



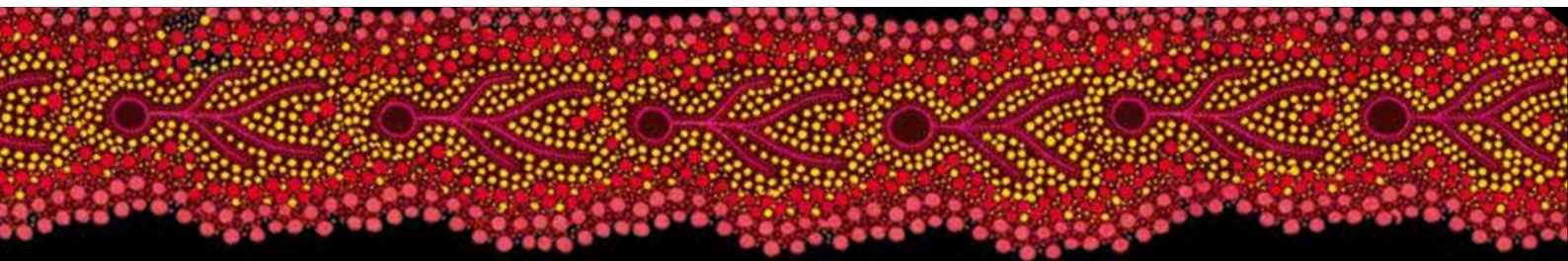
Community
report
May 2008

PRESSING PROBLEMS

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

Aboriginal Health and Medical Research Council of New South Wales





About the artist

Sid Williams is a Gamilaroi man from north west NSW, who has worked for many years in health and welfare.

“Art and expression of art has a strong presence in my family. In my younger years, drawing and painting allowed me to express myself as an Aboriginal person. But most importantly, art helps me in connecting to and maintaining my culture and heritage.”

The artwork on the cover

The story behind the cover art work symbolises the pattern/cycle of addiction, factors that impact on peoples’ lives and the journey a person may go through when dealing with addiction.

Underpinning this concept is the involvement of family and community in every aspect of dealing with gambling issues. The concept is based on the definition of Aboriginal health:

“**Aboriginal health**” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being 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.

National Aboriginal Health Strategy, 1989

Cover artwork symbolism



Lines represent the journey or path we take in life.



Dots represent life stressors, temptations, things that impact on our lives such as relationships, health status, identities and many other factors.

First Step: **DENIAL** – when people are confronted about addiction many people will deny having a problem. Many will shrug it off as being “only play/gamble once in a blue moon” and say that it’s not doing any harm.



Second Step: **RECOGNITION** – may recognise that YES there may be a problem as a result of a situation or incident but not yet ready to seek help.



Third Step – **PREPARING/DETERMINATION** – has sought help and or assistance in dealing with issues. There is some level of determination in addressing issues.



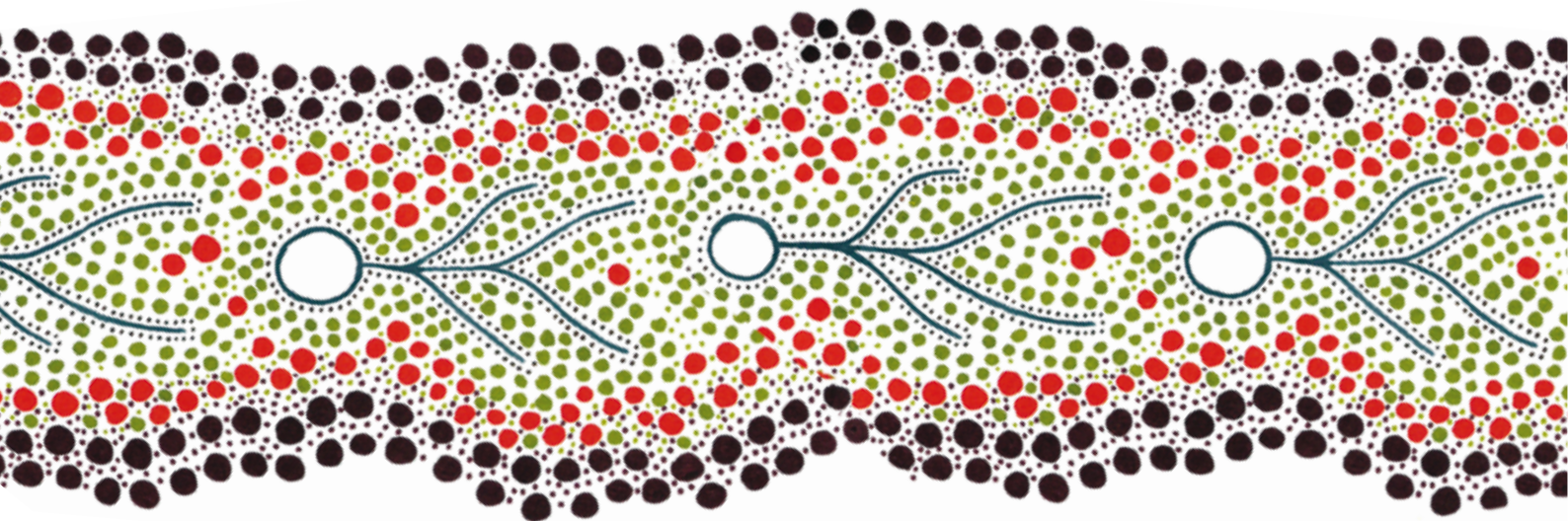
Fourth Step – **CYCLE** – incorporates several steps – getting ready to change, action to initiate change, maintenance to develop coping and behavioural skills, as well as relapse.



The lines exiting off the fourth step represent when a person has addressed addictive behaviour, moving forward.

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Why the AH&MRC conducted research about gambling

Many Aboriginal people across Australia have been concerned about gambling and its impacts on family and communities for some time.

The Aboriginal Health & Medical Research Council of NSW (AH&MRC) is the peak body for Aboriginal health in NSW, and represents and supports more than 50 Aboriginal community controlled health organisations. The AH&MRC membership identified gambling in Aboriginal communities as a major public health problem that required attention. Understanding more about gambling and its impacts on Aboriginal people could assist with policies and programs to help Aboriginal communities with gambling related problems.

This research study was developed to find out:

- how gambling affects Aboriginal communities in NSW;
- what services are available for Aboriginal people with gambling problems; and
- how to reduce the negative impacts of gambling in Aboriginal communities.

This report is a way of making the findings of the research study more available to the communities who took part, and other Aboriginal communities, as well as other people with an interest in gambling issues.

This report describes the methods of the AH&MRC gambling research study, as well as highlighting some of the main findings. It also describes ways to decrease gambling-related problems for Aboriginal people in NSW.

How the study was conducted

The AH&MRC gambling research study was conducted from 2005 to 2007.

A Project Advisory Group and an Aboriginal Community Advisory Group offered expert advice, guidance, and provided vital cultural input.

As part of the study Australian publications about gambling were reviewed including policies, legislation, research and descriptions of community and service responses for both New South Wales (NSW) and Australia.

Community consultations were conducted with 98 people in nine locations across NSW. These consultations involved Aboriginal community members, staff from Aboriginal Medical Services (AMSs) and gambling treatment service providers. The views of these groups of people about Aboriginal people and gambling were very similar.

A survey was sent to 40 gambling treatment services in NSW to find out what they were doing or could be doing when dealing with Aboriginal clients.

A final report about the study was approved by the AH&MRC Board and the AH&MRC Ethics Committee and can be accessed at www.ahmrc.org.au

Community involvement

The AH&MRC worked with nine Aboriginal communities during the research. These Aboriginal communities were invited to participate through their AMS. The specific communities and AMSs involved were:

Community	AMS involved
Wollongong	Illawarra Aboriginal Medical Service
Bourke	Bourke Aboriginal Health Service
Tamworth	Tamworth Aboriginal Medical Service
Kempsey	Durri Aboriginal Medical Service
Campbelltown	Tharawal Aboriginal Corporation
Wagga Wagga	Riverina Medical & Dental Aboriginal Corporation
Dubbo	Thubbo Aboriginal Medical Service
Newcastle	Awabakal Aboriginal Medical Service
Walgett	Walgett Aboriginal Medical Service

The Aboriginal Community Advisory Group provided advice and input during the course of the project, including reviewing and providing input into written reports. Final drafts of the project report were reviewed and endorsed by the AH&MRC Board of Directors and the AH&MRC Ethics Committee.

The findings of the research will be presented to the communities involved through distribution of this report and the ongoing work of the AH&MRC to address gambling issues. Reporting back to communities is a central requirement of culturally appropriate research.



Background information about gambling

Who gambles?

Most people in Australia gamble and more than four in ten people (42%) gamble at least once a week.

In Australia, common forms of commercial gambling include: poker machines, TAB, lotto and lotteries, power ball, horse and dog racing, footy TAB, scratchies, casinos, Keno, bingo, sporting events, and internet gambling.

NSW has the second highest levels of expenditure on gambling of any State or Territory (after the Northern Territory).

Nearly 4% of all household income in NSW is spent on poker machines. It is estimated that in 2000/01 there were 71,708 problem gamblers in NSW who lost on average \$27,000 each!

There is little published information about gambling and Aboriginal people. Not enough Aboriginal people are usually included in large population surveys to draw conclusions about their gambling.

Survey information about how commonly Aboriginal people gamble is limited. However, available evidence and the results of consultations from this study, leave little doubt that gambling is very common in many NSW Aboriginal communities.

Problem gambling

There has been a large increase in the gambling industry over the last 15 years. This increase in gambling opportunities is linked to an increase in problem gambling.

Problem gamblers are defined as people who have difficulties in limiting their money and time spent gambling. This often causes problems for the gambler, their family and the community.

It has been estimated that each problem gambler loses between \$6,000 and \$19,000 on gambling activities per year.

Poker machines are most often associated with problem gambling. About one in five people who regularly play poker machines have significant problems with their gambling.

It is thought that problem gambling is worse in NSW as there are more poker machines than in other states.

The percentage of Aboriginal people who have gambling problems is unclear. However, it is known that on average Aboriginal people have less money than the rest of the population. The average income for Aboriginal households is about 50% less than for other people living in NSW. Unemployment rates for Aboriginal people are about 20% (1 in 5 people). If people on CDEP are included, the figure would be at least 40% (2 in 5 people) – 5 times higher than rates for non-Aboriginal people. These factors are likely to contribute to significant numbers of Aboriginal people experiencing gambling-related financial problems.

Legislation

In Australia, each State and Territory Government is responsible for the regulation of their gambling industries. This includes rules on how poker machines will work, the number of machines allowed on approved sites, machine design, cash-handling and cash limited payout.

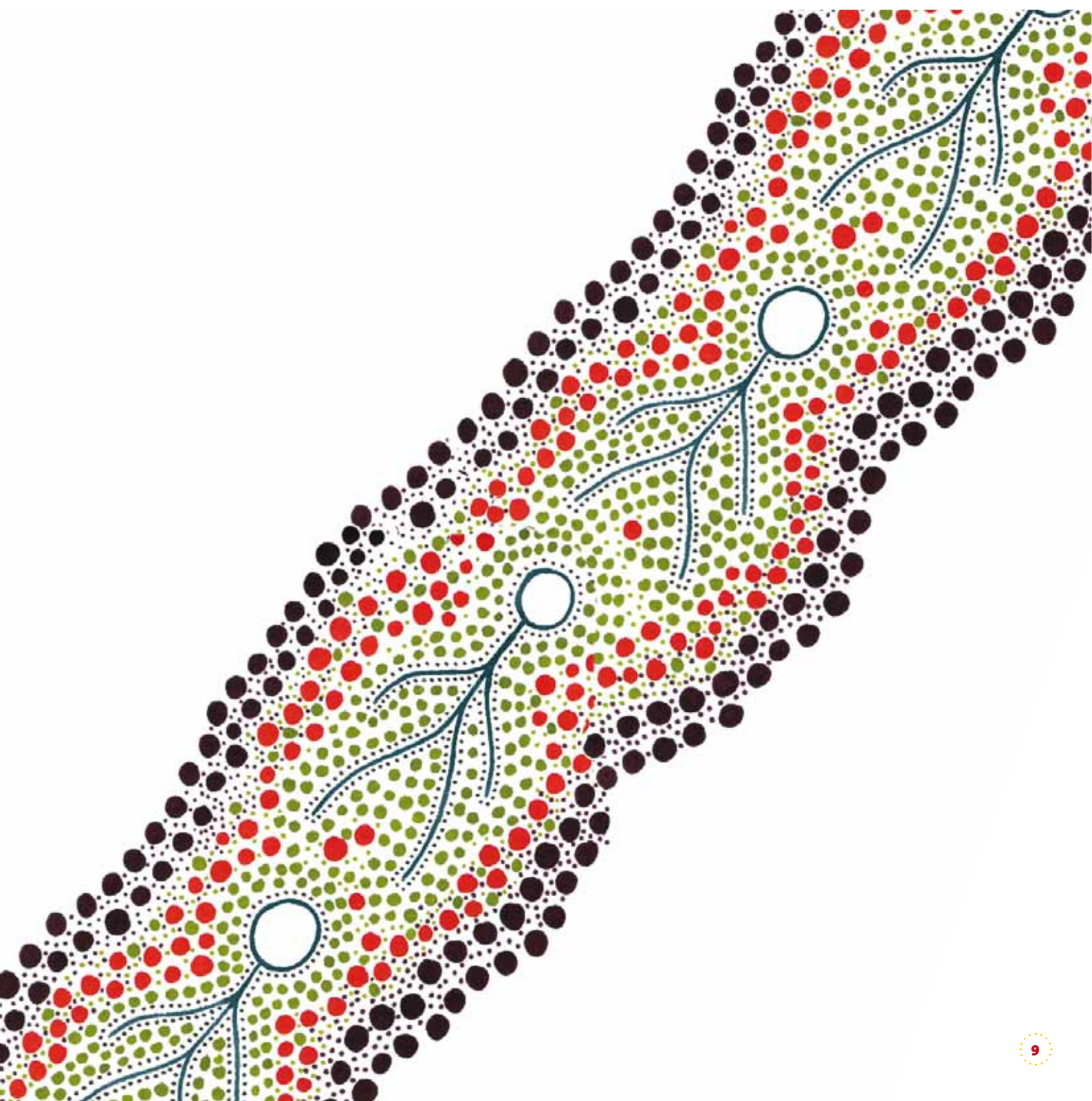
These same governments also gain from taxes raised through gambling. In NSW gambling tax represents about 10% of all government taxes.

In NSW, the Responsible Gambling Fund uses some of the money gambled in NSW to support gambling treatment services and research. Also, clubs that earn more than 1 million dollars from their poker machines each year, get a tax break if they contribute to local community projects. Few people consulted during the course of this project were aware that this happens.

Gambling takings could have a positive impact on Aboriginal Communities through the support of community projects.

Clubs should be encouraged to allocate funds to Aboriginal Community organisations, especially if Aboriginal people make up the majority of their clientele.

Funding opportunities available through clubs need to be better publicised to allow more Aboriginal Community groups to apply.



An abstract Indigenous artwork featuring a large, vibrant red and yellow dot pattern in the center, surrounded by concentric circles in blue, purple, and orange. The background is a mix of these colors with wavy, textured lines. The text "Aboriginal communities & gambling" is overlaid in white, bold, sans-serif font.

Aboriginal communities & gambling

Aboriginal gambling

Gambling activities, such as playing cards, are often viewed as an everyday part of Aboriginal social family life. It is likely that Aboriginal people gambled prior to colonisation, including wagering for food and clothing. However, card playing is attributed to contact with European settlers.

People in this research identified community card playing as having particular significance for Aboriginal people. Large card circles for adults and children were common on the earlier established Missions and Reserves. Some people remembered that card circles for children involved playing for lollies, and for older children, cigarettes.

Gambling was described as a way of socialising, particularly in rural areas where there is little else to do. People may gamble to relieve boredom and loneliness, and because some believe that they may win.

Study consultations found that many Aboriginal people participate in a range of gambling activities that is similar to other Australian population groups, including poker machines, TAB, lotto, bingo and card playing.

Women were more likely to gamble on poker machines, bingo and cards, while men were more likely to gamble on horse racing.

Consultation findings included that Aboriginal people with low incomes were more likely to experience problems with gambling because they can least afford to lose money.

“Gambling in Aboriginal Communities has a big impact because some people have low incomes and big habits.”

– Consultation Participant

Consultations suggested that problems associated with gambling in NSW Aboriginal communities are getting worse.

Gambling, alcohol & grief

Many Aboriginal people consider gambling to be a recreational activity and closely link it to drinking. This is due to the frequent co-location of gambling and alcohol-licensed premises, gambling winnings being used to purchase alcohol, and alcohol itself being wagered. Aboriginal people who have drug and alcohol problems may have gambling problems as well. It was suggested that these 'addictions' are more common among Aboriginal people because of stress, anxiety, trauma, grief, and feelings of not belonging to the community.

Participants said that often gambling was seen as being the lesser of three evils – drugs, alcohol and gambling.

Grief and loss were often identified as contributing factors to gambling for 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."

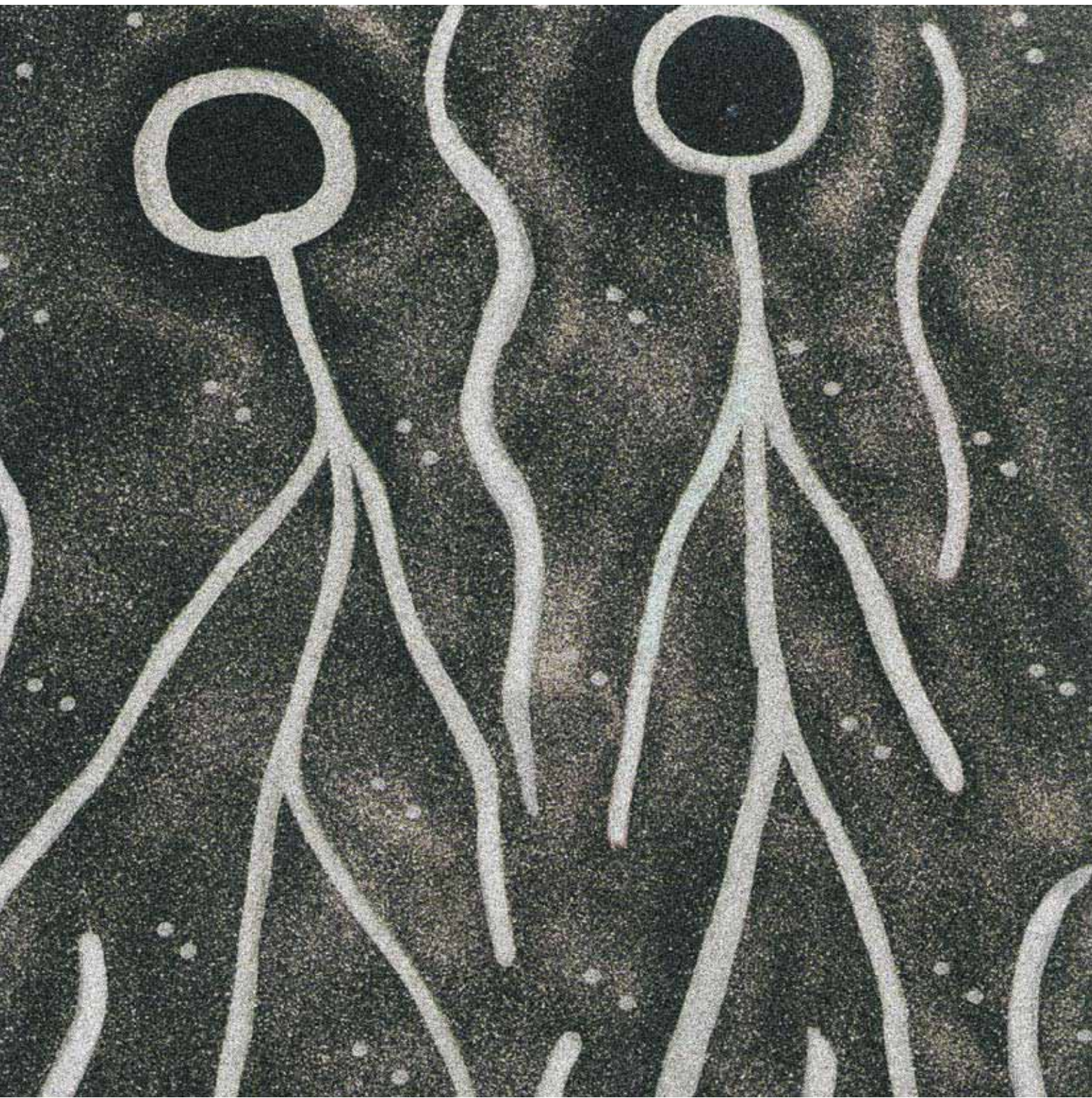
– Service Provider

"Gaming machines are good pain killers."

– Service Provider

Many people consulted during this study noted that people who are depressed or stressed seemed more likely to gamble.

People involved in consultations stated that gambling venues are appealing and easy to access. They often have long opening hours making it easy to lose track of time, are air conditioned and comfortable, and serve food and drinks including alcohol.



Problems from gambling

Gambling problems are often not acknowledged by those with the problem, or the community.

For Individuals

Consulted communities identified that gambling can cause:

- financial problems – families living without power and furniture because it has been hocked or sold;
- neglect of children – children not going to school, going hungry or wearing dirty clothes;
- family fighting and violence – through relying on relatives or lying to cover up gambling related debts;
- criminal activity and incarceration – as a result of theft;
- poor health – gamblers smoke more, don't exercise, forget to eat or eat junk food available in venues;
- depression – suicide;
- family breakdowns – separation.

“Gambling clients don't eat well. They might say ‘I'll have a good meal when I win’. When they lose they don't eat or eat poorly.”

– Service Provider

Gambling can make depression worse by causing serious financial and family problems.

Gambling problems are often a source of shame and stigma within Aboriginal communities. This can stop Aboriginal people from seeking help with gambling, particularly Aboriginal people who work in professional roles or who are respected elders in the community.

Problems as a result of gambling are often seen as a weakness and seeking help for gambling problems can be considered shameful.

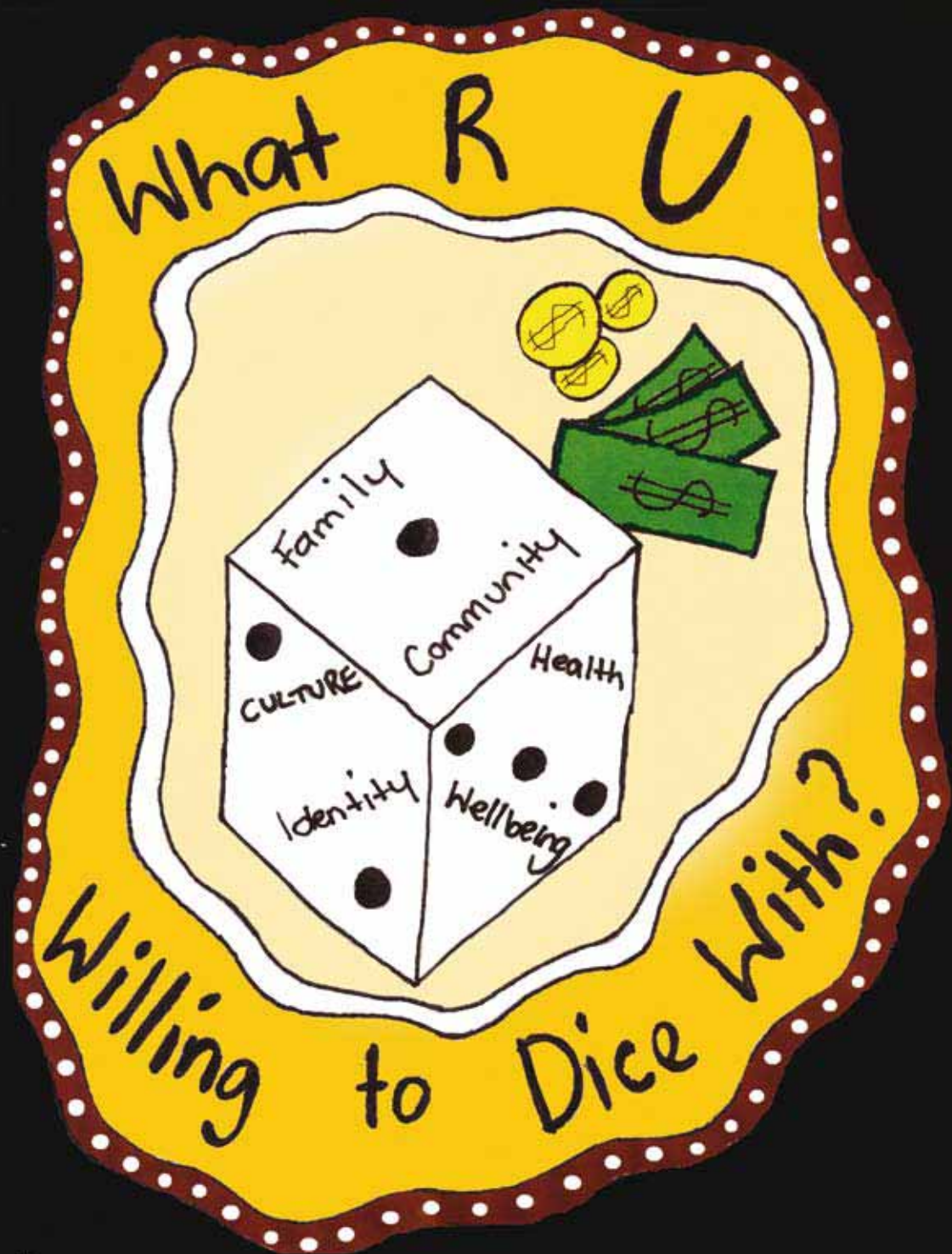
For the Community

Because sharing is a normal practice in Aboriginal community life, gambling problems can have a huge impact on families and communities. In the old days, card playing redistributed funds within the community. Now with commercial gambling (such as the pokies) the lost monies leave the community.

“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’.”

– Service Provider

Studies have found that the behaviour of one person with gambling problems will impact on between five and ten other people.





Responding to Aboriginal gambling problems

Difficulties accessing help

Aboriginal people face barriers when seeking help for problem gambling because of feelings of shame and concerns about confidentiality. This study found that Aboriginal people do not often seek assistance from mainstream gambling treatment services.

“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.”

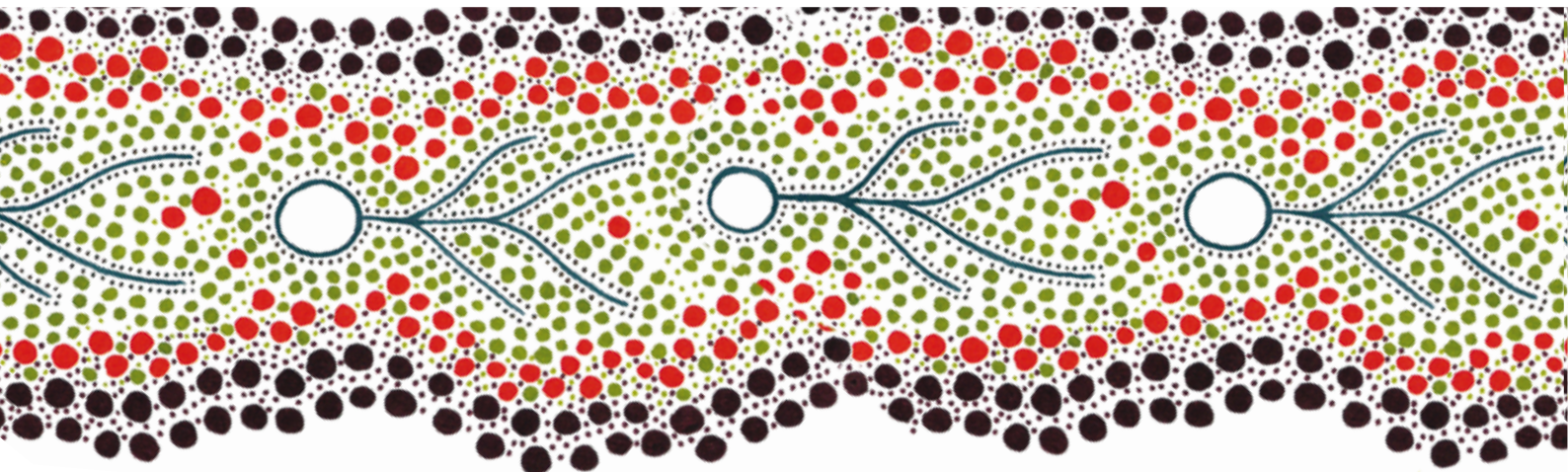
– Consultation Participant

Gambling problems are often not identified when people attend other health and community services.

Other factors that deter people getting help include limited outreach services and the number of information forms used by services.

There is a shortage of Aboriginal gambling counsellors and financial counsellors. At the time of this report there were only six Aboriginal gambling counsellors in Australia.

Workforce shortages are likely to be worse in rural areas.



Aboriginal community and AMS responses

AMS staff will often have the opportunity to assess clients for gambling problems, especially those using drug, alcohol and mental health services. Most AMS service providers reported not knowing how to identify people with gambling problems, and how to respond if problems were identified or where to refer someone with gambling issues:

- A screening tool and brief intervention for gambling needs to be developed for use by Aboriginal Health Workers and other service providers for Aboriginal people;
- Aboriginal Health Workers require education on ways of assisting Aboriginal people who require support in managing gambling problems;
- Local referral pathways and directories need to be developed and provided to all AMS staff and others working with Aboriginal people.

Other suggestions from AMS Service providers of ways to address gambling were:

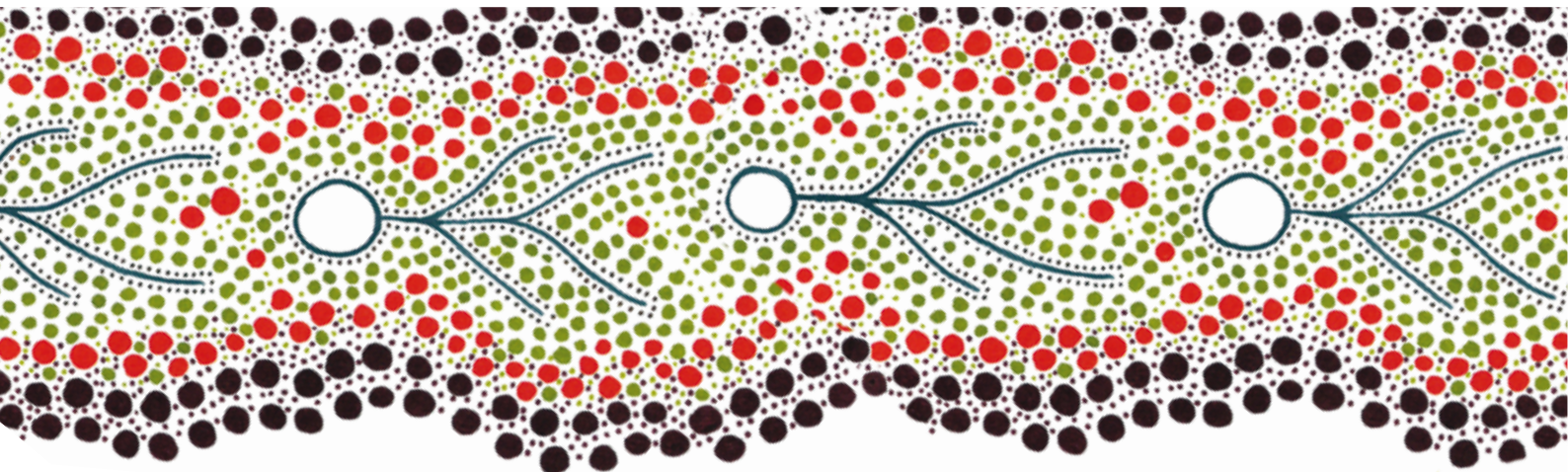
- Reduce stigma of gambling problems by including them in general health programs such as Adult Health Checks, men's and women's groups;
- Address gambling issues as part of Aboriginal community events and health promotion activities such as family camps.

Identifying the best location of face-to-face gambling counselling services for Aboriginal people was controversial, with participants expressing a wide range of opinions.

Individual Aboriginal communities should be consulted in order to identify the best location for gambling counselling before new services are established.

It was suggested that the AMSs may be able to provide a confidential space for phone counselling which might increase uptake for Aboriginal people.

Gambling counselling also needs to assist with other problems, such as depression and relationship issues and other underlying social and emotional concerns.



Mainstream gambling treatment services

Mainstream services for gambling problems are not often accessed by Aboriginal people. This study did not identify any Aboriginal-specific gambling treatment services in NSW.

Many gambling treatment services stated they required more knowledge, skills and confidence to engage with Aboriginal communities.

“We would like to offer our services to Indigenous people but we receive no referrals.”
– Service Provider

“We’re looking at making some mainstream programs more Aboriginal friendly. We need to be aware of Aboriginal issues.”
– Service Provider

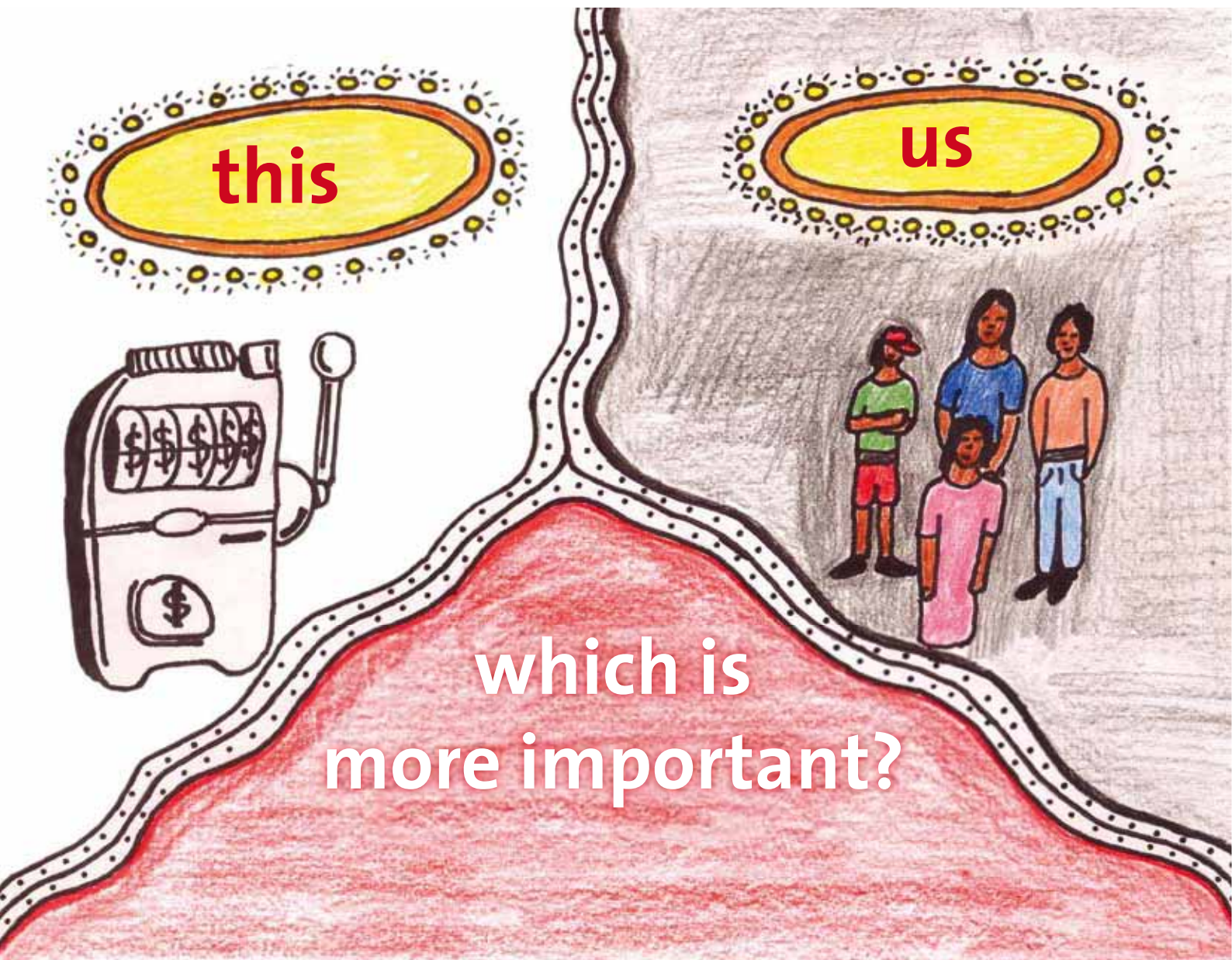
The few mainstream service providers who have worked successfully with Aboriginal clients and organisations were using the following strategies:

- working in partnership with Aboriginal community organisations;
- employing or working with Aboriginal workers;
- visiting community settings to engage Aboriginal clients;
- developing and providing specific Aboriginal resources and programs; and
- educating staff in working cross culturally with Aboriginal people.

Mainstream services interested in engaging with Aboriginal communities could be supported by:

- Aboriginal cultural awareness training; and
- encouraging local, regional and state-wide networking that would provide an opportunity for mainstream gambling treatment services to share information and experiences.

Successful relationships take time to build and develop trust.



Community ideas about responding to gambling

During the study, participants identified a number of strategies that might help to reduce problems from gambling in Aboriginal communities.

Increasing community awareness by:

- talking about gambling and the problems it causes;
- educating young people on gambling issues;
- providing information on how poker machines work and profit-loss margins;
- financial literacy training; and
- discussing gambling issues in health and welfare programs.

Working with individuals with gambling problems by:

- treating gambling as an addiction;
- checking that clients don't switch from gambling to alcohol or drug use;
- supporting clients to deal with issues caused by gambling, such as relationship problems, depression, grief, and anger. This includes referral to social and emotional wellbeing counsellors and other relevant services;
- engaging with the client's family and suggest ways to support people with gambling problems; and
- reducing the client's access to money – for example assist the person to get bills automatically deducted and limit access to credit.

Increasing support for problem gamblers and their families by:

- providing telephone counselling service just for Aboriginal people;
- funding financial counsellors that visit a number of towns in a region;
- establishing residential rehabilitation for people with severe gambling problems;
- educating Aboriginal people to deliver community based programs; and
- educating Social & Emotional Wellbeing/Mental Health Workers in all matters pertinent to problem gambling.

Communities can also provide people with alternative recreational activities to gambling.



What happens now

The AH&MRC is developing a plan for future action and has received funding from the Responsible Gambling Fund to put into practice some of the ideas raised during the study.

The AH&MRC Gambling Program currently has four areas of focus:

1. Raising Aboriginal community awareness about gambling issues;
2. Building the workforce to address problem gambling in an Aboriginal community context – including through developing gambling counselling courses for Aboriginal people through the Aboriginal Health College;
3. Building the capacity of existing Aboriginal health and community services and mainstream gambling treatment services to respond to gambling issues for Aboriginal people;
4. Building partnerships and working collaboratively with Aboriginal communities, mainstream gambling treatment services, and others with an interest in gambling issues for Aboriginal people.

This work is being guided by an Advisory Committee with membership from NSW Aboriginal communities and gambling treatment services.

The AH&MRC plans to work with Aboriginal communities, AMSs, gambling treatment service providers and others to address gambling issues for Aboriginal people in NSW into the future.

Some indicators of problem gambling

- Gambling more than you can afford to lose
- Borrowing money from friends, family, banks and loan sharks to gamble
- Selling family or personal assets to gamble
- Losing time from work or study to gamble
- Arguing with family over your gambling habits
- Feeling guilty about the amount of money gambled
- Chasing losses to win back money
- Gambling is no longer fun

Where to find help

If you or anyone you know needs information or support with gambling issues, you can call:

G-line (NSW)
Problem Gambling Help Line
1800 633 635

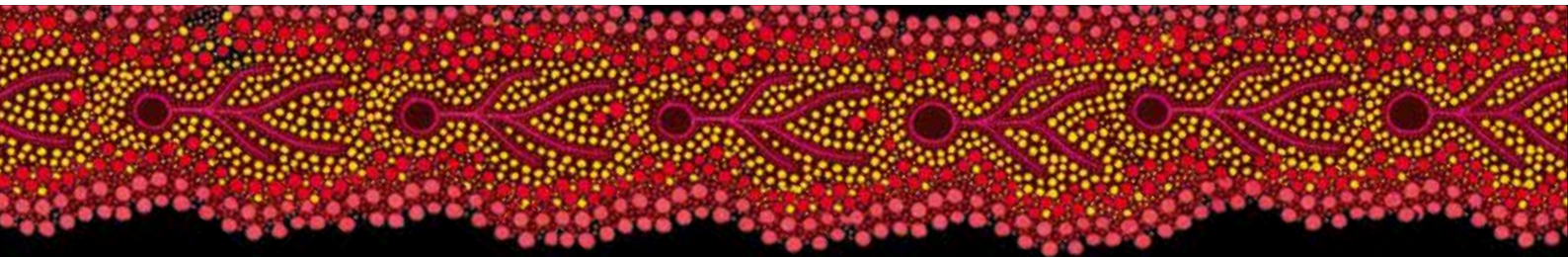
G-line is a confidential line.

G-line can help you find your local gambling treatment service.

WHAT IS G-LINE (NSW)?

G-line (NSW) is a 24-hour, 7 days a week, statewide telephone helpline offering crisis counselling for problem gamblers, their families, friends and others. It is available to anyone in NSW who wants to talk to a trained counsellor about their own, or someone else's, gambling problem.

Notes



Acknowledgments

The AH&MRC would like to thank the Aboriginal communities and the AMSs that were involved in the research project.

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