

Therapeutic Models of Intervention for Aboriginal Problem Gamblers

This 'Aboriginal Counselling Research and Development Project' was funded by the Department for Family and Community Services *Family and Community Development Program (Gamblers Rehabilitation Program)*

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Acknowledgments

Thanks needs to be given to the Riverland Aboriginal community and especially to Frances Day and Rocky Koolmatrie from the Riverland Aboriginal Alcohol Program (Riverland Aboriginal Alcohol Program) and Wendy Piccone and Margaret Lehmann from Relationships Australia (Riverland).

Thanks needs to be given to the Members of the Reference Group: Peter Higgins, Department of Family and Community Services; Peter Blanksby, Flinders University of South Australia; Melissa Raven, National Centre for Education and Training on Addictions; Moira Joyce, Relationships Australia (SA); and, Scott Wilson, Aboriginal Drug and Alcohol Council (SA) Inc.

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Summary

To be completed at the completion of the project.

1 Introduction

1.1 Background

The Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC) and Relationships Australia Inc. have been funded by the Gambler's Rehabilitation Fund (GRF) to research therapeutic models of intervention for Aboriginal gamblers and to pilot a program that will inform the GRF as to future directions for addressing the problems of gambling in Aboriginal communities.

The purpose of this project is to determine the therapeutic models of intervention that would be best applied when dealing with Aboriginal clients experiencing gambling problems. The objectives of the program were not to investigate prevalence rates and related aspects of gambling amongst South Australian Aboriginal people and communities. However, as will be shown in this paper, if the GRF is serious about addressing Aboriginal problem gambling then there is an urgent need for this type of research

This distinction is important to make as in developing such a 'Model of Best Practice' it would be usual practice to have demographic variables and social and economic impacts already noted for evaluation purposes.

The agreement between ADAC/Relationships Australia and the Department of Family and Community Services was as follows:

The agencies shall provide research, development and the pilot of a culturally appropriate therapeutic intervention for Aboriginal clients, so as to reduce the negative impact of problem gambling associated with the use of electronic gaming machines.

The specific project outputs are as follows:

- Research into intervention models interstate and overseas through literature reviews and correspondence with operational programs.
- Production of an initial report on the findings of this research.

- Establishment of a reference group to provide advice and guidance for the project.
- Facilitate focus groups and community consultations that present initial findings and provide an opportunity for discussion and consideration of their application in South Australian Aboriginal communities. This will lead to:
- Development of a proposed Model of Best Practice.
- The piloting of a six month program, based upon the Model of Best Practice, in the Riverland region.
- Evaluation report which highlights the major findings of the pilot program.

This preliminary paper represents the findings of the literature in this area, with a specific emphasis on how they relate to Aboriginal communities. The literature review was guided by the initial consultation with Aboriginal communities and organisations in order to promote self-determination and control.

This paper will seek to explore the considerations for developing a 'Model of Best Practice' by investigating the research and programs within Australia and overseas and putting forward recommendations based on these findings and the community and organisational consultations.

1.2 Developing a Model of Best Practice

'A homogenous goal for a heterogenous population is an invitation to fail'
(Roscrance, 1988)

There is an inherent problem in developing a 'Model of Best Practice' for Aboriginal people in Australia that is usually made by Government Funding bodies: Aboriginal people are not a homogenous group of people and the development of any program needs to take into consideration historical, geographic, cultural and political influences that impact upon the need and the methodologies of intervention.

It was with this in mind that the current project sought to develop a program and/or options that can be utilised, and ultimately decided by, individual Aboriginal communities. The recommendations made to the Gamblers

Rehabilitation Fund were made on the premise that Aboriginal people MUST have available to them a 'choice' of interventions/programs.

Steane and her colleagues (1997) commented:

"...just as one group of indigenous people could not be considered to be representative of all indigenous people, so each community is peculiar. Research about the impacts of modern western gambling among different Australian Aboriginal groups is meagre. The tendency to generalise to all Aboriginal people after research in one community should be avoided....."

This position is further supported by Taber (1987) who wrote:

"To invest in any single formula would constitute irrational, long-shot gambling on our part since; no matter how useful and internally consistent any single model may be, none yet presented comes anywhere close to covering all human risk-taking situations."

Taber believes that theoretical models act as 'perceptual lenses' that sometimes clarify and sometimes limit our vision. This project sought to ensure that Aboriginal communities will have a variety of options available to them that will not limit their effectiveness and will benefit as wide a range of people as is possible.

There is also must consternation about where certain programs 'fit in' to Aboriginal programs. For example, at the recent National Aboriginal Health Workers Conference held in Sydney, it was made quite clear that Substance Misuse programs are considered to be different from Health Programs and Mental Health programs.

It will be shown that there is no agreement on what gambling is and how it should be treated and as Gambling can theoretically fit into all service delivery types there will be much discussion as to who should be running these services and for that matter funding these services. Is gambling a health concern; a substance misuse concern; a mental health concern; a concern on its own; or all

of the above? I suspect it is all of these services that will feel the impact of gambling related problems and so this program will seek to provide recommendations that will cover all possible aspects of gambling and develop the most cost-effective solutions.

Rosecrance (1988) wrote:

“In light of serious questions regarding the efficacy of the medical model and the single-treatment goal it has spawned, a new perspective on problem gambling is needed.”

It is with this in mind that we have developed this project.

1.3 Methodology

The primary concern of this program was to ensure that the Aboriginal communities and organisations guided us as to what should happen and what process we should follow. The emphasis of our ‘research’ was in the form of community consultation and collaboration.

Steane and her colleagues (1997) commented that such an approach ‘would be considered sloppy by researchers in positivist disciplines reliant upon hard ‘facts’ of quantifiable data’. Our experience in dealing with the Aboriginal community is that the accuracy and richness of our type of approach makes it more cost-effective and this is supported by their study in Northern Territory’s remote Aboriginal communities. They outline the following protocols in conducting research in Aboriginal communities based on Freeman’s (1981) work that were considered in the current project:

1. Preference to be introduced to interviewees by community leaders rather than presume to approach people randomly. Brady (1990) notes that historically, it has been rare for the researched people to be consulted about the research objectives or in control of the process of negotiating the research
2. Being attentive to ‘following leads’ of who to approach next.

3. Keeping the interview structure informal because of sensitivity to the non-dyadic conversation style of many Aboriginal people and because it facilitates a more relaxed atmosphere for the participants.
4. Always checking our interpretation of our observations with the community people.
5. The researchers acknowledged their own non-Aboriginality, and while the analysis of data collected will be non-judgemental, descriptions of activities and events and perceptions cannot entirely escape cultural bias. To limit cultural bias and misinterpretation as much as humanly possible, repeated efforts were made to confer with local Aboriginal people.
6. Making broad generalisations about the nature of gambling in all Aboriginal communities is premature, if not inappropriate. Researchers were mindful that the information gathered was specific to the particular communities visited.

Extensive qualitative research within Aboriginal communities has been used by researchers allowing Aboriginal people to define the issues and the socio-cultural significance of gambling rather than the researchers (Goodale, 1987; Altman, 1985).

We were also concerned at the limitations of the projects scope in that a trial program would be implemented for a six month period. As such, the underlying emphasis on developing a project in the community was that at the need of the program, resources and skills would have been developed that would allow the 'program' to continue in some form without the funding necessarily being provided. Far too often funding bodies use short-term projects that have immediate results and yet provide little transfer of skills into the community. The many petrol-sniffing projects in the Anangu Pitjantjatjara Lands provide a clear example of this happening.

We were also wary of the token funding provided for rehabilitation programs from the generated income from Electronic Gaming Machines (EGM's). We needed to provide recommendations to the GRF that would be cost-efficient in

dealing with the problems of gambling in the Aboriginal community as a direct result of the introduction of the EGM's in 1994.

2. Gambling in Australia

2.1 South Australia

So what is gambling like in South Australia? Delfabbro and Winefield (1996) looked at the prevalence of Gambling-related problems in South Australia for a report commissioned by the GRF. The report found that there were significant differences in the demographics of problem gamblers and their associated problems but, unfortunately, the scope of the report did not include a demographic variable that covers the experiences of Aboriginal people.

The survey intended to:

- form the basis for advice to the Minister for Family and Community Services on the allocation of funding for rehabilitative services and preventative programs with respect to Electronic Gaming Machines
- Inform funded organisations and other service providers about targeting of services
- Provide a baseline for analysing change in gambling behaviour
- Provide a baseline for evaluation of the effect of rehabilitation and preventative programs.

Such research allows for these variables such as age, gender, socio-economic status etc to be considered when developing Models of Best Practice that may need to be tailored to suit the needs of each sub-group. The Aboriginal community often experience different lifestyles and values due to their cultural backgrounds and beliefs that will impact on any model being developed.

As will be shown in this paper Aboriginal people often experience higher rates of unemployment, worse health, less education and high rates of racial intolerance

that impacts upon the self-esteem and general psychological problems that are often associated with people experiencing problem gambling.

If problem gambling is to be seriously addressed by the GRF then comprehensive studies such as the Delfabbro and Winefield study need to include Aboriginal communities experiences and, for that matter, the Non-English Speaking Background community. It is only through such research that comprehensive evaluations of programs can take place and the monitoring of the impact of increased access to Gambling services can be realistically monitored.

Delfabbro and Winefield suggest that it may be more useful to study those gamblers that are at the greatest risk from experiencing significant gambling related problems. The present study found demographic differences in those people that gamble and those who experience problem gambling. This is an important point for all future researchers and policy makers.

For the present project being undertaken, Delfabbro and Winefield's report raises a number of questions that need to be considered in future research:

1. What Aboriginal groups/sub-groups are most 'at-risk' ?
2. What links are there between depression/psychological problems and gambling in the Aboriginal community ?
3. What role does loneliness and boredom constitute to problem gambling (and the transference to other addictions) ?

Statistics from Break-Even South Australia will be available in July.

2.2 Other Australian Studies

The Queensland Report (1994) reports that of clients attending BreakEven service for excessive gambling, 2% were men and 10% were women of Aboriginal and Torres Strait Islander descent. Aboriginal and Torres Strait Islander men made up 2.3% of the Queensland male population while Aboriginal and Torres Strait Islander women accounted for 2.4% of the female population (ABS Cat. 2510.3). It is not known why Aboriginal women are 5 times more

likely to use these services than men. Is it due to the targeting of these services or to the psycho-social factors outlined later in this paper?

They also found that compared with non-indigenous respondents, Aboriginal and Torres Strait Islander players spend significantly more on gaming machines and all forms of gambling.

Poker machines accounted for nearly 50% of the total handle in 1995 gambling activity in Australia. Player losses amounted to \$3.6 Billion on 130,000 machines (Foote, 1996). Foote also found that larger expenditure is linked to the much stronger preference of indigenous respondents to the more time consuming pleasurable forms of continuous gambling such as gaming machines.

3. Gambling in Overseas Aboriginal Communities

It has already been mentioned that you cannot transfer the findings from one Aboriginal community to the next in Australia, so why would we look at Gambling in overseas Aboriginal communities? The explanation is best given by Volberg and Abbott (1997):

‘Despite great differences among the indigenous peoples, there are similarities in the conditions under which many of these groups live throughout the world. Poverty, unemployment and dependence on welfare are widespread on reservation lands and among urban populations of colonised, indigenous people in many countries.’

Comparisons of gambling involvement, gambling expenditures and gambling related problems among indigenous peoples in the world also serve to highlight the impact of shared socio-economic inequities and the contribution that these may have to the development of problem gambling.

One of the most interesting notions in relation to overseas studies on Native Casinos to come out of the community consultations was the establishment of ‘Aboriginal Clubs’ within communities. Surprisingly, this has not happened to date, although it has only been thirty years since Aboriginal people have been

legally allowed to drink. The introduction of EGM's has caused some community people to raise the issue of at least having the money returned to their own community. As such, whilst not advocating the establishment of Casinos, and the likelihood of this happening is extremely remote, it is interesting to compare the establishment of Casinos on Native Reserves in America and Canada.

If this option was to go ahead, there needs to be much more consultation as to the potential benefits and risks involved in such a venture than is outlined below.

3.1 Casinos in Aboriginal Communities

Studies on gambling and its effects on indigenous populations overseas have been predominantly focused on the impact of Casinos on Indigenous Reservations in Canada and America. It is estimated that in 1994, the total net revenue from 81 Native American Casinos exceeded US\$2.3 billion dollars (Anders, 1996).

As can be expected, the major opposition of establishing gaming venues on Indigenous land in the USA and Canada has come from the gambling industry who have been hurt by lost revenue and those groups that are morally opposed to gambling. One Casino is responsible for 2,483 new jobs and 80.35 million in regional output. However, there is a suggestion that the work generated has been at the expense of other sectors.

The differences in population, geography and legislation would not make casinos viable in Australia, but it has been suggested that the Aboriginal community organisations establish their own clubs that can operate as EGM venues. The revenue raised could be used to go back into the community for improving infrastructure, education and other employment opportunities.

This obviously raises a number of questions as to the impact on the community such a club would have. Is it seen as encouraging gambling? Should services be available without the use of gambling monies? Will the money go back to the community or back into the club for re-investment? What are the social consequences to the community? Who controls the club and the money? These are just a few of the questions that would need to be clarified by individual

communities if they were to seriously look at implementing such a venture. The experience of Casinos may provide some guidance as to some of the potential benefits and risks.

In the operation of Casinos in America it appears that crime is often associated with the venues, especially as it relates to fraud and kickback schemes (Sidener, 1995 in Anders). Similarly, in his case study on the Fort McDowell reservation, Anders reports that many Native American leaders look upon casino gambling as a successful alternative model of tribal development. More often, the resorts are completely transformed into luxury resorts with hotels, golf courses and tennis courts. But who does this benefit? What is the cultural significance of such 'enterprises'?

Similarly, in response to increased gambling related problems there will be demands for additional police and social services. In the Riverland, the Aboriginal community is having trouble getting one Aboriginal Police Aide, so the likelihood of getting better services are unrealistic. Anders writes:

“Although gaming brings in lots of money to many tribal organisations, the impact on Native Americans remains uncertain.....In far too many instances, government policies toward reservation economic development failed to provide a mechanism to enable Native American people to realise a better quality of life. Despite millions of dollars in federal aid many tribes remain poor and disenfranchised.”

In another study, Christiansen (1996) estimated that commercial gambling enterprises run by Native American tribes generated US\$3.5 billion in 1996. The gaming revenues have made possible a range of economic and social programs for Native Americans on reservations, including jobs, increased economic activity and tax revenues (Volberg and Abbott, 1997).

Commercial gaming, including casino gambling, has been viewed by many North American Indian communities and some Maori Iwi (tribal groups) as well as the National Maori Congress as a major means by which economic and social goals can be advanced. While gambling may provide much-needed revenue and employment to indigenous communities, it also has the potential to cause greatly

elevated levels of community distress and disruption. To what extent such adversity can be prevented, ameliorated or treated by measures designed for these purposes remains to be determined.

3.2 Prevalence of Aboriginal Gambling Overseas

There is overwhelming evidence that Indigenous people worldwide are more likely to experience problem gambling than the non-Aboriginal population. Presented below are the findings of a number of these studies.

Volberg (1993) reports native Americans as being six times more likely to be excessive gamblers compared to the general population. Excessive gamblers among Native Americans prefer continuous types of gambling modes such as poker machines. Similarly, Elia and Jacobs (1993) reported twice as many Natives as Caucasians admitted having difficulty with gambling.

Lesieur and Rosenthal (1991) found that 'non-whites' have higher rates of problem gambling than whites, and those with less than a high school education are more highly represented among pathological gamblers than the general population.

In another study Abbott and Volberg (1992) reported prevalence rates of excessive gamblers among Pacific Islanders as being six times that of Europeans, and Maoris as being three times that of Europeans. Also 1 in 5 unemployed people had a gambling problem at some time. Low socio-economic position was associated with higher excessive gambling.

A study by Winters et al (1993) found the rate of problem gambling among Indigenous students was more than 3 times that found in a similar study on non-Aboriginal youth.

Hewitt (1994) found that, in their sample of problem gamblers, sixty percent were former alcohol and drug users, one third had a serious illness or disability, three-quarters had recently experienced a loss of someone close through death with one-fifth of these still experiencing grief over that death.

The rate of problem gambling amongst North Dakota Indians was almost four times that of the general population and problems associated with gambling

include borrowing money from immediate family and other relatives, using social assistance and family allowance cheques, and, borrowing against household funds. The more serious the problem gambling then the problem became 'pawning personal or family property'. The severe pathological gambler was more likely to have attended a residential school and to live on a reserve.

3.3 Psycho-social Factors

Hewitt (1995) found a number of factors related to the severity of problem gambling amongst Canadian Indians:

- Those who were younger and those who began gambling at an earlier age were more likely to have more severe problems.
- People with lower incomes had more severe problems.
- The more severe problems, the more likely it is that the person will have family or friends who have a problem.
- Among those who had recently experienced a death, strong feelings of grief were associated with more severe problems.
- Those who were single parents tended to have more severe problems and spend more money on gambling.

The result of the study suggested that:

- (i) gambling is a significant problem in the two communities.
- (ii) Recognition that problems exist is very low and should be addressed;
- (iii) gambling affects youth in significant ways that should be addressed; and
- (iv) consideration should be given to providing treatment for those in difficulty.

Without community acceptance that gambling is a problem, little action to address it is likely to occur. This suggests that first consideration should be given

to increasing understanding within these communities about problem gambling. A first step in this process might be to train community workers and others in leadership positions about gambling problems and through the training process, encourage the development of community relevant solutions.

Failure to seek treatment for gambling problems may also be due, in part, to the lack of treatment services. Consideration should also be given to training local counsellors and/or health care workers in how to appropriately help those wishing to address their gambling problems.

This further reiterates the need for research into Australian Aboriginal gambling. Volberg and Abbott (1997) found that Indigenous respondents from both the US and NZ are significantly less likely to have completed secondary education and more likely to come from low annual household incomes than Caucasians. They are more likely to score as lifetime and current problem and probable pathological gamblers than Caucasians respondents. They found that conversion from 'Lifetime' to 'Weekly Gambling' on gaming machines is not significant between New Zealand Maori and Caucasians but is between Caucasian and North Dakota Indians.

The possibility that indigenous pathological gamblers have high degrees of co-morbidity, especially with alcohol and substance misuse, also requires further investigation in community and clinical settings.

4. Interventions for Problem Gamblers

The Victorian Gaming Commission conducted a literature review on the social impact of gambling which serves as a comprehensive review of the social impact of gambling but, in particular, they provide a balanced look at the different theories on gambling. It becomes immediately apparent, and somewhat obvious, that there are many different theories about the causes of gambling and subsequently how it should be treated. The best option available is to provide people with a range of choices that best suits their needs (Casey & Morrissey, 1992).

The issue of what is a gambler is also an important factor to consider. The Victorian Report identifies three types of gambler that are useful to consider:

Type 1: Social Gambler (40-50%)

Gambles primarily for enjoyment in the context of 'a day at the races' or a 'night at the pokies' with friends. Gambling is viewed as a component of their spending on leisure or recreational activities. There is no strong expectation of, nor a need for, making profit.

Type 2: Enjoys Social Bet, but needs to win (50-60%)

Bets socially, perhaps more frequently, but has an expectation to win. Enjoyable pastime but their habits are very much controlled. They only bet what they can afford to lose. Extent of their control reflected by the fact that several participants have cut-down or stopped gambling as and when circumstances dictated. A significant loss also deterred some, as it caused a loss of confidence. Could be on the verge of becoming compulsive if they 'didn't watch themselves'.

Type 3: True Gambler (less than 1%)

Spend all or most money gambling, probably also borrowing/stealing money and putting significant others at risk. Not motivated by the recreational aspects and make up for lost money, often increasing their needs for a bigger win margin.

However, there are many different names to what gamblers are and how each 'category' should be treated. Different services and different States have adopted different theoretical 'Models of Intervention'. For example, Tolchard (personal correspondence) reported that Break-Even in Victoria received 2953 referrals in one year, of which 2039 were to Behavioural Psychotherapy services. This is approximately 69% of all referrals. However, in South Australia, there is only one person, under the Break-Even umbrella, practicing Behavioural Psychotherapy for problem gamblers.

What follows below is a variety of the interventions suggested in the literature. Books have been written on the usefulness and costs associated with each

therapeutic intervention and it is not the purpose of this study to regurgitate these theories. What is presented is a sample of therapies, some not so common, that may be employed by the various communities, with the purpose of providing a range of 'choices' for people with gambling problems. The range presented here are from the suggestions put forward through the consultations that could be fitted into some of the theories in the literature.

It may be prudent to consider the thoughts of and findings of Dickerson (1990) who stipulates that 'at the present time it is preferable to assume that excessive gamblers are a heterogenous group of people; evidence does not permit their excess to be attributed to a specific weakness, predisposition or type of personality'. He goes on to say that

'there is no doubt that excessive gamblers can learn, by a variety of means apparently, to abstain from gambling or to continue in a controlled, non-problematic manner. As for alcohol dependence it is likely that some gamblers will move into and out of excessive levels without making contact with helping agencies...'

However, Orford (1985) best summarises the treatment of excessive gamblers as follows:

"The general principles for treating compulsive gambling are the same for those for treating alcohol dependence or abuse: good assessment, individual and family counselling, and consultation or referral if necessary.....specialists treatments...do not confer any advantages in most cases. The emphasis now is on a less specialised approach that is more within the realm of general medical practice: recognising the problem and addressing it openly and positively within an established and trusted relationship may be more valuable than the search for specialist treatment."

With this in mind lets consider some of the models that go towards developing any 'Model of Best Practice':

4.1 Peer Education

Based upon ethnographic studies of several gambling groups Rosecrance (1988) concludes that gambling acquaintances often provide significant help in coping with problem gambling. Rosecrance advocates using active gamblers as peer counsellors. He argues that people get into trouble with gambling due to what Oldman (1978) describes as a 'defective relationship between strategy of play on the one hand and a way of managing one's finances on the other'.

He believes utilising active 'successful' (ie. gamblers who do not get into trouble) gamblers can be beneficial due to the difficulties that counsellors have in helping their clients develop new gambling strategies. He lists four basic factors that contribute to this:

1. Counsellors lack knowledge of appropriate gaming strategies
2. Counsellors cannot develop empathy for gamblers who want to remain in action.
3. Counsellors are not present when inappropriate strategies are implemented.
4. Counsellors are unaware of sources that could aid gamblers in developing appropriate strategies.

Rosecrance has assumed these factors are true, and in the United States where the Gamblers Anonymous paradigm is most predominant this may be the case. I am sure the counsellors of the Break-Even network in South Australia would take particular offence with these assumptions and I believe that he misses the point about what 'Counselling' is inherently about. However, Rosecrance does raise an interesting point: is one strategy for helping problem gamblers to identify 'successful' gamblers, especially within a social/family group, or within an Aboriginal community, to act as 'Peer Counsellors' for assisting in gaming strategies. In effect, it is the reverse of what Gamblers Anonymous have in their 'mentors' with the exception that they are assisting peers to become 'successful' gamblers.

Because Indigenous people are more likely than non-Indigenous people to live in rural and remote areas, they are more likely to live at a greater distance from health facilities and health professionals which means that Peer Educators could have an important contribution in addressing problem gambling.

4.2 Remission

The importance of remission in alcohol and drug treatment is well documented and Blackman (1989) points out that we need to be aware of the possibility of remission and alert clients to this problem, so that if remission occurs, it can be seen as part of the treatment process rather than as a failure that signals the hopelessness of treatment.

4.3 Co-Morbidity

Lesieur and Blume (1991) supports the idea that combined treatment is an effective way of dealing with patients whose gambling problems are discovered when they enter treatment for another addiction, as well as for patient's whose initial complaints include pathological gambling, with or without additional problems. They propose that treatment effectiveness for gambling treatment programs be viewed as intertwined with rehabilitation for alcohol and substance abuse, and the treatment for alcohol and substance abuse be viewed as intertwined with rehabilitation for pathological gambling.

Lesieur and Rosenthal (1991) found a link between psychiatric disorders and pathological gamblers. They found that many pathological gamblers are receiving treatment for other disorders. They found that whilst this is true they are not surfacing as pathological gamblers in diagnosis by health care providers. They state that there is a need to educate mental health professionals about gambling. In their article for the American Psychiatric Association Task force on DSM-IV they outline a number of the theories related to gambling. Whilst it is not the purpose of this paper to critique the theories it is interesting to note the number and variance within the Models. They include:

- Psychoanalytic Theory
- Personality Research

- Cognitive Behavioural (Social Learning) Theories
- Sociological Research
- Psychological Based Addiction Theories
- Physiological Theories

4.4 Family Professional Practitioners

Abbott et al (1995) write about the implications for 'Family Professionals'. Practitioners, or in Aboriginal communities, health workers, need to assess their own beliefs and theories about the causes of gambling addiction. This inevitably determines the model of treatment and coping strategies. It is also noted that gambling may not be directly detected unless the therapist makes specific inquiries about the behaviour. It is important that the therapist (or health worker) makes specific inquiries about gambling.

In summary they say that regardless of the primary presenting problems the therapy should initially focus on resolving the addictive behaviour. This model was based on the disease model of gambling. It is important that health workers assess their own beliefs and understanding of gambling and its treatment. Similarly, gambling counsellors need to understand their own beliefs about Aboriginal people.

This project would do well to follow the 'Model Treatment Program' that has been developed for the Westchester Jewish Community Services in New York. Firstly, public education was provided about the nature of gambling. Secondly, training was given to staff in mental health, alcohol, drug, social agencies and employee assistance programs in identifying signs of problem gambling and referral systems. Thirdly, an attempt was made to mend fences with local self-help groups and/or build a relationship with the group Gaudi (?).

4.5 Imaginal Desensitisation

McConaghy et al (1983) found that imaginal desensitisation proved to be a superior aversive therapy in a trial with 20 pathological gamblers. Blaszczynski and Silove (1995) believe that McConaghy's Behaviour Completion Mechanism

model has been shown clinically to be a highly cost-effective technique in reducing impulse driven behaviours.

In their study they outline the 'essential steps in the management of pathological gambling'. They are:

1. Exclude the presence of a primary psychiatric illness or personality disorder for which gambling is symptomatic.
2. Identify referral source; self-referral, coercion by family members, legal or health professional.
3. Assess motivation to seek treatment.
4. Obtain a thorough and detailed gambling history including illegal acts/problems.
5. Assess risk of suicide and manage appropriately.
6. Diagnose and address issues of co-morbid disorders, major affective disturbance, substance/alcohol abuse.
7. Use imaginal desensitisation to reduce immediate risk or drive to gamble.
8. Identify distorted cognitions and introduce cognitive therapy.
9. Apply relapse prevention strategies.
10. Commence marital/family therapy and/or support.
11. Map out other areas of dysfunction and psychosocial problems and either address directly or refer to other appropriate agencies.

4.6 Lifestyle Theory

Walters (1994) contends that Lifestyle Theory should be used in the development of a treatment regime. The theory suggests that drug abuse, crime and gambling are correlated, in part, because they exist as overlapping lifestyles. He asserts that there are high rates of substance abuse (Linden et al, 1986;

Ramirez et al, 1984) and criminality (Blaszczynski et al, 1989; Lesieur, 1984) in the backgrounds of compulsive gamblers. As such, the treatment model is guided by the following principles:

- the cessation of lifestyle activities
- the development of skills useful in managing gambling-related conditions, choices, and cognitions
- the implementation of an effective program of follow-up intervention and support

These then give rise to three stages of lifestyle intervention:

1. laying a foundation for change
2. identifying vehicles for change
3. establishing a reinforcing lifestyle

4.7 Medical-Based Models

Rosenthal and Rugle (1994) advocate for a Psychodynamic Approach to the treatment of pathological gambling. With an immediate goal of abstinence they outline five strategies for obtaining this:

1. Breaking through the denial
2. Confronting omnipotent defences
3. Interrupting the chasing cycle
4. identifying reasons for gambling
5. motivating the patient to become an active participant in treatment.

4.8 Cognitive-Behavioural Models

Somewhat opposed to this, Ladoucer et al (1994) outline a cognitive-behavioural treatment strategy for treating adolescents. This includes:

1. Information about gambling
2. Cognitive interventions
3. Problem-solving training
4. Social skills training
5. Relapse prevention.

Sharpe and Tarrier (1993) also developed a cognitive-behavioural model that is illustrated in Appendix B.

4.9 Self-Help Groups/Manuals

Allcock and Dickerson (1986) developed a 'Guide to Good Gambling' where-by a self-help manual was written based upon the content and structure of Robertson and Heather's (1983) manual for problem drinkers. In their study, there was a lack of knowledge about the current level of need for help so it seemed appropriate to explore the effectiveness of a service based on a minimal intervention rather than an expensive hospital based treatment. They also concluded that research in this area should be wary of assuming that findings for one particular form of gambling may not be generalised to another (Dickerson et al, 1986).

Self-help groups such as Gamblers Anonymous and Pokies Anonymous have risen in Adelaide. The actual effectiveness of such programs are questionable. A study by Brown (1985) on Gamblers Anonymous in Scotland reported an 8 per cent total abstinence rate at one-year follow-up so the need for a new approach in treatment from the 'disease model' is apparent.

The National Centre for Education and Training on Addictions have also been funded by the Gamblers Rehabilitation Fund to investigate the role of self-help as a strategy to alleviate the negative impact of problem gambling associated with EGM's. This project will wait to see the recommendations made to the GRF in regards to this.

Apparently, the University of Adelaide has provided funding for an Aboriginal self-help group in the western suburbs of Adelaide. However, this has not been confirmed to date (Koolmatrie, personal correspondence).

4.10 Financial Counselling

The role of financial counselling and the interplay with problem gambling counsellors was explored by Pentland and Dristen (1996). They identified the following issues to be addressed in developing a working relationship with gambling counsellors and financial counsellors to address gambling problems:

1. assisting problem gambling counsellors to identify when their clients might benefit from a referral to a financial counsellor.
2. assisting financial counsellors to identify problem gambling as an issue with clients and to refer to a problem gambling counselling service
3. exploration of financial counselling practice to identify areas for knowledge and skill development to increase the effectiveness of financial counsellors' work with problem gambling
4. development of effective joint casework models for financial counsellors and problem gambling counsellors
5. development of networks at a local, regional and state level to facilitate effective work by financial counsellors and problem gambling counsellors on the broader issues related to gambling.

The Multicultural Centre at Coober Pedy employs a worker who visits the Umoona Community and gives Financial Counselling lessons to the 'Women's Group' on how to manage money, apparently with a fair degree of success. Basic financial management strategies have also been identified as a problem in the Riverland Aboriginal community by RAAP.

4.11 Grief and Loss

Investigating the issue of grief and loss in Canadian Indians Hodgson (1995) wrote that 'we could not statistically tie grief and gambling together in the two studies, however, we do know unresolved grief is a key treatment issue in

alcohol and drugs, as well as gambling'. She raised the notion that gambling is yet another issue which people do not necessarily see the same impacts from as alcohol and other drug use. This was confirmed in our own consultations. Some of the comments from the community consultations were:

*'You have taken the drink away from us, don't take this way,
it's all we have got left to do'*

and,

*'I know gambling is a big problem but compared to other things
it's just not important. I'd rather we dealt with the grief and
violence within our own families and getting our kids jobs and
then we can deal with gambling....'*

Carrig and her colleagues (1996) examined their current workload at the Break-Even service being run by Relationships Australia (SA) and found that 82% of clients with problem gambling had an identifiable significant loss. All of these people had developed a problem with EGM's. Lorenz et al (1990) also found that past or present physical or sexual abuse was the second most powerful predictor of the severity of a gambling problem in their study of pathological gamblers in treatment programs.

These findings hold particular significance in light of the findings of the 'Stolen Generation' Report (Wilson, 1997). Amongst the findings were the inter-generational effects on parenting, behavioural problems, unresolved grief and trauma and depression and other mental illness. The dysfunctional coping-strategies employed by the 'Stolen Generation' victims have been passed on to their children. These have had adverse effects in numerous areas of social functioning and it is not unreasonable to expect these effects to impact on the Aboriginal people and communities effected on their ability to cope with gambling related problems or if the coping strategies are expressed by their gambling related behaviour.

These assertions are supported from Zitzow (19??) who found that 'a variety of factors including economic status, unemployment, increased alcohol use, depression, historical trauma, and lack of social alternatives may predispose

American Indian adults to greater problematic and pathological gambling behaviours.'

The Stolen Generation Report also found that one in six victims had reported sexual abuse and in some states up to 62% reporting to have been physically abused. Nationally, 28% reported that they had suffered physical brutality in the Inquiry's opinion much more severe than the typically severe punishments of the day.

It went on to say that most mental health services are inappropriate for Indigenous people's needs and the Inquiry recommended the focus should change from the individual who seems to be suffering mental illness to the needs of the whole community. Funding should go to community-based prevention services that take a holistic view of health and a cultural perspective on health and well-being of the whole family and the community. Those who work with Indigenous people be properly trained and this must include information about the history of forcible removal and the effects of forcible removal on children, families and communities. This is a prerequisite for the provision of good services to indigenous communities. In our current program the following recommendations need to be considered:

Recommendation 9a: That all professionals who work with Indigenous children, families and communities receive in-service training about the history and effects of forcible removal.

Recommendation 33b: That government funding for Indigenous preventive and primary mental health (well-being) services be directed exclusively to indigenous community based services including Aboriginal and Islander health services, child-care agencies and substance abuse services.

Zitzow (19??) also found the following significant findings on problematic gambling behaviours as compared to non-Indian Americans: often spending free time gambling; hiding gambling from their family; failure to complete things because of gambling; borrowing money from others to gamble; pawning, selling, or trading for gambling money; gambling without enough money to pay for it; belief that gambling was a fast and easy way to earn money; chasing losses;

family criticism about gambling; unpaid gambling debts; belief that getting lucky was the only way they would get ahead; and feeling they had a personal problem with gambling.

Zitzow lists conditions that may place American Indians at greater risk for problematic or compulsive gambling behaviours. All these factors will be shown to be in common with Aboriginal people in Australia in the next section. These include:

- Lower socio-economic status
- minority status
- lack of sense of control over destiny
- unemployment
- lack of financial resources
- evidence of increased depression
- mystical or magical thinking that may more readily become generalised into acceptance of 'fate' or 'luck'
- economically impoverished existence
- higher prevalence of major historical trauma events
- dependency cycle
- low self-esteem
- limited social/recreational options within rural communities
- boredom
- family dysfunction

4.12 Narrative Therapy

Narrative Therapy is particularly 'in vogue' in Aboriginal health at the present time. France Day, Coordinator of the Riverland Aboriginal Alcohol Program says

that the approach is unique and can be threatening to Aboriginal people. However, she reports that it is also a natural pattern of how Aboriginal people resolve issues and concerns as story-telling is part of Aboriginal culture (eg Dreaming stories with life messages).

4.13 Lessons from Substance Misuse Programs

In contrast to some of the theories put forward so far, consider the findings of Brady (1992) on the 'explanations' for drug use in Aboriginal communities. She points to the notions of drug use in mainstream society being interpreted as a solution to individual pressures and strains. However, Aboriginal drug use has been seen to be primarily external imposed factors rather than individual traits. For example, reasons are given such as dispossession, colonisation, low socio-economic status and rapid social change.

Brady states that this presents a potential problem. The overemphasis on external factors and the use of a socio-political framework to explain a social problem perpetuates, in effect, the 'victimisation' of Aborigines. By de-emphasising personal control of and responsibility for abuse and by focussing on external causes, these models make interventions feasible only on a grand scale, for example, the eradication of all forms of overt and covert social oppression or on the level of primarily medical attention.

Conversely, Hunter & Spargo (1988) found that outside of those out-of-control players, non-Aboriginal gambling generally involves expenditure from surplus income. Here lies a fundamental difference-there is no surplus income for Aborigines in remote Australia. They wrote:

"Gambling has significant medical consequences, but its intensity and form is, at root, a result of social and economic forces which act in a particular cultural setting. While we need to be alert to this dimension the lives of Aboriginal persons in the Kimberly region and elsewhere, as with alcoholism we must be cautious of the medicalisation of complex social problems. Such constructions suggest medical solutions that play into the hands of high-visibility, short term political expediency."

In addition, Taber and colleagues (1987) believe that understanding personality and life experience variables that identify more homogenous sub-populations of compulsive gamblers could lead to treatment approaches which are more patient specific.

4.15 Summary

Volberg and Steadman (1992) highlight the need to 'recognise the heterogeneity of pathological gamblers and to consider differences such as income in developing public policy toward gaming and the establishment of treatment programs'. This has implications for prevention and outreach programs.

They recommend that myths about gamblers need to be dispelled not only by mental health professionals but also by the media and the general public. Outreach methods might need to be directed to the types of media attended by lower income and minority groups such as specific radio, television and newspapers. They also point to research (Thompson, 1991; Zola, 1964) that suggests abstinence based treatments may be more difficult for minority men whose sub-cultures tend to view gambling as an essential element of male identity. Evidence that controlled gambling is an acceptable outcome has also been advanced (McConaghy, 1988, 1991).

Volberg and Steadman maintain that the life stressors experienced by lower income people may be significantly different than higher income levels and that treatment modalities need to account for this. This also follows to the mix of staffing involved in the treatment. For example, in relation to the consultations higher income levels would more than likely consult with psychologists etc whereas the lower income Aboriginal people would be more likely to talk with health workers and/or field officers at best.

"Since the experiences and problems of lower income pathological gamblers are probably quite different from those of higher income pathological gamblers, it could prove to be more effective to establish separate programs for these groups, that emphasise different treatment goals, use different treatment modalities, and utilise different staffing mixes to

address the problems experienced by lower income and higher income pathological gamblers.”

They went on to point out that ‘as governments continue to expand legalised gambling and to encourage more citizens to engage in these activities, research must focus on both the healthy participants and the victims of these public policy initiatives’.

5. Specific Interventions and Considerations for Aboriginal People

The research on gambling in Australian Aboriginal communities is limited and often ignored in State enquiries into the effects, with the exception of Queensland. There has been only two published papers on the impact of EGM's on Aboriginal people in Australia. One study looked at the attendance of Aboriginal people after the introduction of EGM's into a Darwin Casino (Foote, 1996) and another looked at the social and economic impact of gaming machines on Aboriginal and Torres Strait Islander communities in Queensland (Holden, 1996). As such, this section will look at the historical context of gambling in Aboriginal communities and investigate the possible prevalence of Aboriginal gambling problems.

More importantly, this section will demonstrate that Aboriginal people should be considered an ‘at risk’ group for developing gambling problems in relation to EGM's. A number of psycho-social variables will be identified that put Aboriginal people ‘at risk’. Consequently, the considerations for any program on addressing problem gambling amongst Aboriginal people will be considered.

5.1 Historical Context of Aboriginal Gambling

To consider the issue of gambling in the Aboriginal communities of South Australia it is important to consider the historical context in which it has developed. In a recent paper on researching Aboriginal gambling in the Northern Territory Steane and her colleagues (1997) have aptly summed the historical considerations of Aboriginal gambling:

“...anthropologists and others who have lived with Aboriginal people have long reported the presence and importance of gambling in various communities. This gambling has taken many forms, including wagering over animal carcasses, clothing or other items. Most early accounts by white settlers failed to recognise gambling as played by Aboriginal people, probably, because it did not conform to Western notions of Gambling. But anthropologists and historians now suspect that many Aboriginal communities did gamble in various ways, just as American Indians and Inuits did before white settlement. Aboriginal gambling for money is a more recent phenomenon since the introduction of a wage system and welfare payments in the 1960’s.”

The relevance of this to the current project is important. There are distinct geographic differences in South Australia and in their contemporary experience with gambling activities. For example, based on anecdotal information from the community consultations, in the more remote communities gambling activities is predominantly based on card games, where-as in the rural and metropolitan areas they are more likely to engage in EGM’s. Therefore, any model needs to consider these differences.

5.2 Prevalence of Gambling in Aboriginal Communities

As yet, there has been no research into the prevalence of gambling in Aboriginal communities in Australia and the types of gambling activities other than Steane et al’s research in the Northern territory. In South Australia, the problem is unknown and we need to tread carefully in the assumptions that we make. It is for this reason that the proposed model needs to consider the ‘unknown’ and develop any program in consultation with the local communities. This is essentially what best practice is and has to be.

Volberg and her colleagues (1996) wrote:

“In the future, we expect governments considering the legislation of different types of gambling will routinely appropriate funds for baseline and replication surveys as well

as for services for individuals who experience gambling-related problems..... it will be important for governments to assess the effectiveness of these services in meeting the needs of problem gamblers and in minimising the negative impacts of public policy decisions to legalise gambling.”

5.3 The Social Meaning of Gambling

Aboriginal gambling is widespread in the form of card games (Hunter and Spargo, 1988) and the card ring is an acceptable form of social interaction and recreation within most Aboriginal communities (Goodale, 1987). The project's consultations supported these findings with some communities having clearly identifiable rules of entering a game and the costs involved. Goodale found that at certain times the 'card game' was utilised to raise money to finance a ceremony in more traditional communities.

This notion of the altruistic notions of gambling is interesting in that it is paradoxical to the notion of gambling seen in Western Culture as being an individual activity for the benefit of ones self or family. This has important considerations later in the development of community 'Clubs' that was suggested by a number of community people in our consultations.

The notion of luck or magic was reported by Foote (1996) and was eluded to on numerous occasions throughout the consultations. Foote asserts that magic plays an important part in Aboriginal gambling and is well supported by the research (Hunter, 1988 & 1993; Altman, 1985; and, Davidson, 1979). They have found that luck and/or magic charms are kept secret as they are considered a source of cheating. During the consultations much fun was made of the notion of lucky days, charms etc and the ritualistic practices of the regular players (eg rubbing a machine in a particular way, carrying a lucky charm).

The individual nature of Poker Machines also means that people are not required to feel bad for utilising such 'cheating' mechanisms. This is certainly an area that requires further research. Goodale (1987) relates the experience of losing when using lucky charms as being 'foolish' and 'shameful'. The use of EGM's removes the shame aspect and the foolish aspect of losing as it can be kept secret.

Another interesting notion put forward by Foote (1996) is the notion that in the use of gambling by more traditional people there may not actually be such a thing as a 'pathological gambler' as defined by the Diagnostic Statistical Manual IV (APA, 1994). In these more traditional communities card playing and gambling have become an acceptable medium to achieve social group cohesion (Goodale, 1987).

There is apparently a lot of money generated in card games and two-up in Aboriginal communities and several rules as to how much it cost to enter a game and who can enter the games. Whilst Goodale (1987) reported instances whereby \$70,000 could be circulated at any one time (more often after the payment of mining Royalties), the information from the community consultations suggests that usually its is several thousand dollars can be circulating on some occasions, usually on pension days.

The effects on the community are difficult to determine as it is difficult to distinguish any causal relationships. However, Hunter (1993) believes that excessive gambling in some Aboriginal communities in Northwestern Australia has an impact on the psychological, physical and social life. Spargo lists the effects as being poorer nutrition, dysfunctional parenting, substance abuse, poor hygiene due to utilities being cut-off, higher anxiety levels and petty crime with gambling being preferred to the more traditional activities. These variables were discussed in the consultations.

One important consideration is the finding by Steale et al (1997) that the distinctions between work and leisure are considerably more blurred than in Western culture. An interesting point on this was made by community people who said

"the talk used to be of fishing but all that people talk about now was who won or lost what on the pokies"

Goodale (1987a, 1987b) outlines the role of perceived 'luck' among those men and women who gamble, much like the 'luck' involved in the hard work of hunting. Goodale concludes that gambling has become an adaptive strategy to the introduced demands of a contemporary lifestyle where money is now necessary for household needs, much like hunting was essential in the past.

Similarly, Altman (1985) found that Aboriginal gambling on outstations confirm this view, showing that gambling winnings are used as a collective resource to purchase items for communal use.

Lynch and Veal (1996) agree with these suggestions that there is a perception among Australian indigenous people that gambling is both arduous (hard work) and leisurely. This is in contrast to the western view that gambling is play or leisure.

Of importance, the studies have concluded that Aboriginal gambling can have positive characteristics and meanings which can contribute to the cohesion and maintenance of these communities.

However, Dickerson (1996) has looked at the impact of more contemporary legalised betting such as horse-race betting and electronic gaming machines. Dickerson concludes that legalised gaming and wagering is likely to have a decidedly negative impact upon indigenous populations. This is also supported by the study by Hunter and Spargo (1988) that argues that gambling is connected to health problems experienced by indigenous people.

When conducting community consultations in Aboriginal communities it is important to understand the dynamics of the community and the way in which the community will address the issue. It is also important to understand the modes of communication of Aboriginal people.

Steane and colleagues (1997) identify the differences between dyadic and non-dyadic modes of communication between Aboriginal people and non-Aboriginal people. That is, messages are more often imparted through non-verbal cues and 'interjections' from individuals seemingly inattentive or disinterested up until the moment of saying something. This is especially hard for people used to communicating in the Western dyadic style and has often been used by people not ware of these styles as being uninterested and unintelligent with little or no social skills. It is not recognised that this communication style is based on a set of social skills relevant to the Aboriginal culture. This has important ramifications for the training of counsellors who will invariably come into contact with Aboriginal clients.

5.4 Psycho-social Implications

There is some evidence that commercial forms of gambling have reduced the expenditure on the traditional card games played within communities. The impact of this has been a flow of monies out of the community to the operators and in taxation revenue.

Poole (1996) found that several factors when taken in combination may be predictive of people who are 'at risk' of suffering from excessive gambling. These factors are: income level, family history, ethnicity, exposure to gambling, age, gender, economic status, education, life trauma, self-esteem and general social and psychological condition. The mode of gambling also influences 'at risk' players. Some of these factors are illustrated below:

1. Income

1.1. Below \$15,000 per annum and lower income groups are more likely to play games of chance such as EGM's. Welfare recipients play at a similar rate to top wage earners.

1.1..1 Indigenous people and households have a low annual income, and a high proportion of Indigenous people reported that they received their main source of income from government payments. Almost 4 in 10 Indigenous households were estimated to have either insufficient income to meet basic needs (even before taking housing into account), or not enough income to afford adequate housing. Over half (59%) of Indigenous people over the age of 15 years reported that they had annual personal income of \$12,000 or less (ABS, 1997).

2. Housing

2.1. Public Housing have higher participation rates.

2.1..1 Of the 69% of Aboriginal people that rent their dwellings, about 64% of these are rented from State Authorities/community organisations. Only 27% of non-Indigenous people are renting their homes (ABS, 1997).

3. Gender

3.1. Women attracted to poker machines

3.1..1

4. Education

4.1. Most have an incomplete secondary, or lesser education.

4.1..1 Indigenous people were less likely than non-Indigenous people to have post-secondary school qualifications, putting them at a disadvantage with respect to the employment opportunities which do exist (ABS, 1997). Our consultations also raised the issue of the 'credit' system utilised by the EGM's. Most people do not have the skills to quickly calculate their credits into a monetary value. It was put forward that it would be better if the screens had a monetary value so that people could monitor how much money they actually had.

5. Employment

5.1. Excessive gamblers have a high relative unemployment ratio. More unemployed women than men gamble excessively.

5.1..1 The unemployment rate for Aboriginal people in South Australia is 44.6% and females had a higher unemployment rate than males (ABS, 1994).

6. Progression

6.1. The length of time to begin to experience the effect of excessive gambling is about 3 years for men and 10 years for women.

6.1..1 If this is the case, why? Does this have implications for the development of services?

7. Crime

7.1. Excessive gamblers commit crime at a higher rate than non-gamblers or social gamblers. Crime increase with the greater availability of gambling. The largest increases are: driving under the influence of alcohol, simple assault, disorderly conduct, forgery, fraud and substance abuse.

- 7.1..1 The rate of hospitalisation from interpersonal violence among Aboriginal people was 17 times higher than that of the non-Indigenous population (ABS, 1997).

8. Role Modelling

- 8.1. Most excessive gamblers have a family and cultural history of excessive behaviours such as alcohol abuse or excessive gambling.

- 8.1..1 Almost 75% of people questioned about substance misuse believed that alcohol was a major problem in their area (ABS, 1997).

9. Motivation

- 9.1. wish to temporarily escape from every day issues and boredom; a big win is a way out from poverty; curiosity; increase in regular personal income; escape from a bad relationship; easier access to gambling; need to pay urgent bills; pokies don't threaten economic status; do not require cognitive or manual skill.

- 9.1..1 Community consultations identified boredom as being one of the major motivations for people playing and the ease of which they can be played. A number of people identified a need to 'escape' for playing the Poker Machines and pay their bills.

10. Knowledge

- 10.1. Very few excessive gamblers know the real odds of the games they play.

- 10.1..1 Identified in the community consultations that there is very little knowledge of the returns that Poker Machines give. The odds tend to be attributed more to a 'lucky' machine or even some beliefs that regulars are 'looked after' by the managers of the Hotels, inferring, that the machines they play are 'allowed' to pay more.

11. Psycho-social

11.1. Predisposing factors are: developmental history of subjective inadequacy, inferiority, poor self-esteem and rejection. Also, depressed, low socio-economic level and education level.

11.1..1 These factors have been identified in the 'Stolen Generation' report (Wilson, 1997).

12. Sociological

12.1. poverty; hunger/homelessness; high school drop-out rates; drug abuse; sexual abuse

12.1..1 Factors which put Indigenous people at higher risk of poor health include poor nutrition, obesity, substance abuse, exposure to violence, and inadequate housing and environmental infrastructure. The notifications of substantiated child abuse or neglect is 4.4 times the non-Indigenous population (ABS, 1997).

13. Culture

13.1. cultural and personal traumas contribute to the development of dysfunctional coping styles and excessive gambling. Feelings of self-abasement resulting from perceived limitations such as physical appearance, skin colour...

13.1..1 These factors have been identified in the 'Stolen Generation' report (Wilson, 1997).

This section is best summed by Holden (1996):

"Given the much greater preference of Aboriginal and Torres Strait Islanders for continuous forms of gambling and their significantly higher expenditure pattern, then it is inevitable that their experience of the negative impacts of gambling will be much greater than that found in the non-indigenous populations. If higher income levels and full employment 'buffer' individual gamblers from the range of family, financial and legal impacts that may arise during excessive expenditure on

gambling then the high unemployment rates and lower incomes found amongst indigenous people will render them more vulnerable to the whole range of gambling related problems”

6. The Development of a Model of Service Delivery and Intervention for Aboriginal Communities and Individuals: A Contextual Solution

1. Community Development

- 1.1. Relationships Australia already are involved in community education and awareness raising. This project will adapt those resources that are already available to make them culturally appropriate to the Riverland Aboriginal community.
- 1.2. Aboriginal groups already in existence will be approached to hold workshops on gambling and related issues. For example, Women's Group, Community Development Employment Program (CDEP).

2. Education & Training

- 2.1. All Riverland agencies that are involved in service provision to the Aboriginal community will be asked to release their workers for a one day workshop to be run by Relationships Australia on gambling.
- 2.2. An Aboriginal cultural awareness training program will be conducted for all agencies and staff involved in service provision to the Aboriginal community.
- 2.3. Given the recommendations from the 'Stolen Generation Report', service providers to the Aboriginal community will be invited to participate in a *Grief and Loss* Module provided by the Aboriginal Drug and Alcohol Council (SA) Inc. as part of their

7. Evaluation

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Appendix A: Funding Service Agreement Terms and Conditions

Attachment 1

Funding for Service Agreement Terms and Conditions

Program Name: Gamblers Rehabilitation Program

1. Overview

The Government of South Australia has established the Gamblers Rehabilitation Fund to provide services that assist gamblers and their families who are experiencing problems as a result of their involvement, directly or indirectly, with gaming machines. Funding is provided from the Independent Gaming Corporation, the Licensed Clubs Association through the Australian Hotels Association.

A funding policy has been developed that emphasises the need to provide a comprehensive range of services, at no cost, that are accessible and appropriate to the needs of clients. Services to be provided include financial and family counselling for individuals and their families who are experiencing problems that are associated with gaming machines and therapeutic counselling specifically for compulsive gamblers. In addition, community education and information services are also funded.

The funding plan also provides for a number of specialist projects, including those which aim to service the needs of problem gamblers and their families in Aboriginal and non-English speaking background communities.

2. Services to be provided

The agencies shall provide research, development and the pilot of a culturally appropriate therapeutic intervention for Aboriginal clients, so as to reduce the negative impact of problem gambling associated with the use of electronic gaming machines.

3. Project Outputs

Specifically, these services will entail the following project outputs:

- Research into intervention models interstate and overseas through literature reviews and correspondence with operational programs.
- Production of an initial report on the findings of this research.
- Establishment of a reference group to provide advice and guidance for the project.
- Facilitate focus groups and community consultations that present initial findings and provide an opportunity for discussion and consideration of their application in South Australian Aboriginal communities. This will lead to:
- Development of a proposed Model of Best Practice.
- The piloting of a six month program, based upon the Model of Best Practice, in the Riverland region.
- Evaluation report which highlights the major findings of the pilot program.

4. Target Population

The target population comprises Aboriginal and Torres Strait Islander people, living in South Australia, who are experiencing difficulties associated with the use of electronic gaming machines.

Specifically, the pilot project will target this group of people living in the Riverland region.

5. Geographic Area

The pilot program to be focuses in the Riverland region of South Australia.

6. Data Collection and Reporting

Data collection and reporting procedures will be developed in the context of the Statewide Database program developed by the Break Even Network and

considered in the context of being culturally appropriate to the Aboriginal and Torres Strait Islander community.

7. Special Conditions

This service is funded as part of a coordinated service system for the GRF target group and cooperation between all service providers and other significant stakeholders is required.

8. Financial Resources

\$60,000 over a period of 12 months is provided for this project.

Appendix B: Key Informants for the Consultation Process