

*Aboriginal Health and Medical Research Council  
of New South Wales*



# **Pressing problems**

## **Gambling issues and responses for NSW Aboriginal communities**

**Project and report by the**

**Aboriginal Health & Medical Research Council of NSW**

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## Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACT	Australian Capital Territory
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
CCBF	Casino Community Benefit Fund
CDEP	Community Development Employment Projects
EGM	Electronic gaming machines
HREOC	Human Rights and Equal Opportunities Commission
IPART	Independent Pricing and Regulatory Tribunal
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NSW	New South Wales
NT	Northern Territory
OLGR	NSW Office of Liquor Gaming and Racing
RGF	Responsible Gambling Fund
TAB	Totaliser Agency Boards
WA	Western Australia

## **1. Executive summary**

Gambling is a significant issue for many Aboriginal people. However, to date there has been scant coverage or consideration of the views and needs of Aboriginal people in national and NSW gambling policy documents. In addition, research focused on the gambling views and experiences of NSW Aboriginal people has been very limited.

This project has been undertaken by the Aboriginal Health & Medical Research Council, through its Consultancy Service, and funded by the Responsible Gambling Fund to explore the issue of gambling in a NSW Aboriginal community context, to identify and characterize existing responses, with the aim to inform the development of future directions and ways forward for action to prevent and alleviate gambling related problems and harms for Aboriginal people in NSW.

The project has involved the collection, collation and analysis of information from reviews of relevant literature, as well as consultations with NSW Aboriginal community members, Aboriginal Community Controlled Health Service staff, gambling treatment service providers and other key stakeholders. Throughout the project, there has been a focus on identifying future directions, activities and approaches that would enhance and build on existing responses to gambling issues for Aboriginal people in NSW.

### **Gambling in Aboriginal communities**

Aboriginal community members consulted during the project universally identified gambling as a common activity within NSW Aboriginal communities, as well as consistently identifying gambling as a source of significant problems for individuals, families and communities. Commonly cited problems associated with gambling in Aboriginal communities included financial hardship, the needs of children being overlooked, family discord and contact with the criminal justice system.

While gambling-related problems were freely discussed in the context of project consultations, it was noted by those consulted that gambling problems could often be a source of shame and stigma within Aboriginal communities, resulting in people being reluctant to discuss openly the gambling problems experienced by themselves or their families. Shame and stigma were also seen as significant barriers to Aboriginal people seeking assistance for gambling related problems.

The need to raise community awareness and encourage the discussion and acknowledgement of gambling and related problems as significant issues within NSW Aboriginal communities was clearly identified during consultations. Acknowledging the potential for associated stigma to hamper efforts to raise community awareness, one model was for the inclusion of coverage of gambling issues in general Aboriginal health promotion and wellbeing initiatives, such as men's and women's groups and family camps.

In rural areas, the limited opportunities for alternative recreational activities accessible to Aboriginal people were seen as a significant contributing factor to high levels of problem gambling. The development of sporting facilities and the promotion and development of alternative recreational activities seem likely to be preventive strategies for gambling related harms for Aboriginal people. One avenue for facilitating this development within the gambling industry sector is to ensure Aboriginal communities and organisations are aware of funding opportunities available through local club's community support schemes, and to encourage clubs allocate funds to Aboriginal community organisations, particularly in locations where Aboriginal people are a significant proportion of their customer or membership group.

### **Gambling treatment services and Aboriginal people**

Both Aboriginal community members and gambling treatment providers consistently reported that existing mainstream gambling treatment services were often not well utilized by Aboriginal people. Currently available routinely collected data was of limited value in determining the extent to which NSW gambling treatment services are accessible to, and utilized by, Aboriginal people with gambling-related problems.

The limited capacity mainstream gambling treatment services to respond to the needs of Aboriginal people and community were prominent in discussions with both Aboriginal community members and gambling treatment service providers. A few gambling treatment service providers described long term efforts to engage with Aboriginal communities, with varying levels of success. Several small-scale local projects were identified that specifically responded to gambling issues for Aboriginal people in NSW.

Potentially useful strategies to build capacity in mainstream gambling treatment services to respond to the needs of Aboriginal people and communities include the development and delivery of cross cultural training to staff, employing Aboriginal people as counselors, and facilitating and supporting engagement with local Aboriginal communities and their organisations, through the development of resources, documentation of case studies and models of good practice, and providing networking and information-sharing opportunities.

During the course of the project, no Aboriginal-specific gambling centres or support services were identified in NSW. In South Australia, an Aboriginal-specific gambling service based at Nunkuwarrin Yunti, an Aboriginal Community Controlled Health Service, is well established, and could provide a valuable model on which the development of a statewide Aboriginal-specific gambling service could be based in NSW.

Specific models of treatment and support service delivery identified by those consulted during the course of the project that were considered appropriate, or potentially appropriate, for Aboriginal people in NSW were:

- working with financial institutions to provide structured assistance with budgeting
- financial literacy training
- regional models for the delivery of gambling and financial counseling services

- Aboriginal-specific telephone counseling services
- family financial counseling
- case-management and conferencing for individuals and families with serious gambling-related problems, with the possibility of residential rehabilitation being explored, based on existing models for Aboriginal people with drug and alcohol problems

It would be useful if these models were further explored, developed, trialed and evaluated.

A general principle identified during consultations was the need to ensure that associated issues were considered and addressed when delivering gambling treatment services to Aboriginal people, including grief and loss; co-existing depression and other mental health disorders; stress and anxiety; family crises; substance misuse; and future educational and employment opportunities.

### **Identifying and referring Aboriginal people with gambling associated problems**

Confidentiality was raised as a key issue for service providers enquiring about and responding to gambling issues for Aboriginal people during project consultations.

Tools and systems to better identify and assist Aboriginal people experiencing, or affected by, problems associated with gambling were identified as an area of need. Specific measures to respond to this need include:

- the development and validation of a problem gambling screening tool for use with NSW Aboriginal populations, including in ACCHS settings
- including screening for gambling-related problems in primary health care programs, including as part of assessment for entry into drug and alcohol, and mental health programs, and Adult Health Check and similar health screening initiatives
- developing, documenting and promoting local referral pathways for Aboriginal people identified by service providers as having gambling related problems, and for members of their families
- ensuring ACCHS staff and others involved in delivering primary health and community services to Aboriginal people are aware of gambling issues, and know how to respond and refer appropriately if problems are identified.

Developing and trialing a culturally-specific brief intervention for delivery by health and community service providers to Aboriginal people, similar to that in common use for tobacco, was also suggested, and is an idea worthy of further exploration.

### **Workforce issues**

The limited availability of qualified financial and gambling counselors, particularly in rural areas, was identified by gambling service providers as a limiting factor in efforts to increase gambling-related counseling services for Aboriginal people.



Gambling treatment services, and others consulted, reported that in the context of a widespread shortage of gambling and financial counselors, there were even fewer counselors with specific expertise in Aboriginal gambling issues, and noted that only a handful of Aboriginal people had been trained in financial or gambling counseling.

Potential strategies to increase the numbers and develop the skills of service providers who are able to deliver financial counseling and other gambling treatment services to Aboriginal people and communities include the development and delivery of:

- training for financial and gambling counselors about Aboriginal social and cultural issues and about how to work in a culturally competent manner with Aboriginal people. These modules could be delivered as part of an initial counseling qualification or as continuing professional development for counselors that are already trained
- a specific Aboriginal gambling-related counseling training qualification for Aboriginal Health Workers and others to work specifically with Aboriginal people experiencing gambling-associated problems
- training modules about Aboriginal gambling issues for health and community service professionals, including Aboriginal Health Workers, who work in clinical, drug and alcohol, and mental health settings, as well as other health and community workers with an Aboriginal client base

Another approach to increasing the number of Aboriginal people trained in gambling-related service delivery would be to better promote existing gambling and related counseling training to Aboriginal people, and to facilitate their access to, and uptake of, this training.

### **Data and research**

Quantitative data reporting on gambling participation and the prevalence of gambling-related problems for Aboriginal people in NSW or other jurisdictions appears limited. While there are methodological challenges relating to small numbers, as well as selection and measurement issues, the feasibility of including data collection about gambling issues and analysis of Aboriginal population groups in large scale population-based surveys could be explored.

Specific gambling-related issues were identified during the project that are considered worthy of further investigation through research to inform the development of appropriate prevention and treatment interventions. These are:

- Aboriginal people's experiences of shame and stigma associated with gambling
- links between gambling and grief and loss issues, life and family stressors, and social and emotional wellbeing for Aboriginal people
- gambling views and experiences of Aboriginal youth

In addition, the development and use of culturally-appropriate methodologies is important to appropriately evaluate the impact and effectiveness of Aboriginal-specific and mainstream gambling activities and services for Aboriginal population groups.

## **Policy development**

To date, Aboriginal people and their organisations appear to have had a minimal role in the development of gambling related policy and strategy in NSW. Ensuring Aboriginal people are included in the development and implementation of policy and programs that affect them is a key component of self-determination, a core principle in Aboriginal affairs, endorsed by both national and NSW state governments.

## **Conclusions and ways forward**

Current responses, services and interventions aimed at reducing gambling-related harms in NSW Aboriginal community settings do not appear to be well matched to the reported frequency and severity of related problems. At the time this project commenced, there was no existing structure or framework to coordinate, enhance, or build on existing responses to gambling-related issues for NSW Aboriginal people, or to lead and drive the process of developing new initiatives.

In addition to the funding provided to undertake this project, the AH&MRC has been allocated short term funding by the Responsible Gambling Fund to start the process of developing a more coordinated and concerted effort to reduce gambling-related harms for Aboriginal people in NSW. A plan to prioritise and implement strategies and activities related to gambling is being developed, based on the findings of this project and ongoing discussions with Aboriginal communities and other stakeholders.

Ongoing funding and support for the AH&MRC would allow the further development of an organisational unit with the role of leading, coordinating and supporting activities aiming to reduce gambling-related harms in Aboriginal communities in NSW.

## 2. Introduction

This report presents the findings of a project that has aimed broadly to:

- gain perspectives about gambling and its impacts for Aboriginal communities in NSW
- determine appropriate measures that are acceptable and effective to minimize negative impacts of gambling within these communities
- assess the accessibility, appropriateness, and availability of services and programs including education, prevention and treatment for Aboriginal people with gambling problems.

The project was undertaken between 2005 and 2007 by the Aboriginal Health & Medical Research Council of NSW (AH&MRC) through its Consultancy Service. The AH&MRC is the peak body for Aboriginal health in NSW, and represents and supports more than 50 Aboriginal Community Controlled Health Services throughout NSW.

Funding for the project was provided by the Responsible Gambling Fund (RGF, formerly the Casino Community Benefit Fund) within the NSW Office of Liquor Gaming and Racing (OLGR, formerly the Department of Gaming and Racing).

### Report overview

The report is structured into six sections. Section 1 describes the project's methodology. Section 2 contains background information about the NSW Aboriginal population and relevant Aboriginal socio-economic indicators to give a context for understanding gambling issues within Aboriginal communities. This section also provides background information about Aboriginal Community Controlled Health Services and the AH&MRC, as well as some key Aboriginal health concepts. Section 3 presents a review of gambling in Australia, and Section 4 summarises available literature about Aboriginal people and gambling. The results of consultations with Aboriginal communities, gambling treatment services and other stakeholders are presented in Section 5. In Section 6 the project's findings are drawn together and discussed, including suggestions regarding future directions.

### A note on terminology

Throughout this report, the term 'Aboriginal people' is used to refer to both Aboriginal and Torres Strait Islander peoples. In recognition of Aboriginal people being the original inhabitants of NSW, this terminology has been identified as the most acceptable and appropriate way of referring collectively to Aboriginal and Torres Strait Islander peoples in NSW (NSW Department of Health, 2004). Where this report makes reference to publications that have used alternative terminology to refer collectively to Aboriginal people, the terms used in the original publication have been retained. Unless referring to specific national data.

### **3. Project methodology**

#### **3.1 General principles**

This project has been undertaken with reference to the general principles recommended by the Aboriginal Health & Medical Research Council of NSW (AH&MRC) and the National Health and Medical Research Council (NHMRC) for research about Aboriginal health (AH&MRC Ethics Committee 1999; NHMRC 2003). Particular attention has been paid to Aboriginal community control of research processes, sensitivity to Aboriginal cultural values, respect for confidentiality, and the use of a widely consultative process.

Consistent with a framework of Aboriginal community control, the project proposal was considered and endorsed by the AH&MRC Board of Directors prior to its commencement, and regular reports about the project's progress have been provided to the AH&MRC Board. The project proposal was also submitted to and approved by the AH&MRC Ethics Committee, which is an NHMRC-accredited Human Ethics Committee.

At an early stage in the project, a Project Advisory Group was convened, including representation from the AH&MRC Board, the (then) Department of Gaming and Racing (DGR), and NSW Health (see Appendix 1 for details of membership). The role of this Group was to provide expert advice and overall guidance for the project, and to facilitate access to relevant information and stakeholders. Subsequently, an Aboriginal Community Advisory Group was also established, with membership from two NSW Aboriginal communities, as nominated by the AH&MRC Board (see Appendix 1 for details of membership). The role of the Community Advisory Group was to provide input about Aboriginal cultural issues during the course of the project, and to review and provide feedback on a draft of the final report.

The Project Team was led by James Ward and Jenny Hunt of the AH&MRC Consultancy Service, who each have public health experience and expertise, including in conducting research and consultations in Aboriginal communities. Over the course of the project, assistance was provided by a Gambling Project Officer who was employed for four months, and other staff of the AH&MRC Secretariat who undertook specific project tasks.

#### **3.2 Terms of Reference**

The original project brief was to examine the attitudes and values of Aboriginal communities to restrictions on the supply of poker machines and alcohol. After discussion with members of the Project Advisory Group, and the endorsement of the Department of Gaming and Racing, it was agreed to amend this brief to focus on gambling issues, and to consider the issue more broadly. Resources available for the project were considered insufficient to explore both alcohol and gambling issues, and gambling was an area where little previous work appeared to have been done. Terms of Reference for the project were developed by the Project Team and endorsed by the Project Advisory Group in July 2005. They are reproduced in Figure 1 below.

## **Figure 1: Terms of Reference**

### **Project Goals**

To gain perspectives about gambling and its impacts within Aboriginal communities in NSW, and to determine appropriate measures that are acceptable and effective to minimise negative impacts of gambling within these communities.

To assess the accessibility, appropriateness, and availability of services and programs including education, prevention and treatment for Aboriginal people with gambling problems.

### **Key areas to be explored:**

- Existing literature both from within Australia and from other nations with comparable Aboriginal populations.
- Context of gambling and its impacts (positive and negative) within Aboriginal communities in NSW
- Programs and services in education, prevention and treatment of problems associated with gambling
- Existing programs that have addressed gambling and problem gambling within an Aboriginal context.
- Assessment of the impacts and effectiveness of interventions and identification of the principles of interventions that are effective for gambling, related issues such as alcohol, and for working with Aboriginal communities.
- Policy and legislation framework
- Protocols for introducing policy regulations and program development that may affect Aboriginal communities with regard to gambling
- Ways of working that are effective and appropriate (such as partnerships)

### **Key Tasks of Consultancy:**

- Seek advice and summarise the context within which gambling occurs within NSW Aboriginal communities
- Summarise issues that may impact negatively and/or positively among Aboriginal communities with respect to gambling
- Develop proposed strategies that may guide the Department of Gaming and Racing in addressing issues related to gambling and problem gambling within NSW Aboriginal communities
- Prepare a comprehensive report that incorporates each of the topics listed above.

### **Guiding Principles:**

- Aboriginal cultural sensitivity during consultations and at all phases of the project
- Respect for confidentiality of information provided at interview
- A wide consultative process
- Clarity and transparency of processes.

The Terms of Reference developed by the Project Team were used to define the scope of the project and guide its development and implementation. However, not all of the initially identified key areas were explored in detail. For example, consultation with experts in the field called into question the usefulness and relevance of literature from other countries with an Indigenous population to Australian Aboriginal people, where the social, historical and cultural context for both gambling and Aboriginal population groups were completely different. Consequently, the literature review focused on gambling issues for Aboriginal people was confined largely to Australian-specific publications. Review and analysis of the policy and legislation framework was limited to reviewing the content of major national and NSW policies about gambling for their coverage of Aboriginal issues, and key Aboriginal health and related policy documents for their coverage of gambling issues. In each case, decisions about depth of enquiry and level of focus were made with a view to enabling the most value to be obtained from the resources available to complete the project, in terms of its overall goal of informing the development of strategies to address gambling issues for Aboriginal people in NSW.

### **3.3 Literature review methods**

Relevant literature was identified and gathered for the key purposes of:

- Summarizing relevant information about gambling activities, problem gambling, and program, policy and research responses to gambling in NSW and Australia
- Reviewing available published and grey literature accounts including data, analysis and commentary about Aboriginal people and gambling in Australia

Sources of literature were identified through repeated searches of:

- Websites relevant to gambling issues in Australian States and Territories and nationally, including of government departments, regulatory bodies, industry organisations
- Electronic databases of journal articles including Medline, PsychInfo, CINAHL
- The electronic bibliography of gambling research maintained by Australian Gambling Research
- Electronic bibliographies of Aboriginal and Torres Strait Islander information maintained by the Indigenous HealthInfonet
- Google and similar internet search engines, using key terms such as “Indigenous” or “Aboriginal” and “gambling”

These sources were supplemented by literature identified by members of the Project Advisory Group, as well as through contacting researchers and others involved in gambling work. An early draft of the literature review was reviewed by Professor Jan McMillen of the Australian National University Centre for Gambling Research, and comments and additional sources of information were subsequently incorporated into the review.

### **3.4 Community consultation methods**

Selected NSW Aboriginal communities were approached through their local Aboriginal Community Controlled Health Services (ACCHSs) to determine community interest in participating in consultations on gambling issues. Communities were primarily selected

based on location, with the aim of giving coverage across urban, rural and remote regions of NSW. Nine ACCHSs and Communities participated in consultations (as listed in Table 1 below). Formal community consent was documented from each of the Aboriginal communities where consultations were undertaken, using a community consent form (see Appendix 2) adapted from an AH&MRC model.<sup>1</sup>

At each site, consultations were conducted via locally advertised and arranged meetings of Aboriginal community members, including those who worked as staff at the local ACCHS and other Aboriginal organisations. In some cases, local gambling, drug and alcohol, or welfare service providers identified by ACCHS staff as having an interest in gambling issues also attended the meetings. Meetings were often conducted at the local ACCHS, or held in other locations chosen on the advice of local ACCHS staff.

Each consultation meeting involved two facilitators, at least one of whom was Aboriginal. Facilitators included one or both of the AH&MRC Consultants or other AH&MRC staff who had been briefed about the project and were experienced in conducting community consultations. A theme list of questions and issues was developed for early consultations, and was subsequently revised and added to, to allow coverage of emergent issues in later consultations (see Appendix 3). Consultation meetings lasted one to two hours.

**Table 1: Sites and details of community consultation meetings**

<b>Aboriginal Community</b>	<b>ACCHS involved</b>	<b>Date of meeting</b>	<b>Number of participants</b>
Wollongong	Illawarra Aboriginal Medical Service	July 2005	6
Bourke	Bourke Aboriginal Health Service	August 2005	18
Tamworth	Tamworth Aboriginal Medical Service	December 2006	6
Kempsey	Durri Aboriginal Medical Service	December 2006	5
Campbelltown	Tharawal Aboriginal Corporation	December 2006	8
Wagga Wagga	Riverina Medical & Dental Aboriginal Corporation	December 2006	23
Dubbo	Thubbo Aboriginal Medical Service	December 2006	14
Newcastle	Awabakal Aboriginal Medical Service	December 2006	8
Walgett	Walgett Aboriginal Medical Service	February 2007	10
<b>Total participants involved in formal community consultations</b>			<b>98</b>

In total, 98 people were involved in the formal community consultation meetings. Although the number of attendees at some meetings was small, all community consultations were successful in eliciting in-depth discussion of gambling and related issues relevant to the project's aims.

<sup>1</sup> See AH&MRC website [www.ahmrc.org](http://www.ahmrc.org) for a sample Community Consent Form

During consultations, informal discussion of issues raised by participants was encouraged. Notes and, in some cases, audio recordings were used to document the consultation meetings; specific consent of participants was sought and obtained prior to these recording methods being used.

In addition to formal consultations, members of the project team discussed gambling and related issues opportunistically with many other Aboriginal people during the 2 ½ year duration of the project. While specific records were not kept of the numbers of Aboriginal people involved in these discussions, they included AH&MRC Directors and staff, Aboriginal Drug and Alcohol workers and other Aboriginal Health Workers, other ACCHS staff and clients, other Aboriginal health professionals and colleagues, and social contacts. In addition, several unsolicited contacts were made to the project team by Aboriginal community members who had heard about the project and wanted to express their views to project team members.

### **3.5 Gambling treatment service provider and other stakeholder consultation methods**

A number of approaches were used to consult with gambling treatment services providers and stakeholders. In the initial phase of the project, project team members undertook face-to face or telephone interviews with representatives of key stakeholder organisations identified by project team members or members of the Project Advisory Group. On several occasions, gambling treatment service providers and other stakeholder organisations attended Aboriginal community consultation meetings at the invitation of ACCHS staff, and were included in these discussions. On other occasions local service delivery organisations were consulted separately through brief interviews that occurred opportunistically during project team visits to regional centres to conduct community consultations.

While specific areas of inquiry were tailored to ensure relevance to the particular stakeholder and the situation, in general the issues explored included:

- Gambling by Aboriginal people
- Evidence about the impacts of gambling on Aboriginal communities
- Locally available gambling education, harm minimization and treatment services and their relevance for, and utilization by, Aboriginal people; and
- Aboriginal-specific resources and services

A factfinder survey instrument was developed by the project team to collect more detailed information from organisations involved in delivering gambling treatment services in NSW (See Appendix 4). A list of these organisations, and their contact details was provided by the OLGR, and the survey was distributed to gambling treatment services by email. Repeated follow-up using email and phone was used to maximize responses. Where gambling treatment services indicated an interest or current involvement in delivering services to Aboriginal clients, additional information was sought through telephone interviews.



Forty gambling treatment service organisations were contacted, of which thirty five responded (88% response rate). One service noted they no longer provided a gambling counselling service. The details of responding organisations and the summary results of the Factfinder survey are listed in the tables of Appendix 5.

The majority of responding gambling treatment services were non Government organisations with Christian religious affiliations (eg. Wesley Mission, Mission Australia, Centacare, Lifeline). Operational funding was generally provided through specific grants from the RGF and from other sources. Five services were located within three Area Health Services, and another was a Community Legal Service specializing in legal issues associated with problem gambling.

Most gambling treatment services focused solely on providing gambling-related treatment services for affected individuals. Most provided financial counseling; some provided generalist counselling, relationship counselling, individual counselling for grief or depression, or were co-located with generalist counselors. Eleven services regularly conducted targeted prevention initiatives or educational interventions to the general public to raise awareness of problem gambling; the majority of services said they would do educational sessions if requested.

A collated list of all organisations involved in gambling treatment provider and stakeholder consultations, as well as in Aboriginal community consultations is provided in Appendix 6.

### **3.6 Analysis, reporting and feedback**

Notes from community consultations and stakeholder interviews were reviewed and collated by members of the Project Team to identify common themes, diversity of views, and examples of specific issues and problems, as well as of services, resources and other interventions useful to formulate suggestions about future directions for responding to gambling issues for Aboriginal people in NSW. The results of the factfinder survey of gambling treatment services were summarised and collated into a table (see Appendix 5). Analysis of key points and future directions were developed through discussions amongst members of the Project Team.

A draft of this report was reviewed and approved by the AH&MRC Ethics Committee and reviewed and endorsed by the AH&MRC Board of Directors.

Reporting back to participating communities is a key feature of undertaking research in a manner considered appropriate by Aboriginal communities. After this report has been finalised, it is planned its findings will be presented to participating communities as part of the ongoing gambling-related work of the AH&MRC.

## **4. Context**

### **4.1 NSW Aboriginal population profile**

According to the 2006 Census, an estimated 138,504 Aboriginal people were living in NSW (Australian Bureau of Statistics, 2006). Aboriginal people in NSW comprise just over 2% of the total NSW population, and make up approximately 29% of the total Aboriginal population in Australia (Australian Bureau of Statistics 2001).

Compared to the non-Aboriginal population, the Aboriginal population is younger, with around 40% of the population under 15 years of age compared with 20% of the non-Aboriginal population (Australian Bureau of Statistics 2004). Just under 3% of the Aboriginal population is aged over the age of 65 years compared with just over 13% of the non-Aboriginal population.

In NSW 42% of the total Aboriginal population are resident in urban areas, 33% in rural, and the remainder in outer regional, remote and very remote (Australian Bureau of Statistics, 2006).

### **4.2 Aboriginal health and socio-economic inequalities**

Many indicators and reports demonstrate the health and socioeconomic disadvantage of Aboriginal people compared to other Australian population groups. A selection of key socio-economic and health indicators are presented and discussed below.

**Economic status:** Over the period 1985 to 2000, total average weekly earnings for people living in NSW almost doubled, to \$690 (ABS 2000). By contrast, in 2001 the average income for Aboriginal *households* was between \$300-399 per week. As well as being lower, Aboriginal families' incomes also support more individuals than non Aboriginal families (NSW Premiers Department 2005). About one third of Aboriginal people achieve home ownership, compared to three-quarters of the non-Aboriginal population.

**Employment:** While official unemployment statistics record unemployment rates for Aboriginal people of about 20%, if the Aboriginal 'work-for-the dole' program (CDEP) is included, unemployment would be double this figure or at least five times higher than that of non Aboriginal people (NSW Premiers Department 2005).

**Education:** Aboriginal students in NSW are also educationally disadvantaged, with literacy and numeracy levels being lower than for non Aboriginal students, and Aboriginal students being at least 50% more likely to leave school before completing year 10 than non Aboriginal students (NSW Premiers Department 2005). Aboriginal students are also less likely to complete year 12 or participate in further education: 39% of Aboriginal students completed year 12 in 2005 compared to 74% of non Aboriginal students.

**Incarceration:** Higher levels of incarceration of Aboriginal people have been recognized for many years (RCADIC 1991). Evidence suggests that, nationally, an Aboriginal person is about 15 times more likely to go to prison than a non-Aboriginal person (ABS 2001)

Health: Life expectancy has been estimated as 17 years less for Aboriginal people compared to non-Aboriginal Australian people (HREOC Social Justice Report 2005). Over recent decades, there has been very little progress in reducing the gap in health status between Aboriginal and non-Aboriginal populations in Australia. Rapid health gains have been made in the general Australian population, for example a 70% reduction in death rates from cardiovascular disease over the last 35 years (HREOC Social Justice Report 2005). In contrast, there has been no apparent reduction in death rates from cardiovascular disease for over this period for Aboriginal peoples.

The Human Rights and Equal Opportunity Commission has noted the high proportion of Aboriginal households that 'live in conditions that do not support good health' (HREOC Social Justice Report 2005). Indigenous peoples also do not enjoy equal access to primary health care and health infrastructure, including safe drinking water, effective sewerage systems, rubbish collection services and healthy housing (HREOC Social Justice Report 2005).

#### **4.3 Aboriginal Community Controlled Health Services (ACCHSs)**

Since the early 1970s, Aboriginal Community Controlled Health Services (ACCHSs) have been established by Aboriginal communities around Australia, to respond to local needs for accessible and appropriate primary health care. ACCHSs are governed by elected Boards of Aboriginal community members and deliver primary health care to meet local community needs, including a regionally variable range and number of services. Currently there are more than 140 ACCHSs throughout Australia.

ACCHSs are represented nationally by the National Aboriginal Community Controlled Health Organisation (NACCHO). The AH&MRC is the peak body for Aboriginal health in NSW, and a State Affiliate of NACCHO. The AH&MRC membership includes ACCHSs, as well as Aboriginal Community Controlled Health-related Services (including residential drug and alcohol rehabilitation services) and Aboriginal Community Controlled Health Committees.

The AH&MRC undertakes a range of activities including: supporting member ACCHSs; supporting Aboriginal community health and health promotion activities; conducting and supporting Aboriginal health research; planning, implementing and evaluating Aboriginal health projects and programs; developing and evaluating policy; and evaluating the ethics of Aboriginal health research and data. The Aboriginal Health College is a business unit of the AH&MRC with the role of developing and delivering Aboriginal health education.

A full list of AH&MRC members and more details of activities can be found on the AH&MRC website – [www.ahmrc.org.au](http://www.ahmrc.org.au).

#### **4.4 Definition of Aboriginal health**

Aboriginal people have stressed the importance of using a holistic approach when considering health and wellbeing issues for Aboriginal people. Aboriginal health has been defined in the National Aboriginal Health Strategy as follows:

“Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life”

(Source: NAHS 1989)

This definition and approach has been re-endorsed in recent national policy documents about Aboriginal health, for example in the National Strategic Framework (2003):

“A holistic approach recognizing that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.”

## 5. Gambling in Australia

### 5.1 History, size and economics of the Australian gambling industry

Gambling has been formally defined as ‘staking money on uncertain events driven by chance’ (Productivity Commission 1999). Common gambling activities include playing card games for money in private, raffles and other fundraising activities, as well as speculation on the stock and related markets. In Australia common organized or commercial gambling activities in Australia include:

- Electronic gaming machines (EGMs) – also known as ‘pokies’
- Lotteries including lotto and instant lotteries known as ‘scratchies’
- Casino table games
- Keno
- Betting on the outcomes of races (eg TAB) or sporting events
- Bingo
- Internet gambling

Although gambling has a long history in Australia, there has been a recent and dramatic expansion in gambling industry activity nationally over the past 15 years (Australian Institute for Gambling Research 1999). The Productivity Commission has characterized this growth as having the following key features:

- a proliferation of gambling forms
  - increasing accessibility and convenience of gambling
  - a more rapid tempo of gambling, particularly through EGMs
  - privatization of gambling forms traditionally owned by government such as TABs and lotteries; and
  - more pervasive advertising
- (Productivity Commission 1999)

The size and recent growth of the EGM industry is widely acknowledged as a key issue in considering contemporary gambling in Australia. EGMs were first legalised in NSW clubs in 1956, and became legal in other States and Territories except WA in the 1990s. The numbers, locations, design and cash-handling and other features of EGMs are highly regulated through licensing and legislative procedures which differ in each State and Territory. NSW legislation passed in 1984 allowed EGMs to be located in hotels, whereas previously they had been limited to clubs. Subsequent laws have allowed greater numbers and ranges of EGMs in these locations. In 1999 in NSW, there were estimated to be 72,429 EGMs in clubs and 23,961 EGMs in hotels (Australian Institute for Gambling Research 1999). The number of EGMs continued to increase to 104,000 until the NSW Government capped the number of machines in NSW in 2001.<sup>2</sup> Since then, a forfeiture scheme has resulted in a slight drop in the overall number of poker machines in NSW.<sup>3</sup>

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<sup>2</sup> As documented at website: [www.fbe.unsw.edu.au](http://www.fbe.unsw.edu.au)

<sup>3</sup> Personal communication, David Greenhouse, OLGR

Gambling in Australia is big business and has been a growth industry over recent years. The gambling industry involves about 7000 businesses Australia wide, and directly employs more than 37,000 people. In 2003-4, the net expenditure on gambling in Australia was estimated as about \$16 billion dollars or \$1,067 per adult (Queensland Government 2005), and several analyses have shown it to have increased significantly over recent years (Productivity Commission 1999; Tasmanian Gaming Commission 2003, Queensland Government 2005). As might be expected, these recent increases in gambling expenditure have been relatively greater in States and Territories where EGMs have been more recently legalized. However, even in NSW where EGMs have been legal for some decades, gambling expenditure doubled over the decade from 1987-8 to 1997-8 (Productivity Commission 1999).

Published analyses for NSW estimate that in 2003-4, expenditure on EGMs totaled \$4.67 billion dollars, representing 3.63% of all household income. For each indicator of gambling expenditure, NSW has the highest levels of expenditure of any Australian State or Territory except the Northern Territory (Queensland Government 2005).

Gambling taxation revenue is acknowledged as providing a significant proportion of income to the governments of each Australian State and Territory. In NSW government revenue from gambling in 2003-04 was estimated as \$1.3 billion (Queensland Government 2005). In 1997-98, revenue from gambling tax represented about 10% of the total NSW government income derived from taxes, fees and fines, and about 3-5% of total NSW revenue from all sources.<sup>4</sup>

It has been estimated that the 2% of the Australian population who are problem gamblers contribute 32% of all gambling tax revenue (Productivity Commission 1999). The apparent conflict of interest for State and Territory governments of being both regulators and beneficiaries of the gambling industry has been noted in contemporary commentary on gambling (Drabsch 2003; Marshall 2004). It has also been argued that compared to other forms of taxation, taxes on gambling are regressive in effect, because they disproportionately impact on people in lower socio-economic groups, who have been observed to spend a greater proportion of their income on gambling (Productivity Commission 1999).

Around Australia, various policy and programmatic efforts to increase the benefits returning to the community from gambling have been developed, through directing allocations of funds generated from gambling activities to community-based projects. In NSW, the Casino Community Benefit Fund (CCBF, now the RGF) was established to administer the proceeds of a specific 2% tax on casino gaming revenue. These funds (some \$12.6 million in 2003-4) are currently used to support gambling treatment services and research, and have in the past supported community projects. There are similar 'Community Benefit' funds of gambling generated monies in other Australian states and territories, although the sources and size of the funds they administer and the type of

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<sup>4</sup> Personal communication, David Greenhouse, OLGR, data sourced from NSW Treasury Budget Papers 1987-88 to 2007-2008, available from <http://www.treasury.nsw.gov.au/indexes/bpapers.htm>

community projects eligible for funding varies significantly. For example, in Victoria a major program of Community Support Grants is funded by an 8.33% tax on turnover from EGMs in all locations, and in Queensland an 8.5% tax on revenue from all EGMs, Keno and other gambling activities is used to fund a broadly focused program of community projects – the budget for the Queensland program in 2002-3 was \$32 million.

In NSW another scheme designed to return benefits from gambling generated revenue to the community is the Community Development and Support Expenditure scheme, which involves tax concessions for clubs with profits from EGMs of >\$1 million per annum if they contribute a proportion of profits beyond this level to fund local community projects. In 2001 expenditure through this program amounted to some \$60 million (Clubs NSW), although collated information about the projects supported by this scheme is not published.

## 5.2 Australian population participation in gambling

Most people in Australia participate in gambling activities. The National Gambling Survey undertaken for the Productivity Commission’s major enquiry into gambling found that 82% of Australian people had participated in one or more gambling activities, of whom 50% participated regularly, being once or more each week (Productivity Commission 1999). The frequency of participation in common forms of gambling nationally and in NSW are shown in the table below.

**Table 2: National and NSW gambling prevalence survey results: Participation in common forms of gambling**

Form of gambling	National participation (National Gambling survey %)	NSW participation (NSW Gambling Prevalence Survey %)
Lotto/lottery	60.0	56
Instant lotto	46.2	
Electronic gaming machines	38.6	31
Horse or greyhound betting	24.3	20
Keno	15.9	11
Casino table games	10.3	5
Sports event betting	6.3	8
Bingo	4.6	
Any form of gambling	82.0	69

Source: National Gambling Survey as reported by the Productivity Commission (1999) and the NSW Gambling Prevalence Survey (AC Nielsen 2007)

The socio-demographic profile of Australian gamblers as a whole reflects that of the population, with men and women being equally likely to participate in gambling in general. However, some trends by gambling mode, and of regular gamblers and non-gamblers, are evident. In the National Gambling Survey:

- EGM players were more likely to be middle income earners and to be aged between 18 and 24 years
- Lottery gamblers were more likely to have higher incomes and to be aged between 50 and 64 years

- Casino and sports gamblers were more likely to be aged between 18 and 24 years and much more likely to be male
- Regular gamblers were much more likely to be male, aged 18 to 24 years, have lower levels of education and live in non-metropolitan regions
- Non-gamblers were more likely to be female, aged over 65 years, have higher levels of education and live in metropolitan areas.

A NSW Gambling Prevalence Survey reported in 2007 confirmed that patterns of gambling participation and frequency are similar NSW population groups (AC Nielsen 2007).

### **5.3 Defining problem gambling – conceptual and measurement issues**

The concept that some people have problems associated with gambling is straight forward. However, defining ‘problem gambling’ has proved difficult, and has been the subject of much debate in gambling research, policy and commentary (Blaszczynski et al 2004). Developing a national definition for problem gambling in Australia was one of seven national research priorities identified for gambling research by the National Gambling Research Working Party. A report released in January 2005 (SA Centre for Economic Studies and the Department of Psychology 2005) documented a major literature review and consultation process about definitions of problem gambling. This report recommended the following Australian national definition:

“Problem gambling is characterized by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others or for the community.” (p i)

The report’s authors assert that this definition implies a continuum of gambling behaviours, ranging from people who have no difficulty with gambling, including non-gamblers, to those who have extreme difficulty. They also note that in their view it will be impossible to find a definition that will be acceptable to all of the many stakeholders in the gambling area, including researchers, counselors, clinicians, regulators, and those from government, industry and the judiciary.

Over the last few decades, several screening tools have been developed to decide whether an individual has a gambling problem. The most relevant to an Australian context are those based on:

- DSM-IV which has a medical/psychometric focus
  - South Oaks Gambling Screen (SOGS) which is the most widely used internationally
  - Victorian Gambling Screen (VGS) which was developed in Australia
  - Canadian Problem Gambling Index (CPGI) which is based more on the idea of a continuum of gambling behaviour
- (SA Centre for Economic Studies and the Department of Psychology 2005)



Each tool consists of a series of questions or items, with a cut-off score indicating whether or not the individual is experiencing gambling-related problems. These tools can be used for a variety of purposes, including in clinical settings and for prevalence studies.

#### **5.4 Prevalence and features of problem gambling in Australia**

Prevalence estimates will clearly depend on the methods used to define and measure problem gambling. The Productivity Commission enquiry undertook comparative analyses using various tools and concluded the prevalence of problem gambling as being about 2% of the adult population, with 1% having more serious problems (Productivity Commission 1999; Banks 2002). NSW residents were recorded as having prevalence levels of problem gambling higher than other states' populations for most of the measures used. The type of gambling most commonly associated with problem gambling was EGM use, with one in five regular EGM players estimated to have significant problems with their gambling. Few socio-demographic factors were associated with problem gambling in the analyses undertaken for the Productivity Commission enquiry apart from younger people (aged 18 to 25 years) being disproportionately represented.

There is evidence in Australia and elsewhere from a variety of sources of an association between the prevalence of problem gambling and greater access to opportunities to gamble, particularly using EGMs (Productivity Commission 1999; National Institute of Economic and Industry Research 2003; Abbott et al 2004). The Productivity Commission suggested the higher prevalence of problem gambling in NSW was due to the high numbers of EGMs compared to other states. (Productivity Commission 1999)

The negative financial, social and emotional impacts for people with gambling problems can be substantial. The Productivity Commission report estimated that 'problem gamblers', on average, lose between \$6,000 and around \$19,000 per gambler per year. One in ten 'problem gamblers' said they had contemplated suicide because of gambling, and nearly half those in counseling reported losing time from work or study in the preceding year (Productivity Commission 1999). It was also asserted that the behaviour of one person with gambling problems will have negative impacts on between five and ten other people to varying degrees.

A report by the National Institute of Economic and Industry Research analyzing the economic impacts of gambling in NSW, estimated that in 2000-01 there were 71,708 problem gamblers in NSW who lost on average \$27,000 each and created an additional community cost of \$576 million for the State (National Institute of Economic and Industry Research 2003). Costs included in this analysis were based on those identified in the Productivity Commission's enquiry, including those relating to: financial issues (such as family debts and bankruptcy); employment (effects on productivity and employment); crime (thefts, court cases and imprisonment); family (divorce and separation, depression and suicide); and treatment services.

#### **5.5 Harm minimization approaches to gambling**

Several different frameworks have been proposed in gambling-related literature for conceptualizing harm minimization approaches to gambling. In one review of the

international literature, Blaszczynski proposes a three tiered conceptual approach with the following components:

1. Primary prevention: strategies to protect participants from developing gambling problems. Examples of harm minimization activities in this group are:
  - education
  - signage and warnings
  - responsible advertising and promotion
  - limitations on types and locations of gaming venues
  - prohibition of inducements etc.
2. Secondary prevention: limiting the potential for problems to arise and containing the impacts of gambling once it has commenced. Examples of harm minimization activities in this group are:
  - industry policies and procedures to deal with problem gambling
  - self-exclusion programs
  - machine design modification
  - restricting access to cash
  - total expenditure limits etc.
3. Tertiary prevention: Reducing the severity of impacts of existing problems with gambling and the prevention of relapses. This group includes:
  - referral pathways and
  - provision of treatment and counseling services.

(Source: Blaszczynski et al 2004)

A harm minimization approach was endorsed in the Productivity Commission inquiry report, and the term is often cited as an aim of policies and interventions in gambling policy documents. However, there is a diversity of understandings and views regarding harm minimization approaches to gambling. Some of these are examined in the 2004 IPART review of harm minimization approaches to gambling in NSW, which is mainly focused on evaluating regulatory and legislative measures (Independent Pricing and Regulatory Tribunal 2004). In this report various industry groups critique the concept as lacking meaning unless specific harms could be identified and measured, and expressed concern about the lack of clarity about how harm minimization approaches should be evaluated. Alternative policy approaches put forward include 'responsible gambling', 'consumer protection' and 'public health', although from the descriptions given in the IPART report these are not clearly distinguishable.

A 'public health' approach to problem gambling has been advocated for some years (Korn 1999, Hing 2003, Abbott et al 2004). While there are a range of interpretations of public health approaches to gambling issues, commonly described features include:

- using a broader definition of problem gambling than provided by 'medical' or 'psychological' models, and addressing issues for gamblers who are having problems but may not meet criteria defined by screening tools, particularly because of their large numbers
- looking at public awareness campaigns and other prevention and harm minimisation measures as well as treatment services

- assessing treatment modalities based on both ‘controlled gambling’ and abstinence outcomes
- involving families
- addressing structural issues

## **5.6 Australian national policy approaches and responses to gambling**

The Productivity Commission’s enquiry into the gambling industry undertaken in 1998 and 1999 marked a key development responding to the significant growth of the industry in the preceding decade (Productivity Commission 1999). The enquiry’s three volume report concluded the current regulatory environment was deficient. This was attributed this to complex, fragmented and inconsistent regulations as a result of both inadequate policy-making processes and the strong incentives for governments to derive revenue from gambling. It also highlighted the inadequacies of existing measures to ensure the informed consent of consumers, or ameliorate the risks of problem gambling. The report made several recommendations including regarding the need for an independent regulatory body in each State or Territory to allow the separation of policy-making, control and enforcement regulatory functions; and for funding for prevention activities, treatment services and research to come from levies from all segments of the gambling industry and to be independently administered.

A conference paper by the Productivity Commission Chairperson acknowledged in 2002 that some progress had been made towards addressing gambling issues since the original inquiry had been undertaken, although suggested the effectiveness of such activities remained unclear (Banks 2002). This paper also noted the continuing and apparently increasing dependency of government on income from gambling taxes, and identified specific issues continuing to need priority attention. These included:

- evaluation research about what works for consumer protection;
- arrangements to ensure research was independent and transparent;
- the need for effective monitoring and enforcement of industry compliance with regulations; and
- further reforms to policy and regulatory governance to ensure regulator independence.

Following the release of the Productivity Commission’s report, the Federal government established the Ministerial Council on Gambling in 2000, with representation from Ministers with responsibility for gambling in each state and territory, and reporting to the Council of Australian Governments. The development of a national research program on gambling has been one major focus of this Council’s activities. Another has been the release of a brief National Framework on Problem Gambling 2004-2008 under the auspices of the Commonwealth Department of Family and Community Services (Department of Family and Community Services 2004). This framework has the stated aims of minimizing the negative impacts of problem gambling on the individual, families and communities through a national approach, and outlines objectives in four areas:

1. Public awareness, education and training
2. Responsible gambling environments
3. Intervention, counseling and support services

#### 4. National research and data collection

Recent commentators have argued strongly for a national public health approach to developing policy addressing gambling issues in Australia (Marshall 2004). Key issues identified in this approach are:

- a coordinated, multifaceted response involving all stakeholders including all tiers of government, industry and community groups
- incorporating public health ideals, consumer protection and social and corporate responsibility as key issues; and
- minimizing the possibility of conflicts of interest arising from State and Territory government dependency on gambling-derived tax income.

### **5.7 NSW policy approaches and responses to gambling**

A 'Policy Framework on Treatment Services for Problem Gamblers and Their Families in NSW: Strategic Directions 2002-2006' was commissioned by the Department of Racing and Gaming and produced by the NSW Health Department in 2001 (Casino Community Benefit Fund 2001). This outlined the situation current at that time with respect to problem gambling and treatment services, as well as a 5-year strategic plan for the activities of the Casino Community Benefit Fund with particular focus on:

- applying an equitable model for resource distribution for treatment services;
- measures to improve planning and coordination of services;
- development, monitoring and evaluation of services;
- education, training and clinical supervision of service providers; and
- developing appropriate service models for rural and remote, Indigenous, and culturally diverse communities.

In 2003, the Independent Pricing and Regulatory Tribunal (IPART) was commissioned by the NSW State Government to undertake a review of the effectiveness of gambling harm minimization measures in NSW (Independent Pricing and Regulatory Tribunal 2004). The review's report, entitled 'Gambling: Promoting a Culture of Responsibility' had a major focus on regulatory approaches to harm minimization, and made recommendations about the development of an integrated gambling policy and evidence-based policy and guidelines for research, as well as evaluating specific harm minimization measures in three main areas of:

1. Promoting the level of 'informed choice';
2. Protecting gamblers to discourage risky behaviours and reduce the prevalence and negative consequences of problem gambling; and
3. Improving the effectiveness and efficiency of the problem gambling counseling program in NSW.

(Source: Independent Pricing and Regulatory Tribunal 2004 p2)

## **6. Aboriginal people and gambling – insights from the literature**

### **6.1 Aboriginal peoples' participation in gambling activities**

The history of gambling activity amongst Aboriginal people has been reviewed by several commentators (Dickerson 1996; McMillen & Togni 2000; Brady 2004; Cultural Perspectives Pty Ltd 2004; Kinsella & Carrig undated). These reviews suggest some evidence of Aboriginal people engaging in gambling activity prior to colonization, including wagering for animal carcasses and clothing. Macassans visiting from islands to the north of Australia are said to have introduced gambling activity to Aboriginal peoples living in Northern Australia in the 1700s (Brady 2004). The initiation of card playing by Aboriginal people is generally attributed to contact with European colonisers.

McCabe makes the point that participation in gambling was forbidden to the many Aboriginal people living on missions in South Australia up until the 1960s, similar to the consumption of alcohol. In this context, he suggests that gambling activity “was sought as a method of resistance to authoritarian rule by missionaries, as well as pursued as a social leisure activity” (Nunkuwarrin Yunti of SA Inc 2005).

Card playing is often cited as being a common and popular form of gambling amongst Aboriginal people, and has been studied in-depth in several qualitative research projects undertaken with community groups of Aboriginal people in the Northern Territory (Altman 1985; Goodale 1987; McMillen & Togni 2000). There are few sources of published information about the participation of Aboriginal people in institutionalized or commercial forms of gambling, such as the use of EGMs. Large population surveys of gambling participation have usually included too few Aboriginal people for useful conclusions to be drawn about their gambling practices (Productivity Commission 1999; McMillen & Togni 2000). Available reports that include some coverage of gambling activities and preferences of specific groups of Aboriginal people are each summarised below.

- A 2005 statewide household telephone survey in South Australia found that 78.6% of the 133 Aboriginal people responding had participated in gambling activities in the previous 12 months, compared to an overall population gambling participation estimate of 70.8% (South Australian Department for Families and Communities 2006). Although small numbers limited interpretation, these data suggested Aboriginal respondents played poker machines more frequently than the overall estimate (39.4% compared to 30%), and the prevalence of participation in other forms of gambling activity such as Keno or betting on horses appeared similar.
- Dickerson et al (1996) interviewed a convenience non-random sample of 91 urban-living Aboriginal people from Redfern and La Perouse and 121 rural-living Aboriginal people from Wollongong, Hilltop and Kempsey using network sampling techniques. Results were compared to those of a large random population sample surveyed with a similar questionnaire. Aboriginal people surveyed were more likely to participate more frequently in gambling activities than those involved in the

general survey, with more than 50% of the Aboriginal people surveyed participating in some form of gambling activity at least weekly, and almost a quarter playing EGMs weekly. The most popular forms of gambling activity among Aboriginal men were racing (35.9%) and EGMs (27.2%), and for Aboriginal women EGMs (32.6%) and 'Lottery/pools/bingo' (23.3%).

- Holden (1996) surveyed a non-random sample of 128 Aboriginal and Torres Strait Islander people living in Cairns, who were recruited through approaching players in clubs and hotels and 'snowball' sampling of friends and relatives. In addition consultations in a remote and an island community were undertaken. Of the Aboriginal and Torres Strait Islander people surveyed, who were said to be regular players, 78% preferred EGMs, and the TAB was more popular amongst men than women.
- McMillen and Togni (2000) noted that Aboriginal people had been under-represented in telephone surveys conducted as part of a large research study assessing gambling activities, costs and benefits in the NT. They collected qualitative data from Aboriginal people through semi-structured interviews conducted during several field trips to each of five major regional centres in the NT in 1996 and 1997. As well as reporting on the popularity and significance of card playing amongst both remote and urban Aboriginal population groups in the NT, they found the Aboriginal people they spoke to said casino gaming was popular for Aboriginal people living in or visiting Darwin and Alice Springs. In other centres, the TAB was said to be popular particularly amongst Aboriginal men and bingo amongst Aboriginal women.
- Delfabbro et al (Centre for Gambling Research 2005) undertook a school-based survey of ACT adolescents, reporting on the prevalence of gambling and problem gambling for 926 high school-age students, of whom 3.5% were Aboriginal or Torres Strait Islander. Compared to non-Indigenous students, Aboriginal and Torres Strait Islander students were more likely to gamble frequently (35.5% compared to 9.3%), and less likely to have never gambled (12.9% compared to 30.1%).
- A Victorian study commissioned by the Victorian Department of Human Services (Cultural Perspectives Pty Ltd 2004) involved consultations with Aboriginal people, service providers and other organisations, as well as in-depth interviews with six Aboriginal people who were problem gamblers and four who were family and friends of problem gamblers. The reported findings were that EGMs were the most common form of gambling for Aboriginal people who were problem gamblers.

## **6.2 Positive and negative impacts of gambling**

Several anthropological studies conducted within Aboriginal population groups in the NT have reported on the social significance of card playing in these communities (Altman 1985; Goodale 1987). These studies have been prominently included in published reviews reporting on gambling issues for Aboriginal people in the NT and more generally (Dickerson 1996; Productivity Commission 1999; McMillen & Togni 2000; Brady 2004). Features of this anthropological analysis include an emphasis on the positive value of

card games as an opportunity for social interactions between Aboriginal people, and because they lead to expressions of the reciprocal social responsibility which is a commonly described feature of Aboriginal culture. Gambling on card games was also said to be a mechanism for redistributing funds within Aboriginal communities, including to allow the purchase of larger items such as cars and white goods and to pay for funerals.

Several alternatives to, and critiques of, this analysis of gambling activities including card playing are also evident in the reviewed literature. Hunter & Spargo (1988) reported their observations of the potential for negative social and health impacts of card playing by Aboriginal people in communities in the Kimberleys, including an association with problems such as poor nutrition, substance abuse, crime, and neglect of children. In their submission to the Productivity Commission's hearings, McCabe and Randall gave specific examples of people who were playing cards neglecting to send their children to school, and not having time to maintain traditional practices because they were spending too much time playing cards (Productivity Commission 1999, transcript of submission by A Randall and M McCabe, p1378-89). They also made the point that the potential for positive social impacts does not necessarily protect those gambling and others from associated harms. In her 2005 analysis of this issue, Brady extends this analysis by asserting that an over-reliance on anthropological commentary reporting positive social impacts of card game playing in specific community settings had the effect of drawing attention away from the significance of the social problems experienced by Aboriginal people as a result of gambling activity, becoming "an exercise in 'problem deflation'" (Brady 2004, p8).

No published anthropological studies located for this review reported on the social impacts of institutionalized or commercial gambling for Aboriginal people, although a project about this topic was underway in the Northern Territory at the time of writing. Several of the studies summarised in the previous section included survey or interview data about Aboriginal people's perceptions of gambling, giving some insights into social impacts. In particular, several commentaries noted the greater potential for EGMs and other commercialized forms of gambling to have harmful effects on Aboriginal people because of the monies lost leaving the community, compared to card playing where funds were redistributed within the community.

McMillen & Togni (2000) reported that Aboriginal people, particularly women, enjoyed playing EGMs at the casinos in Darwin and Alice Springs, and in particular the social aspects of spending time with family and friends and as time away from the demands of their everyday life. However, the Aboriginal people consulted for their study were almost universally opposed to the introduction of EGMs into Aboriginal community settings in the NT, perceiving them to pose a major threat to Aboriginal culture and individual and community wellbeing.

The Queensland household gambling survey of 2003-4 surveyed 30,000 people statewide (Queensland Government 2007). Indigenous and South Sea Islander people, compared to their representation in Queensland population estimates (2.4%), were over-represented in

each of low risk (5.9%), moderate risk (5.1%) and problem gambling (7.6%) categories by a factor of two to three times.

Dickerson found that the 104 NSW Aboriginal people surveyed who gambled weekly with activities other than lotto, often reported positive experiences of gambling, such as it being a hobby or interest (86%) or being associated with feeling relaxed (85%). In almost all dimensions surveyed which assessed the positive impacts of gambling activities, Aboriginal people who were gambling regularly were somewhat more likely to report agreement than people in a comparable State-wide survey group. However, the results of the assessment of the negative impacts of gambling activity for Aboriginal people gambling regularly suggested negative social impacts were a major feature of their experience, with these impacts occurring at much higher levels than in the general population surveyed. Selected results of this analysis are reproduced in the table below.

**Table 3: Selected survey results from Dickerson et al comparing Aboriginal respondents who gamble regularly with a statewide survey comparison group**

Negative impacts of gaming and wagering	Aboriginal respondents	Comparison group
I have felt that my gambling is a problem	51.0%	15.7%
I've felt like stopping but I don't think I could	67.3	25.8
When I finished gambling I felt guilty	66.3	29.6
My gambling has caused arguments about money with family and friends	55.8	17.6
I've lost time from work or study due to gambling	33.7	6.3
I've gambled to try and win money to pay gambling debts	83.7	18.9
I've borrowed money to gamble or play gambling debts	45.2	0.7
Family and friends have had to pay my gambling debts	20.2	2.5
I've appeared in court on charges related to gambling	15.4	4.4
I've been in prison because of my gambling	6.7	0.6

Source: Dickerson 1996

General conclusions based on this limited body of evidence are that problem gambling appears to occur more frequently among Aboriginal populations than the general population, and that there a wide range of far-reaching negative social and economic impacts which occur at relatively high frequency for Aboriginal population groups.

### 6.3 Relationships between alcohol and gambling

Various relationships between alcohol and gambling are commented on in several of the available reports and commentaries about Aboriginal people and gambling. Specific issues raised are:

- gambling problems being more common for Aboriginal people who are drinking alcohol to excess, similar to findings for other population groups
- gambling winnings being spent on alcohol by some Aboriginal people
- alcohol sometimes being wagered by Aboriginal people
- the frequent co-location of gambling and alcohol licensed premises



- gambling treatment services may be co-located with substance misuse programs including those for alcohol
- examining alcohol policy, programs, interventions and resources may provide useful insights and models when considering gambling issues for Aboriginal people

#### **6.4 National and NSW policy responses to Aboriginal gambling issues**

Aboriginal people have sometimes been identified as a group requiring particular attention in national and NSW gambling policy documents. However, coverage of the specific needs of Aboriginal people and appropriate responses has been minimal to date. The Productivity Commission report of 2001, a key document informing the development of national gambling policies, included consideration of Aboriginal people in an Appendix to the main reports, and mainly focused on the lack of data available on which to draw conclusions about their gambling problems. The only specific reference to, or coverage of, issues for Aboriginal people with respect to gambling in the National Framework on Problem Gambling 2004-2008 document is a point listed under Key Focus Area 3: Intervention, counseling and support services: [To] ‘Ensure services are effective for Culturally and Linguistically Diverse (CALD) populations and indigenous people’ [sic] (Department of Family and Community Services 2004).

The NSW Policy Framework for Treatment Services for Problem Gamblers and their Families notes that “[g]ambling and its associated effects have contributed to the significant disadvantage already faced by indigenous communities, especially in remote areas”, and also acknowledges the lack of data on patterns and levels of gambling participation by Aboriginal people (Casino Community Benefit Fund 2001). In this report, anecdotal accounts from community representatives are said to suggest that gambling is considered a recreational activity by many Aboriginal people and closely linked to alcohol consumption. Two specific recommendations relating to Indigenous communities are detailed in the Strategic Plan part of the Framework in Section 8:

- 8.1 Undertake promotional activities amongst Indigenous communities about problem gambling and related issues including stigma, availability of treatment services and the promotion of responsible gambling
- 8.2 In areas with concentrations of Indigenous people, require mainstream service providers funded by the CCBF, to under-go cross-cultural training
- (Casino Community Benefit Fund 2001 p28)

No specific evidence was available to document progress towards achieving these recommendations.

A 2004 IPART report about gambling in NSW includes very limited consideration of the problems or needs of any specific population groups (Independent Pricing and Regulatory Tribunal 2004). Of particular note is the finding that a boxed summary of ‘at risk community’ groups including a brief discussion of problem gambling amongst low income households, Non-English Speaking Background population groups and prisoners,

does not mention Aboriginal people as a population group at risk, and Aboriginal people are not mentioned elsewhere in the report.

Gambling as an issue is not covered in key national Aboriginal health policy documents such as the National Aboriginal Health Strategy (National Aboriginal Health Strategy Working Party 1989), the Royal Commission into Aboriginal Deaths in Custody (Royal Commission into Aboriginal Deaths in Custody 1991), or Health is Life (House of Representatives Standing Committee on Family and Community Affairs 2000). For the former two documents this may be at least partly a function of their having been produced before the recent growth of the EGM gambling industry.

The 2007 report of an enquiry into the protection of Aboriginal children from sexual abuse in the Northern Territory, “The Little Children are Sacred”, identifies gambling as a significant problem for NT Aboriginal communities (Wild & Anderson 2007). Consultations with Aboriginal community members undertaken as part of the enquiry highlighted negative impacts of parental gambling on Aboriginal children, which are described in a specific chapter of the report. The authors note that harms to children are the results of the financial consequences of excessive gambling and of neglect.

Recommendations related to gambling noted in the report include:

- a targeted education campaign about the negative consequences of gambling highlighting impacts on children
- exploring and implementing options for delivering gambling counseling services to Aboriginal communities
- and further research being carried out regarding the effects on children of parental problem gambling and the potential for local laws to regulate gambling as part of community safety plans.

## **6.5 Involvement of Aboriginal people in gambling licensing processes**

A landmark case in which an Aboriginal community group successfully objected to a gambling licensing application has been described by Brady (2004). In 1998, local Aboriginal people mounted a case against the introduction of EGMs at the Nundroo Hotel in remote South Australia. An anthropological report prepared for lawyers representing Aboriginal community groups argued that the proposed EGMs would have negative impacts including on income redistribution, social wellbeing and public order, particularly because people were habituated to gambling, especially playing cards. The application and several subsequent appeals were refused by the Liquor and Gaming Commissioner who expressed concern that the EGMs had the potential to drain resources from communities which were already harmed by alcohol abuse, and also to increase levels of violence.

In discussion of the significance of this case and the lessons learnt, Brady notes the significant resources needed to allow Aboriginal community groups to participate in the regulation process:

*“Success for other community groups may depend on factors associated with community mobilization and development, such as being aware of their right to*

*object, being able to access legal advice, and having the ability to marshal local resources and to commission qualitative or quantitative social impact research. Combating resource-rich industries also requires resources.”*  
(Brady 2004, p9)

## **6.6 Use of mainstream gambling treatment services by Aboriginal people**

Some data is available that reports on the use of existing gambling treatment services by Aboriginal people, including from routinely collected data used to monitor activity of gambling treatment services by their funders.

In NSW a standard client data set collated by the RGF Branch within OLGR includes whether or not clients attending services funded by the RGF identify as Aboriginal. Published data from 2003 show that some Aboriginal people are accessing services: 122 Aboriginal people were recorded as clients compared to 2336 non-Aboriginal people, meaning 5% of clients were identified as Aboriginal people (Faunce 2004). This is clearly greater than the proportion of the NSW population who are identified as Aboriginal (approximately 2%). However, interpreting the data further, including as providing any measure of equity of access to gambling treatment services for Aboriginal people, is difficult without information about the procedures used for Aboriginal identification within gambling treatment services and the data set, and without any data estimating the prevalence of problem gambling within the relevant Aboriginal population groups with which to compare the uptake of gambling treatment services.

Two identified studies involved Aboriginal community members being asked about their views and experiences of accessing available gambling treatment services (Dickerson 1996; Cultural Perspectives Pty Ltd 2004). Concerns were expressed in each that Aboriginal people faced significant barriers to access, including because of feelings of shame and because they had concerns about the confidentiality of available services.

## **6.7 Culturally-specific programs and services for gambling problems**

Published or electronic sources appeared to be a poor source of information about Aboriginal-specific treatment and support services for people with gambling problems and their families. While this suggests few culturally-specific services exist, it is also possible services exist but have not been reported in published accounts.

Existing culturally-specific services for Aboriginal people described in review documents and submissions about gambling nationally were limited to:

1. South Australia: A comprehensive gambling service located at Nunkuwarrin Yunti, the Aboriginal Community Controlled Health Service (ACCHS) in Adelaide
2. Victoria: A financial counselor position at the Victorian Aboriginal Health Service

In South Australia, the Nunkuwarrin Yunti ‘Safe Gambling Program’ is comprehensively described in a submission to the Independent Gambling Authority in South Australia (Nunkuwarrin Yunti of SA Inc 2005). The program is funded to provide state-wide gambling services to Aboriginal people in south Australia, and is positioned in an

ACCHS allowing linkages and integration with other primary health care, counseling, social health services and with the South Australian Link Up program which responds to Stolen Generation issues. The gambling services provided are strongly focused on a comprehensive primary health care model, with a loading of “30% dedicated to individual focused interventions and 70% dedicated to organizational practice” (p5). The service employs two full time staff, one of whom concentrates on metropolitan Adelaide and the other on regional and remote communities. The metropolitan worker has a clinical load, including providing financial counseling services. The submission notes the difficulties this worker experiences in meeting data collection requirements because of the level of informality requested by their client group and the discomfort created by data collection procedures. The regional worker is described as concentrating on community engagement and collaborative work, to “offer gambling specific input within locally determined processes used to engage the community (p6). The submission notes that:

*“significant additional resources are urgently required to resource local capacity within the Aboriginal community controlled primary health care sector to advance sustainable projects targeting problem gambling. It is clear that problem gambling is reaching more people in a more sustained and intensive manner than the current statewide program.”*  
(Nunkuwarrin Yunti of SA Inc 2005)

In Victoria, case studies were collected to review available culturally specific gambling services for Aboriginal people (Cultural Perspectives Pty Ltd 2004). The report included a description of a gambling service at the Victorian Aboriginal Health service involving a financial counselor from a mainstream gambling service being based at the Aboriginal health service for two days a week (p74). The counsellor was reported to provide a variety of financial and psychotherapeutic interventions mainly to Melbourne residents, although occasionally people from regional areas accessed the service. The description notes the program being based on an organisational partnership model had been important to its success, as had the commitment support and acceptance of key Indigenous people. Although community education was listed as an area of program focus, it is noted there had been limited resources allocated to activities in this field. Other case studies described in this report were:

- a 12-month community education project conducted in regional Victoria 1999 focused on developing Koori friendly resources about gambling
- an Aboriginal parenting program which provided referrals to mainstream gambling treatment services if gambling was a problem issue for participants

The Victorian review, based on a range of consultations with stakeholders and community members and examining models from Aboriginal health promotion practice and alcohol programs, recommended the development of community education services about gambling for Aboriginal people from within a community development model, and the enhancement of existing services by allocating specific funds “to increase the number of Indigenous-specific counseling positions, with an emphasis on financial counseling, across the sector” (Cultural Perspectives Pty Ltd 2004, p7). The report noted that while “the ‘ideal’ service would be provided by Indigenous counselors, this aspect is not

essential to service provision as long as non-Indigenous counselors are culturally sensitive and considered appropriate by community members” (p7).

## 6.8 Culturally-specific information and prevention

Several examples of culturally-specific information and health promotion materials about gambling for Aboriginal people having been produced. The ‘Healthy Vibe’ magazine and website gives general information about gambling and that help is available (but doesn’t give specific information about where to go to for assistance). Comics with information about gambling have been produced by the Mildura Aboriginal Health Service in Victoria, Lifeline Cairns and Streetwise in NSW.

A women’s and children’s camp at Camp Coorong was organized by Nunkuwarrin Yunti in 2003 (White 2004). This camp included education and information sharing on gambling and other issues using a range of methods including story telling. Participants hand crafted their own design of a ‘pokie bug’, and there were plans for the artwork and stories to be the basis of a resource publication. This activity appears to have been a specific example of the program of community education activities supported by the Nunkuwarrin Yunti Safe Gambling Program described above (Nunkuwarrin Yunti of SA Inc 2005).

## 6.9 Interactions between Aboriginal communities and Community Benefit Funds

The use of gambling-generated revenue to support non-gambling related Aboriginal community projects and activities is considered here, because it provides a potential opportunity for gambling to have an indirect positive impact for Aboriginal communities. Available annual reports about the funding of community projects from gambling Community Benefit Funds document support for Aboriginal community projects in Queensland, NSW, and WA. In Queensland, in 2002-3, 2.9% of all grant monies were allocated to Aboriginal and Torres Strait Islander community projects.

In NSW allocations of RGF funds for non-gambling related community projects identified as being to Aboriginal community organisations over the four years for which data are available are summarised in the table below.

**Table 4: Allocations of CCBF grants to Aboriginal organisations 1999-2003**

Year	Funds allocated to Aboriginal organisations or to Aboriginal-specific programs or services	Total funds allocated	% total funds to Aboriginal organisations or services
1999/2000	\$254,969	\$3,574,143	7.1%
2000/2001	\$195,040	Undocumented	
2001/2002	No new funds allocated		
2002/2003	\$160,711	>\$1,600,000	10%*
2003/2004	No new funds allocated		

\* This % is an estimate only as total funds allocated were not specified other than >\$1.6 million

The program under which these community projects are funded has now been discontinued.

### **6.10 Research about Aboriginal people and gambling**

Very little specific research has been published about Aboriginal people and gambling issues. As described above, identified published accounts have been limited to:

- Several small-scale anthropological studies undertaken in the 1980s about the social significance of card playing for specific communities in the Northern Territory (Altman 1985; Goodale 1987)
- The case study of the successful objection to a licensing application at Nundroo described by Brady is another anthropological report taking a more critical approach (Brady 2004).
- Quantitative surveys: of the gambling behaviour and attitudes of NSW Aboriginal people from Redfern, La Perouse, Kempsey and Hilltop which was not formally released or published (Dickerson 1996); and of the gambling experiences and patterns of adolescents in the ACT including those identifying as Aboriginal (Centre for Gambling Research 2005)
- Consultations with Aboriginal people in Queensland and the Northern Territory to evaluate the impact of changes to gambling policy and EGM availability (Foote 1996; Holden 1996; McMillen & Togni 2000), and in Victoria to develop a statewide culturally specific response to problem gambling for Aboriginal people (Cultural Perspectives Pty Ltd 2004)

No published research evaluating interventions or services responding to gambling issues for Aboriginal people were identified.

Significant research projects about Aboriginal people and gambling are currently underway in the NT and the ACT. Published reports about these projects were not available at the time of writing.

## **7. Consultation findings**

### **7.1 Introduction**

The following section collates the views and experiences expressed during consultations with Aboriginal community members, service providers and other stakeholders. These findings are presented together, because there was much consistency in the responses of the different stakeholder groups in discussions about gambling issues for Aboriginal people. Where different or specific views and experiences were identified by particular individuals or groups during consultations, they are highlighted or presented separately.

### **7.2 Participation in gambling by Aboriginal people**

All consulted expressed the view that many Aboriginal people participated in gambling activities, and that gambling was a very common and widely accepted pastime in Aboriginal communities in NSW. Favored modes of gambling for Aboriginal people identified by those consulted were card machines/EGMs/pokies cards, Keno, bingo and the TAB, including phone TAB. It was also noted that sports betting appeared to be increasing in popularity amongst Aboriginal people, consistent with many Aboriginal people having a keen interest in sport. Women were said to be more likely to gamble with pokies, bingo and cards, whereas men were more likely to bet on the horses.

One gambling counselor noted that many young Aboriginal men gambled, and that it was often an important part of their life. In another rural location, a community member noted that young people might be less likely to gamble in small country towns because of difficulty accessing venues when they were likely to be known.

There was a perception by both community members and service providers that within Aboriginal communities, gambling was more common amongst specific groups who were disadvantaged relative to other Aboriginal community members, for example 'single mothers'. However, it was also noted by several individuals that some professional Aboriginal people were also heavy gamblers, and that their higher incomes enabled them to sustain significant gambling habits.

Respondents said gambling activities such as cards often took place in people's homes, in public places such as vacant blocks, as well as in pubs and clubs. Gambling 'schools' were described, including where others provided funds to people who had lost all their money, or paid them to run the games so that they had enough money to get by. Some described instances of community gambling activities continuing all night and sometimes for several days.

People from both community organisations and gambling treatment services commented on gambling being 'a part of life' for Aboriginal people historically. Some described the significance that card playing had played in mission life, where large scale card circles for both adults and children – adults in one circle and children nearby in another circle – were a common activity. One community member described card games that had gone on from lunch time till the early hours of the morning each day from Wednesdays to

Sundays. It was also noted that card circles were still a feature of contemporary Aboriginal community life, but to a lesser extent. Reasons put forward for this shift away from card playing were the increased accessibility of pokies and because the old people who started up the card circles, and did not like going to pubs and clubs, had died. People remembered that card circles for children had involved children played cards for lollies, and for older children, cigarettes. The potential implications for future generations of children being taught to gamble through watching the adults around them play cards and then learning to play themselves was raised by several people.

Gambling counselors also noted that some of the Aboriginal people they had seen for treatment of gambling related problems reported having learnt to gamble from their parents and that in some cases gambling had put “food on the table”. Overall, gambling activities, such as cards, were commonly viewed as an integral part of Aboriginal family life and entertainment, with gambling normalised as an everyday activity.

The importance of gambling as a source of social interaction, particularly in rural areas where there might be limited alternative leisure options, was frequently commented on in consultations in these regions. One gambling counselor noted that spending time at the TAB was a popular social outing for Aboriginal men. A community member described that young men in the local football team often gambled a lot during the off season because they had not much else to do, but when the footy season was on they spent all their time training and playing football rather than gambling.

Some gambling services providers noted their lack of data about the prevalence of gambling participation by Aboriginal people, and questioned whether there were sources of data available. A health service provider suggested it might be useful to include questions about gambling in the NSW Household Drug Survey.

### **7.3 Reasons for gambling**

Besides the valuing of social interaction discussed above, the main reasons respondents suggested as reasons Aboriginal people gambled were to relieve boredom or to ‘fill a void’, and because people believed strongly they were going to win. Aboriginal community members described a range of commonly expressed beliefs about gambling, including that payouts from pokies were more likely at the end of the day, because machines were full and many others had lost money, or when they had been played continuously over a prolonged period.

People with money worries were said to often try and chase a big win to solve them, including holding the belief that money lost could be won back. One service provider expressed the view that some people made the mistake of gambling being a way of making money instead of it being a form of entertainment.

Gambling by Aboriginal people was seen by some participants as part of a more general Australian cultural trend of gambling participation, particularly in rural areas, with one service provider commenting on the Australian cultural significance of two up schools and the Melbourne Cup.



Other reasons for people gambling suggested by participants included: the desire for instant gratification – ‘wanting it now’ – and the pleasure afforded by a meditative state similar to that induced by playing video games.

Many gambling treatment counsellors described the underlying reasons for, and consequences of, gambling by Aboriginal people as being distinctly different to those of non-Aboriginal people: *“It’s not like the non-Aboriginal community; we have found that in the Aboriginal community there is so much loss and grief.”* One counsellor also suggested that gambling for Aboriginal people could be a symptom of underlying problems such as the pain of physical, sexual or emotional abuse, saying: *“Gaming machines are good pain killers”*. Several service providers linked susceptibility to gambling to alcohol and drug abuse, suggesting that these were ‘addictions’ that were more common among Aboriginal people because of trauma, grief and feelings of not belonging to the community.

Another set of reasons given for Aboriginal people gambling related to the accessibility and appeal of gambling venues. In some locations gambling venues were open for long hours, and in many rural towns, clubs where pokie machines were located might be the only venue in town, and might also be the most accessible air-conditioned respite when the weather was hot. In some cases, pubs or clubs were seen as a place some Aboriginal people might go to escape from difficult home environments, such as overcrowded houses, family tensions, or family violence. This was seen to be particularly the case for Aboriginal women.

Some respondents commented on the different experiences of Aboriginal people of attending clubs compared to pubs, noting that not having to sign into pubs meant they attracted a younger clientele, and that there were fewer visual barriers in hotels meaning pokies were always on display. The dress codes in clubs were seen as a barrier to admission for Aboriginal people in some locations, but others said that in their town clubs were welcoming towards Aboriginal people, including because they were the club’s major client group. The ease of losing track of time and reality in gambling rooms within clubs was noted by several Aboriginal community members.

#### **7.4 Problems associated with gambling**

Aboriginal community members and service providers consistently stated that gambling was a big and increasing problem for Aboriginal communities in NSW, with one respondent summarizing this by saying gambling in Aboriginal communities *“has a big impact because some people have low incomes and big habits”*. However, participants also consistently noted that gambling problems were often not acknowledged as such, either by the individuals who were having problems associated with gambling, or at a community level.

It was commonly stated that Aboriginal people with low incomes were more likely to experience problems with gambling because they could least afford to lose money. However, it was also noted that problem gambling was not confined to low income

families and that gambling problems could also be common among Aboriginal people who were working and had access to funds.

Examples of the negative impacts of gambling in an Aboriginal community context that were given by those consulted were:

- families living in very impoverished circumstances without power and without furniture because it had been hocked or sold,
- lack of money to pay for food or electricity, or being caught in a constant cycle of having to pawn goods to pay for these essentials
- neglect of children, including going to school hungry or with soiled clothes
- family discord, precipitated by having to rely on relatives or lying to cover up gambling related debts
- the consequences of theft, including family conflicts or contact with the criminal justice system

In addition, many respondents commented on the negative impacts on individual's self esteem resulting from gambling-related problems. For example: *"People who gamble lie to the people they are close to, and steal from them – they don't mean to, it's an addiction and they hate themselves afterwards"*.

Both Aboriginal community members and service providers said they felt problems associated with gambling in Aboriginal communities were getting worse. One service provider said: *"Clients tell me that when they were young it used to be social. Money used to stay in the community and winnings were shared with cards. Now it's machines and the 'black hole'"*. One Aboriginal community member noted that the new machines had credits that went through faster and that they now took notes, referring to them as "fast gobbling machines".

Shame, stigma and denial were frequently mentioned in consultations as characterizing experiences of problem gambling for Aboriginal people, and were also commonly suggested as an explanation for reluctance by some Aboriginal people to seek help for problems associated with gambling. It was noted by Aboriginal community members that denial of gambling related problems was particularly likely to be an issue for Aboriginal people who worked in professional roles or who were respected elders in the community. While gambling was seen as a widely accepted form of socializing, problems as a result of gambling were seen as a weakness and seeking help for gambling problems was considered shameful:

*"If you see a gambling counsellor its saying you're a loser. [People] don't understand the psychological escape gambling is for some people and how difficult it is to walk away"*.

Aboriginal cultural norms of sharing and bailing out those who might have gambled away all their money were seen by some gambling counselors as enabling people to sustain significant gambling habits through reducing the financial consequences of their habits. Aboriginal community members also talked of the interaction of family and

community sharing with gambling practices, suggesting that it widened the negative impacts of an individual having gambling problems to affecting whole families and communities. One participant stated that he may as well enjoy gambling his money because he'd only have to give it to someone else.

## **7.5 Links between gambling, substance misuse and health**

The relationships between gambling and alcohol, drugs and tobacco were discussed in most consultations. It was noted by both Aboriginal community members and service providers that Aboriginal people who have drug and alcohol problems often had gambling problems as well, although the gambling problems might not always be identified if and when they attended drug and alcohol services. It was repeatedly noted that patterns of gambling mirrored 'addictions' to alcohol, drugs and tobacco, and the view was expressed by both Aboriginal community members and services providers that Aboriginal people might be particularly susceptible to these 'addictions'.

In several ACCHS sites, drug and alcohol counselors were identified as the main service providers who responded to gambling issues. These service providers noted that people who were giving up drugs or alcohol often increased their gambling activities, and proposed this might be the result of people: having more money, needing to keep occupied; looking for an escape from stress; or because gambling provided a 'rush' or excitement that could substitute for that produced by drugs. Several drug and alcohol service providers expressed the view that gambling was viewed as the "lesser of three evils" of drugs, alcohol and gambling. Another comment made during consultations was that some people used drugs to stay awake so they could gamble for longer.

Many venues being licensed for both gambling and alcohol was seen as supporting the interaction between these two behaviours, particularly for people experiencing problems. It was also noted that Aboriginal people, who are more likely to smoke, might be particularly impacted on by changes to laws on smoking in pubs and clubs, which in some venues meant the gaming room was also the allocated smoking area. Conversely, requiring people to leave the gaming room to smoke was seen as having potential benefits for Aboriginal people through it being a way of breaking the trance like state that some people playing pokies entered. NSW legislative changes banning smoking in all indoor areas of pubs and clubs came into effect in July 2007, after consultations for this project were completed.

Several Aboriginal community members noted that excessive time spent gambling was very likely to have negative impacts on health, including people smoking more, being inactive, forgetting to eat, or eating the junk food available in venues. One gambling counselor said "*gambling clients don't eat well. They might say I'll have a good meal when I win. When they loose they don't eat or eat poorly.*"

Many respondents commented on the links between gambling and depression for Aboriginal people, noting that people who were depressed seemed more likely to gamble, and that gambling could make depression worse by causing serious financial and family problems.

## **7.6 Gambling treatment services – views from Aboriginal communities**

Aboriginal community members and ACCHS service providers consistently expressed the views that few Aboriginal people accessed mainstream gambling treatment services. In some locations, informants reported never having heard of this happening; in other cases ACCHSs made referrals to local mainstream treatment services and were aware of some cases of people having accessed these services.

At one ACCHS participants reported that short term funding had allowed a visiting half day per week service at the ACCHS from a gambling counselor based at the local Neighbourhood Centre. Although the counselor was reported to be well accepted by Aboriginal community members, respondents noted the service was not always well used and that it was discontinued when the funding ran out. Suggested reasons for lack of uptake of the service were stigma and people being in denial, as well as the short term duration of the program meaning there had been limited time to build up trust, a client base and referral networks

ACCHS service providers made several suggestions on models they thought might be successful to deliver gambling treatment services to Aboriginal clients. These included:

- a regional model where a counselor travels between towns in a specific region
- phone counseling which might be good for some people as it is less personal and confronting, and more anonymous. Staff from several ACCHSs involved in consultations noted the ACCHS may be able to provide a confidential space for phone counseling that might increase uptake for Aboriginal people.

The issue of whether or not gambling treatment services for Aboriginal people were best located at an ACCHS was the subject of some debate amongst participants. Perceived advantages of a financial and gambling counselor being based at an ACCHS were being able to use an opportunistic approach, and a greater chance of services being delivered in a culturally appropriate manner. Disadvantages were that the stigma surrounding help seeking for gambling related problems might mean people were reluctant to be seen to be accessing gambling treatment services by other community members who worked at the ACCHS. The potential for stigma meant that locations needed to be discreet, and co-located with other services so that Aboriginal people could walk through the door without feeling shamed.

ACCHS service providers noted that case management approaches and the possibility of residential rehabilitation would be appropriate for Aboriginal people who had serious gambling problems. It was suggested that the personal support program used by the Department of Community Services might provide a useful model for this support.

The importance of gambling counseling dealing with issues other than gambling was stressed by several interviewed ACCHS service providers. For example, providing assistance with access to educational and employment opportunities, as well as identifying and managing depression and relationship issues were seen as key to the

success of interventions to support individuals with significant problems related to gambling.

### **7.7 Gambling treatment services – views from providers**

A majority of gambling treatment service providers consulted said they currently saw only small numbers of Aboriginal people as clients. Most gambling treatment services in areas with significant Aboriginal populations reported having made some attempts to target Aboriginal clients, with varying levels of success, although only a few services reported having formal or strategic involvement with Aboriginal organisations or individuals.

The few service providers who described specific, significant and successful targeted efforts to engage with Aboriginal organisations, communities and clients had used one or more of the following strategies:

- developing working partnerships with Aboriginal community organisations
- employing or otherwise working with Aboriginal Workers
- visiting community settings to engage with Aboriginal clients or to deliver outreach services
- developing specific Aboriginal resources and programs
- training staff in working cross culturally with Aboriginal people

Partnerships with the local ACCHSs were described by a provider from one gambling treatment service that delivered a part time service at the ACCHS, and two others that reported developing a similar model with their local ACCHS at the time they were interviewed. A small number of other services reported having established links and referral pathways with local Aboriginal community organisations, including ACCHSs, or with Aboriginal drug and alcohol rehabilitation centres.

A couple of gambling treatment services described employing local Aboriginal community members to work as Liaison Officers, as a key way of building relationships and improving access to services for Aboriginal people. In another service, an Aboriginal intake officer participated in outreach to clients and community education activities. Another service reported having developed links with a local Aboriginal Drug and Alcohol counselor, who told potential Aboriginal clients about available services and organized referrals.

Community visits and outreach were another group of reportedly successful initiatives reported by several services. These involved gambling treatment services staff visiting settings where Aboriginal people gathered, often in the company of an Aboriginal community member. Meeting Aboriginal people in a relaxed and familiar environment was seen as an aid to the development of trust, and thereby improving access to gambling treatment services.

*“We’ve employed an Aboriginal outreach worker to help clients access the service. You need a long term commitment. You have to go where they are and work with them because Aboriginal people are very different”.*

In an example of outreach in a specific setting, one service reported that visiting the local jail with an established and trusted visitor as having been an effective way to engage Aboriginal people with gambling problems, particularly men.

As well as outreach services, gambling treatment service providers identified a few other Aboriginal-specific programs that their services had been involved with, and that had been successfully implemented. These were:

- Yarn-Up Days: monthly social events in a rural location where all community services were invited to promote their services to the community and network. Free transport and healthy food were provided. Attendance and feed back were reported as being excellent.
- Developing Aboriginal specific gambling brochures: several services reported working collaboratively with local Aboriginal organisations to create brochures about gambling and available services
- Including gambling in the context of other programs, such as anger management or dealing with depression. One service included gambling issues within a 2 day Suicide Intervention workshop it conducted for Aboriginal Health Workers throughout the region.

One service described their experience of attempting to establish an Aboriginal specific gambling support group in consultation with local community members:

*“We found great difficulty delivering an outreach group to the Aboriginal community. Although staff and some individual visitors to the community centre were supportive and interested we had difficulty attracting Aboriginal problem gamblers to the group. As there was insufficient attendance we realised that the weekly group was not the most effective way to provide access to treatment or information and then focused on a brochure. We consulted with an Aboriginal worker, an Aboriginal elder and an Aboriginal artist to design an Aboriginal brochure that would be culturally appropriate. We remained concerned that there appears to be no Aboriginal problem gambling service and from our experience in the community we are aware that a problem with gambling does exist. The brochure hopefully will encourage Aboriginal problem gamblers to seek help. We have distributed these brochures in community centres and activity centres where Aboriginal people go”.*

It was common for consulted service providers to state a willingness to work more with Aboriginal clients but to express they did not know how to, or didn't have the resources to do so. Examples of statements to this effect were: *“We would like to offer our services to Indigenous people but we receive no referrals”* or *“We would work in culturally appropriate ways if we knew what to do”*. One respondent reported: *“We're looking at making some mainstream programs more Aboriginal friendly. We need to be aware of Aboriginal issues”*.

Although the majority of gambling treatment services reported that some staff had completed Cultural Competency Training (mostly through the College of Community Welfare Training), only ten of the thirty five consulted (29%) had staff with any specific training in Aboriginal cultural competency.

Two service providers described their views and experiences of successfully engaging with Aboriginal people and communities at a service and individual level:

*“We believe we have a good working relationship with members of the Aboriginal community and they appear to be enthusiastic about working with us. It’s really hard to walk through our door, there are a lot of barriers, - the stigma and its non Aboriginal territory. We always have the door open, we will see people where they are comfortable. To make Aboriginal people more comfortable we asked an Aboriginal painter to paint a big painting expressing that anyone is welcome. That painter then came for gambling counseling. People come different ways, we go out into the community and give talks”.*

*“Whilst I am aware of those who do have challenging gambling behaviour it is a hard task to get them to open up to me. I do this by gaining their trust and getting to know them on a social and cultural level first. I often see these people in informal settings and the counselling process is very relaxed and unstructured. I have found working with Aboriginal communities to be a very slow process but an extremely rewarding and fulfilling one also”.*

General themes that emerged from the discussions with gambling treatment service providers who reported some level of engagement with local Aboriginal communities were the need to take time to build relationships and develop trust, and the importance of working with Aboriginal communities and organisations.

At an individual level, barriers to Aboriginal people accessing mainstream services suggested by providers included:

- Services being “non Aboriginal” territory
- Lack of outreach services
- Volume and inappropriateness of ‘paperwork’ including commonly used forms and assessment tools

Several counselors expressed the view that it was inappropriate to ask an Aboriginal client to sign confidentiality and Client Data Set forms, suggesting that Aboriginal clients often felt ‘put off’ and uncomfortable if they were asked to sign forms or asked if they would like to chat in a more private setting.

Gambling treatment service providers who reported experience of working with Aboriginal people suggested some differences and key features of working effectively to address gambling issues in this group. These were:

- taking time to build relationships and developing trust

- engaging with family, and advising them on effective ways to support people with gambling problems
- reducing access to money, including getting bills automatically deducted and limiting access to credit.
- awareness raising, including educating people about the unlikelihood of winning
- supporting clients to deal with surrounding issues such as relationship strain, depression, grief, stress, isolation, and anger
- looking at gambling in the context of addiction and ensuring clients don't switch to alcohol or drug use

## 7.8 Screening, community education and other responses

Developing community awareness activities to reduce stigma that inhibited people from seeking help was seen as a key aim for improving the uptake of gambling treatment services by Aboriginal people, and reducing gambling-related harms. The stigma associated with seeking help for gambling problems was contrasted by ACCHS service providers and Aboriginal community members with the relative normalisation of seeking help for drug and alcohol issues in an Aboriginal community context: *“A real issue is to break down the stigma of gambling by putting it out there for what it is”*.

ACCHS service providers suggested that one possibility to deal with the problems of the stigma associated with gambling would be for gambling information and support to be delivered as part of a holistic health and wellbeing program. One example of a possible opportunity for this type of activity would be to add gambling issues to the agenda for a ‘family camp’ that was being run by the ACCHS, and already included information and discussion sessions about diabetes and justice issues. Similarly, Aboriginal women’s and men’s groups were seen as possible settings for discussing gambling issues in a non-threatening way.

Another suggestion from ACCHS service providers was that screening for gambling problems could form part of an Adult Health Check.<sup>5</sup> It was noted that screening questions to be used in this context would need to be brief, and that those administering the screening would need to be trained and have clear guidelines about appropriate referral pathways to be used should problems be identified. The majority of ACCHS service providers consulted said they currently didn’t know where to refer someone with gambling issues.

The need to assess gambling problems routinely, including for clients of drug and alcohol and mental health services, was emphasized by ACCHS service providers and Aboriginal community members. It was also suggested that staff and management of Aboriginal organisations should be made more aware of gambling issues and particularly, of referral pathways for people with problems.

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<sup>5</sup> Aboriginal and Torres Strait Islander Adult Health Checks are a periodic comprehensive health check that is supported by a Medicare benefit, that are available to all Aboriginal and Torres Strait Islander people every two years. The check includes screening people for a range of physical and psychosocial health issues, as well as providing advice and initiating appropriate follow up and management.



Another specific suggestion was to develop a brief intervention that could be delivered by Aboriginal Health Workers and others working in the ACCHS clinic, with the suggestion that this could be modeled on other demonstrably effective brief intervention models such as those used for tobacco.

Aboriginal community members suggested that efforts to educate Aboriginal people about gambling issues should target high school students and young people because of the increasing difficulty of changing habits as people became older and habits became ingrained. It was also suggested by Aboriginal community members that educational materials focused on describing how poker machines worked would be useful, as many people in the community did not appear to have a good understanding of this issue.

Several Aboriginal community members and ACCHS respondents noted the importance of developing alternative recreational activities for young Aboriginal people in rural areas, so that these could replace gambling in people's lives. It was stressed that for this to happen, other activities would need to be at least as accessible and enjoyable as gambling.

Gambling counselors recommended that education and training around gambling issues be widespread within the Aboriginal community, in particular to let people know more about the reality of gambling as a form of entertainment or social outlet rather than a way to make money. Specific suggestions included:

- Raising awareness of issues related to problem gambling
- Training Aboriginal people to deliver community based education
- Directly addressing the stigma associated with gambling
- Ensuring people were aware of gambling treatment and support services and how to access them, including self exclusion programs
- Adding gambling issues to education and welfare programs, such as CDEP
- Ensure education efforts are in a format suitable for a person's learning ability, including people who have problems with literacy
- Suggesting alternative venues for leisure activities that are not gambling venues
- Support and develop general coping skills

## **7.9 Gambling venue issues**

Self exclusion was raised by one Aboriginal community respondent, who acknowledged that it was sometimes used by Aboriginal people to limit gambling related harms. However, he also reported being aware of some people driving long distances to access alternative venues, and expressed concern that this may be more likely to result in driving while drinking. Concern was also expressed that self-exclusion shifted responsibility onto club employees who may lack confidence to say no to people, especially to individuals who were older than them and who were spending up big. One gambling treatment counsellor noted that self exclusion could work well for people living in small communities as they are more likely to be identified by pub or club staff, and they may lack transport to drive to the next town. It was noted that clients needed to fully

understand the self-exclusion process, and often required intensive follow up to assist them to cope with the major changes and consequences of addressing gambling issues.

In some consultations with Aboriginal community members and ACCHSs, the subject of funds being available from local clubs to support community development was discussed. In one rural location, while participants had some awareness of funds from the local club being distributed to community organisations, participants in the consultation meeting were unaware of the process used to allocate these funds, or that any funds had been allocated by the club to Aboriginal community organizations in recent years. It was noted during this consultation that the majority of the local club's patrons were Aboriginal people. Several respondents said there was a need for clubs to distribute funds to community organizations in a more transparent way, including to Aboriginal community groups, and that funding application processes should be better publicized.

Several suggestions were made by Aboriginal community members for general changes to gambling environments that may reduce problem gambling for Aboriginal people, including:

- limits to the amounts that could be gambled at one time, similar to limits on drinking
- PIN numbers to use with pokies so that total expenditure over a specific time period could be gauged
- Banning smoking in the vicinity of machines

## **8. Discussion and future directions**

### **8.1 Methodological issues**

This project methodology has involved Aboriginal people, and engaged with Aboriginal communities, in several ways, including through having input from an Aboriginal Community Advisory Group, and through the involvement of the Aboriginal community members who are involved in the governance and work of both the AH&MRC and NSW ACCHSs, as members of the project team, facilitators and informants.

Throughout the course of the project, specific processes were used to ensure and document Aboriginal community control over research processes, as well as adherence to protocols for working appropriately with Aboriginal communities. These included:

- the review and endorsement of the project proposal, and of the draft project report, by the AH&MRC Board
- the review and endorsement of the project proposal, and of the draft project report, by the AH&MRC Ethics Committee
- obtaining formal community consent from the Aboriginal communities involved in consultations

The resources available for the project limited the number and nature of consultations undertaken. Aboriginal community consultations were conducted in nine locations around NSW, including in urban, rural and remote regions. Consultations with gambling treatment providers were largely limited to those funded by the RGF. A large number of health, community, welfare and other organizations and individuals might potentially have interests in gambling issues for Aboriginal people in NSW, of which relatively few were consulted. Despite these limitations, the validity of the reported findings is supported by the consistency of many of the expressed views and experiences of Aboriginal community members, service providers and other stakeholders involved in the project's consultations.

### **8.2 Gambling and Aboriginal communities**

Evidence from population-based surveys nationally, and in states other than NSW, is consistent with the reported views of all consulted for this project, in suggesting that many Aboriginal people participate in a range of gambling activities that is similar to other Australian population groups, including EGMs, TAB, Bingo and card playing. Community card playing was identified as having particular significance in recent history for Aboriginal people in NSW, as for those from other geographical locations (Altman 1985; Goodale 1987; McMillen & Togni 2005).

Specific quantitative estimates about rates of participation of NSW Aboriginal people in gambling activities are currently lacking from published analyses of research or other analyses. However, despite this lack of data, there seems little doubt that gambling activity is very common in NSW Aboriginal communities.

Gambling activities were noted during consultations to be normalized and enjoyed as a significant part of community life in all the Aboriginal communities in NSW where consultations were conducted. Some participants stressed the link between contemporary enjoyment of gambling and earlier times where card circles played a major part in the social life of a community, whereas others focused on recent changes in gambling practices and impacts, with the shift towards more institutionalized gambling including EGMs, where money lost through gambling moved out of the community rather than being redistributed within it.

While gambling activities were widely noted to be accepted within Aboriginal communities in NSW, those consulted noted that gambling-related problems were often not acknowledged and were often denied by people who were having problems that were obvious to other members of their family or community. This denial was attributed by those consulted to be likely due to feelings of 'shame', and was likely to result in significant stigma being associated with Aboriginal people seeking assistance with gambling-related problems.

NSW Aboriginal community members consulted during this project were very clear on the serious nature of problems some members of their communities experienced because of gambling activities, including at both the individual and family level. When the topic of gambling was introduced during consultations, it was very common for Aboriginal community members to start off by saying "gambling is a big problem in our community" or expressing similar sentiments.

Specific gambling-related problems identified by participants in consultations included: severe financial problems, failure to care adequately for children, family fighting and violence, criminal activity and incarceration. The social and economic disadvantage many Aboriginal people experience is likely to make gambling-related financial problems more common, and their impacts more severe.

Aboriginal community members noted that because sharing of limited resources was a key feature of community life, the negative impacts of the gambling problems of individuals could have wide-ranging impacts on families and communities. This has implications for responding to problem gambling issues in Aboriginal communities, in that support for families must be a key component of service responses.

Many gambling treatment service providers said they had limited time and resources to spend on community education activities, although examples of specific projects and activities were described. ACCHSs and Aboriginal community members suggested it would be useful to incorporate coverage of gambling issues in general Aboriginal community events and activities and health promotion activities such as family camps, with this being one way of avoiding the potential for stigmatization of more targeted approaches.

Efforts to improve the number, range and quality of accessible recreational activities that can provide alternatives for Aboriginal people, particularly youth, are likely to have a

range of benefits for Aboriginal communities, including reducing levels of gambling activity. While acknowledging that NSW Clubs' community benefits schemes are only one potential source of funding to support the development of alternative recreational activities for Aboriginal communities, it is noted that little information was available about whether NSW Aboriginal community organisations or community development projects were commonly the recipients of these gambling-generated funds through the NSW. Anecdotally, consulted Aboriginal community members were aware of only a couple of cases where local clubs had funded local Aboriginal organisations or sporting teams. In addition, most Aboriginal community members were unaware of the potential availability of funds through clubs' community programs, and did not know how to apply for this funding. In the interests of equity, it is important that Aboriginal community organisations are made aware of opportunities for funding that might be available through NSW clubs and other sources, and that clubs are encouraged to support Aboriginal community organisations and initiatives. There are particular potentials for benefit in rural areas, where the lack of recreational facilities were commented on by many participants, including as being a contributing factor to gambling activities likely to result in problems.

### **8.3 Gambling treatment services and Aboriginal people**

Mainstream gambling treatment providers and Aboriginal community members consulted for this project were consistent in their expressed views that Aboriginal people did not often seek assistance from mainstream gambling treatment services. Identified contributing factors were the lack of available services, their inappropriateness for Aboriginal people, as well as a reluctance by Aboriginal people to seek assistance with gambling problems because of the associated shame and stigma.

Two general approaches to responding to the lack of uptake of mainstream services are to work towards ensuring mainstream gambling treatment services are more appropriate and accessible to Aboriginal people, and to develop and support Aboriginal-specific gambling treatment services and service providers.

A few mainstream gambling treatment services described how they had successfully engaged with local Aboriginal communities. The most important factors contributing to success identified in their accounts appeared to be working closely in partnership with an Aboriginal community organisation or a key individual Aboriginal community member, and taking time to build relationships and trust. Models that were reported as useful to engage with Aboriginal people were outreach services, including to ACCHSs or correctional facilities, and the inclusion of gambling issues and content in other programs such as anger management or suicide prevention.

Many gambling treatment services admitted they lacked the required knowledge, skills and confidence to do engage with Aboriginal communities. Possible ways of assisting mainstream services interested in engaging with Aboriginal communities could include:

- training about Aboriginal cultural issues and appropriate methods of engaging with Aboriginal communities

- developing resources about Aboriginal issues and collaboration including documenting case studies of successful engagement
- local, regional and statewide meetings and other networking activities that would provide opportunities for gambling treatment services to share information and experiences with Aboriginal community organisations, and with each other about working with Aboriginal communities

It would also be possible to actively facilitate partnership development by supporting local or statewide brokers, or requiring evidence of progress with partnerships in funding performance agreements for gambling treatment services operating in regions with significant Aboriginal populations.

While no currently active Aboriginal-specific gambling treatment services were identified in NSW during these consultations, their possibility was discussed in most consultations. Possible approaches that were supported by Aboriginal community members and ACCHS service providers were:

- regional financial counselors that visited a number of towns on rotation
- case management and conferencing and the possibility of residential rehabilitation for people with severe gambling associated problems
- Aboriginal-specific telephone counseling in a confidential space

In view of the diversity of views expressed by participants about the appropriateness of locating face-to-face gambling counseling services within an ACCHS setting, it would be important that the preferred location for services was specifically discussed with local Aboriginal community representatives before a new service was established, to ensure it was appropriate to meet local Aboriginal community needs and circumstances.

#### **8.4 Identifying and assisting Aboriginal people with gambling associated problems**

Feelings of shame and stigma were consistently identified as major factors in the reluctance of Aboriginal people to seek help for gambling related problems, by both Aboriginal community members and gambling treatment service providers.

Using a specific screening tool would be one way of providing opportunities for gambling practices to be identified and discussed and for problems to be identified and responded to. No screening tools useful for identifying gambling-related problems developed or validated for use with Aboriginal population groups were identified during this project. The development of a valid, culturally appropriate screening tool for use in Aboriginal health and community settings may aid the identification of Aboriginal people with gambling problems.

Regular screening and assessment, including for chronic disease risk factors, substance misuse and mental health conditions such as depression, is increasingly being advocated as part of an organized approach to delivering high quality primary health care to Aboriginal population groups (NACCHO 2005). The Aboriginal and Torres Strait Islander Adult Health Check, Child Health Check and Older Person Health Check are

each Medicare funded health screening and assessment procedures, that include coverage of chronic disease and mental health issues. Although uptake is currently limited, their use is recommended for all individuals every two years (for Adult Health Checks) and every year (for Child and Older Person Health Checks). These checks would provide an opportunity for the delivery of screening assessments for gambling problems to be performed routinely in Aboriginal primary health care, and would be one way of detecting gambling issues. Other suggestions from ACCHS staff about how screening for gambling-related problems might be operationalised in an Aboriginal health and community setting was through screening participants in drug and alcohol programs or as part of mental health assessments.

For screening to result in benefits, staff undertaking the screening must be equipped with information and expertise to respond appropriately when a problem is detected. In view of the limited knowledge ACCHS staff expressed about local gambling treatment and support options, there is a need for the development of local referral pathways and directories, and measures to ensure all relevant staff are aware of them.

Depression, grief and loss, and substance misuse were frequently raised when Aboriginal community members and treatment service providers were discussing gambling issues for Aboriginal people, with many commenting on the close links between these problems. The importance of having a holistic approach that addresses mental health and substance misuse as part of addressing gambling problems was repeatedly stressed.

Aboriginal community members suggested that concerns about confidentiality would be an important barrier for Aboriginal people to access gambling treatment services, highlighting the importance of ensuring existing or proposed gambling treatment services give attention to confidentiality policies and their implementation.

## **8.5 Workforce issues**

Gambling treatment providers and services noted overall workforce shortages in the gambling counseling sector, and highlighted particular shortages of gambling counselors with specific skills in caring for Aboriginal client groups and of financial counselors who were themselves Aboriginal. Any overall workforce shortages are likely to be compounded in rural areas.

Several possibilities for workforce development likely to have benefits for Aboriginal people seeking assistance with gambling related problems were suggested during the consultations performed. One focused on the development and delivery of specific training for financial and other gambling counselors about Aboriginal cultural issues and specific strategies they might apply to providing care for Aboriginal clients with gambling-related problems. This type of training could be delivered as part of a initial qualification or as units in a continuing professional development process.

A second possible approach to building workforce is the development and delivery of a specific accredited training course to enable Aboriginal Health Workers (AHWs) and others to qualify as specialist gambling-related counselors. A third is to improve the

promotion and other measures to facilitate a greater uptake of existing financial and gambling counseling training to Aboriginal people, including through targeted promotion and possibly through other means such as scholarships and the provision of other supports to Aboriginal people interested in this training.

There is also scope to develop and deliver training modules about gambling to include in general training for AHWs, or for those working in clinical, drug and alcohol and mental health roles, where contact with Aboriginal people with gambling problems is likely.

## **8.6 Data and research**

The frequency of participation by Aboriginal people in gambling activities, and how it might compare with other Australian population groups, is difficult to answer conclusively from the available evidence. It may be possible to obtain data about the frequency and nature of gambling activities for Aboriginal people through the inclusion of enhanced samples within other large-scale population based surveys about gambling, or through asking questions about gambling in large-scale population-based surveys such as the National Aboriginal and Torres Strait Islander Health Survey or the Household Drug Survey. It should be noted that telephone-based surveys may result in the under-representation of Aboriginal people, because Aboriginal people are more likely than the general population to live in households that don't have telephones.

Similarly no sources of data specifically report on the frequency of gambling-related problems for NSW Aboriginal populations were identified during this project. Similar methodological approaches as those described above might be employed to make such estimates.

Several specific issues were identified during the project that may be worthy of further investigation through research to inform the development of appropriate prevention and treatment interventions. These are:

- Aboriginal people's experiences of shame and stigma associated with gambling
- links between grief and loss issues and gambling for Aboriginal people
- gambling views and experiences of Aboriginal youth

In addition, the development and use of culturally-appropriate methodologies will be important to the effective evaluation of Aboriginal-specific gambling awareness raising, prevention, education activities and treatment services, as well as of the utilization and effectiveness of mainstream gambling services for Aboriginal population groups.

## **8.7 Policy development**

Reviewed gambling policy documents suggested that Aboriginal people and their organisations have not played a significant role in the development of gambling related policy in NSW. Ensuring the perspectives of Aboriginal people are included when future gambling related policy and programs are being developed is considered essential, and



consistent with the core principle of Aboriginal self-determination, endorsed by national and NSW governments.<sup>6</sup>

## **8.8 Ways forward**

Although many ideas were expressed during consultations about possible measures to respond to gambling issues for Aboriginal communities in NSW, responses to date appear to have been piecemeal. Only a few gambling treatment services were able to identify successfully implemented Aboriginal-specific strategies and projects. Although gambling issues were clearly identified as being significant issues for Aboriginal communities, it seems that current efforts to respond to them lack a critical mass, and may be hampered by the range and diversity of potential health and community organizations at least potentially involved in identifying and supporting Aboriginal people with gambling problems and their families, as well as in education and prevention activities.

The establishment of a central unit to lead, coordinate and support responses to gambling issues for Aboriginal people throughout NSW would address some of these issues. The Aboriginal Gambling Service at Nunkuwarrin Yunti in South Australia has been operating for nine years, and could provide a useful model for the development of a sustainable, successful statewide Aboriginal-specific community controlled gambling service in NSW. Such a unit could provide a base from which community awareness raising, service and workforce development initiatives and policy input could be driven, and also be a point of contact for input into gambling policy, data issues, research and evaluation as they relate to Aboriginal communities and population groups.

The AH&MRC is well placed to host such a unit, because of existing well developed links with Aboriginal communities throughout NSW, including close links with a network of ACCHSs that would be key stakeholders in responding to gambling issues in each location; the co-located Aboriginal Health College; and experience in coordinating statewide responses in related areas of Aboriginal public health and wellbeing such as drug and alcohol issues.

The AH&MRC has been provided with short term funding by the RGF to start the work of responding to problem gambling in NSW Aboriginal communities. A plan to prioritise and implement strategies and activities related to gambling in Aboriginal communities is being developed, based on the findings of this project and ongoing discussions with Aboriginal communities, gambling treatment providers and other stakeholders. Ongoing support for AH&MRC would allow this work to be continued and extended, within a holistic and Aboriginal community controlled framework.

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<sup>6</sup> See for example: Two Ways Together: Partnerships: A new way of doing business with Aboriginal people, NSW Aboriginal Affairs Plan 2003-2012.

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## **Appendices**

## **Appendix 1: Membership of Project and Community Advisory Groups**

### **Project Advisory Group members**

- Christine Corby, Director, Aboriginal Health & Medical Research Council and Chief Executive Officer Walgett AMS
- Catherine Richardson, Department of Gaming and Racing
- Michelle Tjhin, Centre for Drug and Alcohol NSW Department of Health

### **Community Advisory Group members**

- Ray Dennison, Director Aboriginal Health & Medical Research Council and Sexual Health Aboriginal Health Worker, Pius X Aboriginal Corporation, Moree
- Jean Charles, Aboriginal Community Member, Balranald
- Danny Kelly, Director Aboriginal Health & Medical Research Council, and Coordinator Balranald Aboriginal Health Service

## Appendix 2: AH&MRC Gambling project consent form

Name of AMS: \_\_\_\_\_ Name of town/community: \_\_\_\_\_

### **Introduction**

This form is to provide information and document consent for the Aboriginal community's participation in a project to explore the views and experiences of Aboriginal people living in NSW communities about gambling, problem gambling and harm minimisation approaches to respond to gambling.

### **Project brief**

The AH&MRC Gambling Project is being conducted by the AH&MRC Consultancy Service. Aboriginal communities in urban, rural and remote settings around NSW are being invited to participate through their AMSs. Data is being collected through community consultation meetings with Aboriginal community members in participating NSW communities, as well as through interviews with other key stakeholders.

With the consent of participating individuals, notes will be taken by the project team at each interview and meeting. These notes will be accessible only to members of the team, and will be analysed to look for common themes, as well as the diversity of people's views and experiences. Preliminary analyses will be discussed with members of the project's Reference Group and Community Advisory Groups, and included in reports about the project which may be published. No individual Aboriginal community members will be identified in any report or discussion about the project.

The project's findings will be used to inform the development of policy and practical interventions aiming to reduce harms associated with gambling in Aboriginal communities in NSW.

The main people conducting this project are:

Dr Jenny Hunt and Mr James Ward  
Aboriginal Health & Medical Research Council of NSW Consultancy Service  
PO Box 1565  
Strawberry Hills NSW 2012  
Phone: 02 9698 1099

### **Please note the following:**

1. The AMS has the right to withdraw its consent and cease any further involvement in the project at any time and without any penalty, either financial or personal, and without any reasons being given.
2. The purpose of the project, as outlined in the project brief above has been explained and the AMS has had the opportunity to ask questions about the project
3. The AMS is assured that any information it provides or any personal details of its clients obtained in the course of this project, are confidential and that clients' identity or any identifiable information will neither be used nor published
4. Participating AMSs will be listed in reports about the project. The AMS is assured that apart from this, any information provided in the course of this project that

identifies the AMS or the Aboriginal community which it serves, including de-identified data, will not be used or published without the written permission of this AMS

5. The AMS has been provided with an adequate time frame to consider the appropriateness of this project
6. The AMS is assured that the schedule for the proposed project includes provision for Aboriginal community consultation and negotiation and that the project will not proceed until any required negotiation has occurred to the satisfaction of the AMS and the AH&MRC Ethics Committee
7. The AMS is assured that the data security provisions outlined in the above brief will be adhered to
8. The AMS is assured that the ethical provisions relating to the health of Aboriginal people, as enunciated in NACCHO, AH&MRC and NH&MRC publications, have been complied with and that there are terms of reference for any variation from these protocols and that the AH&MRC Ethics Committee has endorsed the project subject to obtaining documented consent from communities.
9. This AMS freely gives its consent to the abovementioned project, subject to compliance with the conditions contained within this Consent Agreement
10. The AMS understands that if it has any complaints or questions concerning this project that it can contact the principal investigators mentioned above; the Chairperson of the AMS; or the AH&MRC Ethics Committee as follows:

The Chairperson  
AH&MRC Ethics Committee  
PO Box 1565, Strawberry Hills NSW 2012  
Telephone: 02 9698 1099

\_\_\_\_\_ (AMS) hereby authorises the above identified investigators to participate in this Project, and agrees, subject to the individual consent of participants, to release any relevant and required information for the purposes of this project.

Signed on behalf of \_\_\_\_\_ (AMS)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and position held at the AMS: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and position held at the AMS: \_\_\_\_\_

Signed on behalf of Dr Jenny Hunt and James Ward

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Appendix 3: Questions and prompts for Aboriginal community consultations**

#### **Gambling generally**

Is gambling an issue in your community?

What types of gambling do Aboriginal people do?

#### **Impacts of gambling – positive and negative**

What impacts does gambling have on Aboriginal people? Families? The community as a whole?

(If only negative issues raised) Do you think gambling has positive effects as well as negative?

#### **Problem gambling**

What do you think is “problem gambling”?

Are there any types of gambling that are more likely to cause problems?

Are there any groups of people in your community who have a lot of problems from gambling?

#### **Gambling and other issues**

Are there links between alcohol and gambling in your community?

Are there other health issues that you think are linked with gambling for Aboriginal people?

#### **Gambling treatment and support services**

Are there services that can help people with gambling problems in your community?

What about help for families?

Do you think many Aboriginal people use these services – Why or why not?

What sort of services would be best for Aboriginal people?

#### **Gambling harm prevention and reduction**

Do you know of any activities that prevent harms from gambling in your community?

What do you think might help prevent harms from gambling for Aboriginal communities?

**Appendix 4: Gambling Treatment Provider Fact Finder survey form**

**AH&MRC GAMBLING PROJECT  
"FACT FINDER" ON NSW GAMBLING TREATMENT SERVICES**

This survey is being conducted by the AH&MRC Consultancy Service as part of a project to address harm minimisation for Aboriginal people at risk of problem gambling and with problem gambling issues.

The aim of the "fact finder" is to document the range of mainstream and Aboriginal-specific services provided by each Gambling Treatment Service. To complete the survey, it will be important to consult with a range of personnel within your service.

**Please complete this survey electronically and return by email to [jhunt@ahmrc.org.au](mailto:jhunt@ahmrc.org.au) by 2<sup>nd</sup> February 2007.** You are welcome to provide as much detail as you consider relevant, and expand the cells as required. Examples of information and educational materials developed may be provided in addition to this survey. For any questions, please contact James Ward or Jenny Hunt at the AH&MRC on 02 9212 4777 or by email ([jward@ahmrc.org.au](mailto:jward@ahmrc.org.au) or [jhunt@ahmrc.org.au](mailto:jhunt@ahmrc.org.au)).

**NAME OF GAMBLING TREATMENT SERVICE:  
COMPLETED BY:**

**POSITION:**

**DATE:**

**Question 1**

Please describe briefly the nature of gambling treatment services your organisation provides

What services/programs/initiatives are provided by this service **(as part of its core service structure)** for people who are at risk of or who have problem gambling issues, including Aboriginal people? Please list them below.

**1(a) education and prevention <sup>7</sup>**

Name of service	What it does	Area or locality served (eg Area-wide, sector, specific town and its catchment)
Education program/initiative	What it is	Target group

**1(b) Treatment <sup>8</sup>**

Service – name and type	Comment (eg special expertise available)
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**Question 2**

How many Aboriginal people used your services in 2006? (if data is not available, please estimate)

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**Question 3**

Do you have any services or projects that specifically target Aboriginal people? Yes/No, If yes, please describe

**Question 4**

In relation to the services listed above, has *any specific action been taken* to increase their cultural appropriateness for Aboriginal clients, or increase their access (eg community consultation, development of information materials, outreach, partnerships or linkages, cross-referrals)? If so, please describe briefly.

**Question 5**

Have your staff had any training about Aboriginal cultural issues?  
Yes/No, If yes, please describe

**Question 6**

Does your organisation have any links to local Aboriginal community organisations?  
Yes/No, If yes please describe

**Question 7**

Would you like to add any other comments or other issues relating to Aboriginal people and gambling treatment services?

**Question 8**

We will be contacting your organisation in early February 2007 to further discuss these issues – Who is most appropriate contact person?

*THANK YOU FOR CONTRIBUTING TO THIS PROJECT.*

**Appendix 5: Results of Fact Finder survey and additional interviews  
with NSW gambling treatment services**

**Results of Fact Finder survey and additional interviews with NSW gambling treatment services**

<b>Region</b>	<b>Service</b>	<b>Target group</b>	<b>Core services and programs</b>	<b>Specific action to increase Aboriginal client access or cultural appropriateness</b>	<b>Staff training in Aboriginal cultural issues</b>	<b>Aboriginal worker/s</b>	<b>Aboriginal specific program, services or partnerships</b>	<b>Relevant short term projects or services</b>	<b>Further plans to increase access</b>
State-wide	NSW Health Centre for Drug and Alcohol and Mental Health	Treatment and prevention for people with AOD and/or mental health issues	Developing, managing and coordinating NSW Health services and policy in relation to AOD and mental health services	No	No	No	No specific programs but some Area Health Services provide gambling treatment services	No	No
State-wide	Multi Cultural Problem Gambling Service	People of CALD background with gambling problems and others affected by their gambling	Specific support and referral for Non Aboriginal CALD clients	No, refer to local services	No	No	No	No	No



Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
State-wide	G Line McKesson Asia-Pacific	Anyone experiencing gambling problems or others affected by the gambling	Problem gambling telephone assessment, counselling and treatment 24 hours per day Immediate crisis counselling Referral to relevant agencies Repeated telephone counselling and case management for problem gamblers who are unable/unwilling to attend another service Mailed information	Not specifically within G-Line	No	No	No, although service is advertised widely within NSW by the RGF and is a freecall	No	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
State-wide	Wesley Community Legal Services	Gambling counselors, financial counselors, social workers, lawyers and others working with problem gamblers. Community groups with an interest in problem gambling	Legal advice and assistance for problem gamblers and family members affected by problem gambling. Training for professionals and community groups on legal issues relevant to problem gambling.	No	No 2 solicitors have completed the course Work Effectively with Culturally Diverse Clients and Co-Workers (Not Aboriginal specific)	No	No, however, we give priority to clients who identify themselves as Aboriginal.	No	No Would like to improve effectiveness in working with Aboriginal people
State-wide	NADA: Network of Alcohol & other Drug Treatment Agencies	The peak organisation for the alcohol and drug non-government sector throughout NSW	No specific focus on Gambling	No	No	No	No	No	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
<b>Metro-politan</b>	University of Sydney Gambling Treatment Clinics - Darlington -Southern Highlands - Camden - Lidcombe and surrounding areas	Those with affected by problem gambling	Gambling treatment and counseling	Consulted with Koori Centre USyd and The Aboriginal Medical Service, Redfern.	Yes, Counselors have received 'Cross cultural' training from staff of the Koori Centre, The University of Sydney	No	Yes, Darlington service aims to increase access and usage of the by individuals with an indigenous background	No	No
Inner City Sydney	Baptist Inner City Ministries Inner City Gambling Counselling Service Hopestreet	Problem gamblers and/or their families	Counselling for anyone - individuals, couples, groups experiencing difficulties due to their own or another person's gambling	Aboriginal worker from Hopestreet is involved in the local community and the wider Aboriginal community. All staff have links to the Aboriginal community to some degree through liaison worker	In-house training with Aboriginal worker. and Working with culturally diverse clients – CCWT.	Yes, Aboriginal worker at Hopestreet	Developed an Aboriginal brochure to improve access	10 week Group at Redfern community centre	Yes, Promote service among Aboriginal community using culturally appropriate brochure

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
South Eastern Sydney	St Vincent's Hospital Gambling service	Counseling and support for problem gamblers, partners and family members	Primarily face to face  Gambling treatment; can do phone counseling	No	No	No	No	No	No
Sydney Eastern Suburbs	WAYS Waverley Action for Youth Services	Young people and families affected by their own or others gambling	Addictive Behaviours Counsellor: Short and long term therapy and referral Information and referral Education Relapse prevention Referral to financial counselling and legal services	No	No	No	No	No	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Western Sydney Mount Druitt	Mount Druitt Community Health Centre Sydney West Area Health Service	Problem gamblers and people affected by problem gambling	Face to face and telephone Gambling and financial counselling and community education	Consulted with Aboriginal community, partnerships and training with Aboriginal health workers. Aboriginal specific brochures. Culturally appropriate therapy	Yes	No	Partnership with Western Sydney Aboriginal Medical Service and Aboriginal AOD service	No	Running outreach counseling and groups at AMS. Will run Men and women's groups
Western Sydney	Western Sydney Centacare Catholic Family Services Parramatta My Druitt Blacktown	Problem gamblers and people affected by problem gambling	Gambling counseling, relationship counseling, family support, neighbour aid	Outreach in community settings. Relationship with local elders	Not formally	No	Outreach to 'The Shed' community centre	No	No
Western Sydney Penrith	Wesley gambling Counseling Service	Problem gamblers and people affected by problem gambling	Gambling counseling Financial counseling Gambling financial counseling	No	Not specifically	No	No	No	Potential partnership with Aboriginal community organisation

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Parramatta	Lifeline Parramatta	Problem gamblers and people affected by problem gambling	Gambling, financial, couple and individual and general counseling	Yes, developing relationships with local Aboriginal workers	Yes, local 2 day Aboriginal cultural training program	No	No	No	Yes, proactively developing relationships with Aboriginal services and community
South West Sydney Canterbury area	Sydney Women's Counselling Centre Campsie	Counseling, information and support for women	Gambling, counseling, depression, grief and bereavement, sexual assault, domestic violence, childhood sexual or other abuse, self esteem and alcohol or other drug use	No, small Aboriginal population in area	Some cultural issues training	No	No	No	No
Fairfield	The Salvation Army problem gambling counseling centre	Problem gamblers and their families	Gambling, counseling, financial and general counseling	No	Not specifically	No	No	No	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
South West Sydney	Liverpool Mental health and professional Gambling Unit Sydney South West Area Health Service	Counseling and support for problem gamblers, partners and family members	Primarily face to face Gambling treatment can do phone counseling	Consulted with Aboriginal health interagency. Developed Aboriginal specific gambling brochure	Yes	No	No	Attending Aboriginal women and children's camp	Yes, strengthen partnerships with Aboriginal community
<b>Northern Sydney</b> West Ryde, Eastwood, Ryde, Hunters Hill, Hornsby, Parramatta	Christian Community Aid Gambling Financial Counselling & Support Services	Problem gamblers and/or their families	Financial Counselling for Gamblers and related services and referrals where appropriate, and education	Consultation with local elder and council	Training in Working with culturally diverse clients	No	No	No	No, low Aboriginal population in area

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Northern Sydney	Lifeline Harbour to Hawkesbury Lifeline Northern Beaches	At risk people and Problem gamblers and/or their families	Financial counselling Problem gambling counselling	No	No	No	No	No	No, low Aboriginal population in area
Hornsby, Ku-ring-gai, Manly, Pittwater and Warringah local government areas									
<b>Central Coast</b> Woy-Woy Peninsula, Gosford District and Berkley Vale	Central Coast Problem Gambling (Peninsula Community Centre)	Problem gamblers and people affected by problem gambling	Counseling and support for individuals and Public awareness and education	No	Yes, Walking together culturally training	No	No, although have presented program to local Aboriginal medical service	No	No



Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
<b>Illawarra</b>	Wollongong City Mission	Those with financial problems or affected by problem gambling	Gambling and financial counseling	No	No	No	No	No	No
<b>Illawarra</b>	Mission Australia - Nowra	Problem gamblers and people affected by problem gambling	Gambling and financial counseling	No	Yes, Working with culturally diverse clients	No	No, advertise service to all Aboriginal organisations	no	No
<b>Hunter</b>	Mission Hunter Gambling Counselling Service The Great Lakes, Port Stephens, Newcastle, Maitland, Singleton, Muswellbrook, Gloucester Dungog LGAs	Government and community service organisations. Gambling clients and their partners/family	Counseling for anyone (individuals, couples, groups) experiencing difficulties due to gambling (their own or those of another person)	Developed links with Aboriginal workers within the community	Yes, working with culturally diverse clients and Aboriginal cultural awareness	No	Meetings held with Aboriginal workers of various Upper Hunter organisations	Taree Office created an indigenous gambling filer in collaboration with local Koori Interagency and Youth Project Worker - adapted for the Hunter Service	Yes, continue developing relationships with Aboriginal community

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Hunter	Cessnock Family Support Gambling Counselling Service Cessnock LGA Maitland LGA Upper Hunter	Problem gamblers and/or their families	Counseling and support Community awareness of the issues relating to problem gambling. Newsletters, brochures, and liaising with gambling venues.	No	Yes, and working with culturally diverse clients - CCWT	No	Maintain working relationships with various community organisations, including Barkuma Neighbourhood Centre at Kurri Kurri.	No	Consultation and strengthen partnership with Aboriginal neighbourhood centre
Hunter	Lake Macquarie Gambling Counseling service (Woodrising Neighbourhood Centre) Lake Macquarie; Booragul, Bolton Point Fennell Bay, Marmong Point and Teralba	Social & economically disadvantaged groups, community and individuals	Gambling counselling	No	No working with culturally diverse clients - CCWT	No	No, Neighborhood centre holds groups for Aboriginal people	No	Yes, consultation with Aboriginal community members and partnerships

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Mid North Coast NSW	Lifeline North Coast Counseling and Problem Gambling Services Coffs Harbour  Clarence Valley LGA, Bellingen LGA and Nambucca LGA	Community groups, schools, individuals and those affected by gambling, trainee counselors	Provides face to face and telephone counseling and community education	Yes, Aboriginal Art work (painted by member of local tribe) prominently displayed at Reception and in counseling room. Proactive in working with Aboriginal health workers and promoting service	Yes, Mental Health Assessment of At-Risk Aboriginal Clients. Northern NSW Gambling Counselors 'Forum: working with Aboriginal Clients. And Working with culturally diverse clients CCWT	No	Conducted a 2 day Suicide Intervention workshop in for Aboriginal Health Workers throughout the region. Regular contact with Aboriginal Agencies, particularly in health and community sector	No	Yes, through promoting service through Aboriginal health workers

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Mid North Coast NSW	Mission Gambling Counseling Service Taree, Port Macquarie and Kempsey Local Government Areas	Government and community service organizations. Gambling clients and their partners / family.	Counseling, Information and referrals to outside organisations, e.g. legal, multi-cultural, disabilities, and financial advice.	Culturally appropriate Indigenous gambling filer - Taree. Outreach service to Biripi AMS at Purfleet Mission and Town Clinic, Port Macquarie: - Established links and pathways in consultation with the services and TAFE to develop culturally appropriate information. Outreach to indigenous community or where client feels safe.	Yes, Mental Health Assessment of At-Risk Aboriginal Clients. Northern NSW Gambling Counselors Forum: working with Aboriginal Clients. And Working with culturally diverse clients CCWT	Yes, Aboriginal intake officer Taree	Developing outreach service with Biripi AMS. Financial counselor from a mainstream gambling service based at the AMS for 1 day a week. Port Macquarie: working with AMS in developing education program	Created an indigenous gambling filer in Taree in consultation with community	Yes, continue developing outreach in partnership with Aboriginal organisations

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
<b>North Coast NSW</b>	Northern Rivers Gambling Service (The Buttery) Bangalow  From Grafton to Tweed Heads and west to Tenterfield with outreach offices in Lismore; Byron Bay; Ballina; Bangalow;	Problem gamblers and people affected by problem gambling	Counseling, Raise community awareness of problem gambling; educate other service providers  Advertising; networking with other service providers	Consult with local Aboriginal controlled services RE: appropriateness of treatment for their clients who are experiencing problem gambling	Yes, much study and experience over the years and Working with culturally diverse clients - CCWT	No	Yes, Namatjira Haven, Alstonville; Casino AMS; Tabulum Mission.	No	Yes, continue to develop relationships with Aboriginal organisations
<b>North Coast NSW</b>	Lifeline Northern Rivers - Lismore	Problem gamblers and/or their families	Telephone and face to face Gambling counseling	Lismore/Northern Rivers	No	No	No	No	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
<b>North west NSW</b> Tamworth, Armidale, Inverell, Glen Innes, Gundah, Narrabri, Moree	Anglican Counselling Service Armidale/Tamworth	Anyone in the community affected by gambling	Gambling Counseling. Relationship counseling, Individual counseling for grief, depression. Provide education on Parenting, Family relationships, Skills Courses on Self Esteem, Anger, conflict resolution.	In Tamworth an education program has been written for Aboriginal anger management.	All Staff; Aboriginal Cultural Awareness , one day Workshop. Some Staff: Lois Reid College of Counseling Studies unit on Aboriginal Culture	Yes, part time Aboriginal liaison worker	Coledale Project in Tamworth; education and counseling at an Aboriginal community centre.  Pius AMS in Moree	Aboriginal liaison worker part time for past 8 months	Salvation Army Project in Moree where counselor goes to centre and meets with Aboriginal people in a group and provides education and counseling
<b>Riverina/Murray</b> Wagga Wagga	Mission Australia	Those with financial problems or affected by problem gambling	Addiction and financial counseling, Community awareness of problem gambling and education	Consulted with local Aboriginal organisations	No although experience with working with Aboriginal clients over the years	No	No	Yes, small grant to provide education to Aboriginal people	No

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Albury	St David's Uniting Church	Problem gamblers and/or their families	Gambling Counseling, financial and general counseling	No, advertise at local Aboriginal Medical service	No	No	No	No	No
<b>Western NSW</b> Broken Hill Menindee Wilcannia White Cliffs Tibookurra	Lifeline Broken Hill Inc. Problem Gambling Program	At risk people and Problem gamblers and/or their families	Counseling for problem gamblers and those affected. Prevention and education. Promote responsible gambling. Gambling support group	Work with Wilcannia Women's and Children's Safe House and The Wilcannia Aboriginal Home Care Service. Have also attended meetings with Maari Maa Health, Murdi Paaki and Thankakali	No	No	'Yarn-Up Days' in Wilcannia (monthly)	A gambling course for people in the local correction centre.	Yes, develop relationship with the Aboriginal community

Region	Service	Target group	Core services and programs	Specific action to increase Aboriginal client access or cultural appropriateness	Staff training in Aboriginal cultural issues	Aboriginal worker/s	Aboriginal specific program, services or partnerships	Relevant short term projects or services	Further plans to increase access
Wilcannia	Centacare Wilcannia-Forbes	Provide support to individuals and advice on financial management to individuals and small business.	Counselling Services. Financial Counselling. Early Intervention. Services Indigenous Youth Services. Community Education.	Workforce development strategy – currently employing two Aboriginal People as financial counselors	Yes	Yes	Financial Counselling program: Manage your Income, Manage your life	An Aboriginal financial literacy program	Yes
Bathurst Dubbo	Lifeline Central West Gambling Counselling	Those seeking financial counseling, community education and problem gambling	Financial and gambling counselling and education	No	No, Practical experience	No	No, although work closely with community workers	No	No



## Appendix 6: Collated list of all organisations consulted

Note: this list includes all organisations where a representative was interviewed, involved in an Aboriginal Community consultation, completed a Factfinder survey, or was otherwise consulted in a formal way.

Organisation	Location/coverage
<b>Aboriginal Community Controlled Health Services</b>	
Illawarra Aboriginal Medical Service	Wollongong
Bourke Aboriginal Health Service	Bourke
Tamworth Aboriginal Medical Service	Tamworth
Durri Aboriginal Medical Service	Kempsey
Tharawal Aboriginal Corporation	Campbelltown
Riverina Medical & Dental Aboriginal Corporation	Wagga Wagga
Thubbo Aboriginal Medical Service	Dubbo
Awabakal Aboriginal Medical Service	Newcastle
Walgett Aboriginal Medical Service	Walgett
Balranald Aboriginal Health Service	Balranald
<b>Gambling treatment and support services</b>	
G Line, McKesson Asia-Pacific	Sydney
Wesley Community Legal Services	Sydney
University of Sydney Gambling Treatment Clinics	Sydney, Southern Highlands, Camden, Lidcombe
Baptist Inner City Ministries Inner City Gambling Counselling Service (Hopestreet)	Sydney
St Vincent's Hospital Gambling service	Darlinghurst
WAYS Waverley Action for Youth Services	Eastern suburbs, Bondi, Maroubra, Redfern
Mount Druitt Community Health Centre Sydney West Area Health Service	Mt Druitt
Western Sydney Centacare Catholic Family Services	Parramatta, Mt Druitt, Blacktown
Wesley Gambling Counseling Service	Penrith
Lifeline Parramatta	Parramatta
Sydney Women's Counselling Centre Campsie	Campsie
The Salvation Army Problem Gambling Counseling Centre	Fairfield
Liverpool Mental health and professional Gambling Unit; Sydney South West Area Health Service	Liverpool

<b>Organisation</b>	<b>Location/coverage</b>
Christian Community Aid Gambling Financial Counselling & Support Services	North Sydney, Eastwood, Ryde, Hunters Hill, Hornsby, Parramatta
Lifeline Harbour to Hawkesbury Lifeline Northern Beaches	Hawkesbury, Northern Beaches
Central Coast Problem Gambling (Peninsula Community Centre)	Central Coast
Wollongong city Mission	Wollongong
Mission Australia	Nowra
Mission Australia Hunter Gambling Counselling Service	The Great Lakes, Port Stephens, Newcastle, Maitland, Singleton, Muswellbrook, Gloucester, Dungog
Cessnock Family Support Gambling Counselling Service	Cessnock, Maitland, Upper Hunter
Lake Macquarie Gambling Counseling service (Woodrising Neighbourhood Centre)	Lake Macquarie; Booragul, Bolton Point Fennell Bay, Marmong Point and Teralba
Lifeline North Coast Counseling and Problem Gambling Services	Coffs Harbour; Clarence Valley LGA, Bellingen LGA and Nambucca LGA
Mission Gambling Counseling Service	Taree, Port Macquarie and Kempsey Local Government Areas
Northern Rivers Gambling Service (The Buttery)	Bangalow, from Grafton to Tweed Heads and west to Tenterfield with outreach offices in Lismore; Byron Bay; Ballina; Bangalow;
Lifeline Northern Rivers	Lismore
Anglican Counselling Service Armidale	Tamworth
Mission Australia	Wagga Wagga
St David's Uniting Church	Albury
Lifeline Broken Hill Inc. Problem Gambling Program	Broken Hill
Centacare Wilcannia Forbes	Wilcannia
Lifeline Central West Gambling Counselling	Bathurst, Dubbo
<b>Other organisations</b>	
Department of Aboriginal Affairs	Sydney
Office of Liquor Gaming and Racing	Sydney
NADA: Network of Alcohol & other Drug Treatment Agencies	Sydney

<b>Organisation</b>	<b>Location/coverage</b>
Centre for Drug and Alcohol and Mental Health, NSW Health	Sydney
NSW Council of Social Services	Surry Hills
Justice Health	Sydney
Streetwize Communications	Redfern
School of Psychology, University of Sydney	Westmead
Birrilee Intensive Family Service	Wollongong
Nunquwarrin Yunti Safe Gambling Service	Adelaide