

5.2 Summary

As suggested by Volberg et al (1996), prevalence surveys allow governments to plan for implementing appropriate services to educate the public and provide treatment for problem gamblers. The NSW government via the Casino Community Benefit Fund Trustees, instigated the Keys Young (1995) report and the Dickerson et al report (1996) which has produced changes in public awareness education and treatment for problem gamblers.

Since 1995 except for Odyssey House who has stopped their problem gambling program, the general welfare and health agencies have mostly seen additions to their services. These agencies: the Badham clinic, Centacare, Creditline/Lifeline, Indo China Chinese Association, Chinese Youth League, Chinese Australian Services Society and the Greek Orthodox Community Welfare organisation have received assistance from the Casino Community Benefit Fund Trustees and have been able to offer new or a wider range of services for problem gamblers and community education. Only one agency, the William Booth Institute, has added a new intervention program for general addictions, not specific to gambling, without this assistance.

While the usual client profile is fairly specific to each welfare agency, they have noted some changes in the composition of their client profiles. For example there have been some increases in the number of clients involved in gambling related crime; increases in the number of clients from Chinese, Vietnamese and Indonesian backgrounds; and increases in the numbers of women and young people presenting with gambling problems. While this may not indicate an actual increase in the number of problem gamblers, it does indicate that these clients or their advisers are now aware of the opportunities to seek help for their problems. Thus public awareness has been raised through provision of funds, from the CCBFT, for prevention and treatment programs for problem gambling.

The hospital services have seen little change in their programs due to the high fixed cost of providing these services, particularly to inpatients, and a lack of resources to fund more clinics or beds. The self-help groups have seen a rise in the numbers of people attending meetings and a corresponding rise in the number of meetings held in and around Sydney.

A number of problem gambling service providers, particularly those from St. Edmunds and Creditline/Lifeline, suggested an avenue that had not been fully explored by the health profession, the legal system or the gambling venues was that of self-exclusion of problem gamblers from gambling venues. Under this scheme, a person volunteering to self-ban agrees to stay away from the venue for six months or face a \$2000 fine. In eighteen months of operations, the Darling Harbour Casino in Sydney has had 120 people self-ban. While a self-ban is a personal attempt to control problem gambling, the counselling services suggest that contact with their professional guidance services before the ban is lifted would provide intervention counselling before the gamblers possibly returned to their prior gambling habits. The

courts could also suggest and use banning from gambling venues and professional counselling when there has been a conviction relating to a gambling habit, in much the same way as re-education for drink driving offences (Vass, 1997).

Section Six

Comparison of Problem Gambler Profiles between Service Provider Clients and Study 2

6.1 Problem Gambler Profiles Identified by Service Providers

6.1.1 General problem gambler profiles identified by service providers

Information extracted from the interviews and questionnaires in this study summarised in Table 1, suggests that there are three profiles with common elements that indicate possible problem gamblers.

The first general profile is mainstream English speaking and includes:

- males 80%, females 20%,
- aged 25 - 54 years,
- of Australian background,
- wage and salary earner,
- employed full time,
- in blue collar unskilled and skilled jobs, and lower white collar occupations.

The second profile is more specific and relates to those clients from non-English speaking backgrounds, particularly an Asian background, as suggested by the three ethnic welfare organisations and two general welfare bodies. The profile includes:

- male 80%, female 20%,
- aged 20 - 40 years,
- of Asian background,
- living in rented accommodation,
- low income,
- wage and salary earner,
- employed full time,
- in blue collar skilled and unskilled occupations.

6.1.2 Poker machine problem gambler profiles identified by service providers

The third profile is much more specific and relates to those for whom poker machine gambling is probably a major problem. The one prominent feature identified by all interview respondents with this knowledge was:

- females 60%, males 40%.

6.2 Problem Gambler Profiles Identified by Study 2

6.2.1 General problem gambler profiles identified by Study 2

Previous findings from Study 2 in this project indicated that the following demographics were found to be associated with possible problem gambling amongst the sample of 3,000 Sydney club members surveyed:

Significantly higher proportions of probable problem gamblers than non-problem gamblers:

- are aged 15-44 or 50-54 years;
- are never married, de facto and divorced;
- are purchasing their home, or renting from a private landlord or the Dept. of Housing, or living with parents;
- are working full or part-time or are unemployed;
- are in blue collar and lower white collar occupations, such as tradespersons, clerks, salesperson/personal service workers or plant or machinery operators/drivers;
- have wages/salary, their own business or other government benefit as their main source of household income;
- were born in Asia, Europe, New Zealand or the Pacific Islands;
- have fathers or mothers born in Asia, Europe, the Middle East, Africa, New Zealand or the Pacific Islands;
- speak Asian, European, Middle Eastern and African languages at home as well, or instead of, English.

6.2.2 Poker machine problem gambler profiles identified by Study 2

Higher proportions of probable problem machine gamblers than non-problem poker machine gamblers:

- are never married, divorced, separated or in de facto relationships;
- are purchasing their own home, renting it from a private landlord or the Dept. of Housing, or living with parents;
- work full or part-time or are unemployed;
- were born in Asia or Europe;
- have fathers or mothers born in Asia, Europe, New Zealand or the Pacific Islands;
- speak Asian or European languages instead, or as well as English, at home.

6.3 Commonalities Between Service Provider Client Profiles and Study 2

6.3.1 Commonalities between general gambler client profiles and Study 2

The information in Study 2 had as its source 3000 random telephone interviews of Sydney club members while the information in Study 3 had relevant Sydney health, community and welfare agency views on the general socio-demographic characteristics of their problem gambling clients. There are some common characteristics evident in all sets of information and some gaps or items which are not common to both groups.

Comparing the first profile (mainstream English speaking problem gambler) of Study 3 with that in Study 2, the common characteristics include:

- age (25 - 54 years),
- income source (wages and salary),
- employment status (full time employed),
- occupation status (blue collar skilled, unskilled and lower white collar worker).

Those characteristics which are not common to both groups include some categories of:

gender, marital status, family structure, ethnic background, housing type, income levels, some income sources (own business and unemployed) and some employment status (part time and unemployed).

Comparing the second profile (NESB problem gambler) of Study 3 with that in Study 2, the common characteristics include:

- age (20 - 40),
- income source (wages and salary),
- ethnic background (Asian),
- employment status (full time employed),
- occupation status (blue collar skilled, unskilled worker).

Those characteristics which stand alone or are not common to both groups include categories of:

gender, marital status, family structure, housing type, income levels, some income sources (own business and unemployed) and some employment status (part time and unemployed).

For a comparison of these profiles see Table 2 below.

Table 2: Comparison of the general and NESB profile of probable problem gamblers with Study 2

	ESB ¹	NESB ²	Study 2
Age	25 - 54 yrs	20 - 40 yrs	15 - 44 yrs and 50 - 54 yrs
Males	80%	80%	
Females	20%	20%	
Marital Status			Never Married; De facto; Divorced
Housing		Rental Accommodation	Purchasing; Renting; Living with Parents
Ethnic Background	Australian	Asian	Asian; New Zealand; Pacific Islands
Income Source	Wages & Salary	Wages & Salary	Wages & Salary; Own Business; Government Benefits
Employment	Full time	Full time	Full time; Part time; Unemployed
Occupation	Unskilled Blue Collar Skilled Blue Collar Lower White Collar	Unskilled Blue Collar Skilled Blue Collar	Blue Collar; Lower White Collar
Parents Background	Australian	Asian	Asian; New Zealand; Pacific Islands; Middle East; African
Language	English	Asian	English; Asian; European; African; Middle Eastern

1 ESB: English Speaking Background

2 NESB: Non English Speaking Background

6.3.2 Commonalities between poker machine gambler client profiles and Study 2

There appears to be no common characteristic from Study 2 in comparison to this study. The sole characteristic, generated from the probable poker machine problem gambler profile of Study 3, relates specifically to gender, with a higher proportion of females to males as probable problem poker machine players. This gender characteristic is not common to any other profile.

For a comparison of the possible problem poker machine gambler with Study 2, see Table 3 below.

Table 3: Comparison of Probable Problem Poker Machine Gamblers with Study 2

	ESB ¹	NESB ²	Study 2
Males	40%	40%	
Females	60%	60%	
Marital Status			Never Married; De facto; Divorced; Separated
Housing			Purchasing; Renting; Living with Parents
Employment			Full Time; Part Time Unemployed
Ethnic Background			Asian; European
Parents Background			European; Asian; New Zealand; Pacific Islands;
Language			English; European; Asian;

1 ESB: English Speaking Background

2 NESB: Non English Speaking Background

6.4 Gaps between Service Provider Client Profiles and Study 2

In the process of comparing profiles between Study 3 and Study 2, several 'gaps' appear in the data.

1. 15-20 years age group (Teens) appears to be missing from service provider responses. While 3 providers commented on the increase in teens presenting with problem gambling behaviours (see Table 1), the majority of service providers did not identify this groups as 'at risk', in contrast to the results from Study 2.

2. It appears that gender is seen as a notable characteristic for service providers, although this was not the case in Study 2.
3. A wide range of responses were reported from service providers covering a broad spectrum of marital states. Study 2 found that three categories were important, including never married, de facto and divorced.
4. From Study 2, three housing factors were deemed significant; purchasing, renting and living with parents. In contrast, responses from services providers in Study 3 indicated that were this was known, rental accommodation was the most common housing type amongst a range of varied housing options.
5. New Zealanders and Pacific Islanders would seem to be the two 'gaps' between Study 2 and Study 3, in terms of ethnic background of those presenting for treatment as problem gambling service providers.
6. The majority of those service providers reporting to Study 3 identified wages and salary earners as prominent within their client base. This is supported by Study 2, although government benefits and own business were also significant.
7. Employment characteristics from Study 2 suggest that problem gamblers are full-time and/or part-time employees or unemployed. Outcomes from Study 3 suggest that full-time employment is a feature of clients presenting with problem gambling behaviours.
8. In terms of parents background and language, there would appear to be several 'gaps' between Study 2 and Study 3. Service providers did not or were not able to specify whether New Zealand, Pacific Islands, Middle East and African groups were part of their clientele.
9. In terms of problem poker machine gamblers, little evidence was received from service providers that allowed for a distinction between general and poker machine problem gamblers. The one characteristic that appeared to be prominent was gender, with a majority of females presenting for treatment with poker machine gambling problems. This was not evident in Study 2.

6.5 Summary

Three client profiles can be extracted from this section. First it appears that being younger, employed full time, earning a wage or salary in a blue collar occupation is more likely to be a client of a problem gambling service provider. Second, having an Asian background combined with other common characteristics of age, employment, income source and occupation status, is more likely for a client to present for treatment at a service provider for problem gamblers. Third, if females present for treatment as problem gamblers, then it is likely that they use poker machines as their preferred method of gambling.

Section Seven

Current and Future Implications for Service Providers for Problem Gamblers

Australian literature has many historical references to the fact that Australians are 'natural gamblers' along with other national stereotypes such as anti-authoritarian, fatalistic and always willing to experiment or 'have a go' (Dixon, 1996). This historical image has been enhanced by the expansion of gambling in Australia in the late 1980's and 1990's and the population's acceptance of the same. For instance the Australian population was spending A\$374.41 in 1985-86 per capita on gambling and now spends A\$708.96 in 1995-96 per capita in real terms (Tasmanian Gaming Commission, 1997). Thus many Australians appear to participate in gaming as a leisure activity.

The following section has synthesised information from several publications of the Australian Bureau of Statistics (ABS) with other material in order to address the issues raised when discussing future demographic trends regarding problem gambling.

7.1 Age

The projections from the Australian Bureau of Statistics (1996a) maintain that, overall, Australia's population has continued to age and that between 1991-96 persons aged 65 years and over increased by 30.9%. Persons aged between 0 and 14 year of age increased by 3.3% and those aged between 15 and 64 increased by only 5.6%. Young (1990a) comments that the ageing of Australia's population will occur in a demographic context that may be different from the experience in countries in Europe. She suggests that over the next 30 years, the proportion of people aged 65 years and over will increase in Australia as will the proportion of persons at the working ages. Australia's total population is estimated to reach 25.6 million by the Year 2045 and the population of New South Wales is predicted to reach 8.34 million by the same year (ABS, 1997a).

In June 1995, New South Wales accounted for 33.9% of Australia's total population, even though it comprises only 10.4 of the total area (ABS, 1997b). The Sydney Statistical Region accounted for 61.7% of the population of New South Wales, although Sydney experienced less than the NSW average population growth (ibid). The Population Projections Groups (1994) estimated that the population of Sydney would grow from approximately 3.7 million persons to between 4.2 and 4.7 million by the Year 2021 an increase of between 17% - 32%. They maintain that the population

in New South Wales will age appreciably over the next 24 years due in part to projected lower fertility rates, increases in migration and pre-retirement interstate loss.

In terms of specific age groups:

- 0-14 age group may see a reduction in numbers, mainly due to lower fertility rates, and constitute 16 to 18 % of the population.
- 15-39 year age group, younger adults may see a slight decrease due to "sustained interstate migration which particularly affects the 15-29 age group"
- 40-64 year age group, middle-aged will increase by 40% to 50% by the Year 2021, overtaking the 15-39 age group as the largest age grouping in the population (NSW Population Projections Group, 1994: p 25).
- 65+ year group, older people, increased by 30% from 1991-96.

People age over 65 years gamble less than those under 65, in fact chronological age has been found to be negatively related to gambling behaviour. These are attributed to aging and cohort effects (Mok and Hraba, 1993).

Age effects include the propensity for older people (65+) to be less concerned with their ego but more reflective and accepting of self, thus have more stable self-concepts, and less likely to need to experiment or indulge in taking risks such as gambling. If they gamble they tend to gamble on games that build or maintain social relationships.

Cohort effects are the categories of people born during five or ten periods who reflect the impact of specific historical events on particular cohorts. For example, the increasing social acceptance of gambling as an everyday leisure activity means a less conservative attitude towards gambling from younger generations as they age. However this is tempered by the general decline in gambling as chronological age increases. Alternatively cohorts may want to keep the same gambling habits acquired earlier in their lives, although a slowing of intellectual functions can sometimes affect this decision (Mok and Hraba, 1993).

The age-gambling relationship can be expressed as:

18 - 24 years high participation rates in a wide range of gambling activities - possibly reflecting the need to experiment, search for self identity during adolescent years. Large finances are not readily accessible so they tend to bet on sports, lotteries and bingo.

25 - 65 years young adults and middle age years have more financial resources and shift to games that are more risky but more rewarding, casinos, investment speculations and horse racing.

65 + withdraw from risky ventures and maintain social relationships with games like bingo (Mok and Hraba, 1993).

In summary, the underlying issues in relation to probable problem gamblers are the age groups identified by health and welfare agencies as being significant in terms of their client profiles. Generally, welfare agencies see young adults and middle-aged as a distinct target groups, those between 20 and 40 years and between 50 and 54 years which was reported in Study 2. A difficulty arises in attempting to predict whether currently identified 'at risk' groups will emerge from and leave their problem behaviours as they age or if they will continue gambling as a cohort. A further difficulty arises as to whether today's young children and teens will present to health and welfare agencies with similar symptoms as those young adults (20-40 years) currently seen by problem gambling agencies.

7.1.1 Adolescents

A subset of the young age category is the adolescent group commonly called teens. Until they reach the age of 18, gambling is illegal. Current senior high school students possibly represent the first group to have ease of access to gambling venues (hotels and shopping centres) without having to meet the residence restrictions of a club or dress codes of a club or casino.

While legal restrictions are varied across international jurisdictions, Stinchfield et al (1997) in the USA found that most school students in 9th and 12th grade (aged about 15 years and 18 years respectively) gambled at least once during the previous year, boys gambled more than girls, older students gambled more than younger students, Asian American and American students reported lower gambling frequencies than Mexican/Latin American, African American and American Indian students. Shaffer and Hall (1996) found that from five regions across the US and Canada between 9.9% and 14.2% of adolescents were at risk of developing gambling problems. In a very small study in the UK, Yeoman and Griffiths (1996) found evidence of links between juvenile crime and fruit machine gambling.

Likewise in a small study in Australia, the Australian Council of Social Service (ACOSS, 1997) found that many adolescents, aged about 14 - 17 years were gambling in one form or another, usually on scratch lottery cards and racing, while those over 18 years were mostly gambling on card machines in hotels. Boys were more involved with gambling than girls, particularly on sport and skill games. The youth most involved in gambling were likely to be from an English speaking mainstream background or from Indo-Chinese and Chinese cultural backgrounds. The Internet seemed to be no real attraction to those interested in gambling as there was no social context, no fun using it.

From the interviews by ACOSS (1997), those considered to be potentially at risk of developing problem gambling were very attentive to gambling marketing on television. They generally included those with poor education and employment opportunities, some psychological and socio-economic disadvantage. Other less vulnerable

adolescents were aware of responsible gambling habits, cautious about managing their money and able to detect the fantasy from fact in marketing campaigns.

There is general acceptance of an Australian gambling culture, often with a family background of similar gambling involvement. Cornish (1978 cited in Dickerson, 1996) suggested that some dissatisfaction in life was likely to produce the need to compensate and for some people the compensation is gambling. He separated the factors first, that predict the choice of a particular type of gambling (attraction) from second, the factors that determined the manner in which the person chose to use that gambling type (persistence). First, the factors that predict the type of gambling could include: family gambling patterns, availability of gambling opportunities and peer pressure among others. Second, the style or manner of gambling play that provides the most satisfaction/compensation, that is the most excitement, skill or escape, is likely to be the one pursued by the individual.

Persistence in a regular gambler is where the element of risk enters according to the second stage of Cornish's model (1978). Those who engage in high frequency play expecting to have a large win and persist when losing, seem unable to grasp the reality that the house must take its share, that the odds are against them. Those adolescents mentioned above as attracted to gambling marketing campaigns, would seem to be a vulnerable group open to the illusion that gambling opportunities usually provide excitement and winning (Dickerson, 1996).

Adolescents by age and cohort are ready to move into the 18-24 years group, noted for its high participation rate in gambling, for excitement and self searching (Mok & Hraba, 1993). This group was noted by service providers as an emerging section of their new client base, a finding supported by Study 2 results. It would seem to be important that gambling opportunities and their marketing, targeted for adolescents, be responsible and realistic as is the case for other potentially addictive legal behaviours such as alcohol and tobacco consumption. Service providers see such a strategy as appropriate in order to keep the number of possible problem gamblers low as they move into adulthood.

7.2 Gender

There has been a growing emphasis on the contribution of women in the work force brought about by their demographic life cycle experiences, including lower mortality rates, smaller families, government legislation and employer innovation (Young, 1990b). ABS figures suggest that will be little change in the gender balance in the general population and specifically within the projected population of Sydney (ABS, 1997b).

According to recent trends in female employment, females in full time and part-time employment have increased since 1982 (Baker, 1997). Part time employment has increased, as a percentage of female employment, from just under 36% in 1982 to a

current figure of 44%. In NSW the proportion of female to males in part-time employment is high; 41% to 12% respectively. Overall participation rates in NSW were 72.5% for males and 52.1% for females. Female participation rates rose substantially during the 1980s, but have levelled off, increasing only marginally (1%) between 1991 and 1996 (ABS, 1997b).

Volberg (1988, cited in Rosenthal and Lesieur, 1993) found that only 33.3% of pathological gamblers in the USA were female. More recently, Volberg (1996), Ladoucer (1996), Abbott and Volberg (1996) and the Australian Institute for Gambling Research (1995; 1996) found that problem gamblers in their samples were more likely to be male.

7.2.1 Theories on female problem gamblers

In the U. S. A., Lesieur et al (1993) suggested that gambling problems surface at an older age for women than men from interviews with female members of Gamblers Anonymous. As well females are more likely to use gambling as a means of escaping from relationship problems and life traumas in adulthood. In a further study Lesieur (1993) compared female Gamblers Anonymous members with female prisoners and found two types of women compulsive gamblers whom he called "action seekers" and "escape seekers".

For action seekers the upsurge in gambling begins usually with a big win, often valued at half a years salary or more. The conviction that they can win a fortune, by being smarter than the average gambler and experiencing the thrill of being in the middle of the action is enough to keep them gambling to and beyond their limits. Action is a euphoric, aroused state comparable to a 'high' derived from drug use. Losses are a blow to their self esteem and chasing losses produces irrational gambling and further losses.

Escape seekers find gambling a means of escaping overwhelming problems. Gambling becomes a type of anaesthetic or a dissociative state, with the gambler almost taking on another identity. Combining the euphoria of winning with their ideal dream world, they are buying time away from their problems. However their problems exacerbate when they eventually lose and chase their losses. Not only do they have the original problem but now they have gambling losses as well (Lesieur, 1993).

Women's sense of responsibility for nurturing and relationships, often leads to feelings of shame if the relationship falters or disintegrates. When combined with a gambling problem, the social stigma of failure tends to exacerbate their distress, sometimes leading to a destructive cycle of escape behaviours to cope with adverse events in their lives (Thomas, 1995).

7.2.2 Levels of debt

Not all women have independent incomes. Those with a small amounts of disposable income may feel stressed about small debts or losses, particularly on non-essential spending, like gambling. Thomas (1995) found, in Western Australia, that women suffer as much stress over small debts as men do over very large debts from gambling losses.

If women's expectation/impression of being a problem gambler is lower than men's, then with a few losses, they may seek help sooner and it is recorded earlier as a problem. This would account for an increasing proportion of women presenting for counselling at Queensland Break Even services. In 1994-95, 43% of problem gambling clients in QLD were women and in Victoria 57% of new clients were women (Dickerson, 1995). The high female participation rate was thought to be due to ease of access to community based counselling. It is possible that women have a lower threshold for seeking help with gambling problems, when levels of debt are lower than that of their male equivalent.

7.2.3 Visibility

Women are mostly seen as partners of problem gamblers by health and welfare agencies, so when they are seen as clients, they are highly visible and easily remembered by the agencies. However Thomas (1995) maintains that there is such high visibility of male problem gambling that female problem gamblers are not always recognised and that there is a danger of interventions being biased towards males. Perhaps women are more narrowly focused on and visible at poker machine gambling while men gamble on a wider range of gambling activities. Thus recognition of women problem gamblers may be hampered by misperceptions or uneven visibility.

7.2.4 Habits

Women and men problem gamblers seem to have different habits. In a prison study of female pathological gamblers Lesieur (1987 cited in Lesieur, 1993) found that they were quite different to their males equivalents. Females were more likely to be involved in forgery, fraud and prostitution while males more likely to be involved in burglary, hustling, con games and swindles. Lesieur and Blume (1991 cited in Thomas, 1995) found that women in the USA prefer to use legal forms of gambling such as poker machines and casinos. They are less likely to engage in on-course or off-course betting. The Queensland Break Even evaluation found that of all women who contacted the service, 82% reported that they participated in casino or poker machine gambling (Dickerson, 1995). Thomas (1995) suggested that casinos represent a safe environment for women, particularly older women. As a reward for their years of service in parenting, they want companionship and entertainment in a safe haven. As

well they want a venue which is pleasant, with some dress standards and a legitimate place to seek relief from their daily concerns. Poker machine gambling could be seen as socially acceptable form of gambling, with venues providing a safe environment, to fill in leisure time for women seeking to escape from pressure at home.

7.2.5 Gender differences

Maybe there are no differences between men and women problem gamblers. In Las Vegas, women make up about half of those attending Gamblers Anonymous and almost half of the patients treated for compulsive gambling at one Las Vegas hospital are women (Strachan and Custer, 1993). In Melbourne, Ohtsuka et al (1995) found no difference in problem gambling between men and women, that is they were equally susceptible to developing problem gambling habits. Their conclusions were that those people who felt less happy, more lonely and with a low propensity for boredom were more likely to exhibit signs of problem gambling. These conclusions appear to be similar to those contained in the theory on action and escape seekers (Lesieur, 1993).

In summary, some agency responses indicated that they concentrate on gambling problems and levels of involvement, but may not ask many specific questions about particular involvement in each type of gambling. Information on why women seem to outnumber men in the area of poker machine problem gambling was discussed in terms theory, levels of debt, visibility and habits. Action seekers and escape seekers theory (Lesieur, 1993) seems to explain some features of female problem gamblers. It partly explains the escape seeking features of women presenting at counselling services for problem gambling advice on perceptions of high levels of gambling debt. It also partly explains why women find casinos and clubs attractive venues for their gambling. But the visibility issue and the actual difference between men and women poker machine problem gamblers is not resolved.

7.3 Ethnic / NESB Population & Immigration

Immigration has been a traditional source of population growth in Australia for many years (ABS, 1996a). However, immigration gain can be volatile and errors can occur in projecting internal population movements. In 1996, the immigration target was set at 74,000, though this may be exceeded by the end of the financial year (ABS, 1997b). The target for 1997-98 is 80,000 with 68,000 available places in the Migrant Program and 12,000 places in the Humanitarian Program (DIMA, 1997). Low immigration intakes have been associated with economic uncertainty and downward trends in immigration are expected into the next century. Sydney tends to attract the majority of immigrants (82%) choosing to come to New South Wales. It attracts over 91% of recent arrivals (NSW Population Projections Group, 1994).

English speaking immigrants constitute the majority arriving in Australia. However, between 1976 and 1996, there has been a sharp increase in those from non-English speaking background (NESB) countries with a corresponding decline in English

speaking (ESB) residents. In 1977, origins of the overseas born NSW population were 75% from Europe and 13% from Asia. By 1986, these figures had changed to 29% European and 43% Asian (ABS, 1997b). In 1981 Vietnam was the birthplace of 43,400 residents, and China the birth place of 26,800 persons, by 1995 these figures had risen to 146,600 Vietnamese and 92,700 from mainland China (ibid).

In New Zealand, (Abbot and Volberg, 1996) found that the profile of problem gamblers includes those aged below 30 years, unmarried and of Maori or Pacific Islander descent. Volberg (1996) found in fifteen US jurisdictions that problem gamblers are more likely to be unmarried, under the age of 30 and non-Caucasian. The State Government of Victoria (1994), report on poker machine playing in NSW and the ACT found that Asian and European born people spend considerably more on poker machines. In this study, it seems that having an Asian background combined with other common characteristics of age, employment, income source and occupation seen in Table 2, is more likely for a problem gambler than a non-problem gambler.

Four known new entrants in the health and welfare system providing advice to problem gamblers are based on NESB cultures. Of the four, three are Chinese based and one founded within the Greek community in Sydney. Whilst the three NESB service providers mentioned the Asian background of their clients, it would seem that mainstream agencies are experiencing increasing numbers of clients from NESB backgrounds as shown in Table 1. Whilst changes in immigration policy may favour Asian immigrants, it is difficult to interpret whether the increase in NESB problem gambling services is due to increasing numbers or due to an increase in public awareness of problem gambling within ethnic communities or to general publicity associated with the expansion of gambling opportunities.

7.4. Source of Income

Data from Study 3 suggests that wages and salary is an important income source for people presenting with problem gambling behaviours. Although it is difficult to predict changes to source of income, wage and salary earners make up the majority of those in full and part time employment (ABS, 1997a).

The majority of workers are wage and salary earners in private and public organisations. There has been a recent trend for people to work from home and employ people at home. In 1995, 101,400 people were employed in some capacity 'at home' in New South Wales. Over 40% of these people were over 45 years of age (ABS, 1997b).

Given these figures, there appears to be no reason why this large group, wage and salary earners, who present with symptoms of problem gambling to health and welfare agencies for counselling, should change.

7.5 Work Status

The employment rate in Australia in July 1996 was about 8.5 million while the unemployment rate was just below 800,000. Employment rates tend to fluctuate due to seasonality, changes in population, migration, birth and death rates, so the employment/population ratio is useful in examining trends as it allows for population growth. The employment/population ratio is 58% but it has only increased by 2% from July 1982, (Baker, 1997).

As employment rates have remained relatively static over the past 14 years, part-time employment has seen an increase. In 1982, part-time employment, as a percentage of total employment was 17%, rising to 26% by 1996. This trend appears to be continuing, with changes in lifestyle, family structures and the social acceptability of multiple career moves. Part-time employment for both males and females is in an upward trend, with 12% of employed males and 44% of employed females working part-time (Baker, 1997).

Average gross weekly earnings in NSW have increased over the past three years from \$671.70 to \$747.90 for males in full-time employment and from \$567.60 to \$616.00 for females. Increases in part-time employment rates generally lowers the average weekly earnings value (ABS, 1997b). During the corresponding years, average weekly overtime hours have dropped from a high of 1.3 hours to just over 1 hour per week. The trend here suggests a continuation of a decline in overtime hours (Baker, 1997).

In the financial year 1992-93, youth unemployment was 35% as a percentage of the full time youth labour force. By the end of 1996, this rate had fallen to 26%. This could be accounted for by an increase in secondary school retention, young people continuing technical and tertiary education and youth employment programs (Department of the Parliamentary Library, 1997).

Full time employment appears to be a characteristic mentioned as important by the health and welfare agencies advising problem gamblers. However like wages and salary earners, this is a category that covers the majority of the current workforce. The reduction in overtime hours may not be significant, although it could be seen as a trend towards declining gross wages and having relatively more leisure time.

7.6 Occupation Status

Apart from the previous discussion on changes to work practices - increases in part-time employment and an acceptability of multiple careers - occupation status trends appear to be fairly static. From limited NSW data between 1991-96, there has been a general increase in professionals' (about 8%) and a decline in the 'labourers and related workers' category (3%). However, the largest groups tend to be the skilled and unskilled blue collar workers, accounting for 35% and 39% of the total workforce, respectively (ABS, 1997b).

Trends in occupation status show a shift from the traditional blue collar work to the white collar category of managers, administrators, professional, clerks, sales persons and personal service workers. There has also been a move away from production industries to service industries and the top ten fastest-growing occupation groups between 1985-856 and 1995-96 reflect this change, with personal service workers and business professionals increasing by 91.3% and 89.9% respectively (ABS, 1997c).

Trends in flexible working arrangements have also changed, although the majority of the workforce are still employed in NSW, on a five day, Monday to Friday working week. Figures from the 1997 New South Wales Year Book (1997b; p130) suggest that:

"One in three people had flexible start and finishing times and were able to work extra hours in order to take time off. Seventy-one per cent of people were able to choose when they took their holidays."

There appears to be little change in the working arrangement trends, between 1993-95, working arrangement hours were very similar, except for an extra 5% in the proportions able to work more hours in order to take extra time off (ibid).

In the Sydney Statistical division, white collar workers make up the majority of occupational categories. Of about 1.8 million employed persons in Sydney, clerks with 333,200 make up the largest category. Para-professionals are the smallest group with 98,100 persons employed (ABS, 1995).

Health and welfare agencies counselling problem gamblers commented on the high proportion of skilled and unskilled workers that present with gambling problem symptoms. The decline in blue collar categories is small and should have a negligible impact on clients presenting with gambling problems.

From Table 2 above, there seems to be a linkage between age, employment status, source of income and type of occupation. In Canada, Ladoucer (1996) found that problem gamblers are more likely to aged less than 30, with an income lower than \$30,000. Volberg (1996) and Ladoucer (1996) found that problem gamblers are less educated than non-problem gamblers. In Germany, Holland and Spain, at least half of pathological gamblers are under the age of 30 (Becona, 1996), while in Adelaide, Brisbane, Melbourne and Sydney (Australian Institute for Gambling Research, 1995) problem gamblers were found to be mainly aged 19-29 years.

The State Government of Victoria (1994), reporting on poker machine playing in NSW and the ACT assessing the impacts of introducing electronic gaming machines in Victoria, found that 20 - 24 year old people play poker machines more often, wage earners and public renters have a higher incidence of playing, that the proportion of poker machine players increases with income to about \$50,000 and thereafter declines. A study into community gambling patterns in Victoria (DBM Consultants, 1995) revealed that poker machines have their greatest appeal amongst those under 30 years, lower white collar workers and those on low incomes. The Australian Institute for Gambling Research (1995) found that employed people were more likely to have

played machines than the unemployed, pensioners or those engaged in home duties. In Brisbane, the Australian Institute for Gambling Research (1995) found that local Brisbane residents under 25 years of age were more likely to have played poker machines than those in older groups.

Contrary research indicates that in NSW those at risk of developing problem gambling included the unemployed and those with incomes less than \$20,000 per year (Australian Institute for Gambling Research, 1996). However it seems in this study that being younger, employed full time, earning a wage or salary in blue collar occupation is more likely for a problem gambler than a non-problem gambler.

7.7 Marital Status

In terms of marital status and family status, socially acceptable 'families' are very different from twenty years ago. The ABS (1994; 1996b) suggests that between 1986-96, one parent families have increased 1.6%, couples with no children have increased by 3.6%, "other families" have remained stable, couples with non-dependant children only have decreased by 1% and couples with dependant children have decreased by 4%. McNicoll (1990) suggests little can be predicted about the outcomes of family structures. He maintains that although there may be a rise in the present variety of acceptable family structures with stabilised low fertility, a return to a 1950s "familism" with an associated rebound in fertility may also be a realistic scenario. The trend towards single-parent and de facto families could also continue in the foreseeable future

In New South Wales, the crude marriage rate, measured per 1,000 population, fell from 6.7 in 1983 to 6.2 in 1995. After significantly high marriage rates during both World Wars (around 12) there appears to be a trend towards fewer marriages. The age at which people marry has also changed with the average age of the groom being around 23.5 years and 21.1 respectively in 1971, rising to 27.5, for the groom, and 25.3 for the bride in 1995. The ABS suggests that there is a significant decrease in teenage marriages and that this trend is set to continue (ABS, 1997b).

Regardless of the predicability of marital status, there appears to be an underlying trend towards extensions in the supposed 'model' family, with many formerly exclusive gender roles, being taken over by either partner. In relation to this gambling study, there appears to be a mixed response from the various welfare agencies regarding the role of marital status in problem gambling profiles.

7.8 Housing

In the current economic climate in Australia, housing loans are at their lowest rates since the 1960s, banking is very competitive so there may be a rising trend towards home ownership. However, the trend on dwelling approvals has seen a steady decline

from a peak in 1994 of 17,848 to a low of 9,810 in January 1995. There has been a slight upward movement, with approvals reaching 11,781 by April 1996 (Department of the Parliamentary Library, 1997). In NSW housing approvals increased from 31,799 between July-March 1995-96 to 33,985 in the same period in 1996-97 (ABS, 1997d). The difficulty in predicting trends is the volatile nature of financial markets and the often unpredictable nature of Treasury policy on interest rates.

While health and welfare agencies advising problem gamblers rated home ownership of minor significance, the rental category appears to be more relevant in identifying those likely to present with gambling problems. Study 2 found that purchasing a home, renting and living with parents were the three most significant attributes for those with potential gambling problems, while in this study three NESB welfare organisations commented that their clients mostly lived in rental accommodation.

7.9 Summary

Age, gender and ethnicity appear to be key elements in those clients presenting to service providers for treatment as problem gamblers. Several other factors, source of income, work status and occupation also appear to impact on providers' clients as well as forming key elements in the results in Study 2. The final two items, marital status and housing, are inconclusive as indicators of 'at risk' service provider clients.

Section Eight

Limitations of the Study

The result of this study should be interpreted with the following limitations in mind.

Not all of the service providers on problem gambling completed and returned the questionnaire.

The Australian Bureau of Statistics census data while revised in 1994, were based on the 1991 census.

Of the four NESB organisations interviewed, three were Asian-based organisations. The results suggest a strong Asian profile which may not reflect general attitudes and behaviours associated with problem gambling in the wider NESB community.

In addition to the particular ethnic groups identified by the research as having services for problem gamblers, there may well be other ethnic groups with similar services within their community organisations, but not acknowledged in the public arena.

A wide range of different problem gambling socio-demographic characteristics are recorded by the service providers, making comparisons difficult in some cases.

Section Nine

Summary and Recommendations

9.1 Summary of Results

The general welfare and health agencies have mostly seen additions to their problem gambling services since 1995. They have generally received assistance from the Casino Community Benefit Fund Trustees and have been able to offer a new or wider range of services for problem gamblers and community education. Hospital services have seen little change in their programs due to high fixed costs in providing inpatient treatment and clinics.

Service providers have noted some changes in the numbers and composition of their problem gambling clients. New clients increasingly presenting as problem gamblers include: all younger people (Gam Anon, St. Edmunds, Creditline/Lifeline); young males (Centacare, Creditline/Lifeline); all females (Centacare, Creditline/Lifeline, William Booth Ins., St. Edmunds, Cumberland and St. John of God hospitals); older females (Centacare, Creditline/Lifeline) and those from a NESB groups (GA, Gam Anon, Creditline/Lifeline, four NESB welfare organisations, St. Edmunds).

The actual number of problem gamblers in each group may not indicate more problem gamblers only that these groups are now aware of the opportunities to seek assistance. Public awareness has thus been raised of these services through provision of funds for prevention and treatment programs for problem gambling. This is supported by the rise in numbers attending self-help groups such as GA and Gam Anon and a corresponding rise in the number of their meetings held in Sydney

The general profile of a mainstream English speaking problem gambler who presents for treatment was found to include: age (25 - 54 years), income source (wages and salary), employment status (full time employed) and occupation status (blue collar skilled, unskilled and lower white collar worker).

The general profile of a NESB problem gambler, presenting for treatment, was found to include: age (20 - 40), income source (wages and salary), ethnic background (Asian), employment status (full time employed) and occupation status (blue collar skilled, unskilled worker).

The profile of a possible poker machine problem gambler who presented for treatment was mostly female 60% and male 40%. Responses varied from higher proportion of females (70% - 50%), equal proportions of married and single people and equal proportions of full time and part time workers.

The socio-demographics that appear to be significant for clients who present for treatment at counselling services for problem gambling assistance include: age, gender,

ethnic background, source of income, occupation and employment status. Many of the same characteristics were found in Study 2 relating to probable problem gamblers. Marital status and housing seem not to be indicative of any particular gambling problems or habits, although more detailed information could help determine this. As well, there were some gaps in information between the two sets of results from Study 3 and Study 2. These included: teenage groups, females involved with a wide range of gambling activities (not just poker machine playing), a lack of detail on housing, changing categories of marital status and differencing in ethnicity.

Service providers tend to collect a varying amounts of data from their clients, much of which is highly confidential. Due to the perceived lack of information emanating from service providers, some comparisons between socio-demographic characteristics are difficult.

9.2 Recommendations

Dickerson (1995) recommends a development model which includes three broad strategies:

- Direct services for client problem gamblers and/or their families
- Education and harm minimisation strategies
- Industry pro-active strategies

The first strategy, direct services, is the focus of recommendations from health and welfare organisations providing assistance to problem gamblers. Recommendations that emerged from Study 3 included:

- An increase in funding for hospitals to reduce waiting lists and provide expanded services for those most severely affected by multiple addictions, of which gambling is usually included.
- A more coordinated approach, to include venues, legal system and counselling services, in developing guidelines for the use of self-exclusion from gambling venues.
- Easy access to interpreter services in order to effectively communicate their services to ethnic communities in Sydney
- Further resource provision to reduce reliance on group therapy session in favour of individual counselling.
- Increased resources in the counselling sector to provide more timely responses to those in crisis; waiting times for both 'at risk' and 'in crisis' clients should be reduced.

- More in-depth research to be conducted, focussing on pertinent issues such as current levels of the problem gambler population, their prevalence rate, specific groups of gamblers, such as teenagers and gambling related crime
- A Break Even service model, similar to that operating in other States, was recommended by service providers in order to create a recognisable body and national symbol for problem gambling services throughout Australia.

The second strategy, education and harm minimisation, concentrates on providing suggested processes to reduce possible problem gambling behaviours. This may be carried through a number of approaches.

- The inclusion of curricula on gaming and wagering, together with tangible knowledge of the probabilities of winning and losing in a variety of gaming situations, may well lessen the incidence of 'teen' gambling problems.
- Recommendations in the area of education and harm minimisation could also include such strategies as developing public education programs targeting adults who may expose teens to gambling and implementing tighter controls on advertising campaigns from gambling outlets, especially those aired during television times specifically related to teens and younger viewers.
- The provision of wider access to money management programs (such as those included in the Break Even program) in order to allow those with gambling problems related to 'chasing' losses and using gambling to reduce personal and household debts to reduce their level of reliance on these behaviours.

The third strategy, suggested by Dickerson (ibid) identifies approaches that require all stakeholders in the gambling 'industry' to effectively provide various measures to reduce the incidence of possible problem gamblers. Suggested approaches for this strategy included:

- implementation of clear signage in all gambling venues showing the availability of problem gambling services,
- codes of conduct and codes of practice within gambling venues and operations,
- information booklets and industry guidelines on recognition of possible problem gambling behaviours,
- clearly publicised approaches to legislative and regulatory controls, ensuring that all gambling venues advocate the same level of integrity and commitment to harm minimisation. ACOSS (1997),
- low key, but widespread, public information campaigns on problem gambling identification, using regular government mail-outs to target the general population.

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