	45.5	54.0	0.6
No	40.9	58.7	0.4
EGM players, n=262			
Non-problem	39.4	59.9	0.7
Low risk	72.3	27.7	-
Moderate risk/problem	77.6	22.4	0.0

Table 10.6: Proportion of adults reporting having heard of the ACT's self-exclusion program, n=1,116.

Note: one person was missing data on the PGSI.

Key findings of Chapter 10

Overall, the proportion of people agreeing that gambling does more good than harm for the community was small (7.3%). However, attitudes about whether gambling does more good than harm for the community differed markedly depending upon type of activity.

The majority of adults strongly disagreed that gambling over the internet (64%) or on EGMs (62%) did more good than harm. Reponses for these activities were more negative than for gambling on table games (41%), horse or grey hound races (36%) followed by lotteries (20%) and scratch tickets (20%).

Attitudes to the number of EGMs in venues have not shifted substantially over the past 15 years, with about half the population reporting that the number of machines should be reduced and a third saying they should stay at present levels.

In 2014, more than half the population supported having ATMs in gaming machine venues, reflecting a 25% increase since 2009.

There was across the board support for limiting the amount of money you can withdraw from such ATMs per card, per day. The majority of the adult population (86.0%) supported a limit of \$250 or less, only 3.1% thought that the maximum amount of money should be greater than at present (\$250).

Nearly half (41.8%) the adult population had heard of the ACT's self-exclusion program. While knowledge about this program did not differ significantly between people who played EGMs and those who did not, about three-quarters of low risk (72.3%) and moderate risk/problem (77.6%) EGM players had heard of the self-exclusion program.

Chapter 11: Discussion

This chapter discusses the major findings from the 2014 Survey in terms of the snapshot it provided of gambling in the ACT and the changes that have taken place over recent years. Industry information as reported in Australian Gambling Statistics is also used to complement the survey results. Comparisons are made, where possible, with findings from recent gambling surveys in other States and Territories. This discussion reflects on the key objectives of the 2014 Survey. It must be born in mind that the present report adopts a broad-brush approach, covering a wide range of topics. More detailed analyses and further reports will follow, as was the case for the 2009 Survey.

11.0 Community gambling participation in 2014

The first key objective of the 2014 Survey was to investigate several facets of gambling participation, including frequency, expenditure and session duration for a range of activities.

More than half (55%) of the ACT adult population report having gambled in the last 12 months and about a half of these people mention just one type of gambling activity. The remaining quarter of the ACT adult population report two or more types of gambling, including 6% of the adult population who gambled on four or more activities and 1% who reported six or more activities. The most common activities were playing lottery (around one-third of the total adult population and 60% of gamblers), EGMs (one in five of the population over a third of all gamblers), betting on horse or greyhound races, and buying scratch tickets (each reported by about one in six of the population and a third of gamblers).

Although some form of gambling participation is very common in the population, only about a quarter of adults gamble monthly or more often and half of these (12%) gamble at least weekly. These 'regular gamblers' are therefore in the minority but still represent significant numbers of people in the ACT and they account for a considerable proportion of total gambling participation. The most common activity for people gambling weekly or more often was lottery (83%), followed by EGMs (46%), horse or greyhound races (44%) and scratch tickets (34%). These regular gamblers are also more likely to report more than one type of activity (about three-quarters did so). About a quarter gambled on four or more activities and 5% reported six or more activities. Nevertheless, the large majority of this group (94%) would still be categorised as regular gamblers based solely on their most frequent activity. The particular activities that are played frequently by individuals reflect those that are played by a lot of people: lottery, EGMs, horse or greyhound races, and scratch tickets.

An important aspect of gambling participation is how much money people lose. Across the ACT adult population, about one in five people report losses of \$5 or more per week on average. Included in this number are around 8% of adults who lose \$1,000 or more in a year and about 1% who report losing \$5,000 or more in a year. Not surprisingly, the more frequent gamblers report higher losses. More than half of the regular gamblers (weekly or more often) reported losses of \$1,000 or more in a year and 9% reported losses of \$5,000 or more in a year.

The current survey also assessed the amount of time people spent gambling for some activities, including EGMs, Keno, casino table games, bingo and informal games like cards for money. Average sessions were longest for playing informal games, with the majority lasting for 2 hours or more. Sessions were much shorter for Keno and EGMs, with just 7% and 13% respectively playing for two hours or longer. When time spent gambling is calculated over 12 months, however, people spent considerably more time on average playing EGMs than either table games or Keno, and a more similar time to playing informal games.

11.1 Changes in gambling participation in recent years

There have been marked changes in gambling expenditure in the ACT in recent years. Industry data show a 19% fall in real per capita expenditure across all reported types of gambling (i.e. losses) between 2009/10 and 2013/14 (Australian Gambling Statistics, 2015). In contrast, across Australia as a whole, per capita expenditure dropped by only 4% between 2009/10 and 2013/14 (Australian Gambling Statistics, 2015). This fall in expenditure continues a trend in the ACT going back to around 2001. Since then, per capita expenditure on all activities combined has fallen 41% in real terms. This includes a 43% reduction for EGM losses, a 38% reduction for betting on races, and a 37% reduction for casino table games.

The 2014 Survey sheds some further light on these trends. A feature of the reduction in gambling participation between 2009 and 2014 was the increase in the proportion of non-gamblers from around 30% to 45%. This reflected decreases in participation rates for most types of activity except sports and special event betting and bingo. The overall decrease in gambling participation in the ACT is substantial. Some other jurisdictions have found decreasing gambling participation rates of 1-2% per annum. For instance, in Tasmania (ACIL Allen Consulting, 2014) the proportion of gamblers decreased by 2% between 2011 and 2013. In Queensland (Queensland Government, 2012) the proportion of gamblers decreased by about 5% from 2003/04 to 2006/07 but has since plateaued. However, in South Australia (Social Research Centre, 2013) there was no change in the proportion of gamblers between 2005 and 2012. In this context, a change of around 3% per annum for the ACT is relatively large. Although the 2009 and 2014 surveys were conducted independently and longitudinal analysis is not possible, the magnitude of this change suggests that it would not be accounted for by demographic trends (migration, mortality and young people turning 18) implying changes in the expenditure patterns of individuals.

The above findings reflect whether people report gambling or not. Analyses of the intensity of gambling showed less striking changes. The proportion of high frequency gamblers (weekly or more often) fell from 25% to 22% as a percentage of all gamblers, and low frequency gamblers (less than monthly) increased from 50% to 55%. The downward trend in gambling frequency was not attributable to any particular gambling activity. Other jurisdictions have reported reductions in how often gamblers gamble. For instance, between 2011 and 2013 the mean number of gambling sessions of Tasmanians fell from 30 to 24 per year and the proportion of weekly gamblers declined from 23% to 19% (ACIL Allen Consulting, 2014).

11.2 Gambling using the internet

Survey data are particularly important for estimating the extent of gambling using the internet, as industry data cannot provide this information for the ACT. For the first time, the 2014 Survey assessed internet gambling separately for every type of activity. This indicates that about 8% of ACT adults gambled using the internet in the last 12 months. This is very similar to estimates emerging from other jurisdictions. For instance, a recent national survey on interactive gambling found that 8% of Australian adults had engaged in at least one form of online gambling (Hing *et al.*, 2014). The prevalence of internet gambling in the most recent Tasmanian (7.0%: ACIL Allen Consulting, 2014) and Queensland surveys (7.5%: Queensland Government, 2012) are also very similar. The prevalence of internet gambling in SA (Social Research Centre, 2013) was lower at 5.3%.

It is important to note that internet gambling is not an activity in itself, rather it provides a means of gambling on different activities. In the ACT, the most common forms of online gambling were betting on sports or special events and horse or greyhound races (each about 4% of the adult population), followed by buying lottery tickets

(3%). These are also the most common activities reported for online betting across other state surveys. The prevalence of online gaming (simulated poker machines and casino-type games such as roulette and blackjack) is much lower. The confidence intervals for estimating their prevalence from the survey were large and so figures are approximate, but only around 1% of adults reported these activities. Given that the majority (84%) of internet gamblers gambled via other means, the overall pattern is one where online gambling appears as an adjunct to more traditional means of placing bets rather than as an alternative form of gambling. Further analyses will be needed to establish whether there are individuals or particular sub-groups of the population who gamble exclusively using the internet, but it is already clear that they are a small section of the community. It is still possible, however, that placing bets online provides the opportunity to spend more on a particular activity.

11.3 Problem gambling in 2014

In the current survey 0.4% of ACT adults met the criteria for problem gambling, 1.1% were moderate risk gamblers and 3.9% were low risk gamblers. Combining these estimates shows that 5.4% of the ACT population reported at least some symptoms of problem gambling and so 94.6% were non-problem gamblers or non-gamblers. As a proportion of gamblers, the combined group with symptoms of problem gambling represents 10.0%.

Problem gambling differs by type of activity and this association can be looked at in two different ways. First, it is possible to describe the level of problem gambling amongst those who engage in a particular activity. Numbers are too small to investigate problem gambling separately, but the combination of moderate risk/ problem gambling and also the group identified with low risk gambling are both seen to be frequent amongst people gambling on sports or special events, table games and informal games. About 30% of people gambling on these activities reported some symptoms. The second way to examine the association between problem gambling and activities is to describe the activities reported by people who exhibit problem gambling. Their preferred activities are EGMs and lottery. This reflects the absolute number of people who report these activities. It is important to note that these associations indicate what activities are correlated with problem gambling on several activities (an average of 3.7 for the moderate risk/problem gambling group in this survey) and more complex analyses are required to determine which activities have more specific associations with problems (see Davidson and Rodgers, 2011 for such analyses using the 2009 Survey data).

The current survey investigated specific harms that people associated with their gambling. Amongst people who self-identified as having gambling problems, the most common harms reported were emotional in nature (43%), notably feelings of depression (36%), as well as stress and anxiety (39%). Relationship and family issues were also common (29%), including having arguments over gambling (22%). Emotional, relationship and family issues were more commonly reported than financial harms (27%). Although financial difficulties are often experienced by people with gambling problems (not surprisingly), these findings emphasise the added significance of emotional and family issues.

11.4 Changes in problem gambling in recent years

An important question addressed using the 2014 data is whether the prevalence of gambling problems is changing over time. The current survey allowed a comparison in prevalence rates over a five-year period, from 2009 to 2014 but the analyses are limited by sample size. The number of individuals scoring 8 or more on the PGSI (around 0.5% in 2009) could only give rise to a statistically significant difference if there had been a very large proportionate change by 2014. There is more scope to assess change in moderate risk/problem gambling or in the combined group reporting any symptoms of problem gambling.

Over the five-year time period, the proportion of ACT adults reporting any symptoms decreased from 5.4% to 3.3% which was a statistically significant change. The proportion of moderate risk/problem gamblers fell from 2.0% to 1.2% but this change was not statistically significant. The interpretation of these results is not straight forward. A cautious approach is to say that there has been no demonstration of a specific reduction in moderate risk/problem gambling although the more general pattern for the ACT indicates falling levels of gambling participation and associated symptoms. If there is a continuing real trend in problem gambling symptoms then future surveys may well be able to determine a change in the more serious levels. It is also possible, however, that people without problems or with lower levels of problems are cutting back on their gambling or giving up altogether while those with more serious problems are not doing so. This is a question better addressed by longitudinal studies rather than taking repeated snapshots of the population, but the former approach presents logistical challenges.

11.5 Problem gambling amongst people gambling using the internet and playing EGMS

The objectives of the current survey included paying particular attention to EGMs and gambling using the internet. The focus on the former has emerged because of the large body of research identifying high levels of problems associated with EGM play (e.g. Productivity Commission, 2010; Davidson & Rodgers, 2011). In the current study, 16% of EGM players reported at least some symptoms of problem gambling, with 6% meeting the criteria for moderate risk/problem gambling. Whilst rates of symptoms and moderate risk/problem gambling were high for some other activities, like betting on sports or special events (30% and 7%), table games (30% and 9%) and informal games (32% and 12%), these forms of gambling were less commonly undertaken than playing EGMs. Playing EGMs was the most common activity reported by moderate risk/problem gamblers (76%).

Gambling more frequently on EGMs and longer sessions were both strongly associated with reporting problem gambling symptoms. For instance, 50% of people playing EGMs at high frequencies in the last 12 months (48 or more times) reported at least some problem gambling symptoms as compared to 8% of low frequency EGM players (1-11 times). Similarly, a greater proportion of people reporting average EGM session times of two or more hours (39%) reported at least some problem gambling symptoms compared to people playing EGMs for less than half an hour (11%).

This is the first ACT survey to investigate problem gambling amongst people using the internet to gamble. The findings suggest that problem gambling symptoms are about three times more common amongst people using the internet to gamble than amongst other gamblers. Nearly 5% of internet gamblers met the criteria for moderate risk/problem gambling. This is similar to the prevalence of moderate risk/problem gambling amongst EGM players (6%) and horse and greyhound races (4%) and somewhat smaller than that found for other activities, including table games (9%), informal games for money (12%), Keno (10%), and betting on sports and special events (7%). However, the proportions of problem gambling vary considerably across the type of activity that people use the internet for. The rate of moderate risk/problem gambling in those playing casino-type games on the internet was ten times the rate for those who bought lottery tickets on line. Much more detailed analyses are needed to determine the extent to which levels of problem gambling are a reflection of the type of people who use the internet to gamble, the type of activities and frequency of play, and the extent to which internet and non-internet gambling activities co-exist in the same individuals.

11.6 Socio-demographic features associated with gambling participation and problems

A key objective of Australian jurisdictional gambling surveys is to keep track of the population subgroups who gamble, gamble frequently or experience problems. The 2014 ACT Survey found that most socio-demographic indicators were associated with gambling and more frequent gambling, including being male, separated/ divorced or widowed, being older, and not having a resident child (aged under 18 years). Having a an income derived from superannuation, pensions, benefits and being retired was also associated with high frequency gambling. As in 2009, lower levels of education were strongly associated with gambling, with the least educated groups reporting the greatest proportion of high frequency gambling and the lowest proportion of non-gamblers. While personal income was related to gambling the findings were not striking or consistent.

Some of the characteristics associated with frequent gambling were associated with problem gambling. For instance, men and people who were separated or divorced also had high rates of moderate risk/problem gambling. However, some population subgroups gamble at high levels of intensity, but do not have high levels of problems. For instance, while high frequency gambling increased progressively across increasing age groups, moderate risk/problem gambling was least prevalent amongst the oldest age group (those aged 60+) compared to all younger age groups. Furthermore, never having married or having a history of separation or divorce were associated with moderate risk/problem gambling but not frequent gambling. Overall, the characteristics associated with gambling frequency overlap with those associated with problems, but are not necessarily the same.

11.7 Health, wellbeing and gambling

All participants were asked questions about their health and wellbeing, and this enabled us to describe physical health, mental health, smoking and alcohol use across the full spectrum of gambling participation and problems.

Both smoking and alcohol consumption were strongly related to gambling frequency and problem gambling. For example, medium frequency gamblers were nearly twice as likely to drink at hazardous or harmful levels compared to non-gamblers and high frequency gamblers were nearly three times more likely to drink at hazardous/harmful levels. About 16% of moderate risk/problem gamblers drank at hazardous or harmful levels compared with 3% of non-gamblers and 4% of non-problem gamblers. The pattern for smoking was even more pronounced, with 28% of moderate risk/problem gamblers reporting smoking compared with 8% of non-gamblers.

Self-reported physical health was not associated with gambling frequency across all activities. However people gambling at high frequencies on activities other than scratch tickets and lottery were nearly twice as likely to report poor physical health than non-gamblers. Poor physical and mental health were associated with problem gambling.

11.8 Help-seeking for gambling problems and harms

A key objective of the current survey was to describe help-seeking for gambling problems in the general population, both in the last year and across the lifetime. As in 2009, help-seeking for gambling problems is rare. Less than 10% of lifetime problem gamblers had ever received counselling or professional help, a further 8% had wanted or tried to get help but then not got it. Similar to findings from the 2009 Survey (Carroll *et al.*, 2011), gambling related harms predicted whether or not people received counselling or professional help. However, only 17% of those lifetime problem gamblers in the 2014 Survey who reported emotional, financial or relationship harms had ever received help. Only 7% of moderate risk/problem gamblers had received counselling or professional help in the last 12 months. The low rate of help-seeking in the last 12 months mirrors findings from the 2009 Survey (8%), indicating that help-seeking for gambling problems is consistently rare phenomenon.

In 2014, we also investigated the types of harms people wanted help for and then whether they received such help. Perhaps not surprisingly the majority of people with gambling problems who wanted help, wanted it to cut back or stop gambling (89%). While a large proportion of people who wanted help wanted it for financial issues (53%), help for emotional issues was more commonly reported (66%). These findings highlight the prominence of emotional issues alongside the financial aspects of problem gambling.

Even amongst people with gambling problems who said they wanted help, only about a third received counselling or other professional help. This emphasises the importance of further investigation into why many people want help but then do not try to access help or fail to access it.

11.9 Family impacts of problem gambling

Research investigating the family impacts of problem gambling rarely uses general population samples. The 2014 Survey was designed to explore the nature and extent of the impact of family members' gambling problems on participants. A substantial proportion of the ACT adult population (16%) reports having had at least one family member with gambling related issues in their lifetime and 5% say this applied in the last 12 months. Not everyone reports being personally affected by their relative's gambling problem, however, but 2% of the population had been.

The survey also investigated the different types of impacts experienced by family members affected by gambling problems. Nearly all (93%) the family members reported at least one of the relationship or family impacts that we assessed, with three quarters reporting an inability to trust the person with gambling problems. About two thirds reported having less quality time, having communication breakdowns and feelings of anger toward the person with gambling problems. Emotional issues were also extremely common with 85% saying they were stressed or anxious. Financial issues (48%) were common but endorsed less frequently than many of the relationship and emotional issues. While very few family members wanted counselling or professional help, those who did want help reported wanting it for stress or anxiety, or in regards to reducing or stopping their relative's gambling. These findings again highlight relationship, family and emotional impacts of problem gambling.

11.10 Community attitudes about gambling

The 2014 Survey included a number of questions on attitudes towards gambling and regulation. Attitudes differed markedly depending upon the activity and means of gambling. For instance, a larger proportion of the population strongly disagreed that gambling on EGMs (62%) or via the internet (64%) did more good than harm than lotteries (20%) or scratch tickets (20%).

Some questions allowed attitudes to be investigated over time. For instance, attitudes about the number of EGMs available in the ACT remained stable, with about a third of the population responding that it should stay the same across the 2009 and 2014 surveys. In 2014 half the population agreed that ATMs should be allowed in gaming machine venues this reflected a 25% increase in such support since 2009.

Given that ATMs are allowed in gaming machine venues, in 2014 we asked a further question asking what the maximum cash withdrawal amount should be for these ATMs (if any). There was broad support for limiting the amount you can withdraw from ATMs in gaming machine venues. In total, nearly nine out of ten people supported a withdrawal limit of \$250 or less per card, per day (the limit currently in place in ACT gambling venues). Breaking this down, half the population nominated a lower amount and a third directly supported the \$250 limit. These attitudes did not differ for people playing EGMs or people with problem gambling symptoms.

About 42% of ACT adults were aware of the ACT's self-exclusion program. Knowledge was no different amongst EGM players compared to the rest of the population. However, somewhat reassuringly, three quarters of low risk and moderate risk/problem gambling EGM players knew about the program.

11.11 Future research

The key objectives of the 2014 Survey include identifying areas for future research. This has two facets. First, this report raises questions that can be investigated by further analysis of the 2014 Survey data and examples of this have been highlighted in this and previous chapters. Second, some research questions can be posed and addressed by obtaining further information from the Survey participants. Below we describe key research questions and opportunities arising from the Survey.

In this report we note the overlap between gambling using the internet and gambling via other means. The 2014 Survey data can be used to undertake detailed research on internet gambling across different types of activities. Analysis can shed light on whether the internet provides an alternative means of gambling, attracting a people to gambling activities that are not gambling on these activities via more traditional means, or whether the internet complements other means of gambling for people already gambling. The data also allow us to investigate whether gambling online poses additional risk for gambling problems and harms compared to gambling using other means. The 2014 Survey provides the first opportunity to profile internet gamblers in the ACT, including their socioeconomic and demographic characteristics and their health and wellbeing.

The current report demonstrates that a large proportion of adults in the general population have had a close family member with gambling problems (16%). Further interrogation of the data would provide a profile of these individuals, including a description of their own gambling behaviour and problems, their socioeconomic and demographic circumstances and their health and wellbeing. Overall, this research would inform services and policy about people who play a vital role in providing support and encouraging help-seeking amongst people with gambling problems.

The objectives of the 2014 Survey included establishing a register of participants who are willing to be contacted for future research. For this reason, all participants who completed the detailed interview were asked whether they were willing to be recontacted for future research and 1,871 (82%) agreed and gave their contact details. This included 89% (n=64) of the moderate risk/problem gamblers and 83% (n=39) of people reporting having been affected by a close family member's gambling issues in the last 12 months. For both of these groups, there are many unknown factors involved in why people do not get help even when it is needed and could be beneficial. Overall, recruiting research participants with gambling problems from the general population is very difficult and being able to directly contact these individuals as well as people who have family members with gambling problems is an opportunity that should not be wasted.

11.12 Conclusions

This broad sweep of information from the 2014 Survey has implications for the nature and extent of gambling and problem gambling in the ACT at the present time and also for trends in gambling over recent years.

The 2014 snapshot reinforces the main findings from our previous survey conducted in 2009. There are different ways of measuring gambling participation beyond whether an individual says they have gambled or not. The number of activities people report (i.e. different types of gambling), the frequency of gambling, total time spent gambling, and money spent on gambling all help provide a picture of the levels of participation within a community. While gambling participation is very common in a yes/no sense the degree of participation at the individual level is extremely diverse. There is a common pattern across all the measures we have examined. Most people do not gamble or gamble only a little. However, population distributions are skewed and show a long tail at higher levels of participation. Essentially this means that a relatively small proportion of the population is responsible for a large proportion of activity, be it frequency, time spent, or money lost. The same is true for problem gambling and the harms arising from it, both for gamblers themselves and for others. In short, gambling participation, gambling problems, and the broader harms arising from gambling are concentrated in parts of the community. The exception to this pattern is the receipt of help for problems and harms arising from gambling. This is rarely reported in the population and it is even uncommon in those who experience the most serious levels of problem gambling and harms.

The 2014 Survey was the first comprehensive assessment of gambling using the internet in the ACT. This provides a benchmark for investigating future change but there are no earlier points of comparison. Gambling using the internet is not yet very common and, when it is reported, the main activities involved remain more prevalent in their non-online forms, including betting on sports and special events, betting on horse and greyhound races, and buying lottery tickets. Very few people gamble exclusively by online means with a large majority of those who gamble online combining other means of gambling with their online activity (84%). Online gaming (simulated poker machines and casino-like games) is reported by less than 1% of ACT adults. While more detailed research is warranted, our findings suggest that gambling using the internet is a supplementary means of gambling rather than an alternative form of gambling.

The 2014 Survey found a general reduction in gambling participation and frequency in the ACT since 2009 with the exceptions of betting on sports and special events and playing bingo. Industry data have similarly charted a substantial decrease in real per capita expenditure over the same period for several forms of gambling (EGMs, horse and greyhound racing and casino games). This has been accompanied by a downward shift in the distribution of symptoms of problem gambling. The surveys did not have sufficient statistical power to determine whether there was a statistically significant change in the prevalence of serious problem gambling over this

period but the difference found is commensurate with the overall pattern of a reduction in gambling participation (measured in several different ways) and in symptoms of problem gambling.

In contrast to the general trend of reduced gambling over recent years in the ACT, many findings in the 2014 Survey were unchanged from those reported from the 2009 Survey. People with gambling problems still report a wide range of harms associated with their gambling and are at increased risk of physical and mental health problems, financial difficulties and problems with relationships. They are no more likely to self-identify as having a gambling problem compared with the 2009 findings and are no more likely to seek or receive appropriate help for their difficulties. The likelihood of receiving professional help for problem gambling remains extremely low (only 7% of moderate risk/problem gamblers) and seeking help is typically an indication of desperation. In summary, it is heartening that problem gambling is not an increasing burden in the ACT and may even be on a downward trend. However, the difficulties faced by gamblers when they do encounter serious problems are no more likely to be acknowledged and addressed than they were five years previously.

Chapter 12: References

ACIL Allen Consulting, the social research centre and the problem gambling research and treatment centre (2014). Third Social and Economic Impact Study of Gambling in Tasmania: Volume 2, 2013 Tasmanian Gambling Prevalence Survey. Melbourne.

Australian Bureau of Statistics (2011). File generated 11 March 2015 using 2011 Census- Counting persons, place of usual residence: Findings based on use of ABS Tablebuilder data.

Australian Gambling Statistics, 31st edition (2015). Queensland Government Statistician's Office, Queensland Treasury and Trade: Queensland.

Carroll, A., Davidson, T., Marsh, D. & Rodgers, B. (2011). Help-seeking and uptake of services amongst people with gambling problems in the ACT. Australian National University: Canberra.

Davidson, T. & Rodgers, B. (2010). 2009 Survey of the nature and extent of gambling, and problem gambling, in the Australian Capital Territory: Final Report. ACT Gambling and Racing Commission: Canberra.

Davidson, T. & Rodgers, B. (2011). Profiling Problem Gambling Symptoms in the Australian Capital Territory: Socioeconomic and Demographic Characteristics and Gambling Participation. Australian National University: Canberra.

Dowling, N., A, Suomi, A., Jackson, A. C. & Lavis, T. (in review). Problem gambling family impacts: Development of the problem gambling family impact scale. *Journal of Marriage and Family*.

Ferris, J. & Wynne, H. (2001). The Canadian Problem Gambling Index: Final Report. Canadian Centre on Substance Abuse (CCSA): Ontario.

Furukawa, T. A., Kessler, R. C., Slade, T. & Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine* 33, 357-362.

Hing, N., Gainsbury, S., Blaszczynski, A., Wood, R., Lubman, D. I. & Russell, A. (2014). Interactive Gambling. Office of Liquor, Gaming and Racing and Department of Justice, Victoria: Victoria.

Kessler, R. C., Green, J. G., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., Furukawa, T. A., Gureje, O., Hinkov, H., Hu, C., Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M. C. & Zaslavsky, A. M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research* 19, 4-22.

McMillen, J., Tremayne, K. & Masterman-Smith, H. (2001). Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT. Australian Institute for Gambling Research University of Western Sydney: Sydney.

National Health and Medical Research Council (2001). Australian Alcohol Guidelines: Health risks and benefits. NHMRC: Canberra.

Productivity Commission (1999). Australia's Gambling Industry: Inquiry Report. AusInfo: Canberra.

Productivity Commission (2010). Gambling: Productivity Commission Inquiry Report No. 50. Productivity Commission: Canberra.

Queensland Government (2012). Queensland Household Gambling Survey 2011-12. Department of Justice and Attorney-General: Queensland.

Rodgers, B., Davidson, T., Suomi, A. & Cowlishaw, S. (forthcoming). Gambling expenditure by level of problem gambling, type of activity, and demographic and socioeconomic characteristics. A. N. U. Centre for Gambling Research: Canberra.

Social Research Centre (2013). Gambling prevalence in South Australia: October to December 2012. Department for Communities and Social Inclusion and the Independent Gambling Authority: Melbourne.

Sproston, K., Hing, N. & Palankay, C. (2012). Prevalence of Gambling and Problem Gambling in New South Wales. NSW Office of Liquor, Gaming and Racing: Sydney.

Victorian Responsible Gambling Foundation (2012). The Victorian Gambling Study. Department of Justice: Victoria.

Young, M., Abu-Duhou, I., Barnes, T., Creed, E., Morris, M., Stevens, M. & Tyler, B. (2006). Northern Territory Gambling Prevalence Survey 2005. School for Social and Policy Research: Darwin.

School of Sociology, ANU College of Arts and Social Sciences sociology.cass.anu.edu.au/research/centre-gambling-research

ANU Centre for Gambling Research reports www.gamblingandracing.act.gov/community/research