

...a pro**G**ramme  
for g**A**mblers  
& their fa**M**ilies  
with probl**E**ms...

**SUBMISSION  
TO THE  
PRODUCTIVITY  
COMMISSION**

**AUSTRALIA'S  
GAMBLING INDUSTRIES**

**(Issues Paper, September 1998)**

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## DEALING WITH THE PROBLEM GAMBLER

This Submission intends to focus on issues raised in the Australia's Gambling Industries Issues Paper, September 1998, with problem gambling and dealing with problem gambling. It will outline the development of, and clinical strategies and interventions used in, our agency **GAME**, an acronym for '*a pro**G**ramme for **g**Amblers and their fa**M**ilies with probl**E**ms*'. Financial assistance for this project was provided by the New South Wales Government from the Casino Community Benefit Fund with St. Vincent de Paul Society being the provider.

**GAME** is situated within the premises of the Vincentian Village in Francis St East Sydney. We are ambiguously poised among Sydney's homeless and CBD professionals, occupying a physical spot on the map that caters to men and women from all walks of life who have a gambling problem.

The agency has been operational for ten months and opened its doors to clients after a three week lead-up period.

While we network with medical practitioners, hospitals, universities and other agencies, the most frequent referral source is G-Line (41%). The brochure put out by **GAME** claims '*a radical new approach to problem gambling*'. The two main strands of this approach are:

- financial counselling, and
- goal oriented therapy

It is a team approach which offers a comprehensive competency-based programme for gamblers and their families with problems. It is argued that the melding of these two approaches gives the agency the ability to assist its clients to:

- recognise the pattern of problem gambling
- identify the effect of problem gambling on clients' lives and that of significant others, and
- learn to take appropriate action to reduce the negative effect of problem gambling.

Clients are interviewed in their first session conjointly by the financial counsellor and solution focused therapist. A brief history is taken and priorities are determined according to the goals of the client. For example, if the client considers his/her financial situation is at crisis point, they may be seen initially by the financial counsellor. This may involve financial and related legal difficulties. His expertise ranges from money management issues and taxation problems through to bankruptcy and court matters. Alternatively, if the client appears more distressed by psychological, social or emotional issues related to his/her gambling then the subsequent appointment may be made with the solution focused therapist. It is not uncommon for the client to be seeing both disciplines in tandem.

The model taken in this approach is based on the work of Steve de Shazer and Insoo Berg, (1985.), American therapists who have developed their competency-based model over the last fifteen to twenty years. It is also informed by the work of the Australian therapist Michael Durrant. These theorists and clinicians have moved away from pathologising models of behaviour and place an emphasis on working with clients to achieve *their* goals (as opposed to the therapists). This is an important distinction as it means that we do not necessarily advocate abstinence of gambling behaviour. It is, however, a change model, in that change is seen to be within the person's own resources once they can be utilised. Change behaviours are more likely to be 'noticed' by the clients and their families if they are encouraged to 'watch out for' small differences that tell them they are 'on track' with their goal. We are on the lookout for 'differences that make a positive difference' to their usual way of living with, or thinking about, the problem.

The bottom line is to find ways to effectively 'jam the circuit' of their response to gambling as a 'habit' as opposed to an 'addiction'. By giving the client a sense of the possibilities of their lives in the future, we dwell only on the past as it is relevant to the present situation. Clients are often bowed down by the effort of problem maintenance (maintaining the lies and deceit to family and friends, maintaining the money flow, struggling with a battle of wills, avoiding detection from creditors, etc.) that they often don't give serious consideration to what life might be like without the problem. This is particularly the case when their social life is inextricably entwined with their gambling behaviour.

At a more generic level, we also invite family members or significant others to sessions and offer education about the nature of the gambling industry; strategies the industry employs to increase profitability; the 'odds' of winning and losing and strategies designed to protect themselves or other family members while the client is in 'transition'. This has proved particularly helpful in the case of gambling and poker machines. The agency also offers seminars to other agencies on the nature of brief, solution focused therapy and its approach to working with the problem gambler. We have been guest speakers at G-Line's seminar in Sydney and have also been requested to talk to many agencies and their clients.

At our agency **GAME** we found that this positive, competency-based future-oriented non-medical approach works best with clients affected with problem gambling behaviours. The compiled statistics over time show an average growth rate of 56% on a monthly basis with a very low attrition rate (7%), something quite unusual among gambling agencies given the reputation of this client group as notoriously 'flighty'. We also found that we have a high client self report (85% approximately) success rate where clients received at least some improvement in their gambling behaviour.

Our success could be contributed to the fact that we have a two pronged approach and that we use Solution Focused Therapy as it is relatively brief, consequently cost effective. By focussing on the positive and their competencies, we offer them hope, this in turn motivates them to change and we also offer stress management through hypnosis and acupuncture.

Our work has just begun to scratch the surface of this problem and we need more effective agencies, more funds to plan long-term strategies and programs. In our opinion the current rounds of annual funding is inadequate and counterproductive and we would prefer a three year funding period instead of the current annual one. We also believe that the top-up funding scheme is useful as it encourages agencies to work to their full capacity.

As we are a new organisation, we feel the need for more research of the Brief Solution Focused approach to make more substantive claim about our therapeutic efficacy. We would welcome the opportunity to participate in a comparative outcome study with other approaches.

In addition to the above we wish to offer the following observations.

## THE NATURE AND DEFINITION OF GAMBLING

Gambling is typically presented as a form of entertainment. The term *entertainment* is a well-chosen word by gaming providers. It camouflages the real issues by presenting this activity as *affording an amusement* when it really means *something affording diversion* from the difficulties of real life. The activity is no longer entertainment in the sense of 'amusement' when it is a desperate attempt to recoup the losses that occur during gambling.

The word *entertainment* covers the gaming provider's attempt to legitimate their intentions of getting the whole family involved. This is not for their benefit but to ensure a generational supply of gamblers. In order to ensure this constant flow, gaming providers introduced the trend to provide *wholesome family entertainment*. This portrays their establishment as something like a social club, a community centre, and 'a safe place' for all the family. Consequently, some of the pubs in the country are offering cooking classes to mums and daughters or providing video/arcade games to youngsters. These establishments also offer cheap room accommodation to entice customers to stay overnight to the financial detriment of the local motel that has no opportunity to subsidise their income through gaming machines and are forced to charge standard room rate.

By utilising the above and other strategies, gaming providers elicit community acceptance, as well as 'desensitising' youngsters to their establishment. This is a concern as young people are exposed to gambling behaviour at an early age and this may increase the probability that they will eventually become problem gamblers themselves. They could see and experience pubs, and other gaming venues and the life style that goes with them as a family affair. They may see drinking, gambling and the criminal activity that is often linked to gambling as a natural part of life without having the opportunity of an informed choice.

Gaming providers to date are not regulated to provide consumers' protection. There is a responsibility bestowed upon publicans to ensure no alcoholic drink is served to an intoxicated person and provision is made for his or her safe journey home. Smoking is also restricted at bars for health reasons and to prevent possible litigation for compensation. Such a provision is not extended to patrons who are exhibiting

problem gambling behaviour. In fact gamblers who are observed 'spending up' are encouraged to cash cheques and ask for credit. This is in contrast to the principles of duty of care that gaming venues should extend to problem gamblers. Responsible gambling does not appear to be encouraged at present at many of gaming venues. Due warning of the danger and pitfalls associated with gambling behaviour is not for public view. Gaming providers are also lenient towards and/or not vigilant enough to stamp out the activities of loan sharks in their establishment.

Although Casino licences are strictly controlled to ensure that the operator has an impeccable background, there is a concern that the same is not necessarily true for pubs. Even though pubs need to meet certain criteria to gain liquor licenses, in our opinion the selection process is not vigorous enough to grant casino licenses. Furthermore, whilst Star City is obliged by legislation to contribute 2% of their revenue to combat the negative effect of their activity, there is no such legislation relevant to other gaming venues. Only 2% (approximately) of our clientele are 'victims' of the activities of Star Casino whilst 80% (approximately) are of that of the pubs. This illustrates how the casino must subsidise the rectification of the socially negative aspects of gambling in pubs and to a lesser degree to clubs.

The promotion of gaming in the media is misleading and irresponsible, and should read '**Not everyone is a winner**'. The Department of Fair Trading would not tolerate this sort of false advertising in any other industry, yet it is accepted in gaming advertising. It is essential that governments take action to ensure that gambling related advertising also promotes responsible gambling behaviour within the community and also warn of the potential negative effects of excessive gambling. The odds of winning need to be displayed on gaming machines to promote the probability of an informed choice patrons make. Regular spot checks by gaming/licensing authorities should ensure accuracy as is done in the case of the TAB or on-course betting. Players of gaming machines are 'flying blind' by having no idea of their chances of winning and are not aware of the risk of getting 'addicted' to gaming machines through psychological processes. In our opinion most people who are affected by problem gambling are actually the 'victims' of a concentrated effort by a group of experts such as computer programmers and marketing personnel utilising psychological knowledge.

Problem gamblers should not to be singled out and blamed for their woes by telling them they have an 'addictive personality' or are weak and suffer from a loss of impulse control. Their real problem, we would argue, is that the above-mentioned efforts by the experts are successful. The social triggers of alcohol, the 'happy family' environment and hope of walking out as a winner pushes the gamblers' buttons. At **GAME** we concentrate all our efforts to jam those buttons. But we need more assistance from the available funds to do this. We believe that the extra 2% collected from gambling revenue should be solely used for the purpose of gambling counselling and education. Education as prevention is imperative if we are to control the explosion in problems related to gambling. As it is now a part of the school curriculum to learn about drugs and drink driving, children should also be made aware of the pitfalls of gambling and the social cost of problem gambling.

In order to prevent waste of available resources, we also believe that the fund recipients should be made accountable for all funds received and an overseer appointed by the Department of Gaming and Racing, assuring those funds is not used wastefully.

Based on our experience and statistics to date, we found no data to create a definitive profile of a 'problem gambler'. These statistics show that problem gambling is endemic in all age groups. However, a profile of a 'problem gambler' emerging from our statistics to date is as follows: a 36-45 year old Australian male who is most likely to frequent gaming machines in hotels and funds his gambling through credit cards, bank loans, and illegal activities. Education level and earning capacity varies and there are no socioeconomic boundaries to this activity.

It appears that nobody is immune to this costly habit. Whilst a smoker destroys his or her own health and potentially damages others' through passive smoking, the problem gambler could potentially destroy not just health but all his and his family's wealth as well, not considering the loss of time in productivity, parenting and healthy recreational activities. This is, in addition to the social and financial costs of family breakdowns, bankruptcies, loss of retail sales and 'white collar crime'.

We understand that the gambling revenue generated through taxation is vital for the government's budget but the over reliance on these funds can result to some ambivalence and a certain loss of awareness to other, yet not very obvious, but in our opinion, huge cost to society. We have already gone down this path with smoking; it was advertised for decades as a glamorous activity as gambling is now. It was chic to smoke and nobody cared about the adverse consequences. Look where this took us! Governments were slow to recognise the danger signs until the health related cost of smoking outgrew the tobacco revenue. **Let's not be so foolhardy again!**

Let's learn from past mistakes and save the families before it is too late. Let's prevent more health problems, job losses, crimes, domestic violence, poverty, homelessness, family break ups and suicide.

Dealing with gamblers we are learning that most young gamblers start when they reach the legal age of eighteen. Although most of them already experienced gaming machines in arcade games and video/computer games that seems to be the training ground for gambling behaviour, they begin to drink at clubs and hotels and try their luck at the poker machines. First they play for fun, then to win and later on to chase their money. Today's society is raised to go for the quick buck. Never before have we sought out more 'get rich quick' schemes than these days. Young people are particularly vulnerable as they lack life experience, their funds are limited but seem to have an insatiable appetite for life. Living in the fast lane is the norm these days, today's society is pushing boundaries in every facets of our lives. This is the age of *quickenings*. We are testing our ability, mental and physical to the limit. Electronic gaming machines fit in with this endeavour, particularly as it appears that many people 'get hooked' on gaming machines after an initial win.

On the other hand the older generation, particularly women, perceive clubs as a safe environment where they can enjoy the excitement, the lights and the illusion of being with company even if they are alone. They go to socialise and some end up having interaction only with the poker machine. Most people find that they become mesmerised by the machine falling into a trance like state and unable to leave with their winning but stay until all monies are lost. Maybe they are right. Certainly, experiments with animals indicated that when the psychological principles that govern the programming of the machines are applied to mice and birds, they are exhibiting addictive behaviour. If this experience coincides with the player's vulnerable state of mind, problem gambling is a common outcome. It may be important to study the implications of the programming further to ensure that, like subliminal advertising, this sort of programming is not in breach of ethical codes.

In relation to an other form of gambling, like racing, it is important to note that in comparison to twenty to thirty years ago, when we had two race meetings a week, these days we have five to ten meetings a day, with eight to ten races in each meeting. How can anyone keep up with the form guide?

## **COST TO INDIVIDUALS**

Considering the hypnotic power of the machines, the lack of display of the odds, misleading advertising (everyone's a winner), it is no wonder that people make misjudgments in decisions about their involvement in gambling to the detriment of both themselves and their families.

## **PROBLEM GAMBLING**

The literature reveals that, according to studies carried out in US, only 1% of the population is affected by problem gambling. We would argue that this figure is much higher. The true extent of this problem is not known as up to now there were no inquiry into gambling in Australia. The South Oaks Gambling Screen from the USA is a useful testing battery to establish gambling prevalence in our society. However, in a therapeutic context I do not find it of value as our clients are well aware of the extent of their problem by the time they seek our help. There is another tool that maybe more appropriate in the therapeutic context, the G-Map created by Break Even Eastern Problem Gambling Service, Melbourne. However there is a need of more research of the usefulness of this instrument.

Some clients are unaffected by co-morbid conditions, but the majority has numerous underlying problems of which gambling is only a symptom. Alcoholism, depression, and other mental illness affect some, eg: Schizophrenia as well as drug use. These people already have low impulse control and with the help of the various marketing strategies outlined before they gamble until they have access to money.

These strategies are designed specifically to encourage a high level of gambling.