

Problem Gamblers Receiving Counselling or Treatment in New South Wales

Second Survey
September 1998

**Report to the Casino Community Benefit Fund Trustees prepared
by:**

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EXECUTIVE SUMMARY

BACKGROUND

Following the baseline survey of services for problem gamblers in August 1997, a second survey of services was conducted in August and September 1998. All agencies providing services for problem gamblers were contacted and their counsellors interviewed. The interviewees were asked for information concerning problem gamblers counselled in the last week, appointments for the coming week, their estimate of the maximum number of clients that could be counselled adequately in a week, and an estimate of the total number of gamblers treated in the last twelve months.

An important aspect of the second survey is that it provides information on the extent to which G-Line referrals are contributing to the number of problem gamblers receiving treatment in New South Wales. The baseline survey (1997) was completed prior to the commencement of the G-Line telephone referral service which was expected to act as a mechanism for referring callers to the most appropriately located counsellor in their area.

RESULTS

Numbers of Problem Gamblers

- 310 problem gamblers were counselled in a one week period in September 1998. This is a 100% increase on the 154 problem gamblers counselled in a comparable week in 1997.
- G-Line referrals made up 21% of the number of problem gamblers counselled.
- There were 259 appointments for counselling in the next seven days after the focus week with 16% of these being referred by G-Line.
- The number of counsellors and therapists providing services for problem gamblers increased from 33 in 1997 to 78 in 1998.
- Three counsellors had waiting lists of problem gamblers who could not be given an appointment in the next seven days. Altogether, 24 problem gamblers were on the

waiting lists. All of these individuals would be given an appointment in the next four weeks.

- It was estimated that the actual numbers of problem gamblers receiving counselling or therapy makes up 32% of the joint capacity of counsellors and therapists to provide quality treatment.
- It was estimated that the total number of problem gamblers receiving counselling or therapy in the previous twelve months was 2377, an increase of 20% over the figures for 1997.

Details of Treatment

- Demographically, problem gamblers receiving counselling or treatment can be described as primarily from Sydney (73%), male (65%), anglo-Australian (71%), and aged 38 years. The male problem gamblers seeking treatment are on average six years younger than the females.
- The main form of gambling causing problems is machine gambling (females 92%; males 72%).
- 55% of the individuals receiving counselling or therapy are categorised as problem gamblers, 26% as compulsive gamblers and 19% as pathological gamblers. This should not be interpreted as meaning that different kinds of gamblers are treated or that the level of severity varies. Rather, the categorisation reflects different approaches to assessment.
- The majority of counsellors view themselves as treating a gambling addiction (65%), rather than giving financial counselling, or advice concerning relationship or employment problems.

BACKGROUND

In August 1997, agencies providing services to problem gamblers in New South Wales were surveyed concerning the extent to which their services were being used. Each counsellor or therapist was asked how many problem gamblers had been seen in the previous seven days, how many appointments had been made for the next seven days, and an estimate of the number of gamblers treated in the previous twelve months. Altogether, 154 problem gamblers received counselling in a seven day period and it was estimated that 1972 problem gamblers used the services available in the preceding twelve months.

In September 1997 the G-Line telephone counselling and referral service was contracted to provide a simple and effective means of referring problem gamblers to an appropriate counselling service within the State of New South Wales. For a variety of reasons, it was anticipated that the number of problem gamblers seeking help would increase following the launch of the G-Line service. In particular, advertising of the availability of G-Line was expected to make the availability of counselling services more widely known. Furthermore, the number of agencies providing services for problem gamblers has been increased, since August 1997, through a funding program instituted by the New South Wales Casino Community Benefit Trust Fund. In particular, new services were introduced or expanded in Albury, Bowral, Cessnock, Gosford, Goulburn, Lismore, Newcastle, Wagga Wagga, and Wollongong, and services were set up in Sydney for gamblers from a range of non-English speaking backgrounds.

The results of the survey conducted in August 1997 (prior to the implementation of G-Line) provide a baseline with which it becomes possible to evaluate the impact of G-Line on the numbers of gamblers receiving counselling and treatment. Furthermore, it was considered important to estimate the extent to which new services in rural areas were being used, and to determine whether the provision of services for different cultural groups has proven effective. Finally, there is a continuing need to describe the services used by problem gamblers and to evaluate the extent to which those services are proving adequate for gambling problems. For this reason, a second survey was conducted in September 1998.

Aims of the second survey

- (1) To evaluate the impact of G-Line on the numbers of problem gamblers seeking treatment in New South Wales;

- (2) To provide a profile of service usage in New South Wales;
- (3) To report the extent to which new clients with gambling problems are unable to receive immediate help (that is, the extent to which there are waiting lists) from the services available;
- (4) To assess the capacity of existing agencies to provide services for increased numbers of problem gamblers;
- (5) To report on current practices in assessment and treatment of gambling problems among service providers in New South Wales.

METHOD

As far as possible, the methods employed in the 1997 survey were repeated in 1998. The same interview schedule was used by the same interviewer. In particular, the interviewee was asked the source of the referral in order to determine the role of G-Line mediating client approaches to different treatment agencies.

The interviews were conducted in the last week of August and the first three weeks of September. Service providers were interviewed face to face and documentary evidence was requested as proof of the claim that any given client was receiving treatment (files in the case of problem gamblers currently in treatment and diaries in the case of gamblers to be seen in the coming week). Exceptions to this practice occurred where the service provider reported that very few problem gamblers were seen (typically two or less per week).

RESULTS

The number of problem gamblers counselled and treated by agencies in New South Wales in a one week period (in August/September) increased from 154 in 1997 to 310 in 1998. An increase in numbers was anticipated based on the introduction of the G-Line referral service in 1997. At the same time the number of services for problem gamblers also increased. Both the introduction of G-Line and the availability of more services are

likely to have contributed to the observed increase in numbers of problem gamblers receiving counselling or treatment in 1998.

The impact of G-Line

At the time of the baseline survey in 1997, G-Line was not operating in New South Wales. Table 1 shows that G-Line referrals in 1998 account for 21% of all referrals.

Table 1:

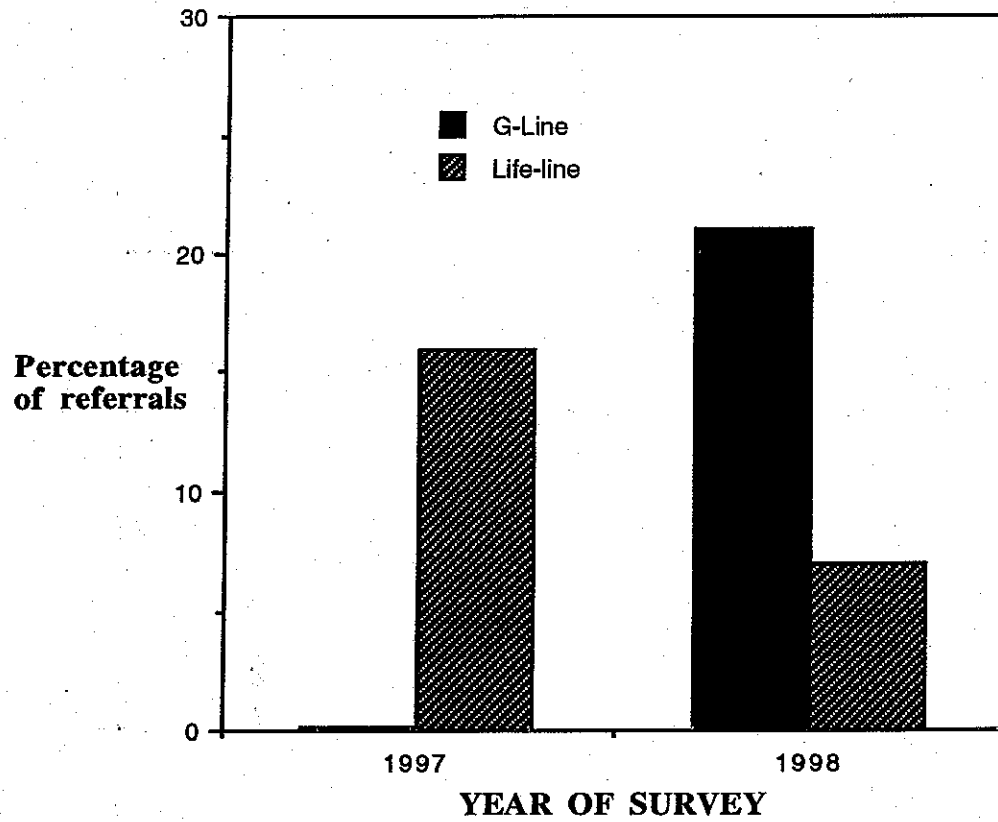
Source of referral for problem gamblers treated in a seven day period

Source of referral	Last seven days		Next seven days	
	N	%	N	%
G-line	64	21	41	16
family or fiends	59	19	50	19
another agency	40	13	18	7
advertising	34	11	22	9
self	33	10	32	12
Lifeline	22	7	12	5
medical	18	6	21	8
parole service	12	4	9	3
gambling industry	8	3	3	1
other	15	5	15	6
not known	5	1	36	14
Number of problem gamblers	310	100	259	100

The 64 individuals that make up the 21% of referrals attributed to G-Line, is the number of gamblers reported by counsellors as citing G-Line as the source of their referral information. For a number of reasons this figure may not accurately assess the full impact of G-Line. It is likely that in some instances, the initial contact with G-Line was made by family or friends who subsequently advised the gambler to seek help from the gambling counsellor contacted. A gambler does not necessarily know that G-Line was contacted and therefore, in some instances, would not be able to report the involvement of G-Line in making the referral. Nevertheless, the direct involvement of G-Line in only 21% of referrals is lower than would have been expected and it may be concluded that the increase in numbers of problem gamblers receiving treatment is not primarily a consequence of the introduction of that service in 1997. This conclusion is supported by the role of the Lifeline telephone service in relation to problem gambling. In 1997, Lifeline mediated 16% of problem gambling referrals. In 1998, the Lifeline referrals

Figure 1:

Comparison of the percentage of problem gambling referrals made by G-Line and Lifeline in New South Wales



have dropped to 7% probably as a result of the introduction of G-Line. Thus overall, the percentage of telephone help line referrals increased only modestly from 16% in 1997 to 28% in 1998 (See Figure 1). At the same time the number of problem gamblers receiving counselling and treatment in a one week period increased by 100% from 154 to 310.

Availability of services for problem gamblers

As a direct result of funding by the Casino Community Benefit Trust Fund, services for problem gamblers increased markedly from August 1997 to August 1998. In the 1997 survey of services, 23 agencies were located in New South Wales that provided counselling or therapy for problem gamblers, and the number of counsellors and therapists involved in face-to-face counselling of gamblers was 33. In the current survey, the number of agencies has increased to 45 (100% increase), and the number of counsellors or therapists to 78 (136% increase). It is likely that the increased availability of services has contributed to the increase in numbers of problem gamblers treated. Furthermore, advertising of services was included as part of the funding agreement for many agencies. Increased advertising of the available services would be expected to increase their use. Figure 2 shows the comparison of problem gamblers, agencies, and treatment personnel from 1997 to 1998. Full details of the agencies contacted and counsellors interviewed are provided in Appendix 1.

Problem gamblers receiving counselling or treatment in a seven day period

In table 2, the problem gamblers receiving counselling or treatment in a seven day period are summarised with respect to the region in which the service was used (Sydney or rural), average age, ethnicity, the type of gambling involved, and the label given by the service provider to the gambler. The results for 1997 and 1998 are given to enable comparisons to be made.

Distribution across Sydney and rural New South Wales

New South Wales is heavily urbanised with approximately 65% of residents living in the Sydney Metropolitan Area. The expectation that 65% of problem gamblers would seek services in Sydney underestimates the actual rate of 73% (see table 2). However the change from 79% in 1997 to 73% in 1998 suggests that there is a growing usage of the new rural services. This trend can be expected to continue in the coming year.

Figure 2:

The increases in agencies, counsellors and hours of service per week in relation to numbers of problem gamblers

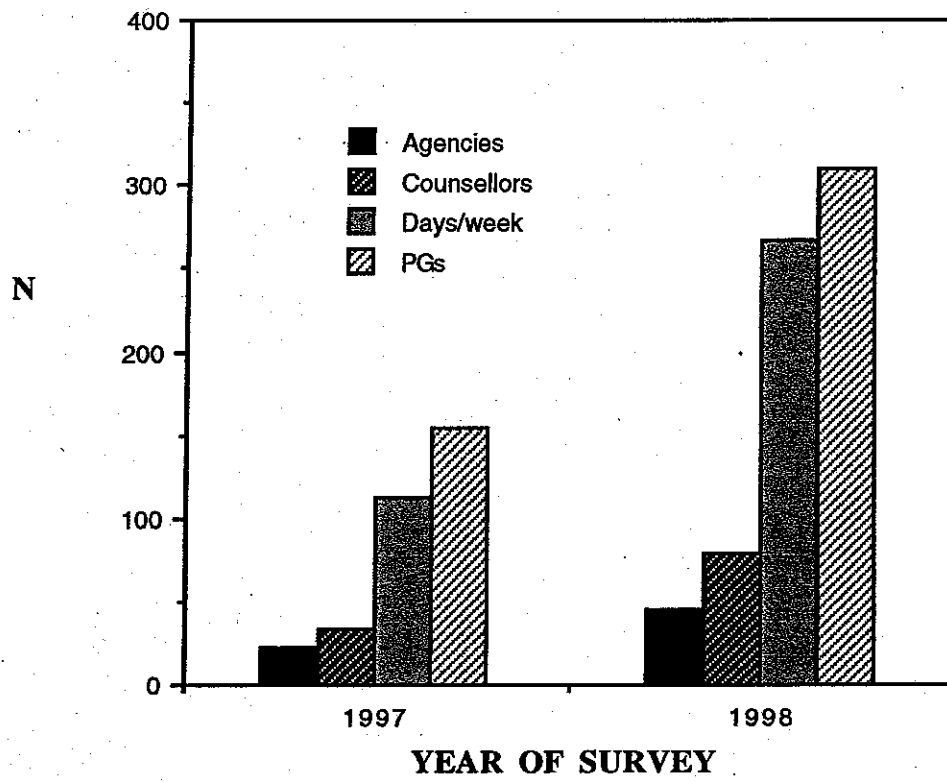


Table 2:

Problem Gamblers Seen Individually in the Last Seven Days

		1997				1998			
		M	F	N	%	M	F	N	%
Number of problem gamblers		123	31	154	100	202	108	310	100
Location	Sydney	96	26	122	79	156	71	227	73
	Rural	27	5	32	21	46	37	83	27
Average age	All	35	44	37		36	42	38	
Ethnicity	Anglo-Australian	88	22	110	71	150	70	220	71
	Other English	7	6	13	9	7	7	14	4
	NESB non-Asian	20	3	23	15	36	19	55	17
	Asian	5	0	5	3	3	8	11	4
	Islander	2	0	2	1	4	1	5	2
	Aboriginal	0	0	0	0	1	2	3	1
	Other	1	0	1	1	1	1	2	1
Type of gambling	racing	25	1	26	17	37	0	37	12
	machines	84	30	114	74	145	99	244	79
	casino	9	0	9	6	15	3	18	6
	numbers	0	0	0	0	1	6	7	2
	stock market	0	0	0	0	1	0	1	0
	multiple	5	0	5	3	3	0	3	1
Category of gambler	Compulsive	44	7	51	33	52	28	80	26
	Pathological	22	3	25	16	45	15	60	19
	Problem	57	21	78	51	105	65	170	55

Note: M = male, F = female, and N = the total number of males and females

Mean age of gamblers using services

The mean age of problem gamblers in 1998 (38 years) is similar to that in 1997 (37 years). In both surveys, female problem gamblers are older on average than their male counterparts. Similar age differences have been reported in Canada and the United States.

Cultural origin of problem gamblers

The majority of problem gamblers seeking help have an English-speaking background. Among Australians from non-English speaking backgrounds, the major cultural groups involved are Greek (8), Arabic (7), Latin American (5), Chinese (4), and German (4).

The expectation that gamblers from an Asian background would be over-represented is not borne out since this group makes up only 4% of the numbers of problem gamblers treated (table 2).

Type of Gambling

A large majority of gamblers seeking help have problems arising from their involvement with slot machines. From 1997 to 1998 the percentage of slot machine problem gamblers increased from 74% to 79%. Machine gambling in New South Wales has increased to such an extent that it has taken the place of betting on horses as the main source of gambling problems (Walker 1993).

Category of gambler

Counsellors and therapists were asked to indicate their classifications of their clients. In general, the category "pathological gambler" referred to clients who met the DSM-IV criteria for pathological gambling and the category "compulsive gambler" referred to clients who met the Gamblers Anonymous criterion. Other forms of assessment were usually associated with use of the category "problem gambler" although the majority of counsellors did not use any formal assessment technique.

Type of counselling

The large majority of gamblers (65%) receive counselling related to cutting back or stopping their gambling (table 3). Relatively small numbers of gamblers receive counselling in relation to financial and relationship problems. One possible explanation is that counsellors actually do provide counselling for the problems caused by gambling but include such counselling under the general heading of "addiction counselling".

Table 3:

Type of counselling given to problem gamblers seen individually in the last seven days.

		M	F	N	%
Type of Counselling	Addiction	135	66	201	65
	Financial	22	9	31	10
	Relationship	16	16	32	10
	Combination	23	14	37	12
	Assessment	2	1	3	1
	Legal	4	2	6	2

Profile of gamblers with appointments for the next seven days

Table 4:

Problem Gamblers with Appointments for the Next Seven Days

		1997		1998	
		N	%	N	%
Number of problem gamblers		116		259	
Region	Sydney	106	91	187	72
	Rural	10	9	72	28
Age		38		39	
Ethnicity	Anglo-Australian	78	67	155	60
	Other English	12	10	11	4
	NESB non-Asian	18	15	38	15
	Asian	3	3	16	6
	Islander	2	2	2	1
	Other	3	3	8	3
	Unknown	0	0	29	11
Type of gambling	racing	28	24	19	7
	machines	78	67	165	64
	casino	10	9	12	5
	multiple forms	0	0	18	7
	other	0	0	3	1
	unknown	0	0	42	16
Category of gambler	Compulsive	28	24	45	17
	Pathological	16	14	60	23
	Problem	72	62	154	60

Note: N = the total number of males and females

Counsellors and therapists were asked for details of their appointments for the next seven days. Since many of the gamblers seen in the previous week have appointments to be seen in the coming week, it is not surprising that there is a high degree of similarity between the profile of characteristics from one week to the next. The important points in the appointment lists appear to be as follows:

- The number of appointments for the next seven days is less than the number of gamblers seen in the previous seven days (84%).
- The average age of gamblers with appointments is 39 years.

- Sydney gamblers are over-represented in the appointment lists, but less so than in 1997.
- The cultural breakdown of gamblers having appointments reflects the population profile in New South Wales.
- Machine gambling is the single type of gambling accounting for the majority of appointments in the coming week.
- Consistent with other data, racing appears to be a declining source of problems among gamblers.
- The majority of gamblers having appointments are categorised by counsellors as problem gamblers rather than pathological or compulsive.

These observations are based on the data presented in table 4.

Problem gamblers waiting to receive treatment

A total of 45 agencies were approached that provide counselling and treatment services for problem gamblers and their families in New South Wales. From these agencies, 78 individual gambling and treatment counsellors were interviewed, but only three counsellors indicated that they had a waiting list. A waiting list is a list that a counsellor may have which consists of new clients whose main problem is a gambling problem and the client is unable to make an appointment to see the counsellor within a seven day period from the time they approached the service provider.

The three gambling counsellors were from the following service providers:

1. The University of Sydney: Mr Simon Milton.
Mr Milton has 12 clients on a waiting list, of which four have been waiting for an average of four weeks.
2. Centacare, Blacktown: Ms Katrina Hoser.
Ms Hoser has 7 clients on a waiting list with an average waiting period of three weeks.

3. Wollongong City Mission: Ms Dawn Colquhoun.

Ms Colquhoun has 5 clients on a waiting list with an average waiting period of one and a half weeks.

Waiting lists have remained relatively short. In 1997 twenty-two problem gamblers were held on waiting lists whereas in 1998, twenty-four were waiting for an appointment. Since only three out of 78 counsellors have waiting lists, it is clear that queuing for services takes place in isolated instances only.

Estimated number of gamblers receiving counselling over twelve months

Counsellors and therapists were asked make estimates concerning the numbers of problem gamblers treated in the last twelve months. Such estimates may not be accurate in every case. Although some counsellors were able to refer to detailed records concerning numbers of problem gamblers, others simply made their estimate based on memory alone. Furthermore, some counsellors referred to percentages in reference to the number of clients who drop out of treatment or who complete treatment, and in a small number of cases, the interviewee did not disclose the relevant data. Where percentages were given, the actual numbers were calculated based on the current case load. Where no information was disclosed, an estimate was based on the current load and the number of months over which the service was operational. These steps are taken to provide some idea of the number of problem gamblers treated by all services in New South Wales in a year. Despite the errors of unknown size in the data, such an estimate would be expected to differentiate between alarmist estimates of problem gambler numbers, and the severe under-estimates which might be given by those who seek to minimise the problems caused by gambling. Table 5 shows the comparison of estimates for 1997 and 1998.

Table 5:

Comparison of the estimates of the total number of problem gamblers treated by counsellors and therapists in NSW in a twelve month period

Year	Currently in treatment	Completed treatment	Discontinued treatment	Total seen
1997	579	849	544	1972
1998	920	1009	448	2377

The estimates presented in table 5 do not include the figures for attendance at Gamblers Anonymous meetings (approximately 550 in any given week). The estimated attendance at a treatment agency for 1998 is a 20% increase on the comparable figures for 1997. Such an increase is consistent with the results for the one week period and the fact that many services began in 1998 and had not been operational for a full year.

Usage of services in relation to capacity

From the perspective of the provision of services, the capacity of the system is an important factor. Counsellors were asked the maximum number of clients they could treat each week if they were to maintain their standards. Table 6 shows the actual usage and maximum capacity for the years 1997 and 1998.

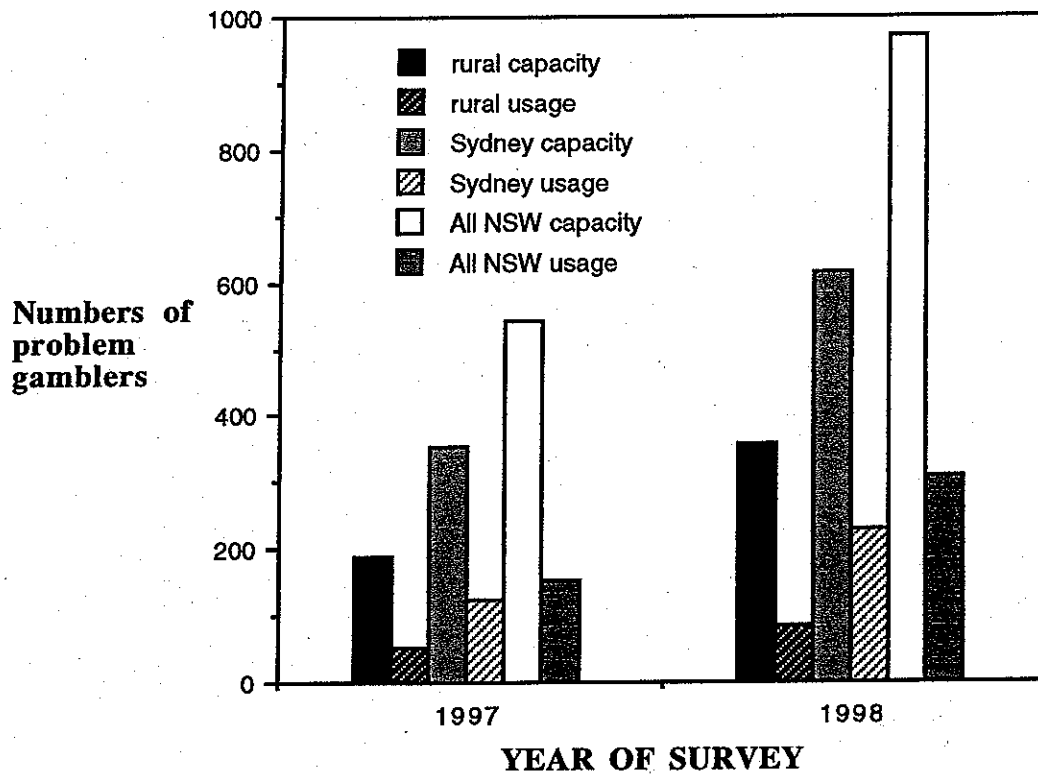
Table 6:
Usage in relation to capacity of existing services

Year	Region	Current usage	Capacity	% usage
1997	Sydney	126	355	38
	Rural	51	187	27
	All NSW	177	542	34
1998	Sydney	227	613	37
	Rural	83	358	23
	All NSW	310	971	32

It is clear that on the whole the services in New South Wales are working at much less than capacity. The ratio of usage to capacity has remained stable in the Sydney Metropolitan area at about 37%, whereas the ratio for rural areas has decreased (See Figure 3). Since the services for gamblers in rural centres have increased, this indicates that the capacity to treat problem gamblers has increased more than the numbers of problem gamblers presenting for treatment (drop from 27% to 23%).

Figure 3:

**Capacity and usage of services for problem gamblers
in Sydney and rural New South Wales**



DISCUSSION

The impact of the G-Line telephone counselling and referral service

The G-Line telephone counselling and referral service was introduced to provide a focal point and first contact for individuals with problems caused by gambling. G-Line staff make referrals based on a reasonably comprehensive list of agencies and counsellors providing services for gamblers in New South Wales, and it was anticipated that the introduction of G-Line would facilitate the process by which a problem gambler contacted a conveniently located counsellor.

The surprising feature of the data collected is the relatively low share of referrals made by G-Line. Of all gamblers treated in a one week period, only 21% nominated G-Line as the source of their referral, and as few as 16% of appointments for the following week gave G-Line as the contact. In August 1997, prior to the commencement of the G-Line service, the main telephone counselling and referral work was conducted by Lifeline which, at that time, accounted for 16% of referrals. The relatively small share of referrals attributed to G-Line could have any one of several explanations. However, the most likely explanation is that the G-Line service has not been advertised sufficiently widely. Although signage and brochures present the 1800 number for G-Line, it may well be the case that large numbers of problem gamblers simply do not realise that help is a telephone call away and that there is likely to be a counsellor nearby who is easily accessible. An advertising campaign including radio and television coverage would contribute markedly to making the G-Line service more widely known.

Counsellors and case loads

In the twelve months from August 1997, the number of counsellors working with problem gamblers increased from 33 to 78. The number of problem gamblers being counselled in a one week period doubled over the same period so that, overall, case loads decreased. Quantitatively, the number of services available is more than adequate for the numbers of problem gamblers using the services. However, the number of problem gamblers seeking help is not constant but appears to be increasing rapidly. If problem gambling numbers double again in the coming twelve months, more than 50% of the maximum capacity of current services will be used in providing counselling and therapy. Unfortunately, the case loads are unlikely to be spread equally throughout the State. At this time three counsellors have lists of gamblers waiting for an appointment to begin

treatment. It would seem appropriate to increase the services in these areas, although other factors may argue against such increases in specific instances. Nevertheless, a strong case can be made for increased numbers of counsellors in Western Sydney especially in the region from Parramatta to Penrith, and in the inner city areas, especially within easy reach of the city centre.

Services dedicated to non-English speaking cultural minorities

Problem gamblers from non-English speaking European backgrounds appear to be attending mainstream services. Counselling services for problem gamblers with Asian backgrounds are not being used extensively. Interestingly, the majority of Asian-Australian problem gamblers who seek help are female rather than male, against the overall trend for problem gamblers to be male. Such a result is consistent with an opinion expressed frequently that special cultural factors combine to make it unlikely that male Asian-Australian individuals will seek counselling for any reason whether problem gambling or anything else. The anonymity of attendance at mainstream services does not appear to have facilitated attendance by this group.

The quality of services available to problem gamblers

Excessive gambling causes a range of problems in the individuals life. The first step to solving those problems involves the gambler cutting down or stopping his or her gambling. Services are in place which help the individual regain control over the gambling. However, at the level of assessment of problem gambling, the services available are far from satisfactory. The majority of counsellors and therapists have no formal assessment of the problems caused by gambling or the severity of the gambling problem itself. The DSM-IV assessment criteria are not widely used and a full assessment of co-morbidity is made by only three treatment professionals. With only one exception structured interviews are not used in assessment. The G-Map assessment guide is not used. The addiction severity index is not used. The South Oaks Gambling Screen is not widely used. In general, family evaluation questionnaires are not used. From the perspective of the assessment of problem gambling, the practices in New South Wales do not reach the standards set in Victoria or in New Zealand.

Although the content of counselling and therapy was not the focus of this survey, counsellors and therapists were asked what they do in sessions with problem gamblers. This information was used to categorise the main service as addictions counselling,

financial counselling, or relationships counselling. In general, counsellors and therapists do not appear to have structured interventions in place or to use approaches that have the support of research on the effectiveness of therapy. Controlled trials with behaviour therapy have shown that imaginal desensitisation and cue exposure with response prevention are relatively effective. There is growing evidence that cognitive therapy involving reduction of erroneous thinking in relation to gambling is effective, and there are now several reports suggesting that the combination of behaviour therapy and cognitive therapy in cognitive-behavioural therapy are jointly effective. With few exceptions, counsellors and therapists are not using these approaches. When asked about their approach, many counsellors responded that they talk to the client and from their experience know what to say. Client centred counselling has been shown to be relatively ineffective across a wide range of problem areas.

There may be several reasons why modern interventions for problem gambling are not widely used. First of all, in the majority of cases the counsellors will have received no training in these methods. Secondly, there is often little recognition that anything more than supportive counselling is required. Approximately 80% of problem gamblers receiving supportive counselling return to excessive gambling within two years. Third, there is no accreditation process for gambling counsellors in New South Wales. Finally, the some counsellors have changed their practices to include problem gambling because such services are funded. Thus their motivation for treating problem gamblers in the first place may not be consistent with learning new procedures.

Services for the families of problem gamblers

Although many of the counsellors and therapists working with problem gamblers are skilled in relationship counselling, there are few services that cater specifically for the problems faced by immediate family members. In some cases, counsellors employ family therapy from the outset in treating the problems caused by excessive gambling. However, in most cases the services are directed towards the problem gambler alone. Although services for the families of problem gamblers were not part of this survey, it would seem that such services might be made more available. Currently, the main support for family members is provided by the GamAnon self help groups.

RECOMMENDATIONS

1. Increase the use of the G-Line counselling and referral service by augmenting the existing advertising campaign. Radio and television advertising together with an entry in the Yellow Pages is likely to raise awareness of the service and thereby lead to its greater use.
2. Increase the services for problem gamblers in the Parramatta/Penrith region and the inner-city region of Sydney.
3. Introduce a standard method of assessing problem gambling. It is recommended that a S.C.I.P. (Anjoul, Milton & Walker 1997) brief structured interview be used, and that all counsellors receive training and resources required for its use. The S.C.I.P. provides a DSM-IV criterion count and thus is consistent with the emerging practice of using S.C.I.D. structured interviews in conjunction with the DSM-IV diagnostic criteria.
4. Undertake a detailed investigation of the procedures being used to counsel and treat problem gamblers in New South Wales. Such an investigation would be regarded as a precursor of developing training and evaluation procedures for implementation in problem gambling treatment agencies throughout New South Wales

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Appendix 1: Service Agencies and Service Providers Contacted

Service Agencies	Service Providers Interviewed
Auburn Asian Welfare Centre	Peggy Lee
Best Bet, Wagga Wagga	Katie-Jane Lynch Chris Heckenberg Cliff Banks
Beth Stone	Beth Stone
* Carlingford Counselling Services Specialist	Katrina Hoser
Centacare Blacktown Parramatta	Katrina Hoser Fila Qasabian
Central Coast Problem Gambling Service	Gerri Koleman
Cessnock Family Support Services	Yasmina Nasstasia
Chinese Australian Services Society	Ruby Chan
Christian Community Aid	Sandra Palavs
* Credit Line Central West, Bathurst	Michael Golden
Cumberland Hospital	Clive Allcock
* Ethnic Chinese Mission Inc.	Tony Choy
* Freeman House, Armidale	Kerry-Anne Kilner
* Gamblers Help Line	Jim Hickson
* Gamblers Personal Counselling	Margie Chodos
GAME (St Vincent de Paul)	Eva Fera Dennis Borham
* Goulburn Family Support Services	Alex Gilroy Jennifer Nolan
* Integral Psychology Services Lismore	Bruce Dufficy

Lifeline Gambling Counselling Service	Annabel Mayo Barney Dreyer Nhu Van Tran John Poon Mary Lawrence
* Lifeline Northern Rivers, Lismore	Bill Durey
* Liverpool Hospital	Alex Blaszczyński
* Macquarie Drug and Alcohol Service	John Gordon
* Moree Dependency Resource Unit	Pam Watson Jane Hannaford
Newcastle City Mission	Chester Carter
N.S.W. Indo-China Chinese Assoc. Inc.	Sylvie Huynh Anhnga Ngo Devina Liou Francis Tsang Pinkie Leung
Odyssey House	Amanda Hale
Relationships Australia, Newcastle	Jenny Gregory Yvonne
Relationships Australia, Wollongong	Inci Khoury Kay Lane Ivan Bakich
* Salvation Army, Goulburn	David Pullen
* Society of St Vincent de Paul Redfern	Mrs L Raiss
* South Pacific Private Hospital	Rick Luckel
St Davids Care, Albury	David Bell Patricia Rolls-Jones
St Edmunds Private Hospital	Paul Symond
St John of God Hospital	Clive Allcock
Sydney City Mission	Denise Hayes Delyse Green
* The Anglican Counselling Centre Nowra	Andre Bolt Hugh Kelley
* The Buttery, Lismore	Sue Johnston Peter Hausman Mira Kozinski

The Salvation Army, William Booth Institute	Gerard Byrne
The University Of Sydney	Fadi Anjoul Simon Milton Manya Scheftsik
* Dr Touma	Dr Touma
Waverley Action for Youth Services	Rachel Wilkenfeld
Wesley Gambling Counselling Service Chippendale	Mitchell Brown Jim Connolly Wendy Lockett Barbara Shelley Narelle Nichelsen Bill Vogels Robyn Brentnel
Wesley Gambling Counselling Service Penrith	Laurie Bowe Mark Milic Wendy
* Wesley Private Hospital	Stuart Perritt
* Wollongong City Mission	Pamela Bruce Joy Leithhead Warren Brown Dawn Colquhoun

Note: * indicates that the data was obtained without direct validation against files, log books and diaries.