

**IMPACT STUDY INTO CUMULATIVE  
EFFECTS OF DRUG, ALCOHOL AND  
GAMBLING ABUSE ON FAMILIES AND  
INDIVIDUALS IN THE SOUTHERN  
SHOALHAVEN.**

Ulladulla and Districts Community Resources Centre.

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The views expressed in this report, however, are those of the authors.

## Abstract;

This study aimed to assess the social costs of gambling, alcohol and substance abuse, upon the individuals and communities within the southern Shoalhaven area of NSW. It aimed to illuminate comparative differences between metropolitan and rural experiences associated with these difficulties. Several methods of research were employed including community consultation, confidential survey observation and archival searches.

Results were analysed using various methods of statistical and qualitative research and the following major findings were observed; the southern Shoalhaven displays an incidence of problem gambling which is three times higher than the state average, the harmful and hazardous use of alcohol is also higher than state averages and is particularly high amongst the over 55 year age group, substance abuse is difficult to assess but significant harm is reported amongst the 14 -29 year age group. The contribution of geographical isolation, predominance of retirement migration and economic factors are discussed. Recommendations for community development, health services and further study are provided.

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## **Introduction;**

This project is the initiative of the Ulladulla and Districts Community Resources Centre and is funded by the Casino Community Benefit Fund. (An initiative of the NSW State Government).

The main aims of this study are to; illuminate the social costs of addictions upon the individuals and communities which comprise the southern Shoalhaven area of NSW, to identify specific areas of local need and to suggest ways of addressing those needs to provide comparative statistics for use with funding applications as required by several organizations currently offering services within the southern Shoalhaven.

## **Gambling Abuse**

Gambling is a rapidly increasing industry in Australia and during the year 2000 Australians lost 13 billion dollars on gambling activities. This represents an increase of 1 billion dollars on 1999 figures (National Advisory Committee on Gambling: 2001). This rate of growth is prolific and thus a further aim of this study is to identify trends associated with this prolific growth.

It should be noted that this study does not commence from the point of view of antagonism towards the gaming or liquor industries in NSW but rather aims to identify current social and economic costs associated with gaming and liquor in small communities.

Recent forums such as the enquiry into Australian Gambling Industries (Federal Productivity Commission: 1999) found that representatives from Australia's gaming and liquor industries generally displayed a cooperative willingness to develop and provide a responsible duty of care to their patrons and to promote an ethos of responsibility in the service of gaming and alcohol products. Despite this generally positive attitude, and an increased awareness of the social costs emanating from problem gambling and alcohol consumption some counteracting trends have also occurred. In the main, the development of legislation and policies that guide the procurement of public revenue from gambling and liquor industries provide considerable cause for concern. A recent article produced by the Department of Health and Aged Care (1999) entitled "Gambling: is it a Health Hazard" raised concerns regarding huge inconsistencies in federal and state government policy regarding addiction. Gambling taxes provide only around 2% of federal revenues whilst state revenue has become increasingly reliant on gambling. During the period 1996 -1997 the States collected 3.4 Billion or 11% of their taxes from gambling. Of particular concern to the public is the role governments have adopted in promoting potentially addictive behaviour such as gambling and alcohol use. It appears highly hypocritical for governments to approve of, promote and gain income from behaviours which cause immense social, economic and health costs whilst simultaneously prosecuting and punishing individuals who profit from the sale of "Illicit" substances which, although currently illegal, are responsible for only a minute fraction of the health and social costs associated with legal substances.



Of major concern are the logical projections that emanate from these observations. Specifically, if the state governments become more substantially reliant upon revenue from addictive behaviours, then they will be incapable of discouraging growth in these industries. Secondly, state governments have placed themselves beyond a position of no return and may become unable to restrain the use of gambling and alcohol should such restraint become socially desirable. Sadly this has left state governments in an unenviable situation where they clearly have limited motivation or ability to minimize harm associated with substances and addictive behaviour and have been locked in a cycle of increasing health and social costs, being met only by increasing taxes including those which are levied upon alcohol, gambling and tobacco. This has been a spectacularly unsuccessfully method of addressing health and social costs as it remains very clear that harm associated with tobacco, alcohol and gambling and substance use remains highly significant.

As the percentage of state taxes levied upon gamblers and consumers of alcohol increase, some clear inequality exists in the distribution of these taxes between urban and rural NSW. Generally it has been shown that rural areas are on average worse off than metropolitan areas in their incidence of addictions. This is shown by quantitative data compiled by the NSW Health Survey Electronic Report 1997 which revealed that all rural areas in NSW recorded a higher than average incidence of hazardous use of alcohol and all metropolitan areas recorded a below average incidence of harmful use of alcohol.

Several factors may contribute to this inequality between rural and metropolitan experience but primarily it appears that most rural centres have fewer entertainment venues and thus licensed clubs and other licensed premises are simply more prominent in these communities. It follows that a greater proportion of the population in rural communities has frequent access to such venues. In the Federal Productivity Commission study it was shown that the best predictor of problem gambling is accessibility to gambling venues (particularly poker machines).

Another factor which increases the rural population's vulnerability to gambling and alcohol is the frequency of retirement relocation of metropolitan residents to rural areas. The impact of this practice is to isolate individuals from their peers and social supports and this pattern tends to lead to a reliance upon venues such as licensed clubs and hotels for social contact and entertainment. This is particularly concerning when individuals have become isolated from the variety and choice of recreation and social opportunities they are accustomed to.

The Shoalhaven City Council Community Plan: (2000-2001) revealed that the Shoalhaven's population is comprised of a much higher rate of older people than NSW state average, with the Shoalhaven including 17.8% of it's population over the age of 65 compared with a state-wide average of 12.7%. Additionally, the Shoalhaven has one of the highest levels of lone person households within the State (23.2%). This suggests that the southern Shoalhaven is substantially comprised of an elderly and isolated population.

It is the contention of this study and an expectation that a greater incidence of alcohol use and gambling use exists in regional areas than in metropolitan areas and therefore an economic consequence of this observation will be that rural communities are facing financial disadvantage, as the practice of applying uniform gaming taxes discriminates against communities that participate strongly in the use of gaming and alcohol. Essentially a greater proportion of a rural communities gross domestic product is likely to be lost to state and federal taxes than would be the case in areas where there is a lower incidence of alcohol and gambling use. Michael Walker in his Book *Gambling Government (1998)*, points out the following: ***'Gambling taxation is regressive, meaning that it falls more heavily on the less affluent members of the community than on the more affluent sectors. Gambling is more popular in working class areas of major cities than in middle class areas. To the extent that gambling taxation is earmarked for cultural and sporting facilities, there is a risk of using the proceeds of gambling disproportionately in favour of the middle class.'***

The Federal Government's recent enquiry into Australia's gambling industries compiled by the Federal Productivity Commission (1999) found the following facts described the situation with gambling in Australia;

- 1) Gambling is one of Australia's foremost growth industries and accounts for 1.5% of GDP
- 2) It employs 100,000 people in 7,000 different businesses
- 3) Australians spent over a 11 billion dollars on gambling in 1999

- 4) 40% of Australians gamble regularly
- 5) The productivity commission found that gambling as an industry only provides the positive element of enjoyment and does not contribute to any other social or economic profit
- 6) The liberalization of gambling over the last five years has diverted interest from other activities from both rural and metropolitan areas but this shift is much more prominent in rural areas
- 7) 130,000 Australians 1% of the adult population are estimated to have severe problems with gambling (gambling abuse)
- 8) The average problem gambler loses around 12,000 per year
- 9) The best predictor of the incidence of problem gambling is accessibility to gambling venues
- 10) Of the 130,000 of Australians who have severe problems with gambling at least another 5% within the population suffer emotional and financial hardship as a result of their actions
- 11) Gambling abuse shows strong co-morbidity with depression, suicide, and loss of productivity and family breakdown.

Attempts to remediate harm associated with gambling have relied upon two major approaches, i.e. self help groups such as 'Gamblers Anonymous' which is by far the most popular form of help (Walker: 1998) and also heavily upon the counselling model which has been predominantly developed by non government agencies like Mission Australia and Wesley Mission's Creditline service.

These are essentially church based agencies that receive state government funding to assist in the provision of their services. Walker 1998 points out that the majority of people seeking help for gambling addictions in NSW do not contact services which are capable of offering the most effective services. Walker identifies behaviour modification and Cognitive Behavioural Therapy as being the most effective strategies for assisting with gambling addictions but these methods are available to only a small percentage of those seeking help. It is worthwhile to note however that some development has occurred in the provision of such services to the southern Shoalhaven with the implementation of group therapy using a cognitive behavioural model developed by the Warrawong Community Health Centre. (Corless: 2000).

Despite several initiatives and ventures provided by state governments the provision of counselling services to problem gamblers have historically suffered from inconsistency in approach and have been frequently provided by counsellors with minimal or inadequate training (Walker: 1998). In rural areas the provision of such counselling services is very unlikely to exist at all. The southern Shoalhaven has at times enjoyed the provision of visiting services from Nowra but has never had any dedicated service to specifically assist gamblers or their families. Some growth has occurred in the provision of counselling services for gamblers within the Illawarra Area Health Service and it is hoped that this will allow for some services to be extended to include the southern Shoalhaven.

The development of counselling and other remediation services in response to problem gambling, although commendable, represents a short sighted and inadequate appreciation of the social processes associated with gambling and can be seen as a necessary but insufficient effort to allay the social costs of gambling. Further, an overemphasis on remediation has unfortunately led to an underdevelopment of services, which aim to prevent harm associated with gambling.

Although counselling services are frequently very effective, well developed and increasingly available they are generally utilized after significant harm has already occurred to the financial and emotional well being of their clients. Although warnings and education regarding the addictive nature of gambling has become mandatory there has been very little research into the potential effectiveness of these measures as a deterrent to the development of gambling abuse. This study has been unable to locate any independent prediction of the effectiveness of warning signs on poker machines or posters in gambling establishments. It is possible that such measures have been taken to establish a legal position for the establishments rather than for the purposes of reducing the risk of gambling abuse. An additional concern in the provision of counselling services is the tendency to only fund such services for one or two year intervals thus preventing the establishment from longitudinal research and significant treatment outcome studies.

This represents a tokenistic and halfhearted commitment on the part of funding organizations to support community-based efforts that attempt to minimize harm associated with gambling.

## **Alcohol Abuse/Dependency**

The situation pertaining to alcohol abuse in the southern Shoalhaven is subject to similar political and economic factors to those, which exist for gambling abuse, and clearly reveals that rural areas are generally worse off than metropolitan areas in the incidence and complexity of alcohol abuse and dependency. The following facts are evident from recent state and national research (source: NSW Health Survey Electronic Report 1997, National Drug Strategy Household Survey 1998);

- 1) Alcohol is the second leading cause of drug related death in Australia with only tobacco returning a higher death rate
- 2) The estimated economic cost associated with illnesses attributed to alcohol in Australia exceeds 4.5 Billion people per year
- 3) 64.8% of Australian males drink alcohol regularly whilst 40.9% of Australian females drink alcohol regularly
- 4) Approximately 18.6% of all adult males in Australia report hazardous use of alcohol whilst 19% of adult females report hazardous use of alcohol

- 5) Although the southern Shoalhaven is not specifically recognized within the NSW Health Survey Electronic Report statistics for the Illawarra region recognized that 53,665 people within the region engaged in hazardous use of alcohol and that this region has a slightly higher than average percentage of hazardous use when compared with state averages
- 6) The age group with the highest frequency of hazardous and harmful use of alcohol remains from 16 to 34 years however the statistics from the 55-year-old plus age group remain alarming at between 8% and 12% reporting hazardous use of alcohol
- 7) National Drug Strategy Household Survey clearly showed that all rural areas surveyed returned a higher than average prevalence of hazardous and harmful alcohol use whilst all metropolitan areas displayed a lower than average prevalence of hazardous or harmful alcohol use
- 8) The prevalence of alcohol related illness is far greater in rural areas and the provision of services designed to remediate and address these additional health costs are provided at a less efficient and less accessible rate.

## **Substance Abuse**

Substance abuse remains a difficult problem to assess in any community primarily due to the secrecy and illegal status of many substances. For the purposes of this survey all substances except for alcohol and tobacco which are used for non-medical purposes are considered substances which may be abused.



This study also recognizes the fact that prescription medication, which is primarily intended for use with medical conditions, is also a frequent substance of abuse. Confidential surveys are somewhat useful in that they provide some hope that individuals may disclose their use of substances, however this method should be seen as fairly unreliable. The following estimates were compiled by the National Drugs Strategy Household Survey (1998);

- 1) Deaths due to all illegal substances in Australia in 1997 were 832, this compares to 3,338 due to alcohol and 18,224 due to tobacco
- 2) Hospital episodes due to all illicit drugs combined during 1996-1997 were 11,240, this compares to 149,834 due to tobacco and 95,917 due to alcohol
- 3) It is very clear that on current estimates all illicit drugs combined cause less than 4% of the health and social costs which are attributed to legalized substances
- 4) In each police year approximately 7,000 offences pertaining to substances are reported to police. These are comprised of offences related to the consumption, possession, trafficking and cultivation of substances apart from alcohol and tobacco
- 5) Marijuana and Cannabis use is gradually increasing across most age categories in Australia
- 6) Approximately 40% of all persons above the age of 14 in Australia have used Cannabis.

- 7) Heroin use is gradually increasing across all adult age groups in Australia and approximately 2.2% of the Australian population report to have used heroin at some time in their lives
- 8) When all non-legal drug types are combined, approximately 46% of all Australians have consumed an illegal substance at some time in their life
- 9) It would appear that the southern Shoalhaven conforms to these national and state wide statistics but local reports indicate that there is prolific growth in the use of amphetamines in the local area whilst most other areas including Cannabis and Heroin show a gradual but small increase
- 10) The use of Ecstasy and other designer drugs is increasing dramatically in the southern Shoalhaven. (Source: CONTACT Team)

### **The southern Shoalhaven area.**

The southern Shoalhaven of New South Wales is bounded by Bandalong in the north and north Durras in the south and covers approximately 1,720 square kilometres. This comprises 37% of the entire Shoalhaven local government area. The southern Shoalhaven is situated approximately 3 hours drive south of Sydney and 2 ½ from Canberra. According to the Shoalhaven Community Plan (Shoalhaven City Council 2000) this area contains the second largest population in the local government area and has approximately 15,454 residents and has the highest aged population, with 21.8% of the population aged 65 years and over and 33.7% of the population aged 55 years and over. The area's population is distributed between 21 villages and with the exception of Milton, Mollymook and Ulladulla each of these has a stable population of less than 1,000 persons.

Ulladulla and Milton comprise the major commercial centres with a vast majority of services and activities located there.

The latest statistics, which are available through the New South Wales Health Survey and National Drugs Strategy Survey, are important to this study however their development highlights a serious problem faced by small distinct communities such as the southern Shoalhaven. It appears that no previous community study that we are aware of has recognized the southern Shoalhaven as a separate entity to either the broader Shoalhaven region or the greater Illawarra region. The effect of this is to disregard the unique experiences of the local population and thus the issues, which are specific to this area and are poorly represented or not represented at all by studies, which subsume the southern Shoalhaven into a broader geographical region. It is the contention of this study to assume that some distinctive differences do exist between the experiences of areas such as southern Shoalhaven and the experiences of urban and regional areas such as Wollongong and Sydney. It is also assumed that the choices of regional boundaries which have been adopted by state, local and federal governments contribute towards a homogenous perception of rural local government areas. This homogenous perception discriminates unfairly against isolated regions, which exist within larger local government areas such as the southern Shoalhaven. It appears intuitively correct that the experiences of people within the Nowra and Bomaderry commercial areas are likely to be quite different to those of the smaller villages of the southern Shoalhaven.

Not only do differences exist in resources, facilities and services but also in the nature and ethos of their communities. Such differences are frequently neglected in social research and add to the powerlessness of isolated communities.

### **Aims of the study;**

The scope of this study has therefore been directed towards building an ecological understanding of the experiences, which are unique to isolated and rural communities, and thus the methodology of this research has taken on an ecological perspective. Questions regarding the specific nature of addictions associated with non-urban locations are also of interest to this study as it appears that a rural location is a strong predictor of high incidences of abuse and dependency. The mechanisms of this equality are not clearly understood but it is expected that the experiences of local residents, general practitioners, service providers and welfare workers will provide insight and directions for further research into this question. Although research into addictions in Australia has generated seriously alarming statistics, the contrasts between different geographical groups have not been adequately illustrated. Similarly the links between addictions and specific social costs have been inadequately mapped.

The relationship between addictions and poverty is also of interest and the relationship between addictions and the demand for material aid services will be investigated in this study.

As this study has included a wide range of research questions the focus will remain broad and the practical utility of this study will be to provide insight into the contributing factors associated with addictive behaviour and the social and personal impacts of these behaviours within a small and geographically isolated population. The following research questions have been developed to guide the study. It should be noted that the ethnographic nature of this study allows for unexpected observations and issues arising from the study findings to be reported in addition to hypothesized results.

## **Research Questions**

### **Gambling**

- What types of gambling exist in the southern Shoalhaven?
- Who uses gambling services in the southern Shoalhaven?
- What percentage of the population of the southern Shoalhaven engages in gambling?
- Is there a significant difference between participation rates in the southern Shoalhaven and state averages?
- What are the major types of harm attributed to gambling in the southern Shoalhaven?
- Is there a link between gambling and domestic violence?
- Is there a link between gambling and child abuse and child neglect in the southern Shoalhaven?
- Is there a link between gambling and poverty?

- What health and social costs are attributed to gambling in the southern Shoalhaven and what services exist to address these?

## **Alcohol**

- What types of alcohol venues exist in the southern Shoalhaven?
- What is the percentage of alcohol use in the southern Shoalhaven?
- Does the percentage of alcohol use in the southern Shoalhaven differ from state averages?
- What are the major types of harm attributed to alcohol use in the southern Shoalhaven?
- Is there a link between alcohol and domestic violence in the southern Shoalhaven?
- Is there a link between alcohol and child abuse or child neglect in the southern Shoalhaven?
- Is there a link between alcohol and crime in the southern Shoalhaven?
- What health costs are attributed to alcohol in the southern Shoalhaven and how are they currently addressed?

## **Substances**

- What are the prominent forms of substance abuse in the southern Shoalhaven?

## **Substances**

- What are the prominent forms of substance abuse in the southern Shoalhaven?
- What percentage of the population of the southern Shoalhaven use substances?
- What are the major types of harm attributed to substance use in the southern Shoalhaven?
- Is there a link between substance use and domestic violence in the southern Shoalhaven?
- Is there a link between substance use and child abuse or child neglect in the southern Shoalhaven?
- What health costs are attributed to substance use in the southern Shoalhaven and how are these currently addressed?

# Method

## Telephone survey

The southern Shoalhaven was divided into 22 localities, for each locality a compact disk phone directory was used (Desktop Marketing System Pty Ltd. 2000) to identify all residential phone numbers which were listed under the name of each locality, (see appendix 1: Call map) 1000 (12.8%) of all residential phone numbers listed for each locality were chosen through random number generation. A random number generator was downloaded from the website [www.randamiser.org/form.htm](http://www.randamiser.org/form.htm), this was a shareware program available for public distribution. Each selected phone number was attended and marked as either engaged, answered or no answer, if an answering machine was encountered no message was left and the call was marked as no answer. All engaged and not answered calls were attempted again on an alternate shift. Shifts were organized in 4-hour periods during the day between 10am and 2pm and during the evening between 5pm and 9pm. Several interviewers were used, both paid and volunteer and each was trained in the procedure for the interview process. All answered calls were marked accept or declined and the return rate was calculated, using this ratio for accepted calls, interviewers proceeded through all questions of the questionnaire which is included as appendix 2. At the completion of the questionnaire participants were asked if they had any questions about the survey or project or the use of the results. All responses to all questions were transcribed by hand as close as possible to verbatim.



Omitted or incomplete data sets were included with nil response used as an identifier. Response sheets were marked with locality labels, age and sex of the participant but no other identifying information was recorded on any data sheets. Completed data sets were maintained in secure storage. Results of the telephone survey were collated and analysed using various methods, which are described in more detail with each analysis.

## **Community consultation**

The southern Shoalhaven has few specialized services that assist individuals with addictive behaviour. Generalist services such as the NSW Department of Health, the NSW Department of Community Services, the St Vincent de Paul Society, and the Uniting Church Organization (Wesley) are the only identified providers of services to the area. The following local organizations were approached and asked to provide information on presenting problem either through submission, data collection or providing access to their archival statistics. These were Mission Counselling, Ulladulla Community Health Centre, Nowra Community Health Centre, Nowra Family Support Service, Milton/Ulladulla Family Support Service, C.O.N.T.A.C.T Drug & Alcohol Service, Alcoholics Anonymous Ulladulla, Narcotics Anonymous Ulladulla, Alanon Ulladulla, Ulladulla Youth Centre, Shoalhaven City Council, Illawarra Area Health Service and St Vincent de Paul Society Ulladulla. A public information meeting was organized at a local venue and was attended by local professional service providers and community representatives who were provided with detail of the study and were invited to submit information.

Numerous local individuals also volunteered information and qualitative data including records of their own experiences with addictions. In all cases these individuals were reluctant to be identified. The content of such interviews was later recorded as accurately as possible and used in the consideration of data for their particular addictions. (See appendices 3 and 4 – Service information request letter and forms)

### **Survey of venues**

All licensed gambling and alcohol serving venues within the southern Shoalhaven were visited on three occasions during the course of the study. During these visits the number of poker machines or other gambling facilities was recorded, the number of patrons using these services was recorded and the presence of warning signs or other methods of conveying harm minimisation were counted for each venue. Alcohol outlets, including bottle shops, were also surveyed and the presence of signage promoting the responsible service of alcohol was observed.

### **Medical practitioner survey**

A survey of local medical practitioners was also conducted and the request and survey form is included in appendix 4. This method was included in an attempt to uncover presenting problems, which were evident to medical practitioners above and beyond those that were presenting to other identified services.

The survey form also invited comment from general practitioners concerning their perceptions of the health costs associated with gambling, alcohol and substance use in the area.

### **Analyses of key economic indicators**

Longitudinal trends in revenue from local gambling and liquor sales were sought through analysis of the annual financial statements of local registered clubs. Hotels and bottle shops expressed an unwillingness to provide such information to the study.

## Results

### Gambling

#### What types of gambling exist in the southern Shoalhaven?

Registered clubs and hotels in the southern Shoalhaven do generally display responsible service of gambling and alcohol. The study has avoided specific criticisms of the local industry and it is considered that observations made in the southern Shoalhaven are similar to most other rural areas in regional NSW.

The southern Shoalhaven has 11 gaming venues including, 1 TAB, 7 registered clubs and 3 hotels. Clubs and hotels offer several types of gambling including TAB, poker machines, Keno, raffles and bingo. Additionally, lotteries and lotto products are available from approximately twelve outlets including general stores and news agencies. Poker machines are by far the most available and prominent form of gambling in all clubs and hotels with approximately 331 poker machines operating in the area. The majority of these are located in clubs in the larger centres with The Mollymook Golf Club maintaining the largest number of 90 machines.

Spot checks of poker machine usage conducted during business hours during March 2001 and June 2001 found that 256 of the region's 331 machines were occupied during working hours.

Interestingly this figure did not substantially increase during evening periods although staff from one club indicated that poker machine usage is subject to some peak times such as 5.30 – 6.00 pm and spot checks were not carried out at these times. It is anticipated that this figure would be substantially higher during these peak periods.

A spot check of TAB outlets found that 53 patrons were engaged in betting during business hours. It appears that all establishments' display some gambling warning signs but they differ significantly in the degree to which signage is effectively displayed. One establishment displayed only small yellow translucent signs upon the illuminated yellow background of the poker machines display. Similarly other warning signs were generally present but displayed with varying degrees of prominence and compliance. One establishment only displayed a single sign beneath a counter at knee level. Internet gambling and telephone betting were not quantitatively assessed except by self-report. Most Keno and TAB betting booths in hotels and registered clubs were found to have no warning signs at all in their immediate vicinity. One club displayed no warning signs at all.

Gambling is actively advertised and promoted in the following ways in the local area. Advertising for registered clubs and hotels is prominent on all local commercial television stations and commercial radio stations. Advertising signage was extremely prominent in most venues offering gambling.

In one small venue 14 separate posters and displays were placed advertising TAB services whilst only one warning sign existed in this whole establishment and was placed in a non-prominent location.

The larger clubs offer reward systems for repeated usage and frequent attendance. Several clubs and casinos delivered advertising material by mail to the local area offering packaged travel, meals and accommodation associated with gambling services. Some "investment" schemes that use horse racing as their means of return were actively advertised in the area. Keno advertising was overwhelmingly prominent with all tables in the registered clubs holding dispensers which contain 'How to play and win' pamphlets with betting forms and pencils. This study did not observe any case where warning messages were included with any form of promotion or advertising except that a reference to 'G Line' counselling services was included in fine print at the base of a keno pamphlet.

Bingo was observed to be a very popular activity with most clubs offering bingo at least twice per week. It was noted that many Bingo patrons used poker machines during breaks in play.

### **Who uses gambling services in the southern Shoalhaven?**

48 % of all respondents used gambling services. Of this 48 % over 50% of all users identified poker machines as their means of gambling. Lotteries and lotto were also prominent but most respondents reported using more than one means of gambling. Horse racing was relatively small with only 4% of the respondents reporting this as a means of gambling.

Observations made at gambling venues revealed that approximately 68% of poker machine users in this area are women. Most interestingly however is the observation that only 19% of all users are estimated to be under the age of 55.

## **How many people abuse gambling in the southern Shoalhaven?**

There are limitations in self-report methods with respect to questions regarding gambling abuse. In the current sample of 654 it was found that approximately 3.0% of respondents answered affirmatively to the question 'Do you believe that gambling causes you harm?' Of these respondents the average annual income was less than \$28,000 and all reported losing more than 30% of their weekly income to gambling. 34% of this group reported that their only income was a Centrelink pension. 56% of this group were over the age of 55. It is our suspicion that considerably more people abuse gambling than are prepared to self-report and the telephone survey is an ineffective method of gauging the true extent of problem gambling in the area. On the basis of this inadequate measure it should be suggested however that this is a conservative method and on the basis of this measure, the southern Shoalhaven displays a prevalence of problem gambling which is approximately three times the state average based on the Federal Productivity Commission estimate of 1%. Of those who did report harm associated with gambling 66% used poker machines as their primary method of gambling whilst 18% reported racing as their prominent form of gambling.

## **What is the average household expenditure on gambling in the southern Shoalhaven in comparison with NSW averages?**

The survey recognized the unreliability of self-report measures particularly regarding expenditure.

Despite this, it appears that the average weekly loss on gambling in the southern Shoalhaven is \$16.28 per week or \$846.00 per annum for each resident. This compares with a national loss on gambling, which is best estimated at a weekly rate of \$11.90 or \$619.00 per annum. (Source: National Advisory Committee Report into Gambling Industry 2001). This suggests that the residents of the southern Shoalhaven lose 1.37 times the national average on gambling. Some caution should be exercised when considering these results as self-report measures are quite unreliable with respect to expenditure but it is expected that bias would exist in the direction of underestimating rather than overestimating expenditure.

**How does government expenditure on counselling services compare between the southern Shoalhaven and statewide averages?**

There are currently no government funded counselling services for problem gamblers that are dedicated to, or located within the southern Shoalhaven. An analysis of the 'Community Casino Benefit Fund' expenditure on services for problem gamblers revealed an increasing availability of funding which is designated for such services and which was estimated in 1996 to provide approximately \$9 million for such services as research support and counselling services in NSW (Source: Walker 1998).



It is acknowledged that other sources of funding such as Community Health Services also provide support for problem gamblers but if the Community Casino Benefits Fund alone is considered it would be equitable to expect that the population of the southern Shoalhaven should have received services to the value of \$25,591 per year based upon 1996 census figures and NSW Star Casino revenue for 1996. Except for the funding for this current study the southern Shoalhaven has received virtually no funding at all for research, support or counselling services dedicated to problem gambling. One day per fortnight was allocated to the area as a small outreach service conducted by Mission Gambling as a part of its Nowra operation during 1999 and 2000 but this has since been withdrawn. Currently the southern Shoalhaven has no designated services and receives no funding at all for support or counselling services for problem gamblers. It does appear that the majority of counselling services designated for problem gamblers in NSW are located in the metropolitan areas of Sydney, Newcastle and Wollongong. The Gambling Impact Society of NSW (2001) reported that only 15 of 56 (27%) of services for problem gamblers are located outside of metropolitan areas and only four services are located outside of major regional centres. This reveals an inequality in the location of services as most assistance is located in metropolitan or larger towns and regional centres and small isolated communities are for the most part geographically excluded from these provisions.

## **What are the types of harm that are attributed to gambling in the southern Shoalhaven?**

The results of the phone survey were very clear in identifying financial loss and hardship, family breakdown and child neglect as the most prominent attributions of harm occurring as a result of gambling. Depression and mental illness were also identified as results of gambling. 92% of the respondents to the survey expressed negative views of gambling and its effects upon individuals and their communities. Only 2% of respondents reported any positive views about the impact of gambling upon individuals or the community. These types of harm are unlikely to differ significantly from state averages and clearly follow Walker's (1998) conclusions regarding the types of harm associated with gambling. It may be argued however that less prominent forms of harm are probably unique to the southern Shoalhaven or small regional areas, these include; increased isolation associated with financial loss, loss of mobility and access to community activities and services as a result of financial hardship, and depression which is likely to be more resistant to change in small isolated communities which provide few social supports or opportunities.

## **Are there differences in the incidence of presenting problems involving gambling to generalist health services between the southern Shoalhaven and NSW?**

This is a difficult question to address as no specialist services for gambling exist in the southern Shoalhaven and thus public education and recognition of gambling as a health problem have been poorly established in the area.

Surveys and responses received from generalist health practices were small in number but were generally supportive of the notion that approximately 3% of the adult population of the southern Shoalhaven experience gambling abuse. It is our suspicion that the establishment of a prominent gambling service in the area would effectively raise the profile of services for people with gambling abuse problems and this would have the effect of illuminating latent cases of gambling abuse in the area. It is expected that such a move would probably realize a prevalence of more than 3%. The survey of general practitioners was quite disappointing in its response rate but results did reveal that less than 5% of presenting problems to general practitioners involved gambling issues. Presenting problems to community health services were more likely to involve gambling than were found amongst general practitioners with an estimated 10% of presenting case involved gambling as an issue at presentation. Submissions from community health counsellors also identified the fact that gambling abuse issues often are identified only after several sessions of counselling and thus presenting problems may provide a false indication of the true prevalence of gambling abuse amongst community health clientele. Another difficulty associated with the interpretation of community health data proceeds from the fact that community health services were primarily established in the area to deal with physical health problems and primarily supports a medical model of operation. It is likely that people with gambling problems may not strongly identify with this model as a source of possible assistance.

Although some counselling services are provided by the community health service these are not designated for gambling, are part time, and do not employ counsellors who have specialized training in the treatment of problem gambling. The Illawarra Area Health Service has developed a package to assist in the development of group work project within local communities, which is based upon cognitive behavioural therapy practice (Corliss 2000) and may be available for use with the Ulladulla Community Health Centre at some stage. The development of this type of service would depend upon perceived demand, health service priorities and the availability of staffing.

Private counsellors and psychologists within the area were of the opinion that people with gambling problems were very unlikely to present to them for help, as their services are quite expensive to access and are not usually associated with this type of assistance.

### **Is there a link between gambling and domestic violence?**

This study found that 2.1% of clients presenting to domestic violence services identified that problem gambling co-existed with violent behaviour amongst perpetrators. This incidence is not significantly different to the incidence within the southern Shoalhaven and this statistical difference is not established. Community comments regarding the types of harm associated with gambling did not strongly support the notion that domestic violence was associated with gambling with less than 1% of respondents volunteering 'violence' as a consequence of gambling. Thus on the basis of this study there is no strong indication of any direct causal link between gambling and domestic violence.

## **Is there a link between Gambling and child abuse or child neglect?**

Results of the survey of practitioners found that gambling was identified as an issue in 10.5% of cases in which child abuse and neglect was a primary presenting problem. Community comments regarding the types of harm associated with gambling revealed that child neglect was the third most popularly reported consequence of gambling with 4% of respondents identifying this as an issue.

## **Is there a link between Gambling and Poverty?**

A survey of material aid services within the area suggested that gambling was disclosed as an issue in approximately 6% of cases presenting for material assistance. These figures are very difficult to confidently interpret, as it is likely that applicants for material assistance would most likely withhold information about gambling in order to qualify for assistance. Similarly it is contrary to the policies of these organizations to demand information about gambling, or to require any full disclosure of all household expenditure. Despite this, discussions with material aid workers strongly suggested that gambling is a factor that leads to direct and indirect impacts upon the household finances of a large percentage of their applicants. Community comments regarding the types of harm associated with gambling recognized financial loss as the primary consequence of gambling with over 25% of respondents recognizing this association.

## **What trends exist in the use of gambling in the southern Shoalhaven?**

An analysis of financial statements provided by the registered clubs within the area indicates an average annual increase in gambling revenue of 11.2% during the period 1999-2000. The majority of this growth in revenue has been due to increased poker machine clearings over the period. This growth substantially exceeds population growth in the area, which is estimated to have been 2% for this period (Shoalhaven City Council Community Plan 2000/1-2001/2).

## **Alcohol**

### **What is the incidence of self-reported alcohol abuse in the southern Shoalhaven in comparison to the incidence of self-reported alcohol use and alcohol abuse in NSW?**

72% of all respondents to the survey reported using alcohol regularly. This is significantly higher than the state average of 52.8% identified in the NSW Health Survey (1997). The average age of alcohol users was 53.8 years and 68% of all reported users were male. On the basis of the telephone survey it appears that approximately 16.5% of the 664 participants included in the study reported hazardous or harmful levels of alcohol consumption. 26% of this group recognized their usage level was harmful whilst the remainder did not consider their usage level to be harmful.

This level of hazardous use is slightly below NSW state average of 18.8%. Our survey recognized conservatively that the regular use of more than five standard drinks per night on average or the existence of binge drinking at a frequency of once per week or more on average, as harmful or hazardous. This definition was adapted from the NSW Health Survey, 1997 definition and fact sheet on alcohol use (1997). The slightly lower than average percentage of harmful or hazardous use in the southern Shoalhaven when compared to NSW averages is accounted for in part by the advanced average age of respondents. The NSW Health Survey (1997) found that the highest incidence of hazardous and harmful alcohol use was found amongst the 16-29 year old age brackets and this group is somewhat under-represented in the southern Shoalhaven. When these age groups are removed from the calculation for state averages the over 29 year old average would be approximately 10.9%. Using this figure the southern Shoalhaven displays a significantly higher incidence of harmful and Hazardous use than state averages. Of the respondents identified as having significant harmful or hazardous levels of alcohol consumption more than 70% were over the age of 55. Although self report is a highly inadequate method of assessing the actual incidence of alcohol abuse in the area even this conservative measure suggests that the southern Shoalhaven has approximately 1.8 times the incidence of alcohol abuse than the state average and that these cases are generally amongst older persons.

## **How does expenditure on alcohol counselling services in the southern Shoalhaven compare with other centres?**

The Illawarra Area Health Services provides only two services to the southern Shoalhaven. Firstly C.O.N.T.A.C.T Drug and Alcohol Counselling Service provides 80% of one full time position and offers the only identified drug and alcohol service existing in the southern Shoalhaven. This team allocates approximately 0.8 full-time positions to the southern Shoalhaven; this allocation per head of population is considerable lower than in the neighbouring areas of Nowra and the Illawarra region. It was observed that many different service sectors provide counselling, rehabilitation and detoxification services within NSW and thus estimates of average expenditure per head of population within NSW are difficult to obtain. It is anticipated that the provision of services to the southern Shoalhaven is significantly lower than state averages. Despite this, current service levels have increased slightly since 1999 with a recent increase to 0.8 of a full time position. Overall, however, the current situation still represents a decline in service delivery over the past five years due to the loss of a full time position which was provided by the Shoalhaven College of General Practice and which employed a full time drug and alcohol counsellor up until 1999 when this funding was drastically cut and the position dissolved.



## **What types of harm are associated with alcohol in the southern Shoalhaven?**

It appears from the telephone survey that the most likely types of harm attributed to alcohol are violent and abusive behaviour, family breakdown, crime and delinquency. Similarly the survey of medical and community service practitioners recognized that alcohol contributed significantly to the health costs and social costs addressed by their services. General practitioners reported that an average of 6% of their time was spent dealing with alcohol abuse related problems. These practitioners were not asked to estimate the degree to which other health problems were attributable to histories of alcohol use. General counsellors estimated that 40% of their clients present with some alcohol related problems.

These types of harm do not differ considerably from state-wide experiences but the elevated incidence of alcohol problems amongst older people is particularly concerning and illustrates a potentially higher social and health cost associated with alcohol abuse than would exist in a younger and more robust population. Similarly clear evidence exists which establishes that even moderate alcohol use is significantly more harmful to older individuals than it is to younger people. Moore et al, (1999) found that alcohol significantly complicates the health care of older people (65 years and over) as they are more likely to suffer from other physical or emotional illnesses than the general population, are more likely to be using medication than the general population and are more likely to have functional limitations than the general population.

Moore et, al, concluded that lower levels of alcohol use should be considered hazardous and harmful to elderly people than is the case with the general population. Accordingly, the southern Shoalhaven's high proportion of older alcohol users increases this population's risk for harm associated with alcohol.

Another complicating factor adding to the social costs of alcohol use in this area is the absence of public or alternative transport in many villages of the southern Shoalhaven thus increasing the likelihood that residents may drive whilst under the influence of alcohol.

### **Is there a link between Alcohol and Domestic violence?**

Alcohol was recognized as a contributing factor in 48% of cases handled by the Ulladulla Domestic Violence Service during the period 1/7/99 – 30/6/2000. The NSW Department of Corrective Services' Shoalhaven office has initiated programs for offenders convicted of crimes involving violence and has noted that over 60% of acts of violence perpetrated by their participants occurred whilst the offender was intoxicated with alcohol. These extremely high percentages are highly indicative of a strong correlation between alcohol and violence.

### **Is there a link between alcohol and child abuse or child neglect?**

Services offering assistance to children and families estimated that alcohol was associated with 48% of presenting cases of child abuse and neglect. Community opinions regarding the consequences of alcohol abuse included an awareness of an increased likelihood of abuse and emotional harm to children as a result of intoxication.

This tends to increase the likelihood that parents or other carers of children in these places will drink and socialize at home rather than at a hotel or club. This increases the likelihood that children will witness their carers in an intoxicated state and are therefore more likely to suffer abuse or neglect as a result of this state. The strong correlation previously reported between alcohol and violence also contributes to the likelihood that children may witness violence between adults and this also constitutes child abuse.

### **Where do people usually consume alcohol?**

An unexpected finding from the telephone survey was that over 62% of respondents who used alcohol did so mainly at home. 38 % preferred to drink at hotels, clubs or restaurants. This again reflects that a significant proportion of the population is isolated geographically or due to limited mobility. Bottle shops are however located at most villages and thus access to alcohol is reasonably equitable across the area.

### **What trends exist in the consumption of alcohol in the southern Shoalhaven?**

An analysis of revenue from licensed clubs revealed an average annual increase of 5.9% in alcohol sales for registered clubs between 1999 and 2000. The hotels and bottle shops that were approached were unfortunately unwilling to provide the study with information about their revenue.

## **Substance Abuse**

**What is the incidence of self-reported substance abuse in the southern Shoalhaven in comparison with the incidence of self reported substance abuse in NSW?**

As expected self-reports of substance abuse were low in the telephone survey in fact only 4.7% of the participants surveyed admitted to any substance abuse at all. This is severely at odds with expectations from the 1998 National Drug Strategy Household Survey, which found 22% of the adult population of Australia have recently used an illicit drug. Local reports from individuals and service providers suggest that substance abuse in the area remains quite prominent but the illegal status of this use is most likely to result in a serious under-representation in the current survey. As was the case with alcohol, this under representation of substance users may be explained in part by the demographics of the southern Shoalhaven. The most prolific users of illicit substances are found within the 14 -29 year old age bracket, a group that is under-represented in the local population, and when these age groups are removed from the national sample, the proportion of the population who reported recent substance use is reduced to approximately 13%. The current results from this survey however remain significantly below expectations even following this transformation and thus under-reporting is the most likely explanation for the uncharacteristically low percentage.

## **What types of substances are used in the southern Shoalhaven and by whom?**

Results from the telephone survey suggested that marijuana is the most prominent illicit substance used in the southern Shoalhaven. Of the self-reports received 92% of respondents reported using marijuana. 57 % of marijuana users responding to the survey were male. 92% of respondents who reported using marijuana were under 55 years of age and 21% were pensioners. 42 % of respondents who reported using marijuana grew their own substance.

7% of respondents reported using prescription medication as a substance of abuse. Analgesics such as codeine were most prominent amongst this small group of respondents.

Due to the limitations of the telephone survey in eliciting reliable information regarding substance use further investigation was carried out through discussion and submissions from individuals and service providers within the area who agreed to provide the study with anonymous submissions. This method produced several consistent reports, which suggest that marijuana remains very prominent in the area. The use of amphetamine has been reported as increasing dramatically as is the use of ecstasy particularly amongst young people.

## **What is the average household expenditure on substances in the southern Shoalhaven in comparison to NSW averages?**

It is quite likely that all measures of substance abuse available to this survey have been limited by a tendency for under reporting on the part of participants.

Of those participants who did report substance abuse it appears that an average of \$43.80 per week was outlaid on the purchase of substances per head (\$2577,60 per annum). As reported almost half of the respondents who reported use of marijuana grew their own supplies and thus did not generally expend money for the purchase of substances.

**How does government expenditure on counselling services compare between the southern Shoalhaven and statewide averages?**

The same services that have been established for assistance with alcohol abuse are also identified to assist with substance abuse problems in the southern Shoalhaven. These counselling services, as previously discussed, are provided at a level significantly below that provided to neighbouring areas and have shown a history of inconsistency due to fluctuations in staffing, a lack of specialist services, and a reluctance on the part of employers to establish permanent and dedicated staff positions.

**Are there differences in the types of harm attributed to substance abuse in the southern Shoalhaven as compared with statewide averages?**

An analysis of the telephone survey results shows that harm was attributed primarily to youth and was considered to be primarily associated with damage to health or psychological well being.

Crime and violence were also strongly attributed to substance abuse. It appears that there is insufficient research available to make a comparative statement regarding the types of harm attributed to substance abuse in the southern Shoalhaven as compared with NSW averages. Despite these limitations it seems that isolation, particularly amongst young people within the southern Shoalhaven, tends to exacerbate the degree of social withdrawal and paranoia frequently associated with long term or heavy substance use. An issue of major concern, which was highlighted during the study into substance abuse, was the high reported incidence of substance-induced psychoses and other mental illnesses amongst young heavy users of amphetamine and marijuana. This observation was reported by drug and alcohol workers, youth services and a mental health service. The situation for young people in the area is quite problematic as most school leavers move away from the area in order to find work or education elsewhere and the result is a depletion in the number of 'senior youth' who would in many areas provide beneficial role models to younger people. Youth workers also identified barriers to the provision of services to young people who found difficulty in identifying with established youth services counsellors or health practitioners.

Established services were generally unconcerned about the use of narcotics in the area but acknowledged a continuing usage of heroin and methadone.

## **What is the incidence of presenting problems involving substance use to generalist health services in the southern Shoalhaven?**

Survey of general practitioners and of community health services revealed that approximately 15% of presenting problems dealt with by health practitioners were in some way associated with substance use. It is envisaged however that a significantly higher incidence is likely to become evident as the provision of services becomes more consistently available and publicly respected. The inconsistent and non-dedicated nature of services for substance abuse in the area has resulted in a diminished public expectation of the provision of services for substance users. Accordingly, a simple analysis of presenting problems may misleadingly under-represent the potential demand for such services. According to current service providers the demand for drug and alcohol interventions amongst young people is a substantially unmet need.

## **Is there a link between substance use and domestic violence?**

Statistics provided by the domestic violence services did not clearly distinguish between alcohol and substance use in providing statistics for this study. Despite this it appears that substances impose similar impacts upon violent behaviour, as is the case with alcohol.

The study recognizes that substance use and alcohol use frequently coexist thus it is expected that a similar percentage of violent crimes are perpetrated by offenders who are intoxicated with substances as is the case with alcohol.



## **Is there a link between substance use and child abuse and neglect?**

21% of people presenting to counselling services for children and families identified substance use as a contributing factor to the difficulties faced within the client's family. This rate is similar to the population average and thus does not establish any significantly elevated indication of substance use amongst this group.

## **Discussion**

### **Gambling**

The various methods and components used in this study have identified the southern Shoalhaven as an area that displays geographical and social vulnerabilities to use abuse and dependency upon gambling. Particularly compelling statistics have been found which suggest that individuals living within this area are much more likely to develop gambling abuse and dependency. Similarly the population of the southern Shoalhaven has a much greater than average use of gambling than is normal for the wider population of the state of NSW.

Although these findings are essentially disturbing in themselves the economic and social realities of the region contribute to a situation where the residents of the southern Shoalhaven may find themselves trapped in a cycle of addiction and vulnerability which results in a far greater degree of social cost than would be found in more metropolitan and diverse communities.

It appears that the advanced age of this population is a major contributing factor to this vulnerability. Another major concern is the observation that prolific annual growth has occurred in poker machine revenue without any corresponding growth in population. This suggests that the local population is simply increasing its use of gambling services by approximately six percent each year. This growth has been evident for at least five years and corresponds to changes to legislation, which have enabled the proliferation of poker machines in hotels and clubs and have effectively resulted in a huge increase in the number of poker machines, which exist within the area. The most obvious effect of this change has been to significantly increase the income of registered clubs and hotels and also to increase the revenues of the NSW State Government. In the southern Shoalhaven the popularity of poker machines has also reduced the diversity of activities available in the area. The prolific nature of poker machine earnings has strongly encouraged clubs and hotels to allocate more and more time and space to the pursuit of this activity. Clubs and hotels are now less inclined to provide alternative forms of entertainment within their venues as earnings from poker machines simply outstrip revenue from other activities.

Similarly hotels and clubs have devoted more and more space and time to the provision of TAB facilities, which have tended to co-locate at clubs and hotels. The situation exists where the clubs and hotels within the area are visually dominated by signage and the presence of gambling advertising. This prominence is likely to have contributed to a much stronger awareness and attraction to gambling amongst the patrons of these establishments.

Observations conducted within the public areas of hotels and clubs revealed that it is simply difficult to avoid advertising and messages promoting gambling whilst attending these establishments.

The vulnerability of communities such as the southern Shoalhaven is strongly exacerbated by the limited availability of entertainment venues and social activities that are not associated with gambling venues. Although the southern Shoalhaven does have one movie theatre, the area has no entertainment centre or concert venue. Although many special interest groups and community activities do exist, these appear to be predominantly organized around arts and crafts or community service and are not generally focused upon entertainment or relaxation. The southern Shoalhaven supports many local sporting activities but rarely hosts any major national or international sporting event. The one notable exception to this is the Mollymook Surf Lifesaving Club that periodically hosts major carnivals of national significance. Despite this sport remains a significant activity within the area but is under-represented amongst the retired and elderly residents.

Similarly for this age group the sports of golf and bowls are invariably co-located with gambling and alcohol venues. This fact is less strongly shown with sports such as football, netball, cricket and hockey or with surf lifesaving, fishing and other water sports. These sports however attract a younger population than bowls and golf and thus the vulnerability of the elderly population of the area is again highlighted.

The demographics of the area reveal a much greater than average representative of the 55 plus age group and it should be noted that many within this group are prolific consumers of recreational services due to an abundance of free time and in most cases the existence of some disposable income. The marketing of alcohol and gambling products to this age group has been highly successful in the southern Shoalhaven as clubs and hotels have established profound market dominance of the recreational and entertainment needs of this age group. The most profound contributing factor to this market dominance is the limited range of alternative forms of entertainment, which are suitable for this age group within the area. As mentioned several activity groups exist such as arts and craft groups and the university of the third age however it was found that many residents of 55 years and older cannot participate in such activities due to health reasons or they do not find activities within their repertoire of understanding. Such activities appear to develop from the spontaneous efforts of individuals and small groups and thus community co-ordination and information sharing is often very limited.

The hotels and registered clubs in the area undoubtedly spend some energy and money on providing some welfare services to their patrons, however during the twelve-month course of this study we found no instance where any club or hotel had actively advertised or encouraged the development of social activities or entertainment events which were not strongly connected to their own activities or venues.

It is also evident that the prominence of registered clubs and hotels within the southern Shoalhaven engenders considerable power to these organizations. In the community of Ulladulla the registered clubs are amongst the largest employers in the area thus it may be argued that such organizations wield significant political and economic influence within the local community and within local government. This position of power and influence has enabled clubs to grow economically and to establish market dominance in areas such as liquor sales, food and beverage sales, gaming and entertainment and thus it may be argued that one significant loss to the local community is the economic viability of small business to provide such services. Small restaurants and liquor outlets find it very difficult to compete with the highly subsidised prices offered by club bistros and bottle shops and thus an increasing percentage of the area's economic activity is likely to become associated with a registered club or hotel. Similarly, individuals within the community of the southern Shoalhaven are likely to experience increasing levels of proximity and exposure to gaming and alcohol serving venues in the course of their daily activities and this increases their vulnerability.

An interesting association, which emanates from this observation, is that the proximity to gaming venues is the most influential predictor of gambling abuse. Thus the economic dominance of registered clubs in small isolated communities should be considered a major risk factor in the development of gambling abuse.

## Alcohol

Alcohol abuse seems to be parallel the processes identified for gambling abuse in the southern Shoalhaven. Proximity and availability again appear to strongly increase the likelihood that individual will develop addictions to alcohol. The dominance of clubs and hotels in the provision of entertainment services to the local community has led to the situation where virtually no entertainment is available without the concurrent availability of alcohol. Increasingly sporting venues are sponsored by, or located adjacent to registered clubs or hotels and a strong culture of alcohol use exists for most sports. This tendency is significant to the 55-year-old age group, who are most likely to become involved in forms of entertainment, sport and social activity which are strongly linked to the supply of alcohol. Alcohol venues have become the primary locations for social meeting, dining and community meetings. Within the southern Shoalhaven organizations such as Apex, Rotary, Lions and various auxiliaries use registered clubs or hotels for their meetings. This tendency is not a matter of policy change but simply results from an absence of alternative meeting places within the area. The community thus is developing in towards a situation where the majority of social interaction will be co-located with the availability of alcohol.

As a result of this most members of the community are exposed to alcohol and gaming venues at a rate, which far exceeds that of metropolitan communities. Similarly children are likely to be exposed to such venues a greater frequency and earlier age than most of their metropolitan counterparts.

This may well have the longitudinal effect of socially reproducing an ethos of meeting around alcohol, which may well have profound long-term effects on the development of the community.

The profound health costs attributable to alcohol across the state are also complicated within the southern Shoalhaven by the prevalence of older residents and the comparative inaccessibility of health services in the region. Local residents are fortunate to have one public hospital located at Milton however the range of services and the frequency with which specialist medical services are available to the local population is considerable less than would be found in metropolitan locations. This tends to result in the situation where health care is either neglected or individuals are required to travel much greater distances to access health care services. An unfortunate process exists wherein the southern Shoalhaven supports a community which is over-represented by older age groups and these groups have been shown to be quite vulnerable to the marketing of alcohol. Further, it has been shown that older age groups are more vulnerable to health costs associated with alcohol and unfortunately residents of this area generally have limited access to many health services which would be found in metropolitan locations. These results are very likely to be duplicated in other isolated communities within the state of NSW.

## Substances

The impact of substance abuse in the region is influenced by many of the same factors that have contributed to addictions in the areas of gambling and alcohol but it is our finding that substance use generally occurs amongst a younger population. It has been shown there are few alternatives in the areas of entertainment and activity and thus alcohol and gambling addictions are likely to be more prominent parts of local lifestyles. Availability of substances is also probably much higher than would be found in metropolitan areas due to the ease by which cannabis can be cultivated locally and the lower than average intensity of law enforcement's in the area. The provision of Counselling and other forms of self-help for substance abuse remains considerably less in the southern Shoalhaven than would be found in metropolitan areas and there is a tendency for such services to be located in the larger centres. Existing services reported frustration with the limited resources available to conduct preventative health care and education with young people in the area and expressed concern regarding the levels of harmful and hazardous use of substances amongst young people in the area. A further issue pertains to their location of services. Some villages within the area are located over 70 kms from the nearest Counselling service that provides help with substance abuse. The small and inward looking nature of the communities in the southern Shoalhaven also contributes to a sense of distrust, as confidentiality is difficult to firmly maintain in communities where counsellors are quite likely to be interacting with clients as a matter of daily business.



Thus it appears that a combination of inadequate remedial services, the limited provision of preventative and community education regarding substance use, and an ample supply of substances combined with a lack of entertainment and alternative activities renders the population of the southern Shoalhaven more vulnerable than average to problems associated with substance use and abuse. Harm associated with substance use is most likely to be found amongst the 14 – 29 year age group and local services generally consider that a need exists for the extension of services to this group.

## **Recommendations**

On the basis of this study it has been argued consistently that the specific difficulties associated with gambling, alcohol and substance abuse in the southern Shoalhaven originate from specific geographical, demographic and economic features of the area. A trend towards a market dominance of social and recreational activities held by registered clubs and hotels has also been recognized as a factor, which contributes to the vulnerability of the local population.

### **Recommendation 1**

- **Employment of a community development officer for the over 55 year age group.**

It has been shown that regular entertainment is virtually non-existent within the area except at clubs and hotels and thus the prominence of these establishments and the increasing centrality of their position within the community represent the major risk factor for the negative impacts of gambling and substance addictions within the area. On the strength of this observation it appears prudent to recommend the development of alternative entertainment and activities, which are particularly, targeted to the needs of the over 55 year old age group. Such developments are unlikely to result from commercial interests and may be difficult for non-profit organizations to maintain, as the economic viability of such activities is uncertain thus the employment of a publicly funded community development worker or project officer is suggested. This approach has the advantage of allowing for the evaluation of several models of community development and the initiation of projects and activities that may be later passed on to community management.

## **Recommendation 2**

- **Employment of a fulltime gambling counsellor.**

The extremely high incidence of problem gambling within the area has been shown to be practically unaddressed by any service. It is the recommendation of this study to employ one full time gambling counsellor to specifically offer remedial services for the residents of the southern Shoalhaven. It is envisaged that such a position could be auspiced by one of the larger non-government agencies operating within the Shoalhaven area and would maintain strong professional and financial accountability to this agency.

It is recommended that such a service should be dedicated to the southern Shoalhaven and that a local steering committee should be established.

### **Recommendation 3**

- **Increased hours for drug and alcohol counselling.**

On the basis of the observed level of service offered by the Illawarra area health service to the neighbouring area of the northern Shoalhaven a case exists to argue for a significant increase in the provision of drug and alcohol counselling and education services in the southern Shoalhaven. It is recommended that at least two full time positions should be allocated to the area and that one of these positions should be devoted to health promotion, public education and counselling services for young people who are at risk of developing alcohol and substance related disorders.

### **Recommendation 4**

- **A broad comparative impact study into the cumulative effects of gambling, and alcohol abuse between rural and metropolitan communities.**

The findings of this study are alarming particularly with reference to gambling abuse and alcohol abuse. State government practice in the areas of revenue collection and policy development has been shown to harshly discriminate against small isolated communities and particularly against older Australians living within these communities.

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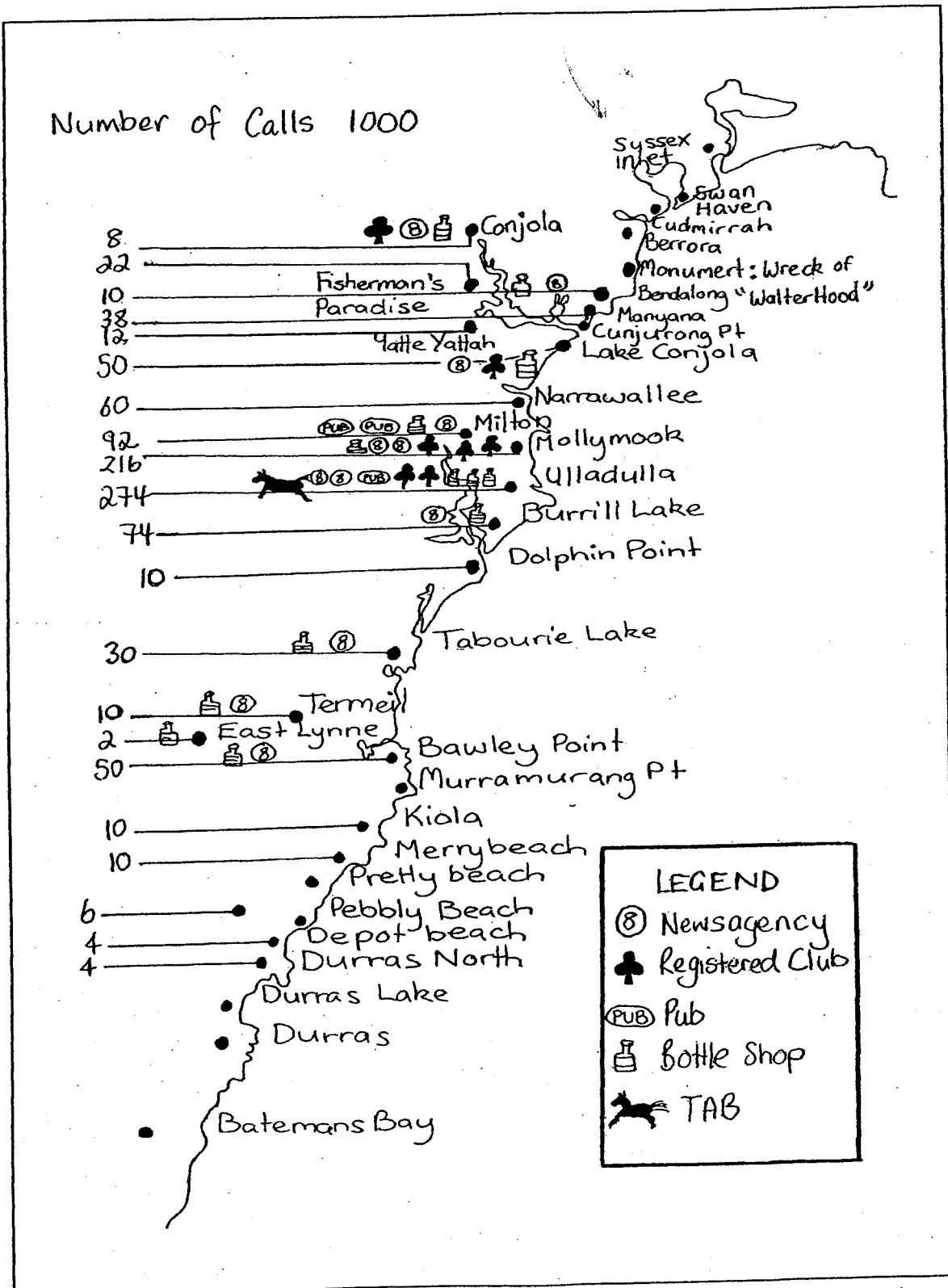
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# APPENDIX 1: Call Map



# PENDIX. 2: Telephone Survey Form

reference no \_\_\_\_\_

name of Participant \_\_\_\_\_

Geographical Area \_\_\_\_\_ Estimated Household Income \$ \_\_\_\_\_

the survey procedure:

is \_\_\_\_\_ from the Community Resources Centre in Ulladulla.

- 1) We are conducting a confidential survey of local residents. Your phone number has been randomly selected.
- 2) Would you like to be involved

The survey is being used to find out information regarding gambling, alcohol and substance use. If you find at any time that you do not wish to answer any of the questions just say so and I will move on to the next question. If you wish to stop altogether just say so and we will stop. Please be assured that we will not keep any record of your identity. I will ask you firstly about yourself and then about other members of your household. Are you willing to continue?

## Gambling

- 1) Do you personally get involved in any form of gambling (this includes, poker machines, keno, betting, lotteries, scratchies, tab, footy tab, internet gambling)?.....
- 2) Please indicate all types of gambling that you use.....
- 3) How much do you spend each week on gambling?.....
- 4) In your opinion does gambling cause you or your family any harm?.....
- 5) Please describe this harm.....

Please tell us your views about how gambling affects your household.....

Please tell us your views about how gambling affects your community.....

## Alcohol

- 1) Do you personally use alcohol?.....
- 2) Roughly how much alcohol do you consume per week?.....
- 3) How much do you spend on alcohol each week?.....
- 4) Where do you usually drink?.....
- 5) Does alcohol cause you any harm?.....
- 6) Please describe this harm.....

Please tell us your views about how alcohol affects your community.....

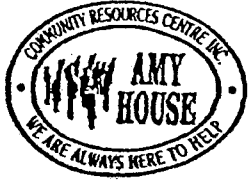
## Substances

- 1) Do you personally get involved in any form of substance use? (Include any prescription or non-prescription drugs that you use a lot of, marijuana, cocaine, heroin, speed, etc).....
- 2) What types of substances do you use?.....
- 3) How much do you spend each week on substances?.....
- 4) In your opinion does substance use cause you or your household any harm?.....
- 5) Please describe this harm.....

Please tell us your views about how substance abuse affects your community.....

Can you tell me about other members of your household (go through the same questions for each)?

## **APPENDIX 3: Service Information Request Letter and Forms**



### **Milton Ulladulla Community Resources Centre Inc.**

268 GREEN STREET, ULLADULLA . PHONE/FAX: 02 4454 0477  
P.O. BOX 396, ULLADULLA NSW 2539

**Impact study into the cumulative effects of drug, alcohol and gambling abuse on families and individuals in the southern Shoalhaven.**

Dear .....

Thanks for agreeing to help with this research project.

As discussed some analysis of presenting problems at services such as your's will be very helpful to this study.

I've enclosed a data sheet which is fairly self explanatory and is designed to assist in the recording of presenting issues.

Please note that no information which identifies any client should be recorded.

If you are in a position to offer information by way of written submission to the study, I would be very interested to discuss this with you.

Thank you

Keith Bourke (Researcher) Phone 44554077



**IMPACT STUDY INTO THE CUMULATIVE  
EFFECTS OF DRUG, ALCOHOL AND GAMBLING  
ABUSE ON FAMILIES AND INDIVIDUALS IN THE  
SOUTHERN SHOALHAVEN**

Total new clients for the period

---

No of clients influenced by alcohol abuse.....

No of clients influenced by gambling abuse.....

No of clients influenced by substance abuse.....

**Impact study into the cumulative effects of drug, alcohol and gambling abuse on families and individuals in the southern Shoalhaven.**

Please complete for any three month period during 2000

1) Service name -

2) Total number of new cases presenting for the months of =

.....

3) Total number of cases in which gambling abuse was identified as an issue for your client or his/her family =

.....

4) Total number of cases in which alcohol abuse was identified as an issue for your client or his/her family =

.....

Total number of cases in which substance abuse was identified as an issue for your client or his/her family =

.....

Thanks

Blank lined area for providing additional information.

*Please attach any additional information.*