

SUBMISSION FROM THE BANYULE COMMUNITY HEALTH SERVICE TO THE PRODUCTIVITY COMMISSION ENQUIRY INTO THE GAMBLING INDUSTRY

Banyule Community Health Service is the auspice agency for the Northern Problem Gambling Service (NPGS), part of the BreakEven network of services in Victoria. The service was established in 1995 when the Community Support Fund released funds through the Department of Human Services for the provision of Problem Gambling Counselling. This service covers seven municipalities in the Northern metropolitan region with a population of 725,000 people.

Northern Problem Gambling Service provides individual counselling to problem gamblers, their partners, or others affected by the gambling behaviour. It also provides couple and group counselling where appropriate. Statistical information about our clients and their behaviours is collected in a format designated by the Department of Human Services and referred to as the minimum data set. The data is collated and analysed by the Melbourne University Problem Gambling Research Team, which reports annually to the responsible Minister. As the data is the property of the Department, it would be inappropriate for this service to provide statistical information. However, we would recommend that the Commission request a copy of the 1997/8 analysis from the Minister for Community Services, the Hon Denis Naphine, MLA. This should provide an overview of all Victorian problem gambling services.

In the absence of discussion around data available through the Minister's office, the following comments have been compiled from staff consultation and attempt to provide an insight into those people presenting to the service for assistance. Some observations are validated by data previously published by Melbourne University, and this is provided where appropriate. Other observations simply provide a commentary on matters staff consider relevant.

Definition

The BreakEven definition is that *“Problem gambling refers to the situation where gambling in our society gives rise to harm to the individual player, and/or his/her family, and extends into the community.”* Presentations to our service are generally from clients who self-select, and the severity of the harm often depends on their individual assessment. At the lowest level, people will report being concerned about their inability to control the gambling. Others exhibit a number of characteristics defined in the Diagnostic and Statistical Manual (DSM) IV, such as preoccupation, chasing losses, and lying about the extent of their gambling. At the more severe end, we find people who have lost their jobs, business, home, and/or marriage, and who may also be facing legal proceedings. Some present as the result of a Court Order requiring their attendance. Others present because a spouse or parent defines their behaviour as a problem. The definition of the problem depends on the perspective of the client.

Diagnostic Tools

BreakEven is required to assess clients in accord with the Diagnostic and Statistical Manual IV. Some counsellors consider this inappropriate to the range of behaviours presenting and prefer the South Oaks Gambling Screen (SOGS). Definition on an Internationally comparative basis will use one of the above tools. The recent development of a 'G-map' by the BreakEven team at Maroondah Community Health Centre may be deemed a more relevant tool for assessment. It is understood that information on the G-map is being forwarded separately.

Prevalence

NPGS finds it difficult to comment on prevalence of problem gambling while referrals are continually increasing. The conservative estimate of 1-3% of the population may be accurate, as numbers presenting to the service are well below 1%. However, we do note that the number of clients has almost doubled in each year of operation. It is impossible to gauge the extent of unmet need. In our observation, many clients do not present until the problem is at crisis point and this has often occurred after a long period of gambling activity. In financial terms this crisis may be reached when savings are exhausted, credit is refused, bankruptcy filed, or criminal charges are pending.

Characteristics

An analysis of our clients for 1996/7 shows them mainly to be middle aged (average 38 years), divided fairly evenly between male (54%) and female (46%), with around one quarter of the clients being born overseas (23%). It also reveals that 48% of clients have incomes below \$20,000, and a further 30% have incomes between \$20-40,000. This compares with less than 2% earning above \$60,000. While there seems to be an over-representation of low to middle income earners in our client group, it may reflect that higher income earners are better placed to engage privately funded counsellors, if required.

Predisposition

Through the minimum data set, it is possible to suggest some predisposition to problem gambling. Depression, anxiety, low self-esteem and social isolation are commonly reported as reasons for gambling amongst our clients. Significant numbers of clients present with relationship issues, some of which are the result of gambling, and others the cause. Many of our clients are going through a life transition at the time that gambling becomes a problem. It may be retirement, sudden loss of employment, injury or illness, the arrival of a child, or the last child leaving home. These transitions occur across the social and economic spectrum. People cope in different ways with life changes, but a small percentage will either turn to gambling or shift from recreational to problem gambling.

While it is not possible to predict the potential for individual harm, it is possible to identify those situations in which one is more likely to develop problem gambling behaviours.

Types of Gambling

Overwhelmingly, BreakEven clients are poker machine players (85% on 1996/7 data). The next most common category is TAB gambling, with lotto, cards and bingo following. The introduction of 27,500 poker machines into Victoria over the past five years (without counting the Casino's 3,500 machines) is quite different to the New South Wales experience and has not followed overseas patterns. The sudden widespread distribution of poker machines lends itself to 'convenience' gambling which is often difficult for our clients to avoid. Licensing has not been dependent on any geographic needs basis, but rather on market expectations. It has resulted in a predominance of machines in lower socio-economic areas of Melbourne. The distribution of clients appears to follow that of the machines.

Harm Minimisation

BreakEven services in Victoria have adopted a harm minimisation approach. Because we consider it impossible to predict those in the community who may become problem gamblers, our messages are aimed at those circumstances that might lead to gambling becoming a problem. The repetitive and undemanding nature of poker machine play often exacerbates the problems for those using the activity as a solution to underlying problems. Warnings about the potential danger of use in these circumstances would best be placed on the machines, that is, at point of sale.

Social Costs

The social impact of problem gambling is acknowledged within the BreakEven definition (above). The costs of financial ruin may pale into insignificance when compared with loss of dignity, trust or self-esteem. In addition to the data required of the service, we have also noted an increasing incidence of domestic violence associated with gambling. Clients with some form of disability or mental illness are also noted, although outside of the minimum data set. Poor physical health and anxiety disorders are common, while suicidal ideation occurs regularly although not in high frequency.

It is clear that the time and money now going into the gambling industry has been redirected from other pursuits. In financial terms, the level of savings, business opportunities or commercial activity may be found to have reduced. In social terms, creative pastimes, social interaction and family activities have all been reduced in the experience of our clients. It is the measurement of these social costs which presents the greatest challenge to the Commission's Enquiry in our view.

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