



Identifying Problem Gamblers in Gambling Venues: Final Report

Dr. Paul Delfabbro

Dr. Alexandra Osborn

University of Adelaide

Dr. Maurice Neville

Dr. Louise Skelt

University of Canberra

Professor Jan McMillen

Report prepared for Gambling Research Australia

EXECUTIVE SUMMARY	8
Chapter 1: Introduction	21
1. Project Background.....	21
1.1 The Role of the Ministerial Council	21
1.2 Industry ‘Duty of Care’ and Codes of Practice.....	21
1.3 Identifying Problem Gamblers as an Early-Intervention Strategy.....	23
1.4 Terms of Reference.....	25
1.5 Outline of the Literature Review	26
1.6 Outline of the Empirical Research.....	27
1.7 Chapter Structure for Empirical Research	30
Chapter 2: Problem gambler identification and staff training in current national and international responsible gambling policies and practices	32
2.0 Chapter Overview	32
2.1 Gambling in Australia: A Brief Summary	32
2.1.1 Types of Gambling and Gambling Venues.....	32
2.1.2 Gambling Expenditure	34
2.1.2 Gambling Involvement	37
2.1.3 Problem gambling rates	38
2.2 Public Health, Harm Minimisation and Responsible Gambling.....	39
2.3 The Role of Problem Gambler Identification and Related Staff Training in Current Responsible Gambling Provisions	42
2.3.1 Levels of Influence: Regulation and Codes of Practice.....	42
2.4 Responsible Gambling in Australia	45
2.4.1 National Responsible Gambling Frameworks	45
2.4.2 National Responsible Gambling Training Modules	46
2.4.3 New South Wales Responsible Gambling Measures.....	48
2.4.4 Responsible Gambling Provisions in Queensland	51
2.4.5 Victorian Responsible Gambling Provisions	54
2.4.6 South Australian Responsible Gambling Provisions	56
2.4.7 Responsible Gambling in the Australian Capital Territory (ACT).....	59
2.4.8 Responsible Gambling Provisions in Western Australia	61

2.4.9 Responsible Gambling Provisions in Tasmania	62
2.4.10 Responsible Gambling Provisions in the Northern Territory	62
2.5 Summary and Comparison of the Different States /Territories	64
2.6 International Responsible Gambling Initiatives	66
2.6.1 New Zealand	66
2.6.2 Responsible Gambling Initiatives in Canada	69
2.6.3 Responsible Gambling Training and Initiatives in the United States	70
2.6.4 Responsible Gambling in Europe	72
2.7 Summary of International Programs	75
Chapter 3: The Nature of problem gambling and visible indicators within venues.	76
3.1 Overview	76
3.2 Theoretical Approaches to Conceptualizing and Defining Problem Gambling	77
3.2.1 Medical and Mental Illness Approaches.....	77
3.2.2 Traditional Addiction Models.....	78
3.2.3 Need State/Psychological Dependence Models.....	79
3.2.4 Behavioural Approaches.....	79
3.2.5 Cognitive Approach	81
3.2.6 Sociological Approach.....	82
3.2.7 Continuum Approach.....	83
3.2.8 Harm Approach.....	84
3.2.8.1 Personal Harm.....	84
3.2.8.2 Interpersonal Harm	85
3.2.8.3 Vocational Harm.....	85
3.2.8.4 Legal Impacts.....	86
3.2.8.5 Financial Impacts	86
3.3 Psychometric and Psychiatric Indicators of Problem Gambling	87
3.4 Industry and Peak Body Definitions of Problem Gambling	90
3.5 Studies of Problem gambling indicators.....	91
3.6 Demographic and Cultural Considerations.....	98
3.7 Logistical Issues: Venue Organization and the Variability of Gambling	99
3.8 Deliberate concealment.....	100

3.7 Insights from Related Research Areas.....	101
3.7.1 Research into Retail Crime	101
3.7.2 Studies of Gesture Recognition	103
3.8 Final Methodological Considerations and Recommendations	106
3.9 Summary.....	107
Chapter 4: Survey of Industry Staff and Problem Gambling Counsellors	109
4.1 Overview.....	109
4.2 Venue Staff Sample	109
4.3 Survey Content: Venue staff survey	110
4.4 Sampling Methodology.....	112
4.5 Work Status and Experience.....	113
4.6 Manager Attitudes Towards Patron Contact.....	115
4.7 Details of Staff Training Received	115
4.8 Perceived Difficulties and Barriers to Identifying Problem Gamblers.....	116
4.9 Experiences in Identifying Problem Gamblers	118
4.9.1 Emotional Reactions	119
4.9.2 Excessive Levels of Involvement	120
4.9.3 Searching for Money/ Chasing Losses	120
4.9.4 Irrational Behaviours or Attributions of Blame	121
4.10 Indicators for Confirmed Problem Gamblers	122
4.11 Endorsement of Identified Indicators and Behaviours	123
4.12 Other Indicators to Consider.....	128
4.13 Beliefs about the Identification of Problem Gamblers in Venues	130
4.14 Venue Staff Views Concerning Appropriate Interventions	131
4.15.1 Personal Interventions by Venue Staff	131
4.15.2 No action or stop serving/barring	133
4.15.3 Refer to Management.....	133
4.16 Survey of Problem Gambling Counsellors	134
4.17 Sample Characteristics.....	135
4.18 Sampling Methodology.....	136
4.19 Work Status and Experience.....	136

4.20	Endorsement of Identified Indicators and Behaviours	137
4.21	Other Indicators to Consider.....	142
4.22	Beliefs about the Identification of Problem Gamblers in Venues	143
4.23	Views Concerning Appropriate Interventions	144
4.23.1	Personal Interventions by Venue Staff	145
4.23.2	Refer to Management.....	146
4.24	Discussion and Conclusions	147
Chapter 5: Survey of Problem Gamblers and Non-Problem Gamblers in the Community and Gambling Venues		150
5.1	Overview.....	150
5.2.1	Selection of Indicators	151
5.2.2	Sampling Strategy.....	151
5.3	Sampling Methodology.....	152
5.3.1	Venue Survey: Sampling	152
5.3.2	Community Survey: Sampling.....	153
5.4	Survey Measures.....	154
5.5	Sample Characteristics (written up for both samples).....	158
5.5.1	Demographic Characteristics	158
5.5.2	Gambling Behaviour.....	160
5.5.3	Demographic Predictors of Gambling Involvement.....	161
5.5.4	Problem Gambling.....	162
5.5.5	Problem gambling and participation rates	163
5.6	Prevalence of Visible Indicators and Signs	166
5.6.1	Frequency, Duration and Intensity Indicators.....	166
5.6.2	Indicators of Impaired Choice or Control.....	169
5.6.3	Social Indicators of Problem Gambling.....	172
5.6.4	Indicators related to Raising Funds or Chasing Behaviour	174
5.6.4	Emotional and Physiological Indicators of Problem Gambling	177
5.6.5	Alcohol and Gambling.....	180
5.6.6	Irrational Attributions	181
5.7	Summary of Most Prevalent Visible Indicators.....	182
5.8	Relative Probability of Visible Signs.....	183

5.9 Probability of PG Status as Predicted by Visible Indicators	187
5.10 Frequency of Multiple Indicators	192
5.12 Gender Differences	193
5.13 Cues Identified by Gamblers	197
5.14 Discussion and Conclusions	200
5.14.1 Main Findings	200
5.14.2 Most Commonly Reported Behaviours	201
5.14.3 Less Common Behaviours Strongly Indicative of Problem Gambling	202
5.14.4 Methodological Considerations	202
Chapter 6: Observational Study of Within Venue Behaviour.....	205
6.1 Overview.....	205
6.2 Nature and Purpose of the Observational Work	207
6.3 Methodological Principles Guiding the Field Observation Studies.....	210
6.4 Summary of Principal Aims of the Observational Work.....	212
6.5 Sampling Details for Observational Visits	213
6.6 Details of Venue Staff: SA Study	216
6.7 Findings from the South Australian Observational Study	216
6.8 Actual Sequencing of Behaviours in Longer Sessions	221
6.9 Conclusions from S.A. Observational Analysis	241
6.10 The ACT Study: Overview	243
6.11 Findings from the ACT Observational Study	246
6.12 Analysis of Visible Indicators Observed in the ACT Study	246
6.12.1 Frequency, Duration and Intensity.....	248
6.12.3 Social behaviours	264
6.12.5 Emotional responses	269
6.12.6 Other behaviours: Irrational attributions.....	272
6.13 Conclusion	273
Chapter 7: Summary and Conclusions	276
7.1 Overview of Project.....	276
7.2 Key Findings from the Review of Policy and Regulation (Chapter 2).....	277
7.3 Key Findings from the Review of the Existing Research Literature (Chapter 3).....	277
7.4 Key Findings from the Survey of Venue/ Industry Staff and Counsellors.....	279

7.5 Key Findings from Gambler Study (Chapter 5)	280
7.6 Key findings from Observational Studies.....	281
7.7 A Final Set of Indicators.....	283
7.8 Methodological Considerations	287
7.9 Conclusions and Future Directions.....	288
7.10 Future Research and Recent Developments	289
7.11 Final Practice Issues.....	294
References.....	297
APPENDIX A: Organisations Consulted During Research Project.....	313
APPENDIX B: Survey of regular gamblers	314
Appendix C: Survey of Industry Staff.....	320
Appendix D: Survey of Counsellors	329

EXECUTIVE SUMMARY

Overview

- This project was commissioned by Gambling Research Australia and the Victorian Department of Justice and involved a collaboration of researchers: Associate Professor Paul Delfabbro, Dr. Alexandra Osborn (University of Adelaide), Dr. Maurice Nevile, Dr. Louise Skelt (University of Canberra), Professor Jan McMillen.
- The principal aims of the project were to: (a) Summarise and review existing published material relating to the identification of problem gamblers within venues, and (b) To conduct empirical research into the nature of possible visible indicators of visible indicators within venues.
- A first part of the report provides a review of literature and policy relevant to the identification of problem gamblers Chapter 2 summarises existing national and international duty of care provisions applicable to the gambling industry, with a particular focus on responsible gambling strategies and staff training. Chapter 3 reviews existing research relating to the identification of problem gamblers within venues. The empirical studies are summarised in Chapters 4-6, and an overall summary is provided in Chapter 7.

Duty of Care and Responsible Gambling

- The first part of the literature review examines the link between the topic and current responsible provisions within Australia.
- It is pointed out that, since the Productivity Commission report in 1999, Australian policy makers and some regulators have generally supported a public health approach to the minimisation of harms associated with gambling. A public health approach encourages a whole-of-government and industry response to

reducing problem gambling. According to this approach, the industry is seen as having a duty of care to protect their patrons from the harmful consequences of problem gambling.

- Duty of care provisions are seen as being implemented at different levels: as part of legislation, mandatory codes of practice, voluntary codes of practice, and statements of business ethics or operational principles.
- Responsible gambling is emphasised in gambling legislation in every Australian State and Territory and also in New Zealand.
- Only South Australia (SA), the Australian Capital Territory (ACT) and Northern Territory (NT) have mandatory codes of practice that include legislatively enforceable sanctions for non-compliance.
- Queensland applies a system of co-regulation in which industry, community representatives and Government have collaborated to develop codes of practice that are subject to periodic review. In other States such as New South Wales (NSW), Victoria (VIC), Western Australia (WA), and Tasmania (TAS), responsible gambling provisions are applied largely via industry self-regulation.
- Almost every industry group in Australia has a voluntary responsible gambling code of practice or statement of principles that supports responsible gambling and/or harm minimisation.
- Most research information currently available concerning the effectiveness of responsible gambling codes suggests that these have significant limitations, including: a lack of compliance by some venues, non-membership in peak bodies who co-ordinate the codes, and the absence of mandatory penalties for non-compliance.

- With the exception of the ACT and SA, there is no mandatory requirement or expectation that venue staff make active attempts to identify problem gamblers in gaming venues.
- Australian responsible gambling practices and legislation appear to be considerably more advanced than those in Canada or the United States. In those countries, responsible gambling initiatives are more likely to emphasise individual responsibility and awareness (i.e., helping people to recognise their own problems and seek help).
- The most comprehensive and strictly enforced responsible gambling initiatives exist in Switzerland. Under legislation, casinos are required to identify problematic gambling behaviour, approach gamblers and impose exclusions or probationary periods if gamblers continue to display visible signs of distress or other indicators of problem gambling.

Staff Training

- A detailed discussion is provided concerning the nature of current staff training and the extent to which this contains material relevant to the identification of problem gamblers within venues.
- Both mandatory and voluntary codes of practice require staff to undergo responsible gambling training.
- A current national competency standard exists to provide guidance concerning the appropriate content of these courses.
- In SA, ACT, NSW Victoria and TAS, staff training is required by law and the content of the courses has to be approved by peak regulatory bodies.

- The content of these courses is, however, very much governed by the regulatory environment prevailing in each state or territory.
- Inspection of current training manuals indicates that training includes useful information concerning the nature of regulation and problem gambling as well as communication strategies with clients. However, the material relating to the proactive identification of problem gamblers within venues is not very extensive.
- Expensive commercial and copyrighted training packages are available in North America, but limited public or published information is available concerning their content or effectiveness.
- The most comprehensive training in the identification of problem gamblers is undertaken in Switzerland. Casino staff are trained using video and role-playing exercises to identify the visible signs of problem gambling using an extensive checklist.

Research into the Identification of Problem Gambling

- A detailed review of existing theories of problem gambling and current psychometric measures of problem gambling identified many behaviours or cue likely to be visible to venue staff.
- Various forms of harm associated with problem gambling (personal, interpersonal, vocational, legal and financial) were also reviewed with suggestions provided as to how these might be detected within venues.
- The report also summarises the opinions of the experts brought together in the 2002 Australian Gaming Council (AGC) review. The AGC report provides a comprehensive list of possible visible indicators as based on the opinion of researchers and practitioners.

- Only two major empirical studies have been conducted to investigate the prevalence of visible indicators of problem gambling.
- The first study conducted in Nova Scotia, Canada, by Schrans and Schellinck, examined the prevalence of indicators in a large sample of regular and problem video-lottery (gaming machine) gamblers. Certain behaviours, including certain emotional responses, the use of ATM transactions, and the length of gambling sessions were found to be significantly more prevalent in problem gamblers.
- The researchers analysed how often these signs were produced as a proportion of total venue visits and asked respondents to indicate how many venues they frequented.
- The researchers concluded that certain cues or cue combinations could be used to identify problem gamblers, but that the probability of these cues being observed in conjunction at any particular point in time was very low.
- This Canadian project had many limitations. Many cues that were studied were not visible, and the list of cues was very limited. Observation was also assumed to be a very passive process. If, as is the case in some jurisdictions, venues maintain incident registers, use photo identification and actively monitor individuals, it may be possible for greater evidence to be accumulated about the status of individual gamblers.
- The report also reviewed research conducted by Hafeli and Schneider in Switzerland. Based on surveys with a small sample of problem and non-problem gamblers, these researchers developed a comprehensive checklist of indicators that could be used to identify problem gamblers within a casino environment. Items relate to gambling in general, but also specifically to casino games as well as gaming machines.

- Indicators were grouped into categories: social behaviours (e.g., Shunning interactions, rudeness), raising funds (e.g., asking for credit) emotional responses (anger, crying), and general indicators of excess involvement (e.g., long sessions, gambling when the venue was opening or closing)
- So far, none of this work has been validated within Australia.

Other Related Areas of Research

- The literature review also summarised insights obtained from criminogenic and sociological research into activities such as shoplifting or pickpocketing.
- This work has shown that it is possible to identify criminals based on behavioural cues alone and using observation. However, it also suggests that behavioural cues need to be interpreted in context. It may be possible to identify problem gamblers based on broader patterns of behaviour that are inconsistent with regular non-problematic play (e.g., a business person in a suit who gambles through lunch-time or parents who appear at the venue almost soon after school opening hours).
- Both sociological and behavioural analysis is required to understand how venue staff might identify probable problem gamblers.
- It is also recognised that problem gamblers take active steps to conceal the extent of their gambling

Methodological Approach

- The project involved three components of empirical research: (1) Surveys and consultation with industry staff and problem gambling counsellors, (2) A detailed survey study of regular gamblers, and (3) Observational work conducted within venues.

Key Findings from the Survey of Venue/ Industry Staff and Counsellors

- Over 120 venue staff were asked to respond to a number of questions relating to their work schedules and training; to examine a proposed list of problem gambling indicators, and to express their views concerning the feasibility of the within-venue identification of problem gamblers.
- Most venue staff had received responsible gambling training and that this included some component relating to the identification of problem gamblers.
- Most staff members felt confident in being able to identify problem gamblers within venues and reported encountering problem gamblers very frequently during the course of their work.
- The most significant barrier to identifying problem gamblers was not staff turnover, the length of shifts, or even the size of venues, but the lack of staff training relating to direct interventions with gamblers on the gaming floor. Most staff did not feel confident about how patrons would respond if they were approached. For this reason, there was strong support for the introduction of further training to assist this process.
- Venue staff endorsed the vast majority of potential indicators identified by the researchers.
- For venue staff, the most salient indicators of problem gambling in the venue were strong emotional responses to losing, rudeness to staff, and complaints about losing.
- Changes in expenditure patterns, mood states, and personal appearance were also considered to be important indicators of gambling problems.
- A sample of 15 counsellors was also surveyed and interviewed.

- Most counsellors reported having had first-hand encounters with people who had displayed many of the behaviours.
- Counsellors felt that it was possible to identify problem gamblers within venues, but felt that venue staff needed much more support and training to approach gamblers within the venues.

Key Findings from Gambler Study

- Almost 700 regular gamblers (mostly EGM players) were asked to complete a detailed survey relating to their gambling habits, the frequency of certain potentially visible behaviours, and to indicate how problem gamblers might (in general) be best identified in venues.
- Gamblers were recruited from outside venues, but also from the community.
- Gamblers were classified into four large groups based on their scores on the Canadian Problem Gambling Index (No risk, Low risk, Moderate risk, and Problem Gamblers).
- The results showed that all of the visible indicators identified were significantly more likely to be reported by problem gamblers than the other groups. The strongest differences were generally observed for emotional and social behaviours or responses. People who became angry, depressed, violent towards machines, or who sweated a lot while gambling, complained to staff, or tried to disguise their presence at the venue were significantly more likely to be problem gamblers.
- Logistic regression models were used to identify the variables that best classified people as problem gamblers. Separate models were developed for males and females, but these shared a number of similarities. For male gamblers, gambling for long periods, sweating a lot, and trying to keep gambling at closing time were

key indicators of problem gambling, whereas for women: agitation, and striking the machines were two indicators that yielded a 90% probability of being classified as a problem gambler.

- The findings of this research generally supported the previous Canadian findings of Schrans and Schellinck's (2004) work. The results show that there are: (a) Clear behavioural profiles that allow one to differentiate between problem gamblers and other players; and (b) Small clusters of indicators or behaviours that could be used to identify problem gamblers with a high degree of confidence.
- Indicators were found to fall into different categories. Some behaviours or indicators are very rarely observed in the general gambling population (e.g., trying to disguise one's presence from others who come to the venue, trying to borrow from other patrons). Such behaviours are therefore potential hallmarks of problem gambling and should be treated as important by gaming staff.
- Other behaviours (e.g., playing very fast, playing for 3 or more hours) can be observed in a range of gamblers, but are more frequently observed in problem gamblers. These behaviours are less indicative on their own (e.g., gambling for long periods), but may come to have greater significance if they are observed in conjunction with other behaviours that might indicate difficulties (e.g., multiple trips to ATMs).

Key findings from Observational Studies

- Two separate observational studies were undertaken to examine the extent to which behaviours were visible within venues, how often they occurred, their sequencing, and how they appeared in reality.
- A South Australian study examined the behaviour of individuals in a fixed location for extended period to examine the accumulation of multiple behaviours.

An ACT study collected broader sociological detail concerning the form of behaviours and their variability across individuals.

- A total of 140 hours of observation was conducted with many hundreds of gamblers observed for both short periods (< 1 hour) and for continuous periods of up to almost six hours. Neither study was specifically designed to observe a pre-identified sample of problem vs. non-problem gamblers. However, the South Australian study was able to gain insights into the status of gamblers using statistical models developed earlier in the project.
- The South Australian study yielded was successful in identifying a number of individuals with quite different patterns of behaviour, and showed some evidence for an escalation of some behavioural responses (e.g., anger, complaints, violent acts) over time. The study confirmed that most indicators identified by the self-report study of gamblers described above could be observed within venues, and that many were observable within single observation sessions. Indeed, a number of patrons displayed clusters or sequences of behaviours that would give them a 70% probability of being classified as a problem gamblers.
- The ACT study was also successful in being able to observe most of the previously observed indicators and showed that some players produced multiple noteworthy behaviours within the period of observation.
- It was also shown that there is considerable variety in the expression or form of some behaviours. For example, gamblers display their agitation or anger in many different ways. It was also found that there may be ways in which to infer some of the indicators that are not observed directly, e.g., that the person has not taken any breaks from gambling, has been gambling continuously, or been on the same machine for a long time, e.g., based on the accumulation of drink cups, wrappers, cigarettes.

- These findings suggested that checklists containing broad lists of behaviour should be supplemented by descriptions of behaviours to provide staff with more tangible ways in which recognize more subtle behaviours when they occur.

A Final Set of Indicators

- The project initially developed a list of potentially useful indicators and behaviours was developed by drawing upon the research literature.
- These were then validated in a sample of gamblers who were asked to identify any additional useful indicators. Other indicators emerged from discussions with venue staff, counsellors and through the observational studies.
- A final list of approximately 50 possible indicators based on the collective knowledge gained from this project is provided. Many of the indicators are highly objective and subject to little variation in interpretation (e.g., estimates of expenditure, time spent, visits to ATMs), but other more subtle emotional responses including mood state variations would need to be studied in context.
- Identification of problem gamblers should not therefore be confined solely to reliance upon static psychometric checklists, but a careful consideration of the context in which behaviour occurs, e.g., the extent to which behaviours are stable, in character, and appropriate for the situation. For example, aggressive play on gaming machines is much more likely to be indicative of problem gambling in women than men because many male players play roughly even when they are on the machines for short periods.

Conclusions and Future Directions

- It was concluded that the identification of problem gamblers within venues is certainly theoretically possible, and that there are a number of visible indicators that can be used to differentiate problem players *in situ* from others who gamble.

- Despite this, several important barriers remain. These relate primarily to the nature of existing staff routines and responsible gambling training.
- Many venue staff do not feel they have the training to approach problem gamblers.
- Observations of venue movements in South Australian venues also showed that venue staff are rarely in a position to make ongoing observations because of other duties within the venue. The time commitment required for venue staff to observe gamblers' behaviour for long periods is likely to be excessive.
- At the same time, many venue staff appeared confident of being able to identify problem gamblers from perhaps more incidental observations of the same players over time. This suggests that it may be possible for some problem players to be observed based on a small number of salient behaviours that do not necessarily have to be observed over time.
- The researchers also argue that there are technological means (e.g., card monitoring and tracking methods in some jurisdictions) that could be used to examine the expenditure patterns of individual players, and for this information to be combined with other observations as part of the staff member's assessment of individual players.

Changes that Might Enhance Within-venue Interventions

- Although this project was not designed to provide specific recommendations regarding the nature of regulation and practice around the country, it is nonetheless possible to make several suggestions concerning possible changes that might enhance the ability of staff to identify and assist patrons within venues.

- Staff should be given more extensive training into the nature of gambling and the range of visible behaviours that might be observed. The findings in this study could be usefully included in this training.
- Staff require greater specific training relating to interactions with staff, e.g., how to approach gamblers, anger management, conflict resolution and counselling.
- Expenditure and machine usage data might be more effectively tracked within venues so as to obtain objective information concerning player expenditure and time on machines.

Chapter 1: Introduction

1. Project Background

1.1 The Role of the Ministerial Council

This project is a project of Gambling Research Australia which is an initiative of the Ministerial Council on Gambling and administered by the Victorian Department of Justice. The Ministerial Council is a national forum consisting of Ministers responsible for gambling in each of the States and Territories of Australia, the Australian Government Minister for Families, Community Services and Indigenous Affairs, and a Minister representing the Community and Disability Services Ministers' Conference. The Ministerial Council through Gambling Research Australia funds projects which address a variety of priority areas, including those which have the potential to inform best practice in relation to early intervention and prevention strategies for problem gambling. Although prevention strategies could potentially take many forms (e.g., broad community education about the risk of problem gambling, restrictions on the nature, availability and accessibility of gambling, products, or the funding and promotion of problem gambling support services), the Ministerial Council also examines the potential role of industry (venue operators, managers or staff) in reducing or preventing gambling-related harm.

1.2 Industry 'Duty of Care' and Codes of Practice: An Overview

In Australia, and in many other international jurisdictions, it is assumed, or at least expected, that the industry has a responsibility or 'duty of care' to protect its patrons from gambling-related harm. However, as discussed by McMillen and Doherty (2001) (and in Chapter 3 of this review), there are many different ways in which this requirement is enforced, regulated or applied across Australia. In most Australian States, a 'duty of care' is either explicitly or implicitly stated in gambling legislation, although not all State gambling Acts necessarily provide any specific guidance about how the industry should conduct itself so as to achieve this objective. States also differ in the extent to which these provisions are enforced. In some States, gambling providers are required to operate

according to a set of operational procedures that are mandated and enforced by regulatory bodies (mandated codes of practice). In effect, the industry must conduct its operations in a specific way, or be subject to enforceable penalties. In other States, the gambling industry and Government may work together in a collaborative fashion. Sectors of the gambling industry develop their own codes of practice that are consistent with the purpose or recommendations specified by Government via legislation (a co-regulatory approach). Individual gambling providers or sectors of the industry may also have their own voluntary codes of practice, or statements of business ethics, that provide for industry self-regulation. Such voluntary provisions may have their own internal sanctions for non-compliance, but are not mandated by legislation or capable of being enforced by Government. All of these different provisions usually operate in tandem, within the same State, or across different industry sectors within States. For example, some States may have both mandatory and voluntary codes, and the nature of the latter may vary depending upon the sector of the gambling industry (e.g., lottery providers will often have different voluntary provisions to Casinos, or gaming machine venues such as clubs and hotels). Indeed, the Australian Gaming Council (2006), has recently pointed out that there may be as many as 30 different codes of practice of these various forms currently operating in Australia.

Australian gambling legislation and codes of practice tend to share many common features, including a commitment to the provision of information relating to safe and responsible gambling, and a requirement that venue staff offer assistance to patrons who either make requests for help themselves, or who appear to be experiencing significant problems with their gambling. Moreover, to enhance the ability of venue managers and staff to adhere to these codes of practice, staff are also often required to undergo specialized training, so that they are in a better position to intervene in the event that assistance is required. Many of these codes are predicated on the assumption that problem gamblers can be assisted through the provision of information, some modest modification to gambling products or operating procedures, and through the provision of contact information for voluntary self-exclusion or treatment services. However, it is established from several studies in Australia (e.g., Evans & Delfabbro, 2005; McMillen,

Marshall, & Lorenzen, 2005; Productivity Commission, 1999; Rockloff & Schofield, 2004) that the vast majority of problem gamblers either do not seek help, or are reluctant to seek help until their circumstances reach a point where they have no other choice (e.g., there is an impending marital crisis, court proceedings, or bankruptcy). For this reason, there has been growing regulatory and policy interest in the extent to which early intervention strategies might be enhanced, perhaps via encouraging the industry to adopt a more proactive approach to assisting its patrons and therefore more effectively exercising its duty of care.

1.3 Identifying Problem Gamblers as an Early-Intervention Strategy

Although there are potentially many factors which can influence the development of problem gambling within communities (e.g., accessibility of gambling, nature of gambling products, availability of help services, or the characteristics of gamblers, see Productivity Commission, p. 6.9), the focus of this study is on the potential role of the industry and gambling venues. In particular, the principal focus of this project is the degree to which venue staff might take an active role in identifying problem gamblers within venues before further harms are incurred. Rather than assuming that venue staff should wait until problem gamblers identified themselves by approaching venue staff for assistance (as is the common practice in many venues around Australia), the aim is to consider whether it is feasible for staff to play a greater role in intercepting those patrons needing assistance. Such early interventions could potentially enhance existing harm minimization strategies such as exclusion schemes, in which problem gamblers can be barred from entering venues because of potential concerns about harm to their wellbeing, or be used more proactively in referral arrangements involving industry links with counselling services.

For staff to take an active role in identifying problem gamblers and therefore perform this proactive role within venues, several important issues need to be addressed. The first is whether it is possible for problem gamblers to be differentiated from other gamblers within venues. Although it is well known that there are many behaviours and problems that tend to be more common in problem gamblers than other people

(Productivity Commission, 1999), problem gambling could theoretically only be identified within venues by what is visible to venue staff during their usual work duties. Thus, there is a need to determine whether there are any visible signs or behaviours that might reliably be used to identify problem gamblers *in situ*, and whether these differ according to the type of gambling, the nature of the venue, or the gamblers themselves (e.g., their demographic characteristics). A second issue concerns the practical feasibility of applying this information. Even if it were possible to show that certain visible characteristics were more common in problem gamblers than other patrons, a question remains to how, or whether, such information could be used by venue staff within the constraints of their duties and level of training and expertise. It may be that the impediments to applying information during the course of everyday operation are considerable and so it may not be practically feasible for many venues' staff to undertake this role. For example, as discussed in Chapter 3, some venues may not have sufficient staffing or consistent staffing to get to know individual gamblers. Some venues may be too large or have operational environments that are not conducive to observing individual gamblers. Moreover, staff may not have the training or ability to know how to approach those people whom they believe to be problem gamblers.

Such issues were also recently identified in a discussion paper produced by the Australian Gaming Council (AGC) (2002) which asked a number of national and international counsellors and researchers to identify what signs or behaviours might be used as indicators; how this information might be used by venue staff; and how this topic might be best researched. The expert panel generally agreed that there were a number of indicators that might be used to identify problem gamblers, but drew attention to the many practical challenges associated with putting this information into practice within gambling venues. However, since almost all of the views expressed were based on supposition and experience, a panel argued that there was a need for more detailed research that specifically examined this topic within Australia.

1.4 Terms of Reference

The Terms of Reference for the current project followed very much from the broad context described above as well as the recommendations arising from the AGC expert review (although this study is by no means confined to the recommendations of the AGC review). The researchers were asked to conduct a national project to assist in the identification of a list of visible signs that were reliably associated with problem gambling, and which could be used by venue staff to identify gamblers in the course of normal venue operations. Such visible signs could include behaviours (including long gambling sessions or the use of ATMs); physiological responses (including sweating or visible shaking), or emotional responses (such as anger, distress, or restlessness). To inform this process, the researchers were asked to conduct two tasks: a detailed literature review as well as empirical research.

The literature review was to be informed by information drawn from the academic or research literature, industry sources, or information published by counselling or treatment organizations. The review was also required to be informed by the possibility that the visible expression of signs or behaviours indicative of problem gambling might differ according to the cultural background or customs of different population groups. Specific elements required for the report included:

- A review of current Australian and overseas research literature relating specifically to the identification of problem gambling in venues;
- A review of Australian and overseas literature relating to communication, prevention and intervention strategies to assist problem gamblers, particularly within venues;
- An appraisal of current policies, legislation, protocols and training packages relevant to the process whereby gambling staff are required (or expected) to identify and communicate with problem gamblers within venues

The second component of the project, namely the empirical research, was expected to involve the development of “an appropriate methodology to identify those externalized indicators that can be associated with problem gambling and whether these were sensitive enough for use in the development of appropriate communication tools or strategies.” (p. 5 of Project Brief). The research was considered appropriate if it was valid (capable of measuring what it was supposed to measure), reliable (capable of being replicated with the same results), representative (capable of being generalized across the maximum number of people in the general population of gamblers), and have adequate legitimacy or transparency (face validity). In other words, the outcomes of the research would appear to be meaningful, practical and informative for those who might intend to use the findings in the future.

1.5 Outline of the Literature Review

The literature review is provided in Chapters 2 and 3. Chapter 2 commences with a brief summary of the Australian gambling industry, including an overview of the diversity of gambling forms and venues, and summarizes the broad philosophical and conceptual framework governing current Australian gambling policy and regulation. A central element of this discussion is the development of responsible gambling approaches that have occurred since the Productivity Commission inquiry in 1999, in particular, the growing interest in harm minimization and early intervention strategies. It emphasizes that Australian policy has been guided by a public health perspective which placed a dual emphasis on the prevention of gambling problems as well as the provision of treatment services. Changes to venue environments, venue staff training and operational procedures are therefore seen as important elements in harm minimization or the prevention of problem gambling because of their potential role in reducing people’s exposure to potentially risky situations or patterns of behaviour. The identification of problem gamblers is therefore seen as one important element which would enhance the capacity of venues to take an active role in preventing harm. Chapter 2 reviews the extent to which identifying problem gamblers, and training venue staff to recognize the warning signs of

problem gambling in situ, is currently built into current legislation, codes of practice, and other principles of business practice, both nationally and internationally.

Chapter 3 commences with a summary of the current indicators or criteria used to identify problem gamblers, both internationally and in Australia, and the extent to which these indicators could be observed in venues. A summary is then provided of the small volume of international empirical research that is available concerning the prevalence of specific gambling behaviours that might be visible within gaming venues, and what methodologies might be employed to investigate this topic in Australia. A final part of the chapter then considers some of the methodological and conceptual challenges associated with undertaking this process. Included in this section is a discussion of the extent to which the feasibility of observing behaviour will vary depending upon the nature of gambling venues, the type of gambling involved, and whether there may be important cultural or demographic variations in how such behaviours might present at venues. The review of methodology will include insights drawn from studies of gesture recognition, and studies of criminal profiling in the retail environment where similar logistical and conceptual issues have previously been considered.

1.6 Outline of the Empirical Research

The various components of the empirical research are summarized in Chapters 4 to 8, and then followed by a summary of findings and conclusions in Chapter 9. The principal approach adopted in this research was to adopt a diverse range of methodologies in order to capture a broad range of different perspectives, as well as understanding the nature and feasibility of identification in venues. The overall research strategy was to develop a comprehensive set of visible indicators, or even indicator profiles, via consultations, surveys of counsellors and industry representatives, and from the established research literature. The capacity of these to differentiate between problem and non-problem gamblers would then be statistically ascertained using samples of regular gamblers.

A final stage of the project would involve the consolidation of a shorter test instrument that could be retested and validated in new, independent samples of problem and non-problem gamblers, as well as supplemented by descriptions and definitions derived from objective observational data. Based on a review of other related literatures, it was felt that the use and interpretation of visible indicators was best served by an approach that combined the strengths of both traditional behavioural science as well as more interpretive disciplines such as sociology and anthropology. Identifying people based on their relative likelihood of possessing certain individual or multiple indicators (the common practice in psychological and psychiatric diagnosis) was seen as an important first step in assisting venue staff to understand the types of indicators that might be more or less likely to be observed amongst problem gamblers. At the same time, it was considered important to emphasize that identification is likely to be a highly contextualized and multidimensional process. It may be that certain behaviours are only problematic if they occur in a specific context or location, or in relation to other broad characteristics (a person's demeanour, gestures or appearance) that cannot be easily captured merely using behavioural indicators. In this connection, it was thought important to understand venue operators' or managers' perceptions of their clientele, on the assumption that they may have ways of profiling or knowing through experience which people are problem gamblers (e.g., as might be confirmed when these people subsequently approach staff for assistance).

Several guiding principles governed the completion of the empirical research (Table 1.1). Many of these have been previously articulated, including the need for diversity and open-mindedness in the methodological approach; a consideration of venue context and gambling type in developing indicators; a recognition of the role of policy and regulatory differences across States; the importance of including multiple perspectives; and an emphasis on feasibility and practicality in any recommendations arising from the research findings.

Table 1.1. Summary of principles guiding empirical research

1. In order to ensure that the findings would be generalizable to different States and Territories in Australia, it was considered important to obtain data from multiple States. A very important reason for doing this is that the activity of the gambling industry in some States (e.g., SA and ACT) is governed by mandatory Codes of Practice that impose penalties for a failure to comply with responsible gambling principles specified in legislation, whereas other providers (e.g., in Victoria and Queensland) operate under voluntary or industry mandated codes.
2. In the early phases involving the identification of potentially useful indicators or signs of problem gambling, the researchers sought to adhere to an open minded and exploratory approach. Although existing lists of signs and behaviours are currently available in the published literature, few of these are Australian, or have been informed by the expertise and experience of Australian gamblers or those who come into contact with gamblers. Thus, consistent with the principles of appropriate psychometric design outlined by De Villis (1991) and underscored by Thomas, Jackson and Blaszczynski (2003), an appropriate pool of 'test' items was developed from both the published literature but also through a process of consultation in the course of developing a pilot instrument, or list of items.
3. It was considered appropriate for the analysis to be confined to the analysis of external or visible cues or behaviours. Although some previous work (e.g., Schellinck & Schrans, 2004) has validated checklists based on the self reported experiences of problem and non problem gamblers, many of the items referred to internal or invisible behaviours (e.g., headaches, feeling nauseated) which venue staff probably could not be reasonably expected to discern in the course of their regular observations.
4. (Following point 3), the project was predicated on the importance of emphasizing the future potential users of the research. Although the principal subject matter would appear to be the experience of problem gamblers, it is not enough to be able to show that problem gamblers can be differentiated from other gamblers based on self reported behaviours. One must also be able to show that the factors identified are of the nature that they could be reasonably observed, or detected, by venue staff who have to comply with codes of practice or implement responsible

gambling policies. Thus, it was considered essential to include the views of venue operators and venue staff, as well as the gamblers themselves.

5. Irrespective of whether there are some reliable and valid indicators to differentiate problem gamblers from other gamblers, the extent to which this is possible may vary according to the gambling environment. Problem gamblers may be more difficult to detect in some larger venues because of the reduced visibility of individual players or because of the less personalized environment. Accordingly, it would be important to ensure that the experiences of different types of venue, and venues of different sizes, are taken into account.

6. Although this current project is designed to encompass as many different types of gambling as possible, it is recognized that an emphasis should be placed on those forms of gambling most likely to be implicated in problem gambling. Given that at least 70% of problem gambling is consistently been found to be attributable to gaming machines, it is logical for this type of gambling to be a principal focus of the investigation. However, the inclusion of many items relating to general behaviours, as well as the inclusion of venues such as casinos, clubs and hotels that provide a variety of different forms of gambling (racing, keno, casino table games) will ensure that the findings will be generalizable to a wide range of different gamblers.

7. An important component of this study was to include data drawn both from self report methodologies and also direct observation of in situ gambling behaviour. Analysis of survey data may be useful in obtaining reasonable estimates of the prevalence of specified behaviours in problem gamblers as compared to other gamblers, but it does not provide any detailed description of the behaviour itself, how it relates to other behaviours, and in what context it is likely to occur. Accordingly, an innovative element of this project was to include detailed descriptive analysis of observed gambling behaviour so that training programs would be able to provide concrete examples of how specific signs and behaviours are expressed by gamblers, and when they occur.

1.7 Chapter Structure for Empirical Research

A summary of consultations and interviews with gambling industry workers is provided in Chapter 4; a survey of problem and regular non-problem gamblers recruited from the community and venues is provided in Chapter 5. Chapter 6 summarizes the

results of observational work conducted within venues, and Chapter 7 provides an overall summary of the findings and implications for future research as well as gambling policy and regulation.

Chapter 2: Problem gambler identification and staff training in current national and international responsible gambling policies and practices

2.0 Chapter Overview

This chapter commences with a brief overview of gambling in Australia with a summary of the types of gambling and venues currently available and current levels of expenditure and involvement in gambling. It then outlines the various ways in which state governments, industry and regulators have sought to introduce responsible gambling provisions for these different forms of gambling. A focus of this analysis will be upon provisions that are relevant to the issue of identifying problem gambling and staff training. A final section of the chapter examines international perspectives.

2.1 Gambling in Australia: A Brief Summary

2.1.1 Types of Gambling and Gambling Venues

In Australia, there are many classes of gambling which are currently legally available. These include racing and sports betting; various lottery products including scratch tickets, pools and major lottery draws; gaming machines (EGMs); casino games; keno; and other minor forms of gambling. Nearly all of these forms of gambling are available in every Australian state and territory, although considerable variations exist in the nature and settings in which gambling opportunities are provided. For example, Western Australia (WA) does not have gaming machines located outside its main casino, and the Australian Capital Territory (ACT) does not permit Canberra Casino to operate EGMs.

There are also large differences in the size of venues and the number of gaming machines allowed per venue. In some jurisdictions, gaming venues (clubs or hotels) are restricted to relatively few EGMs (South Australia Tasmania and the Northern Territory), whereas other states and territories allow venues to operate many hundreds. For example, there is a limit of 40 EGMs in South Australian clubs and hotels; 280 EGMs in

Queensland clubs; 105 in Victorian clubs and hotels; and 450 in newly-registered clubs in New South Wales [NSW]. There is no limit on EGMs in large ACT clubs, however, and many large-scale clubs in NSW have several hundred EGMs. Hotels are usually restricted to a significantly smaller number of EGMs than clubs, except in Victoria and South Australia.

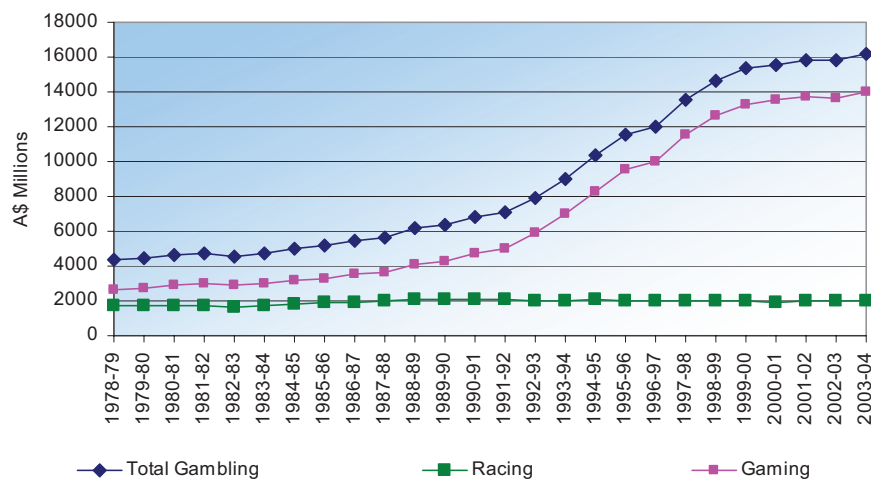
Similarly, although all states and territories have casinos (total n = 13), these differ considerably in size from the mega-casinos Crown Casino (Melbourne) and Star City (Sydney), to the medium-sized casinos in Adelaide (SkyCity), Perth (Burswood Resort Casino) and Brisbane (Conrad Treasury) and the Gold Coast (Conrad Jupiters), to the small regional casinos of Hobart (Wrest Point), Alice Springs (Lasseters), Darwin (SkyCity), Launceston (Country Club), Cairns (Reef Casino) and Canberra (Casino Canberra) (Australian Gaming Council 2005, pp.6-7). The number of EGMs permitted in each casino range from 2,500 in Crown Casino to none (Casino Canberra); the number of table games range from 320 in Crown Casino to 16 in Launceston's Country Club Casino.

Moreover, there are considerably more gaming venues, gaming machines, race tracks, TABs and lottery outlets in NSW, QLD and VIC, although not disproportionately so given the larger populations in those three states (Australian Gaming Council 2005). In terms of the current project, it is clear that the characteristics of 'venues' are particularly relevant to patterns of EGM and casino gambling because these forms of gambling cannot usually be accessed by remote facilities. Australian gamblers must usually visit an EGM venue or casino to play those games. By contrast, people can bet on races or sports by phone or Internet without ever having to visit a venue. In the case of race tracks, the 'venue' could be said to encompass much of the large area surrounding the track where gamblers spend their time. Similarly, although lottery products are sometimes provided via designated lottery outlets (SA), in most states these products can also be purchased from newsagents located in local shopping centres, rather than a gaming 'venue'.

2.1.2 Gambling Expenditure

In the last decade gambling expenditure (net loss) has increased in all states, largely as a result of the legalisation of gaming machines and an increase in the number of casinos within Australia (Figure 2.1). However, in 2003-04, net expenditure on all of these forms of gambling in Australia was \$16.211 billion; approximately 58.9% of this expenditure related to gaming machines, 16.6% attributable to casinos, 9.9% to lotteries, and 12.5% to racing activities (Figure 2.2). Since 1993-94, real per capita expenditure on gambling has increased from \$684.03 to \$1,066.95 in 2003-04, representing an average annual increase of over 5.6%.¹

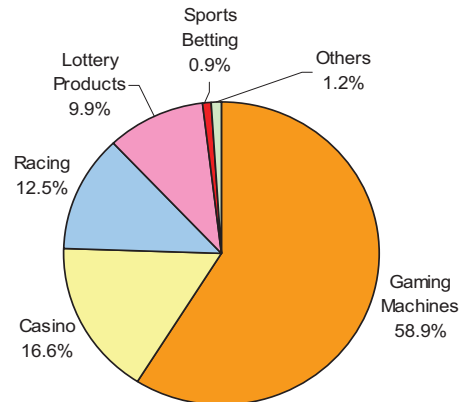
Figure 2.1 Real total gambling expenditure in Australia, 1977-78 to 2003-04



Source: Office of Economic and Statistical Research 2005.

¹ 'Real' expenditure is adjusted for the effects of inflation over time. Per capita expenditure refers to people over 18 years. The amount gambled by individual gamblers is likely to be higher because not every adult over the age of 18 gambles. For example, the Productivity Commission's 1999 national survey found that 82% of the Australian population participated in a gambling activity. However this bias is to some extent ameliorated by the way gambling expenditure data are collected, with no distinction made between gambling revenue accumulated from gamblers resident outside Australia.

Figure 2.2. Gambling expenditure by gambling activity, Australia 2003-04*.



Source: Office of Economic and Statistical Research 2005.

Note: 'Lottery products' include lotteries, lotto, pools and instant scratch-its. Gaming machines refers to machines in clubs and hotels, but not in casinos. 'Casino gaming' includes wagers on table games, gaming machines and keno systems in the casino. 'Other' includes keno, interactive and minor gaming.

The level of expenditure as well as the relative proportion spent on different types of gambling vary across states and territories. State differences in expenditure and growth rates reflect the differences in timing of legislation and legalisation of different forms of gambling. For example, increases in gambling expenditure were evident in QLD, VIC and SA in the early 1990s following legalisation of gaming machines in clubs and hotels. Those three states have experienced the largest increase, while expenditure in NSW and TAS has risen more slowly (Table 2.1).

In 2003-04 the highest level of per capital adult spending was in NSW (\$1,285.65 - 3.64% of Household Disposable Income [HDI]), Victoria (\$1,122.79 - 3.15% of HDI) and Queensland (\$968 - 3.17% of HDI).² The apparently high level of spending in

² Northern Territory figures are likely to be high due to the presence of several internet gambling providers who accept bets from overseas gamblers, as well as the significant volume of sports and race betting undertaken by tourists from interstate. TABs and lotteries in other states/territories also are permitted to offer Internet gambling.

Northern Territory (\$1,910.62 - 4.8% of HDI) includes a high proportion of spending by interstate and international gamblers.

Table 2.1. Per capita gambling expenditure (net loss) in Australia by state/territory (2003-04)

	Wagering	Lotteries	Gaming Machines	Casino	Other	All gambling
\$						
NSW	157	99	915	108	7	1,286
VIC	162	100	605	255	2	1,123
QLD	102	118	519	205	24	968
SA	93	85	612	91	17	898
WA	134	150	0	194	15	493
TAS	70	63	342	266	47	789
ACT	99	73	776	78	2	1,030
NT	811	94	321	578	105	1,911
AUSTRALIA	143	105	628	178	12	1,067

Source: Office of Economic and Statistical Research, 2005.

Note: 'Lottery products' include lotteries, lotto, pools and instant scratch-its. Gaming machines refers to machines in clubs and hotels, but not in casinos. 'Casino gaming' includes wagers on table games, gaming machines and keno systems in the casino. 'Other' includes keno, interactive and minor gaming.

As a proportion of local gambling expenditure, gaming machines dominate the market in all states and territories other than WA, where machines do not operate outside of the casino, and the NT, where casinos and Internet gambling are more dominant (Table 2.2). In some jurisdictions such as NSW, SA and the ACT over two-thirds of all gambling expenditure is derived from gaming machines, whereas in VIC and QLD it is closer to 50%. In those states, a fifth to a quarter of revenue is derived from casinos. In stark contrast, total gambling revenue in WA is much more evenly spread between the other major classes of gambling, including racing and lotteries. Table 2.2 outlines the market share of gaming machines for all states and territories from 1993-94 to 2003-04.

Table 2.2. Gaming machine expenditure as a percentage of total gambling expenditure by states and territories, 1993-94 to 2003-04.*

	NSW	Victoria	Queensland	SA	WA	Tasmania	ACT	NT
1993 94	84.0	61.8	37.6	0.0	0.0	0.0	66.9	7.3
1994 95	84.2	53.3	39.5	49.1	0.0	0.0	66.5	6.9
1995 96	77.2	59.0	38.0	63.6	0.0	0.0	72.3	8.0
1996 97	75.6	62.5	39.6	66.9	0.0	4.3	78.5	20.4
1997 98	76.8	62.0	40.2	67.0	0.0	16.3	79.5	24.0
1998 99	78.7	65.2	44.0	70.1	0.0	23.6	82.1	26.0
1999 00	80.4	65.4	49.3	71.1	0.0	33.6	82.3	24.4
2000 01	79.4	64.8	52.8	74.1	0.0	40.0	82.4	22.2
2001 02	81.2	67.2	55.1	74.9	0.0	42.5	83.4	27.3
2002 03	80.6	63.8	57.9	75.6	0.0	45.7	75.29	28.6
2003 04	71.16	53.89	53.66	68.12	0.0	44.33	75.47	16.83

Source: Office of Economic and Statistical Research, 2005.

2.1.2 Gambling Involvement

There are also considerable variations in the participation rates and demographic profiles of gamblers for different types of gambling. The only national survey conducted in Australia found that approximately 70-80% of Australian adults gamble at least once per year, and 40% gamble regularly – i.e., at least once a week (Productivity Commission 1999). Nationally, the most commonly reported activities are major lotteries (60%), followed by scratch tickets (46%), gaming machines (39%), horse racing (24%), keno (16%) and casino table games (around 10%). All other forms of gambling tend to attract much lower participation rates. Subsequent surveys conducted in individual states and territories have found similar although slightly lower rates of participation with some variations from state to state (e.g., McMillen *et al.* 2001; McMillen *et al.*, 2004; Queensland Treasury, 2002, 2005; Roy Morgan Research 2001, 2006; Taylor, *et al.*, 2001). Participation rates for lottery products, including major lotteries, keno and scratch tickets also tend to be subject to greater variability across Australia than other forms of gambling.

Demographic analysis of gambling participation rates shows that age and gender have the most significant influence on participation. On the whole, participation rates tend to be significantly higher in younger age groups across most forms of gambling, with the exception of lotteries and bingo. Men tend to be more likely to gamble on most casino table games, racing and sports, and keno.

2.1.3 Problem gambling rates

In Australia, the Productivity Commission estimated that approximately 2% of the population could be classified as problem gamblers (330,000 adults) and that half of these people experience very serious problems as a result of their gambling (Productivity Commission, 1999). Similar results have been reported in subsequent prevalence studies conducted in individual states or territories (McMillen *et al.* 2001b; McMillen *et al.*, 2004; Queensland Treasury, 2002, 2005; Roy Morgan Research, 2001; Taylor *et al.*, 2001). Problems arising from excessive gambling include psychological problems such as severe depression, anxiety and suicide ideation; interpersonal difficulties such as loss of social contacts and marital conflict; financial problems including a loss of significant assets, depletion of cash reserves, and an inability to meet daily expenses; vocational difficulties, including a loss of time from work and study, or a loss of employment; and legal problems such as being charged with an offence, or incarceration (Dickerson *et al.*, 1995, 1996; Delfabbro & LeCouteur, 2005; McMillen *et al.* 2005; Neal *et al.*, 2005; Productivity Commission, 1999).

In most of these surveys, the prevalence of problem gambling tends to be higher amongst younger age groups (18-30 year olds), amongst males, and amongst those with poorer employment prospects and housing status. Although not all surveys specifically ask which form of gambling is the principal source of the gambling problems, studies show that a high proportion of problem gamblers play EGMs: South Australia (60-70%, S.A. Department of Human Services, 2001), the ACT (76%, McMillen *et al.*, 2001b), Tasmania (31%, Roy Morgan Research, 2005), Victoria (84%, McMillen *et al.*, 2004) and Queensland (95%, Queensland Government, 2004). Rather than just a problem of individual pathology or psychological disorder, the prevailing view in Australia is that

problem gambling can emerge from a combination of factors related to the individual gambler and the wider gambling and social environment. Australian research has consistently found that unacceptably high levels of problem gambling are often associated with accessibility (especially to gaming machines in casinos, clubs and hotels); environmental factors such as the spatial distribution and location of machines; industry practices and features of machine game design (e.g. repetitive and continuous play); advertising and inducements to gamble; and government policies and regulation. Gambler behaviour such as regular playing of continuous forms (EGMs, casino table games, race betting) and misconceptions about gambling can also result in harm to the gambler and to others.

This perspective does not rule out the possibility of psychological problems, but recognises that the source of problem gambling is multifactorial, a complex combination of environmental factors and gambler behaviour. Therefore solutions should also be multifaceted within a broad public health framework.

2.2 Public Health, Harm Minimisation and Responsible Gambling

Since the mid to late 1990s, much of the debate surrounding the causes and effects of problem gambling in Australia and a number of countries has resulted in what is termed a public health response. According to this view, activities such as gambling are seen as an inherent component of modern life, and various cultural, socio-economic and dispositional factors will very likely lead to some people to gamble excessively. A public health approach is usually based on the principle of harm minimisation; namely, the assumption that people's will choose to gamble or abstain from the activity and that government authorities and the gambling industry therefore have a responsibility to mobilise resources to minimise the harms that might arise (Banks, 2002; Brown, 2000; Brown & Raeburn, 2001; Independent Pricing and Regulatory Tribunal (IPART), 2004; Korn & Shaffer, 2004; Marshall, 2004; McMillen, 1997; McMillen & Thoms, 1997; Neal *et al.*, 2005; Productivity Commission 1999, Chapter 7).

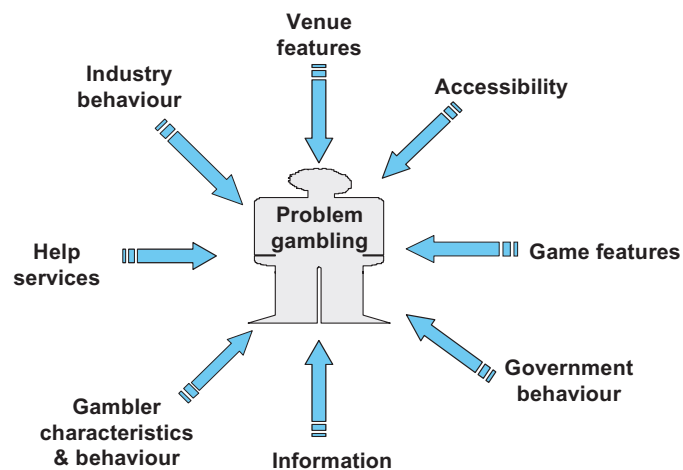
North American and Australian advocates of a public health approach have differed to some degree in their emphasis, with North American writers typically placing a greater emphasis on individual responsibility and treatment services, and Australian commentators emphasising regulation and prevention. Like many European nations, the generally accepted view in Australia is based on an integrated public ‘wellbeing’ framework rather than the individualised ‘illness’ model that guides much public health policy in North America (McMillen & Pitt, 2005; McMillen, 2006). Whereas policies in the USA often are designed to achieve a reduction in *gambling*, with abstinence as the ideal, the Australian public health approach accepts that the majority of people will continue to gamble.³ The right to either participation or abstinence is recognised; the focus is to prevent or reduce the problems and harmful consequences of gambling. The overall aim is *harm* reduction, achieving a shift from high risk to safe gambling. Importantly, over the past decade the concept of ‘responsible gambling’ has been incorporated into the policies of all Australian governments and major industry groups (Banks, 2002; Independent Pricing and Regulatory Tribunal (IPART), 2004; McMillen & Pitt, 2005). In a process of ‘policy learning’ between governments and industry sectors, broad principles of harm minimisation and consumer protection have guided development of a wide range of responsible gambling strategies to address problem gambling. Although definitions and policies vary slightly between jurisdictions, and between industry and regulatory agencies, it is generally agreed that the issue of responsibility for reducing gambling problems is shared. Both governments and industry accept the principle that they have a responsibility for both what they do and what they can prevent.

To reduce the potential harms associated with gambling, it is assumed in Australia that multi-faceted and collaborative policies and interventions should be developed to ensure a safe gambling environment as well as to influence the behaviour and wellbeing of gamblers (McMillen & Thoms, 1997; Productivity Commission, 1999). As depicted in Figure 2.3, implicit within this approach is the view that the resources and skills of

³ Similarly the general Australian response to drug abuse is harm minimisation, whereas US public health strategies tend to favour zero tolerance.

different stakeholders and parts of society must be brought into play in the process of preventing and alleviating potential problems (Blaszczynski, 2001; Brown, 2001; Brown & Raeburn, 2001). Within Australia, these stakeholders are thought to include not only individual gamblers, support services and the community, but also industry groups (including both gambling providers and manufacturers of gambling products), as well as policy makers and regulators. It is not assumed that individuals will necessarily sort out their own problems on their own, or via the provision of information or education, or through the provision of treatment services once problems have developed

Figure 2.3. An epidemiological framework for problem gambling



Source: Productivity Commission 1999. *Australia's Gambling Industries*. Report No. 10. AusInfo, p.6.9.

Advocates of public health strategies usually agree that there are different levels of intervention. *Primary* interventions⁴ are those that attempt to protect people from harm before it has an opportunity to develop. *Secondary* interventions are those that attempt to limit the degree of harm once it has developed. *Tertiary* interventions involve the

⁴ The term 'primary' used in this context should not be confused with the term 'primary health care' used in some public health contexts. The latter term usually refers to interventions provided by health care workers, and this may involve both the prevention and treatment of medical disorders.

treatment or assistance of those who are already experiencing significant harms. All three of these intervention strategies are thought to be essential in the prevention and alleviation of gambling-related problems, although it is recognised that different stakeholders would play varying roles at each of these levels. Among the wide range of public health strategies that have been or are currently being implemented in various states and territories, identification of problem gamblers in the venue would therefore appear to be a harm minimisation strategy that has *potential* benefit at all three levels of intervention:

- as a *primary* intervention it could create awareness by venue staff of the potential for problem gambling and facilitate early identification of problematic gambling behaviour, thus preventing the problem from escalating;
- as a *secondary* intervention strategy it could encourage gamblers to seek help at an early stage; and
- at a *tertiary* level this strategy may also enhance the effectiveness of professional and industry interventions through links with, or referrals to, treatment services or other intervention services (e.g., exclusion schemes).

2.3 The Role of Problem Gambler Identification and Related Staff Training in Current Responsible Gambling Provisions

2.3.1 Levels of Influence: Regulation and Codes of Practice

The term responsible gambling generally refers to the broader ideological or philosophical framework that exhorts different stakeholders, including industry groups, to develop strategies that minimise the potential harms associated with gambling. However, there are many ways in which these imperatives might be conceptualised, articulated or put into practice (McMillen *et al.*, 2001a). In Australia, this philosophy is generally expressed and then put into practice at a number of different levels.

The first is by legislation and regulation. A number of state gambling Acts specify that the industry should exercise a duty of care towards its patrons by providing its products

and services in a responsible manner. Such provisions may or may not be combined with specific directions or regulations about appropriate industry practice.

A second level of regulatory influence may be achieved by via codes of practice. A code of practice is a set of agreed-upon principles that specifies how the industry might behave so as to encourage responsible gambling or minimise gambling-related harms (Gunningham, 1996; McMillen and Doherty 1999; Hing and Dickerson, 2002; Hing, 2004). Codes typically share common characteristics: (1) all involve a commitment to principles; (2) each involves the agreement or compliance of one or more individuals or organisations; (3) each is designed to control or influence behaviour; and (4) each is supposed to be administered in a consistent manner by participants so as to reach a consistent outcome (Webb, 2004). However, codes can differ in the way in which they are developed, applied and enforced, falling into three principal categories: mandatory, co-regulatory and self-regulatory.

Mandatory codes are usually imposed by government legislation that requires industry to adhere to specified policies, practices and standards in order to avoid penalties. Mandatory codes represent what is often termed a 'command and control' approach to regulation in that the government dictates how the industry should conduct its affairs, although this does not (and has not) prevented the industry from having some input into the content of the codes. Indeed, in some states, voluntary codes initiated by the industry have been extended and modified as part of the development of the mandatory code. By contrast, at the other end of the continuum, are self-regulatory codes that are usually developed and enforced by the industry itself, either by individual industry providers (e.g., an individual casino might have its own code of practice) or via agreement and negotiation between different industry groups (e.g., associations representing several clubs or hotels). These codes sometimes include industry sanctions for members who fail to comply with the code, but differ from mandatory codes in that there are no externally enforceable penalties for non-compliance. In some states, where self-regulatory codes are in place, legislation may specify a requirement to develop certain responsible gambling provisions (e.g., provide information, train staff), but the exact shape and form of the specific practices is left to the industry.

In between these two forms, are so-called co-regulatory codes, in which industry and government work together in order to develop a shared understanding about appropriate responsible gambling practices. Both government and industry may then collaborate over time to review and evaluate the extent to which the industry has adopted the principles set out in the code of practice.

A third and final level of influence to achieve responsible gambling practices in the gambling industry are mission statements, statements of business ethics, or operational principles that articulate responsible gambling practices or a duty of care towards patrons. In other words, rather than outlining any specific undertaking that might encourage responsible gambling, some industry groups might claim to operate in a way that it in the best interests of patrons. In some cases, this might take the form of a stated commitment to assisting problem gamblers who show obvious signs of distress or seek assistance from venue staff. Conversely, a gambling provider may avoid certain practices (e.g., serving alcohol to a gambler in distress, allowing a person to borrow money, receive credit) that might exacerbate gambling problems.

The following section summaries the extent to which identification of problem gamblers and staff training to assist gamblers within venues is built into these different levels of influence: legislation, codes of practice and business ethics. An initial section discusses the broad responsible gambling framework that prevails nationally through the Ministerial Council and the national competency standard used in responsible gambling training. Following this, a summary is provided of relevant provisions applying in different Australian states in relation to the principal types of gaming venue (clubs, hotels and casinos) where opportunities for observing patrons is likely to be most practical or feasible. States such NSW and Qld which led the way in the development of policies are discussed first before proceeding to other jurisdictions. All information included is based only on published material, so that there may be other details that may come to light as a result of consultation processes undertaken during the completion of the associated research project.

2.4 Responsible Gambling in Australia

2.4.1 National Responsible Gambling Frameworks

Although gambling legislation and responsible gambling practices are ultimately determined at a state level, a national imperative to prevent problem gambling and gambling-related harm has been endorsed by the Council of Australian Governments (COAG). The national framework was developed by the Ministerial Council on Gambling and designed to “minimise the negative consequences of problem gambling to the individual, their family and the community through a national approach”. Important objectives and strategies outlined in this framework which are relevant to this project, include:

- (a) The need for gambling industry personnel to receive appropriate training in the responsible conduct of gambling;
- (b) To encourage the development of venue-based interventions for gamblers, and
- (c) The development and implementation of codes of practice that minimise the likelihood of recreational gamblers developing problem gambling behaviours.

Nationally, there are also a number of peak bodies representing the views and interests of industry groups that have articulated various statements of principles relating to the provision of responsible gambling services, or articulated responsible gambling codes of practice (e.g., Australian Gaming Council, Australian Leisure and Hospitality Group Ltd., Australian Casino Association, Australian Bookmakers Association, Australian Lotteries Industry, and Clubs’ Associations in each state and territory). For example, the Australian Gaming Council (AGC) (2001) emphasises the importance of preventing problems arising within individuals and groups who are particularly at risk, as well as the promotion of responsible behaviours, attitudes and policies within individual gamblers, venue owners and staff, and within the community. The AGC also argues for the establishment of clear guidelines that specify the objectives for responsible gambling

as well as the principles governing the evaluation of any proposed responsible gambling measures.

2.4.2 National Responsible Gambling Training Modules

In response to responsible principles developed nationally by the Ministerial Council on Gambling, a national competency unit entitled *Provide Responsible Gambling Services* (Code: THHADG03B) has been developed and taught by a number of organisations around Australia, including TAFE colleges in a number of states. The course is typically a single day or evening program of instruction comprising a 4+ hour series of mini-lectures, exercises and tutorial-style discussions relating to different gambling-related issues. Usually included in the training programs are details of:

- The nature of mandatory and voluntary regulatory requirements for the gambling in industry specific to that particular state, including discussion of any codes of practice;
- The nature of gambling (e.g., why people gamble), the nature and prevalence of problem gambling;
- The benefits of the gambling industry to economic growth and community wellbeing;
- The concept of responsible gambling and how this can be practised by the industry (e.g., provide information about gambling odds and the potential risks of gambling, self-exclusion programs, treatment and support services); and
- How to communicate with gamblers who show signs of distress. Much of this discussion relates to how to speak to customers in a non-threatening or judgemental way, and which conveys the staff member's concern in a clear, concise and empathic manner.

The training also includes some material relating to the identification of warning signs that a person is experiencing problems with gambling. For example, staff members are taught to intervene if they witness any "behaviour which detracts from the safety and comfort of customers". Such behaviour includes patrons who do not take breaks from

machines, who fall asleep at machines, who show signs of anger or distress such as crying at a machine or yelling, or those who are aggressive towards other gamblers, staff members or machines. However, venue staff are specifically told that “it is not possible to identify a problem gambler by physical characteristics or behaviour alone”, and that this requires “professional psychological assessment”. The William Angliss Institute of TAFE training manual utilised in Victoria and in South Australia refers to the AGC’s review of the challenges associated with identifying problem gamblers (Allcock *et al.*, 2002) to argue that this process is unfeasible because venue staff do not have sufficient training or knowledge to make formal diagnoses.⁵

Much of the broader staff training relating to communication with distressed or angry patrons appears sensible and useful. For example, staff are trained in how to approach and speak with patrons in an empathic, non-judgemental fashion, how to assist patrons to move into other areas of the venue away from the source of their distress, or are referred to services which provide assistance for problem gamblers. Indeed, in those states where codes of practice are in operation, such interventions may lead to the event being entered into a responsible gambling ‘incident register’.

The principal limitation of the training is that the degree of responsibility imposed on venue staff is very much subject to the prevailing legislative and regulatory environment operating in each state. The extent of staff intervention, the extent to which training is required prior to commencing work in a venue, and other practices (e.g., recording incidents, or taking an active role in approaching people before they self-identify) will be very much dependent on what is required under the code of practice. In states where codes of practice are not mandatory, or where there is no peak body to oversee, administer and enforce

⁵ As detailed in Chapter 3, the AGC review does not reach such a conclusion. Instead, much of the attention in the report is directed towards the significant difficulties associated with undertaking this task, the lack of empirical research and the methodological issues that would need to be taken into account in future research. Most contributors to that review provide very reasonable lists of possible factors that might be used to identify problem gamblers with venues, and many draw attention to many similar factors. Only some of these appear to have been included in the current training manuals.

compliance, or where not all venues are part of the peak organisation, the coverage and effectiveness of this training will be reduced. Moreover, as indicated above, these programs do not appear to contain any substantive training relating to the identification of gamblers within venues.

2.4.3 New South Wales Responsible Gambling Measures

In New South Wales, responsible gambling provisions have been included in many Acts relevant to different gambling types (McMillen & Doherty, 2001), including the *Casino Control Act 1999* and the *Gambling Machines Act 2002*. The intention of these measures is to minimise the harm associated with the misuse and abuse of gambling and to promote the responsible conduct of gambling. Under the Liquor and Registered Clubs Act 2000, the Minister introduced a Code of Practice of practice that has since been further prescribed more broadly to other venues by Section 48 of the Gaming Machines Act. These codes coincide with a range of broader harm minimisation strategies required by legislation (e.g., the provision of exclusion policies, links with counselling services, specifications relating to the nature of gaming environments in venues), but the codes themselves are not mandatory. The purpose is to “provide practical guidance for the promotion of responsible practices in the conduct of gambling activities” (McMillen & Doherty, 2001, p. 13). In other words, in terms of the specific actions required under the Codes, it is ultimately the industry’s responsibility to develop appropriate responsible gambling practices that are consistent with the legislation. Thus, although NSW has put in place a number of broader harm minimisation strategies, compliance with the specific Codes of Practice could be described as self-regulatory rather than mandatory as is the case in South Australia (described above). Nevertheless, it is requirement under the legislation that venue staff and managers complete an approved Responsible Conduct of Gambling course.

Approval for this model training programs is provided by the Liquor Administration Board which has approved a number of training organizations to deliver the program to industry. The course is conducted over six hours and involves such elements as:

- The context of gambling in NSW;
- The provision of material concerning the principal indicators and characteristics of problem gambling;
- The legislative framework for the responsible conduct of gambling;
- The implementation of responsible gambling strategies; and
- The benefits of implementing responsible gambling strategies.

All of these elements are generally supported by the industry, although the NSW industry argues that it does not have the responsibility to identify or diagnose problem gambling, but to assist people who might be experiencing problems (e.g., to provide referrals to treatment providers) (IPART, 2004). In other words, as with the Victorian and South Australian training packages, the training places a greater emphasis on assisting those who might appear to be displaying obvious signs of distress that might cause discomfort to other patrons or to the venue, or who self-identify as problem gamblers, rather than attempting to identify problem gamblers via more subtle indicators. More broadly, the aim of the NSW training is to ensure that students understand the regulatory framework that exists in NSW and the obligations imposed on venue operators and staff who work with gamblers.

Some specific responsible gambling training programs have existed in NSW for some years before the *Gaming Machines Act 2001* and the requirement for mandatory responsible gambling training and other harm minimisation provisions. For example, Clubsafe, launched in 2000, was a pilot initiative developed by ClubsNSW in conjunction with the Australian Institute for Gambling Research (AIGR) in 1997 in anticipation of mandatory requirements enacted in the *Gambling Legislation Amendment (Responsible Gambling) Act 1999* (McMillen & Thoms, 1997).

Similarly, Betsafe, launched in 1998, was developed by the Paul Symond consultancy, a private organisation that provides counselling, training, and evaluation services. A principal purpose of Betsafe was to encourage responsible gambling in NSW clubs via specialist training developed by the consultancy firm engaged to undertake this

work. Another was to also establish a communication and co-ordination infrastructure that would foster greater communication between stakeholders (e.g., the industry and treatment agencies), foster greater awareness of responsible gambling, and also assist the enforcement of various regulatory requirements (e.g., monitor and support self-exclusion programs, reduce gaming amongst minors). Apart from the emphasis on staff training in the identification of the warning signs of problem gambling and the provision of safe-gambling information within venues, the Betsafe program does not contain a strong emphasis on direct intervention with gamblers. Instead, the aim is to assist problem gamblers to avoid getting themselves into trouble and to channel them into treatment when problems arise.

Betsafe was reviewed in 2000 and 2001 by Synaval, an Australian research company, which concluded that the program had been well received by both gamblers and gambling staff in venues. Most staff members who were surveyed reported that training had improved their awareness of responsible gambling measures, and how responsible gambling differed from problematic gambling (e.g., gamble with what one could afford, not borrowing, knowing when to stop, being able to control one's gambling, and sticking to limits). Importantly, 77% of surveyed staff believed that the Betsafe program had been effective in helping to identify when someone might have a gambling problem, and 80% believed that the Betsafe procedures for dealing with patrons with gambling problems were effective. However, the review was based on a relatively small sample size and appeared to relate more to whether people had been satisfied with the training course and acquired knowledge, rather than whether they had actively improved their ability to assist gamblers within venues.

Another voluntary initiative in NSW that is relevant to this project and includes elements of training is Tabcorp's Star City Casino's e-learning package Accenture, developed in conjunction with the Wesley Gambling Counselling Service. Star City requires all staff to undergo this training. The package includes a three hour online training module on how to deal with problems associated with gambling. A quiz must then be completed with 100% accuracy before employees can proceed to the next stage of training. A second component of the training is conducted via discussions, role-plays and

further quizzes to allow employees to apply what they have learnt in the course to their daily work. Internal assessment of the program showed that over 90% of employees felt more confident in their ability to deal with problem gamblers after the training. Unfortunately, insufficient published material is available concerning this course to determine the extent to which it includes training in how to recognise and respond to the visible signs of problem gambling within venues.

2.4.4 Responsible Gambling Provisions in Queensland

The principal legislative framework for responsible gambling in Queensland is set out in the *Gambling Legislation Amendment Act 2000*. The minimisation of harm from gambling was incorporated into all gambling legislation, including: the *Gaming Machine Act 1991*, *Casino Control Act 1982*, *Wagering Act 1998*. As part of this legislative change, in 2000 the Queensland Government commissioned the Australian Institute for Gambling Research (AIGR) to work collaboratively with government, industry and community groups to develop a ‘whole of industry’ code of practice and detailed strategies for practical implementation of the code (McMillen *et al.*, 2001a; McMillen and Martin, 2001). Further, greater power was vested in the Queensland Gaming Commission to request information from applicants for gambling licenses concerning the community impacts of gambling as well as the venue’s responsible gambling policies (McMillen & Doherty, 2001).

The tangible outcome from this process was the development and launch of Responsible Gambling Code of Practice by the Queensland Government in 2002 (Queensland Government, 2000; Queensland Treasury, 2002). The voluntary code was developed through the Responsible Gambling Advisory Committee which is made up of community, industry and government representatives and administered by the Queensland Office of Gaming Regulation (QOGR). This strategy established a co-regulatory arrangement for the provision of responsible gambling in the state. Industry, community and government collaboration led to the development of a common industry-wide Responsible Gambling Code of Practice supported by individual implementation manuals (or Resource Manuals) for each industry sector (Queensland Office of Gaming

Regulation, 2003a, b). The government, via the operation of the QOGR, then conducts periodic reviews and venue audits (also specified in the code of practice itself) to determine the extent to which the industry has been responsive to the responsible gambling provisions set out in the legislation (Queensland Treasury 2003, 2004).

A component of this code is the development of guidelines for Responsible Gambling Training (Queensland Office of Gaming Regulation, 2003a). As in the South Australian and ACT legislation, these guidelines highlighted the elements that should be made essential in any training program relevant to those working in gambling. Some of these guidelines are common to any form of applied teaching (flexible teaching approaches, monitoring of learning outcomes, opportunities for active learning via practice, discussion, role-playing and case studies). Specific elements relevant to gambling included the importance of: (a) establishing linkages between the activities of industry and the potentially harmful effects on the Queensland community; and (b) knowledge of the Responsible Gambling Code of Practice and Responsible Gambling Resource Manuals. The content of courses was required to be consistent with the Australian National Training Authority's competency standard, Provide Responsible Gambling Services (as described above), and to be reinforced by the provision of refresher courses. The seven principal learning outcomes to arise from this training were:

1. Understanding the nature of gambling in Queensland, including its harmful effects and the nature of responsible gambling measures (e.g., the nature of the potential harms arising from problem gambling);
2. Providing information to promote responsible approaches to gambling;
3. Interacting with customers and community to promote responsible approaches to gambling;
4. Utilising exclusion provisions;
5. Create physical environments that promote responsible gambling;
6. Managing financial transactions to promote responsible gambling; and
7. Developing advertising and promotional strategies to promote responsible gambling.

Various benchmarks are established to indicate the extent to which the training has been successful in encouraging the adoption of responsible gambling attitudes and measures. Managers are required to identify behaviours consistent with problem gambling. The Responsible Gambling code also encourages the appointment of appropriately trained customer liaison officers in venues who should keep registers of gambling-related complaints and incidents.

Similar to the process followed by the Independent Gambling Authority in South Australia, the Queensland Responsible Gambling Code of Practice is subject to periodic research and review to assess its implementation by gambling providers (Queensland Treasury, 2002, 2003, 2004). A component of this assessment is the extent to which the industry has made a commitment to the Code of Practice including the practice of responsible gambling training. In 2002, 75% of clubs and hotels reported they had conducted staff training, although two-thirds of this training had been conducted in-house with some training taking the form of discussions and information sessions rather than formal training conducted according to the national competency standard. Many impediments to training were noted including the inability to find time to do it, the cost of travel and the lack of availability of suitable courses or staff to conduct training. These problems were most strongly observed in smaller and remote venues. Very similar conclusions were reached in a review by Breen, Buultjens, and Hing (2003) who conducted semi-structured interviews with venue managers and staff in three different areas of Queensland (Longreach, Townsville and in the south-east). These results suggest that current training in responsible gambling in Queensland is inconsistent and needs to be either mandated or further supported in order for gaming staff to take an active role in the identification of problem gamblers and interventions within venues. In recognition of these problems, the Queensland Government has more recently provided grants to assist in the implementation of Responsible Gambling Training Kits in some remote areas.

In addition to the principal overarching Responsible Gambling Code described above, a number of additional industry-specific voluntary codes and statements of

business practice have existed in Queensland for some time. For example, ClubsQld, Golden Casket and Tabcorp Holdings have developed their own responsible gambling policies based on the Queensland Code of Practice that commit members to harm minimisation. These policies include staff training in responsible gambling and/or a willingness to provide support and information to patrons who experience difficulties with their gambling. However, none specifically require the to identify problem gamblers on the gaming floor. Nor do they specify the specific extent to which staff training should be directed towards approaching problem gamblers, except when the person's behaviour indicates obvious distress (for whatever reason) or is causing discomfort to other patrons.

2.4.5 Victorian Responsible Gambling Provisions

In Victoria, gambling activities are governed several pieces of key legislation, including the *Gambling Regulation Act 2003*, the *Casino Control Act 1991* and *Gaming Machine Control Act 1991* relevant to specific forms of gambling. The provisions of the Acts are regulated by the Victorian Commission for Gambling Regulation. Each of the Acts provides that gambling activities should be conducted in a manner so as to “minimise the harms caused by problem gambling” and to “accommodate those who gamble without harming themselves or others”. Although the Victorian State Government has implemented many mandatory changes to gambling operations via the *Gambling Regulation Act 2003* and *Gambling Regulation Regulations 2005*, there are no mandatory or co-regulatory codes of practice to govern the provision of gambling in Victoria. Instead, much of the industry operates under a voluntary code of practice developed under an industry accord in 1997 by the Victorian Gaming Machine Industry (VGMI). VGMI comprises the two principal gaming machine operators (Tattersalls and Tabcorp), Crown Casino, Clubs Victoria, the AHA-Victoria, and the Hospitality Association. All of these signatories to the Accord are required to adhere to their own individual codes of practice, each of which shares many of the same elements. These individual codes include the Gaming Machine Industry Advertising Code of Ethics, Crown Limited Code of Practice, Gaming Machine Operators Code of Practice (Tattersalls and Tabcorp) and the Licensed Venue Operators Code of Practice (AHA-Victoria and Clubs Victoria).

For example, in Tabcorp's statement of commitment to its own individual code, there is a statement about the importance of identifying unacceptable behaviour or signs of distress. If a patron "is displaying observable signs of distress, or behaviour potentially indicating a problem with their gambling, the venue will implement procedures designed to provide an appropriate response to the customer" (Tabcorp, 2006, p. 12). Unfortunately, no clear actions are specified in such circumstances, and it is recommended that "employees should not make assessments as to whether an individual is, or is not, a problem gambler, but intervene because of the existence of the distress itself (whatever its cause). No statement is made as to the extent to which employees are expected to identify problem gamblers, except that such a conclusion might be suspected if the person displayed certain signs or behaviours, including: requests for self-exclusion, self-disclosure of a gambling problem, aggressive or antisocial behaviour, requests to borrow money for gambling, children left unattended, drowsiness while gambling, gambling for long periods of time, or requests from families or friends to intervene. Training in the identification of such warning signs is referred to as a component of the accredited courses provided, for example, by the William Angliss Institutes of TAFE in Victoria (see 2.4.2 above). There is no specified time in which a person is required to undertake accredited training. A person can commence work in a gambling venue without having undertaken the training. Venues are not subject to routine inspections to ensure that documented proof that training has been completed for all currently active staff.

Similar undertakings are emphasised in the code followed by Tattersalls and other licensed clubs and hotels. For example, according to Tattersalls, gaming machine operators and venues should be able to provide assistance if "gaming machine play develops into a problem for individual players". Such information might include materials that allow gamblers or those close to them to recognise the presence of a problem, details of problem gambling support services, or the nature and availability of self-exclusions programs (see O'Neil *et al.*, 2003 for a review). Crown Casino's code is very similar, although they also offer an extensive in-house Customer Support Centre

which hires counsellors and registered psychologists to assist customers who might be experiencing problems with their gambling, and which also acts as a referral service for external treatment services. Employees in the Customer Support Centre also conduct training for Crown College, an industry based training school which inducts new employees into the organisation and provides ongoing training to existing staff.

To put the code into practice, peak industry bodies such as Tabcorp communicate details of their codes throughout their organisations via websites, the provision of printed materials and in pamphlets available in venues. In Tabcorp, compliance with the code is administered by a Responsible Gambling Committee which receives reports from members concerning their compliance with the code and records complaints and non-compliance. Sanctions in the form of remedial action, the provision of further education and training, requests for further compliance audits, and removal of accreditation and warnings are available. However, no significant penalties (e.g., fines or suspension of a gaming licence) are available to Tabcorp or the government if a venue fails to comply with the code (e.g., by not providing appropriate responsible gambling training within a specified time).

2.4.6 South Australian Responsible Gambling Provisions

As a result of a recent amendment to various South Australian gambling Acts, all gambling operators in South Australia are now required to adhere to a mandatory Responsible Gambling Code of Practice developed by the Independent Gambling Authority of South Australia and enacted by State Parliament in 2003. All gambling licence holders are required to have adopted Codes of Practice in relation to both the provision of responsible gambling and the advertising of gambling. Adherence to the Codes is enforced by the Office of the Liquor and Gambling Commissioner which is mandated to send out inspectors to licensed premises to determine the extent to which they are adhering to the Codes. The Code is also subject to an ongoing process of research, review and public consultation by the Independent Gambling Authority. The principal components of the Responsible Gambling Code of Practice have been included in the relevant Acts applicable to different sectors of the industry, so that there are now relevant sections in the *Casino Act 1997* relevant to SkyCity Adelaide,

Authorised Betting Operation Act 2000 applicable to the racing industry, and similar provisions for other providers. Although differing slightly in their wording, the provisions are generally very similar and include the following requirements:

- a. That the gambling provider prominently display signs indicating that gambling operations are governed by a Code of Practice;
- b. Ensure that copies of the Code are made available to people in the gambling areas on request;
- c. Maintain records of the manner by which staff training and measures for intervening with gamblers has been implemented;
- d. Specify the roles of staff in the implementation of the Code; and
- e. All staff involved in the selling of gambling products must receive problem gambling training.

In relation to the subject matter of this report, the *Gambling Act 1992* is also very specific about the nature of responsible gambling training that should be provided. All new staff involved in the selling of gambling products (whether gaming machines, racing, lottery products or casino games) must undertake training that teaches them how to identify problem gamblers, and senior staff (including gaming managers and venue owners) must received advanced training on identifying problems as how to intervene within the venue. Such identification and intervention is considered critical for the determination and establishment of venue-based exclusions, where individual problem gamblers can agree to be banned from entry to the premises on a venue-by-venue basis. Interventions on the venue floor might also be the starting point for problem gamblers seeking the support of the broader exclusion scheme enforced by the Independent Gambling Authority (SA) which allows people to have themselves excluded from multiple venues upon application to the Authority (see O'Neil *et al.*, 2003 for an extensive review of these programs).

All staff are required to undertake this training every two years and there is a requirement to keep staff fully informed of any changes or developments in responsible

gambling policies. Usually the training is undertaken using an external organisation that is registered and accepted by the Independent Gambling Authority (IGA) to provide an approved training module. As in Victoria, much of this training is provided by various agencies of TAFE (as well as by other organisations) and in the form of a module entitled *Provide Responsible Gambling Services* (module code THHADG03B) (William Angliss Institute of TAFE, 2006). However, it is also possible for licensees to develop and conduct their own training programs, as long as these meet several other requirements. The training program must be regularly reviewed and audited by the IGA on an annual basis to ensure that it is compliant with the code. In either case, licensees must maintain records of all staff who have completed appropriate training in the event of inspections by the Office of the Liquor and Gambling Commissioner.

In addition to the mandatory code, responsible gambling initiatives have been developed by individual sectors of the gambling industry. SkyCity Adelaide provides training modules for staff at all levels in the organisation which include identification and intervention strategies. This training is designed to take into account any factors that might influence the processes of identification, including gender, age, and a person's cultural, ethnic or social status. Issues associated with responsible gambling and harm minimisation are overseen by a Responsible Host Department developed in conjunction with the head office of SkyCity Entertainment Group based in Auckland. In Adelaide, a fulltime Host Responsibility manager oversees the duties of responsible gambling officers who work at the casino. The Responsible Host co-ordinators are on site 24 hours a day and are available to assist and advise patrons or their friends and families with gambling and alcohol problems and can provide details of appropriate counselling and support services (Adelaide Casino, 2002). This service assists in fulfilling the Casino's mandatory requirement to assist patrons, but also represents a voluntary attempt by the casino to exercise a duty of care over its patrons.

SkyCity Casino also reports they consulted with problem gambling treatment providers such as Break Even-SA to ensure that their expertise are incorporated into training modules, and has recently developed an early intervention strategy. This includes a

voluntary agreement or charter between SkyCity and treatment providers, quarterly meetings between the Host Responsibility managers and staff from treatment agencies, and an ongoing process of monitoring of customer behaviour by staff and CCTV facilities. Staff are trained to approach staff who show signs of problem gambling and to encourage them to seek assistance from agencies or to consider self-exclusion. Moreover, as part of its early intervention strategy, counsellors can be called to the casino to intervene in the event that assistance is needed on-site.

Both the Australian Hotel's Association (AHA-SA) and Clubs-SA have developed their own voluntary Codes of Practice, similar to (and in many cases, imitating) the self-regulatory codes developed by those sectors in other states. For example, the AHA has developed a voluntary initiative called Gaming Care which involves the appointment of responsible gambling officers to oversee the process of training, to enhance venue compliance and liaise with problem gambling treatment agencies within specific areas. A disadvantage of this scheme at a state level is that not all hotels or clubs in SA are members of these peak-bodies and subject to the oversight provisions of the program. In SA, moreover, all gambling providers must also operate under the new mandatory codes.

2.4.7 Responsible Gambling in the Australian Capital Territory (ACT)

The principal legislative framework governing gambling in the ACT is the *Gambling and Racing Control Act 1999*, *Race and Sports Bookmaking Act 2001*, *Gaming Machine Act 2004* and *Casino Control Act 2006*, administered by the ACT Gambling and Racing Commission (ACT-GRC). As in South Australia, the *Gambling and Racing Control Act 1999* was recently amended in 2002; the effect of this recent amendment was to introduce a mandatory code of practice to enforce appropriate responsible gambling in all ACT venues. Many of the elements included in this code are similar to those legislated in South Australia and endorsed in the Queensland Responsible Gambling Code (e.g., the appointment of responsible gambling officers and the maintenance of incident registers by venues).

As outlined in the Gambling and Racing Control (Code of Practice) Regulation 2002, gambling providers in the ACT are required under S.1.11 to:

- Take an active role in the identification of people experiencing gambling problems within the venue and to take reasonable steps such as speaking to the person, provide details of counselling services or draw attention to the availability of self-exclusion provisions;
- Record incidents of problem gambling or make records about customers in situations where staff members have “reasonable grounds for believing has a gambling problem”; and
- Have a gambling contact officer who is responsible for recording problem gambling incidents and who also records observations made by other staff members. Each of these incidents is recorded by date, the nature of the incident and the person involved (e.g., their identity or description), and in terms of the actions that were undertaken.

The amended legislation provides for the imposition of penalties for lack of adherence as well as more severe penalties prescribed in regulatory specific legislation. The ACT regulation also specifically identifies the warning signs or behaviours that would typically be used to identify problem gamblers. These include (but are not limited to):

1. The person admits to being unable to stop gambling or gamble within his or her means;
2. The person expresses concern about the amount of time and money spent gambling;
3. The person is spending money on gambling that is needed for everyday expenses
4. The person has disagreements with friends and family about gambling
5. The person seeks credit for gambling
6. The person seeks advice about how to control his or her gambling

The ACT Gambling and Racing Commission (ACT-GRC) enforces the Code. The Commission also monitors gambling providers to ensure that voluntary exclusion schemes are administered appropriately and that all staff involved in the provision of gambling services or in supervision have undertaken an approved responsible gambling course. As in other states, an approved course would be one that was designed in accordance with the national competency standard.

Voluntary codes also co-exist with legislation in the ACT. For example, ClubsACT with the support of Lifeline has funded a Clubcare program that articulates a commitment to harm minimisation and a duty of care towards patrons, although the training component of this program was discontinued in 2005. Casino Canberra also has an internal Responsible Gambling Paper and Responsible Gambling Procedures to govern organisational practice.

2.4.8 Responsible Gambling Provisions in Western Australia

Relatively little information is available concerning responsible gambling measures in Western Australia (WA). Much of this due to the absence of gaming machines in hotels in clubs and the relatively lower prevalence of problem gambling in the community as compared with other states (Productivity Commission, 1999). Nevertheless, the Gaming and Wagering Commission, the principal regulatory body in WA, has introduced a number of responsible gambling measures to the Burswood Resort Casino under the *Casino Control Act 1984* (Tan-Quigly *et al.*, 1997). These measures include greater interaction between casino staff and patrons on the gaming floor, but no specific legislated, regulated or negotiated requirement for training or identification of problem gamblers as in the ACT, South Australia or Tasmania.

As with other Australian Casinos, Burswood Resort Casino acknowledges the importance of providing a duty of care under its Code of Ethics and Gambling Practice, but there is no specific mention of staff training or mechanisms put in place requiring staff to identify problem gamblers in the casino. Instead, the primary emphasis appears to be on the role of self-awareness rather than what might be visible to staff members (e.g.,

problem gambling is defined in terms of a loss of control, chasing, over-spending, engaging in criminal acts, and its impacts on one's family). Gamblers and others associated with gamblers are encouraged to be vigilant about the warning signs likely to indicate the presence of problem gambling, and to seek appropriate assistance when these symptoms appear. Similar duty of care provisions are to be found in the statement of principle advanced by WA TAB (Promotion and Practice of Responsible Gambling).

2.4.9 Responsible Gambling Provisions in Tasmania

In Tasmania, recent amendments to the *Gaming Control Act 1993* have led to a greater legislative focus on harm minimisation, duty of care and responsible gambling. Although Tasmania does not have a formally mandated code of the nature that exists in South Australia or the ACT, a number of responsible gambling measures have been introduced; some of these are mandatory and enforced by the Tasmanian Commission through the Department of Treasury of Finance. For example, it is a mandatory condition of holding a gaming licence that employees undertake a Responsible Service of Gaming course as approved by the Tasmanian Gaming Commission. Such a course is currently provided by TAFE Tasmania and the AHA (Tasmania). Another important element of the current Act relevant to the current project is the availability of Venue Operator Exclusion in which venues can have people excluded under the *Gaming Control Act 1993* if they are jeopardising their own welfare by their actions.

In addition to the legislative provisions and mandatory training requirements, there are also various voluntary codes and statements of business ethics that underscore the importance of harm minimisation and the industry's duty of care (e.g., the Tasmanian Gambling Industry Group's Code of Practice, Wrest Point Casino and Launceston Country Club and Casino's Responsible Service of Gambling Policy).

2.4.10 Responsible Gambling Provisions in the Northern Territory

Gambling legislation in the Northern Territory is developed by the NT Treasury via its Racing, Gaming and Licensing Division and Policy and Legislation Branch, and enforced by the Operations Branch as well as the independent statutory authority, the

Licensing Commission. Under the *Gaming Control Act 2005*, the NT Government expresses an objective to minimise the social impacts of gambling. The NT code is mandatory and has been developed using a similar ‘whole-of-industry’ approach utilised in Queensland. As with the Queensland Code, the NT code will be subject to ongoing review and evaluation, and (similar to the ACT and SA) there are genuine penalties including fines of \$10,000 and imprisonment for two years for ongoing breaches of the Code. At this stage, only the most serious and ongoing breaches of the Code would lead to prosecution under the Act.

The voluntary NT Responsible Gambling Code of Practice has been developed through the co-operation of various gambling providers including the two main casinos (Lasseters Hotel Casino in Alice Springs, SkyCity Darwin), ClubsNT, the AHA-NT, CentreRacing, peak regulatory bodies (Northern Territory Licensing Commission) and the providers of problem gambling treatment services (Amity Community Services, Anglicare, Salvation Army). The code was developed and overseen by an advisory committee containing representatives from these different sectors, and is designed to promote awareness of responsible gambling, encourage co-operation and minimise harms. The Code encourages operators to ensure that employees working in the gambling area receive training in responsible gambling within three months of commencing employment, but this training is not mandatory. Similar to the Queensland approach, it is intended that responsible gambling manuals will be developed to assist with this process in consultation with industry. Once training is available, audits will then be conducted with higher risk venues to ensure that appropriate training has been provided.

As in the ACT, SA and Queensland, employees are also encouraged to maintain a Responsible Gambling Incident Register which records the date, time and location of any event where a patron reports a gambling-related problem; the name or address of the person, and any action taken. These guidelines apply to all gambling providers, although the two casinos in the Northern Territory (Lasseters and SkyCity Darwin) have their own policy statements relating to responsible gambling and provisions that already include some of these provisions, e.g., self-exclusion (O’Neil *et al.*, 2003). Again, these programs

refer largely to the provision of assistance to people who self-identify with gambling problems, rather than active interventions within the venue based on the identification of problematic behaviours (apart from what might be appropriate if a person was showing obvious distress or causing discomfort to other patrons).

Although there are similarities between the NT training provisions and other jurisdictions (e.g., the appointment of responsible gambling officers, incident registers and staff training), there is nothing in the Code to indicate that staff training has (by law) to be accredited or approved by peak regulatory bodies as in the case in SA, Tasmania and in the ACT; only that it has to be completed within three months of commencement of employment at a venue.

2.5 Summary and Comparison of the Different States /Territories

This review of current Australian responsible gambling initiatives shows that legislation within every Australian state and territory emphasise duty of care towards patrons, as well as responsible gambling and/or harm minimisation. These principles are also articulated in statements of policy, business ethics or practice by almost all gambling providers, and in many different voluntary codes of practice, some of which operate across multiple providers, or apply only to individual venues. The majority of states (Queensland, Victoria, Northern Territory, NSW) have utilised various regulatory mechanisms and collaborative arrangements to introduce codes of practice which aim to reduce the potential harm from gambling. However, only SA, the ACT and NT, have mandatory responsible gambling codes of practice that are enforced by core legislation. Only Queensland has developed specific manuals for each gambling sector to guide venue staff in the practical implementation of requirements under that state's code.

Accredited responsible gambling training is mandated in five states or territories (SA, ACT, NSW and TAS), but also actively encouraged in Victoria, NT and Queensland. Both the NT and Queensland provide training manuals developed with the involvement of government to assist this training, whereas NSW and Victoria tend to rely upon courses developed independently, although in accordance with the national

competency standard. A summary of the nature of the regulatory environment as it relates to staff training is provided in Table 2.3. As indicated, SA and the ACT have the most stringent government regulations relating to responsible gambling codes, whereas NSW, VIC and WA rely more heavily on the industry taking responsibility for its own actions (even though NSW has other mandatory harm minimisation provisions in its legislation). Only in SA and ACT are venue workers *required by legislation* to play an active role in identifying problem gamblers who show visible signs of having difficulties, although Tasmanian legislation allows for venue operators to exclude patrons with problems before they do so voluntarily. In the majority of States, responsible gambling training courses tend to focus on the standard psychometric definitions of problem gambling (e.g., chasing, excessive expenditure, and harms that arise) and devote only a small proportion of training to indicators that might be visible to venue staff. There is a stronger emphasis on how to assist people who self-identify as having problems rather than actively identifying people who might have problems before they come forward themselves.

Table 2.3. Staff training in responsible gambling

	Required by law	Within specified time frame	Required content	Nature of Codes
VIC			Adheres to National Competency Standard	Self regulatory
SA	X	X	As approved by the Independent Gambling Authority	Mandatory codes
NSW	X		As approved by the Liquor administration board	Self regulatory
QLD			RG Training Manual	Co regulatory
ACT	X	X	As approved by the ACT Gaming and Racing Commission	Mandatory codes
TAS	X	X	As approved by the Tasmanian Gaming Commission	Self regulatory
WA				Self regulatory
NT		X	RG Training Manual to be developed via consultation	Mandatory codes

Note: Regulatory bodies refer to the national competency standard when approving courses.

2.6 International Responsible Gambling Initiatives

2.6.1 New Zealand

The most developments in responsible gambling in New Zealand relate to the enactment of the *Gambling Act 2003* and the subsequent Gambling (Harm Prevention and Minimisation Regulations) 2004. These legislative documents introduced a number of mandatory provisions which are very similar to those introduced in South Australia and the ACT. According to Section 308 of the Act, providers of gambling services are required to develop a policy for identifying problem gamblers and “take all reasonable steps to use that policy to identify actual or potential problem gamblers” (Section 308 (4)) with problem gamblers more broadly defined as “A person whose gambling causes harm or may cause harm”. (emphasis added). The Act also provides that the Casino must issue a unilateral exclusion order up to 2 years in situations where people identify themselves as problem gamblers.

Moreover, under Section 12 of the latter Act, the holders of venue licences (e.g., hotel and club owners or managers) are required to ensure that all staff have undertaken problem gambling awareness training, and that a person with this training is always available. New Zealand casinos are similarly required to ensure that all employees who come into contact with players in the course of their duties have received this training. The Act indicates that the training must enable the manager or employee to:

- Approach players if there are reasonable grounds for believing that the person may be experiencing difficulties relating to gambling;
- Provide information to players about the characteristics of problem gambling (including recognised signs of problem gambling);
- Provide information to a player about the potential risks and consequences of problem gambling;
- Provide information to players about treatment services;

- Remind players that the venue owner or manager can identify them as problem gamblers and ban the player from the venue for up to two years; and
- Inform players that he or she can self-exclude himself or herself from a venue for up to two years.

The *Gambling Act 2003* also provides that the “content, format and duration of courses” must be approved by the Department for Internal Affairs, but no details are given as to whether specific training providers have to be accredited to provide these courses, or whether they adhere to any form of national competency standard. Nevertheless, information available concerning some courses suggests that the courses contain similar material to those in Australia and appear to have some innovative components. For example, Abacus Consulting which has provided training to SkyCity Casino in Auckland has developed videos of people acting out the visible signs of problem gambling, and role playing exercises for venue staff (Telofea, 2005).

Other more specific voluntary responsible gambling initiatives have been in place in New Zealand for some years, but have been recently revised so as to be consistent with the new legislation. ClubCare, based on similar models in Australia, is a voluntary initiative put in place by New Zealand clubs to ensure that their operations are consistent with the new national guidelines. Similar adjustments have been made by the major casinos. For example, as described above in the coverage of South Australian responsible gambling provisions, SkyCity Auckland has a Host Responsibility Centre which provides two levels of training to all staff working at that casino; this includes training in how to identify the signs of problem gambling. SkyCity also provides a self-exclusion scheme, hires responsible gambling officers who work on-site and who liaise with external treatment providers (Hobson & Penfold, 2004). The SkyCity has, more recently, been extended to include a detailed series of indicators of gambling related harm that are used to inform a graduated response strategy that includes immediate exclusion, interviews with customers, and ongoing monitoring via a “gambler of interest” file. These indicators include: forthright disclosures by customers, veiled disclosures, strong indicators, and general indicators. Information relating to each of these indicator types is obtained from a

variety of sources including behavioural observations by staff, loyalty card data, disclosures by the customers themselves, 3rd party information, and interviews conducted by SkyCity staff.

A similar scheme operates in the Christchurch Casino. As part of its compliance with the new national legislation, Christchurch Casino has developed a responsible gambling strategy based on training of staff, the introduction of harm minimisation strategies and improved information available to patrons in many places in the casino (Christchurch Casino, 2004). As part of its adherence to requirement to provide early intervention, the Christchurch Casino's mandatory training is designed:

- To teach host responsibility laws, including how to sell liquor and the links between alcohol and excessive gambling
- To teach staff how to recognise the signs of problem gambling, e.g., in terms of the DSM-IV criteria⁶ assist them in the process of seeking help, and also intervene and provide advice. Some of this training includes seminars given by former problem gamblers.

Christchurch Casino also provides a specific list of behaviours which it believes to be indicative of problem gambling and which is very likely to be included in its training. These behaviours or signs include:

- A person showing distress, e.g., anger while gambling at the casino;
- A person falling asleep at the casino;
- A person staying an excessive time at the casino;
- The arrival of friends or family to indicate the presence of a person who might be gambling excessively;
- A person making repeated use of ATMs on the premises or seeking credit from the casino;

⁶ The DSM IV is the Diagnostic Statistical Manual of the American Psychiatric Association.

- Repeated refusal to co-operate or receive advice from casino staff when gambling;
- Obvious lack of personal income as reflected in poor standard of dress or personal hygiene;
- A person persistently demanding a refund of gambling losses; and
- A person who seeks to borrow money from others at the casino.

Christchurch Casino also provides a self-exclusion or venue barring scheme as required under the two Acts described above.

2.6.2 Responsible Gambling Initiatives in Canada

There are a number of organisations in Canada which actively promote harm minimisation and responsible gambling throughout the different provinces. Examples include the British Columbia Partnership for Responsible Gambling; the Ontario Responsible Gambling Council based in Toronto; and Nova Scotia Responsible Gambling Council. However the vast majority of these are largely devoted to supporting treatment services, community education and training and conducting research. Very little information is available concerning education and training for industry or whether venue staff are trained to identify problem gamblers within the venue. For example, the British Columbia partnership relates primarily to creating mutual awareness and greater communication between the community, treatment providers and industry, rather than actively mandating any formal intervention strategy or accredited training based on a competency standard.

A potentially more relevant strategy was developed in Nova Scotia (NS) in 1999-2000 called the VLT Retailer Responsible Gaming Program which enabled over 2000 VLT retailers in the province to increase their awareness of problem gambling issues and develop program gambling strategies and policies (Schrans, Schellinck, & Grace, 2004). This program was developed from a partnership between the Tourism Industry Association, Human Resource Council, HS Department of Health Addiction Services and the NS Gaming Corporation. This program was unashamedly promoted as a way to

enhance the competitiveness and profitability of the industry by maintaining a favourable and responsible community image. It contained many of the elements common to Australian training programs, including the creation of greater awareness about the nature and causes of problem gambling, the possible signs of problem gambling and how to promote safe and responsible gambling messages within the industry. However, no details are provided as to whether this course is mandatory, or whether it adheres to any industry, provincial or national standards.

Another relevant Canadian program is the Manitoba Customer Assistance program developed by the Addictions Foundation of Manitoba in conjunction with a variety of gambling providers. This program, based originally on a similar scheme in Saskatchewan, involves a one-day intensive training program that provides staff working in VLT venues with knowledge about the development of problem gambling, the signs of problem gambling and the on-site behaviours that might indicate whether a person has a gambling problem (Smitheringale, 2001). Staff members are also trained in how approach patrons who might be experiencing problems. Several thousand venue staff have now completed this training; the Manitoba Lottery Foundation made it mandatory for all venues to require at least one staff member at each venue to undertake the responsible gambling training. The vast majority of those completing the course expressed satisfaction with it and over half were found to have applied some of the skills in the course three months later (Smitheringale, 2001). An encouraging feature of this program was that it was informed by the experience of many different stakeholders including problem gamblers and was subject to evaluation. However, at the time that the evaluation was taken, the program was still limited in that not all staff were required to undertake the training and only limited objective data was presented to show whether the training had significantly increased the number of problem gamblers who had received help in venues.

2.6.3 Responsible Gambling Training and Initiatives in the United States

Relatively little published information is available on the nature of within-venue responsible gambling initiatives in the United States. However, there are relevant training

programs available which relate to the process of providing assistance to problem gamblers within venues. One program called *Red Flags and Referrals: Gaming employee training on problem gambling* is an extensive online, multi-media course provided by the North American Treatment Institute (NATI) for individuals or organisations. According to NATI, these courses for industry have been endorsed by *The American Academy of Health Care Providers in the Addictive Disorders* and it meets the American Gaming Association criteria for employee responsible gaming awareness. Another similar and expensive program is *When the Stakes are Too High* is provided in California by the California Council on Problem Gambling. This includes a number of different courses for venue staff at different levels of the organisation. The program includes modules that provide details of the nature and development of problem gambling, how to identify problem gambling behaviour and the effects which problem gambling can have on families and the community. The Council also provides a full program that provides managers with advice to in how to set up a self-exclusion program and how to forge linkages with treatment service providers.

Another relevant initiative is the Code of Practice developed by the American Gaming Association, a peak body representing the interests, views and responsibilities of the American casino industry. The Code, which is backed up by a resource manual available to members, is entirely voluntary and represents a statement of responsibility towards employees, patrons and the community. The responsible gambling initiatives include assisting problem gamblers with referrals to treatment services; advice in how to obtain exclusions, as well as the provision of referral information and safe gambling messages in casinos. The content of this code is very similar to that provided in programs offered by Harrah's Entertainment, a large gambling company that promotes responsible gambling awareness via training of employees and funding for research and responsible gambling centres in the U.S. As with all other codes or initiatives identified in the U.S., all appear to be voluntary, were substantially less rigorous and detailed as compared with similar voluntary and mandatory initiatives in Australia. Problem gambling is defined in terms of its harmful effects on individuals. The principal responsibility of staff is to help people recognise the warning signs of problem gambling in themselves, and to seek

assistance. Little emphasis is given to strategies that might involve the modification of the gambling environment or proactive interventions that involve venue staff taking an active role in identifying problem gamblers on the gaming floor.

2.6.4 Responsible Gambling in Europe

Although obtaining details on European initiatives is generally difficult because of the varying availability of program information, two initiatives were located which contained references to the identification of problem gamblers within venues (Centrum voor Verslavingonderzoek, 2001). The first is Holland Casino's policy for the prevention of problem gambling. In this system, patrons are able to self-exclude themselves from casinos for a specified length of time, or have restrictions placed on the number of visits which can be made in a specified interval. Since patrons must show photographic identity cards each time they enter the casino, it is possible for problem gamblers to be intercepted at the door, although it was also expected that casino staff would also attempt to intervene on the gaming floor if other gamblers displayed obvious signs of problem gambling.

To investigate the effectiveness of this strategy, the Addiction Research Institute was commissioned by the Netherlands Gaming Control Board to undertake an extensive evaluation. The study involved a large survey study of over 1,000 visitors to the casino, in-depth interviews with 40 problem gamblers, gamblers who had been banned and casino staff. The questions related to the prevalence of problem gambling, the awareness of the exclusion program, the effectiveness of the program, and whether any staff member had approached problem gamblers if they had been experiencing problems. The results showed that most problem gamblers had not been approached by any staff members even though they believed they had been displaying some signs of problem gambling. It was concluded that greater training was needed to enhance the capacity of staff to recognise problematic behaviour and how to modify it.

A similar intervention program is applied in Swiss casinos but is subject to much stricter regulatory controls. Under the current Swiss *Federal Gaming Act*, casino

operators are required to make every effort possible to minimise the *incidence* of gambling problems by trying to prevent the problems before they arise, or before they become very serious. As in Holland, casinos require patrons to show identification cards each time they enter the venue so that it is relatively easy to identify people who have been previously banned from entry (Hafeli & Schneider, 2006). Information concerning the risks of gambling and treatment services is provided within the casino, and Swiss casino staff are specifically trained in how to detect and approach people who might be experiencing gambling problems and to refer them for further assistance. A particularly important component of this system is that Swiss casinos also have a mandate to impose involuntary bans on patrons who the casino believes to be gambling beyond their means. Such a ban would then apply to all casinos in Switzerland and for an indefinite period, or until such time that the person applies to have it lifted (usually after 12 months).

To facilitate and formalise these provisions, Swiss law now also requires that casinos establish a consistent methodology for monitoring, detecting and excluding patrons. Casinos are required to develop a checklist of monitoring criteria, record incidents, and then take action if certain specified criteria have been satisfied. As described by Hafeli and Schneider (2006), early detection of problem gamblers occurs usually through the completion of a report sheet system, either A or B. Under report system B, a general series of observations is made on a report slip: the name or description of the patron, the date and time of the incident, and what form of gambling was involved. The person is incorporated into the early detection system by opening a file on that person. He or she is monitored for a specified period of time and then approached by casino staff for a discussion if he or she continues to act in a way that indicates the presence of a gambling problem. Under report system A, a checklist of specific behaviours is listed. If a person exhibits even one of these criteria then the person is immediately spoken to by casino staff. A summary of these criteria is presented in Table 2.4.

Table 2.4. Swiss Casino early warning signs of problem gambling (from Hafeli & Schneider, 2006)

Declarations by the guest	Applicable/ Not applicable
1. Says he or she is in debt	
2. Says he or she can no longer control gambling	
3. Says gambling is causing problems at home or work	
Indications by Third Parties	
4. Third parties (family members, friends, partners, colleagues or employers) contact the casino to express concerns about the guest's gambling	
5. Other guests express concerns to the casino about the guest's gambling habit.	
Raising the Funds	
6. Guest tries to sell objects of value	
Loss of Control	
7. Guest forgets to go to the toilet	
8 Guest no longer able to control his/her feelings (e.g., crying, screaming, etc.)	

When guests are approached by casino staff, there are four possible courses of action. If there remains uncertainty about the person's status, he or she will remain under observation for another twelve weeks. If the person is shown not to have any significant problem (e.g., the action was just an isolated incident) then the early detection process ends. The guest might also agree to a "visiting agreement" (similar to the Holland Casino) in which they agree to make attempts to control gambling by only making a specified number of visits to the casino per month over an agreed timeframe. Finally, if the person is seen as having a very clear gambling problem, a decision may be made to ban the person from the casino either on a voluntary or involuntary basis.

Hafeli and Schneider (2006) analysed data on gambling bans occurring between 2003 and 2004 and found that 2,295 people had been banned in 2003 and 3,396 in 2004.

Only 1 in 10 had their bans lifted 12 months later. Males outnumbered females by a ratio of 5 to 1 and the vast majority of patrons (over 50%) were aged under 40 years (35% were 31-40 years old and 25% were 18-30 years old).

2.7 Summary of International Programs

Although the information available concerning relevant responsible gambling containing staff training programs is relatively sparse, a number of general conclusions about 'best practice' can be drawn. On the whole, Australia's current responsible gambling policies appear to compare very favourably with most other countries and, in particular, over those in North America. Almost all of the training programs identified in the United States appeared to be heavily sponsored by industry groups, were entirely voluntary and were not enforced by law. Most 'responsible gambling councils' are more strongly devoted to research, the dissemination of information and in helping people in the community deal with problem gambling rather than actively encouraging industry groups to change their practices or intervene within venues. Canadian programs were also largely voluntary, but in provinces such as Saskatchewan, Manitoba and Nova Scotia there is encouragingly a greater collaboration between industry, governments and treatment providers, and responsible gambling councils.

Current responsible practices in New Zealand have also developed to include mandatory provisions and a national requirement for staff training, although provisions in NZ would be enhanced by adoption of national competency standards for staff training. However, by far the most rigorous current model of early intervention appears to be provided in Switzerland. Admittedly, the Swiss system may be limited in generalisability in that it applies only to a particular type of gambling operation (casinos). However, the emphasis on monitoring, logging of events, early intervention, the provision of visiting limits and both venue and self-exclusion, as well as photographic identification, provides a potentially very effective model for intervention that appears to work well in the Swiss context.

Chapter 3: The Nature of problem gambling and visible indicators within venues

3.1 Overview

Although the review of responsible gambling provisions described in the previous chapter suggests a recognition of the need for a duty of care to protect people from harms potentially arising from gambling within venues, a question arises as to what is meant by the term “problem gambling”, and whether this is understood in similar ways across different jurisdictions, stakeholders and in the gambling literature. Understanding the different ways in which problem gambling might be conceptualized and studied is important in determining the various ways in which problem gamblers might be studied within the venue environment. It is also important in determining the nature of possible visible indicators and how well these coincide with current industry and regulatory practice and perceptions, as based on the existing responsible gambling legislation, codes of practice, and business policies in Australia.

In the first part of this chapter, a brief overview is provided of the different conceptual and theoretical definitions of problem gambling and their implications for the visible identification of problem gamblers. A second section examines the principal psychometric or diagnostic indicators of problem gambling developed within the literature and the extent to which these are likely to be visible within venues. A third section examines research that has specifically attempted to differentiate problem gamblers from other gamblers based on visible signs and behaviours. A fourth section then considers the degree to which these visible signs and their visibility might vary according to the demographic characteristics of gamblers (including their age, culture or gender), as well as the nature of the venue environment and type of gambling involved. A final section then considers a number of conceptual and methodological issues and approaches relevant to undertaking empirical research in this area, with particular attention given to the insights gained from related research areas, including studies of gesture recognition and profiling in retail crime.

3.2 Theoretical Approaches to Conceptualizing and Defining Problem Gambling

As indicated in a recent review commissioned by Gambling Research Australia (Neal, Delfabbro, & O'Neil, 2005), problem gambling is can be broadly defined as a disorder “characterised by difficulties in limiting money or time/spent on gambling which leads to adverse consequences for the gambler, others, or from the community.” This definition is captured in many of the different conceptual approaches to problem (or “pathological gambling”, as it is often referred to in North America), all of which emphasise the role of excessive expenditure or consumption, the progressive nature of the disorder, as well as its potential harmful consequences. However, despite this similarity, each of these different perspectives is based on different theoretical frameworks, and can nonetheless be differentiated and classified into several identifiable categories. The most important approaches distinguishable in the literature are:

- Medical and Mental Illness approaches
- Traditional addiction models
- Dispositional and need-State / Psychological dependence models
- Behavioural and economic approaches
- Cognitive approaches
- Socio-cultural approaches
- Continuum Approach
- Harm approach

3.2.1 Medical and Mental Illness Approaches

Within the medical and psychiatric literature, gambling is usually defined as a pathology, based upon an underlying dysfunction in the gambler's neurophysiology, personality or genetic make-up. This approach is most commonly endorsed in North America, but often supported by some industry groups in Australia (Productivity Commission, 1999) because it attributes gambling problems to underlying pathologies rather than to the nature of the activity itself, and how people respond to it. According to this view, problem gamblers possess characteristics not possessed by other gamblers, including greater impulsivity, a sensitivity to reward and insensitivity to punishment, low

delay of gratification, a desire for stimulation or risk-taking activities, and a loss of control over behaviour (e.g., Bechara, 2001; Petry & Casarella, 1999; Potenza, 2001).

Most of these characteristics refer to internal qualities of problem gamblers so it is unclear how many of these characteristics are likely to be visible. Nevertheless, based on this perspective, it would theoretically be possible to identify problematic behaviour based on rash, impulsive and uncontrolled betting, a tendency to take great risks when gambling (frequent betting on long odds options in Casino games or racing, place large bets, play high denomination machines), or a tendency to keep playing despite having lost a large amount of money.

3.2.2 Traditional Addiction Models

Traditional addiction models assume that pathological gambling is an addiction that is maintained by similar processes to other forms of dependence, e.g., substance abuse addictions. Gambling is seen as a physiologically arousing activity in which gamblers come to develop a dependence on the physiological arousal associated with risk-taking, the process of gambling, and the experience of winning. Over time, more and more money must be spent and won to maintain this same level of arousal (tolerance), and the gambler begins to experience negative symptoms (e.g., depression, anxiety) (withdrawal) when gambling ceases, and cravings, in the form of strong urges or desires to gamble (Griffiths, 1995; West, 2005).

This model also refers largely to processes that would not usually be visible to an observer. However, as above, it may be possible to observe the visible outcomes of these processes in the tendency for problem gamblers to spend increasing amounts of money when they gamble, and to experience greater restlessness, anxiety or depression when they are deprived of opportunities to gamble (e.g., when they lose their money and stop gambling within the venue).

3.2.3 Need State/Psychological Dependence Models

These models are similar to the medical models in that problem gambling is seen to arise as a result of the quality of individuals. The difference is that the factors contributing to dependence are seen to arise from psychological or physiological qualities of individuals that are not necessarily pathological or inborn. Some people, it is argued, have a higher need for risk-taking and stimulation than others (Griffiths, 1995). Often termed sensation-seekers, these people need to take risks in order to obtain an optimum level of arousal or excitement. Another view, arising from the work of Jacobs (1986, 1988) and Kuley and Jacobs (1998) is that gambling is a means to regulate emotions, so that people who habitually experience stress or depression gravitate towards gambling because it serves a cathartic function; it reduces anxiety, or allows people to escape reality for short periods. According to Jacobs, problem gamblers may experience dissociative-like symptoms when they gamble, as reflected by a tendency to become so totally absorbed in the activity that they lose track of time, no longer notice what is going on around them, and are often uninterested in any form of social interaction. These people in effect become psychologically dependent on the process of gambling and experience greater anxiety and restlessness when they are not gambling.

Not all of these internal states are likely to be observed in gambling venues because this model refers largely to the motivations for gambling in general, rather than specifically to variations in behaviour. Nevertheless, it would be possible to look for indicators of excessive involvement or dependence such as a high frequency of gambling, large amounts of time spent gambling. One would also look for gamblers who appear to gamble so intensely that they shun social interactions, appear to have lost touch with everything around them, or continue to gamble seemingly oblivious to how much time has elapsed (e.g., the person might gamble right until closing time, through dinner or lunch breaks without noticing).

3.2.4 Behavioural Approaches

Behavioural and economic approaches focus on people's excessive involvement in gambling (time and money). According to the well-established principles derived from

the field of psychology (e.g., operant conditioning and general learning principles) people continue to gamble because their behaviour comes to be influenced by the patterns of reward offered by gambling products (Blaszczynski, Sharpe, & Walker, 2001; Delfabbro & Winefield, 1999; Dickerson, 1979, 1984, 1987, 1989; Dickerson, Hinchy, Legg-England, Fabre, & Cunningham, 1992; Loba, Stewart, Klein, & Blackburn, 2002). Gambling provides strong financial reinforcers or rewards and also creates an ongoing expectation of winning through the various structural characteristics of the activities (variable intermittent reinforcement, near miss effects, small appetizing wins). People become conditioned to periods of non-reward, so that they continue to gamble in the expectation that large wins will eventually follow if they persist long enough (see Delfabbro & LeCouteur, 2005 for a recent review). Environmental factors or external stimuli and rewards are seen to be driving factors in maintaining behaviour, so that factors such as the design of venues, the operational procedures of venues, the structural characteristics of machines, can be influential.

According to this perspective, people's behaviour can become strongly conditioned to gambling related stimuli or patterns of reward so that they lose the ability to resist the urge to gamble when exposed to gambling stimuli, or find it increasingly difficult to stop gambling once they have begun. In some players, this sort of conditioned behaviour might lead to a reluctance to leave a losing machine after many hours of play, or a tendency to gamble in a "robotic", repetitive fashion without any strong displays of emotion. In others, the very strong expectation of winning following prolonged periods of non-reward may need to frustration vented against the machine (see Amsel, 1958), or protestations that the machine is "due to pay out" or malfunctioning.

These theoretical predictions are borne out by more general research relating to the prevalence of chasing losses amongst problem gamblers (Lesieur, 1984; O'Connor & Dickerson, 2003). When people spend more than they can afford (either during sessions or across sessions), they find it difficult to obtain money to meet everyday expenses and to finance their gambling. They may begin to use gambling as a way to win back or "chase" previous losses. People who are caught up in this cycle of chasing will try to

borrow money from different sources, will take out credit to gamble, and will sell property to raise money to gamble. Although defining exactly what constitutes excessive expenditure or chasing behaviour may be difficult because it is a relative and, to some degree, subjective concept, it should nonetheless be possible to look for indicators of statistically unusual levels of gambling involvement within venues. One could look for people who gamble for very long periods, who spend large amounts of time and money, who start gambling very early, or continue gambling very late into the night. Such people are likely to make frequent visits to ATMs, will take out and gamble larger amounts, and possibly seek credit, or try to borrow money or sell property within the venue.

3.2.5 Cognitive Approach

The cognitive approach is based on the assumption that people gamble excessively because they overestimate the probability of winning, or believe that they have greater skill as gamblers than really is the case (Ladouceur, 2002; Walker, 1992). This occurs because gamblers fall victim to various forms of erroneous thinking, superstitious beliefs, and heuristics and biases including the illusion of control and gambler's fallacy (see Griffiths, 1995 for a review). Recent studies have shown that irrational beliefs are more commonly observed in problem gamblers than in other gamblers (Jefferson & Nicki, 2003; Joukhador, Blaszczynski, & Maccallum, 2004; Raylu & Oei, 2003).

According to Ladouceur (2002), it should therefore be possible to identify problem gamblers based on the production of rituals or behaviours (e.g., rubbing the machines, talking to machines, using betting strategies in roulette or on poker machines). Unfortunately, as Delfabbro (2004) has recently pointed out, a potential difficulty with this approach is that these rituals and beliefs (although not as prevalent in non-problem gamblers) are nonetheless common enough to make it potentially difficult to distinguish problem gamblers based on these behaviours alone. For example, there are many studies in the literature that have observed very high levels of irrational thinking in student gamblers with little gambling experience.

3.2.6 Sociological Approach

Much of the literature in gambling is heavily dominated by studies arising from within the health sciences and economics, so that there tends to be a very strong emphasis on theoretically grounded indicators and behaviours that can be quantified and measured. Another view concerning problem gambling is that it arises as a result of socio-cultural factors. People grow up in social and cultural environments where gambling forms a principal basis for social interaction and cultural expression, and where gambling is readily and available and accepted because it coincides with many other outlets for leisure and escape (hotels, clubs, racing events) (Blaszczynski & Nower, 2002). People sometimes come to gamble excessively because they cannot avoid opportunities to gamble, and because gambling by its very nature (an activity which involves money and risk) leads to people spending more time and money than they can afford.

Sociological theory also suggests that problem gambling is unlikely to be identified solely via the use of individual indicators, and that behaviour needs to be interpreted within the context in which it occurs. For example, the amount of time and money a person spends may not in itself indicate the presence of a gambling problem; it may be that one needs to consider when the gambling occurs, and who is gambling (e.g., their demographic characteristics, including their income and disposable leisure time). One might look for behaviours or traits which appear unusual or inconsistent within the venue context, for example:

- The person who continues to gamble after friends leave the venue
- Patrons who are unnecessarily rude or unresponsive to venue staff,
- People who gamble at odd times of the day which might indicate they have forgone other important life commitments (e.g., a person who gambles without eating for hours, or who has friends or relatives ask where he or she is);
- People whose appearance or behaviour indicates that the gambling was unplanned or atypical (a person in a business suit gambling through the afternoon, a person carrying work papers, or leaving shopping or children unattended in the car)

- People who dress or act in a way that indicates financial hardship (e.g., the person's clothes are inconsistent, the person is short of money when purchasing something from the venue)

Such patterns of behaviour might differ significantly between individuals and be rare enough that they are considered unsatisfactory in psychometric or indicator-based analyses (which usually need each indicator to have some variability or a reasonable base-rate of occurrence). However, an experienced venue worker might have the capacity to identify these people as probable problem gamblers, even when such people might be difficult to identify using traditional behavioural indicators commonly included in psychometric instruments.

3.2.7 Continuum Approach

The continuum approach is not so much a separate theoretical explanation for problem gambling, but a conceptual assumption that is inherent within a number of different theoretical models (e.g., behavioural, sociological, cognitive). A continuum approach is one which assumes that problem gambling lies on a continuum extending from no problems to very severe problems. People can therefore be classified as problem gamblers, but also be at varying degrees of risk of developing a problem with gambling. Such models do not assume that problem gambling is inherent or intractable quality of individuals. On the contrary, people are assumed to move backwards and forwards between these different levels, so that individuals who are identified as problem gamblers at one point in time will not necessarily be so classified in the future.

When applied to the topic of the early identification of problem gamblers, continuum models imply that there are many characteristics of problem gamblers that are probably shared by many regular gamblers. In other words, many of this latter group may soon progress to problem gambling, whereas some problem gamblers may regain control over their gambling. If so, this suggests that it may be difficult for some indicators to be uniquely associated with problem gambling. One may instead have to consider the frequency with which particular signs or behaviours are produced. At the same time,

adoption of, or support for, a continuum conceptualization of problem gambling approach may encourage venues to consider the possibility that there may be ways to prevent regular at risk players from progressing to more serious problems. Instead of assuming that problem gambling is a pathology and entrenched within individuals, the venue might be willing to consider ways in which the progression could be halted.

3.2.8 Harm Approach

Within Australia during the past decade, it has generally been accepted that problem gambling should be classified or defined in terms of the presence of various forms of harm (e.g., Dickerson, McMillen, Hallebone, Volberg, & Woolley, 1997; Neal, Delfabbro, & O'Neill, 2005; Productivity Commission, 1999). The logic underlying this definition is that gambling is not inherently a problem in itself because people differ in how they gamble, their capacity to absorb gambling losses, and how much time and effort they can devote to it. It is therefore only when gambling leads to significant harm is it possible to identify a person as being a problem gambler. Several of the common forms of harm thought to arise from excessive gambling are described below.

3.2.8.1 Personal Harm

The most immediate personal harm that has been associated with problem gambling is psychological distress and poor physical health. People who gamble excessively tend to have very high levels of depression, anxiety and other forms of emotional disturbance as compared with the general population. For example, MacCallum, Blaszczynski, Joukador and Bettie (1999) conducted a study of 50 problem gamblers in treatment in NSW and found that a large proportion scored in the clinical range on a standardised depression scale. Similarly, Battersby and Tolchard (1996) found that 67.5% of problem gamblers being referred for a treatment program at the Flinders Medical Centre in Adelaide could be diagnosed as having major depression, as based upon psychiatric interviews. These authors also found that 48% had clinical levels of anxiety disorder. MacCallum, Blaszczynski, Joukador, and Beattie (1999) also found that a significant proportion of problem gamblers display suicide ideation.

Although it may be difficult to determine whether some people are anxious or depressed (some people may gamble very stoically), there may be subtle gestures and visible displays of psychological distress or uncontrolled emotions which are visible. One might observe displays of emotion such as anxiety, general agitation, depression, or anger directed towards gaming machines, towards venue staff, complaints about losing, or more subdued behaviour such as gamblers sitting with their heads in hand or falling asleep through exhaustion. Many of these indicators are identified by various counsellors and academics in the recent AGC review of factors possibly contributing to the identification of problem gamblers within venues (Allcock, 2002; Blaszczynski, 2002; Earl, 2002; Ladouceur, 2002; Lesieur, 2002; McCorrison, 2002).

3.2.8.2 Interpersonal Harm

Problem gambling has been consistently associated with significant disruptions to social or family relationships. The Productivity Commission's national study showed that 42% of problem gamblers reported having had arguments with their families because of gambling, and that one in five had neglected their family commitments because of gambling. These circumstances may sometimes lead to situations where venue staff would become aware that a person's gambling was causing significant disruptions to social relationships. There may be occasions when family members ask whether a person is gambling at the venue (Allcock, 2002; Earl, 2002; Lesieur, 2002; McCorrison, 2002). Problem gamblers may also have a tendency to stay on and gamble after other friends have left (Allcock, 2002; McCorrison, 2002), or to ask that their presence remain secret from others (Earl, 2002; McCorrison, 2002). Other possible indicators might be a tendency to gamble in isolation and to shun any form of social interaction, or lie to others about the nature and extent of one's gambling.

3.2.8.3 Vocational Harm

A small proportion of problem gamblers also report that gambling can significantly interfere with their work and study. The Productivity Commission (1999), for example, found that 19% of problem gamblers had lost time from work or study, and 25% indicated that gambling had adversely affected their work. These figures have been

found to increase to over 50% when one considers problem gamblers in treatment and who score in the more extreme range on problem gambling measures (Dickerson et al., 1997; Jackson et al., 1997). Although venue owners are unlikely to observe any direct effects on work, an indicator of this sort of impact might be observed in gamblers who spend very large amounts of time in venues, or gamblers who enter wearing business clothes and continue to gamble right through lunch-breaks or other general meal times (McCorriston, 2002).

3.2.8.4 Legal Impacts

It is highly unlikely that venues would witness or be aware of any of the more serious legal consequences of excessive gambling such as the gambler being charged, or having to appear in court. However, it is possible that some gamblers who are desperate for money to gamble may attempt to engage in inappropriate financial transactions such as attempt to borrow money from other patrons at unscrupulous interest rates, or try to sell property which may, or may not, be their own (Lesieur, 2002).

3.2.8.5 Financial Impacts

As indicated above in the review of behavioural and economic approaches, perhaps one of the most obvious harm-related indicators that a person has a significant gambling problem may relate to financial difficulties. It is well established from many studies of problem gambling that problem gamblers generally spend significantly more than other gamblers (Productivity Commission, 1999), or at least that spending more than they can afford is the principal source of many of their difficulties (Lesieur, 1984). Over-expenditure on gambling is an intrinsic component of the current national definition. It is central to Custer's stages of problem gambling that perceives of a progression from a stage of winning to losing and finally desperation (Custer & Milt, 1985), and also a key component of Lesieur's (1984) notion that gamblers descend into a downward spiral of diminishing options in which losses are 'chased' by borrowing money, selling property and possibly engaging in illegal acts (O'Connor & Dickerson, 2003).

Possible indicators that a person might be experiencing significant financial strain as a result of gambling include any behaviour that indicates over-expenditure and a preoccupation with obtaining money to gamble. Such indicators might include: self-disclosures by gamblers that they were in debt (Lesieur, 2002), attempts to borrow money from others to keep gambling (Blaszczynski, 2002; Earl, 2002), attempting to sell property at the venue (Lesieur, 2002), trying to obtain loans from the venue (Lesieur, 2002), frequent trips to ATMs (Allcock, 2002; Blaszczynski, 2002), or leaving to find money and coming back to the venue (Ladouceur, 2002). Gamblers might also give the appearance of not having any money; they can be seen to rummage around in wallets or handbags for money, or spend their last dollar and so they are unable to afford other purchases at the venue, or there is a refusal of their credit card or savings card when they attempt to make EFTPOS transactions.

3.3 Psychometric and Psychiatric Indicators of Problem Gambling

According to the psychiatric literature, abnormal or unhealthy behaviours are usually classified or identified in terms of a list of descriptors or symptoms that indicate that a person's behaviour is qualitatively or quantitatively different from others in the population. The term qualitative in this context is used in the sense that one attempts to identify behaviours or symptoms that are rarely observed in the rest of the population (e.g., hallucinations, delusions), and which would therefore be unlikely to occur if a person were capable of normal mental functioning. By contrast, quantitative judgments are based on the observation of normative or otherwise healthy behaviours, but which occur with such frequency as to be statistically unusual. In the case of a person with an obsessive disorder, for example, this might be an excessive repetition of common behaviours, or pathological fear of relatively innocuous stimuli in people with severe phobias. It is generally accepted that each of these criteria alone is usually not sufficient for diagnosis, because it is possible for a person to be different and excessive in their behaviour without necessarily being mentally impaired. As a result, an additional test that is usually applied to the condition is that the behaviour or symptomology is such as to give rise to harmful or maladaptive consequences. Even with this additional element, it is not always the case that a person has a mental illness because there may be varying

cultural and societal standards that dictate what is acceptable behaviour, and therefore adaptive in particular contexts, or points in time. Nevertheless, it is generally accepted that the three factors together (statistically rare, qualitative different, or harmful) are probably more definitive in diagnosis than any one factor.

Most psychometric attempts to identify and classify problem or “pathological” gamblers have tended to be based on this mental health rubric. Measures typically try to identify behaviours that are considered rare or infrequent within non-problem gamblers, and there are usually many items that refer to the various harms associated with problem gambling already described above. In this section of the report, all of the major psychometric measures of problem gambling are inspected to determine the extent to which potentially visible behaviours or indicators are present within the existing diagnostic criteria (Table 3.1). In addition to providing additional insights into what factors should be considered as part of this current research project, this analysis will also indicate the extent to which the indicators ultimately investigated are reflected in current diagnostic measures. Almost all of the major measures currently available have recently been reviewed by Neal, Delfabbro and O’Neil (2005). The measures considered included: the DSM-III, DSM-III-R, DSM-IV (Diagnostic Manual of the American Psychiatric Association, 1994), South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987), Canadian Problem Gambling Index (CPGI) (Ferris & Wynne, 2001), Victorian Gambling Screen (VGS) (Ben-Tovim, Esterman, Tolchard, & Battersby, 2001), the Eight Screen (8S) (Sullivan, 1999), Scale of Gambling Choices (Dickerson & O’Connor, 2003), Gambling Behaviour Interview (Stinchfield, Govoni, & Frisch, 2001), and Gamblers’ Anonymous 20 Questions (GA-20).

Table 3.1 summarizes potentially visible indicators within categories grouped according to their general subject matter. Existing psychometric measures place considerable emphasis on the harms caused by gambling as well as an over-investment of time and effort, and the financial hardship resulting from excessive gambling. Problem gamblers are thought to experience significant emotional distress, be more emotionally unstable and restless than other gamblers. They also tend to spend larger amounts of time

and effort, and tend to gamble with less control (e.g., they cannot stop before the venue is closing, or they gamble until their last dollar is gone). Problem gamblers are also considered to be more socially isolated and secretive. All of these potentially visible indicators are consistent with the potential indicators described earlier in this chapter, but it is clear that a potentially wider range of indicators is likely to exist.

Psychiatric/diagnostic approaches would also appear to omit many of the possible sociological indicators suggested above because of the principal focus on self-reported perceptions rather than behaviours that might be visible to external observers.

Table 3.1. Potentially visible indicators identified within commonly used psychometric measures [paraphrased to enhance readability]

Item	Screen
Personal Harm	
Gambling caused health problems, including stress and anxiety	CPGI
Sometimes felt depressed or anxious after a session of gambling	8 Screen
Gambling caused [a person to feel] depressed, for example, sad, anxious, withdrawn or tearful	IGB
Gambling caused a neglect of [a person's] health	IGB
Sleeping habits affected by gambling / caused difficulties sleeping	IGB, GA 20
Gambling caused extreme mood swings	IGB
Gambling made person careless about welfare	GA 20
Interpersonal Harm	
Disruptions to family or spouse relationships	DSM III
Gambling made home life unhappy	GA 20
Lied to family, employer to protect and conceal the extent of involvement with gambling	DSM IV
Hidden signs of gambling from spouse, partner, children or other important people	SOGS VGS
Lied to others to conceal the extent of gambling	VGS
Jeopardized or lost a significant relationship... because of gambling	DSM IV
Sometimes found it better to not to tell others, especially my family, about the amount of time and money spent gambling	8 Screen
Gambling led person to withdraw and isolate themselves from their spouse and family	IGB
Living in fear that gambling will be discovered	IGB
Been secretive about gambling and tried to hide evidence of gambling	IGB
Legal Impacts	
Borrowing money from illegal sources	DSM III
Committed illegal acts such as forgery, fraud, theft to finance gambling	DSM IV
Vocational Impacts	
Loss of work due to absenteeism	DSM III
Lost time from work due to gambling	GA 20
Lost time from work or school because of gambling	SOGS

Jeopardized or lost a job or career because of gambling	DSM IV
Financial Impacts / Behavioural/ Economic	
Necessity for another person to provide money to relieve a desperate situation	DSM III DSM IV
Often gambles larger amounts of money over a longer period than intended	
Gambled more than you could afford [or afford to lose]	VGS CPGI
Repeatedly loses money gambling and returns another day to win back losses “chasing”	DSM III R DSM IV
Going back another day to win back money you lost	SOGS VGS, GA 20
Borrowed from someone and not paid them back because of gambling	SOGS
After losing returned as soon as possible to win back any losses	VGS
Borrowed money [e.g., from credit cards/ sold property] to gamble	SOGS, VGS, CPGI, GA 20
Gambling caused financial problems for person or household	CPGI
Person finds they have run out of money when they stop gambling	8 Screen
Tried to win money to pay debts	8 Screen
Has been able to stop gambling before all cash is spent(reverse scored)	SGC
Found it difficult to limit the amount gambled	SGC
Frequently gambled with larger amounts of money intended to or for longer periods than intended	IGB
Found it easy to stop after a few games or bets (reverse scored)	SGC
Been able to stop gambling before the last hotel or club closed	SGC
Gambled despite being unable to pay gambling debts	IGB
Continued to gamble despite having lost life savings or house due to gambling	IGB
Gone without necessities such as food, or left bills unpaid, in order to gamble	IGB
Could not stop gambling until money was gone	IGB, GA 20
Medical Model	
Need to increase the size or frequency of bets to achieve the desired excitement	DSM III R DSM IV CPGI
Restlessness or irritability if unable to gamble	DSM III R DSM IV

SOGS = South Oaks Gambling Screen, CPGI = Canadian Problem Gambling Index, SGC = Scale of Gambling Choices, VGS = Victorian Gambling Screen, IGB = Inventory of Gambling Behaviour

3.4 Industry and Peak Body Definitions of Problem Gambling

As indicated in the recent review by Neal et al. (2005), the current national definition of problem gambling refers to both an over-investment of time and money as well as harms for the gambler, those around them, and for the community. Other industry definitions of problem gambling tend to be very similar. For example, the Queensland Treasury states that:

“Problem gambling exists when gambling activity results in a range of adverse consequences where the safety and wellbeing of gambling consumers or their family or friends are placed at risk AND/OR negative impacts extend to the broader community.”

In the Northern Territory, the Code of Practice, defines problem gambling as a situation where: “there is a loss of control over gambling, particularly the scope and frequency of gambling, the level of betting and the amount of leisure time devoted to gambling.” The definition then goes on to describe the principal impacts that might arise from problem gambling.

Other States such as the ACT specifically outline in legislation the types of visible indicator that might indicate that a person has a gambling problem (see Chapter 2) and these are very close to the national definition: excessive time and money spent on gambling and personal and social impacts. Most other State legislation does not have a formal definition of problem gambling, but there is generally an emphasis on the minimization of harm. A similar emphasis is observed in almost all the voluntary codes and much of the staff training. With the exception of those operating under the mandatory codes in SA and the ACT, staff are only expected to take action when people show very visible signs of distress in the form of self-disclosures or approaches for assistance, or where their behaviour is clearly or potentially causing discomfort to other patrons. There is less emphasis on early warning signs or behaviour (e.g., what people are doing in the venue) and greater attention on visible harm.

By contrast, SkyCity has adopted a continuum model definition of problem gambling as part of their training of Host Support Workers. SkyCity argues that this model “provides a business rationale for early intervention with customers experiencing early signs of problem gambling.” By adopting this model, the Casino is able to support its view that the vast majority of its patrons should be able to gamble without harm, and that there are potentially ways (e.g., staff training and early intervention, see Chapter 2) which can be used to prevent other people from experiencing harm.

3.5 Studies of Problem gambling indicators

Until now, there have only been two significant empirical studies into the nature of the behaviours and signs that might allow venue staff to identify problem gamblers

within the venue. The first is a survey study conducted by Schellinck and Shrans (2004) in Nova Scotia, Canada, and the second is a study of casino gamblers undertaken by Hafeli and Schneider (2006) in a Swiss casino.

In Schellinck and Schrans's study, 927 video lottery (VLT) players (including 16.5% problem gamblers) were asked to complete a checklist of items that referred to behavioural, emotional and physiological symptoms experienced during gambling. Some of these symptoms and behaviours were overt or external so that they would probably be visible to an observer, whereas others were internalized (e.g., headache, feelings of nausea). Each gambler was asked to indicate how often these symptoms occurred when they gambled on a 5 point scale, where 0 = Never, 1 = Rarely or less than 25% of occasions, 2 = Occasionally or 25-50% of the time, 3 = Frequently or 50% or more occasions, and 4 = Always or 100% of the time. Players were also asked to indicate how often they had gambled on VLTs over a four month period, and how many different venues they visited. These data were then analyzed using a technique called association analysis, which is form of profiling analysis often using campaign marketing to determine the probability of specific combinations of characteristics within particular individual at a particular point in time. The authors presented a number of different statistical results concerning the likely prevalence of either single cues or combinations of two or three cues likely to be encountered by venue staff at a particular point in time at any one venue.

The results showed that there were certain symptoms which reliably occurred more often in problem gamblers than non-problem gamblers, so that one could be quite confident that a person was a problem gambler if that cue, or combination of cues, was observed. For example, one could be:

- 79% confident that a person was a problem gambler if they felt sick or nauseous
- 75% confident if the person felt sad or depressed
- 67% confident if the person gambled over 180 minutes
- 63% confident if the person borrowed money

- 63% confident if the person was seen to be shaking while gambling
- 63% confident if the person got sweaty
- 63% confident if the person was nervous and edgy

One could be even more confident if two of these cues occurred together. For example, one would be between 80% to 99% confident of a person being a problem gambler if they displayed combinations of symptoms such as including cashing cheques, feeling sick, played 2 VLTs at the same time, played over 180 minutes, or quit playing at closing, or cashed a cheque. Even higher figures (over 95% confidence ratings) would be obtained if one combined three of these cues. However, as the authors pointed out, this increase in confidence comes with a cost, in the sense that it would be increasingly rare for one to observe multiple cues at the same time because each individual cue does not necessarily occur on every occasion. Thus, even though one might be very confident that a person was a problem gambler after having witnessed two or more cues in the same session of gambling, such an event might only occur on 5% or fewer visits to that particular venue.

These findings are encouraging in that they show that self-reported differences in gambling behaviour or experiences can reliably differentiate between problem gamblers and others who gamble. However, there are several difficulties in being able to generalize Schellinck and Schran's study to the Australian context. First, only a relatively narrow range of behaviours or signs was included in the list. As indicated above, there are many more behaviours which the Australian Gaming Council expert panel believed to be important, but most of these (particularly those relating to the use of ATMs and aberrant social behaviours) are not present in the Canadian checklist. Second, most of the visible behaviours included in the final validated list of signs are not relevant in most, if not all, Australian jurisdictions. For example, in Australia, gamblers are generally not allowed to play more than one machine at once or cash cheques within venues. Third, a number of the signs identified in the study were not external or likely to be visible to external observers (a point acknowledged by the authors themselves). These included: headaches, feelings of nausea or dry eyes.

A fourth issue concerns the assumptions and logistical implications of the study. To determine the likelihood of certain combinations of cues being observed at any particular time, the authors used a weighting system. For each person, the total number of visits per 4 months was divided by the numbers of venues to work out the number day visits to each venue (maximum 30 days x 4 = 120 days). This figure was then weighted by the relative frequency with which cue occurred (e.g., a weight of 0 was assigned if the person never produced the sign or behaviour, and 8 was assigned if it was reported to happen on every visit). Thus, one could obtain value of up to 960 (120 x 8 if one gambled every day at a venue and produced that cue on 100% of occasions). The assumption seemingly underlying this approach is that if one had a venue staff member who worked at a particular venue 100% of the time, one could therefore determine the relative proportion of times the person made a visit that the cue would be potentially observed.

Based on these results, it would usually be the case that a staff member would be very unlikely to witness a particular cue or cues if one based this on the number of times one was likely to see them as compared with the total number of times one might work in the venue. However, this assumes a very passive approach to identification. If one instead were able to require staff members (as in the Swiss casinos) to record incidents and descriptions of particular people and then keep updating these records over time, one would be able to accumulate a considerable body of evidence about a person, even if that person only came in occasionally. In other words, the fact that two or three cues might rarely occur on the same night would not matter. One would potentially identify that person as a problem gambler based on an accumulation of cues that occurred over several visits. To do this, would not therefore require such a strong focus on understanding how often venue staff might be watching, and how often the behaviours might occur. With appropriate monitoring processes in place (i.e., staff are required to watch certain people who display certain warning signs), the critical factor would be to determine which signs of behaviours best differentiated problem gamblers from other gamblers in general. Although this approach is not to deny that both groups might share many behaviours and that problem gamblers display some of them on more visits, the search for rare,

discriminating behaviours or signs may be a more reliable and practical approach to adopt.

This latter approach has been the general approach recently adopted by Hafeli and Schneider (2006) in their research into the effectiveness of methods use to identify problem gamblers in Swiss Casinos. The authors developed a set of criteria that were designed to describe all the different behavioural characteristics of problem gamblers. These were based on interviews with 28 problem gamblers, 23 casino employees, and seven regular gambling patrons. The initial stage of development of their checklist involved the content analysis of their interviews into meaningful categories. Only statements that were simple and concise, and which referred to concrete examples of behaviour were included. The final checklist comprises 39 items. Each item is scored “Applicable” and “Not applicable” and organized into six specific clusters of behaviour (Table 3.2)

1. *Frequency and Duration* (2 items): How many times the person gambles per week and for how many hours on each occasion.
2. *Raising the Funds* (5 items): Guest repeatedly changes high denomination notes at the cash desk, Guest tries to borrow from other guests, Guest tries to sell objects of value, Guest repeatedly withdraws cash 1+ from ATMs, Guest repeatedly asks of a travel loan or parking ticket.
3. *Betting Behaviour* (7 items): Amount bet per visit, level of bet per press of the button or game at the stable, Guest raises bets each time or she visits, Guest bets consistent amounts, Guest immediately bets his/her winnings, (If playing slot machines) Guest often presses the double button on slot-machines, Guest repeatedly feeds the machines with bank notes

4. *Social Behaviour* (4 items): Guest avoids contact with others, Guest visits casino alone on 80%+ occasions, Guest is impolite to staff (sudden, rude, demanding), Guest seeks contact: chats with other guests or casino staff.
5. *Reactions and behaviour while gambling* (20 items): Many of these items are specific to particular types of gambling, whereas others apply more generally. A summary is provided in Table 3.2.

Table 3.2. Behaviours and reactions while gambling

Specific to Slot machines
Guest asks for his/her machine to be reserved (either for the next day or if he/she leaves the machines unattended for a moment)
Guest hits the buttons hard or hits the machines
Guest strokes the machines
Guest berates or swears at the machines
Guest talks to the machines
Guest complains about losses or blames them on the casino industry or machines
Table Games
Guest berates the croupier or blames him/her for losses
Guest often places bets too late in roulette
Guest bangs table with fist
General Behaviours
Guest gambles almost uninterruptedly
Guest is so focused on gambling that he or she barely reacts to what is going on around him/her
Guest gambles on more than one machine at once
Guest smokes a lot
Guest has 2 or more glasses of alcohol while gambling
Guest runs from table to table or machine to machine
Guest is nervous (e.g., shaking, perspiring, etc.)

Guest pleased about winning
Guest complains about losing
Guest already waiting outside casino doors before opening time
At closing time, it is difficult to persuade the guest to stop playing

6. *Appearance* (1 item): Guest appears not to care about his/ her appearance (greasy unwashed hair, dirty clothes, unshaven, strong body odour, does not change clothes)

On the whole, many of these items capture many of the behaviours identified by the Australian Gaming Council expert panel and therefore appear to have good face validity. However, it is important to recognize that the results are based on only a relatively small sample of problem gamblers, and a control sample of only seven other players. No detailed statistical analysis has so far been undertaken to ascertain the extent to which particular items differentiate between the two groups of gamblers. The scale also contains some items that might be relevant for casinos but not for other venues in Australia (e.g., the need to obtain parking tickets). Some particular items are also potentially subject to some caution because it is established that many of these also occur commonly in regular players. For example, it is not uncommon to find regular slot-machine players who talk to and stroke machines without having significant gambling problems (Delfabbro & Winefield, 2000; Walker, 1992). It also seems unlikely that reserving one's machine is necessarily a concern, and that feeling happy about winning and less pleased about losing are relatively normal human reactions to this sort of experience. One would also question whether smoking and drinking two or more drinks is necessarily an indicator given the very rates of both behaviours observed in regular gamblers (Delfabbro & LeCouteur, 2005). Most other items would, however, appear to be sensible inclusions in a scale of this nature and need to further validated, not only in Switzerland, but in other jurisdictions.

Two smaller studies undertaken by Livingstone (2005) and McMillen and Pitt (2005) have also provided useful insights into the nature of visible cues. Livingstone conducted qualitative interviews with 62 problem EGM players in Victoria. Almost all of

the informants argued that it was possible to detect problem gamblers within venues usually based on their anti-sociability, body language and close focus on the machine. Problem gamblers usually engaged in little or no conversation with other players, and resented anyone who attempted to engage them in conversation. When playing, they would generally not collect their winnings and would continue playing large amounts of credits because of a strong desire to stay on the machines as long as possible. Players also indicated that they gambled at specific times of the day. Female informants indicated that they would usually visit venues after having dropped off children from school, during lunch-times if they were in the paid workforce, or late at night. In McMillen and Pitt's study, clubs patrons and operators in the ACT were asked to indicate whether specific harm minimisation strategies had been effective in reducing problem gambling. During the course of interviews, several respondents provided insights into the visible behaviour of problem gamblers. Problem gamblers, it was reported, were more likely to gamble late at night, to gamble until all their money was gone, and were more likely to gamble their winnings so that they would avoid having to receive their payment as a cheque.

3.6 Demographic and Cultural Considerations

There are a number of demographic differences that could potentially influence the validity of various indicators in this research. First, it is important to acknowledge that not all gamblers are necessarily married, have partners or other strong social relationships. Indicators referring to the concealment of gambling from significant others will clearly not be relevant to those who typically gamble in isolation. Second, not all gamblers will be in paid employment, so that there may be people who do have the disposable leisure time to spend longer durations at venues without significant harm. Third, the validity of certain indicators may vary between men and women. Previous Australian research (see Delfabbro & LeCouteur, 2005 for a review) has shown that women are more likely to gamble as a form of emotional escape, e.g., to relieve depression and anxiety, so it is possible that emotional indicators of problem gambling (e.g., depression, despair) may be more visible in women than in men. Moreover, as discussed previously in relation to sociological insights into gambling behaviour, there may be behavioural routines that are more indicative of problems in women than in men.

For example, if women play a more active role in undertaking the household shopping, or taking children to and from school, then the arrival of women at venues at certain times of the day might indicate more opportunistic gambling and potentially problematic patterns of gambling than for men. Fourth, age may also play a role in that it is well established that younger people are more likely to gamble during the evening than during the day, so that observing an older person gambling late into the evening might be potentially more suspicious than if a young person engages in the same behaviour. Volberg and McNeilly (2003) have also shown, for example, that older people are probably less likely than young people to have family members come looking for them at the venue, hide evidence of their gambling, chase losses, commit illegal acts, or borrow money because of gambling.

Finally, there may be important cultural variations in how problem gambling is manifested within venues. Most research in this area has indicated that people from non-European cultural backgrounds (e.g., people from Asia or indigenous people) are often more guarded in their responses (e.g., see Delfabbro & LeCouteur, 2005; McMillen, Marshall, Murphy, Lorenzen, & Waugh, 2004; Neal et al., 2005 for reviews). There is pride associated with keeping one's problems within one's community, so that people may be less likely to express their emotions openly, or disclose their difficulties to venue staff. The existence of a problem may need to be more carefully discerned through the way in which the person gambles, how often and how much the person spends, and other more subtle indicators. At the same time, research involving people from non-English-speaking communities (e.g., Scull, Butler, & Mutzelburg, 2004) has generally concluded that "the impacts of gambling in NESB communities are similar to those experienced by gamblers from the mainstream community." (p. 8), so that cultural differences may not be so substantial to preclude the development of general indicators relevant to different cultural groups.

3.7 Logistical Issues: Venue Organization and the Variability of Gambling

Apart from the variability across individual gamblers that might lead to differences in the likely indicators of problem gambling, it is also important to consider

the nature of the venues themselves, as well as the type of gambling involved. As indicated in Chapter 2, gaming machines and casino games are the only activities which are venue-specific, where it is possible for industry staff to observe gambling on the same premises. Racing, sports betting and lottery gambling can be undertaken almost anywhere there is a telephone, internet connection or place to complete the tickets. Venues may also differ significantly in their layout, design and size so that it may be more difficult for venue staff to be aware of problem gamblers, especially if they spend time in many different areas. This may particular be the case with very large casinos, or very large EGM venues in some States or Territories (e.g., NSW, ACT, or QLD) in which patrons can gamble very much in seclusion and possibly only partially under the surveillance of CCTV facilities.

Venues may also differ considerably in terms of their staffing. In some venues, there may be very short shifts so that the same staff members are not present on the gaming floor over an extended period. Unless detailed descriptions or logs of patron behaviour are recorded on a register and there is communication with other staff members, it may be difficult for individual patrons to be noticed and observed over a longer period so as to detect potentially excessive levels of gambling. Venue staff may also not have the time or opportunity to observe some patrons if their duties keep them in certain parts of the venue. Moreover, as discussed below, there may be differences in how people perceive and classify behaviours unless more extensive training can be provided concerning the nature and visible description of behaviours thought to be indicative of problem gambling.

3.8 Deliberate concealment

Another potential barrier to identifying gamblers within venues is that problem gamblers will make active attempts to conceal the extent of their gambling. As Livingstone (2005) found, problem gamblers would move from one venue to the next so avoid being noticed or identified as problem gamblers. Winnings would often not be collected and replayed through the machines, and gamblers would make every attempt to conceal themselves by shunning interactions with either venue staff or other players.

McMillen and Pitt (2005), in an interview study conducted using clubs patrons in the ACT, found that problem gamblers would often gamble their winnings in order to avoid having their win paid out in the form of a cheque.

3.7 Insights from Related Research Areas

3.7.1 Research into Retail Crime

An established area of research that shares much in common with the present area is retail criminology and customer profiling. Within the retail area, it has long been important to minimize “shrinkage” or the loss of stock to unknown causes. Shoplifting has long been considered a major cause of stock loss in many enterprises and so that considerable time and resources have been devoted to determining ways to avoid or minimize it. Although most modern retail organizations now rely heavily upon floor design and technology to prevent theft, most still hire internal security staff, including store detectives whose job is to identify customers who might be engaged in theft, or have the potential for this behaviour. Numerous studies have been undertaken to determine the characteristics of shoplifters, their demographic profiles, behaviour, and modus operandi, as well as the capacity of security personnel to identify potential offenders. All of this work, in particular how shoplifters are identified and profiled by both security personnel as well as researchers, is potentially relevant to the current project, and provides insights into some of the challenges and advances associated with different research methodologies.

As pointed out by Dabney, Hollinger and Dugan (2004), the task of profiling shoplifters has proved to be very difficult and has been approached using a variety of different research methods. One common methodology has been to use self-report methodologies, in which people (often young people) are asked to report how often they have stolen from retail stores (Farrington, 1999; Hollinger & Davis, 2002). A limitation of this method is that it relies upon people’s power of recall and honesty. One cannot assume that all shoplifting will be self-reported or remembered, although it is reasonable to believe that those who confess to the crime are likely to have been involved to at least

some degree. An alternative method has been to use direct, but covert observation (e.g., Buckle & Farrington, 1994) of shoplifters to determine who steals and how they do it, but this method suffers from the obvious limitation that shoplifters might alter their behaviour if they know they are being observed. Other researchers (e.g., Weaver & Carroll, 1985) have recruited self-identified shoplifters via advertisements and asked them to walk through environments describing the ways in which one might engage in shoplifting. This particular method is a useful method for understanding the behaviour, but does not provide any indication as to the prevalence of the behaviour or the profile of offenders.

In response to these difficulties, Dabney et al. (2004) developed a covert observation methodology involving CTV footage taken at a medium-sized pharmacy in the United States. Observers sat in a control room observing a specified type of patron as they entered the store (those who had an opportunity to shoplift based on the looseness of their clothing or the possession of a bag). Each patron's demographic characteristics were classified based on their appearance on camera (approximate age, gender, racial group, and socio-economic class). Certain key behaviours previously identified in the literature or self-reported by shoplifters was recorded, including "nervous scanning" of the shop to see who was watching, "awareness of countermeasures" (i.e., whether they deliberately looked for cameras and other security devices), "playing with packaging" (i.e., whether they interfered with the packaging of the product), "sampling" (i.e., whether they sampled some of the product), and whether they left the shop without purchasing any items (a previously validated indicator of a greater likelihood of shoplifting). The team in the control room then determined which people ultimately engaged in shoplifting and examined the extent to which various demographic descriptions and behavioural traits differentiated shoplifters from non-shoplifters. The results showed that gender and racial group as well as social class influenced shoplifting, but that leaving the store without making a purchase was the strongest predictor. In other words, it was possible to obtain quite an accurate identification of potential shoplifters based on simple behavioural measures and the context in which they occurred.

These results suggest that both self-report methodologies involving the identification of visible traits and behaviours can potentially be used to differentiate people within applied environments. However, there are several challenges in adapting the observational methodology described by Dabney et al. (2004) to studying gambling behaviour within venues. First, in their study, the dependent measure (shoplifter status, Yes/No) was easily observable. By contrast, a person's problem gambler status cannot be so easily determined. One would have to obtain additional information from the person being observed by self-report, or other means, and this could not be done under Australian ethical research guidelines without informing the person of the purpose of the research. One would have to utilize another methodology; for example, ascertain via self-report prior to the observation which visible behaviours are almost only observed in problem gamblers and not in others who gamble. Second, gambling is a very complex behaviour involving large areas of the venue, including the gaming floor, interactions with ATMs, tellers, and movements between many areas over potentially a long period of time. The store visits described in the study above took only minutes. Finally, there is also the challenge of being able to gain access to a camera arrangement and control room that allows complete and continuous coverage of all aspects of the venue. Only Casinos may have this level of coverage and these high security areas might not ever be open to outsiders.

3.7.2 Studies of Gesture Recognition

Observations within gambling venues for this project will also be informed by research that focuses on understanding the nature, characteristics and functions of gestures and other behaviours, and especially as these occur naturally, *in situ*, in a range of everyday and work settings (Goodwin 1981, 1986a, 1986b, Heath and Luff 2000; Neville 2004; Norris 2004). Originally, such studies were based on observation and written records (e.g. Goffman 1956, 1967, 1974), but they now increasingly use video recordings that allow repeated viewing for closer and more detailed analysis. Video recordings also make verification of interpretations and findings from observations easier by allowing for collaborative analysis. These studies have begun to show how gestures and *in situ* behaviours are typically formed, how they occur relative to one another, and

how they contribute to the wider real world activities in which people are engaged. As Kendon (2004:1) notes, “[w]illingly or not, humans, when in co-presence, continuously inform one another about their intentions, interests, feelings and ideas by means of visible bodily action.” Gestures and *in situ* behaviours can reveal something about what people are communicating, thinking, feeling, experiencing, and how they are reacting to something in the immediate environment (Glenn, LeBaron, Mandelbaum 2003; Kita 2003; Kendon 2004; McNeill 2000).

Gestures and *in situ* behaviours can include, at least, what people do with their hands, such as point, hit, wave, touch things (such as gaming machines) and handle objects, how people move and position their bodies, including posture, head movements (e.g. nods, shake from side-to-side), physical mannerisms (e.g. self-touch, such as scratching), and moving from one place to another (e.g. to ATM, or from one machine or location in the venue to another), how people look at and attend to what is going on around them, and how they behave relative to other people around them in the setting, or interact with others.

Research has identified possible factors influencing how people produce their own gestures and *in situ* behaviours, and how they interpret what other people do. If researchers are aware of these factors they can be better able to make objective and generalisable findings from their own observations and analyses. They will also be in a stronger position to classify and code gestures and *in situ* behaviours, and interpret and use these for comparative analyses. Moreover, it is important to see and understand gestures and *in situ* behaviours as they occur in context; for example, how they relate to the immediate surrounding environment, when they occur relative to other behaviours, and especially how and when they occur relative to whatever else is going on, such as significant events and what people are doing at the time. In support of this, Carlin (2003) provides an interesting analysis of observations of pickpockets operating in European cities. Pickpockets often dress in very much the same way as tourists and will often engage in tourist activities to blend in with the crowd. Nothing about their specific appearance or behaviour usually differentiates them anyone else commonly seen

wandering the streets or milling around tourist sites. However, if one observes these people carefully, it is possible to observe the same person interacting and mingling with many different and unrelated tourist groups, often at different locations. Thus, when such behaviour is interpreted in context, it becomes possible to discern that it is not consistent with the usual pattern of behaviour observed amongst regular tourists. Using both the behaviour and context as cues it therefore becomes possible to identify individuals who are more likely to be engaged in this form of antisocial behaviour.

Another important issue is that it is to determine what count as normal gestures and *in situ* behaviours as applicable to the particular setting being considered. In other words, what do people typically do, and what is accepted as unremarkable or statistically common? In making such judgements, one needs to consider such factors as the individual characteristics of the person being observed, including what is usual for that particular person as based on their cultural background, or other demographic features such as gender, and age and relevant ability or experience (Goodwin 2003a, 2003b; Hayashi 2003; Hayashi, Mori, & Taki 2003; Haviland 2003; Kendon, 2004). Details of precisely how a gesture or behaviour is performed can make a difference to how it is interpreted and its perceived significance (McNeill 2000; Kita 2003; Kendon 2004). It is further important to consider the timing of any one gesture or *in situ* behaviour relative to any others, and to whatever else is happening around that time (Goodwin 1994, 1995, 2003c). Gestures and *in situ* behaviours can mark significant changes, moments or events, and changes in activity or levels of involvement with particular activities (Modaff, 2003; Schegloff 1998; Stivers & Heritage 2001).

When observing and analysing gestures and *in situ* behaviours it is important not to assume too much in advance of what might be worth noting. Instead, there is value in observing and recording as much as possible of the details of what people actually do. Then the analyst is better able to consider details together and determine the significance of what has been observed. For example, what may at first seem unimportant, a scratch of the ear, a tug at clothing, a walk around the gaming floor, may later emerge as potentially

indicative. In such cases, researchers may find themselves having to keep note of things of which people are typically unaware (Carlin 2003).

3.8 Final Methodological Considerations and Recommendations

This preliminary research by Schrans and Schellinck (2004) and Hafeli and Schneider (2006) as well as the Australian Gaming Council (2002) review provide a useful starting point for further research into the topic of identifying gamblers within venues. In addition, these reports and papers provide useful methodological guidance into how this research might be best undertaken. Most of the respondents to the AGC review argued that varied methodologies and multiple respondents would most likely be required to undertake this research successfully.

In Lesieur's (2002) view, the appropriate strategy for conducting research in this area is to follow the fundamental principles of good psychometric development. One should attempt to use expert opinion, focus groups, or the research literature to develop a substantial list of possible indicators or signs in the form of a survey. These should then be tested in individuals with gambling problems (e.g., those in treatment) and in gambling patrons and in conjunction with a standardized measure of problem gambling. During this process, respondents would also be given the opportunity to contribute items not currently on the list provided. The items would then be tested in a comparative sample of people without gambling problems so as to determine the items which best differentiate problem gamblers from others who gamble. A final stage would be to test the validity of the list of most discriminating items in a separate or independent validation sample of problem and non-problem gamblers.

Other respondents, for example, Earl (2002) and McCorriston (2002) argued that it is important to obtain information from multiple informants, including counsellors, industry staff, and gamblers who sought help via staff interventions, because each of these different groups may have insights into the visible indicators of problem gambling. As with Lesieur, McCorriston argues that one should attempt to validate a list of signs in samples of problem gamblers and a suitable control group, and that sampling could be

undertaken using clients in treatment services, patrons in gaming venues, or from samples drawn from the general community. Blaszczynski (2002) further argues that it would be useful for observational data to be collected by venue staff, and for this to be validated against separately administered scores on problem gambling measures (e.g., the SOGS administered as people enter or leave the premises). However, he also points out that this sort of process is “fraught with difficulty” and may not be ethical or feasible because it would require covert observation and asking people to complete an assessment (the SOGS) without telling them the true purpose of the research. Such a process would not be considered ethical under the NHMRC guidelines for human research involving people.

3.9 Summary

The material reviewed in this chapter indicates there are a number of clusters of behaviour which could reasonably be advanced as reliable, valid and visible indicators of problem gambling. Only two studies have so far attempted to undertake research relevant to this topic, and they have both strengths and limitations. Schrans and Shellinck (2004) in Canada have provided a useful analytical framework that might be applied to providing statistical evidence for the relative importance of different cues or behaviours in identification, although their work was not solely confined to visible signs and included only a relatively short list of possible indicators. By contrast, Hafeli and Schneider, in Switzerland, have provided a very useful and comprehensive list of possible behaviours, but remain still in the process of validating the extent to which these signs can reliably differentiate between problem gamblers and others than gamble. For these reasons, there is clearly scope for research that takes advantage of the strengths of both methodologies.

In terms of how such research should be conducted, it is clear that an appropriate approach should involve obtaining information from multiple informational sources (problem gamblers and controls recruited from different populations), venue staff and other professional treatment staff who work with gamblers. It is also recommended that, where possible and within the scope of current ethical guidelines, self-report data should

be verified or complemented by objective observational data, preferably collected from within gambling venues.

Chapter 4: Survey of Industry Staff and Problem Gambling Counsellors

4.1 Overview

Although the literature review in the previous chapter provides a very detailed account of the possible range of visible indicators that might allow the identification of problem gamblers, it is important to examine the validity of these indicators from the point of view of Australian stakeholders who have frequent first-hand contact with problem gamblers. Accordingly, the aim of the first empirical study in this project was to give Australian industry representatives and venue staff an opportunity to provide feedback concerning the validity of a proposed list of indicators and also to discuss the feasibility of the *in situ* identification of problem gamblers. To achieve these aims, a detailed series of surveys were undertaken in South Australia, the ACT and NSW. Venue staff were asked to identify the range of potentially visible behaviours or cues that might be useful in identifying problem gamblers and also to describe their attitudes towards staff-based interventions. Questions were also included to examine the extent to which staff training, work schedules, and the nature and operation of the venue itself influenced their capacity to provide venue-based interventions involving interaction with specific patrons. Counsellors were provided with very similar questions, although the emphasis was more strongly focused on their views concerning the validity of specific cues or behaviours as ways to identify problem gamblers.

4.2 Venue Staff Sample

A total of 125 gambling venue staff (managers and gaming floor workers) were recruited in South Australia (n = 57), the ACT (n = 21), and also from New South Wales (n = 47). Of the 125, there were 56 males (44.8%) and 67 females (53.6%). Seventy-eight (62.4%) were aged 18-35 years, 31 (24.8%) were aged 36-55 years, and 14 (11.2%) were aged over 55 years. Two participants did not provide their gender and age (NB. Data was missing for some variables).

In the South Australian sample, there were 36 hotel workers, 9 from clubs and 12 who worked in the Adelaide Casino. In the ACT, 2 worked in hotels, 12 worked in clubs and 9 worked in a Casino. In NSW, 13 worked in hotels, 29 worked in clubs, and 3 in the StarCity Casino. Staff were recruited from venues of different sizes. Nine of the venue staff from South Australia were from venues with 20 or fewer EGMs and 37 staff were from venues with 21-40, or 1500 in the case of the Adelaide Casino. In the ACT, 10 people were from venues with over 100 machines (maximum 270) and 11 from smaller venues (< 100 machines), whereas in NSW, 27 staff were from larger venues with over 100 machines (maximum reported = 1500) and the remainder from smaller venues (< 100 machines).

4.3 Survey Content: Venue staff survey

(a) Respondent Demographics

Details of the respondents' gender, age and years of work experience in gaming venues were recorded, including the amount of time they had worked in the industry in general, and how long in the current venue.

(b) Venue Description

Respondents were asked to identify the type of venue at which they worked (hotel, club or Casino) and the number of gaming machines currently in operation (as an indicator of the size of the venue).

(c) Work Schedule

Venue staff were asked to report at what time of the day they worked, for how many hours, and the longest and shortest shifts they typically worked that involved interactions with gamblers.

(d) Perceived Management Attitudes

Respondents were asked whether managers encouraged them to look for warning signs of problem gambling or to approach patrons who might be showing signs of distress.

(e) Nature of Training Received

The nature of the training received was also examined, e.g., whether it had occurred prior, or during, the person's current employment, and whether any training was ongoing. Did the training include any focus on the identification of problem gamblers, and how useful was this in identifying problem gamblers and approaching them in the venue? Was there a need for additional training and resources to assist in this process?

(f) Barriers to Effective Identification

Respondents were asked how challenging (rating out of 10) it was to identify problem gamblers in the venue and approach them. Ratings of the importance of several possible barriers were requested: staff turnover, nature of staff shifts, workload, size and layout of the gaming floor, duration of patron gambling sessions, and the general behaviour of patrons.

(g) Staff Experience with Identifying Problem Gamblers

Respondents were asked whether they had observed patrons who they thought were problem gamblers and on what basis they had made this identification. Another question asked whether they had ever excluded a patron, or had patrons approach for assistance and whether there had been any previous warning signs to indicate that the person might have had a problem.

(h) List of Visible Indicators

A detailed list of potentially visible cues or behaviours was provided (described in full detail in Chapter 5). For each item, venue staff were asked to indicate whether they had ever observed the particular behaviour (YES / NO) and whether it was, in general, a useful indicator of problem gambling (YES / NO). They were also asked to indicate which of the indicators were most important and whether there were others that should be included on the list.

(i) Attitude and Beliefs

A series of statements relating to the *in situ* identification of problem gamblers was provided. For each, venue staff were asked to indicate the extent to which they agreed or disagreed on a 5-point Likert scale, 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Strong Agree. As summarised in Appendix C, statements related to whether they felt that it was feasible to identify problem gamblers or appropriate for venue staff to adopt this role, whether gamblers all looked the same on the gaming floor, and whether staff had appropriate training to undertake the process of identification.

(j) Interventions

Respondents were asked to indicate what should be done if a person were identified as a problem gambler in the venue.

4.4 Sampling Methodology

In order to increase the likelihood of obtaining responses that were impartial and which protected the identity of venue staff, it was decided to recruit venue staff via community advertisements in South Australia, the ACT and NSW. All three jurisdictions require mandatory staff training, although only South Australia and the ACT operate under mandatory codes of practice. Staff were eligible to participate if they had worked in a club, hotel or casino within the previous 6 months, and had regular contact with gamblers during the course of their daily duties. All participants received a \$25 Coles-Myer voucher for the time and effort taken to complete the survey. The identity of venues, including their name, postcodes and suburb were not requested in the interest of maintaining the anonymity of both the venue and the staff involved. Although a convenience sample of this nature cannot be generalized to all venue staff in the respective States because of the non-random nature of the sampling, the principal purpose of this analysis was not to establish the perceived prevalence of observable gambling indicators. Instead, the aim was to gain 'expert' or industry opinion concerning the appropriateness of the items and indicators used in the research as well the industry's views concerning the visibility of problematic gambling behaviour in venues.

4.5 Work Status and Experience

Respondents were asked to identify their roles in venues. Forty seven people worked on the gaming floor as gaming attendants (37.6%), 34 (27.2%) were duty managers, 9 were casino dealers, 18 served drinks to patrons, 8 acted as TAB clerks with the club or hotel, and 9 worked in other roles including security and customer service. Venue staff had worked a mean of 7.62 (SD = 7.13) years with patrons who used gaming facilities (range 6 months to 37 years) and had worked in current venue for a mean of 5.36 (SD = 6.31) years (range 0.5 – 35.5 years). As indicated in Table 4.1, around 85% of venue staff had worked with gamblers for more than a year and over 50% had 5 or more years experience. Almost 90% had worked at least a full year in the current venue.

Table 4.1. Distribution of years of experience of venue staff

Number of years	Years of Contact with	Years in Current
	Gamblers	Venue
	N (%)	N (%)
	(N = 124)	(N = 125)
0.5- 1.0	19 (15.3)	14 (11.2)
1.0 – 4.0	34 (27.4)	61 (48.8)
4.5 – 8	32 (25.6)	28 (22.4)
9 – 15	24 (19.2)	13 (10.4)
16 +	15 (12.0)	9 (7.2)

Respondents were asked to indicate how often they worked in the venue (Table 4.2), the timing of their shifts (Table 4.3), and the typical length of their shifts (Table 4.4). The vast majority worked very frequently. Table 4.2 shows that 95% of the sample reporting having worked at least twice a week and three-quarters 3 or more times per

week. The sample also had experience in working in many different times of the day. Almost 4 in 5 had worked the morning shifts, 60% had worked the late shift, and the vast majority had also worked in the afternoons. Shifts were also of a substantial duration. The mean duration of the shortest shifts was around 5 hours, and longer shifts lasted for an average of 9 hours (Table 4.4).

Table 4.2. Work frequency of venue workers

	N (%)
< 1 week	6 (4.8)
2 -3 times per week	26 (20.8)
3-6 times per week	74 (59.2)
Daily +	19 (15.2)

Table 4.3. Timing of shifts (Multiple response allowed)

	Yes N (%)	No N (%)
9 a.m. to 12 p.m.	78 (62.4)	47 (37.6)
12 p.m. to 5 p.m.	100 (80.0)	25 (20.0)
5 p.m. to 10 p.m.	98 (78.4)	27 (21.6)
Later than 10 p.m.	73 (58.4)	51 (40.8)

Table 4.4. Mean length of shifts: Shortest and longest

	M (SD)
Shortest shift (hrs) (N = 125)	5.38 (2.23)
Longest shift (N = 124)	9.30 (2.11)
Average length of shift (N = 123)	7.27 (1.81)

Taken as a whole, these results suggested that the sample included a good representation of different types of venue worker from a variety of venue types and venue sizes. Venue staff were generally experienced in their roles, had regular contact with

gamblers, and worked for shift periods that could theoretically encompass quite long sessions of gambling by individual gamblers.

4.6 Manager Attitudes Towards Patron Contact

Venue staff were asked to describe their manager's attitude towards patron contact and whether they had received any specific training relating to patron contact (Table 4.5). Overall, around half of the venue staff reported being encouraged to look for signs of distress in patrons, around 70% had received some form of training, but only around a third were encouraged to speak to approach patrons in distress. No significant differences were observed between the three jurisdictions, but it was noteworthy that a number of staff in the jurisdictions with mandatory codes had not yet experienced any training. There was no statistical evidence that those without training had worked for shorter periods in the industry or at the particular venue concerned.

Table 4.5 Management attitudes and venue staff training

	ACT (N = 21)	NSW (N = 46)	SA (N = 57)
Manager/supervisor encourages you to look for any signs of distress in gambling patrons	14 (66.7)	20 (43.5)	30 (52.6)
Manager/supervisor encourages you to approach or speak to patrons showing signs of distress apparently related to gambling	6 (28.6)	14 (30.4)	22 (38.6)
Received any training in dealing with patrons who might be experiencing problems associated with their gambling	17 (81.0)	34 (72.3)	39 (68.5)

4.7 Details of Staff Training Received

Venue staff were asked to describe what sort of training they had received. Sixty or 48% had received some form of formal or accredited training. This training was described in various ways. Many referred to Responsible Service of Gambling training (n = 48), but TAFE courses (n = 5), compulsory gaming machine courses (n = 8) were also mentioned. Almost all reported that the training occurred soon after they commenced working in the venue.

When asked about the content of the training, almost all respondents in both South Australia and the ACT reported that this involved learning how to identify people with gambling problems in the venue. Just over three-quarters of NSW venue staff reported that their course had included this information. Approximately 60% of respondents across all three jurisdictions reported that this training also involved learning how to approach and talk to people with gambling problems (Table 4.6).

Table 4.6 Content of training courses (N =125)

	ACT N (%) (N = 16)	NSW N (%) (N = 35)	SA N (%) (N = 39)
How to identify people experiencing problems with their gambling	16 (100)	27 (77.1)	38 (97.4)
How to approach and talk to people with gambling problems	9 (56.3)	21 (60.0)	25 (64.1)

A further question asked venue staff to indicate the extent to which the training had enhanced these two skills (Table 4.7). Over a half reported that it had at least moderately helped in the ability to identify problem gamblers, but only around 30% felt that it had similarly helped their ability to talk to and approach gamblers.

Table 4.7 Outcomes of training, N (%) of venue staff (N =125)

	Not at all	Very little	Moderately	A lot
Improved ability to identify problem gamblers in the venue	2 (1.6)	16 (12.8)	47 (37.6)	23 (18.4)
Improved ability to approach and talk to problem gamblers	20 (16.0)	25 (20.0)	31 (24.8)	9 (7.2)

NB. Not all respondents answered this question

4.8 Perceived Difficulties and Barriers to Identifying Problem Gamblers

Venue staff were asked how difficult in general they found the task of identifying problem gamblers and approaching them (Table 4.8). Around a third thought it was easy to spot problem gamblers, 25% describe the task as 'moderate', but only 14% rated it as being difficult. By contrast, very few rated the task of approaching patrons as being easy. The vast majority felt that this task was difficult to very difficult. When further asked

whether further training was need to enhance their skills in these areas, 81 (64.5%) felt that further training in how to identify problem gamblers would be beneficial, and 89 (71.2%) supported the need for further training to approach patrons in venues.

Table 4.8 Perceived difficulty of in-venue identification and approaches

	Very easy to easy N (%)	Moderate N (%)	Somewhat hard to extremely difficult N (%)
Identifying problem gamblers on the gaming floor	43 (34.4)	31 (24.8)	17 (13.6)
Approaching and talking to problem gamblers	11 (8.8)	20 (16.0)	57 (45.5)

Not all respondents answered this question, so %s do not sum to 100%.

A further question asked venue staff to indicate what factor made identifying problem gamblers most difficult (Table 4.9). As indicated in Table 4.9, many of hypothesized factors that might make identification difficult were endorsed by only a minority of respondents. In other words, most of these factors were not considered to be major impediments to the process of identifying problem gamblers. Nevertheless, around 30% to a third of respondents reported that a lack of staff training and time made the process very difficult. A similar proportion indicated that the visibility of both the gaming floor and patrons were a challenge. Just over a quarter felt that the size of the venue or the number of patrons was a problem. Only around 1 in 5 respondents indicated that the length of shifts or staff turnover were important factors.

Table 4.9 Perceived barriers to the successful identification of problem gamblers

	Not a problem to a small problem	Moderate problem	Problem to a very serious problem
Lack of adequate staff training	35 (28.0)	44 (35.2)	45 (36.0)
Lack of staff time	51 (40.8)	30 (24.0)	43 (34.4)
Visibility of the gaming floor from other parts of venue	57 (45.6)	23 (18.4)	42 (33.6)
Visibility of individual patrons on the gaming floor	51 (40.8)	34 (27.2)	37 (29.6)
Size of the gaming floor	63 (50.4)	27 (21.6)	34 (27.2)
Number of patrons on the gaming floor	54 (43.2)	35 (28.0)	33 (26.4)
Staff shifts	60 (48.0)	33 (26.4)	31 (24.8)
Staff turnover over time	56 (44.8)	41 (32.8)	26 (20.8)
Individual gamblers do not stay at the venue long enough	67 (53.6)	46 (36.8)	11 (8.8)

4.9 Experiences in Identifying Problem Gamblers

Venue staff were asked to indicate how often they saw patrons in their venue who they believed to be problem gamblers based on their behaviour or appearance (Table 4.10). As indicated in Table 4.10, every staff member felt that they had seen a problem gambler at least once. In fact, 42% said that they saw problem gamblers all the time, with a total of 80% indicating that this occurred on at least a weekly basis.

Table 4.10 How often venue staff reported spotting problem gamblers in their venue

	N (%)
Never	0 (0.0)
Less than once per month	8 (6.4)
2-3 times per month	15 (12.0)
Weekly or more often, but not every day	47 (37.6)
Almost all the time	53 (42.4)

When asked why they had thought that particular patrons were problem gamblers, a number of common themes or factors were identified.

4.9.1 Emotional Reactions

Many respondents indicated that they had witnessed anger, mood swings, and violence perpetrated towards the venue itself or venue staff. Some examples of comments included:

- S.29 “Swearing or kicking machine; talking to themselves or to the machine; annoying other patrons by doing so; changing a big sum at a time and come back for more change”
- S.22 “Lose temper at gambling machines and seems stressed when they lose money”
- S.5 “Come into premises very happy and cheerful, almost excited – leave very nasty, blaming others for losing, throwing a temper tantrum”
- S.47 “Change in habits, complaining machines don’t pay out, agitation, mood swings, violence towards machines, disrespect to staff and other patrons.”
- S.33 “Signs of stress, change of appearance, look of distress and whinging about other part of the hotel”
- S.69 “Anger issues, abusing staff, complaining about not being able to pay bills, saying machines are rigged”
- S.77 “Complaining about spending all their money, visibly upset and angry. Complaining the machines are rigged”
- S.78 “Friendly patrons going sour and getting easily flustered.”
- S.7 “Don’t look happy when they win.”
- S.26 “Their body language; upset and agitated when not winning.”
- S.19 “Visibly frustrated; start displaying somewhat violent behaviour.”

Others referred to other general changes in body language or social behaviours “looking agitated”, “low moods”, becoming “anti-social”, “getting over-excited”, a tendency of gamblers to play so intensely that they were not aware of what was going on around them.

4.9.2 Excessive Levels of Involvement

Others felt that some gamblers were clearly spending too much time or money gambling. References were made to the “frequency of visits”, long sessions of gambling, not even stopping to eat and drink, cashing large notes, using ATMs again and again, and how often people were at the venue when it opened.

- *S.66 “Shaking, stayed on for more than 24 hours, didn’t change their clothes for the last 3 days. Didn’t bother to eat or drink”*
- *S.4 “They are there all day or come in once a week and spend hundreds, are on pensions telling you the machine owes them, they are there more than once a week hocking items to gamble”*
- *S.48 “Amount of money lots. Length of time playing*
- *S.2 “Staying for hours and using ATM all the time. Not eating or drinking”*
- *S.16 “The amount of money spent; Frequency of gambling (inability to walk away)*
- *S.51 “The amount of money they are spending – try to get back loses. The amount of times that they are doing it. By some comments that they make”*
- *S.24 “In the gaming room on a regular basis, spending large amounts of money in one session, becoming more desperate for a win at times”*
- *S.42 “When they regularly change large notes with the cashier and they are not ‘relaxed’ about it”*
- *S.50 “The same people waiting at the front doors at 9am waiting to come in and gamble.*

4.9.3 Searching for Money/ Chasing Losses

Venue staff had also observed people’s desperation to obtain additional money to keep gambling and saw various related behaviours as likely indicators of problem gambling. References were made to people leaving the venue and coming back after obtaining additional money, or people who come back repeatedly for additional money.

- *S.63 “On my own basis – they stay all day til they have no money left. We get to know them”*

- S.50 “ People getting abusive with their machines, also asking to borrow money off other patrons to get back.”
- S.64 “Some people waiting at door for venue to open, asking for a \$1 coin – emptying purse wallet pockets to make up the \$1 in 5 cent pieces (using every last cent). Spending hours at machines – then upset or angry they are broke”
- S.7 “They arrive early in the day and stay a long time. They don’t buy a drink or a snack the entire time they’re there even through lunch or dinner time, they move back and forth to the ATM, they spend all their notes, then their coins, then they go to the car and get loose change then the ATM and cash \$100 at a time.”
- S.65 “The fact that they will come and exchange \$500 \$1000 in a night and keep chasing the loss. Mums who have to pick up kids from school take them home and come back”
- S.38 “Cash in \$100 on arrival, come back 5 minutes later and cash in another \$100, come back again in 5 minutes, etc”
- S.18 “The amount of money they put through the machines, ... the need to leave the premises to obtain further finance”
- S.73 “Turning up and going on the same machine and staying on that one machine all night trying to get their money back”

Other staff also reported having observed people attempt to borrow money from other patrons, or to attempt to sell property at the venue.

4.9.4 Irrational Behaviours or Attributions of Blame

A third broad category of behaviour that featured very prominently related to irrational attributions of blame. People frequently blamed machines and venue staff for losing.

- S.46 “How they complain about losses”
- S.68 “Amount of money spent in short amount of time. Attitude changing money – grumpy when losing – comments such as “your machines took all my money/are rigged, I can’t pay my bills”
- S.62 “...blaming us staff who are on that day that they are unlucky for them...”
- S.56 “Increase of their usual money spent. Complaining we ‘rig’ machines.”
- S.70 “Complaining they are due a win”
- S.71 “The amount of time and focus they dedicate to their machine. Repeatedly saying they’re going to leave, but not actually going. Staying longer because “the win is due, it’s coming”

4.10 Indicators for Confirmed Problem Gamblers

Venue staff were asked whether they had observed someone and thought that they was a problem gambler and later had this confirmed by a request for help exclusion, or advice. Exactly half of the sample reported that this had happened at least once. When asked why they had suspected that the person had a problem, a similar list of themes again emerged. There were examples of people who had tried to borrow money, or who people who admitted that they were in financial or family difficulties because of gambling:

- S.29 *“She was complaining that she couldn’t pay her bills anymore and did not have enough money for food for herself and her kids*
- S.66 *“He kept telling me that he is in trouble because of his wife didn’t know that he draws so much money out from their joint account to gamble. She will divorce him when she finds out. He is desperate to get the money back when he loses. He is about to cry, doesn’t know what to do. Sneaks out of work to get his money back etc. Borrows money from other players and never return them”*

Others had complained about losing or spending too much and had become very agitated.

- S.46 *“Complain about losses. Personality changed from easy going to agitated”*
- S.70 *“Complaining loudly about not winning – customer was there mostly every day”*
- S/71 *“Intense focus on gaming, then complaining when all their money is gone (often) – then once, more seriously, admitting they’d spent more than they were worth”*
- S.48 *“Physical signs of stress”*
- S.26 *“Their body language; upset and agitated when not winning; use of banks away from premises so that casino ATM’s aren’t registered on their bank statements; long stays at the casino – person was then counselled by Host Responsibility department as a result barred from premises”*
- S.77 *“Getting upset and saying she shouldn’t be in the venue”*

There were also references to how long people were spending at venues, how much money they were spending. These behaviours often occurred in conjunction with changes in mood, or attempts to borrow money.

- S.13 *“Increased spending, asked for help by staff”*
- S.47 *“Spending habits and length of time playing were sharply increasing over time and started only coming in on payday”*

- S.38 *“At the hotel early in the morning, in lunch breaks and then after work”*
- S.45 *“An increasing level of play and a change in demeanour”*
- S.24 *“Gambling for all day with no break – there for your whole shift. Also continually coming and going from the gaming room”*
- S.1 *“Her comment – “If I bet big I will win big” –Spent lots of money, kept going to ATM. Got confused as to how much she had come in with and lost”*
- S.27 *“Playing machines from 8am to 2 am – without once leaving the premises”*
- S.18 *“Frequency and length of stay had increased. Agitation and mood had changed. Started asking friends (other patrons) for money”*
- S.64 *“Seeing same person day after day – starting with max bets ending betting 1c/press once all of their own money was lost they then complained to other patrons about machines never paying out anymore and even asking for a donation to continue playing. Finally I was asked if venue could place a 3 month ban on person from entering venue.*

Aggressive behaviours or angry outbursts were also mentioned by a number of venue staff. Once again, there were attempts to blame the venue for losses, or to blame the machines.

- S.5 *“Became very aggressive when started losing. Blaming everyone around him even for talking to him”*
- S.11 *“Abusive to staff and other customers, constant complaints about the outcome of the game”*
- S.17 *“Very deeply angered and secluded in gambling style. Irregular to normal personality, extremely involved in the game almost at a personal level”*
- S.16 *“Chasing losses, abusing staff and other gamblers (verbally and physically); returning as soon as we open to win back the money lost the night before”*
- S.10 *“E.g. she was visibly upset when she ‘only’ won \$250. This she then proceeded to spend chasing more because she’d lost more than that”*
- S.56 *“Was angry and frustrated. Blaming us fro them losing”*
- S.2 *“Very edgy when they lose. Blaming the staff that the machines are rigged”*

4.11 Endorsement of Identified Indicators and Behaviours

In order to validate the range of indicators and behaviours compiled by the researchers (see Chapters 3 and 5), venue staff were asked to indicate: (a) Whether they had seen problem gamblers display each of the indicator in venues at which they had worked, and (b) Whether each of the indicators was a useful or valid indicator of problem gambling (Table 4.11). Those items endorsed by at least 50% of respondents are identified by shading. As can be observed, the venue staff had personally observed the vast majority of the indicators or behaviours, and most of these factors were identified as

potentially useful in identifying problem gamblers within venues. The most strongly endorsed factors were: gambling every day, gambling for three hours or more without a break, or gambling continuously; difficulties in stopping gambling at closing time or being there when the venue was opening, making multiple cash withdrawals, leaving the venue to find additional money, blaming the venue or staff for losing, swearing at machine or venue staff, or trying to borrow money from others.

Table 4.11 Venue staff endorsement or validation of items proposed for research

	Have seen problem gamblers do this at venue N (%)	Cue or behaviour might be useful in identifying problem gamblers at venues N (%)
Frequency/ Duration and Intensity		
1. Gambles every day	107 (85.6)	99 (79.2)
2. Gambles for three hours or more without a proper break	114 (91.2)	89 (71.2)
3. Gambles so intensely that he or she barely reacts to what is going on around him/her	93 (74.4)	86 (68.8)
4. Plays very fast	75 (60.0)	50 (40.0)
5. Bets \$5 or more spin most of the time	67 (53.6)	48 (38.4)
6. Rushes from one machine to another	65 (52.0)	50 (40.0)
7. Plays only high denomination \$1 machines	60 (48.0)	39 (31.2)
8. Person gambles continuously	107 (85.6)	92 (73.6)
Impaired Control		
1. Stops gambling only when the only venue is closing	93 (74.4)	87 (69.6)
2. Gambled right through your usual lunch break or usual dinner time	83 (66.4)	55 (44.0)
3. Difficult for the person to stop gambling at closing time	78 (62.4)	91 (72.8)
4. Fell asleep at a machine	39 (31.2)	40 (32.0)
5. Tried obsessively to win on a particular machine	98 (78.4)	77 (61.6)
6. Starts gambling when the venue is opening	84 (67.2)	87 (69.6)

[Table 4.11 continued]

Social Behaviours		
1. Asked venue staff to not let other people know they were gambling there	56 (44.8)	73 (58.4)
2. Friend or relatives call or arrive to ask if the person is still at the venue	71 (56.8)	80 (64.0)
3. Person is impolite to staff (sullen, demanding, rude or arrogant)	95 (76.0)	71 (56.8)
4. Avoids contact, communicates very little with anyone else	76 (60.8)	55 (44.0)
5. Stayed on to gamble while friends left the venue	70 (56.0)	58 (46.4)
6. Became very angry is someone took their favourite machine or spot at venue	77 (61.6)	70 (56.0)
Raising Funds / Chasing Behaviour		
1. Gets cash out on two or more occasions to gamble using an ATM or EFTPOS at the venue	107 (85.6)	94 (75.2)
2. Asks to change large notes at venue before gambling	71 (56.8)	50 (40.0)
3. Borrows money from other people at venues	73 (58.4)	96 (76.8)
4. Asks for a loan or credit from the venue	48 (38.4)	84 (67.2)
5. Tries to sell objects of value at venue	20 (16.0)	77 (61.6)
6. Puts large win amounts back into the machine and keeps playing	100 (80.0)	88 (70.4)
7. Tries to cash cheques at the venue	45 (36.0)	52 (41.6)
8. Have left the venue to find money to continue gambling	90 (72.0)	91 (72.8)
Emotional Responses		
1. Shaking (while gambling)	40 (32.0)	55 (44.0)
2. Sweating a lot (while gambling)	37 (29.6)	40 (32.0)
3. Looks nervous/edgy	70 (56.0)	64 (51.2)
4. Seems angry	92 (73.6)	81 (64.8)
5. Kicking machines	77 (61.6)	79 (63.2)
6. Looks very sad or depressed	80 (64.0)	66 (52.8)
7. Cried after losing a lot of money	45 (36.0)	79 (63.2)
8. Sat with their head in their hands after losing	43 (34.4)	65 (52.0)

Alcohol Use		
Gambled after having drunk a lot of alcohol	77 (61.6)	50 (40.0)
Irrational Behaviours		
Blames the venue or machines when he or she or loses	117 (93.6)	101 (80.8)
Complains about losing to venue staff	102 (81.6)	87 (69.6)
Swearing at machine or venue staff because they lost	108 (86.4)	99 (79.2)

When asked which of these indicators were most important, several respondents indicated that all of them were important:

- S.69 “All of them”
- S.63 “I don’t think there is just one – I believe they are all important”
- S.72 “They are all as important as each other as they all link together”
- S.50 “It would be too hard to pick just one! I’d have to say 98% of these are important. Definitely people asking you not to tell their friends or family they have been gambling”

Other respondents provided written feedback that indicated whether they believed each individual sign or behaviour was important. Table 4.12 provides a summary of the relative importance of each indicator as based on the number of times it was endorsed. Overall, the results again confirmed that almost all of the indicators were identified as being important by at least one respondent as based on their experience working in gambling venues. However, the degree of endorsement varied to some degree depending upon the specific type of indicator. Very frequent gambling and gambling for long periods were the most important indicators of excessive involvement. There was also considerable endorsement of social and emotional behaviours, along with any behaviours that indicated that the person was urgently in need of money, e.g., leaving the venue and returning, making multiple ATM withdrawals. Anger and attributions of blame directed towards the venue and its staff were very also consistently identified as important indicators of underlying gambling problems.

Table 4.12 Venue staff indication of most important signs of behaviours (* times endorsed)

	Identified as most important
Frequency/ Duration and Intensity	
1. Gambles every day	*****
2. Gambles for three hours or more without a proper break	*****
3. Gambles so intensely that he or she barely reacts to what is going on around him/her	*
4. Plays very fast	**
5. Bets \$5 or more spin most of the time	*
6. Rushes from one machine to another	
7. Plays only high denomination \$1 machines	
8. Person gambles continuously	****
Impaired Control	
1. Stops gambling only when the only venue is closing	****
2. Gambled right through your usual lunch break or usual dinner time	*
3. Difficult for the person to stop gambling at closing time	*
4. Fell asleep at a machine	
5. Tried obsessively to win on a particular machine	**
6. Starts gambling when the venue is opening	****
Social Behaviours	
1. Asked venue staff to not let other people know they were gambling there	*
2. Friend or relatives call or arrive to ask if the person is still at the venue	*
3. Person is impolite to staff (sullen, demanding, rude or arrogant)	*****
4. Avoids contact, communicates very little with anyone else	*
5. Stayed on to gamble while friends left the venue	*
6. Became very angry is someone took their favourite machine or spot at venue	

[Table 4.12 continued]

Raising Funds / Chasing Behaviour	
1. Gets cash out on two or more occasions to gamble using an ATM or EFTPOS at the venue	*****
2. Asks to change large notes at venue before gambling	****
3. Borrows money from other people at venues	*****
4. Asks for a loan or credit from the venue	*****
5. Tries to sell objects of value at venue	***
6. Puts large win amounts back into the machine and keeps playing	*****
7. Tries to cash cheques at the venue	
8. Have left the venue to find money to continue gambling	*****
Emotional Responses	
1. Shaking (while gambling)	**
2. Sweating a lot (while gambling)	*
3. Looks nervous/edgy	**
4. Seems angry	*****
5. Kicking machines	****
6. Looks very sad or depressed	*****
7. Cried after losing a lot of money	*****
8. Sat with their head in their hands after losing	*
Alcohol Use	
1. Gambled after having drunk a lot of alcohol	***
Irrational Behaviours	
1. Blames the venue or machines when he or she or loses	***
2. Complains about losing to venue staff	**
3. Swearing at machine or venue staff because they lost	*****

4.12 Other Indicators to Consider

Venue staff were also asked to indicate whether there were any important indicators that the researchers had not included in their list. On the whole, only a relatively small number of additional indicators were identified. Some respondents referred to the people's grooming, state of attire, or personal hygiene:

- S.37 "People not well dressed"
- S.42 "When a problem gambler wets themselves (urinates) at a machine because they can't leave the machine to go to the toilet"

- *S.15 "Letting cigarette ash fall all over themselves"*
- *S.11 "Personal grooming slipping."*
- *S.17 "Hygiene change in a person's appearance over several visits. Look for same clothing worn 2 days in a row, nice smell one day bad the next."*

Others emphasised the importance of looking for changes over time, particularly in relation to regular patrons with whom they were familiar. Such changes included sudden changes in mood, changes in expenditure patterns, mood swings, or deteriorations in appearance.

- *S.5 "Sudden change in character; continual lying and telling of tall stories to staff and fellow punters. Trying to 'big note'"*
- *S.11 "Trying to win back losses (doubling up bets); personal grooming slipping"*
- *S.26 "Behaviour patterns in regular patrons. Who they come with, play with most; if playing on tables who their favourite croupier is – often they can tell you things about the patron that you don't pick up"*
- *S.45 "A change in usual behaviours i.e. playing more often, unusual hours, increase in size of bet"*
- *S.28 "When you get to know regular customers look for a change in behaviour"*
- *S.12 "Severe mood swings, gamblers who feed off the 'highs' of winning but become severely affected when they don't"*
- *S.18 "An increase in frequency or length of stay. Increase in daily spend"*
- *S.47 "Change in habits over time"*

Several respondents also drew attention to cases when people had left children unattended or out in the parking lot outside the venue.

- *S.27 "Children left unattended in cars and other parts of the hotel"*
- *S.56 "Sometimes they may have kids in the area waiting. We are positioned in a shopping centre, so there have been times where we have noticed kids next door at hungry jacks alone or constantly looking through front doors of venue"*
- *S.54 "Leaving children outside gaming room"*

Two of these factors (appearance and children being left) were considered by the researchers in the original derivation of the list of potential indicators, but not included in the final list. Although the personal appearance of some problem gamblers may deteriorate over time, judging a person's problem gambling status based on their personal appearance is problematic and heavily value-laden. Similarly, although leaving children at the venue or in the car may be sometimes observed in problem gamblers, such

behaviours are likely to be rare because few gamblers visit venues accompanied by their children.

4.13 Beliefs about the Identification of Problem Gamblers in Venues

All respondents were asked to indicate on a 5-point rating scale the extent to which they agreed with a series of statements relating to the identification of problem gamblers within venues. The aim of these questions was to determine whether staff believed that it was possible or feasible for venue staff to identify problem gamblers within venues (see Table 4.13). Almost 70% were willing to concede that some of the patrons who visited their venue were problem gamblers, and around 66% argued that venue managers were aware of who these people were. Over 70% did not endorse the view that all gamblers look the same on the gaming floor, and two-thirds did not think that the process of attempting to identify problem gamblers was flawed. On the contrary, two-thirds felt that venue staff could identify problem gamblers in the venue if they received appropriate training, and around half the sample believed that there were clear and reliable ways in which to distinguish between problem gamblers and other patrons.

Table 4.13 Venue staff beliefs about identifying problem gamblers in venues

	M (SD)	1 Strongly disagree N (%)	2 Disagree N (%)	3 Neither agree or disagree N (%)	4 Agree N (%)	5 Strongly agree N (%)
There are clear and reliable ways to distinguish between problem gamblers and others at gaming venues	3.26 (1.17)	9 (7.2)	28 (22.4)	25 (20.0)	44 (35.2)	17 (13.6)
Venue managers and operators generally know who the problem gamblers are	3.63 (1.07)	4 (3.2)	21 (16.8)	14 (11.2)	61 (48.8)	23 (18.4)
Gamblers all look the same on the gaming floor	2.18 (0.96)	26 (20.8)	66 (52.8)	18 (14.4)	9 (7.2)	4 (3.2)

[Table 4.13 continued]

Few, if any, of our patrons are problem gamblers	2.33 (1.05)	30 (24.0)	43 (34.4)	30 (24.0)	17 (13.6)	2 (1.6)
The whole idea of trying to identify problem gamblers in venues is flawed and should be abandoned	1.92 (0.95)	49 (39.2)	45 (36.0)	20 (16.0)	8 (6.4)	1 (0.8)
Venue staff could identify problem gamblers at venues, but only if they had sufficient training	3.50 (1.09)	8 (6.4)	18 (14.4)	17 (13.6)	65 (52.0)	15 (12.0)

Comparisons of these ratings across the three jurisdictions showed that venue staff from NSW (where there is no statutory requirement for intervention despite the mandatory training) were generally more pessimistic about their ability to identify problem gamblers, or sceptical about the process. They were significantly less likely to endorse the view that there were reliable ways in which to differentiate between problem gamblers and others at the venue, and were less likely to support the view managers were aware of the identity of problem gamblers.

4.14 Venue Staff Views Concerning Appropriate Interventions

Venue staff were asked to say what action should be taken in the event that a person was suspected of being a problem gambler. Three broad types of response were recorded: (a) Personal intervention, (b). No action or stop serving, and (c) Refer to management for a solution.

4.15.1 Personal Interventions by Venue Staff

A number of respondents indicated that it was important to speak to the gambler, or personally intervene so that the person stopped gambling.

- *S.54 "Confront them in a respectful way and discuss" (NSW)*

- S.37 “Ask him/her to take a break” (SA)
- S.14 “Approach the person politely and diplomatically to ask questions/discuss the issues, then work out a plan of action or offer support through bans, help lines etc.” (SA)
- S.49 “Advise them not to go too far. Only bet what they can afford” (SA)
- S.12 “Try to maintain the privacy and confidentiality of the gambler, but subtly try to dissuade further gambling, depending on the person (if the person has aggressive tendencies this is perhaps not a good approach)” (ACT)
- S.22 “Offer him/her a coffee and invite him/her to a quiet rest room to have a talk” (SA)
- S.78 “We encourage them to have a casual chat if they are comfortable or approach the duty manager and inform them. All barrings are done with duty/gaming manager and another staff member chosen by the patron” (NSW)
- S.72 “Speak to patron regarding getting help, give them relevant brochures and hope we don’t get abused by the patron” (SA)

Some staff said that they would try to provide information concerning problem gambling services:

- S.1 “Talk to them about the gambling hotline. Quietly though as to not embarrass them on front of other patrons” (SA)
- S.7 “Required to offer them a phone number for help or a system to hold on to their winnings” (SA)
- S.50 “Approach the situation carefully, offer some pamphlets on solutions to gambling problems, maybe talk to one of their family members” (NSW)

Others reported that they would consider having the person banned from the venue for their own protection.

- S.18 “Remove the patron from the room and offer help and support. Barring would be the next step if you fear for their wellbeing” (SA)
- S.16 “talk to other staff members about the PG and bar them but if they were to do this there would be very few customers left” (ACT)
- S.66 “Talk to him nicely and identify the problem and introduce him to counselling. Also let him know about the self barring service” (NSW)
- S.64 “I think staff should be able to offer help by asking patron if they are aware of options eg. Exclusion, gamblers support groups etc” (NSW)

4.15.2 No action or stop serving/barring

A number of respondents said that they would not personally intervene directly, but try to stop the person gambling indirectly by no longer serving them, although there were some who did not feel that this was their role.

- S.33 *"We cannot do anything" (SA)*
- S.15 *"Refuse to serve them" (SA)*
- S.21 *"Tell the nicely they should go home" (NSW)*
- S.5 *"Not sure – if you tell them they should stop you are only treated with aggression" (SA)*
- S.30 *"If we approached 99.9% of problem gamblers in our venue we would be told in no uncertain terms where to go!!! Unfortunately it's a free world and unless someone is breaking the law it is basically their business what they do unless they actually ask for help!" (NSW)*
- S.65 *"I believe they can only really offer advice if asked. We should just make sure there are plenty of helpline stickers around" (SA)*
- S.3 *"Ask the person to leave the premises" (SA)*
- S.4 *"They are not breaking the law so what can you do besides show them gambling hotline (SA)*

4.15.3 Refer to Management

A number of respondents argued that action should be taken, but preferred to refer the problem to managers rather than take action themselves.

- S.43 *"Notify management and point out the problem –then they can take action accordingly. Very sensitive issue" (NSW)*
- S.38 *"Notify security to get patron to leave" (SA)*
- S.77 *"Notify the manager on duty who has training to deal with the situation" (NSW)*
- S.34 *"Being a dealer, I tell my supervisor. I think it is the same throughout the casino. Then they take action. They have the proper training" (SA)*
- S.19 *"They should speak to a venue manager, so the manager could speak to the gamblers or the manager could get in contact with someone whose job it is to counsel problem gamblers" (SA)*
- S.68 *"Let management know. Be aware/ready if PG wants to talk" (SA)*
- S.11 *"Call their supervisor who in turn will pass their concerns onto the Host Responsibility Coordinators – we then assess them and take it from there" (SA)*
- S.67 *"Maybe record name and symptoms in a ledger so that venue/gaming managers can keep an eye on them. It is not their place to offer advice or to be judgemental to that person" (SA)*

- S.73 “Maybe speak to the manager but I strongly believe that it is not up to the venue to try and control gamblers they will go somewhere else. They can also make the decision themselves to be barred” (NSW)
- S.26 “Staff is required to pass on observations to Host Responsibility Department who then monitor patron and build up a case on them – chat with them when necessary” (SA)
- S.45 “Inform manager and follow venue policy” (SA)
- for assistance. Some problem gamblers are ‘barred’ and are not to be served” (NSW)
- S.56 “Keep a journal about the PG and notify the venue manager” (NSW)
- S.39 “Inform a supervisor of the situation or privately discuss the situation with the person. Where possible inform ‘responsible gaming personnel” (SA)
- S.28 “Report it to management, then they should take them aside to have a quiet chat to discuss if there is an issue” (SA)

4.16 Survey of Problem Gambling Counsellors

(a) Respondent Demographics

Details of the respondents’ gender, age and years of work experience in gambling treatment services were recorded, including the amount of time they had worked with gamblers in general, and how long at the current agency.

(d) Work Experience

Counsellors were asked to describe their role in the agency (e.g., financial counsellor, general social work, clinical psychologist), how many hours they worked per year, and how much contact they had with problem gamblers.

(e) List of Visible Indicators

A detailed list of potentially visible cues or behaviours was provided (described in full detail in Chapter 5). For each item, counsellors were asked to indicate whether they had ever had first-hand client reports of each behaviour (YES / NO) and whether it was, in general, a useful indicator of problem gambling (YES / NO). They were also asked to indicate which of the indicators were most important and whether there were others that should be included on the list.

(f) Attitude and Beliefs

A series of statements relating to the *in situ* identification of problem gamblers was provided. For each, counsellors were asked to indicate the extent to which they agreed or disagreed on a 5-point Likert scale, 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Strong Agree. As summarised in Appendix B, statements related to whether they felt that it was feasible to identify problem gamblers or appropriate for venue staff to adopt this role, whether gamblers all looked the same on the gaming floor, and whether staff had appropriate training to undertake the process of identification.

(g) Interventions

Counsellors were asked to indicate what venue staff should do if a patron were identified as a problem gambler in the venue.

4.17 Sample Characteristics

A small representative sample of individuals who worked regularly as gambling counsellors in South Australia (male: N = 6, 40.0%, female: N = 9, 60.0%) were interviewed. Individuals were drawn from almost all major counseling agencies available in the State, including Uniting Care Wesley, Relationships Australia, Salvation Army, Flinders Medical Centre, and Anglicare. As indicated in Table 4.14, the majority of the respondents were counsellors, mental health nurses or Host Responsibility Coordinators at SkyCity. A third of the respondents (33.3%) were aged 18-35 years, 9 (60.0%) were aged 36-55 years, none were aged over 55 years. One participant did not provide their age.

Table 4.14 Background of individuals who work with problem gamblers

	N (%)
Psychiatric nurse/mental health worker	5 (53.3)
Host Responsibility Coordinator (Skycity)	7 (46.7)
Other Counsellor	2 (33.3)
Registered psychologist	1 (6.7)

4.18 Sampling Methodology

Counsellors and mental health workers were eligible to participate if they worked with problem gamblers on a regular basis within a therapeutic or counselling role. All participants were interviewed face-to-face at their particular organisation. The identity of organisations, including their name, postcodes and suburb were not requested in the interest of maintaining the anonymity of both the counsellors/mental health workers and the organisations involved.

4.19 Work Status and Experience

Respondents were asked to identify the number of years they had worked with problem gamblers and how long they had worked in their current role in their particular organisation. They were also asked to indicate the number of gamblers they typically spoke with on a weekly basis. As indicated in Table 4.15, the number of total years worked with problem gamblers and the number of years in their current organisation was quite similar. On average, the respondents reported interacting with around 11 problem gamblers on a weekly basis. Around 40% of these cases were seen only once per week, just over a quarter (26.7%) were seen between 2 to 3 times a week, and a third (33.3%) were seen less than once a week but generally on a fortnightly basis.

Table 4.15. Average number of years worked with problem gamblers, in their current role and average number of problem gamblers seen on a weekly basis

	M (SD)
Average number of years worked with problem gamblers	4.82 (4.14)
Average length of time in role in particular organization	4.42 (5.33)
Average number of problems gamblers seen on a weekly basis	10.96 (8.78)

Respondents were asked to indicate the type of work they carried out with problem gamblers. As can be seen in Table 4.16, the type of work was quite varied but mainly consisted of general counselling techniques including narrative therapy and strength-based counselling. Other interventions included cognitive-behavioural interventions, financial and legal counseling and the provision of information regarding self-barring and other gambling services.

Table 4.16 The type of work carried out with problem gamblers

	N (%)
Other counselling i.e. general counselling, narrative therapy, strengths-based counselling	14 (93.3)
Other i.e. providing information regarding services, self barring, responsible gambling strategies	6 (40.0)
Cognitive-behavioural interventions	5 (33.3)
Legal Counselling	3 (20.0)
Behavioural cue-exposure techniques or imaginal desensitisation	2 (13.3)
Financial Counselling	2 (13.3)
Advocacy	1 (6.7)

Taken as a whole, these results suggested that the sample included a good representation, albeit small, of different types of counsellors/mental health nurses working with problem gamblers. The respondents were generally experienced in their roles, had regular contact with gamblers, and used a variety of intervention techniques in their work with problem gamblers.

4.20 Endorsement of Identified Indicators and Behaviours

In order to validate the range of indicators and behaviours compiled by the researchers (see Chapters 3 and 5), the respondents were asked to indicate: (a) Whether

the behaviour or cue had been reported to them by their clients, and (b) Whether each of the indicators was a useful or valid indicator of problem gambling (Table 4.17). Those items endorsed by at least 50% of respondents are identified by shading. As can be observed, the vast majority of the indicators or behaviours had been reported to the respondents by their clients, and most of these factors were identified as potentially useful in identifying problem gamblers within venues. The majority of indicators or behaviours were endorsed by more than half of the respondents as clearly indicated in Table 4.17 below.

Table 4.17 Counsellor endorsement or validation of items proposed for research

	Cue or behaviour been reported by clients	Cue or behaviour might be useful in identifying problem gamblers at venues
	N (%)	N (%)
Frequency/ Duration and Intensity		
1. Gambles every day	11 (73.3)	13 (86.7)
2. Gambles for three hours or more without a proper break	11 (73.3)	13 (86.7)
3. Gambles so intensely that he or she barely reacts to what is going on around him/her	11 (73.3)	15 (100.0)
4. Plays very fast	9 (60.0)	8 (53.3)
5. Bets \$5 or more spin most of the time	7 (46.7)	6 (40.0)
6. Rushes from one machine to another	9 (60.0)	10 (66.7)
7. Plays only high denomination \$1 machines	7 (46.7)	6 (40.0)
8. Person gambles continuously	10 (66.7)	13 (86.7)
Impaired Control		
1. Stops gambling only when the only venue is closing	9 (60.0)	11 (73.3)
2. Gambled right through your usual lunch break or usual dinner time	11 (73.3)	10 (66.7)
3. Difficult for the person to stop gambling at closing time	8 (53.3)	11 (73.3)
4. Fell asleep at a machine	1 (6.7)	7 (46.7)
5. Tried obsessively to win on a particular machine	11 (73.3)	14 (93.3)

[Table 4.17 continued]

6. Starts gambling when the venue is opening	9 (60.0)	12 (80.0)
Social Behaviours		
1. Asked venue staff to not let other people know they were gambling there	7 (46.7)	12 (80.0)
2. Friend or relatives call or arrive to ask if the person is still at the venue	9 (60.0)	13 (86.7)
3. Person is impolite to staff (sullen, demanding, rude or arrogant)	7 (46.7)	8 (53.3)
4. Avoids contact, communicates very little with anyone else	11 (73.3)	11 (73.3)
5. Stayed on to gamble while friends left the venue	10 (66.7)	9 (53.3)
6. Became very angry if someone took their favourite machine or spot at venue	10 (66.7)	14 (93.3)
Raising Funds / Chasing Behaviour		
1. Gets cash out on two or more occasions to gamble using an ATM or EFTPOS at the venue	10 (66.7)	13 (86.7)
2. Asks to change large notes at venue before gambling	7 (46.7)	5 (33.3)
3. Borrows money from other people at venues	9 (60.0)	12 (80.0)
4. Asks for a loan or credit from the venue	7 (46.7)	12 (80.0)
5. Tries to sell objects of value at venue	7 (46.7)	12 (80.0)
6. Puts large win amounts back into the machine and keeps playing	10 (66.7)	11 (73.3)
7. Tries to cash cheques at the venue	4 (26.7)	9 (60.0)
8. Have left the venue to find money to continue gambling	10 (66.7)	12 (80.0)
Emotional Responses		
1. Shaking (while gambling)	8 (53.3)	10 (66.7)
2. Sweating a lot (while gambling)	9 (60.0)	9 (60.0)
3. Looks nervous/edgy	9 (60.0)	11 (73.3)
4. Seems angry	10 (66.7)	9 (60.0)
5. Kicking machines	9 (60.0)	13 (86.7)
6. Looks very sad or depressed	9 (60.0)	9 (60.0)

[Table 4.17 continued]

7. Cried after losing a lot of money	9 (60.0)	12 (80.0)
8. Sat with their head in their hands after losing	3 (20.0)	11 (73.3)
Alcohol Use		
Gambled after having drunk a lot of alcohol	7 (46.7)	5 (33.3)
Irrational Behaviours		
Blames the venue or machines when he or she or loses	10 (66.7)	12 (80.0)
Complains about losing to venue staff	9 (60.0)	13 (86.7)
Swearing at machine or venue staff because they lost	9 (60.0)	12 (80.0)

Respondents also provided written feedback that indicated whether they believed each individual sign or behaviour was important. Table 4.18 provides a summary of the relative importance of each indicator as based on the number of times it was endorsed.

Table 4.18 Most important signs or behaviours as endorsed by counsellors

	Identified as most important
Frequency/ Duration and Intensity	
1. Gambles every day	***
2. Gambles for three hours or more without a proper break	**
3. Gambles so intensely that he or she barely reacts to what is going on around him/her	*****
4. Plays very fast	
5. Bets \$5 or more spin most of the time	*
6. Rushes from one machine to another	*
7. Plays only high denomination \$1 machines	*
8. Person gambles continuously	**
Impaired Control	
1. Stops gambling only when the only venue is closing	****
2. Gambled right through your usual lunch break or usual dinner time	

[Table 4.18 continued]

3. Difficult for the person to stop gambling at closing time	*****
4. Fell asleep at a machine	
5. Tried obsessively to win on a particular machine	*
6. Starts gambling when the venue is opening	*****
Social Behaviours	
1. Asked venue staff to not let other people know they were gambling there	**
2. Friend or relatives call or arrive to ask if the person is still at the venue	***
3. Person is impolite to staff (sullen, demanding, rude or arrogant)	*
4. Avoids contact, communicates very little with anyone else	
5. Stayed on to gamble while friends left the venue	*
6. Became very angry if someone took their favourite machine or spot at venue	**
Raising Funds / Chasing Behaviour	
1. Gets cash out on two or more occasions to gamble using an ATM or EFTPOS at the venue	**
2. Asks to change large notes at venue before gambling	
3. Borrows money from other people at venues	*
4. Asks for a loan or credit from the venue	***
5. Tries to sell objects of value at venue	***
6. Puts large win amounts back into the machine and keeps playing	*****
7. Tries to cash cheques at the venue	
8. Have left the venue to find money to continue gambling	****
Emotional Responses	
1. Shaking (while gambling)	*
2. Sweating a lot (while gambling)	**
3. Looks nervous/edgy	**
4. Seems angry	***
5. Kicking machines	*****
6. Looks very sad or depressed	*****
7. Cried after losing a lot of money	****
8. Sat with their head in their hands after losing	***
Alcohol Use	
1. Gambled after having drunk a lot of alcohol	*

[Table 4.18 continued]

Irrational Behaviours	
1. Blames the venue or machines when he or she or loses	***
2. Complains about losing to venue staff	****
3. Swearing at machine or venue staff because they lost	****

Overall, the results again confirmed that almost all of the indicators were identified as being important by at least one respondent as based on their experience working with problem gamblers. The majority of impaired control indicators (especially related to opening and closing times) and emotional response indicators such as kicking machines and looking sad or depressed, were endorsed by a high proportion of respondents. Putting large wins back into machines and gambles so intensely that he or she barely reacts to what is going on around him/her were also considered particularly important items.

4.21 Other Indicators to Consider

Venue staff were also asked to indicate whether there were any important indicators that the researchers had not included in their list. On the whole, only a relatively small number of additional indicators were identified. Some respondents referred to other behavioural cues such as smoking and length of stay in venues:

- S.2 “Aspects of their behaviour – how many times they get change, do they go to cashier first then only cash machine after, destructive behaviours towards machines, behaviours of problem gamblers associates i.e. wife clutching bag, pacing, waiting on them – she could still be the client”
- S.1 “Not answering mobile phone or running outside to answer it, saying no I’m not at the venue to person on phone – lying/secrets to family”
- S.3 “Length of stay – casino open 24 hours”
- S.4 “Smoking a lot while gambling, thought patterns. Housewives – with fixed hours to gambles – i.e. 1 hour of binge gambling or finish work and spend half an hour quickly so no one knows” – so no signs are shown to family, friends etc”
- S.7 “Asking for coins to be changed at machines, looking at erroneous behaviours and beliefs – rubbing machine for luck, gambling big then putting coins together to look like \$1, looking at watch”

- *S.10 “There at venue same time, same day(s) of week i.e. pay day or after midnight when pay clears (Centrelink payments). Same staff – therefore can notice this behaviour. Gambling alone – not socialising and regular with no breaks”*
- *S.14 “Combination of factors. Hiding it from others – lying to others. Kids/dependants – is that a sign? Age group – 85 year olds there at 3am, culture/upbringing/personality, financial or time, other issues/duties/roles being impacted on”*

Others respondents, similar to the venue staff, emphasised the importance of looking for changes over time, particularly in relation to regular patrons with whom they were familiar. Such changes included sudden changes in mood, changes in expenditure patterns, or mood swings:

- *S.5 “Changes in demeanour – mood. Length of stay is very important. Changes in appearance and demeanour – start off friendly, any changes in length of stay, money spent, other changes at home that act as triggers – only applicable to regulars. Inability to pay for valet parking/taxis home. Money is a second indicator – only indicator is on pension/low SES and have action card – look at history – amount of money spent – look for changes. Action program – indicates how long they spend at venue and money spent”*
- *S.11 “Staff in venue knowing customers is important – can pick up on changes. Money matters etc need to be taken into consideration”*
- *S.13 “Biggest thing is change in behaviour – what they usually spend i.e. \$10 goes up to \$100, there 1 per week not 5 times a week, was happy not withdrawn and no contact. Look for and document changes in their behaviour”*

4.22 Beliefs about the Identification of Problem Gamblers in Venues

All respondents were asked to indicate on a 5-point rating scale the extent to which they agreed with a series of statements relating to the identification of problem gamblers within venues. The aim of these questions was to determine whether respondents believed that it was possible or feasible for venue staff to identify problem gamblers within venues (see Table 4.18).

Almost 60% agreed to strongly agreed that there are clear and reliable ways to distinguish between problem gamblers and other gamblers on the gaming floor (see Table 4.18). However, 60% neither agreed nor disagreed that all gamblers look the same on the

gaming floor. The vast majority (86.7%) disagreed or strongly disagreed that the idea of identifying problem gamblers was flawed and should be abandoned. Over 70% agreed that venue staff could identify gamblers at venues but only if they had sufficient training.

Table 4.18 Beliefs about identifying problem gamblers in venues

		1 Strongly disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly agree
	M (SD)	N (%)	N (%)	N (%)	N (%)	N (%)
There are clear and reliable ways to distinguish between problem gamblers and others at gaming venues	3.47 (1.36)	1 (6.7)	4 (26.7)	1 (6.7)	5 (33.3)	4 (26.7)
Gamblers all look the same on the gaming floor	2.07 (0.80)	3 (20.0)	9 (60.0)	2 (13.3)	1 (6.7)	0 (0.0)
The whole idea of trying to identify problem gamblers in venues is flawed and should be abandoned.	1.80 (0.86)	6 (40.0)	7 (46.7)	1 (6.7)	1 (6.7)	0 (0.0)
Venue staff could identify problem gamblers at venues, but only if they had sufficient training	3.67 (0.98)	1 (6.7)	1 (6.7)	1 (6.7)	11 (73.3)	1 (6.7)

4.23 Views Concerning Appropriate Interventions

Respondents were asked to indicate what they think venue staff should do if they spot a person to whom they believe to be a problem gambler and what they felt would be a reasonable response. Two broad types of response were recorded: (a) Personal intervention, or (b) Refer to Management for a solution.

4.23.1 Personal Interventions by Venue Staff

Some respondents indicated that a reasonable response would be to build rapport with the individual and then approach the individual in a non-judgemental way and possibly try to provide information concerning problem gambling services:

- S.1 *“Check it out – speak to senior manager, or with other staff. Look for patterns. Then it agreed – approach – decision who approaches depends on venue. Should be planned, coordinated approach – how it is made depends on relationship with patron – should be done in a respectful manner, not saying they have a problem. Be done within code of practice – offering support – pointing them in the right direction – opening up opportunities for conversation – not necessarily about gambling”*
- S.2 *“Individual thing – need to make assessment – strike up a conversation on way in and out of venue not whilst they are gambling. Don’t close down options straight away – i.e. don’t suggest self barring straight away – say there are lots of different help available – open options”*
- S.3 *“Open up channels of communication – offer gambling helpline at a minimum, offer to contact a support person for them (friend, UnitingCare Wesley), offer strategies to manage gambling, ie setting limits, coming in with a friend, no credit cards.*
- S.4 *“Build a relationship/rapport with individual and they may disclose they have a problem. Ask if they want a coffee, get free vouchers to restaurant and recommend they have a break. Need ability and support from management to do so”*
- S.6 *“Build up a level of rapport – try and have a casual chat at first – try to elicit information from them rather than suggest – create environment to allow person to discuss options”*
- S.7 *“Depends on gamblers and whatever they felt was ok – i.e. to sit down and check they were ok simple chat – open and caring”*
- S.8 *“Depends on situation – whole issue of ‘free will’ – at times it might be appropriate. If at venue for many hours might be scope for implementation of an intervention process – i.e. hotel has requirement – similar to alcohol legislation. One or two staff approach with a security guard and if don’t leave in five minutes they will be escorted. Responsible venue with signage – i.e. ‘we may approach you if... – but still issue of free will”*
- S.9 *“Very difficult to approach them, staff get trained in dealing with PG’s. Staff shouldn’t encourage PG’s – use skills to indicate they think they have a problem – use their relationship to talk to them. Depending on reaction – brochures, numbers/help lines, not counselling. Need some basic skills – i.e. building rapport, speaking gently to them not confronting them”*
- S.10 *“Each person is different. Patrons need to be ready. Need to be highly skilled and experienced. Need to be open and caring – non judgemental in your approach. Staff have to be non judgemental will people skills – need a very different level of skill – time is a problem. Should have cards with help*

information near coffee machine, in toilets, and plains clothed people that can approach them – so it is not obvious”

- *Approach gently – is everything ok? Pull them aside gently”*
- *S.13 “Don’t approach and say do you have a problem? – only could do that if you are a counsellor. Can build relationship, document behaviour changes in communication book, ask if everything is alright but don’t say do you have a problem? Say I’m concerned about you and say I know a good counsellor why don’t you give her a call. Say I’ve notice this – gives patron a chance to open up – if say no try again later – don’t label someone”*

4.23.2 Refer to Management

A number of respondents agreed that action should be taken, but indicated that it was probably preferential to refer the problem to managers or supervisors rather than the venue staff take action themselves.

- *S.11 “Try to establish communication, open up to staff member and then get help from senior person”*
- *S.15 “We encourage staff to document and build rapport with patron, once built relationship ask is everything is ok contact senior manager should be acted upon immediately – document behaviours, talk to other staff, don’t need to approach straight away”*
- *S.14 “Needs to be communication with other staff and manager – collaborative approach – best that staff member with best rapport/relationship with person is the person that approaches. Approach is a non confrontational, non judgemental way – without directly saying you have a gambling problem. Staff need awareness training use best person and best option i.e. support/barring”*
- *S.12 “Extremely hard – need to follow policy of hotel. Difference between good and bad staff. All people should be able to identify and refer it on to supervisor or manager – then they approach and offer barring packs as a general ‘room approach’ to all patrons – i.e. as part of our commitment to responsible gambling – hand out packs to everyone.*
- *S.5 “At casino – call HRC. In general – approach person very gently, don’t make assumptions, talk to them about behaviours, i.e. I’ve noticed you.., I’m just checking to see if you are ok.. they can’t disagree with you if you are commenting on obvious behaviours– many are surprised – taken aback and not many respond angrily more deny they have a problem”*

The respondents were also asked if they had any other comments on the topic of problem gamblers. A range of responses was recorded. A few of the respondents indicated how complex and difficult it is to approach problem gamblers and that staff training is not adequate to prepare venue staff to do this. One respondent indicated that

barriers to services need to be reduced and possibly welfare workers could work on-site in venues.

- S.1 *“Very complex area – staff training doesn’t adequately prepare them for this. Especially on how to approach –need to workshop with counsellors the skills etc. There is no one size fits all approach – depends on skills and knowledge of staff”*
- S.2 *“Many staff fear physical assault and get pressure from management”*
- S.9 *“Too much research. Need more practical measures – slow down machines, smartcard technology, set limits with time or money, also able to identify PG through this technology, need access to J Card info. Breaks patters and should be independent data available to everyone”*
- S.10 *“Have information available. It is done with drinkers – you need to stop gamblers too”*
- S.11 *“Need a lot of liaison workers in venues. Also need free access to welfare services in venues themselves there is too much of a gap between welfare and clients – need to immediate establish a relationship and maintain that contact with welfare workers – too many barriers to make a phone call etc. Gambler rehab services are not meeting needs at the cold face”*

Other respondents indicated that the issue of problem gamblers requires more recognition by the State and also in-house support by venue management:

- S.3 *“I do believe there is not enough recognition of problem gamblers in State – need change in management –desire to help will need to come from the top – responsible gambling not just as fun and entertainment. Early education/ intervention in schools is important – for alcohol, smoking and gambling – community approach to the problem”*
- S.4 *“Need to be supported by management – be clear about how far they can go – do they go against the manager?”*
- S.7 *“Barring is a bandaid and putting ban and fine – it is wrong – harm minimisation is much more important”*
- S.13 *“A very sensitive issue. So many factors and is unique for everyone. Many people go to great lengths to hide it. AHA can support hotels and staff. Hotels are going far beyond legislation to help people and their efforts needs to be acknowledged”*

4.24 Discussion and Conclusions

The purpose of these consultations and surveys with industry employees and gambling counsellors was obtain feedback concerning several key issues relating to the identification of problem gamblers within venues: (1) General views concerning the existence of valid and visible indicators of *in situ* behaviour, (2) The nature and range of

visible indicators that should be considered, and the validity the proposed list of indicators identified by the researchers, (3) The attitude of venue staff towards the process of identification, and (4) The nature and role of training in preparing venue staff for the process of identifying and assisting problem gamblers.

On the whole, both venue staff and counsellors endorsed the view that there were reliable and valid ways in which to identify problem gamblers within venues. Only a minority of venue staff believed that the size of venues, staff turnover, or the length of staff shifts made it difficult to identify problem gamblers in venues. Indeed, the vast majority of venue staff reported that they encountered problem gamblers in their current venue on at least a weekly basis. Indeed, a number of venue staff respondents reported having been approached by some patrons for assistance or exclusion from the venue after a period of observation within the venue. In such situations, where patrons had been displaying a variety of behaviours or patterns of behaviour for some time prior to coming forward, it was therefore possible for venue staff to be more confident that previously observed behaviours were indicative of problem gambling.

When asked which behaviours or indicators should be used to identify problem gamblers, the results showed that the list developed by the researchers received considerable support from both venue staff and counsellors. Both groups strongly endorsed the importance of examining the frequency and intensity of gambling, indicators of impaired control or chasing behaviour (e.g., gambling at opening time or being unable to stop at closing time), as well as various emotional and social indicators. Venue staff, in particular, stressed the importance of specific social behaviours such as being rude or impolite to venue staff, or visible displays of emotion. However, there were also aspects of behaviour that the checklist failed to capture. In particular, the checklist was felt to be incapable of capturing changes in behaviour over time because of the static nature of the indicators. For example, a number of respondents believed that important information is obtained by studying the behavioural patterns, habits, or demeanour of the same gamblers over a period of time. Particular concern was expressed about gamblers who suddenly changed their gambling habits, mood, or expenditures during the same session or across a

number of days because this was likely to indicate a loss of control over behaviour, or an unhealthy belief in the ability to win money by repeated gambling. In some venues, it was possible for staff to observe these changes because certain regular patrons had become well known to the staff. Staff had become familiar with their habits, and had built up informal relationships with them during the course of interactions on the gaming floor. A number of other indicators or behaviours were also identified, including superstitious rituals, poor personal hygiene and appearance, and leaving children unattended, although each of these had previously been considered by the researchers but not included because of concerns about their validity.

Most venue staff had received training relating to the provision of responsible gambling services, and most had been provided with information concerning possible visible indicators of problem gambling in players in the venue. However, fewer than half reported that they had received adequate training about how to approach and interact with any patron that might need assistance. For most venue staff, this lack of training concerning ways in which to approach and interact with probable problem gamblers on the gaming floor was seen as the principal limitation of existing training programs as well as the greatest impediment to using early identification techniques as a frontline method for assisting problem gamblers within the venue environment.

Chapter 5: Survey of Problem Gamblers and Non-Problem Gamblers in the Community and Gambling Venues

5.1 Overview

As outlined in Chapter 3, the most extensive work that has been undertaken so far into the identification of problems gamblers in venues has involved the development of indicator checklists based upon the self-reported behaviour of gamblers (Hafeli & Schneider, 2006; Schrans & Schellinck, 2004). In Schrans and Schellinck's work, the frequency of a short list of observable and non-visible behaviours was validated in a small sample of problem and non-problem players, whereas in Hafeli and Schneider's work, a substantial list of indicators was developed and validated using a small sample of casino patrons in Switzerland. Although self-report methodologies have to be treated with caution because of the potential unreliability of people's recollection of events or accurate understanding and description of behaviour (see Nisbett & Wilson, 1977), such studies are not without value. Insights can be obtained in the likely range of behaviours and signs potentially identifiable in venues, as well as the relative frequency of these indicators amongst people with varying degrees of problematic or pathological behaviour. Hafeli and Schreiber's studies have shown that indicator lists can be very useful in venue staff training. Moreover, as outlined in Chapter 3, simple item lists have also been used with some success by Swiss casinos to identify, profile, and track patrons whose behaviour has been identified as potentially detrimental to their wellbeing.

Accordingly, the second study in this project involved a series of detailed quantitative and qualitative surveys with regular gamblers to determine the self-reported prevalence of various behaviours identified as potential visible indicators of problem gambling. The principal rationale of this component of the research was to identify the range of visible venue-based behaviours or signs that best differentiated between problem gamblers and other gamblers within venues using methods similar to those adopted in the previous studies described above. This chapter summarises the principles and logic governing the design of the research, including the choice of indicators for consideration, the sampling methodology and statistical methods that were employed. A final section

then provides an analysis of the implications of the results for the development of psychometric tools, or training modules relevant to the identification of problematic behaviour within venues.

5.2.1 Selection of Indicators

The first stage of this research involved the identification of a list of signs and behaviours to be included in the investigation. The choice of items was informed by the principles set out in DeVillis (1991) and the material described in Chapter 3. Previous published research studies including those of Schellinck and Schrans (2004), Hafeli and Schneider (2006), the Australian Gaming Council review, as well as consultations with industry, counsellors described in Chapter 4 were used to inform the range of items selected.

5.2.2 Sampling Strategy

There are a number sampling strategies that can be used to recruit problem gamblers. One common strategy is to recruit gamblers randomly from the population using a telephone survey. Such a method was, for example, used in a recent Australian study by McDonnell-Phillips (2005) into the nature of precommitment strategies used by gamblers to control their gambling expenditure. The advantage of telephone surveys is that data collection can occur very rapidly and the results can be generalised back to the general community. However, a significant disadvantage of such methods is that a very large and costly samples are required to obtain a relatively small number of problem gamblers. For example, if only 1.5% of the adult population are problem gamblers, a sample of around 150 problem gamblers would require a total sample of around 10,000 at an estimated cost of around \$250,000 to \$300,000. Telephone surveys are also problematic in that many problem gamblers do not have telephones connected, are reluctant to complete interviews over the phone, and seldom tend to be at home. For these reasons, two alternative sampling strategies were employed. The first involved data obtained from a survey of regular gamblers recruited at gaming venues, and the second involved purposive sampling of regular gamblers from the community. The advantage of such methods is that the probability of obtaining problem gamblers is significantly

higher. People who gamble regularly are more likely to be problem gamblers, so that it is possible to obtain very high numbers of problem gamblers using a smaller total sample. Moreover, because the sample also includes regular gamblers who are not classified as problem gamblers, the research is enhanced by the inclusion of a valid comparison sample. By including non-problem regular players, it is possible to draw more confident conclusions about any differences observed in problem gamblers because the comparison sample includes people who gamble regularly, at similar venues, and often on a similar range of activities. Such conclusions could not be so easily drawn if the comparison contained a large number of infrequent gamblers because one would not know whether the patterns of responses observed in problem gamblers were due to the greater frequency of gambling, or problem gambling itself.

The disadvantage of these methods is that the sampling is not random, so that it is not possible to generalise the findings back to all problem gamblers in the community. In addition, people who agree to be interviewed at venues or who respond to advertisements might also differ in some ways from others who do not. However, since the purpose of this research is to draw comparisons between problem gamblers and non-problem gamblers rather than assess the broader prevalence of various forms of visible behaviour, it should nevertheless possible to obtain useful findings from samples recruited in the manner used in this research project. Moreover, given the likely difficulties associated with recruiting problem gamblers using telephone surveys, it is unclear whether the problem gamblers recruited in this project are any less representative than those typically contacted via telephone surveys. Telephone surveys also only include those individuals who agree to take part in the survey and who have White Pages listings, so that these people may also not be fully representative of the broader adult population.

5.3 Sampling Methodology

5.3.1 Venue Survey: Sampling

The data for the venue survey were collected by marketing firm Harrison Health Research as part of a broader evaluation commissioned by the Independent Gambling

Authority of South Australia into the behaviour of gamblers in venues. A range of for-profit and not-for-profit venues were approached with a view to gaining permission for personnel to interview regular EGM players as they left the gaming area. The venues participating included not-for-profit venues (n = 56 people from 4 clubs) and for-profit venues (n = 344 people from 19 venues- all hotels). To be eligible for inclusion in the study, all participants had to gamble on EGMs at least twice per month. EGMs were chosen because this is the most venue-based and problematic form of gambling. However, because almost all of the venues offered keno and TAB betting, the sample contain a substantial number of people who also gambled on keno, sports and racing. No formal details were recorded of refusal rates because of difficulties in determining how many people had deliberately avoided the interviewer as opposed to refusing a formal approach (NB. The fact that people walked out in groups and declined as a group also made this difficult).

5.3.2 Community Survey: Sampling

The recruitment of the community sample followed the methods successfully employed in previous published studies to obtain large samples of regular and problem gamblers (e.g., Delfabbro, Falzon, & Ingram, 2004; Lambos & Delfabbro, 2007). Advertisements were placed in several community newspapers in metropolitan Adelaide. Prospective participants were invited to take part in the research relating to their perceptions of gambling behaviour if they gambled at least fortnightly on EGMs or casino table games (venue-based activities). Participants were given a number to call to lodge their name and address. Surveys were posted out along with an information sheet and a return envelope with numbers allowing a match between mail-outs and returned documents. If surveys were fully completed when returned, participants received a \$25 Coles-Myer voucher for their time and effort in the mail. Of 285 surveys mailed out, 280 (98%) were fully completed and included in the final sample. The first 40 were treated as a pilot sample to ensure that the questions were being appropriately completed. The only change from the pilot to the full survey was the inclusion of additional demographic information: indigenous status, work status, marital status and country of birth.

5.4 Survey Measures

(a) Demographics

Details were recorded concerning the participants' gender, age, country of birth, Indigenous status (Indigenous vs. non-Indigenous), work status (full-time paid employment, full-time part-time employment or not currently in paid employment), and marital status (Married / Living with a partner / Separated or Divorced / Widowed / Never Married).

(b) Gambling Habits

All participants in both samples were asked to indicate how often they had gambled on a variety of activities during the previous 12 months. These activities included: poker machines or EGMs, horse and greyhound racing, sports-betting, keno, lottery games, casino table games, bingo, and scratch tickets. All frequencies were recorded in terms of the number of times per month, week or day, although this was arguably more for descriptive purposes in that all had to meet the criterion of regular or at least fortnightly gambling either on EGMs (venue sample) or EGMs/casino table games (community study) to be included in the study.

(c) Analysis of Visible Behaviours and Signs

A detailed checklist of visible indicators was developed based on the methodological strategies used by Schellinck and Schrans (2004) and also Hafeli and Schneider (2006). Respondents were presented with a series of statements and were asked to report how often they usually engaged in the particular behaviour on a verbal-numeric scale, 1 = Never (0% of the time), 2 = Rarely (Fewer than 1 in 4 times you gambled), 3 = Occasionally (25-50% of the times you gambled), 4 = Frequently (50% of time or more often), and 5 = Always (100% of the time). As indicated in Table 5.1, the items were divided up into categories similar to those developed by Hafeli and Schneider, but the range of items was extended to include those arising from the Australian Gaming Council review, the work of Schellinck and Schrans, other relevant reports described in

Chapter 3, and feedback from experts in the field with whom the research team had spoken prior to the commencement of the survey work (see Chapter 4).

Indicators were conceptually divided into several categories, although not specifically divided in this way when administered. Following Hafeli and Schneider's method, some items related to gambling in general, some referred to casino games and EGMs, whereas most related to EGMs because of the pervasiveness and importance of this type of gambling in Australia. There were 9 items relating to the frequency, duration and intensity of gambling; 6 that related to impaired control; 6 items captured social behaviours; 8 related to raising money or chasing behaviour; 8 related to emotional responses; 1 relating to alcohol and gambling; and 3 related to irrational attributions for losing.

Some behaviours identified in Chapter 3 and 4 by some respondents were not included (e.g., engaging in superstitious behaviours) because they were not considered sufficiently discriminating because these are known to occur in a high percentage of non-problem players (Griffiths, 1995; Ladouceur, 2004; Walker, 1992). Conversely, obvious indicators such as asking for help from venue staff, vomiting on machines, or screaming with rage were not included because it is self-evident that venue staff would have to take action or would know that the person was experiencing difficulties.

Table 5.1 List of visible indicators

Frequency Duration and Intensity
1. Gambled every day of the week
2. Gambled for three hours or more without a proper break
3. Gambled so intensely that you barely reacted to what was going on around you
4. Played very fast
5. Bet \$5 or more per spin most of the time
6. After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle
7. Rushed from one machine or gaming table to another
8. Gambled continuously
9. Played mostly on \$1 denomination machines

[Table 5.1 continued]

Impaired Control
1. Stopped gambling only when the venue was closing
2. Gambled right through your lunch break or usual dinner time
3. Found it difficult to stop gambling at closing time
4. Fell asleep at a machine
5. Tried obsessively to win on a particular machine
6. Started gambling when the venue was opening
Social Behaviours
1. Asked venue staff to not let other people know you were gambling there
2. Had friends or relatives call or arrive at the venue asking if you were still there
3. Was impolite to venue staff
4. Avoided contact, communicated very little with anyone else
5. Stayed on to gamble while friends left the venue
6. Become very angry if someone took your favourite machine or spot in the venue
Raising Funds/ Chasing Behaviour
1. Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues per gambling session
2. Asked to change large notes at venues before gambling
3. Borrowed money from other people at venues
4. Asked for a loan or credit from venues
5. Tried to sell objects of value at venues
6. Put large win amounts back into the machine and kept playing
7. Tried to cash cheques at venues
8. Have left the venue to find money to continue gambling
Emotional Responses
1. Found yourself shaking (while gambling)
2. Sweated a lot (while gambling)
3. Felt nervous/ edgy
4. Displayed your anger
5. Kicked machines
6. Felt very sad or depressed (after gambling)
7. Cried after losing a lot of money
8. Sat with your head in hand after losing
Other Behaviours
1. Gambled after having drunk a lot of alcohol
Irrational Attributions
1. Blamed venues or machines for losing
2. Complained to staff about losing
3. Swore at machines or venue staff because you lost

(d) *Canadian Problem Gambling Index*

The Canadian Problem Gambling Index (CPGI), developed by Ferris and Wynne (2001) is a 9-item self report questionnaire (taken from a larger interview schedule) that measures the degree to which individuals may have a problem with gambling (e.g., *Bet more than you could really afford to lose, Needed to gamble with larger amounts of money to get the same feeling of excitement, Felt that you might have a problem with gambling*). Each item requested a response of *Never* (0), *Sometimes* (1), *Most of the time* (2), or *Always* (3). The CPCI has been frequently used as a screening tool to assess gambling behaviour in the general population. Responses to the 9 items were summed to provide a total score, ranging from 0 to 27, with higher scores representing greater problems with gambling. The authors suggest that scores of 3 or more are indicative of moderate risk gambling and scores of 8 or more indicative of problem gambling. The internal consistency for the total scale for both samples was very good, $\alpha = .90$.

Although the CPGI has been subjected to some recent criticism because it is thought to generate many false positives (Ladouceur, 2005), the CPGI was used in this study for 4 reasons: (1) It is the gambling screen recognised and endorsed by Gambling Research Australia, (2) It is used in almost all current Australian prevalence studies, so that it is possible to compare results from selected samples with overall community prevalence results, and (3) It is important for venues to identify and screen gamblers who are likely to be problem gamblers. The fact that not all may be ultimately confirmed as problem gamblers using clinical interviews does not vitiate the importance of identifying those who are likely to be at risk, (4) The DSM-IV may set too stringent a criteria for problem gambling and therefore be subject to false negatives. The DSM-IV has also been criticised for being excessively reliant on traditional addiction or pathological models of gambling (see Neal et al., 2005 for a review).

(e) *Open ended question (community sample only)*

Respondents were asked to indicate whether there were any other cues or behaviours which they felt would be important to mention that might indicate that a person might be experiencing problems with their gambling at venues.

5.5 Sample Characteristics (written up for both samples)

5.5.1 Demographic Characteristics

A summary of the demographic profile of the sample is provided in Table 5.2. As indicated, the community sample contained an over-representation of female respondents, had fewer older respondents, fewer people in full-time paid employment and also more people who had been separated and divorced. The over-representation of females in the sample is a common feature of many surveys, including those undertaken by telephone because women are more likely to provide assistance for research projects, are more likely to be home to read community newspapers and be aware of the study, and may also have more time to undertake the study (e.g., if engaged in home duties with more flexible working hours). The other differences are likely to be attributable to genuine differences in the two samples. On the whole the community sample was more successful in recruiting a higher proportion of problem gamblers (see below) so that the sample demographics tended to reflect many of the characteristics found in studies of problem gamblers, e.g., higher rates of separation and divorce and lower levels of full-time paid employment (Productivity Commission, 1999).

A comparison of the demographic profile of the overall sample (n =680) with that obtained in the recent South Australian prevalence study conducted by the Department for Families and Communities (2006) showed that, as compared with the general community, the present sample contained an over-representation of women, a similar age profile, a greater representation of people not born in Australia or the UK, a higher proportion of people who had been divorced or separated, and fewer people who were in full-time paid employment.

Table 5.2 Demographic profile of the sample

	Venue Sample (n = 400) N (%)	Community Sample (n = 280) N (%)	Total Sample (n =680) N (%)
Gender *			
Male	193 (48.3)	107 (38.2)	300 (44.1)
Female	207 (51.7)	173 (61.4)	380 (55.9)
Age group *			
18-35 years	79 (19.8)	74 (26.4)	153 (22.5)
36-45	63 (15.8)	49 (17.5)	112 (16.5)
46-55	86 (21.5)	75 (26.8)	161 (23.7)
56-65	82 (20.5)	37 (13.2)	119 (17.5)
66+	88 (22.0)	25 (8.9)	113 (16.6)
Country of Birth			
Australia	274 (68.5)	188 (67.1)	462 (67.9)
UK/ New Zealand	79 (19.8)	39 (13.9)	118 (17.3)
Other	47 (11.8)	9 (3.2)	56 (14.0)
Indigenous Status			
Aboriginal	6 (1.5)	8 (2.9)	14 (3.5)
Non-Aboriginal	394 (98.5)	224 (80.0)	618 (90.9)
Work-Status *			
Full-time paid	146 (36.5)	49 (17.5)	195 (28.7)
Part-time paid	78 (19.5)	65 (23.2)	143 (21.0)
Not in paid work	176 (44.0)	122 (43.6)	298 (43.8)

* Significant 'difference' between sample group in relation to this demographic characteristic. Note that not all figures in the community sample add to 100% because some characteristics were not obtained for a pilot sample of 40 (retained in the full sample)

5.5.2 Gambling Behaviour

An analysis was undertaken to determine the proportion of both samples (and the overall sample) who gambled on different activities and the frequency with which they gambled on EGMs. A summary of these findings is provided in Table 5.3. Table 5.3 shows that the sample obtained from the community using a very similar inclusion criterion (fortnightly gambling on EGMs vs. EGMs + casino table games) yielded a sample of people who were significantly more likely to gamble on every form of gambling except EGMs (Chi squared tests, all $p < .05$). When considering the sample as a whole, it was found that almost every person gambled on EGMs, 40% on racing, 24% on casino table games, around half on keno, instant scratch tickets, and over 70% played lotto. Further more detailed analysis of the frequency of EGM gambling, showed that 321 (or 80%) of the 400 venue patrons gambled on a weekly basis compared with 44% or 124 of the community sample. These differences are consistent with the fact that venue patrons were recruited from outside EGM venues, so that one would expect a greater representation of regular gamblers.

Despite these differences, both sets of data confirmed that the samples obtained in this study contained a strong representation of regular gamblers (and particularly EGM players) whose responses could provide valid insights into the likely range of visible behaviours and signs potentially observable in gaming venues.

Table 5.3 Proportion of the sample engaged in different forms of gambling (previous 12 months)

	Venue Sample N = 400 N (%)	Community Sample N = 280 N (%)	Total Sample N = 680 N (%)
EGMs/ Poker machines	400 (100)	276 (100)	676 (99.4)
Horses or greyhound racing	144 (36.0)	137 (48.9)	281 (41.3)
Instant scratch tickets	160 (40.0)	212 (75.6)	372 (54.7)
Lotteries	256 (64.0)	240 (85.7)	496 (72.9)
Keno	148 (37.0)	178 (63.6)	326 (47.9)
Casino table games	59 (14.8)	104 (37.1)	163 (24.0)
Bingo	24 (6.0)	93 (33.2)	117 (17.2)
Sports betting	57 (14.3)	66 (23.6)	123 (18.1)

5.5.3 Demographic Predictors of Gambling Involvement

There were several demographic differences in the gambling participation in the venue sample. Men were significantly more likely than women to gamble on racing (49% vs. 24%), on sports (22% vs. 7%), on card and casino games (25% vs. 5%), on keno (45% vs. 30%) whereas women were more likely to gamble on bingo (9% vs. 3%), all $\chi^2(1), p < .05$. Several age differences also emerged when people were divided into younger and older age cohorts (18-45 years and 46+). People aged 18-45 years had higher participation rates on scratch tickets (48% vs. 36% for 46+ years), casino table games (30% vs. 7% for 46+ years), and sports-betting (25% vs. 9% for 46+ years), whereas people aged 46+ years were more likely to gamble on lotteries (68% vs. 56% for the 18-45 year age group), $\chi^2(1), p < .05$. People in full-time work were more likely to gamble on keno as compared with those not in paid employment (49 vs. 28%). A similar effect was obtained for casino table games (24% vs. 4%), whereas sports betting was

most common in the part-time work group (21% vs. only 10% for the not in paid employment group), $\chi^2(1), p < .05$.

There were also several demographic differences in the gambling participation in the community sample. Men were significantly more likely than women to gamble on racing (68% vs. 38%), on sports (36% vs. 16%), on card and casino games (53% vs. 27%), whereas women were more likely to gamble on scratch tickets (81% vs. 70% for men) and bingo (39% vs. 26% for men), all $\chi^2(1), p < .05$. No significant differences were observed for age, marital status or country of origin. Full-time workers were more likely to gamble on casino table games than those who were not in paid employment (53% vs. 31%), $\chi^2(1), p < .05$.

5.5.4 Problem Gambling

Participants in both samples were administered the Canadian Problem Gambling Index (CPGI) with questions asked with a previous 12 months time-frame. A summary of the classifications is provided in Table 5.4. Although both samples obtained a significantly greater proportion of problem gamblers than might usually be expected in the general population, the results clearly show that the community sample was considerably more successful in obtaining a higher proportion of problem gamblers than the venue survey. Almost 2 in 5 in the community survey were problem gamblers as compared with only 8% in the venue sample. Analysis of total CPGI scores further showed that the mean score of 7.44 ($SD = 7.05$) for the community sample was significantly higher than for the venue study ($M = 2.35, SD = 3.70$), $p < .001$.

This difference is very likely to be due the fact that, in the community survey, problem gamblers were more willing to complete an anonymous survey at home rather than to complete a potentially uncomfortable face-to-face interview outside venues, and perhaps at an inconvenient time.

Table 5.4 Problem gambler status based on the CPGI

	Venue Sample N = 400 N (%)	Community Sample N = 280 N (%)	Total Sample N = 680 N (%)
Score of 0	234 (58.5)	47 (16.8)	281 (41.3)
Low risk (1-2)	71 (17.8)	46 (16.4)	117 (17.2)
Moderate Risk (3-7)	64 (16.0)	80 (28.6)	144 (21.1)
Problem (Score 8+)	31 (7.8)	106 (37.9)	137 (20.1)

5.5.5 Demographic Differences in Problem Gambling

In the venue survey, mean CPGI scores were found to be significantly higher in the younger age group ($M = 2.74$, $SD = 5.06$ for the 18-45 year olds) as compared with the 46+ year olds ($M = 1.65$, $SD = 3.20$), $p < .001$. CPGI scores were also significantly higher in those who had never married or who were divorced than those who were widowed or married (a replication of the age difference just described). No differences in CPGI group membership were observed based on the respondent's gender, work status, or country of birth.

Almost identical variations were observed in the community sample. People aged 18-45 years had a mean CPGI score almost in the problem range ($M = 7.66$, $SD = 6.78$ vs. 5.02 , $SD = 6.45$ for the 46+ years group), $p < .01$. People who were never married or divorced had higher scores than those who were married, $p < .05$.

5.5.5 Problem gambling and participation rates

A summary of the participation rates for the different groups is provided in Tables 5.5a and 5.5b for the two separate samples. The results show that participation rates were generally similar across the two groups. However, in the community sample, problem gamblers were more likely to gamble on keno and sports, whereas in the venue sample, moderate risk and problem players were more likely to gamble on casino table games. Thus, there was some evidence that more problematic gamblers were more likely to gamble on some activities than other gamblers.

A second analysis examined the frequency of participation on EGMs (available in both surveys). In the venue sample, it was found that 87% of problem gamblers played at least once per week, but that this percentage did not differ significantly from the low and moderate group (both 86%). In the community sample, 56% of the problem gamblers played at least weekly compared with less than 40% of other players, $\chi^2(4), p < .05$.

A third analysis examined the range of activities on which people reported having gambled in the previous 12 months. No significant difference was found between the number of activities preferred by problem players as opposed to other regular players in the venue sample. However, in the community sample, problem gamblers were found to gamble on a significantly wider range of activities (approximately 5) compared with only 4 for the low-risk players, $p < .05$. Moderate and low risk players gambled on an average of 4.5 activities- a number that did not differ significantly from the number for the problem gamblers.

Table 5.5a CPGI classification and participation rates (community sample)

	No risk N = 47 N (%)	Low risk N = 46 N (%)	Moderate risk N = 80 N (%)	Problem gambler N = 105 N (%)
EGMs/ Poker machines	47 (100)	45 (98)	80 (100)	103 (97)
Horses or greyhound racing	16 (34)	23 (50)	42 (53)	55 (52)
Sports betting*	3 (6)	8 (17)	20 (25)	35 (33)
Lotteries	41 (87)	39 (88)	66 (83)	93 (99)
Keno*	18 (38)	27 (60)	51 (64)	81 (77)

[Table 5.5a continued]

Instant scratch tickets	37 (79)	31 (69)	64 (81)	79 (75)
Casino table games	12 (26)	18 (39)	27 (34)	46 (43)
Bingo	12 (26)	14 (37)	31 (39)	36 (36)

* Significantly higher participation rate in the problem gambling group

Table 5.5b CPGI classification and participation rates (venue sample)

	No risk N = 234 N (%)	Low risk N = 71 N (%)	Moderate risk N = 64 N (%)	Problem gambler N = 31 N (%)
EGMs/ Poker machines	234 (100)	71 (100)	64 (100)	31 (100)
Horses or greyhound racing	88 (38)	26 (37)	21 (33)	9 (29)
Sports betting	30 (13)	8 (11)	16 (25)	3 (10)
Lotteries	153 (65)	46 (65)	39 (61)	18 (58)
Keno	79 (34)	28 (39)	26 (41)	15 (48)
Instant scratch tickets	92 (39)	27 (38)	25 (39)	16 (52)
Casino table games*	28 (12)	7 (10)	16 (25)	8 (26)
Bingo	15 (6)	4 (6)	4 (6)	1 (3)

* Significantly higher participation rate in the problem gambling group

5.6 Prevalence of Visible Indicators and Signs

The purpose of the following series of analyses was to examine the prevalence of specific indicators in the sample of problem gamblers as compared with the other groups classified by the CPGI. Of particular importance was to identify indicators that occur with sufficient frequency in problem gamblers so as to make them potentially useful in identifying problem gamblers (PGs), but also to identify those that allow differentiation between PGs and others who gamble. In other words, as important as it is to show that a particular indicator occurs in PGs with some frequency, it is also useful to show that the same indicator occurs infrequently in other gamblers.

5.6.1 Frequency, Duration and Intensity Indicators

Nine items were included to reflect a very level of gambling involvement. A summary of the frequency with which gamblers in the total sample reported having engaged in the specific behaviour is summarised in Tables 5.6a to 5.6i. Chi-squared analyses confirmed that the prevalence of 'frequent' and 'always' responses were significantly higher for all of the behaviours and indicators identified. However, not all indicators occurred with the same frequency. Inspection of these tables indicated that there were several indicators that occur frequently or always in a substantial proportion of problem gamblers (more than 25% of them). These include everyday gambling (27% of problem gamblers), gambling three hours or more without a proper break (39%), gambling continuously (42%) gambling so intensively that the gambler doesn't know what is going on around him or her (40%), gambling very fast (45%), gambling on without even stopping to listen to the jingle on machines (45%). Other factors such as rushing around, or betting large amounts on gaming machines were less indicative. These results suggest that duration and intensity are potentially useful indicators. PGs are more likely to gamble very frequently, for periods of at least three hours; they gamble in a rapid manner on gaming machines, may appear totally absorbed in the activity, and often gamble without listening to the pay-out sequences on the machine.

Table 5.6a N (%) of gamblers engaging in everyday gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	234 (83)	26 (9)	10 (4)	8 (3)	3 (1)
Low (n 117)	83 (71)	21 (18)	7 (6)	5 (4)	1 (1)
Moderate (n 144)	74 (51)	34 (24)	23 (16)	9 (6)	3 (2)
Problem (n 137)	47 (34)	31 (23)	23 (17)	27 (20)	9 (7)

Table 5b. N (%) of gamblers who reported they gambled for three or more hours without a proper break

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	201 (72)	42 (15)	26 (9)	1 (0.5)	4 (1)
Low (n 117)	68 (58)	26 (22)	15 (13)	1 (1)	1 (1)
Moderate (n 144)	41 (28)	48 (33)	37 (26)	7 (5)	1 (1)
Problem (n 137)	18 (13)	21 (15)	44 (32)	36 (26)	18 (13)

Table 5.6c N (%) of gamblers who reported they gambled so intensely they barely reacted to what was going on around them

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	245 (87)	24 (9)	6 (2)	3 (1)	3 (1)
Low (n 117)	85 (73)	21 (18)	9 (8)	1 (1)	1 (1)
Moderate (n 144)	76 (53)	36 (25)	26 (18)	6 (4)	0 (0)
Problem (n 137)	16 (12)	27 (20)	38 (28)	39 (28)	17 (12)

Table 5.6d N (%) of gamblers who reported that they played very fast

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	198 (70)	37 (13)	20 (7)	19 (7)	7 (2)
Low (n 117)	64 (55)	21 (18)	19 (16)	8 (7)	5 (4)
Moderate (n 144)	47 (33)	35 (24)	39 (27)	14 (10)	7 (5)
Problem (n 137)	9 (7)	22 (16)	42 (31)	43 (31)	19 (14)

Table 5.6e N (%) of gamblers who reported they bet \$5 or more per spin most of the time at venues

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	246 (88)	22 (8)	8 (3)	3 (1)	2 (1)
Low (n 117)	90 (77)	17 (15)	6 (5)	3 (3)	1 (1)
Moderate (n 144)	92 (64)	32 (22)	12 (8)	6 (4)	2 (1)
Problem (n 137)	67 (49)	25 (18)	21 (15)	12 (9)	12 (9)

Table 5.6f N (%) of gamblers who reported playing on quickly without even stopping to listen to the music or jingle (community sample only)

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 47)	30 (63.8)	9 (19.1)	5 (10.6)	1 (2.1)	2 (4.3)
Low (n 46)	24 (52.2)	11 (23.9)	9 (19.6)	2 (4.3)	0 (0.0)
Moderate (n 80)	16 (20.0)	28 (35.0)	22 (27.5)	12 (15.0)	2 (2.5)
Problem (n 106)	4 (3.8)	25 (23.6)	30 (28.3)	30 (28.3)	17 (16.0)

Table 5.6g N (%) of gamblers who reported they rushed from one machine to another

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	229 (81)	40 (14)	11 (4)	1 (0.5)	0 (0)
Low (n 117)	84 (72)	17 (15)	15 (13)	1 (1)	0 (0)
Moderate (n 144)	68 (47)	46 (32)	20 (14)	9 (6)	1 (1)
Problem (n 137)	26 (19)	51 (37)	36 (26)	20 (15)	3 (2)

Table 5.6h N (%) of gamblers who reported they gambled continuously at venue

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	237 (84)	19 (7)	11 (4)	9 (3)	4 (1)
Low (n 117)	78 (67)	19 (16)	12 (10)	7 (6)	1 (1)
Moderate (n 144)	57 (40)	44 (31)	27 (19)	12 (8)	2 (1)
Problem (n 137)	13 (9)	23 (17)	42 (31)	28 (20)	30 (22)

Table 5.6i N (%) of gamblers who reported that they played on high denomination (\$1) machines

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	196 (70)	54 (19)	20 (7)	10 (4)	1 (0.5)
Low (n 117)	62 (53)	39 (33)	9 (8)	4 (3)	3 (3)
Moderate (n 144)	44 (31)	58 (40)	32 (22)	9 (6)	1 (1)
Problem (n 137)	33 (24)	53 (39)	24 (18)	22 (16)	5 (4)

5.6.2 Indicators of Impaired Choice or Control

Six items were included to determine whether people find it difficult to cease gambling once the session has begun, or find themselves gambling at times that are statistically unusual as compared with other patrons. A summary of the results for these

items is provided in Table 5.7a to 5.7f. One item (falling asleep at machines) proved to be unhelpful because the prevalence of the behaviour in any group was too low to allow any meaningful analysis. Relatively few problem gamblers gambled at closing time, or when the venue was opening, although these behaviours were statistically more likely to be observed in problem gamblers. Just under 1 in 5 problem gamblers reported gambling through their usual lunch break or dinner time. The most common behaviour observed in all groups, and particularly so in problem players was staying on the same machine because of an almost obsessive desire to win. Over 63% of problem gamblers reported engaging in this behaviour, with almost a quarter reporting that they always did this as compared with only 22% of moderate-risk gambling and 11% of low risk gamblers.

Table 5.7a N (%) of gamblers who only stopped gambling when venue was closing

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	229 (81)	32 (11)	14 (5)	3 (1)	3 (1)
Low (n 117)	86 (74)	22 (19)	7 (6)	1 (1)	1 (1)
Moderate (n 144)	74 (51)	44 (31)	16 (11)	6 (4)	3 (2)
Problem (n 137)	36 (26)	35 (26)	41 (30)	16 (12)	9 (7)

Table 5.7b N (%) of gamblers who reported they gambled through their usual lunch or dinner time

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	256 (91)	13 (5)	6 (2)	2 (1)	3 (1)
Low (n 117)	100 (85)	13 (11)	4 (3)	0 (0)	0 (0)
Moderate (n 144)	94 (65)	29 (20)	17 (12)	2 (1)	1 (1)
Problem (n 137)	53 (39)	35 (26)	24 (18)	19 (14)	3 (2)

Table 5.7c N (%) of gamblers who reported they found it difficult to stop gambling at closing times

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	262 (93)	13 (5)	4 (1)	0 (0)	1 (0.5)
Low (n 117)	101 (86)	12 (10)	4 (3)	0 (0)	0 (0)
Moderate (n 144)	96 (67)	31 (22)	13 (9)	3 (2)	1 (1)
Problem (n 137)	39 (28)	40 (30)	34 (25)	17 (12)	3 (2)

Table 5.7d N (%) of gamblers who reported they fell asleep whilst gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	277 (99)	2 (1)	1 (0.5)	0 (0)	0 (0)
Low (n 117)	115 (98)	2 (2)	0 (0)	0 (0)	0 (0)
Moderate (n 144)	137 (95)	5 (3)	1 (1)	0 (0)	0 (0)
Problem (n 137)	126 (92)	4 (3)	4 (3)	1 (1)	2 (2)

Table 5.7e N (%) of gamblers who reported they tried obsessively to win on a particular machine

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	175 (62)	63 (22)	29 (10)	11(4)	3 (1)
Low (n 117)	45 (38)	30 (26)	29 (25)	12 (10)	1 (1)
Moderate (n 144)	28 (19)	40 (28)	44 (31)	23 (16)	8 (6)
Problem (n 137)	9 (7)	15 (11)	27 (20)	55 (40)	31 (23)

Table 5.7f N (%) of gamblers who reported they started gambling when venue was opening

Total sample	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
No risk (n 281)	244 (87)	20 (7)	10 (4)	5 (2)	2 (1)
Low (n 117)	85 (73)	21 (18)	8 (7)	3 (3)	0 (0)
Moderate (n 144)	77 (53)	39 (27)	19 (13)	7 (5)	1 (1)
Problem (n 137)	48 (35)	35 (26)	25 (18)	21 (15)	8 (6)

5.6.3 Social Indicators of Problem Gambling

Six items were included to identify social behaviours or social interactions that are more likely to be observed in problem gamblers (Tables 5.8a to 5.8f). As indicated, ‘avoiding contact with others’ was the only behaviour that was reported to occur frequently or always by a substantial proportion of problem gamblers (> 25%). Other behaviours were less frequently endorsed; these included: telling venue staff to hide their presence at the venue, gambling after friends had left, being impolite to staff, or being very angry if someone took their favourite machine or spot, although all of these factors were significantly more likely to be observed in problem gamblers than in the other CPGI groups ($p < .05$).

Table 5.8a N (%) of gamblers who reported they asked venue staff not to let other people know they were gambling there

Total sample	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
No risk (n 281)	279 (99)	1 (0.5)	1 (0.5)	0 (0)	0 (0)
Low (n 117)	112 (96)	1 (1)	3 (3)	0 (0)	1 (1)
Moderate (n 144)	138 (96)	3 (2)	2 (1)	0 (0)	0 (0)
Problem (n 137)	115 (84)	8 (6)	7 (5)	5 (4)	2 (1)

Table 5.8b N (%) of gamblers who reported they had friends or relatives call or arrive at venue asking after them

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	271 (96)	5 (2)	5 (2)	0 (0)	0 (0)
Low (n 117)	107 (91)	8 (7)	2 (2)	0 (0)	0 (0)
Moderate (n 144)	121 (84)	17 (12)	4 (3)	0 (0)	2 (1)
Problem (n 137)	80 (58)	36 (26)	18 (13)	1 (1)	2 (1)

Table 5.8c N (%) of gamblers who reported that they were impolite to staff

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	265 (94)	7 (2)	3 (1)	0 (0)	0 (0)
Low (n 117)	97 (83)	8 (7)	1 (1)	0 (0)	0 (0)
Moderate (n 144)	110 (76)	17 (12)	2 (1)	0 (0)	0 (0)
Problem (n 137)	97 (71)	20 (15)	7 (5)	2 (1)	2 (1)

Table 5.8d N (%) of gamblers who reported that they avoided contact or communicated very little with anyone else

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	242 (86)	18 (6)	10 (4)	6 (2)	5 (2)
Low (n =117)	67 (57)	28 (24)	18 (15)	4 (3)	0 (0)
Moderate (n =144)	65 (45)	33 (23)	26 (18)	15 (10)	5 (3)
Problem (n =137)	22 (16)	32 (23)	37 (27)	34 (25)	12 (9)

Table 5.8e N (%) of gamblers who reported that they stayed on to gamble after friends left the venue

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	226 (80)	36 (13)	18 (6)	1 (0.5)	0 (0)
Low (n 117)	78 (67)	30 (26)	8 (7)	1 (1)	0 (0)
Moderate (n 144)	63 (44)	43 (30)	31 (22)	5 (3)	1 (1)
Problem (n 137)	31 (23)	38 (28)	46 (34)	20 (15)	2 (1)

Table 5.8f N (%) of gamblers who reported that they became angry if their favourite machine or spot was taken by another patron

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	256 (91)	18 (6)	4 (1)	2 (1)	1 (0.5)
Low (n 117)	88 (75)	18 (15)	8 (7)	3 (3)	0 (0)
Moderate (n 144)	86 (60)	31 (22)	19 (13)	6 (4)	1 (1)
Problem (n 137)	40 (29)	33 (24)	36 (26)	18 (13)	9 (7)

5.6.4 Indicators related to Raising Funds or Chasing Behaviour

Eight items were included to examine potentially visible behaviours relating to raising money to gambler, or the chasing of losses (Tables 5.9a to 5.9h). These behaviours were reported so infrequently as to be of little value as indicators of problem gambling. These included: asking for a loan or credit from venues, trying to sell things of value at the venue, or asking to cash a cheque. The most prevalent behaviours in problem gamblers (i.e., reported as occurring frequently or always) and which were significantly more common in this group were: taking out cash using cash facilities at the venue (45%), and putting large win amounts back into machines and continuing to gamble (39%).

Table 5.9a N (%) of gamblers who reported that they got cash out on two or more occasions using ATM or EFTPOS

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	249 (89)	45 (16)	20 (7)	6 (2)	2 (1)
Low (n 117)	59 (50)	31 (26)	24 (21)	2 (2)	1 (1)
Moderate (n 144)	40 (28)	48 (33)	35 (24)	19 (14)	2 (1)
Problem (n 137)	14 (10)	22 (16)	38 (28)	44 (32)	18 (13)

Table 5.9b N (%) of gamblers who reported that they changed large notes at venues before gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	204 (73)	32 (11)	28 (10)	15 (5)	3 (1)
Low (n 117)	66 (56)	21 (18)	17 (15)	12 (10)	1 (1)
Moderate (n 144)	39 (27)	32 (22)	41 (28)	25 (17)	5 (3)
Problem (n 137)	14 (10)	29 (21)	50 (36)	8 (6)	15 (11)

Table 5.9c N (%) of gamblers who reported asking to borrow money from other patrons in the venue

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	265 (94)	13 (5)	3 (1)	0 (0)	0 (0)
Low (n 117)	102 (87)	13 (11)	2 (2)	0 (0)	0 (0)
Moderate (n 144)	114 (79)	22 (15)	6 (4)	2 (1)	0 (0)
Problem (n 137)	63 (46)	40 (29)	24 (18)	7 (5)	3 (2)

Table 5.9d N (%) of gamblers who reported that they asked for a loan or credit from venues

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	279 (99)	1 (0.5)	1 (0.5)	0 (0)	0 (0)
Low (n 117)	117 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Moderate (n 144)	139 (97)	4 (3)	0 (0)	0 (0)	0 (0)
Problem (n 137)	115 (84)	9 (7)	9 (7)	2 (1)	2 (1)

Table 5.9e N (%) of gamblers who reported that they tried to sell objects of value at venues

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	279 (99)	1 (0.5)	1 (0.5)	0 (0)	0 (0)
Low (n 117)	116 (99)	1 (1)	0 (0)	0 (0)	0 (0)
Moderate (n 144)	137 (95)	2 (1)	5 (3)	0 (0)	0 (0)
Problem (n 137)	115 (84)	9 (7)	8 (6)	3 (2)	0 (0)

Table 5.9f N (%) of gamblers who reported that they put large win amounts back into machine and kept playing

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	199 (71)	51 (18)	26 (9)	4 (1)	1 (0.5)
Low (n 117)	55 (47)	38 (32)	20 (17)	4 (3)	0 (0)
Moderate (n 144)	33 (23)	58 (40)	37 (26)	14 (10)	2 (1)
Problem (n 137)	6 (4)	23 (17)	53 (39)	44 (32)	10 (7)

Table 5.9g N (%) of gamblers who reported that they tried to cash cheques at venues

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	280 (99)	1 (0.5)	0 (0)	0 (0)	0 (0)
Low (n 117)	116 (99)	1 (1)	0 (0)	0 (0)	0 (0)
Moderate (n 144)	137 (95)	3 (2)	0 (0)	3 (2)	0 (0)
Problem (n 137)	118 (86)	9 (7)	5 (4)	3 (2)	1 (1)

Table 5.9h N (%) of gamblers who reported that they left venue to find money to continue gambling

Total sample	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
No risk (n 281)	242 (86)	29 (10)	8 (3)	2 (1)	0 (0)
Low (n 117)	94 (80)	20 (17)	2 (2)	1 (1)	0 (0)
Moderate (n 144)	83 (58)	29 (20)	27 (19)	3 (2)	1 (1)
Problem (n 137)	21 (15)	27 (20)	58 (42)	21(15)	10 (7)

5.6.4 Emotional and Physiological Indicators of Problem Gambling

Eight items were included to examine potentially visible emotional and physiological responses (e.g., as might be indicated by facial expressions, posture, and physiological symptoms) (Tables 5.10a to 5.10h). All of these indicators were significantly more likely to be reported by problem gamblers (always and frequently) than by the other CPGI groups. The most commonly reported symptoms included feeling nervous and edgy (29%), feeling sad and depressed (64%), and crying after losing (24%). All other emotional indicators were reported as occurring less frequently.

Table 5.10a N (%) of gamblers who reported that they found themselves shaking while gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	272 (97)	7 (2)	1 (0.5)	1 (0.5)	0 (0)
Low (n =117)	111 (95)	6 (5)	0 (0)	0 (0)	0 (0)
Moderate (n =144)	124 (86)	13 (9)	5 (3)	0 (0)	1 (1)
Problem (n =137)	54 (39)	26 (19)	34 (25)	16 (12)	6 (4)

Table 5.10b N (%) of gamblers who reported that they sweated a lot whilst gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	275 (98)	4 (1)	1 (0.5)	1 (0.5)	0 (0)
Low (n =117)	111 (95)	6 (5)	0 (0)	0 (0)	0 (0)
Moderate (n =144)	120 (83)	15 (10)	7 (5)	1 (1)	1 (1)
Problem (n =137)	57 (42)	24 (18)	30 (22)	21 (15)	2 (1)

Table 5.10c N (%) of gamblers who reported that they felt nervous or edgy whilst gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	264 (94)	9 (3)	7 (2)	1 (0.5)	0 (0)
Low (n =117)	92 (79)	20 (17)	5 (4)	0 (0)	0 (0)
Moderate (n =144)	85 (59)	41 (28)	16 (11)	1 (1)	1 (1)
Problem (n =137)	20 (15)	33 (24)	42 (31)	29 (21)	11 (8)

Table 5.10d N (%) of gamblers who reported that they displayed their anger whilst gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	270 (96)	6 (2)	4 (1)	1 (0.5)	0 (0)
Low (n =117)	108 (92)	7 (6)	1 (1)	1 (1)	0 (0)
Moderate (n =144)	113 (78)	20 (14)	7 (5)	1 (1)	1 (1)
Problem (n =137)	60 (44)	42 (31)	23 (17)	6 (4)	4 (3)

Table 5.10e N (%) of gamblers who reported that they kicked machines

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	278 (99)	3 (1)	0 (0)	0 (0)	0 (0)
Low (n =117)	112 (96)	5 (4)	0 (0)	0 (0)	0 (0)
Moderate (n =144)	130 (90)	8 (6)	4 (3)	0 (0)	1 (1)
Problem (n =137)	104 (76)	14 (10)	12 (9)	2 (1)	4 (3)

Table 5.10f N (%) of gamblers who reported that they felt very sad or depressed while gambling

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	232 (83)	38 (14)	8 (3)	2 (1)	1 (0.5)
Low (n =117)	69 (59)	35 (30)	13 (11)	0 (0)	0 (0)
Moderate (n =144)	46 (32)	41 (28)	40 (28)	14 (10)	3 (2)
Problem (n =137)	8 (6)	12 (9)	27 (20)	56 (41)	32 (23)

5.10g N (%) of gamblers who reported that they cried after losing a lot of money

Total sample	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
No risk (n 281)	278 (99)	2 (1)	0 (0)	1 (0.5)	0 (0)
Low (n 117)	114 (97)	1 (1)	2 (2)	0 (0)	0 (0)
Moderate (n 144)	121 (84)	10 (7)	9 (6)	2 (1)	1 (1)
Problem (n 137)	58 (42)	25 (18)	21 (15)	19 (14)	14 (10)

Table 5.10h N (%) of gamblers who reported that they sat with their head in their hands after losing

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	269 (96)	9 (3)	1 (0.5)	1 (0.5)	1 (0.5)
Low (n 117)	105 (90)	9 (8)	2 (2)	1 (1)	0 (0)
Moderate (n 144)	102 (71)	26 (18)	10 (7)	5 (3)	0 (0)
Problem (n 137)	42 (31)	28 (20)	34 (25)	19 (14)	12 (9)

5.6.5 Alcohol and Gambling

Respondents were also asked to indicate whether and how often they gambled after drinking a lot of alcohol. As indicated in Table 5.11, around a fifth of moderate risk gamblers and just under a quarter of the problem gamblers reported frequently, or always, combining drinking and gambling.

Table 5.11 N (%) of gamblers who reported gambling after drinking a lot of alcohol

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	200 (71)	49 (17)	23 (8)	8 (3)	1 (0.5)
Low (n 117)	68 (58)	28 (24)	14 (12)	6 (5)	1 (1)
Moderate (n 144)	78 (54)	14 (10)	25 (17)	18 (13)	8 (6)
Problem (n 137)	60 (44)	24 (18)	23 (17)	22 (16)	8 (6)

5.6.6 Irrational Attributions

A final three items asked respondents to indicate how often they verbalised or openly expressed their disappointment at losing. All three behaviours or tendencies were significantly more likely to be reported by problem gamblers. Over thirty percent of problem gamblers frequently or always blamed venues or machines for losing, but relatively few reported swearing aloud at machines or speaking to venue staff on a regular basis.

Table 5.12a N (%) of gamblers who reported that they blamed venues or machines for losing

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n 281)	245 (87)	25 (9)	9 (3)	1 (0.5)	1 (0.5)
Low (n 117)	89 (76)	9 (8)	12 (10)	3 (3)	4 (3)
Moderate (n 144)	84 (58)	23 (16)	18 (13)	14 (10)	4 (3)
Problem (n 137)	36 (26)	24 (18)	32 (23)	30 (22)	14 (10)

Table 5.12b N (%) of gamblers who reported complaining to venue staff about losing

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	270 (96)	10 (4)	1 (0.5)	0 (0)	0 (0)
Low (n =117)	100 (85)	14 (12)	1 (1)	0 (0)	2 (2)
Moderate (n =144)	120 (83)	17 (12)	6 (4)	0 (0)	1 (1)
Problem (n =137)	87 (64)	27 (20)	17 (12)	4 (3)	2 (1)

Table 5.12c N (%) of gamblers who reported that they swore at machines because they lost

	Never 0% N (%)	Rarely 0 25% N (%)	Occasionally 25 50% N (%)	Frequently 50+ N (%)	Always 100% N (%)
Total sample					
No risk (n =281)	233 (83)	23 (8)	20 (7)	4 (1)	1 (0.5)
Low (n =117)	91 (78)	16 (14)	5 (4)	5 (4)	0 (0)
Moderate (n =144)	107 (74)	22 (15)	4 (28)	10 (7)	1 (1)
Problem (n =137)	70 (51)	27 (20)	22 (16)	10 (7)	8 (6)

5.7 Summary of Most Prevalent Visible Indicators

Based on the results above, it would appear that the following visible indicators are most likely to be observed in problem gamblers while they are in venues. As indicated in Table 5.13, the most prevalent indicators of problem gambling are those relating to the duration and intensity of gambling. PGs are likely to gamble everyday and play for long periods without interruption. They are also more likely to be totally involved in the process of gambling and play rapidly or frenetically. They shun social interaction with both other players as well as venue staff, and make a great deal of use of ATMs and other cash facilities. Emotionally, problem gamblers are likely to appear edgy and nervous, will appear sad and depressed, and some may display some visible signs of emotion (e.g., crying).

Table 5.13 List of the visible indicators most likely to be observed frequently or always in problem gamblers [%s = Percentage of problem gamblers]

Frequency Duration and Intensity
Played very fast (45%)
After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle (44%)
Gambled continuously (42%)
Gambled for three hours or more without a proper break (39%)
Gambled so intensely that you barely reacted to what was going on around you (40%)
Gambled every day of the week (27%)
Impaired Control
Tried obsessively to win on a particular machine (63%)
Social Behaviours
Avoided contact, communicated very little with anyone else (34%)
Raising Funds/ Chasing Behaviour
Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues (45%)
Put large win amounts back into the machine and kept playing (39%)
Emotional Responses
Felt very sad or depressed (67%)
Felt nervous/ edgy (29%)
Cried after losing a lot of money (24%)
Other Behaviours
Gambled after having drunk a lot of alcohol (22%)
Irrational Attributions
Blamed venues or machines for losing (32%)

5.8 Relative Probability of Visible Signs

Although the analyses above indicate the most common behaviours in problem gamblers, it is also important to compare the prevalence of these behaviours in PGs as opposed to other players, and how much more likely one is to observe certain behaviours in problem gamblers than other gamblers. To do this, Table 5.14 was prepared based on the percentage of PGs and other gamblers who reported providing a particular response at least on some occasions (i.e., rarely or more often). Columns 2 and 3 indicate the respective proportions for PGs vs. other gamblers, and the final column provides an odds-ratio based on the two proportions. The final column indicates how much more likely that this particular behaviour or indicator would be observed at any occasion in problem gamblers (i.e., irrespective of how frequently the behaviour might typically be observed).

A figure > 1 indicates that the behaviour is more common problem gamblers (e.g., 1.5 = 50% more likely, 2.0 = twice as likely). These ratios provide a useful way of determining the 'severity' of items, i.e., to identify which behaviours (even if they are rare) are likely to be indicative of problem gambling.

The results from Table 5.14 differ from Table 5.13 in that the items that best differentiate between the two groups are not necessarily the ones that occur most often. Thus, whereas behaviours relating to frequency, duration and intensity are most likely to be present at any given session because they tend to occur on most, if not all, venue visits, only one of these items had an odds-ratio of greater than 3. Instead, the most decisive factors were in the latter parts of the table; namely, those items relating to dysfunctional social and emotional behaviours, or behaviours that indicate over-expenditure, irrationality or a loss of control. For example, this study suggests that if a player were observed to be reluctant to stop gambling at closing, it is evident that this is the sort of behaviour that is 5 times more likely to be observed in problem gamblers than in other players. Problem gamblers are 8 times more likely to tell staff to conceal their presence at the venue, 5 times more likely to ask for credit, over 7 times more likely to sell objects of value, and 4 up to 10 times more likely to display various emotional or physiological symptoms when they gamble.

However, these figures do not allow one to specify the reverse probability, (i.e., Probability of PG given the presence of an indicator), but they show that there is a range of potentially visible behaviours which are very rare in non-problem players and much more common in problem gamblers. These results provide support for the view that there are distinctive profiles of potentially observable behaviour that theoretically could allow one to differentiate between problem gamblers and other players. However, these results do not necessarily allow firm conclusions about the practical reality of venue staff being able to make these observations or drawn conclusions based on them.

Table 5.14 List of visible indicators reported by problem gamblers and other gamblers
(proportions and odd-ratios)

Frequency, Duration and Intensity	Problem Gamblers	Other Gamblers	P (Col 2/ Col 3)
1. Gambled every day of the week	.66	.28	2.36
2. Gambled for three hours or more without a proper break	.87	.39	2.23
3. Gambled so intensely that you barely reacted to what was going on around you	.91	.25	3.64
4. Played very fast	.92	.43	2.14
5. Bet \$5 or more per spin most of the time	.51	.21	2.43
6. After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle	.96	.60	1.60
7. Rushed from one machine or gaming table to another	.80	.30	2.67
8. Gambled continuously	.91	.31	2.94
9. Played mainly high denomination \$1 machines	.76	.44	1.73
Impaired Control			
1. Stopped gambling only when the venue was closing	.74	.28	2.64
2. Gambled right through your lunch break or usual dinner time	.66	.15	4.41
3. Found it difficult to stop gambling at closing time	.69	.13	5.31
4. Fell asleep at a machine	.08	.02	4.00
5. Tried obsessively to win on a particular machine	.93	.54	1.72
6. Started gambling when the venue was opening	.65	.25	2.60
Social Behaviours			
1. Asked venue staff to not let other people know you were gambling there	.16	.02	8.00
2. Had friends or relatives call or arrive at the venue asking if you were still there	.42	.08	5.25
3. Was impolite to venue staff	.23	.07	3.29

[Table 5.14 continued]

4. Avoided contact, communicated very little with anyone else	.84	.31	2.71
5. Stayed on to gamble while friends left the venue	.77	.33	2.33
6. Become very angry if someone took your favourite machine or spot in the venue	.70	.20	3.50
Raising Funds/ Chasing Behaviour			
1. Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues	.89	.43	2.07
2. Asked to change large notes at venues before gambling	.74	.43	1.72
3. Borrowed money from other people at venues	.54	.11	4.91
4. Asked for a loan or credit from venues	.16	.01	16.00
5. Tried to sell objects of value at venues	.15	.02	7.50
6. Put large win amounts back into the machine and kept playing	.95	.47	2.02
7. Tried to cash cheques at venues	.13	.02	2.60
8. Have left the venue to find money to continue gambling	.85	.23	3.70
Emotional Responses			
1. Found yourself shaking (while gambling)	.60	.06	10.00
2. Sweated a lot (while gambling)	.56	.07	8.00
3. Felt nervous/ edgy	.84	.19	4.42
4. Displayed your anger	.55	.09	6.11
5. Kicked machines	.23	.04	5.75
6. Felt very sad or depressed (after gambling)	.94	.36	2.61
7. Cried after losing a lot of money	.58	.05	11.60
8. Sat with head in hand after losing	.68	.12	5.67
Other Behaviours			
1. Gambled after having drunk a lot of alcohol	.56	.37	1.51
Irrational Attributions			
1. Blamed venues or machines for losing	.81	.23	3.52
2. Complained to staff about losing	.37	.10	3.70

[Table 5.14 continued]

3. Swore at machines or venue staff because you lost	.49	.20	2.45
--	-----	-----	------

5.9 Probability of PG Status as Predicted by Visible Indicators

The results in Table 5.14 provide estimates of the proportion of problem and other gamblers who display various behaviours. However, Table 5.14 only indicates the relative likelihood of observing certain behaviours within the two samples based on the assumption that one already knows the identify of problem and non-problem gamblers, i.e., it yields estimates of the Probability (behaviour / Problem gambler or non-Problem gambler). It does not allow one to determine the reverse probability; namely, the likelihood of a given person being a problem gambler based on the observation of a given behaviour or a cluster of behaviours. To achieve this aim, it is necessary to conduct additional analyses that determine the extent to which the presence of specific behaviours or multiple behaviours influences the likelihood of a person being classified as a problem or non-problem gambler.

A statistical technique that provides estimates of this nature is logistic regression. In logistic regression, the dependent measure is a binary group (in this case problem gambler vs. non-problem gambler) and the predictors can be any meaningfully ordered variables. In this case, the indicators and behaviours were recoded so that responses of rarely through to always were coded 1, and Never = 0. The analysis therefore involved sets of binary predictors (0, 1, person does, or does not produce the behaviour) and a binary dependent variable (0 = Non-problem gambler, 1 = Problem gambler). A series of 7 analyses were conducted using items in each of the different indicator categories: 1. Frequency, duration and intensity, 2. Impaired control, 3. Social behaviours, 4. Raising funds and chasing, 5. Emotional responses, 6. Alcohol use, and 7. Irrational Attributions. For example, for impaired control, only those items relating to impaired control (see table 5.14) were entered into that model. The advantage of multivariate regression techniques is that they allow one to determine the best predictors of gambler status. In effect, the many variables identified as univariate predictors of gambler status can be narrowed

down to identify the strongest predictors after taking account for relationships that exist between the different predictors themselves.

Models were run using backwards entry with consideration given both to the Wald statistics as well as the log-linear likelihood ratios. The initial results from these models were inspected to identify the variables were significant predictors. These variables were listed and then the models were rerun using only these significant predictors so that the final model only included statistically meaningful predictors. A summary of these results is provided in Table 5.15.

Table 5.15 shows that all of the models have good classification rates (considerably greater than the chance rate of 50%) suggesting that the estimated model classification of cases was similar to the actual membership of individuals in the two gambler groups (problem, non-problem). The odds ratios refer to the effect that the presence of the behaviour has on classification into the two groups, e.g., 8.02 for ‘Gambled so intensely...’ means that a person who reported this behaviour was 8 times more likely to be a problem gambler than a person who did not gamble this way. The larger the odds ratio the more influential the variable.

As indicated in Table 5.15, some variables are clearly more influential than others. Gambling very intensely, without social interaction, or very quickly or continuously was important, as was losing control of how long one had been gambling. Putting large wins back into the machine or leaving the venue to find more money (a behaviour that might be preceded or signalled by rummaging around in a bag, wallet or purse) strongly increased the odds that a person was a problem gambler. Displays of emotion were also important along with verbal anger expressed towards the venue for allowing one to lose.

Table 5.15 Results of logistic regression modelling [Dependent 0 = Non-Problem gambler, 1 = Problem gambler]

Frequency, Duration and Intensity	Significant X	Odds Ratio	% Cases Correctly Classified
Gambled for three hours or more without a proper break	X	2.38	
Gambled so intensely that you barely reacted to what was going on around you	X	8.02	
Played very fast	X	5.12	
Gambled continuously	X	5.85	
			79.6%
Impaired Control			
Gambled right through your lunch break or usual dinner time	X	2.95	
Found it difficult to stop gambling at closing time	X	6.45	
Tried obsessively to win on a particular machine	X	4.69	
			87.6%
Social Behaviours			
Had friends or relatives call or arrive at the venue asking if you were still there	X	2.86	
Avoided contact, communicated very little with anyone else	X	5.33	
Stayed on to gamble while friends left the venue	X	2.31	
Become very angry if someone took your favourite machine or spot in the venue	X	4.20	
			84.4%
Raising Funds/ Chasing Behaviour			
Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues	X	2.54	
Asked to change large notes at venues before gambling	X	2.86	
Borrowed money from other people at venues	X	3.38	
Put large win amounts back into the machine and kept playing	X	5.79	

[Table 5.15 continued]

Have left the venue to find money to continue gambling	X	5.55	
			86.0%
Emotional Responses			
Felt nervous/ edgy	X	8.08	
Felt very sad or depressed (after gambling)	X	6.71	
Cried after losing a lot of money	X	5.95	
			89.3%
Other Behaviours			
Gambled after having drunk a lot of alcohol	X	2.28	
			79.8%
Irrational Attributions			
Blamed venues or machines for losing	X	6.63	
Complained to staff about losing	X	2.07	
Swore at machines or venue staff because you lost	X	1.70	
			81.7%

A final logistical regression model was run that included all of the items identified as significant in Table 5.15. A total of five items remained significant when other items were entered into the same model (Table 5.16). As indicated, the most significant items across all categories related to the intensity of gambling, searching for further funds, and emotional responses such as crying after losing or appearing nervous and edgy.

Table 5.16 Final logistical model: Best predictors of problem gambler status across all item groups

	Coefficient	Wald*	Odds-ratio	% Classified
Gambled continuously	1.42	13.85	4.14	
Played very fast	1.48	11.62	4.38	
Left venue to find money	1.55	22.82	4.71	
Cried after losing	1.52	21.42	4.56	
Nervous/ edgy	1.83	32.91	6.24	
Constant	-5.68	119.3		91.3%

* $p < .001$

To calculate the extent to which one can determine the likelihood of a person being a problem gambler based on these results, requires the use of the logistic regression formula, $P(E) = \frac{e^z}{1 + e^z}$, where e is the exponential and $z =$ a linear combination of variables, B_0 (constant) + $B_1.X_1 + B_2.X_2 + \dots + B_n.X_n$, where B refers to the coefficient for each variable and $X =$ the value of the predictor variable (in this case 0 = absent or 1 = present). By incorporating the values in Table 5.16 into this equation, it becomes possible to determine the probability of a person being a problem gambler based upon single and multiple predictors (i.e., the accumulated observation of indicators in the venue). Table 5.17 shows the probability of identifying a person as a PG based on a single predictor and then the effect of adding additional variables. The results clearly show that the classification probability reaches an asymptotic point once three indicators have been added, and that two of these indicators alone are sufficient to yield a high probability of accurately identifying a person as a problem gambler. It can also be shown through simple recalculation of the example given in Table 5.17 that one can obtain similar results by entering these predictors in different orders.

Table 5.17 Probability of a person being a problem gambler based on the accumulated observation of specific behaviours or indicators using the final logistic regression model

	P (problem gambler)
Nervous and edgy	.53
+ Cried after losing	.81
+ Left venue to find money	.87
+ Played very fast	.89
+ Gambled continuously	.89

Note: Each percentage is based on the cumulative addition of the indicator in each row, e.g., 86.6% is based on the 1st three indicators.

The encouraging feature of these results is that they are based merely on the occurrence of individual behaviours rather than the frequency of events, so that a behaviour needs only be observed once for an individual player to be useful in identifying possible problem gamblers. Observation of any two of the behaviours or indicators in Table 5.17 either on one occasion or across several sessions would be sufficient for the purposes of identification.

5.10 Frequency of Multiple Indicators

A final analysis examined the frequency with which problem gamblers reported always (100%) or frequently (50% + occasions) engaging in at least one the behaviours summarised in Tables 5.17. Figure 5.1 summarises the percentages for the total counts ranging from 0 to 5 (for all 5 frequently or always). The results show that almost 30% of problem gamblers report that they frequently produce two or more of the behaviours, and that around 17% produce at least two on every occasion. These results suggest that it would be theoretically possible for them to be identified successfully in one venue visit or gambling session.

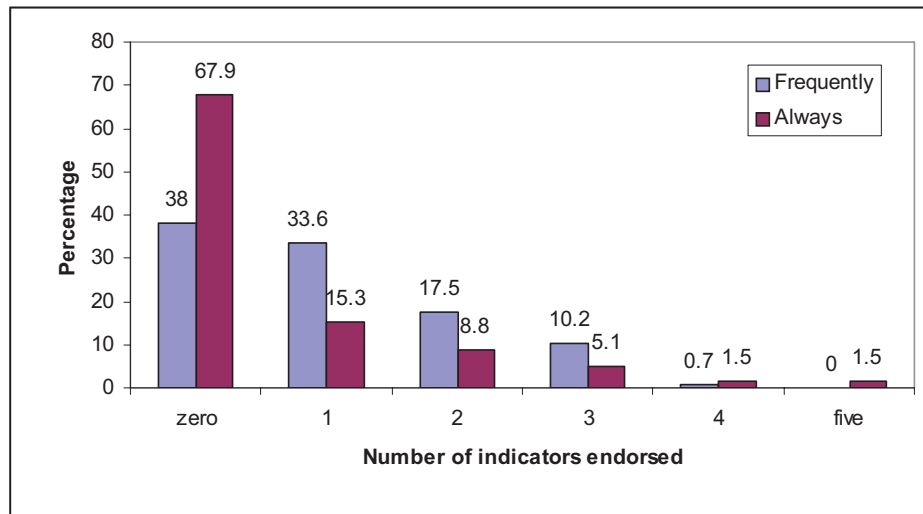


Figure 5.1 Number of key indicators displayed frequently or always by problem gamblers [e.g., 17.5% of the problem gamblers frequently displayed 2 of key behaviours]

5.12 Gender Differences

The prevalence of the different indicators was also analysed in relation to male and female problem gamblers to determine if any gender differences were present. A summary of the significant differences is provided in Table 5.18. As can be observed, male problem gamblers were significantly more likely to gamble very intensely, e.g., to play often and to gamble on high denomination gaming machines with bet amounts greater than \$5 per spin. They were more likely to find it difficult to stop gambling at closing time, to act impolitely or aggressively towards venue staff, to drink heavily during gambling sessions, and to leave the venue to find additional funding. By contrast, women were more likely to report having cried after losing.

Table 5.18 Prevalence of visible indicators in male and female problem gamblers (n = 137)

Frequency, Duration and Intensity	Males N = 56 N(%)	Females N = 81 N (%)	Ratio
Gambled every day of the week	44 (78.6)	46 (56.8)	1.38
Bet \$5 or more per spin most of the time	37 (66.1)	33 (40.7)	1.62
Gambled continuously	54 (98.2)	69 (85.2)	1.15
Played mainly high denomination \$1 machines	49 (87.5)	55 (67.9)	1.29
Impaired Control			
Stopped gambling only when the venue was closing	49 (87.5)	52 (64.2)	1.36
Found it difficult to stop gambling at closing time	46 (82.1)	52 (64.2)	1.28
Social Behaviours			
Was impolite to venue staff	19 (35.8)	12 (16.0)	2.24
Raising Funds/ Chasing Behaviour			
Have left the venue to find money to continue gambling	52 (92.9)	64 (79.0)	1.18
Emotional Responses			
Sweated a lot (while gambling)	39 (69.6)	40 (50.6)	1.38
Displayed your anger	42 (75.0)	33 (41.8)	1.79
Cried after losing a lot of money	23 (41.1)	56 (69.1)	0.59
Other Behaviours			
Gambled after having drunk a lot of alcohol	41 (73.2)	36 (44.4)	1.65
Irrational Attributions			
Swore at machines or venue staff because you lost	35 (62.5)	32 (39.5)	1.58

As above, logistic regression analyses were also conducted to identify the variables which best classified people as problem gamblers vs. non-problem gamblers. However, on this occasion the analyses were conducted separately for men and women. An initial series of models was run for each of the categories of the item and then the resultant significant predictors were entered into a final model. The results of both of these final models are displayed in Table 5.19. The model developed for men showed that

male problem gamblers were best identified based on their physiological and emotional reactions (sweating, anger) as well as the duration of their gambling sessions. Female problem gamblers were best identified based on the observation of displays of anger towards machines and/or other patrons, intense concentration, multiple ATM withdrawals for gambling, and if they leave the venue and then come back after obtaining further money (this departure may well be preceded by rummaging around inside handbags and purses for funds).

Table 5.19 Final logistical model: Best predictors of problem gambler status across all item groups for males and females separately

	Coefficient	Wald*	Odds-ratio	% Classified
MALES				
Gambled for 3+ hours without a break	2.38	13.14	10.78	
Sweated a lot	2.08	20.38	8.00	
Difficult stopping at closing time	1.79	14.07	6.01	
Displayed anger	1.59	11.76	4.92	
Constant	-5.61			88.6%
FEMALES				
Kicked machines	2.87	14.66	17.55	
Nervous or edgy	2.28	22.47	9.75	
Gambled so intensely/ Not aware of things going on around them	1.75	11.30	5.74	
Multiple withdrawals from ATMs	1.75	9.27	5.73	
Angry if machine or spot taken	1.21	8.50	3.37	

[Table 5.19 continued]

Left venue to find money	1.28	8.45	3.60	
Constant	-6.41			90.9%

* $p < .001$

Table 5.20 shows that the males cannot be reliably identified using only one cue, but that a combination of at least 3 cues is sufficient to be confident that the person is a problem gambler. In contrast, for women, the probability of a person being a problem gambler is 65% based on one cue alone (kicking machines), and increase to 90% if the person also appears nervous or edgy. An accumulation of four or more cues with any frequency is sufficient to be almost 100% confident that the woman being observed is a problem gambler.

Table 5.20 Probability of male and female problem gamblers based on the accumulated observation of specific behaviours or indicators using logistic regression models

	P (problem gambler)
MALES	
Gambled for 3+ hours without break	.33
+ Sweated a lot while gambling	.74
+ Difficulty stopping at closing time	.86
+Displayed anger	.90
FEMALES	
Kicked machines	.65
+ Nervous or edgy	.90
+ Gambled so intensely that person lost track of things around them	.95
+ 2 or more withdrawals from ATMs	.98
+ Left venue to find money	.99
+ Angry if spot taken	.99

Note: Each percentage is based on the cumulative addition of the indicator in each row, e.g., .86 for males is based on the inclusion of the 1st three indicators in the model.

5.13 Cues Identified by Gamblers

Those people who participated in the community survey were asked to indicate whether there were any relevant cues of behaviours that they believed would allow venue staff to identify problem gamblers in venues. A summary of these cues is provided in Table 5.21. As indicated in this table, gamblers tended to endorse many of the same items already identified in the study. Only a relatively small number of other indicators was identified. Some of these are potentially problematic (e.g., rubbing and talking to machines) because it is known from a number of studies that such behaviours are commonly produced by non-problem gamblers and are not therefore entirely indicative of problem gambling. Excessive smoking is also known to be associated with gambling (see

Delfabbro & LeCouteur, 2006), but not all problem gamblers are necessarily smokers and will ever have the capacity to produce this behaviour.

However, some additional items appear worthy of attention and should be potentially considered in future research studies. These items include: standing around and very obviously waiting for the availability of one's favourite machine, rummaging around in bags for extra money, and an active avoidance of the cashier as a ploy to conceal the number of times one has taken out money at the venue. To some degree some of these items may already have been captured in the current study. For example, people who wait for their favourite machine may also appear to have an obsessive desire to win on this machine. Similarly, those who leave the venue to find extra money probably engage in some 'searching' behaviours beforehand to ascertain that they have no more money with which to play.

Table 5.21 Cues and behaviours identified by community survey participants (n = 280)

	No. responses	Included in Current study
Anxiety or a look of despair	7	*
Chain smoking while gambling	6	
Striking machines with hand or kicking them	5	*
Talking at machines or rubbing them	5	
Trying to borrow money from other patrons	4	*
Looking very depressed	3	*
People who stand over other players waiting for certain machines to become free	3	
Scratching through bags, wallets or purses to find more money	2	
Going out to get more money and coming back	2	*
Excessive time at the venue	1	*
Displays of anger when losing	1	*
Crying after losing	1	*
Angry if someone took one's machine	1	*
Multiple ATM withdrawals	1	*
Blank expression when gambling	1	
Playing on after friends have left	1	*
Concealing one's presence from others at the venue	1	*
Avoiding the cashier- going to the coin machines only to cover up how much one is spending	1	
Avoiding social contact with others	1	*
Always trying to win on the same machine	1	*

5.14 Discussion and Conclusions

5.14.1 Main Findings

The aim of this study was to determine the relative prevalence of self-reported behaviours in a sample of problem gamblers and others with varying levels of risk of becoming problem gamblers as based on CPGI classifications. The results suggested that a wide range of potentially visible indicators and behaviours are more likely to be observed in problem gamblers than in other groups of gamblers. These indicators include longer, more intense sessions of gambling, behaviours relating to the need to obtain extra money to gamble or chasing behaviour, social behaviours, and various emotional and irrational responses to losing. Many of these behaviours were highly prevalent in problem gamblers, with over 85% of problem gamblers reporting having displayed these patterns of behaviour on at least some occasions. Moreover, there were around a dozen indicators which were displayed either frequently or always by around a quarter of the problem gambler sample. In other words, around 1 in 4 gamblers displayed some of the visible indicators almost every time they gambled, so that it would be theoretically possible for these behaviours to be observed every time particular problem gamblers visited venues.

Based on the data obtained, it was also possible to develop multivariate models to ascertain the cues or behaviours that best differentiated between problem gamblers and others that gambled. In other words, it was possible to determine which observable cues would allow one to identify a person as a problem gambler. Statistical models were developed for the sample as a whole and also for male and female problem gamblers separately. All three sets of analyses were successful in identifying clusters of variables that yielded very high probability estimates. For example, for the sample as a whole, it was found that anyone who displayed considerable agitation or nerviness while gambling and who was observed crying after losing had over an 80% probability of being a problem gambler. Males who gambled for long periods and who sweated heavily and found it difficult to stop gambling when the venue was closing had over an 80% chance of being problem gamblers, whereas women who were very agitated or who struck

machines, or made multiple ATM withdrawals had at least a 90% chance of being problem gamblers.

These findings are generally consistent with the earlier Canadian work of Schellinck and Schrans (2004) who also found that there were indicators or cues that reliably differentiated between problem gamblers and other gamblers. The current study extends and complements their findings by including a considerably wider range of indicators, and by concentrating on items which are likely to be visible in the venue rather than those which might only be perceived internally by the gambler (e.g. , headaches, or heart palpitations). A difference between the analyses conducted in the current study and Schellinck and Schrans is that no assumptions were made about the extent to which the behaviour might be observed by a single observer in a single venue. Although there may be practical difficulties in observing these behaviours in situ (see Chapter 4 and 6), the purpose of these analyses was to determine the probability of a person being a problem gambler if the behaviour or cue had been observed by venue staff, and logged as an incident, as is currently required under some mandatory codes of practice operating in some Australian jurisdictions. In other words, these findings do not challenge Schellinck's and Shran's conclusions regarding the practical difficulty associated with observing clusters of cues for the purposes of identification, but provide a starting point for ascertaining the theoretical possibility of identifying problem given the availability of conditions and staffing practice that is conducive to the process. More detailed discussion about the practical realities of identifying gamblers in venues is provided in Chapters 4 and 6.

5.14.2 Most Commonly Reported Behaviours

This study found that there are certain behaviours that most, if not all, problem gamblers produce on at least some occasions. These behaviours are not necessarily the best indicators to differentiate problem gamblers from other gamblers, but are the ones which should be most likely to be observed by venue staff. A problem gambler typically gambles for long periods (often 3 hours or more) and often lose track of what is going on around them. They play very quickly and often continuously or without a proper break.

Those who favour gaming machines appear more likely to have their favourite machines that they will seek out either by standing over other players, or by patrolling until it becomes available. They may often obsessively try to win on these machines. Problem gamblers also tend to avoid contact with others, including venue staff and may often (according to respondents in Chapter 4) start visiting coin machines rather than cashiers to disguise how many times they have taken out money. They may also often take out extra money from ATMs on two or more occasions. In terms of their style of gambling, they may put large wins straight back into the machines, often without listening to the jingle, and have a preference for larger bets. They may also leave the venue and come back if they run out of money. Over 80% of problem gamblers may appear edgy or nervous as they play, may also blame the machines for losing (sometimes striking them or by speaking to them), and may look very sad and depressed after losing, or while they are gambling.

5.14.3 Less Common Behaviours Strongly Indicative of Problem Gambling

There were also a number of less common behaviours that almost never observed in low risk gamblers. Although these behaviours are infrequently observed even in problem gamblers, their occasional occurrence should be taken very seriously by venue staff. These include: asking venue staff not to let others know they are gambling, asking for a loan or credit at the venue, trying to sell objects of value at the venue, visibly shaking, sweating a lot while gambling, becoming very angry towards staff or machines, and crying after losing. As the analyses in this chapter shows if a person displays any of these behaviours, the odds in favour of them being problem gamblers as opposed to non-problematic players is 7 or 8 to 1. For example, a gambler who is seen to cry after losing is over 11 times more likely to be a problem gambler.

5.14.4 Methodological Considerations

A strength of this study is that the sample contained a very strong representation of people with significant gambling problems and that, with 100s of cases, all analyses had sufficient statistical power to detect even small statistical effects. The range of items selected was also well informed by existing research as well as the expert opinion of

former problem gamblers, counsellors, academic researchers and industry respondents. Although most items were deliberately selected so as to focus on EGMs, there are many items in the final statistical models that relate to all forms of venue based gambling, so it would be possible to generate many of these findings to casino games as well as gaming machines. Importantly, given the availability of EGMs in clubs, hotels and casinos around Australia, the findings have relevance to the major types of venue where gambling is conducted *in situ*.

Despite these strengths, it is also important to draw attention to several potential criticisms that may limit the validity of the findings, or which need to be addressed. First, since the current study was only conducted in South Australia, questions might be raised about the extent to which the findings can be generalised to other jurisdictions. There are some features on interstate machines (e.g., note acceptors, linked jackpots, venue inducements) that are not available in South Australia, so that it may be that there are additional behaviours or cues that could have been included in the current investigation. The sample of gamblers was also drawn from a State that has only relatively small venues with possibly greater opportunities for interaction between staff and patrons on the gaming floor.

A second issue concerns the self-report nature of the data. It is not clear whether people always act in the manner reported in surveys, or as frequently. Behaviours may also appear somewhat differently how they are described on paper. Behaviours may be more complex or multi-faceted (e.g., nervousness might be displayed in a whole range of behaviours) than described in the survey. It may also be that the survey did not capture the full range of behaviours that are actually observable in venues. Certainly, there was some evidence from open-ended responding that a few additional items could be usefully added to the list included in this study. However, few additional items were suggested in this study, so it is unlikely whether the final models change substantially as a result of the inclusion of additional variables, i.e., given the very high probability estimates already obtained with the existing set of predictors.

These latter criticisms point to the need to supplement self-report data with additional information collected from a wider range of venues and using more direct observational methodologies. A summary of the findings of observational work conducted in both South Australian and the ACT is provided in the chapter that follows (Chapter 6).

Chapter 6: Observational Study of Within Venue Behaviour

6.1 Overview

Although the previous chapters have provided a considerable body of subjective evidence to support the existence of a range of visible behaviours or indicators that might hypothetically allow venue staff to identify problem gamblers within venues, such findings are not without limitations. Self-report data, as collected by surveys, provides little information about the objective form of behaviours as they appear in venues, is reliant upon the accurate recall of respondents, and does not indicate how or in which context certain behaviours occur. Accordingly, an innovative component of this project was to include objective field observations to corroborate and extend the findings obtained using surveys and other traditional self-report methodologies. Field observations could address the limitations associated with sole reliance on self-report methodologies by providing more tangible sociological information concerning the actual topography or form of previously identified cues and their social context. At the same time, field observations can also provide opportunities to study behaviours without reference to previously identified signs of problem gambling so as to avoid the potential for confirmation bias (i.e., that one merely looks for evidence consistent with one's preconceptions and categories). To do this, the project employed naturalistic observation of gamblers within venues and in various areas of the gaming floor. The observations could potentially identify behaviours and visible signs *not* previously suggested, or perhaps less emphasised, in survey research.

This chapter summarises the findings from two observational studies conducted in gaming venues in South Australia, the Australian Capital Territory and New South Wales. In both studies, members of the research team observed gamblers while themselves acting and participating as regular gamblers. The observational study allowed collection of *in situ* data for examination of visible signs of problem gambling as they appeared naturally and relative to the immediate and evolving circumstances faced by each individual gambler. By utilizing these methods, the research sought to identify not

only visible and single signs of problem gambling, but also how discrete signs might work together and interact. Research could thus begin to map configurations of signs of problem gambling that would assist venue staff to identify possible complex visible signs of problem gambling. Moreover, the research would be able to examine the role of broader contextual factors such as the social environment, spatial context, and temporal sequencing of behaviour. For example, from a social perspective, it would be possible to observe each gambler's behaviour in relation to social interactions with other people, including friends, other gamblers, and venue staff). In a spatial context, it would be possible to examine the gambler's orientation to and use of venue space immediately surrounding the gambling activity, including how much they moved around the venue, how far they travelled to access cash facilities, or how often they left the gaming area to take breaks, or utilise other venue facilities. Finally, from a temporal perspective, it would be possible to examine the timing, sequencing and frequency of single behaviours or clusters of behaviours, so as to understand when they are most likely to occur during typical sessions of gambling.

In addition to more overt visible sign of problem gambling previously identified in Chapter 4 and 5, the observation study drew also provided opportunities to examine other more subtle and possibly ambiguous variations in behaviour that might also occur at the same time. These included:

- contact (interaction) with gambling paraphernalia and devices (e.g., gaming machines)
- types of gestures (such as pointing, waving, touching), and mannerisms (for example evidence of stress, distress, anxiety)
- looking behaviours, range of points of visual focus and especially the direction of gaze relative to gambling activity and other potential sites of attention (e.g., the croupier, other gamblers, time pieces)
- bodily posture and orientation (e.g. tension)
- facial expressions
- the relation and timing of visible behaviours to gambling activity

- features of behaviours, open or not to individual intentional control, that can render the behaviours more or less visible to others (e.g. attempts to conceal problem gambling)
- fine details of the gambler's interaction, including but not limited to verbal communication, between the gambler and others people in the setting (e.g. other gamblers, friends, venue staff)

6.2 Nature and Purpose of the Observational Work

Ideally, to conduct research of this nature it would be desirable to obtain unobtrusive observational data relating to individual gamblers with independent assessments of their problem gambler status. Gamblers in venues would be administered diagnostic screens and then observed either before, or after, they had been assessed so as to be able to match up observational data with screening data. Unfortunately, such methods would not be considered ethical under the current NHMRC guidelines for the ethical conduct of research. According to these guidelines, it is unethical to disguise or withhold the purpose of the screening in the information provided to participants about the study. Observations would no longer be valid if players knew they were being observed after screening, whereas diagnostic screening after unobtrusive observation (e.g., via exit interviews at venues) would require disclosure of the previous period of observation. Given these circumstances, not to mention the fact that industry groups contacted, were generally reluctant to give permission for researchers to conduct formal observations with patrons in the venue or access CTV footage, the researchers instead adopted a naturalistic, participant observation method commonly used in sociological and anthropological research.

Participant observation is a well established and recognised social science research methodology. Participant observation is commonly considered as a form of ethnographic research and is ethically acceptable because the research does not aim to identify specific individuals, obtain private information, or modify their behaviour. Participant observation involves: "immersion of the researcher in a social setting in which he or she seeks to observe the behaviour of members of that setting ... and to elicit the

meanings they attribute to their environment and behaviour” (Bryman 2004, p. 167). Participant observation is a naturalistic research methodology, in that it provides descriptions of people and events in natural or authentic settings. It seeks to examine how people inhabit the setting and experience and create its activities. The method allows for considerable variation in how and how much researchers participate in the settings. Over many decades, participant observation has been used in a very wide range of settings and communities, such as football hooligans, a restaurant, an accountancy firm, the police force, club bouncers, entrepreneurs (see Bryman 2004, p. 295). Participant observation is potentially valuable because researchers can notice, attend closely to, and consider, aspects of human behaviour which the participants themselves treat as so familiar and normal that they may be beyond notice and attention, and have become taken-for-granted and unremarkable.

Accordingly, for this project, members of the research team *observed* gamblers and venue staff in gambling venues, while themselves *participating* in activities typical for the venues, such as gambling (e.g. playing on machines), sitting to have drink, or eat a meal, or watch a televised sport event). Therefore, researchers made observations while acting as regular gamblers of the venues, rather than as part of a separate, visible, and identifiable research activity. Participant observation could help identify and investigate details of behaviours of which gamblers and venue staff may themselves be unaware, or less able to report on accurately. These can be the very aspects of behaviour that are revealing of how gamblers ordinarily conduct themselves in venues, and can be indicative of problem gambling behaviours.

Participant observation can be more or less structured. This project used *unstructured observation*. Observers did not make records according to a strict pre-determined schedule of coded behaviours. Rather, observers noted in as much detail as was possible and relevant the behaviours of gamblers and staff, towards developing accounts of gambling behaviour and to identify possible visual cues of problem gambling. Observers were however guided in what to look for by findings of previous research literature, and by emerging findings of other components of this project.

Observers were therefore able to note what different behaviours looked like *in situ*, and how they occurred relative to one another. Unstructured observation allowed researchers to be more open to the range of gambling behaviours than could emerge as possibly significant, rather than only to presume these behaviours as known in advance. Unstructured observation was appropriate for meeting the project's goal to identify in-venue visible behaviours as potentially indicative of problem gambling. Unstructured observation also allowed researchers to minimise possible concerns about sampling and reliability, such as inter-observer reliability because the emphasis is on observing naturally occurring behaviour rather than categories of behaviour that fit into pre-existing response categories (Bryman, 2004).

The participant observation activities reported in this chapter were conducted by several observers: Dr Maurice Nevile (Chief Investigator) and Dr Louise Skelt (Research Assistant) in the ACT, and Ms. Sue Pinkerton and Dr. Paul Delfabbro in South Australia. The observational techniques were largely informed by the ACT researchers' expertise in another research methodology, called ethnomethodology (see Francis & Hester, 2004). Ethnomethodology is a sub-field within sociology and is concerned with the detailed description and analysis of practices, understandings, and order, in ordinary social action, including the analysis of video and other records of visible behaviour. There are ethnomethodology informed studies of a very wide range of human activities and social settings, including institutional settings, such as medical, legal, educational, media, business, family, and technological work contexts (e.g. see Arminen, 2005). Ethnomethodology is valuable for the current project because it seeks generally to make explicit how people do ordinary things in ways that are routine and unremarkable. That is, ethnomethodology seeks to bring to notice what is usually treated as familiar, taken-for-granted, and unnoticeable. Participant observation forms of study informed by thinking in ethnomethodology include pick-pocketing (Calvey 2000) and club bouncers (Carlin 2003).

Although these methods might appear to be limited on the grounds that they do not, of themselves, provide any way to confirm, or disconfirm, whether individuals being

observed are problem gamblers, or non problem gamblers, it is important to recognize that there is some scope for the status of individuals to be determined by the observations themselves. There are many behaviours or indicators which are unequivocal and unlikely to be subject to any variations in interpretation (e.g., visits to ATMs, time spent gambling, obvious exclamations of anger, how the person gambles in terms of the bet sizes, number of breaks taken, and speed and continuity of play). Since many of these very objective behaviours appear to be reliable predictors of problem gambler status (Chapter 5), it therefore becomes possible to obtain reasonable estimates as to likely problem gambler status of some players based merely on the observation of behaviour. For example, if one were to observe a person gamble for more than three hours, have few breaks, make multiple ATM withdrawals, and show signs of emotional distress, that person would be highly likely to be a problem gambler as based on statistical modelling using the variables identified and measured in Chapter 5. Despite the fact that this method would be capable of classifying only some problem gamblers (i.e., only those who happen to produce multiple behaviours during the same observation period), it would nonetheless enhance the veracity of conclusions drawn from observations of particularly problematic patterns of play documented during observational sessions.

6.3 Methodological Principles Guiding the Field Observation Studies

The field observation component of the project was conducted with three principal guiding criteria. First, it was essential that observations were of authentic naturally occurring in situ gambling behaviours, that is, people in gambling venues involved in ordinary gambling activities. Second, it was necessary to conduct observations in an unobtrusive manner so not to influence or negatively impact gamblers, either their gambling behaviours or more generally their experience of the venue. Third, it was important to respect the privacy of gamblers and staff. The overall aim was to ensure the research activity had no impact at all on the gamblers, the venue staff, or the life of the venue, and that the project was able to collect data on typical gambling and staff behaviour.

Therefore, observers entered and participated in gambling venues as regular gamblers. Observers did not announce to gamblers or staff their presence as researchers, or their research interests. Observers made observations while participating in regular activities of the venue, such as gambling (e.g. playing EGMs), sitting down to have a drink or meal, or watching sport. Just like regular gamblers, research observers visited venues as an individual, or in company with another or others, or even with family members. research observers spent real time and money in the venues. Observations were made of public behaviours, that were conducted in public spaces, and that occurred naturally and not for the goals of the research.

Similarly, the observers' conduct, as patrons and gamblers, was also public and visible to others in the venue. It was essential that observers conducted themselves as typical patrons of the venue, and appeared as such to regular gamblers and to staff. The aim was for observers to attend to details of behaviour that could be visibly available to anyone in the venue, and then later to record these details as research data. Observers were interested in visible conduct that would ordinarily be publicly available. Observers were attending to and later recording details of behaviours that could be seen and noticeable to anyone else in the venue. Evidence that observers were indeed successful in visiting and participating in venue activities as regular gamblers is that they did not draw attention to themselves and were indistinguishable, to regular patrons and staff, from regular gamblers. For example, on many occasions other gamblers would speak to observers as fellow gamblers (e.g. at the gaming machines, while watching sport), sometimes engaging with observers in lengthy conversation, or even offering or seeking their advice on how to play.

The following points outline how members of the research team conducted visits to gaming venues to make in-situ observations of gambling behaviours.

- Observers were members of the research team, either Chief Investigators or Research Assistants employed on the project

- Observers entered the venue as a regular gambler
- Observers did not announce their research interests to other gamblers or venue staff
- Observers participated in regular venue activities (gambling, having a drink or a meal, watching sport)
- Observers dressed and behaved just like regular gamblers
- Observers unobtrusively noted the behaviours of gamblers and staff, while simultaneously participating in venue activities
- Observers acted and appeared as regular gamblers, so not to draw attention to themselves
- Observers did not initiate contact or interact with regular gamblers or staff, other than as would be typical and necessary as a gambler of the venue – for example if spoken to while playing, or to get change, or to order drink or food
- Observers did not engage in any visible research activities in the venue, or any activities noticeably different to activities of regular gamblers
- Observers moved around the venue during visits, as appropriate and typical for regular gamblers of the venue, to observe from different locations and while participating in different activities (e.g. moving from one gaming activity (e.g. machine) to another, moving between having a drink/meal and gaming activity)
- Observers mostly made written field notes from their observations only *after* leaving the venue, or observers would record their observations onto a digital voice recorder. Any notetaking conducted within the venue was done discretely and disguised as part of another activity, such as reading. Observers did not record or write up any details that could identify any individual gambler, staff member, or venue – no personal details were collected, and data were collected and treated to preserve anonymity

6.4 Summary of Principal Aims of the Observational Work

In summary, the principal aim of the observational work was to: (1) Examine the objective form or topography of visible behaviours, (2) Ascertain the existence of other previously undocumented behaviours that may be possible indicators of problem

gambling, (3) Determine the extent to which the self-reported behaviours described in Chapters 3-5 are objectively visible to observers, and (4) To examine the social, spatial and temporal context of behaviours, e.g., how often or frequently they occur, whether they occur in clusters, in a particular order, and in what locations in the venue (NB. A particular focus was on how often they could be observed in the gaming area).

6.5 Sampling Details for Observational Visits

A total of 150 hours of observations were conducted in the three jurisdictions (ACT, NSW and SA), with 60 hours in SA and 90 in total for the ACT and NSW combined. Visits were made to gaming venues of different sizes, on every day of the week including weekends, and at different times of the day (opening time until midday, afternoon, 6 pm to 12 am, and early am). A summary of range of visitation times and venues sampled is provided in Table 6.1. In South Australia, most visits occurred during the hours between 10am and 10 pm, although there were 4 observational periods that extended to midnight and beyond. The mean duration of visits in SA was 124 minutes (range 1 hour to 5.5 hours) hours. Four of the SA venues were small (10-20 machines) and six were larger (32 or 33 machines). In the ACT and NSW, most visits were conducted during the hours between 12pm and 12am, with 12 visits beginning before midday. The mean duration of visits was approximately 80 minutes (range 15 minutes to three hours). Short visits involved observing patrons as they waited for the venue to open, or brief return visits to the venue after an earlier longer visit, to observe if a particular player was still in the venue. The smallest ACT venue had over 50 machines, and all other ACT and NSW venues were larger, with over 100 or over 200 machines.

Table 6.1 Summary of observational visits

	Number of venues	Number of visits	Duration of visits	AM Starts	PM Starts
SA	10 (10-33 machines per venue)	29	1 hour – 5.5 hours	7	22
ACT	5	57	15 minutes – 3.0 hours	8	49
NSW	1	11	As above	4	7

In the South Australia observational study, the observer remained near to the gaming floor throughout the duration of the observational period in a position that allowed a clear view of up to 8 separate players as well as the teller, coin machines, and ATM. The observer purchased drinks and sat reading a book while taking brief notes concerning the behaviour of individual players. The observational point allowed a clear view of credit totals on the machines, player reactions, and interactions with other gamblers. The observer also kept records of how often venue staff were present on the gaming floor, teller window, or bar that immediately overlooked the machines so as to obtain an estimate of the likelihood that they would be aware of player behaviour on the gaming floor. To assist in differentiating players, details were recorded of the person's gender and approximate age, or clothing colour, but no other information was collected so as to maintain the anonymity of all players in this final report.

Using this method, it was possible to observe 185 players (87 male, 88 females) and the movements of all 69 venue staff present at the time (range 1-3 persons per venue). It was possible to select and record data for up to 8 patrons at a time who were visible from the observation point. The duration of observation for each player was influenced by the length of the observational period itself and how long each player remained in the venue. The shortest playing period was 5 minutes and the longest was 5.5 hours (NB. some players were still gambling after this amount of time). Very few patrons

appeared to be aware of the observers, and occasionally appeared comfortable talking to them as if they were other patrons in the venue.

As indicated above, random selection for the purposes of generalisation was not the primary aim of this study. Instead the aim was to determine whether it was possible for an observer to amass visible evidence of a gambler's potential status based on behaviour, and whether those behaviours were sufficiently salient to be recorded.

Observations were recorded in 5-minute intervals. Details of betting strategies, playing style, credit balance and wins and losses, use of coin machines and ATMs as well as any other emotional, social responses, or vocalisations were documented. This made it possible to track the changing pattern of behaviour and emotional reactions of some individual players over many hours.

In the ACT observational study, the research team mostly observed while on the gaming floor, participating in gambling activities. Observers would sit or stand to play a machine that gave a view of either many players, or of an individual player showing possible signs of problem gambling. Over the course of a visit, as appropriate the observers would either stay at one machine for an extended time or move from one machine to another. Occasionally observations were made from a location near to the gaming floor with a view of the gaming floor and also ATMs, teller, or coin machines. In one venue it was not possible to have simultaneously a view of both the gaming floor and the ATM, though it was possible to observe when players moved to the ATM from the gaming floor. When sitting near to the gaming floor observers acted as regular patrons by purchasing drinks, watching TV, and, if observing as a pair, by engaging in ordinary conversation. Observing from near to the gaming floor allowed view of player and staff movements. More detailed observations of playing behaviour, such as credit totals, player reactions and so on, was possible when observers themselves gambled, or walked around the gambling floor. To assist in differentiating players, details were recorded of the

person's gender and approximate age, but no other information was collected so as to maintain the anonymity of all players in this final report.

In the ACT study no records were kept of the exact number of players or staff observed, but with 90 hours of observations across six venues, including some large venues with over two hundred machines, it is likely that at least 150 players were observed. In the ACT study less emphasis was given to observing staff. The duration of observation for an individual player was influenced by the length of the observational period itself, how long each player remained in the venue, and the observed behaviours of the player.

6.6 Details of Venue Staff: SA Study

Observations undertaken in South Australian venues showed that venues had between 1-3 staff working with gamblers (3 in larger venues with more than 33 machines), but only 1 or 2 in the smaller venues with 20 or fewer machines. On the whole, patrons gambled with little contact with venue staff. On average, venue staff were present in the gaming area (on the floor, at the teller or gaming bar) only 22% of the time (SD = 18%). In 5 observational periods (17%) were the venue staff present for at least 50% of the time, whereas there were 8 (29%) periods where staff were present less than 10% of the time. These results suggested that there was only a relatively low probability of staff being able to observe player behaviour on the gaming floor or interact with patrons while they were gambling due to other duties (e.g., working in the front bar).

6.7 Findings from the South Australian Observational Study

A careful reading of observational transcripts obtained for the South Australian observations showed that the majority of behaviours or indicators identified by the researchers (see Chapter 5) were observed on at least one occasion during the course of the observation (Table 6.1). As indicated in Table 6.1, it was relatively easy to observe the duration and intensity of gambling. Even given the limited and finite observation periods, it was possible to observe 50 players who gambled for three or more hours, who played very quickly and intensely without breaks, and who put large wins back into the

machine without any strong emotional reactions. However, it was clear that some refinement of items might be required to capture the actual nature of behaviour. For example, although the size of bets appeared important, it was rare to find people who gambled \$5 or more per spin because of the preponderance of 1c machines. Accordingly, it may be more useful to revise this item to \$2.50 per spin and to also include an item that asks people how often they bet maximum lines and credits on any machine. The observations also showed that ‘rushing from machine to machine’ is perhaps not an accurate description of how people actually gamble. Instead, a more common player amongst those with a very intense involvement in gambling appears to be a form of ‘patrolling’, prowling or stalking of favourite machines. Players will roam around the venue in search of their preferred machine and will sometimes stand over other players or watch them until the machine becomes available.

Items relating to impaired control were also generally easy to observe, although some qualification needs to be given to the item relating to gambling around closing time. Some comments made by players indicated that they were shift workers. Early morning gambling was preferred only because this was the time when they worked and were not sleeping, so that it was not always the case that gambling overnight was necessarily a cause for concern.

Some success was obtained in observing specific social behaviours that might indicate problems with gambling, although it was not possible to verify the incidence of some of these indicators because they would not necessarily be observable. Relatives or friends might call the venue rather than come in directly, and friends might stay behind in other parts of the venue before gamblers make the decision to stay behind and gamble. There was, however, one gambler who received multiple calls on his mobile that clearly indicated some attempt to disguise the nature of his activities and his location. Responses indicated that he was required to fulfill a work commitment, and yet he continued, over a prolonged period, to tell the person on the phone that he was currently at work. It may, therefore, be worthwhile to include at least one indicator in future studies that examines

the extent to which people visibly 'dodge' phone-calls or commitments while they are gambling.

Amongst those players who gambled for a long period and who showed some frustration (see analyses below), it was clear that they made frequent visits to cash facilities, and that they commonly broke large notes either at the teller or at the coin machines. There was little doubt that the presence of coin machines in the venues provided an ongoing and ready store of cash for players, and so it may be useful in future research to include an item that captures the frequency with which people use these facilities. It may also be useful, given that most people broke \$50 and \$100 notes, to clarify the item relating to the changing or large notes, and to ask whether people did this at coin machines and/or at the teller on multiple occasions. As indicated below, 3-4 occasions is typical for people who gamble three or more hours.

All of the remaining items relating to emotional reactions to gambling were easily observed and in a number of players. However, as indicated in Table 6.1, it would be useful to modify the item 'kicked machines' to Struck, punched, or slapped machines because most contact was by hand rather than through kicking. Frustrated players were also seen to play very roughly. Many would clench their fists and punch the buttons very hard as they played.

Table 6.1 Behaviours and indicators observed at least once during the course of the South Australian observational study

Frequency, Duration and Intensity	Observed X	Comments
1. Gambled every day of the week	X	Player conversations indicated that a number of players came to the venue to gamble on a daily basis.
2. Gambled for three hours or more without a proper break	X	
3. Gambled so intensely that he or she barely reacted to what was going on around them	X	
4. Played very fast	X	Rapid play involves putting the coins into the machine very quickly, a lack of pauses, and very rapid response rates- as fast as the machine will go.
5. Bet \$5 or more per spin most of the time	-	\$5 appears too high. \$2.50 might be a more useful figure based on observations. It would also be useful to examine how often players bet maximum lines and credits.
6. After winning on poker machines, played on quickly without even stopping to listen to the music or jingle	X	
7. Rushed from one machine or gaming table to another	-	Players were more likely to 'patrol' or prowl the gaming floor for the right machine, and stand over players who are seen to be in their way.
8. Gambled continuously	X	
9. Played mainly high denomination \$1 machines	X	
Impaired Control		
1. Stopped gambling only when the venue was closing	X	The observers encountered gamblers who played until well into the early hours of the morning. Some players were, however, shift workers.

[Table 6.1 continued]

2. Gambled right through usual lunch break or usual dinner time	X	
3. Found it difficult to stop gambling at closing time	X	
4. Fell asleep at a machine	X	
5. Tried obsessively to win on a particular machine	X	
6. Started gambling when the venue was opening	X	Observers conducted observations that commenced when venues were opening.
Social Behaviours		
1. Asked venue staff to not let other people know they were gambling there	-	
2. Had friends or relatives call or arrive at the venue asking if they were still there	-	Another variation that could be added to this list is ignoring phone-calls or lying about one's whereabouts over the phone.
3. Was impolite to venue staff	X	
4. Avoided contact, communicated very little with anyone else	X	
5. Stayed on to gamble while friends left the venue	-	
6. Become very angry if someone took favourite machine or spot in the venue	X	
Raising Funds/ Chasing Behaviour		
1. Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues	X	It would also be useful to examine how often people use coin machines.
2. Asked to change large notes at venues before gambling	X	This item could be improved by defining 'large' as \$50 and \$100 notes.
3. Borrowed money from other people at venues	X	
4. Asked for a loan or credit from venues	-	
5. Tried to sell objects of value at venues	-	
6. Put large win amounts back into the machine and kept playing	X	
7. Tried to cash cheques at venues	-	

[Table 6.1 continued]

8. Have left the venue to find money to continue gambling	X	
Emotional Responses		
1. Shaking (while gambling)	-	
2. Sweated a lot (while gambling)	X	
3. Felt nervous/ edgy	X	
4. Displayed your anger	X	
5. Kicked machines	X	People were observed to kick machines, but were more likely to slap or punch them. An additional item 'play roughly' could be added- people thumped the buttons with their fists as they played.
6. Felt very sad or depressed (after gambling)	X	
7. Cried after losing a lot of money	-	
8. Sat with head in hand after losing	-	People also slumped in their seats.
Other Behaviours		
1. Gambled after having drunk a lot of alcohol	X	
Irrational Attributions		
1. Blamed venues or machines for losing	X	
2. Complained to staff about losing	X	
3. Swore at machines or venue staff because they lost	X	

6.8 Actual Sequencing of Behaviours in Longer Sessions

As indicated in Chapter 3 and 5, problem gamblers are likely to be people who gamble for longer periods and with larger amounts of money. Although not all problem gamblers necessarily gamble for long periods or are the highest spenders, the degree of involvement appears to be an important feature for many players, and a component of the current national definition of problem gambling. For these reasons, careful analyses were undertaken of the patterns of behaviour observed for those who gambled for longer periods (i.e., 2 or more hours). The aims were to determine how many potentially 'problem indicators' identified in Chapter 5 could be identified in the same session, how they were sequenced, and how they appeared in reality. Such aggregate data also provide a useful way to differentiate between broader behavioural profiles that might indicate the

absence or presence of underlying gambling problems. Data profiles of this nature are important in that they represent the equivalent of a log or register of the nature that could potentially be developed or recorded by vigilant staff members. In this analysis, real time sequencing of behavioural events and observations are tabled for a selection of players to examine the extent to which this sort of data might be useful to venue staff in identifying problematic behaviour (Tables 6.2 to 6.5). In each of the tables, 6.2 to 6.5, the behaviours of 16 gamblers is depicted in real-time. Four gamblers are depicted in each column, and the left-hand column indicates the amount of time in minutes elapsed since the start of the observational period.

Table 6.2 summarises the behaviours of four female players who were observed up to five and a half hours. Inspection of the behavioural patterns shows that there were some clear differences across the different players. Player 1 (Female in 60s) displayed some of the behaviours that are typically more common in problem gamblers. She gambled for 5.5 hours with few breaks and was still gambling when the observer left the venue. She also sometimes appeared agitated and made several money changes. However, there are several aspects of her behaviour that indicated some element of control. Her style of play was not particular fast or frenetic; she interacts socially with other players, sometimes smiles, and takes some time to spend each of the \$50 buckets of coins taken from the coin machine. Player 2's (Female in 40s) behaviour is similarly difficult to classify. She gambles for a long time (around 5 hours), bets large amounts and spends at least \$250 during the time the observer was present. She is also somewhat impolite to venue staff, very preoccupied with gambling, engages in some superstitious rubbing of the machine. However, she takes breaks from the machine on occasions, occasionally smiles, and drops her bets when she starts to lose rather than trying to chase larger wins. Similar difficulties are associated with classifying Player 3 (Female in 50s). Player three makes multiple visits to ATMs and plays for a very long period (around 5 hours), but takes breaks, bets only modest amounts, and display no signs of anger or distress. Each of these players could not, therefore, be considered probable problem gamblers based on these observations alone.

By contrast, it is clear that the behaviour of Player 4 (a woman of indeterminate age) is qualitatively different from the other three players and therefore worthy of greater concern. Player 4 is already gambling when the observer arrives and remains in the venue for three hours during the observational period. In contrast to the other players, her style of play is very rapid and frenetic. She presses the buttons very quickly and continuously, over-rides the pay-out sequence or credit count up when she wins (i.e., she does not stop to savour each win and simply feeds the larger wins back into the machine), and takes few, if any breaks except to get additional funds. She makes at least two visits to ATMs and the coin machine in a very short period of time and spends at least \$400 during the observational period alone. All of these behaviours together make it considerably more likely that she is a problem gambler. However, in the absence of any strong emotional responses (e.g., agitation or hitting the machine), one could still not be very confident of classifying her as a problem gambler based on the models developed for female players in Chapter 5. Logistical regression modeling using (multiple ATM use, length of session, rapid play, continuous gambling) yielded a probably (PG) = 0.60 for Player 4. These findings suggest the list of predictors used in Chapter 5 might be usefully extended to include a question relating to the amount spent, e.g., how often does the person go home \$300 or more worse off after a single session of gambling.

Table 6.2. Behavioural sequences 1

Time since start of observation	1 Female in 60s	2 Female in 40s	3 Female 50s	4 Female –Age?
+ mins				
0- 15	Reserves machine then changes note to coins, 1c machine Changes note bet max lines, 5 credits, 1 cent machine.	Changes \$50 bets max lines (50), 5 credits, 1c machine	Changes note (\$20?), chooses machine bets max lines, 2 credits, 2c machine	Alone. Betting max lines, 1 credit per line, 1c machine, rapid betting cycle, overrides credit count up. Changes \$50 at coin change machine. Multiple coin buckets beside machine. Changes a 2 nd \$50 at coin change machine. Changes a 3 rd \$50 at coin change machine. Increases bet to 2 credits per line. Bets spins and pay of \$63. Continues betting max lines, 2 credits per line.
16-30	Anxious edgy, constant glances at other patrons while inserting coins.	Leaves the machine	Continues playing	Continues playing
31-45	Out of credits. Leaves machine. Watches other patrons. Speaks to another patron.. Opens purse. Changes \$50. Moves to another machine.	Away from machine	Out of credits, reserves machine, leaves gaming room in direction of ATM.	Out of credits. Checks purse. Visits ATM. Changes \$50 at coin change machine. Returns to same machine. Bets max lines. Increases to 3 credits per line.
46-60	Continues playing	Changes \$100 returns to machine; bets max lines, 2-5 credits/line	Returns to gaming room changes \$50 returns to machine bets 15 lines and 5 credits per line	Out of credits. Changes \$70 at coin change machine. Returns to same machine. Continues betting max lines, 2 credits per line.
61-75	Constant glances at nearby customers. Bet rate slows appreciably.		Continues playing	Out of credits. Reserves machine. Visits ATM. Changes \$100 at coin change machine.

				Makes coffee. Returns to reserved machine. Bets max lines, 5 credits per line.
76-90	Continues playing		Drops to five lines, stays on five credits	Continues playing
91-120	Out of Credits. Speaks to another patron. Takes coin bucket. Moves to third machine. Bets max lines, two credits per line. Gets free spins. Bets max lines, two credits per line. Gets spins. Shakes head in apparent disappointment. Increases bet to 5 credits after spins completed.	Frowns at staff member cleaning bench. Doesn't answer staff question. Returns focus to machine Ritualistic behaviour rubbing belly of machine.	Out of credits. Reserves machine. Visits ATM. Changes \$50 into coin. Returns to same machine. Bet max lines, 2 - 5 credits per line.	Drops bet to 2 credits per line.
121-135	Continues playing	Gets spins. Smiles. Increases bet to 10 credits per line.	Continues playing	Out of coins. Reserves machine. Visits ATM. Changes \$100 at coin change machine. Bets 5 credits per line, max lines.
136-150	Continues playing	Continues playing	Drop to 5 lines, 2 credits per line.	Drops bet to 3 credits per line
151-165	Drops bet to 2 credits.	Continues playing	Continues playing	Changes \$100 at coin change machine. Returns to same machine. Bets 3 credits per line, max lines.
166-180	Continues playing	Continues playing	Continues playing	Increases bet to max credits and max lines. Collects approx \$20 in coin from machine. Leaves venue having lost \$400+. Does not change remaining coins into notes.
181-195	Out of credits. Checks purse. Looks at other patron. Leaves gaming room.	Continues playing	Reserves machine. Changes note. Makes coffee. Returns to same machine. Bets max lines, 2 credits per line.	

	Changes \$50 at machine opposite side of venue from note changing machine used previously. Moves to machine first played. Inserts \$20. Bets max lines, 5 credits. Gets spins first press. Smiles. Glances at other patron.			
196-210	Presses collect. Sees no staff, moves towards teller area when staff member arrives Speaks to other patron. Shows notes from win. Smiles	Gets free spins points out near miss to customer on next machine. "It could have given me the other one" Bets max lines, 10 credits per line	Continues playing	
211-225			Continues playing	
226-240	Looks bored. Changes \$50. Moves to new 1c machine. Bets max lines, 5 credits/line.		Continues playing	
241-255	Continues playing	Drops bet to 5 credits per line as credits drop below \$100	Continues playing	
256-270	Continues playing	Out of credits. Checks purse. Changes \$100. Inserts \$50 into machine. Increases bet to max lines, 10 credits/line.	Continues playing	
271-285	Out of credits. Watches other patron and asks to share machines. Told "NO go find your own machine" Changes \$50. Moves to original machine. Max lines, 5 credits/line. Looks sad.		Ritualistic pressing of buttons. Moves ashtray. Inserts last coins upends coin bucket.	
286-300	Continues playing		Continues playing	
301-315	Continues playing	Inserts \$50 drops bet to 5 credits.	Continues playing	
316-330	Still gambling when observer leaves	Out of credits. Leaves venue having lost at least \$250.	Out of credits Checks purse for money. Changes 3	

			coins. Inserts into machine. Bets 15 lines, 2 credits per line. Out of credits. Leaves venue	
--	--	--	--	--

As with Players 1-3, Player 5 is difficult to classify. Although he gambles predominantly on \$1 machines, plays for an extended period of time and changes notes at the coin machines on multiple occasions, he admits having commenced with a large win of several hundreds of dollars, so that much of his expenditure appears to be a reinvestment of his winnings. Player 6 shows some signs of behaviour more commonly seen in problem gamblers. He gambles mainly on \$1 machines, he tries to borrow from another patron (his partner) and becomes angry when she refuses. He converts notes into coins at the coin machine on multiple occasions, and also appears to have some ritualistic or superstitious behaviours. However, it is clear that there are some checks on his behaviour. He is not gambling alone and he leaves with his partner, having made no attempt to play on after she wants to stop. Player 7 similarly displays many of the characteristics typical of problem gamblers; he gambles very quickly, over-rides the credit count up, takes out money from ATMs more than once, and also displays some anger. He begins to strike the machine after three hours of near continuous play. Statistical modeling using the data obtained in Chapter 5 indicates that he would have almost a 70% chance of being a problem gambler based on these characteristics.

The final player in Table 6.3, Player 8 (a female in her 60s) is very similar to Player 4 described above. She plays for long periods without proper breaks (5 + hours), plays quite rapidly, makes multiple visits to ATMs and bets larger amounts her spin. She is very focused on the activity, shows no evidence of social interaction, over-rides the credit count-ups, and engages in various superstitious betting strategies. As with Player 4, this combination of behaviour would be sufficient for one to be concerned about her gambling. However, once again, without any clear visible displays of emotion, she would not have a very high probability of being classified as a problem gambler based on the models developed in Chapter 5. As with Player 4, one could be around 60% confident based on the length of session, ATM use and style of play.

Table 6.3 Behavioural sequences No. 2

Time since start of observation	5 Male in 20s	6 Male in 30s	7 Male in 40s	8 Female in 60s
+ mins				
0- 15	<p>Betting \$1 machine, line, 1 credit. Says aloud to observer that he is ahead \$600. Says, "I won \$700 earlier. I'm just going to put through another \$20" and then I'm going home to bed. I start work at 6 in the morning." Works in factory.</p> <p>Out of credits. Changes \$20 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.</p>	<p>Plays alongside partner. Betting 1c machine, max lines, 1 credits per line. Looks bored.</p>	<p>Betting max lines, 1 credit per line on \$1 machine. \$110 on credit meter. Rapid betting cycle. Overrides credit count up. Poker faced.</p>	<p>Betting max lines, max credits 1c machine (\$2.50/bet). \$307 on credit meter.</p> <p>Rapid betting cycle (10 spins in 28 seconds...consistent rate over five minutes). Out of credits. Changes \$10 at coin change machine. Returns to same machine. Again varies number of lines and credits bet. Bets 1 credit per line when credit meter below \$7....drops number of lines to 15 lines when credit meter below \$5....drops to 5 lines when credit meter below \$3...drops to 1 line when credit meter below \$2.</p> <p>Begins overriding credit count up.</p>
16-30	<p>Out of credits. Changes \$20 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.</p> <p>Out of credits. Changes \$20 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.</p>	<p>Out of credits. Asks partner for money and receives \$50. He changes same amount at coin machine and moves to \$1 machines. Bets max lines, 1 credits per line.</p>	<p>Gets spins. No smile. Overrides credit count up during spins. Increases bet to max lines, 2 credits per line. Credit meter reading \$243.</p>	<p>Continues playing</p>
31-45	<p>Out of credits. Changes \$20 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1</p>	<p>Out of credits. Returns to partner. Asks for money. Request first refused. Whispered conversation follows.</p>	<p>Out of credits. Changes \$100 at coin change machine at opposite end of gaming room (machine close to the</p>	<p>Drops bet to 5 lines. Gets spins. Shakes head despondently. Silences winning jingle by inserting coin. Increases bet to</p>

	credit per line. Out of credits. Changes \$50 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.	He angry at refusal. Says, "We're still up \$100 you can at least give me my half of that". Takes \$50. Changes into coin at change machine. Moves to 1c machine of same type customer 5 is playing (20 line Dolphin Treasure). Bets max lines, 1 credit per line. Increases to 5 credits per line after 3 or 4 bets.	one he is playing out of coin). Returns to \$1 machine. Inserts multiple coins in rapid succession. Bets max lines, 2 credits per line. Bets x 2, inserts more coins, bets x 2 inserts more coin. Continues until coin bucket empty. Bets max lines, 2 credits per line.	max lines, 2 credits per line immediately after spins completed. Gets spins again. Nods head and smiles. Silences winning jingle x 3 then out of coins. Presses spin button 3-4 times following each 'free spin'. Does so whether or not a winning combination appears. Continues betting max lines, 2 credits per line following spins.
46-60	Out of credits. Changes \$50 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.	Out of credits. Glances at partner before visiting ATM. Changes \$50 at distant coin change machine. Inserts multiple coins into \$1 machine. Bets max lines, 1 credit per line.	Continues playing	Out of credits. Checks purse. Unzips compartment. Pulls out \$25. Changes into coins at coin change machine. Returns to same machine. Inserts \$10. Bets max lines, 2 credits per line, varying number of lines and credits bet as before.
61-75	Out of credits. Changes \$50 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.	Glances at partner. Changes \$50 into coin. Inserts all into \$1 machine. Bets max lines, 2 credits per line.	Out of credits. Visits ATM. Changes \$100 at coin change machine. Inserts multiple coins into 1c machine. Bets max lines, max credits.	Continues playing
76-90	Out of credits. Changes \$50 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.	Out of credits. Changes \$50 at coin change machine. Inserts all into \$1 machine. Reduces bet to max lines, 1 credit per line.	Continues playing	
91-120	Out of credits. Changes \$50 at coin change machine. Moves to another \$1 machine. Bets 3 lines, 1 credit per line. Changes \$50 at coin change machine. Returns to first machine observed	Gets spins. Smiles. Rubs screen. Overrides credit count up. \$234 pay. Increases bet to max lines, 3 credits per line.	Out of credits. Change \$50 at coin change machine. Returns to 1c machine. Inserts multiple coins into machine. Stands and leans on back of chair while betting. Bets max lines, max credits.	Out of credits. Inserts \$15 in coins. Rapid feeding in of coins. Bets max lines, 2 credits per line.

	playing. Betting 3 lines, 1 credit per line.			
121-135	Gets spins. Smiles. Machine pays \$72. Overrides credit count up during spins by pressing spin button. Growls and thumps spin button with closed fist multiple time during 'free' spins. Collects coins. Moves to another \$1 machine. Bets 1 line, 1 credit per line.	Continues playing	Out of credits. Changes \$60 at coin change machine. Returns to 1c machine. Bets max lines, 5 credits per line. Mobile phone rings. Checks caller ID. Rolls eyes. Switches mobile off.	Continues playing
136-150	Out of credits. Counts notes in pocket. Transfers same to different pocket. Changes \$50 at coin change machine. Moves to another \$1 machine. Continues betting 1 line, 1 credit per line.	Out of credits. Joins customer 5. Asks her for more money. She refuses. Whispered argument ensues. She holds firm in her refusal to give him money. He sulks and watches her play. Leaves venue with partner.	Out of credits. Reserves machine. Takes mobile out of pocket. Leaves gaming room.	Out of credits. Reserves machine. Visits ATM. Changes \$20 at coin change machine. Returns to same machine and continues betting behaviour described above.
151-165	Small pay (\$45). Says, "Come ON!" Hits spin button with closed fist with each bet.		Continues playing	Continues playing
166-180	Closing time. Leaves venue.		Visits ATM. Changes \$100 in coin change machine. Inserts multiple coins into machine. Bets max lines, 5 credits per line. Gets spins. Silences machine jingle by inserting more coins. Increases to max bet after spins finished. Small pay (\$45). Says, "Come ON!" Hits spin button with closed fist with each bet.	Continues playing
181-195			Out of credits. Leaves venue.	Continues playing

196-210				Out of credits. Changes \$20 at coin change machine. Continues betting as before.
211-225				Changes \$20 at coin change machine. Feeds \$15 into machine. Bets max lines, 2 credits per line during promotion. Does not drop bet or number of lines bet during same.
226-240				Out of credits. Changes \$20 at coin machine. Continues betting on same machine. Reverts to previous betting pattern following venue promotion.
241-255				Continues playing
256-270				Out of credits. Checks purse thoroughly. Reserves machine. Visits ATM. Changes \$20 into coin on return. Inserts \$10 into same machine
271-285				
286-300				
301-315				Out of credits. Inserts \$7 into machine
316-330				Still gambling on machines after 5.5 hours.

The first gambler in Table 6.4 (player 9) displays a number of behaviours that are more common in problem gamblers. He plays for long periods, makes multiple ATM withdrawals, plays very quickly and over-rides the credit count up. He also shows some signs of anger and is seen to strike the machine towards the end of the session. As with Player 7, he has around a 70% chance of being a problem gambler based on the data obtained and modeled in Chapter 5. Player 10 is also very similar to Player 7 and 9 in that he gambles for long period, spends large amounts, plays quickly, and over-rides the credit

count up. However, he also appears angry and antisocial and frequently strikes the buttons on the machine with his fists. He also has around a 70% chance of being a problem gambler based on these results.

Player 11 is similar to Players 1, 2 and 3. She shows some signs of having a very high level of involvement in gambling. She gambles for long periods, takes out money from ATMs, engages in superstitious behaviour (rubs the machine and the screen), but does not show any strong emotional reactions, e.g., anger, agitation, or violence towards the machines. Player 12 appears to have entered the venue more opportunistically (he is carrying groceries). He plays very fast, spends a large amount of money (over \$200) very quickly, and treats the machine very roughly, and gambles for around 4 or more hours. As with the other male players described above, his behaviour would be sufficient for him to have around a 70% probability of being a problem gambler.

Table 6.4 Behavioural sequences No. 3

Time since start of observation	9 Male in 60s	10 Male in 40s	11 Female in 50s	12 Male in 20s
+ mins	Betting max lines, 2 credits per line, 1c machine. Betting cycle 2.8-3 seconds. Rapid feeding of coins into machine - \$10 at a time. Inserts further \$10 into machine. Bets max lines, 2 credits per line. Presses spins button 3 times each press. Uses different finger each time.	Betting max lines, 5 credits per line, 1c machine. Drinking beer while betting. Grunts single word response to friendly overture of customer 2, then turns away from him. Increases bet to max lines, 10 credits per line after near miss.	Betting max lines, 2 credits per line, 1c machine. Rapid betting cycle. Blank facial expression. Overrides credit count up.	Betting max lines, max credits (\$2), 1c machine. Rapid betting cycle. Coin bucket almost full (full bucket holds approx \$200). Inserts multiple coins into machine. Bets x 1. Inserts more coins. Bets. Continues betting and inserting coins until \$50 on credit meter.
16-30	Out of credits. Changes \$30 at teller. Inserts \$10 into machine and continues betting as before.	Reduces bet to max lines, 3 credits per line. Gets 'free' spins. Growls, swears and thumps spin button to start feature. Overrides credit count up during spins by double/triple tapping	Low on credits. Inserts multiple coins into machine. Continues betting max lines, 2 credits per line.	Rapidly feeds multiple coins into machine. Bets max lines, max credits per line x 2. Inserts handful of coins. Bets x 2. Inserts more coins.

		spin button. Increases bet to max lines, max credits immediately after feature completed.		
31-45	Out of credits. Rapid insertion of \$20 into machine. Increases bet to max lines, 5 credits per line. Single press of spin button each bet.	Out of credits. Reserves machine. Changes note (?\$50) at coin change machine. Buys pint of beer at gaming room bar. Returns to reserved machine. Inserts multiple coins. Bets max lines, max credits per line x 1 2. Inserts multiple coins. Bets x 1. Continues betting/inserting coins until coin bucket empty. Reduces bet to max lines, 5 credits per line.	Out of coins. Reserves machine. Rifles through purse. Withdraws \$50 note from zippered compartment. Changes into coin at coin change machine. Returns to reserved machine. Feeds multiple coins into machine. Rubs belly of machine. Strokes symbol on screen needed for feature. Continues betting max lines, 2 credits per line.	Continues playing
46-60	Gets spins with just 15c on credit meter. Steps back from machine (in non-smoking section). Lights cigarette. Smokes while watching machine. Reaches over and overrides credit count-up x 3 during spins. Still holding cigarette when does so. Increases bet to 10 credits per line (\$2 per bet) following spins.	Out of credits/coins. Reserves machine. Changes \$100 a coin change machine. Returns to reserved machine. Inserts multiple coins. Bets max lines, max credits x 1. Inserts more coins. Bets x 1. Continues in this manner until coin bucket empty. Reduces bet to max lines, 5 credits per line.	Continues playing	Continues playing
61-75	Out of credits. Reserves machine by placing coin bucket over slot. Visits ATM. Changes \$50 at coin change machine. Rapidly feeds \$20 into machine. Bets max lines, 5 credits per line. Thumps machine when gets free spins. Overrides credit count up each 'win' during spins. Bets x 5 at 5 credits. Increases bet to max lines, max credits following near miss of	Gets 'free' spins and \$145 pay. Increases bet to max lines, max credits per line after feature completed.	Continues playing	Low on credits. Reserves machine. Picks up groceries. Changes \$40 at coin change machine. Returns to reserved machine. Places bag of groceries next to machine. Inserts 10 coins. Bets max lines, 1 credit per line.

	free spin symbols.			
76-90	Continues playing	Continues playing	Continues playing	Continues playing
91-120	Out of credits. Inserts more coins. Drops bet to max lines, 5 credits per line.	Credit meter reads \$45. Reduces bet to max lines, 5 credits per line. Slaps spin button 2-3 times each bet. Grips side of machine screen while betting. Knuckles white. Angry expression on face.	Checks watch. Looks surprised. Checks mobile phone. Raises head and looks at ceiling briefly. Feeds multiple coins into machine. Continues betting max lines, 2 credits per line.	Continues playing
121-135	Out of credits. Changes \$40 at coin change machine. Feeds all coins into machine. Drops bet to max lines, 3 credits per line.	Out of credits. Changes \$70 at coin change machine. Continues betting max lines, 5 credits per line. Frowning.	Continues playing	Continues playing
136-150	Out of credits. Reserves machine. Visits ATM. Changes \$50 at coins change machine. Inserts \$30 into machine. Bets max lines, 5 credits per line.	Continues playing	Continues playing	Gets 'free' spins (credit meter reads 25c). Smiles and slaps 'start feature' button. Overrides credit count up during spins. Credit meter reads \$96 after feature. Swears and thumps spin button with heel of hand. Bets max lines, max credits per line.
151-165	Drops bet to max lines, 3 credits per line.	Reduces bet to max lines, 2 credits per line. Plays down to zero credits. Reserves machine. Visits ATM. Changes \$60 at coin change machine. Bets max lines, 5 credits per line. Thumps spin button with closed fist while betting. Growls frequently when sees near miss.	Continues playing	Continues playing
166-180	Out of credits. Changes \$50 at coin change machine. Feeds \$30 into machine. Bets max lines, max credits. Gets spins. Lights cigarette then moves to smoking area. Watches	Continues playing	Out of credits. Checks watch. Rifles through purse and handbag. Reserves machine. Visits ATM. Changes \$50 at coin change machine.	Continues playing

	<p>machine while smoking. Blank expression on face.</p> <p>Shakes head before butting out cigarette and returning to machine. Drops bet to max lines, 5 credits per line.</p>		<p>Returns to reserved machine. Inserts multiple coins into machine. Bets max lines, 5 credits per line for approx 3 minutes. Shakes head slowly while betting. Reduces bet to max lines, 2 credits per line.</p>	
181-195	Continues playing	Continues playing	Continues playing	Continues playing
196-210	<p>Credit meter reads, \$10. Drops bet to max lines, 2 credits per line.</p> <p>Continues betting 2 max lines, 2 credits per line. Gets multiple tickets in draw.</p>	<p>Out of coins/credits. Changes \$50 at coin change machine. Moves to \$1 machine. Rapidly feeds multiple coins into machine. Bets max lines, 1 credit per line x 1...inserts multiple coins. Bets x 1. Inserts more coins.</p>	Continues playing	<p>Out of credits. Changes \$100 at coin change machine. Inserts multiple coins into \$1 machine. Bets max lines, 1 credit per line x 1. Inserts more coins. Bets x 1. Continues in this manner until all coins inserted. Bets x 2. Presses collect. Reinserts multiple coins into machine. Bets x 1. Inserts more coins. Bets x 1. Continues until all coins reinserted. Increases bet to max</p>
211-225	<p>Wins promotion....collects voucher for bottle shop. Laughs and says, "I'm glad I can win something".</p> <p>Wins promotion and then collects voucher for bottle shop. Laughs and says, "I'm glad I can win something".</p>	<p>Credit meter reads, \$468. Betting max lines, 3 credits per line. Overrides credit count up. Taps spin button x 2 with each bet.</p>	<p>Reserves machine. Visits toilet. Returns to reserved machine. Inserts last of coins in coin bucket into machine. Increases bet to 20 lines, 5 credits per line. Shakes head at near series of near misses. Rubs hand over machine screen. Taps symbol needed for feature x 3. Presses spin button twice with each bet. Nods head and smiles when gets 'free' spins. Overrides credit count up during feature. Shakes head with each low paying combination and near miss. Increases bet to max lines, 5 credits per line after feature</p>	<p>Out of credit. Reserves machine. Changes \$20 at coin change machine. Inserts multiple coins into machine. Bets max lines, 1 credit per line x 1. Inserts more coins, bets x 1. Inserts last of coins. Bets max lines, 1 credit per line (thumping spin button with closed fist each bet) until out of credits. Checks all pockets. Leaves venue.</p>

			completed.	
226-240	Continues playing	Credit meter reads \$154. Reduces bet to max lines, 2 credits per line. Slaps spin button x 3 with each bet. Again gripping side of machine tightly with left hand while betting with right.		
241-255	Changes \$20 at coin change machine. Inserts all coins into machine. Bets max lines, 5 credits per line.	Still gambling when observer leaves venue.	Still gambling when observer leaves venue.	
256-270	Continues playing			
271-285	Continues playing			
286-300	Out of credits. Inserts \$7 into machine			
301-315				
316-330	Still gambling when observer leaves.			

The final group of four gamblers for whom full profiles are provided is displayed in Table 6.5. Player 13 (male in his 60s) appears to have clear signs that he is experiencing a problem with his gambling. He plays for a long time, spends money very quickly, and continually blames the machines and venue for losing. After several hours of playing, he begins swearing loudly enough for it to be heard at the front bar, yet no response is forthcoming from the venue staff. Based on these factors alone (length of play, displays of anger, swearing), this person would have a 75% chance of being a problem gambler and should certainly be monitored by staff. Player 14 shows some of the indicators more common in problem gamblers (plays quickly, over-rides credit count up). She also engages in a persistent pattern of superstitious behaviour involving a red rag that is taken out and rubbed over the screen and belly of the machine. However, these indicators are not sufficient for her to be classified as being a probably problem gambler.

Player 15 (man in his 70s) is included in the summary because his behaviour contrasts with that of most others described so far. Although he plays for a long time, he plays slowly and methodologically with some element of control. He collects his coins

after winning, puts only a small number of coins back into the machine some time, and appears quite content and sociable during the time he is in the venue. By contrast, player 16 (a man in his 30s) displays a more frenetic style of gambling. He gambles rapidly and makes ATM withdrawals to obtain further funds. He treats the machine roughly, groans aloud as he gambles, and is gambling after 5.5 hours of observation. His characteristics would give him a 70% probability of being a problem gambler based on his emotional responses and length of play.

Table 6.5 Behavioural sequences No. 4

Time since start of observation	13 Male in 60s	14 Female in 50s	15 Male in 70s	16 Male in 30s
+ mins				
0-15	<p>Enters gaming room from front bar. Changes \$50 at coin change machine. Bets max lines, max credits. Rapid betting cycle. Says, "I've already put \$50 into this machine. Didn't get the spins once." Points out near miss. Says, "That's what kept happening before. It gives me two treasure chests and doesn't give me the third...it gives me three of a kind, the occasional four of a kind but won't give me the spins.</p> <p>Points out (and complains about) frequent near misses (2 treasure chests). Speaks in loud voice clearly, audible in front bar.</p>	<p>Betting maximum lines, 1 credit per line, 1c machine. Rapid betting. Over-rides credit count up.</p> <p>Presses collect, inserts 1 coin. Bets, inserts 1 coin, bets. Continues until all coins in coin tray are inserted into machine. Repeats this process again until all coins are gone.</p>	<p>Betting 15 lines, 1 credit per line on 1c machine.</p>	<p>Enters gambling room. Buys beer at bar. Changes \$20 at teller. Rapidly inserts all coins into machine. Bets max lines and 3 credit per line. Over-rides credit count up and plays very rapidly.</p> <p>Gets free spins and \$175 pay out. Over-rides credit count up. Increases bet to max lines and 5 credits per line after feature. Gets free games again and \$50 win. Continues max lines and 5 credits per line.</p>

16-30	Changes \$50 at coin change machine. Returns to same machine. Rapidly inserts all coins. Bets max lines, max credits. Continues to complain loud and long about lack of spins.	Inserts all coins into the machine. Continues betting maximum lines, 1 credit per line.		
31-45	<p>Changes \$50 at coin change machine. Buys Vodka and orange. Returns to 1c machine. Bets max lines, max credits. Complains loudly about lack of free spins. "I've spent \$150 already and easily bet \$250 already and STILL it won't give me the spins".</p> <p>Responds to staff 1's question, "Yeah". "Thanks". Continues betting max lines, max credits per line and complaining loudly about not being given 'free' spins, about not getting five of a kind, about the machine teasing him, about how much money he spends and how much is returned. ("I just spent \$20 and all it gave me was 3 lousy jacks")</p>	Out of credits. Changes \$50 at coin machine. Makes coffee and then returns to same machine. Rapidly feeds coins into machine. Bets max lines, 2 credits per line.	Insufficient credit to bet. Inserts 5 coins into machine. Same betting as before. Listens to credit count up. Bets once every 5-10 seconds.	Credit meter reads \$150. Reduces bet to max lines, 3 credits per line. Double slaps spin button with each bet.
46-60	Continued playing		Tells venue staff member that he is doing OK, slightly ahead.	Groans and taps screen in frustration at near miss. Meter now reads \$102. Continues betting max lines and 3 credits per line.
61-75	Continued playing	Continues playing	Gets free spins. Does not over-ride credit count up.	Continues playing

			Does not insert coins to silence machine. Credit meter reads \$17.96. Player collects. Reinserts 5 coins. Bets 15 lines and 1 credit per line.	
76-90	Continued playing	Continues playing	Continues playing	Continues playing
91-120	Changes \$50 at coin change machine. Says, "Damned if I'm going to drop my bet! I'd be real pissed off if I got the spins on 5 credits and missed out on a decent pay. If I drop down and they come in, I'd be out of pocket heaps. No, I've got to keep going now. They have to come eventually on 10...there is such a thing as the law of averages...they (the spins) have to be in there somewhere".	Reduces bet to max lines, and 1 credit per line. Double and triple taps spin button with every bet. Pulls piece of red cloth out of handbag. Rubs the machine screen and belly of machine 3-4 times with cloth. Replaces cloth in handbag. Says aloud: "hey, it may not work, but it can't hurt." Continues betting maximum lines, 1 credit per line.	Continues playing	Continues playing
121-135	Says to machine, "Come on ya bitch...give me SOMETHING...Give me SOME spending money".	Continues playing	Continues playing	Continues playing
136-150	Continued playing	Says goodbye to another player. Says in response to "See you tomorrow" with "Probably, if I don't spend all my money today that is." Laughs.	Continues playing	Out of credits. Thumps spin button with closed fist. Checks wallet. Reserves machine. Changes \$50 at coin change machine. Feeds all the coins into the machine. Bets max lines and 2 credits per line.
151-165	Gets 'free' spins and \$5.45 pay. Complains loudly. Says, This F***ing machine has taken almost \$250 of my money and, least \$500 in bets before it gives me the 'free' spins and all it could	Pulls red cloth out again and wipes screen. Waves cloth over belly of machine. Increases bet to max lines and 2 credits per line. Out of coins and credits. Reserves machines. Changes	Insufficient funds. Reserves machine. Leaves coins in coin tray. Asks another patron to watch machine. Visits toilet. Buys drink at bar. Returns to machine. Thanks other patron. Inserts 5 coins and	Agrees to watch another patron's machine. Inserts all coins into machine. Continues betting max lines, 3 credits per line.

	<p>give me was a lousy \$5 f***ing bucks! Talk about choose the wrong f***ing machine". Shakes head. Continues betting max lines, max credits per line. Gets \$250 pay. Laughs and shakes hand of customer 1. Says, "F***cking machine! I told you, it HAD to pay out sometime!" Continues betting max lines, max credits per line.</p>	<p>\$50 at coin machine. Makes coffee, Returns to reserved machine. Rapidly feeds in coins. Wipes machine belly with red cloth, wipes it over screen. Wraps cloth around left hand and bets with right hand. Max lines, 3 credits per line. Double/ triple taps spin button with each bet.</p>	<p>continues playing 15 lines and 1 credit per line.</p>	
166-180	<p>Continued to gamble after observer left venue</p>	<p>Gets free games. Wipes red cloth over the machine screen. Over-rides credit count up during feature. Double/ triple taps spin button. Increase bet to max lines, 5 credits per line.</p>	<p>Continues playing</p>	<p>Continues playing</p>
181-195		<p>Reduces bet to max lines, 2 credits per line. Still has red cloth wrapped around left hand.</p>	<p>Gets free spins. Presses collect after feature and collects \$32. Reinserts 5 coins. Continues on 15 lines and 1 credit per line.</p>	<p>Continues playing</p>
196-210		<p>Increases bet to max lines, 3 credits per line during venue promotion.</p>	<p>Laughs. Increases rate of betting to 1 bet every 3-4 seconds. Over-rides credit count up during promotion.</p>	<p>Wins second prize draw and collects \$30.</p>
211-225		<p>Reduces bet to max lines, 1 credit per line.</p>	<p>Wins first prize draw and collects \$10.</p>	<p>Continues playing</p>
226-240		<p>Out of credit and coins. Inserts 3 coins into the machine. Bets max lines, 1 credit per line. Out of credits again. Leaves venue after 4 hours on machine.</p>	<p>Insufficient money to bet. Inserts 5 more coins. Reserves machine. Visits toilet and buys drink at bar. Returns to reserved machine. Continues playing 15 lines and 1 credit per line.</p>	<p>Out of coins and credits. Checks wallet and finds it empty. Reserves machine. Visits ATM. Changes \$50 at coin machine. Returns to machine. Rapidly fees many coins into machine. Bets max line and 3 credits per line. Plays very fast. Double slaps spin button each time.</p>

241-255			Continues playing	Continues playing
256-270			Continues playing	Continues playing
271-285			Continues playing	Continues playing
286-300			Out of credits. Finishes drink. Collects coins from tray. Changes money at teller. Say goodbye to staff and says that he'll be back tomorrow. Leaves venue.	Continues playing
301-315				Out of coins and credit. Reserves machine. Changes \$40 at coin machine. Buy drink at bar. Returns to machine. Rapidly fees in coins. Bets max lines, 3 credits per line. Growls and thumps spin button after near miss.
316-330				Still gambling after 5.5 hours when observer left venue.

6.9 Conclusions from S.A. Observational Analysis

The South Australian observational study showed that it is possible, even with a relatively modest period of observation in a single part of the venue (the gaming floor) to observe many of the visible behaviours that appear to be more common in problem gamblers than in other players. With careful observation, it is possible to obtain a relatively accurate estimate of people's playing style, the amount they are spending, and how often they take advantage of cash facilities. It is also possible to obtain a number of useful insights into the nature of people's emotional states as well as the nature of their social interactions with venue staff and other patrons. Using a relatively narrow range of indicators, it was possible to identify a number of people who were likely to be problem gamblers based on the known self-reported probability of various behaviours in problem and non-problem players. In all cases, it was not possible for the classification accuracy to be very high (> 90%) because not all relevant indicators could be measured (e.g., it was not possible to see if they kept gambling until closing time). Nevertheless, it was clear that there were several gamblers whose behaviour was concerning enough for them

to be identified as requiring some period of ongoing monitoring or intervention. If staff were involved in this monitoring process, it would be possible for them to achieve greater confidence in the status of individual players because of their ability to observe a wider range of behaviours. In particular, venue staff would have a greater chance of being able to observe those specific behaviours (eg., striking or kicking machines, players becoming very angry, or gambling until closing time) that most strongly identify a person as a problem gambler (i.e., as based on the 'best' statistical models identified in Chapter 5). Given that venue staff shifts are often 10-12 hours or longer (see Chapter 4), venue staff would be more likely to observe a wider range of behaviours and to see some of the emotional reactions that perhaps only occur after a person has been gambling for many hours.

The observation also confirmed the existence of several other behaviours that could usefully be added to the list of potential visible indicators. These included:

- Frequency of use of coin machines
- Groans and sighs when losing
- Spending more than \$300 per session
- Playing for 5 hours or more (rather than just 3 hours or more)
- Playing roughly or violently (e.g., pressing button by slapping them or hitting them fists)
- Striking or slapping machines (rather than just kicking them)
- Searching for money in purse and wallet in a way that gives the impression that the person is completely out of money

The observation also showed that certain behaviours are likely to occur in a logical sequence. People will not necessarily show very strong emotions when they gamble until they have been playing for some time because it takes some time for them to lose money and to become depressed, angry, or frustrated. People who display these emotions are likely to have been in the venue for some time and have lost greater amounts of money. These observations may explain why problem gambler status was

most strongly predicted by a combination of variables relating to duration and expenditure and also people's emotional and physiological responses to losing.

6.10 The ACT Study: Overview

Whereas the focus of the South Australian study was principally on the clustering of behaviours and how they were sequenced, the principal focus of the ACT observational study was to understand better just what particular visible indicators of problem gambling behaviour actually look like *in situ*. What would a venue staff member observe if they were asked to look for signs of problem gambling? How would such behaviours be visibly observable and recognizable?

In the ACT, venues were many times larger than those in South Australia, so that it was not possible to sit in a single location and observe the behaviour of multiple players for prolonged periods. Nevertheless, the observation team was able to witness the full range of behaviour types listed in Table 5.13 and, as will be evident in the discussion and examples below, the behaviours associated with the higher percentage of problem gamblers (as shown in Table 5.13) were generally observed more frequently. Many behaviours were observed, for at least one player, on most or even every observation visit.

Table 6.6 Behaviours and indicators observed at least once during the course of the ACT observational study

Frequency, Duration and Intensity	Observed X	Comments
1. Gambled every day of the week	-	This was not observed, but some players were seen playing in the venue on each of the three visits of one week. Over the many months of observation some players were observed many times, seemingly whenever observers were in the venue.

[Table 6.6 continued]

2. Gambled for three hours or more without a proper break	X	Observed on most longer visits
3. Gambled so intensely that you barely reacted to what was going on around you	X	Observed on most longer visits
4. Played very fast	X	Observed on most longer visits
5. Bet \$5 or more per spin most of the time	-	Only occasionally were players observed betting \$5 spins, and usually players only bet this level for a limited period before lowering the bets.
6. After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle	X	Observed on every longer visit
7. Rushed from one machine or gaming table to another	X	Some players did this as a form of playing style. Some EGM players did this after witnessing a player lose a significant amount in a machine, or playing for a long time without a big win.
8. Gambled continuously	X	
9. Played mainly high denomination \$1 machines	X	
Impaired Control		
1. Stopped gambling only when the venue was closing	-	Observers did see players playing until late at night.
2. Gambled right through your lunch break or usual dinner time	X	
3. Found it difficult to stop gambling at closing time	-	Observers did see players playing until late at night.
4. Fell asleep at a machine	-	
5. Tried obsessively to win on a particular machine	X	
6. Started gambling when the venue was opening	X	Observers conducted observations that commenced when venues were opening.
Social Behaviours		
1. Asked venue staff to not let other people know you were gambling there	-	

[Table 6.6 continued]

2. Had friends or relatives call or arrive at the venue asking if you were still there	-	On a couple of occasions it seemed this may have occurred
3. Was impolite to venue staff	-	
4. Avoided contact, communicated very little with anyone else	X	
5. Stayed on to gamble while friends left the venue	X	On a couple of occasions it seemed this may have occurred
6. Become very angry if someone took your favourite machine or spot in the venue	X	
Raising Funds/ Chasing Behaviour		
1. Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues	X	Players very often used note changer and cashier
2. Asked to change large notes at venues before gambling	-	
3. Borrowed money from other people at venues	X	
4. Asked for a loan or credit from venues	-	
5. Tried to sell objects of value at venues	-	
6. Put large win amounts back into the machine and kept playing	X	
7. Tried to cash cheques at venues	-	
8. Have left the venue to find money to continue gambling	X	
Emotional Responses		
1. Found yourself shaking (while gambling)	X	
2. Sweated a lot (while gambling)	-	
3. Felt nervous/ edgy	X	
4. Displayed your anger	X	
5. Kicked machines	X	People also hit machines with their hand, or played in an aggressive way by slapping buttons.
6. Felt very sad or depressed (after gambling)	X	
7. Cried after losing a lot of money	-	
8. Sat with head in hand after losing	X	

[Table 6.6 continued]

Other Behaviours		
1. Gambled after having drunk a lot of alcohol	X	And while continuing to drink
Irrational Attributions		
1. Blamed venues or machines for losing	X	
2. Complained to staff about losing	X	
3. Swore at machines or venue staff because you lost	X	

6.11 Findings from the ACT Observational Study

As for the SA study, the observation case-study descriptions presented below show that the majority of behaviours or indicators identified earlier (see Chapter 5) were observed on at least one occasion during the course of the observations (Table 6.6). As indicated in Table 6.6, it was relatively easy to observe the duration and intensity of gambling. It was very easy to observe many players who gambled for two to three hours, or more, who played very quickly and intensely without breaks, and who put large wins back into the machine without any strong emotional reactions. Items relating to impaired control were again generally easy to observe. Players who gambled for long periods and who showed some frustration (see analyses below), it was clear that they made frequent visits to cash facilities, and that they commonly broke large notes either at the teller or at the coin machines. Items relating to emotional reactions to gambling were easily observed in a number of players. However, as indicated in Table 6.6, as in the SA study, ACT observers noted that in addition to kicking, some players would hit a machine with their hand. Many of the observation descriptions below show evidence that frustrated and edgy players played roughly, for example in how they pressed buttons. As for the SA study, Table 6.6 shows the behaviours and indicators observed at least once during the ACT observational study.

6.12 Analysis of Visible Indicators Observed in the ACT Study

The principal focus of the ACT observational study was to understand better just what particular visible indicators of problem gambling behaviour actually look like *in situ*. In this section therefore, for some of the main general categories of visible indicator, as outlined in Table 5.1, we draw on observation fieldnotes to describe how specific

visible behaviours were observed, and show their form and sequential placement within a player's overall conduct in a gambling session in the venue.

In order to clarify just how behaviours might be observed, the focus was mainly on those that may be less self-explanatory. That is, we concentrate on behaviours for which visible *in situ* cues may be less readily apparent. For each behaviour we first outline what a player might be observed doing, how the player might appear to someone in the venue, such as staff, and then we offer representative examples in the form of case-study descriptive vignettes which highlight how the different behaviours appear, and occur relative to one another, in the setting. Some vignettes are the outcome of observation over an extended time, others are only of observations in passing. The vignettes can serve as examples of the kinds of descriptive and cumulative understandings that venue staff can develop.

It is important to note that visible indicators of problem gambling will most likely tend to occur not in isolation, but together, as shown in the SA study. Most likely venue staff will see possible evidence of more than one behaviour, and will see these behaviours in the context of players' general conduct in the venue, and emerging in succession and in real time. It is also possible that particular associations and sequences of behaviours may be more or less visible. For example, it might be that strong emotions like crying or anger are visibly associated with continuous gambling.

So the sample descriptions show how various indicating behaviours were observed occurring together, *in situ*, in naturally occurring gambling activity. They can be revealing as records of the visible signs of problem gambling that might be observable to venue staff, and demonstrate a form that observations can take if they are to be recorded in writing. The description data are of players on EGMs. The descriptions include both extended detailed descriptions, and some brief accounts of passing observations. These descriptions reveal how members of the research team observed and recorded possible visible indicators of problem gambling. In each description the player exhibits one or more behaviours that were identified as a potential indicating behaviour of problem

gambling. The descriptions show how behaviours occur in context, and the kind of contextual details that can be noted and recorded.

6.12.1 Frequency, Duration and Intensity

Table 5.1 lists possible visible behaviour indicators of problem gambling relating to Frequency, Duration, and Intensity, as follows: Gambled every day of the week; Gambled for three hours or more without a proper break; Gambled so intensely that you barely reacted to what was going on around you; Played very fast; Bet \$5 or more per spin most of the time; After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle; Rushed from one machine or gaming table to another; Gambled continuously; Played mainly high denomination \$1 machines.

Almost all these indicators were observed at least once during the ACT observation study. It was not possible to observe with certainty the first indicator, ‘Gambled every day of the week’, because observers did not visit any venue seven days in a row. Nor did observers gain any other evidence of this indicator, for example overhearing players talk of the frequency of their gambling. However, when two or three observation visits were made to the same venue within a week some persons were seen playing in the venue on each visit. Over the many months of observation some players were observed many times, seemingly almost whenever observers were in the venue. It could be assumed from this that some players may play many times in a week, possibly every day of the week, and that staff could observe and note when some patrons play every day. Indicator 5., ‘Bet \$5 or more per spin most of the time’ was not observed, at least as it is worded as ‘most of the time’. Many players were indeed seen to bet spins of \$5, sometimes for an extended time in a playing session (e.g. twenty minutes or more), but players would typically vary their bet depending on their number of remaining credits. Some players would raise their bet to \$5 when their credits were high and they felt they were winning, but then lower their bet when credits decreased and they felt they were losing. Other players behaved very differently by raising their bet to \$5 to chase losses. As for the SA study, ACT observers noted that consistently betting \$2.50 might be more easily and

frequently observed by venue staff, and therefore be more easily associated with other possible visible indicators of problem gambling.

We consider six of these indicating behaviours.

Gambled for three hours or more without a proper break

This behaviour was observed on all longer observation visits. Most simply and typically, the player remains in the gambling area and gambles for three hours or more.

- The player might participate in different gambling activities (e.g. plays more than one EGM), but spends an extended time gambling without a proper break.
- Over three hours or more the player might occasionally break gambling activity for a brief period, usually from a few minutes up to fifteen minutes, and remains in the gaming area, or venue, before returning to gambling activity. For example, the player might break gambling activity only to go to a change counter, or note-changing machine, or ATM, or to the bar or toilet, or to have a cigarette (if smoking is banned in indoors). Or the player leaves the venue briefly to get more money to continue gambling.

CASE STUDY EXAMPLE : The first example was a woman who gambled for over three hours with just a 15 minute break. This person was also observed searching in her wallet for additional cash; possibly left the venue to get money; bets at times over \$5; plays two machines simultaneously; appears anxious; does not interact with others, and focuses her attention on the machine.

Woman, aged in 30s, plays at least one hour on a one dollar machine, placing \$10 bets, and her credit is in the \$600s when first observed. Her credit rises to over \$1000 at one point, then decreases to \$0. She searches through her wallet and plays a little more, before credit again decreases to \$0. She leaves the venue at and returns fifteen minutes later. She is now playing on a 20c machine (ie \$1 buys 5 credits), placing \$9

bets, and her credits at one stage reach more than \$500, but then decrease to \$0. She reserves this machine but does not return to it. Ten minutes later she is on a 1c machine, placing \$5 bets. She plays an adjacent machine during the free game feature on the first machine. She subsequently keeps both machines in play, but doesn't play both machines at once. If she is not able to take advantage of a feature she reserves one machine while continuing play on the other machine. She always gives the machine in play her full attention. She is still on these two machines three hours after she was first observed, with credits in the \$200s and \$300s, so likely she has been playing longer than this. She has left the venue when the observer returns from a 45 minute break. Except when she leaves the venue the first time, she is not seen to take any breaks. She does not smoke or purchase drinks, though she occasionally takes sips of an orange liquid from an obviously recycled (judging by the worn label) soft drink bottle. The observer never manage to see her start on any machine, so it is unclear how much she was feeding in when first initiating play. The only time she is seen to add money to a machine was when she runs out of credit on her first machine. The credits did not last long. She looks quite worried, and is completely focused on the EGM most of the time, though she will glance at people who are watching her. She has a gentle but rapid play action, she doesn't let win noises and animations play out. On her first two machines she sometimes sits and sometimes stand, though when later playing the two adjacent machines she sat throughout. She did not interact with anybody else.

Gambled so intensely that they barely react to what was going on around them

In the ACT observation study some patrons were seen to be gambling in this way on probably every venue visit. In various ways the player appears totally focused on the gambling activity, and seems to be unaware or uninterested in what might be going on around them. The player seems not to notice the presence or activities of other players or venue staff, or notice or react to events occurring around them (e.g. evidence of another player's win). The following points offer more detail on how this indicator might be appear in situ.

- The player may look fixedly towards the screen of the EGM, looking away only rarely, if at all, during the gambling session. The player might continue looking at the EGM screen even during possible opportunities to look away, for example during a free games feature, or during or after animations signaling a significant win. For extended periods the player maintains continued visual engagement with the EGM. The player makes no or very rare eye contact with other people in the venue.
- The player seems not to notice the presence or activities of other players or venue staff, or notice or react to events occurring around them (e.g. evidence of another player's win).
- The player remains at the same gambling activity (e.g. the same EGM) for an extended period of time, for example over an hour
- The player might seem almost motionless while playing over an extended time. The player makes only very slight movements while playing. For example, on an EGM the player might press buttons with a very slight touch. The player appears to be impassive.
- The player might use, while playing over an extended time, say an hour or more, a noticeably limited range of physical actions, movements, and postures. The player's mode of play appears to be highly repetitive, or even robotic like. This can exhibit that play has been performed so often that it has become monotonous, automatic, and habitual. Some repetition of movement can probably be expected for all players, especially while gambling on EGMs, but sustaining the same posture and movements over an extended time may be an indication of continuous gambling.
- Over an extended time the player appears impassive, expressionless, and repeatedly shows no emotion, even when experiencing wins or losses, and

particularly significant wins or losses. The player mostly shows neither elation nor disappointment.

CASE STUDY EXAMPLE: This player was focused entirely on playing and paid no attention to anything around her. This was evident in her steady gaze on the EGM screen, and in her seated posture at the machine which embodied a fixed focus on the machine. Another noteworthy factor was that she played alone without interacting with others, and at times bets \$5 per spin.

Woman, aged in 20s, is seated very comfortably at one EGM – she has one leg stretched out full resting on the bench beside EGM. Had 900+ credits when the observer arrived for observation visit, betting 250 credits on 1c machine. Over the next 30-40 minutes credit rises to over 1000 and she begins betting 500 credits. Her credit rises into 1200s, then 1300s, then quickly into 1400s and over 1500, before gradually coming down into 900s and then quickly down to 760 by time we have to end the visit. As her credit lowers she still bets 500 credits. She is playing on her own, very focused on the EGM, does not move in seat, does not look around at all, and she does not interact with others.

CASE STUDY EXAMPLE: This player appeared to experience significant losses but remained impassive and showed little expression, at either a significant win or his losses. Other indicators included: looking at his watch frequently possibly because he is on a lunch break; the way in which he immediately feeds significant wins back into the machine, and, at times, bets over \$5 per spin.

Man, aged in 50s, in business dress (collar and tie) and may be on lunch break. He looks at his watch frequently. When first observed his credit is in the \$160s when first seen, and he is placing \$5 bets. He bets down to \$0 credit, and puts in and plays to \$0 three crisp new \$20 notes. The first two disappear quickly, but on the third he raises the credit to the \$170s, then credit again gradually decreases to \$0. He is perfectly

composed, shows no obvious signs of disappointment, or anger. He plays with gentle presses, face and posture neutral, though he plays fast and does not let win sounds and animations play out. He puts in two more 20s, but he again plays the credit down to \$0. He seems to leave, and is not seen in the gaming area for some time. He is eventually spotted again on another machine, also playing to the same pattern with \$5 bets. When seen again, he has just won over \$240 on a feature, and this brings his credit to over \$280. The player next to him called it a ‘good win’, and he agrees, though not enthusiastically. He continues playing credit right down to \$0, and starts feeding in more crisp new \$20s and loses the credit just as quickly – he feeds in maybe five notes or more. He is withdrawing these notes from his top pocket, and at one stage has a pile in his hand ready for feeding in. He has no more significant wins. On his last \$20 note he reduces his bets as necessary. He leaves apparently empty-handed. He appears neither pleased at any wins nor disappointed at the losses – he remains quite impassive throughout the session.

Played very fast: After winning on poker machines, playing on quickly without even stopping to listen to the music or jingle

These two indicators are considered together as they are both visible evidence of fast gambling, and a form of urgent playing style. The two indicators were observed on every venue visit. The player can be observed to be gambling quickly, by minimizing the time between gambling actions and by maximizing the speed of gambling actions. The following points and description examples might clarify how the visible signs of playing very fast and playing on quickly might be observed *in situ*.

- The player initiates new gambling activities in fast succession, one immediately after the other. For example, on an EGM the player presses the play/spin button as soon as the reels complete spinning, or even while the reels are spinning. Alternatively, the player might repeatedly press the play/spin button as the reels are spinning to ensure the button is pressed at the soonest possible moment after the reels stop. The player may also keep the play/spin button continually

depressed. The player may use something, such as their club membership card to do this.

- The player does not pause or stop gambling at occasional moments of success, but resumes gambling immediately. For example, when playing an EGM the player does not wait for musical jingles, animations or other effects to complete, but instead immediately the play/spin or start feature button or other buttons in a play sequence. The player does not stop to appreciate or enjoy a success or win.
- On winning on an EGM, when choosing the ‘Gamble’ option (rather than ‘Take win’) the player makes the gamble quickly, without any delay.
- The player maximizes their readiness to play. When playing an EGM the gambler mostly leaves their hand(s) on the machine and immediately over or near the play/spin button, or other buttons. Over an extended time the player mostly does not move their hand(s) away from the EGM buttons. The player therefore keeps their hand in a position of maximum readiness to continue gambling. The player does not wait before pressing buttons after the reels finish spinning.
- The player acts quickly to resume gambling at a possible logical point for pausing or ending the gambling session. The player exhibits a sense of urgency in their play. For example, when moving from one EGM to another the player might begin playing on a second EGM while still completing play (running down credit) or collecting cash or membership card from a first EGM, or while waiting for a payout to be written by venue staff. Or, immediately after running out of credit or cash the player hurriedly begins searching for more cash, or feeds more money into an EGM, or heads to the change counter or note-changer.
- The player might leave an EGM during a free games feature to seek more cash. This can help ensure that the player is always ready to play.

CASE STUDY EXAMPLE: This player had a fast and forceful playing action, and never stopped to listen to the payout sequences. Other indicators included: a very fixed attention on the machine; being in the venue soon after opening time; bets of \$2.50 or greater; no real breaks apart from the pauses during feature payouts; the lack of interaction with others, and little sense of what is going on around him.

Man, aged in late 20s – early 30s, drinking while playing. He is first noticed around 9.30am, about 15 minutes after the observer arrived at 9.15am. He has a credit balance in the hundreds, placing \$2.50 bets. He accumulates over \$600 in credit. He plays this down to \$600 exactly, then claims his win and returns to the same machine with cash. He puts in \$50, \$2.50 bets at first, then decreases bets to \$1.25 as his credit drops. He loses all his credit. He does the same thing twice in that machine, then moves to another machine. He feeds in and loses at least another \$50 (maybe \$100) in that machine. He tries another machine briefly, remaining standing. He then returns to the machine he was first playing. He again feeds in \$50 and again plays the credit away. He puts in another \$50 and during a feature goes to buy himself a drink. He plays very fast, with quite forceful distinct but not violent button presses. He has a relaxed demeanour, sitting back in seat with both feet up on bench on either side of the EGM. He is very focused on the screen in play. He has no interaction with others, and appears not to take notice of evidence (music, sound effects) of others' wins.

CASE STUDY EXAMPLE: This person played fast in an apparently agitated way, and did not let the jingles and animations play out. He also was observed playing more than one machine at the same time.

Male, aged in 30s, he seems to have quite agitated hand and body movements, he looks around a lot, plays very fast, doesn't let win audio effects and animations play out, he puts in a \$20 note and plays it away in \$1 bets. He reserves the machine and goes to the note changer, then returns and puts in another \$20, wins a feature. During the feature he puts \$10 into an adjacent machine, and therefore has two machines in play. He plays that \$10 credit away before returning to the first machine at the end of

the feature. He has a credit of about \$70 and is still playing when the observation visit ends.

CASE STUDY EXAMPLE: This player had a rapid and slamming playing action, and cut off jingles and animations during play. He was also observed asking a friend for money, and apparently runs out of money.

Two males, aged in early 20s, one is playing and the other is watching. The player has a very forceful and rapid playing action, slamming down the play/spin button, and immediately cutting off sounds and animations. It seems are playing for high odds, but when the observer walks past after a “jackpot” win he has only won just over \$3. He continues to play on this win, and the player asks whether the man watching with him still has enough money for a bus fare home. The man playing also goes away briefly at one stage. He seems to want to keep playing the same machine, he stands in front of it and thoroughly and lengthily examines his wallet for money, but it is apparently empty, and both men leave.

Rushed from one machine or gaming table to another

This visible indicator was observed many times in the ACT observational study. It appeared to be a form of playing style for individual players. The following points and description examples might clarify how the visible signs of rushing between machines might be observed *in situ*.

- Most simply, the player is seen moving around the gaming area, and between gambling activities (e.g. to an EGM) at a pace noticeably faster than a normal pace.
- The player participates in many different gambling activities in a short time, for example staying for less than a few minutes at each activity e.g. an EGM. So the player gambles at many different activities in short bursts. This might be visible as the player most often stands rather than sits while gambling, for example

standing behind or to the side of an available seat. The player may stand to the side of the EGM. If the player does sit, then appears to sit as if ready to move away quickly, for example by sitting on the edge of the seat. Or, the player appears in many different parts of the gaming area in a short period of time.

- An EGM player might be observed to rush to a different machine after witnessing another player leaving a machine after losing a significant amount, or after playing for a long time without a big win.

CASE STUDY EXAMPLE: This person moved quickly between machines and as a result plays was able to play two machines simultaneously.

Woman begins play on second EGM while still picking up coins to collect from the adjacent EGM she has previously been playing. Seems to spin another win on the first EGM with remaining credit, and continues playing first EGM while still collecting, and while simultaneously beginning to play on the second machine. She stands directly between the two EGMs.

Gambled continuously

This behaviour was observed frequently on longer observation visits. The player gambles with minimum interruption for an extended time, such as three hours or more. For venue staff, one difficulty in observing this behaviour is that staff may not be around the gaming area long enough to determine if a person is gambling continuously. Nevertheless, the observation study identified some features of activity that can be signs of continuous gambling. That is, the following details of behaviour might help make continuous gambling recognizable. Some points below concern details of player activity that were recorded for players who were seen to gamble continuously, other points concern activities which possibly facilitate continuous gambling. For example, the player can take actions so gambling can be continuous by eliminating or minimizing possible interruptions. Such actions may be form part of visible evidence of problem gambling.

- For three hours or more, the player might occasionally break gambling activity for a brief period, from a few minutes up to fifteen minutes, and remains in the gaming area, or venue, before returning to gambling activity. For example, the player might break gambling activity only to go to a change counter, or note-changing machine, or ATM, or to the bar or toilet, or to have a cigarette (if smoking banned in indoors). Or the player leaves the venue briefly to get more money to continue gambling.
- For three hours or more, the player only gambles and does not participate in other available activities within the venue – for example the player does not socialize with others, or sit to have a meal, or drink at the bar, participate in raffles.
- The player might sit or stand, while gambling, in a way that displays they are committed to continue playing for an extended time. That is, the player physically arranges and presents themselves, or the environment around them, to show that they are well settled for continued gambling. For example, while sitting to play an EGM the player might noticeably slouch or recline in their seat, or the player might stretch or place one or both legs up on the cabinetry surrounding the EGM, or a nearby seat. Or, the player might be surrounded by empty drink glasses, a full ash tray, or sweet/mint wrappers. There may be forms of visible evidence of the player's ongoing commitment to staying at the particular gambling activity. The player might exhibit that they have made the gambling space their own. A player might also comment on their success or otherwise at gambling that indicates that they have been gambling continuously. This could be an explicit comment, for example about sustained or significant losses, or something more subtle like "about time".
- The player might seem almost motionless while playing over an extended time. The player makes only very slight movements while playing. For example, on an EGM the player might press buttons with a very slight touch.

- The player might use, while playing over an extended time, say thirty minutes or more, a noticeably limited range of physical actions, movements, and postures. The player's mode of play appears to be highly repetitive, or even robotic like. This can exhibit that play has been performed so often that it has become monotonous, automatic, and habitual. Some repetition of movement can probably be expected for all players, especially while gambling on EGMs, but sustaining the same posture and movements over an extended time may be an indication of continuous gambling.
- Over an extended time the player appears impassive, expressionless, and repeatedly shows no emotion, even when experiencing wins or losses, and particularly significant wins or losses. The player mostly shows neither elation nor disappointment.
- The player appears unconcerned with or unaware of passing time. During an extended gambling session, over two to three hours or more, the player does not look at a watch or clock to monitor passing time. The player may become conscious of time only as closing time approaches.
- The player makes frequent searches for money, over an extended gambling session. For example, the player visits the ATM regularly (e.g. perhaps two or more times per hour), or regularly looks in their wallet or handbag (e.g. perhaps three or more times per hour).
- A player might ensure continuous play by participating in more than one gambling activity simultaneously. This can better enable the player to maximize the amount of gambling conducted over time in a gambling session. For example, a person might play two more EGMs simultaneously, maintaining credit on both machines. The player might play both the EGMs constantly, or might alternate play on the two machines: the player might play a second EGM only when taking a brief break from playing the first. The person may play one EGM when the free

games feature is running on the other EGM, or after some experience of losing or winning on the other EGM. This behaviour can be visible in different ways. The player might stand or sit between two EGMs, and be distributing their attention and activity equally between the two EGMs. The player continually looks from one machine to the other, and uses one hand for each EGM, possibly leaving a hand on each EGM. Or, the player might seem to favour one EGM over the other by sitting or standing closer to that EGM, and then leaning or turning their seat towards the other machine and moving a hand over to play that machine. So, the player might appear to have a more settled physical orientation and commitment to one machine over the other, for example by sitting in front of one machine, or facing one machine, and appearing more comfortably seated before one machine (for example, feet facing forward to machine, feet resting on cabinetry or seat frame), with the seat oriented towards one machine. A player may nevertheless claim current use of a second machine by exhibiting some physical connection with it, for example by placing an arm or stretching a leg to make contact with the seat in front of that machine.

CASE STUDY EXAMPLE: This woman played for over three hours, apparently with no significant break. Other noteworthy behaviours were her tendency to play through jingles and animations, and her lack of interaction with others.

Woman, aged in late 40s to early 50s, first observed just before 11.00am when she has credit of over \$200, and she plays on one 1c machine from then until 1.00pm, placing \$1.25 bets. Her credit reaches over \$500 at one point, and is in the \$300s when observer leaves the venue at 1.00. At one point she reserves the machine and briefly tries the adjacent machine, but returns to the first machine after losing all credit in the second machine. She appears quite calm, using a gentle action, but she does not let win noises and animations play out. She is focused on the machine, and makes no interaction with anyone else. When the observer returns to the venue after a 45 minute break back she is playing another machine near the first machine, and her

credit is in the \$100s. She is not seen to take any breaks, so likely she is playing for almost 3 hours minimum, and probably longer.

6.8.2 Impaired control

Table 5.1 lists six indicating behaviours for Impaired Control, as follows: Stopped gambling only when the venue was closing; Gambled right through your lunch break or usual dinner time; Found it difficult to stop gambling at closing time; Fell asleep at a machine; Tried obsessively to win on a particular machine; Started gambling when the venue was opening. Here we focus on the in situ visibility of two of these.

Gambled right through the usual lunch break or dinner time

- The player arrives in the venue in the middle of the day and stays for only one hour, during which time the player does not have a meal break and does not participate in any venue activities other than gambling.
- The player frequently checks the time, for example looks at a watch, mobile phone, or clock. Such behaviour might be especially notable during probable meal times.
- The player does not stop gambling to take a meal break.
- The player frequently checks the time, for example looks at their watch, mobile phone, or a clock. This behaviour might be especially notable during probable lunch hour periods

CASE STUDY EXAMPLE: This play seems agitated and bets more than \$5 per spin.

Male, aged in 50s, he is there when the observer first arrives for a 2.5 hour observation visit. He has EGM credit of more than \$160, and is placing \$5 bets. His credit decreases to less than \$50, whereupon he reserves that machine and moves to

another, on which he also makes \$5 bets. Eventually he frees the first machine (it is not clear what he does with the remaining credit) and moves to stay at the second (both 1c machines) and still plays \$5 bets. He seems quite agitated. He has his feet up on the rungs of the seat and constantly jiggles both his legs. His button presses are fast but not excessively violent. He has no significant win and plays away his credit, then remarks to a neighbour player that he has to get back to work. He leaves at 11.10, around half an hour after the observation had begun.

Tried obsessively to win on a particular machine

Obsession to win on a particular machine can be evident when players chase losses, and so repeatedly feed money into a particular machine, but there are also other visible behaviours evident as measures that players take to enable them to continue gambling in their preferred way at a favoured EGM, and so protect a gambling session from possible interruption.

- The player remains at the same EGM for an extended period of time, for example over an hour.
- The player might frequently reserve a particular EGM.
- The player might ask a fellow player to watch over a ('their') machine, for example if they have to leave to get more cash.
- The player might vocalize that they are determined to win on a particular machine, for example might refer to a possible jackpot amount, or say that a machine is due to pay out.

CASE STUDY EXAMPLE: A player was observed trying to win on one machine, possibly as a result of the large jackpot on offer. Other noteworthy behaviours included: a lot of head shaking after losses; he plays fast; his attention is very focused on the machine to the exclusion of other events, and he uses very little motion when playing.

Man, aged in 50s, plays all throughout the two hour observation visit, mostly at one EGM, but during the second hour he moves to an EGM two to the right of the first in

the same bank of machines, and reserves the previous EGM. When he is first noticed he has \$128 in credit, betting always 100 credits, and with a significant win his credit rises to \$270+, and then drops to \$225 before he calls an attendant for payout, reserves first EGM and goes to second EGM. With \$20 credit he reduces to bet 20 credits only per spin. He leaves the gaming area briefly with the first EGM still reserved. After the significant win he comments with a shaking head to a fellow player about the jackpot of \$18,700+. When the observer leaves he is still playing, with lower credit (\$20+) and lower bets than when the observer arrived. At one point was playing fast, hitting the EGM buttons rapidly and repeatedly during reels spin. He is playing on his own, his gaze very focused on the EGM screen. He is eating many mini chocolates – probably in lieu of smoking which is banned in the venue. He plays with both hands up on machine, crossed over one another – i.e. left hand is sitting on right wrist, so is to the right of the right hand. He uses very slight movements when pressing EGM buttons.

CASE STUDY EXAMPLE: This player remained on the same machine for over three hours. Other indicators are that he plays for three hours without a substantial break, only small breaks during features, or to get a drink. He frequently looks in his wallet for money, he hits the buttons, he seems edgy, for example he gestures at the machine, he shakes his head at losses, and he plays on when friends pass by.

Man, aged in late 50s to early 60s, playing at a 1 cent machine when observer arrives. He stays at that same EGM for at least three hours, leaving it to go to another machine only about five minutes before observation ends. He takes no substantial breaks, though every time he wins a feature he puts his keys in the coin slot and leaves the machine. Sometimes he wanders around, sometimes to get another drink, sometimes it is not possible to observe where he goes. He is drinking beer throughout the gambling session. He is not approached by staff at any stage, not even to clear his accumulating glasses, which he eventually moves to a spot next to another machine. He periodically prints out a ticket for wins, then looks into his wallet for cash and puts another note into the machine. It is not possible to see exactly how much he

feeds in, however he takes out his wallet at least five or six times. Mostly he is placing \$1.25 bets, though occasionally he varies this. He often strokes various parts of the machine, and runs his finger over the screen to trace the paths of winning lines. He uses a pronounced hitting action on the buttons, and occasionally in between spins he hits the play/spin button sideways with his keys. He appears quite agitated at times, and gestures occasionally at the machine, for example with forearms extended forward from his body and his hands out and up with both palms facing upwards, for what may have been near successes. He also shakes his head at times. In the last hour and a half he is approached by several passing male friends, who ask how he is going. In the last hour he is joined intermittently by a much younger woman (possibly in her 20s) with whom he is very friendly and familiar. He offers to get her a drink at one stage (though she was already holding one), and she watches over the machine when he leaves during a feature, sometimes continuing to play for him if he doesn't get back before the feature ends. His various gestures and touches of the machine disappear when his friends are around, and he focuses as much on them as on the machine, and seems perfectly happy to have them there. When he finally moves away from this machine it is to a nearby machine, next to one the young woman friend was playing – he has credit of \$59 on the new machine.

6.12.3 Social behaviours

Table 5.1 lists six indicating Social Behaviours, as follows: Asked venue staff to not let other people know you were gambling there; Had friends or relatives call or arrive at the venue asking if you were still there; Was impolite to venue staff; Avoided contact, communicated very little with anyone else; Stayed on to gamble while friends left the venue; Become very angry if someone took your favourite machine or spot in the venue.

Although these social behaviours may be strong indicators of problem gambling, nevertheless most would seem to occur only occasionally, or may be less visible to an observer. Two behaviours were not observed in the ACT study, 'Asked venue staff to not let other people know you were gambling there', and 'Was impolite to venue staff'. Two others are likely to have been observed, but observers could not be certain: 'Had friends

or relatives call or arrive at the venue asking if you were still there’, ‘Stayed on to gamble while friends left the venue’. The remaining two behaviours would seem to be more visible, and more likely to be observed in situ.

Avoided contact, communicated very little with anyone else

- The player seems not to notice the presence or activities of other players or venue staff, or notice or react to events occurring around them (e.g. evidence of another player’s win).
- The player gambles in way that embodies a focused physical orientation to the gambling activity.
- The player gambles mostly or always alone and does not socialize, does not break gambling activity to interact with others.
- The player does not engage in non-gambling venue activities, such as having a drink or meal. Such activities provide alternative possibilities for interacting with others in the venue.

CASE STUDY EXAMPLE: One player was regularly seen in the venue, seemed always to play alone. He played for long periods without a substantial break.

Man, aged in 40s, in venue the full three hours of the observation visit. He has been seen there on other evening visits, and tonight is there until midnight. He is always on his own, seems to spend all his time in the gaming area and gambling, but did come out three times in the first two hours to get a drink of water, which each time he took back with him to the gaming area. Saw him once at using the note changer.

Become very angry if someone took favourite machine or spot in the venue

No clear example of this behaviour was observed during the ACT observation.

6.8.4 Raising funds / chasing behaviour

Table 5.1 lists eight indicating behaviours for ‘Raising funds / chasing behaviour’, as follows: Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at

venues; Asked to change large notes at venues before gambling; Borrowed money from other people at venues; Asked for a loan or credit from venues; Tried to sell objects of value at venues; Put large win amounts back into the machine and kept playing; Tried to cash cheques at venues; Have left the venue to find money to continue gambling.

Though these behaviours may be strong indicators of problem gambling, nevertheless some would seem to occur only occasionally, or may be less visible to an observer. Four behaviours were observed in the ACT study and would seem to be more visible, and more likely to be observed in situ.

Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues

This indicator was observed frequently. Players also used coin machines.

CASE STUDY EXAMPLE: Within around two hours, this player uses the ATM and then the coin machine twice, including during a feature. This player tended to sit impassively for an extended time, and focused her attention on the screen without looking around. Her only interaction with others was to ask a fellow player to watch her machine when she left to seek money.

Well dressed gray haired woman, sitting impassively at EGM for or over two hours, focused gaze on screen and doesn't look around. When first observed she had 270 or so in credit, drops to 206 before she goes to note changer, then credit jumps to 300 plus. She continues playing and credit drops to \$240. She goes to ATM and credit jumps to \$330 plus. She spends the next hour with credit going up and down around the \$300 mark. She seems to treat \$300 as a base credit amount, and seeks more money when credit gets too far below this. Leaves machine briefly during second hour and reserves it. Leaves a second time to go to note changer while free games feature is running, asks a man playing adjacent EGM to watch over her EGM.

CASE STUDY EXAMPLE: This player made a few visits to the cashier and coin machines. He played fast, not waiting for jingles and animations, and bet at times up to \$2.50.

Man in 60s, grey to white hair, dressed in collared shirt, tucked in, and pants, playing EGM, seems to be losing. Observed for over an hour of the 90 minute observation visit. Seems to play fast, feeds in one or two \$20, and these last just 5-7 minutes, then he moves to another EGM. Seems to have \$40+ in credit when the observer walks past, but also plays when way down to a couple of dollars, lowers his bet when approaching zero credit. Hits the play button as the reels finish spinning, betting from \$1 to \$2.50. Goes to note-changer twice (maybe three times) within 30 minutes to change a \$50 into \$20s and 10s, once collects \$60 in coins and goes to change counter to get more notes. Later goes a second time to the change window. Moves from one EGM to another, sometimes standing sometimes sitting, sometimes standing for first few spins then sits down.

Borrowed money from other people at venues

This behaviour was observed fewer than a handful of times in the ACT study.

CASE STUDY EXAMPLE: This player asks a friend/fellow player for cash.

Man and woman together, both aged in early 20s, arrive and later leave the venue together less than a half an hour later, though for the most part they play apart from one another. Each plays at least two different EGMs, and spends at least 15-20 minutes at each. The woman has two significant wins (each more than \$200) on the two machines. She prints tickets and takes the winnings from both, then moves on. The man is less lucky. He has one good win at first (he prints a ticket) but then borrows and subsequently loses money from the woman, this being three \$20 notes, perhaps from her winnings. Both play only 1c machines, and all bets over \$1. His action is violent and rapid, and he looks tense. Her action is more gentle and relaxed, though still rapid. Both are very aware of other players and machines.

Put large win amounts back into the machine and kept playing

This behaviour was observed very frequently in the ACT study.

Have left the venue to find money to continue gambling

This behaviour was observed a few times in the ACT observational study. This indicator may be less helpful for venue staff, because venue staff most likely do not know just why a player is leaving a venue. A player might only rarely actually say the reason why they are leaving the venue. This indicator is most likely to be helpful to venue staff when the gambler is a regular at the venue, and when it is something observed over time, at least on three or more occasions. This behaviour may also be more likely to occur for a player gambling alone. As with other indicators, observable details of a player's leaving and returning to the venue can be used together with details of other observable information.

The following details may help strengthen the venue staff's determination that the player's purpose for leaving the venue was to get money.

- The player leaves the venue and returns after a brief time later, especially when the time away from the venue is relatively short, say less than an hour.
- The player resumes gambling immediately or very soon after returning to the venue, that is, without participating in any other venue activity, or without interacting with any other patrons.
- On return to the venue, the player goes immediately to the change counter, or uses the note-changer.
- The player leaves and returns after playing continuously (e.g. for two or three hours or more), or after some sign of emotional distress (e.g. crying, showing anger, complaining).

6.12.5 Emotional responses

Table 5.1 lists possible visible behaviour indicators of problem gambling relating to ‘Emotional responses’, as follows: Found yourself shaking (while gambling); Sweated a lot (while gambling); Felt nervous/ edgy; Displayed your anger; Kicked machines; Felt very sad or depressed (after gambling); Cried after losing a lot of money; Sat with head in hand after losing. Most of these behaviours were observed at least once during the ACT study. Two behaviours were not observed: ‘Sweated a lot (while gambling)’, and ‘Cried after losing a lot of money’. We consider here four behaviours that were observed frequently.

Shaking (while gambling)

- The player shakes, for example their leg shakes, or their hand shakes, for example when playing, or when feeding notes into an EGM, or when searching for cash in a handbag or wallet.

CASE STUDY EXAMPLE: This woman displayed her agitation by continuously jiggling her leg. She played the machine very roughly.

Woman, aged in 60s, very agitated and visibly jumpy, she jiggles her left leg constantly, and intermittently takes large gulps of cola from a plastic bottle. She looks at her watch frequently. She has a very violent and exaggerated button pressing action – both with the bet and line buttons and with the play/spin button. She changes bet amount quite frequently. Every so often she collects credit and puts coins gradually back into machine (this makes it hard for an observer to keep track of credit and outlay). She is clearly aware of neighbouring players. She points out to the observer at one stage that he was only playing 1c bets – she seems to assume that this is a mistake or is due to inexperience. She is also very aware of another man in the EGM row who is getting many hyperlink features – she looks towards him every time she hears a distinctive audio effect (train whistle blow), and once says something about how much he is winning on the features - she seems to think he is doing better than she is (though it doesn't appear that this is the case).

Felt nervous / edgy

Signs of nerves or edginess or tension can vary substantially from person to person, and so for venue staff this visible behaviour will likely be particularly helpful when noticing the behaviours of regular players, recognizable or known to staff, or when seen in the context of details of other observable behaviours. Nerves and edginess may also be manifest in signs or outbursts of negative emotions, or even anger, and so we have included here possible visible indications for this.

- The player looks around quickly and briefly, away from the gambling activity, when others pass by or are nearby. The player seems to be overly conscious or concerned about the presence, movements, and possible gaze, of others. Such looking may indicate the player is conscious about others being aware of their playing style (e.g. amount wagered, current credit), their playing manner (e.g. forceful button presses), or their gambling outcomes (e.g. losses). This kind of looking is different to the looking players might do to monitor other players' progress, and so determine how particular machines are paying out.
- The player appears agitated by regularly fiddling with, pulling at, or chewing on hair or clothing, or exhibiting other signs of nervous tension such as biting lip or finger nails, frequent itching, frequent shifting in posture either when standing or sitting, or frequent shifting between standing and sitting.
- The player chain smokes, or frequently eats mints or sweets (where these are available for free in venues where smoking is banned). Chain smoking is commonly associated with gambling, so this possible visible sign will be most useful if considered alongside others possible signs.
- The player frequently checks the time, for example looks at their watch, mobile phone, or a clock. This behaviour might be especially notable during probable

lunch hour periods, or when the player has been gambling for an extended time (over three hours), or as closing time approaches.

Displayed your anger or kicked machines

These indicators were considered together. A player might appear angry or act aggressively, particularly in response to gambling losses. Signs of anger might happen more than once, and a player might exhibit more than one sign. Signs of anger might be more likely to appear, and appear more frequently, as the gambling session progresses, or perhaps towards the end of the session, for example at the end of a lunch hour or as closing time nears.

- The player might show an angry reaction to a gambling loss, or losses over the course of a session, by kicking a machine or hitting a machine with one or both hands.
- Anger might be displayed through an aggressive or forceful physical style of play. For example, when playing an EGM the player might press the play/spin button, or other buttons, with noticeable force, or even hit or slap or slam EGM buttons. Exaggerated and forceful button presses might be visible if the player first raises their whole arm to a noticeable height above the machine (say 20cm), particularly if the player typically has their hand(s) resting just above the buttons during spins. The player can then be seen to bring their arm down forcefully to press EGM buttons. For some players such style of play might be an occasional response to a gambling loss, and for others it might be a feature of the way the player regularly gambles.
- The player might have an angry facial expression, or may hit themselves, or might act aggressively towards others in the venue, such as staff.
- The player may swear, complain, or speak angrily or aggressively, or say things that indicate they are anxious or frustrated about their gambling outcomes, or the gambling activity or session, or the venue, or gambling generally. This talk may be directed to themselves, to the gambling activity (e.g. an EGM), to staff, to other persons with the player, or even towards other players in the venue. This

kind of talk may be loud and easily noticeable to others, or may be quiet and only audible to those near the player.

- The player might wave their hand(s), shake head, shake fist, or otherwise gesture in a way that can be seen to express anxiety, disappointment, frustration, or anger. The gesture is not made to another person, but might be directed openly, or towards the gambling activity, for example at the EGM.

CASE STUDY EXAMPLE: This player kicked or hit machines

Male, aged in late 30s to early 40s, playing on a 5c machine, credit is more than 280 when the observer first notices it, by which time he has been playing for some time. he places \$2.75 bets, and his credit decreases to low 100s. The observer watches for over an hour. When his credits got lower he starts to either hit or kick the machine. The observer is not able to see precisely, but the sound is incredibly loud and violent. Eventually he collects his credit in coins, so apparently, and certainly sounded like, less than 100.

6.12.6 Other behaviours: Irrational attributions

As set out in Table 5.1, these two categories of indicating behaviour include the following specific behaviours: Gambled after having drunk a lot of alcohol; Blamed venues or machines for losing; Complained to staff about losing; Swore at machines or venue staff because you lost. All the behaviours were observed at least once during the ACT study.

CASE STUDY EXAMPLE: A player complained about the difficulty in winning on a particular machine. This person played two machines simultaneously, appeared edgy, make visits to the note changer, and played for an extended time (over two hours) without a break

Female, aged in 50s, plays for the whole of the two hour observation visit. Plays two adjacent machines, though alternates play such that she plays for a time on one

machine and then for a time on the other. She points out to the observer that she is playing the second machine when the observer mistakenly tries to play it. She appears quite edgy and animated, standing throughout in front of one machine, which has no seat, despite the presence of a seat in front of the other machine. She alternates play on the two machines, particularly when one is running a feature. She places 40c bets, and credit on both machines is in the \$40s when the observation begins. Eventually she collects the balance from both machines in coins (didn't see how much) and she goes to play various other machines. She is not seen playing two machines simultaneously again, and she tends to sit to play. She makes further visits to the note-changer. She complains to a neighbour player that it was so hard to win on the machine she was playing.

6.13 Conclusion

The aim of the ACT study was to provide more detailed descriptive accounts of specific behaviours and the extent to which these might be observed in venues of varying sizes. To this end, the ACT observational study sought to understand better just what particular visible indicators of problem gambling behaviour actually look like *in situ*. To this end this section was structured around the main categories of indicating behaviour with points detailing observable features of more specific behaviours and then sample example descriptions of individual players. Overall, the results supported the notion that the vast majority of the previously identified visible indicators (see Chapters 4 and 5) can be observed *in situ* within relatively short periods of observation. Although the more sociological approach used in the ACT study does not provide the same opportunity for studying the short-term accumulation of behaviour for individual players as was the case in the SA study, the findings nonetheless provide detailed descriptions of 'red flag' or warning behaviours that might lead venue staff to take a particular interest in specific players for the purpose of subsequent monitoring.

These sample behaviour descriptions may be useful in training to assist staff in developing role-play exercises of scenarios that display various forms of the behaviours, and how these might vary between individuals. Despite the simplicity of the many items

used in the self-report studies described in Chapters 4 and 5, it clear that the form of behaviours can vary between and within individuals. Individuals differ in how they experience gambling and react to gambling outcomes, and the same individual may experience and react differently on varying occasions, or over time. Moreover, apparently distinct or discrete visible behavioural categories may overlap when observed in sequence. For example, while sitting apparently settled and motionless at the same EGM for over an hour might be a sign of continuous gambling, and so be a potential indicator of a gambling problem, frequent rushing from one EGM to another every few minutes can be associated with fast play or edginess and so might also indicate a problem. In addition, an impassive expression and manner, and slow playing movements might be associated with repetition and monotony arising from continuous gambling, and so potentially be evidence of a problem, but exaggerated forceful playing movements and extreme expressions of emotion such as anger might also be evidence of problem gambling if these indicate nerves and edginess. Another factor is paying no attention to passing time could be associated with continuous gambling and possibly indicate problem gambling, but frequent looking at the time might also indicate problem gambling if it is evidence of nerves and edginess. Alternatively, staying in the venue and gambling for over two hours might indicate continuous playing, as potential evidence of problem gambling, but so too might taking one or more breaks and leaving the venue, if the player's purpose is to seek money to continue gambling.

For this reason, this section emphasizes the importance of seeing possible visible indicating behaviours of problem gambling as they occur in context, with reference to the in situ details and circumstances of their occurrence. Behaviours need to be considered as they are observed occurring relative to one another, for that individual, in that venue, at that time.

Finally, as with the SA study, the ACT study showed that there were a number of other behaviours that could be usefully be added to the list of potential visible indicators. These included:

- Frequency of use of coin machines
- Playing roughly or violently (e.g., pressing button by slapping them or hitting them fists)
- Striking or slapping machines (rather than just kicking them)
- Searching for money in purse and wallet in a way that gives the impression that the person is out of money
- Playing two machines simultaneously
- Signs of nerves such as pulling at hair or clothing, or biting lip or finger nails, frequently shifting from standing to sitting
- Sitting posture that is evidence of ongoing physical orientation to staying at a machine.

The case study vignette descriptions from the ACT study also confirm that behaviours commonly occur together, that some behaviours are likely to occur with particular other behaviours, and possibly in a logical sequence. For example, people gambling are more likely to show anger or other very strong emotions later in a gambling session when they may have lost greater amounts of money. These findings support the feedback from staff in Chapter 4; namely, that it is important to examine emotions and behaviours as dynamic processes. A particular behaviour or emotion might only be indicative of problem gambling if it appears out of context or character, or if it appears to result from the escalation of previous behaviours or events that have been observed over time.

Chapter 7: Summary and Conclusions

7.1 Overview of Project

The purpose of this project was to obtain insights into the nature of visible, or potentially visible, behaviours and indicators that might allow venue staff to identify problem gamblers within gambling venues. To complete this task, a multi-faceted research strategy was developed. This strategy included: (1) A detailed review of the existing published literature relevant to this topic as well as current national and international policy and regulatory guidelines, (2) Consultations with peak industry bodies and surveys of venue staff, (3) Consultations and surveys of experienced problem gambling counsellors, (4) A large survey study of regular problem and non-problem gamblers, and (5). Extensive *in situ* participant observation of gamblers in venues. The project included a variety of research methodologies, including univariate and multivariate analyses of visible indicators, qualitative analysis, and was informed by multidisciplinary research perspectives and techniques derived from the fields of psychology, sociology, and anthropology.

In terms of its research methodology and logistical approach, this project had a specific focus on forms of gambling that are almost entirely venue-based. Participant recruitment therefore focused on hotels, clubs and casinos rather than lottery outlets or TABs, or race-tracks because the former venues contain activities (EGMs and Casino table games) that can only be played *in situ*. Another advantage of using these venues was that it was possible to capture a wider range of gambling activities in the same venue because most hotels and clubs provide access to racing, lottery games, and sports betting as well as EGMs. Moreover, clubs, hotels and casinos are the locations where one finds the highest concentrations of the forms of gambling (namely, EGMS) that are most strongly associated with problem gambling. The selection of indicators and data collection strategies therefore represented an attempt to optimize the research so that it captured behaviours potentially associated with any form of gambling, but which also gave greatest weight to the most significant form of gambling associated with problem gambling (EGMs).

7.2 Key Findings from the Review of Policy and Regulation (Chapter 2)

The review of current policy and regulatory guidelines showed that Australian legislation differs from one State or Territory to the next, so that there are variations in the regulated operating conditions for licensed gambling venues. Some States have mandatory codes of practice that require venue staff to take a very proactive role in the identification of people who might be displaying signs of problem gambling, whereas others place much of the responsibility on the goodwill of the industry. Similarly, although national responsible gambling training guidelines are available and utilized in almost all Australian States or Territories, the content of training will vary depending upon the prevailing legislative environment. Most, if not all, training programs currently available provides advice to venue staff concerning the nature of visible behaviours that might be common in problem gamblers, but many do not necessarily endorse the view that venue staff have the responsibility or expertise to approach suspected problem gamblers, or provide interventions. Instead, interventions only tend to occur when the people actively seek help, or if the person's behaviour is clearly causing discomfort or distress to other patrons.

Despite this, current Australian regulation and industry practices (particularly in those States that operated under mandatory codes) appear to compare favourably with the range of responsible gambling initiatives in other countries, including New Zealand, the United States and Canada (see Chapter 2). However, the modestly encouraging situation prevailing in Australia was contrasted with the stringent guidelines developed in Swiss casinos that require staff to keep clear records of the behaviour of specific patrons. In Switzerland, patrons can be excluded from casinos if they display a number of behaviour or 'indicators' thought to be associated with problem gambling. These requirements are mandatory under current Swiss legislation.

7.3 Key Findings from the Review of the Existing Research Literature (Chapter 3)

This review found that relatively little research has been undertaken nationally or internationally to examine the factors that might be used to identify problem gamblers

within venues. However, a potential list of visible indicators for analysis was identified using several relevant sources, including widely used screening measures for problem gambling and some recently published research studies. These studies included quantitative or statistical studies undertaken by Schellinck and Schrans (2004) in Nova Scotia (Canada), Hafeli and Schneider (2006) in Switzerland. Although most of the items related to the behaviour of individuals and favoured psychological and clinical frameworks, items were also generated from several qualitative or review projects undertaken in Australia, e.g., by the Australian Gaming Council, Australian Institute for Primary Care based at La Trobe University (Livingstone, 2005), and The Centre for Gambling Research at the Australian National University (McMillen & Pitt, 2005).

Shellinck and Schran's work provided a list of visible and non-visible *in situ* indicators of problem gambling and showed that the presence of specific indicators relating to the duration of gambling and particular emotional responses are significantly more likely to be observed in problem gamblers. People have a high probability of being classified as problem gamblers if venue staff were able to observe two or three indicators in the same gambling session. However, the authors concluded that the likelihood of a gambler being observed by the same venue staff member at the same venue was very low, so that the identification of problem gamblers appeared to a very difficult process. In this present review, it was argued that this potentially provides an overly pessimistic view, in that only a limited range of indicators was considered, and because it might be possible for incident logs to be kept over time (as is the case in Switzerland) as is required under some legislation in Australia. The same staff would not necessarily have to observe the same player over time in order for problematic behaviour to be identified.

Hafeli and Schneider's Swiss work provided the first comprehensive analysis of the possible range of visible indicators that might be subjected to further research and analysis. Although based on a relatively small validation sample, their research provided clear indicator categories that could be potentially applied to the study of visible behaviour in venues. Summarised in Chapter 3, these categories including measures of duration of intensity, social behaviours, emotional responses, and behaviours relating to

the procurement of additional sources of finance. Many of these items were adapted for use in the current project, although the range of categories and lists of items were extended and modified in light of other research findings.

7.4 Key Findings from the Survey of Venue/ Industry Staff and Counsellors

Over 120 venue staff working in hotels, clubs and Casinos in South Australia, the ACT and NSW were asked to respond to a number of questions relating to their work schedules and training; to examine a proposed list of problem gambling indicators, and to express their views concerning the feasibility of the within-venue identification of problem gamblers. The results showed that most venue staff had received responsible gambling training and that this included some component relating to the identification of problem gamblers. Most felt confident in being able to identify problem gamblers within venues and reported encountering problem gamblers very frequently during the course of their work. Venue staff felt that there were clear and reliable ways in which to identify problem gamblers and had sometimes had their suspicions confirmed when people had approached them for assistance. According to venue staff, the most significant barrier to identifying problem gamblers was not the consistency of staff in the venues, the length of shifts, or even the size of venues, but the lack of staff training relating to direct interventions with gamblers on the gaming floor. Most staff did not feel confident about how patrons would respond if they were approached. For this reason, there was strong support for the introduction of further training to assist this process.

The vast majority of indicators identified by the research team as possible visible indicators of problem gambling were endorsed by venue staff, although emotional responses, rudeness to staff, and complaints about losing were more strongly highlighted in this sample. Venue staff also provided useful feedback concerning additions to the current list of potential indicators, and these included a greater focus on changes in mood and behaviour over time. Staff felt that it was almost more important to look for behaviours or reactions that were inconsistent or out of character rather than to confine the focus only to static behaviours (i.e., just one incident or outburst).

Very similar feedback was received by a small sample of counsellors. Most identified indicators were strongly endorsed and counsellors reported having had first-hand encounters with people who had displayed many of the behaviours. Counsellors also felt that it was possible to identify problem gamblers within venues, but felt that venue staff needed much more support and training to approach gamblers within the venues.

7.5 Key Findings from Gambler Study (Chapter 5)

Almost 700 regular gamblers (mostly EGM players) were asked to complete a detailed survey relating to their gambling habits, the frequency of certain potentially visible behaviours, and to indicate how problem gamblers might (in general) be best identified in venues. Gamblers were classified into four large groups based on their scores on the Canadian Problem Gambling Index (No risk, Low risk, Moderate risk, and Problem Gamblers). A number of different analytical strategies were used to examine the data: (a) A comparison of the absolute frequency of the behaviours across the different gambler groups, (b) The proportion of problem gamblers who ever displayed specific behaviours vs. the remainder of the sample, (c) The likelihood of each behaviour or indicator being observed in problem gamblers vs. Other gamblers, and (d) Multivariate modelling of the behaviours or indicators that best classified people as problem gamblers.

All of the indicators identified were significantly more likely to be reported by problem gamblers than the other groups. Moreover, as indicated in Table 5.14, there were some behaviours which were at least five times more likely to be observed in problem gamblers than in other gamblers. The strongest differences were generally observed for emotional and social behaviours. For example, anyone who reported getting angry, depressed, violent towards machines, or who sweated a lot while gambling, complained to staff, or tried to disguise their presence at the venue was much more likely to be a problem gambler. Using logistic regression models, it was possible to identify the variables that best classified people as problem gamblers. Separate models were developed for males and females, but these shared a number of similarities. For male gamblers, gambling for long periods, sweating a lot, and trying to keep gambling at

closing time were key indicators of problem gambling, whereas for women: agitation, and striking the machines were two indicators that yielded a 90% probability of being classified as a problem gambler. Thus, the findings of this research supported Schellinck and Schran's (2004) work; namely:

- (a) That there are clear behavioural profiles that allow one to differentiate between problem gamblers and other players; and
- (b) That there are small clusters of indicators or behaviours that could be used to identify problem gamblers with a high degree of confidence.

As discussed in Chapter 5, these findings based on self-report data showed that there are certain behaviours that are very rarely observed in the general gambling population (e.g., trying to disguise one's presence from others who come to the venue, trying to borrow from other patrons). Such behaviours are therefore potential hallmarks of problem gambling and should be treated as important by gaming staff. Such patrons should be subjected to ongoing attention or careful vigilance. On the other hand, there are many behaviours which can be observed in a range of gamblers, but which are more frequently observed in problem gamblers. These behaviours are less indicative on their own (e.g., gambling for long periods), but may come to have greater significance if they are observed in conjunction with other behaviours that might indicate difficulties (e.g., multiple trips to ATMs).

7.6 Key findings from Observational Studies

Two separate observational studies were undertaken to examine the extent to which behaviours were visible within venues, how often they occurred, their sequencing, and how they appeared in reality. A South Australian study examined the behaviour of individuals in a fixed location within 10 venues (clubs and hotels) for extended period to examine the accumulation of multiple behaviours, whereas the ACT study (based on 5 venues, including both clubs and hotels) was more focused on providing broader sociological detail concerning the form of behaviours and their variability across individuals. In total, 140 hours of observation was conducted with many hundreds of

gamblers observed for both short periods (< 1 hour) and for continuous periods of up to almost six hours. Neither study was specifically designed to observe a pre-identified sample of problem vs. non-problem gamblers. However, it was possible to gain some insights into the status of some gamblers within the South Australian study by using statistical models developed earlier in the project to estimate the person's status based on the behaviours documented during observation sessions.

The South Australian study yielded detailed summary tables of objective behaviours (e.g., expenditure patterns, use of ATMS, visible emotional responses, vocalizations, and interactions with venue staff). The study was successful in identifying a number of individuals with quite different patterns of behaviour, and showed some evidence for an escalation of some behavioural responses (e.g., anger, complaints, violent acts) over time. The study confirmed that most indicators identified by the self-report methodology summarised in Chapter 5 could be observed within venues, and that many were observable within single observation sessions. Indeed, a number of patrons displayed clusters or sequences of behaviours that would give them a 70% probability of being classified as a problem gamblers.

The ACT study was also successful in being able to observe most of the previously observed indicators and showed that some players produced multiple noteworthy behaviours within the period of observation. It also showed that there is considerable variety in the expression or form of some behaviours. For example, gamblers display their agitation or anger in many different ways. It was also found that there may be ways in which to infer some of the indicators that are not observed directly, e.g., that the person has not taken any breaks from gambling, has been gambling continuously, or been on the same machine for a long time, e.g., based on the accumulation of drink cups, wrappers, cigarettes. These findings suggest that checklists containing broad lists of behaviour should be supplemented by operationalised descriptions of behaviours to provide staff with more tangible ways in which recognize more subtle behaviours when they occur (e.g., staff are provided with descriptions of the forms of behaviour). This may be particularly important when attempting to identify

patrons with gambling problems in very large venues, where individual behaviour may be less salient due to the number of gamblers and the noise level.

7.7 A Final Set of Indicators

In this project, a list of potentially useful indicators and behaviours was developed by drawing upon the research literature. This was then validated in a sample of gamblers who were asked to identify any additional useful indicators. Other indicators emerged from discussions with venue staff, counsellors and through the observational studies. When all of these data are considered together, it is evident that the categories selected appear to be valid and that most items were endorsed by a substantial proportion of respondents. Many were also found to be statistically useful in differentiating between problem gamblers and other gamblers. However, it was also clear that a small number of items were less useful because they occurred extremely infrequently. Although the purpose of this project was not to generate a specific psychometric measure based on identifiable visible indicators, it is nonetheless possible to provide a list of indicators that is informed by the collective knowledge gained from this project (Table 7.1). As indicated in Table 7.1, most of the original items remain, but some are modified to accommodate some of the descriptive material obtained from observation, as well as from advice obtained from respondents.

The frequency, duration and intensity section contains several changes. The term proper break is defined as '15 minutes' because this duration is usually greater than the time required to visit ATMs, obtain coins, visit restrooms, or obtain drinks. Rapid play appears to have two components: rapid insertion of coins into machines, but also very fast play-rates. Larger bets on EGMs rarely exceed \$3, so the original \$5 amount was reduced to \$2.50 because this was the level observed in some players who gambled excessively in the South Australian study and who were suspected of being problem gamblers based on statistical modelling. In South Australia, gambling on two machines is not permitted, but this item could be usefully included in studies conducted in other jurisdictions where this behaviour is permitted. No item relating to expenditure was originally included because it was not clear whether this information would be very easy

to obtain by observation alone. This information was only obtained in the current study because an observer was placed in a fixed position where it was possible to have a very good view of individual player behaviour. It is unclear whether venue staff would be similarly able to obtain this information unless the gambler always went to a cashier, or if there were some form of electronic system available to monitor expenditure. An amount of \$300+ was chosen because this appeared to be the level of expenditure characteristic of the suspected problem gamblers in the South Australian observational study. Finally, venue staff also indicated that it was important to consider variations in the intensity of gambling, e.g., dramatic increases in expenditure during sessions.

Changes were also made to the section on social behaviours. For example, based on the feedback from venue staff, problem gamblers often display their attachment to particular machines by standing over player and waiting for them to finish. Players who brag about being able to win on machines or who talk a lot about their wins are also potentially concerning because their behaviour may indicate a failure to recognize losses or represent a form of denial.

Two items were also added to the raising money and chasing section. Although repeated ATM visits appear to be useful indicators of excessive gambling, frequent use of coin machines may also be important because it may be more observable than ATM use on some occasions. The South Australian observational study indicated that people use coin machines more often than ATMs, so that 4 or more visits would probably need to be observed to raise the same level of concern about expenditure. Many respondents also felt that there were behaviours that indicated that people were running out of money, desperate for money, or completely out of money. Searching for money in wallets and purses and not finding any was considered to be potentially indicative of a problem with gambling, as was changes in the amount being spent during a session.

In the emotional expression section, several modifications and additions to items were made. Although problem gamblers often get angry, it is important to differentiate this from specific items relating to violent behaviours (e.g., thumping tables, machines or

counters). Observational work showed that anger is most commonly expressed through loud grunts or swearing. The ACT observational study showed that nervousness and agitation can be detected using a variety of specific behaviours, whereas contact with the machines appears to more often involve fists rather than kicks. People who have been playing for long periods and losing also play machines very roughly and aggressively. Another addition is the inclusion of an item relating to changes in mood states over time.

Finally, although superstitious behaviours and personal grooming were originally omitted because of concerns about the validity of these items, feedback from venue staff and observations suggest that these items might be included, but in a more specific form. As venue staff pointed out, it is not so much poor personal appearance that is of concern, but changes in appearance, because not all people who enter venues necessarily have good grooming, hygiene or a pleasant appearance. Similarly, although research has shown superstitious behaviour to be common amongst many gamblers and may reflect underlying beliefs about luck or cultural beliefs, very frequent and ritualistic behaviour might be a greater cause for concern if it leads to unrealistic views about the extent to which players can influence outcomes.

Table 7.1 Final list of indicators that might be usefully included in staff training

Frequency Duration and Intensity
1. Gambles every day of the week
2. Gambles for three hours or more without a break of 15 minutes or longer
3. Gambles for 5 or more hours without a break of 15 minutes or longer
4. Gambles so intensely that the person barely reacts to what was going on around him or her
5. Plays very fast (e.g., inserts large numbers of coins into the machine very rapidly, presses the buttons very rapidly so that the spin rate is very fast)
6. Bets \$2.50 or more per spin most of the time
7. After winning on poker machines, plays on quickly without even stopping to listen to the music or jingle
8. Rushes from one machine or gaming table to another
9. Gambles on 2 or more machines at once (where this is allowed)
10. Gambles continuously
11. Spends more than \$300 in one session of gambling
12. Significant changes in expenditure pattern, e.g., sudden increases in spending

[Table 7.1 continued]

Impaired Control
1. Stops gambling only when the venue is closing
2. Gambles right through usual lunch break or dinner time
3. Finds it difficult to stop gambling at closing time
4. Tries obsessively to win on a particular machine
5. Starts gambling when the venue is opening
Social Behaviours
1. Asked venue staff to not let other people know that they are there
2. Has friends or relatives call or arrive at the venue asking if the person is still there
3. Is rude or impolite to venue staff
4. Avoids contact, communicates very little with anyone else
5. Stays on to gamble while friends leave the venue
6. Become very angry if someone takes the person's favourite machine or spot in the venue
7. Brags about winning or makes a big show relating to how skilful he or she is as a gambler
8. Stands over other players while waiting for his or her favourite machine
Raising Funds/ Chasing Behaviour
1. Gets cash out on 2 or more occasions to gamble using an ATM or EFTPOS at venues
2. Asks to change large notes at venues before gambling
3. Borrows money from other people at venues
4. Asks for a loan or credit from venues
5. Puts large win amounts back into the machine and kept playing
6. Leaves the venue to find money to continue gambling
7. Observed rummaging around in purse or wallet for additional money
8. Appears to have run out of all money including all money in purse or wallet when they leave venue
9. Uses coin machine at least 4 times
Emotional Responses
1. Seen to be shaking (while gambling)
2. Sweats a lot (while gambling)
3. Looks nervous/ edgy (e.g., leg switching, bites lip continuously)
4. Vocally displays anger (e.g., swears to themselves, grunts)
5. Kicks or violently strikes machines with fists
6. Looks very sad or depressed (after gambling)
7. Cries after losing a lot of money
8. Sits with head in hand after losing
9. Plays machine very roughly and aggressively (e.g., with fists or slaps)
10. Groans repeatedly while gambling
11. Shows significant changes in mood during sessions
Other Behaviours
1. Gambles after having drunk a lot of alcohol

[Table 7.1 continued]

2. Appears to avoid cashier- appears evasive- only uses cash facilities
3. Significant <u>decline</u> in personal grooming and/ or appearance over several days
Irrational Attributions / Behaviours
1. Blames venues or machines for losing
2. Complains to staff about losing
3. Swears at machines or venue staff because they are losing
4. Compulsively rubs belly of machine or screen while playing

7.8 Methodological Considerations

Although this project had many methodological strengths (e.g., it was based on multiple methods, used validated measures in Chapter 5 and included large samples), there are a number of methodological issues that should be considered when drawing conclusions from the findings.

- First, the data in Chapter 4 and 5 were based on self-report methodologies, so there may be limitations in the extent to which people have been able to recall instances of behaviour.
- Second, not all people may have interpreted the indicator questions the same way. Although frequency was associated with an objective reference point (50% of time, 25-50% of time), the interpretation of the question may have differed. For example, for some people, in questions relating to anger, a small display of anger might have been sufficient to endorse the question in some individuals, whereas others may have only referred to cases of extreme anger. Both would, however, be treated the same way in the scoring.
- Third, it was not possible to verify the gambling status of people observed in the observational study, so it was not clear whether certain behaviours were being produced by problem gamblers. Instead, as outlined above, this had to be inferred from regression models based on a different set of data.
- Fourth, since this study was exploratory, it was not possible to derive objective classifications of all behaviours prior to completing the observation. One did not know what behaviours to look for and their exact form until the observation had

been completed. In the South Australian study, this issue was addressed by focusing predominantly on very objective, hard to mistake behaviours (e.g., visits to the ATM, amount spent, time played), but future studies may need to give greater consideration to how they might operationalise specific emotional or social responses if these are going to be included in the investigation.

- Fifth, due to time and financial constraints, most components of the project were restricted to South Australia and the ACT, so it would be useful for these findings to be replicated in other Australian States and Territories.
- Sixth, the focus of this study was predominantly on EGMs and other types of gambling most commonly observed in hotels, clubs or casinos. These findings could not therefore be confidently generalized to on-course or TAB race and sports betting.
- Seventh, although venue staff from many different venues were surveyed, it may have been that those who responded to the survey had more positive attitudes towards responsible gambling and research than those who did not.

7.9 Conclusions and Future Directions

The general conclusion of this project is that the identification of problem gamblers within venues is certainly theoretically possible, and that there are a number of visible indicators that are likely to be more commonly displayed by many problem gamblers. However, it is also apparent that current venue staff routines and training act as significant barriers to putting this knowledge in practice. Apart from the fact that venue staff do not feel they have the training to approach problem gamblers, the South Australian observation study showed that venue staff are rarely in a position to make ongoing observations because of other duties within the venue. Thus, although it was possible to observe constellations of problematic behaviour within venues in South Australia, this required, in many cases, many hours of continuous observation of the same individual players. Such a time commitment could not be reasonably expected of venue staff on an ongoing basis unless some staff were required to undertake this task as part of their daily duties in the venue. Nevertheless, given that many venue staff appeared confident of being able to identify problem gamblers from perhaps more incidental

observations of the same players over time, it may be that some problem players can be successfully observed based on a small number of salient behaviours that do not necessarily have to be observed over time. Moreover, as indicated above, it may be the case that there are technological means (e.g., card monitoring and tracking methods in some jurisdictions) that could be used to examine the expenditure patterns of individual players, and for this information to be combined with other observations as part of the staff member's assessment of individual players.

In order for the identification of problem gamblers to become a practical and useful part of responsible gambling practices in Australia, it is clear that several important developments need to occur.

- (a) Staff should be given more extensive training into the nature of gambling and the range of visible behaviours that might be observed. The findings in this study could be usefully included in this training.
- (b) Staff require greater specific training relating to interactions with staff, e.g., how to approach gamblers, anger management, conflict resolution and counselling.
- (c) Expenditure and machine usage data might be more effectively tracked within venues so as to obtain objective information concerning player expenditure and time on machines. Although this information alone may not be a reliable way to identify problem gamblers, it may assist staff in the identification of people who should be given greater attention in the venue. Systems could potentially be developed so as to conceal the name of the patron on computer displays so as to respect the privacy of patrons, and interventions provided only on the basis of other visible behaviour that might emerge.

7.10 Future Research and Recent Developments

There are several ways in which this research could be extended.

Using Objective Data

First, it would be useful to examine the potential role of technology (e.g., loyalty cards, machine data tracking) as a method for obtaining objective data relating to the duration of gambling sessions and expenditure. In particular, it may be beneficial to examine the extent to which these data could be usefully combined with the other indicators identified within this study to enhance the process of identifying gamblers. For example, to what extent do those who play for very long periods and spend large amounts of money also display many strong emotional reactions, or other visible behaviours known to be more common in problem gamblers? In effect, objective data could be used as a way for venue staff to know which patrons to observe while they complete their shifts.

Important developments in this regard have recently occurred in Canada (Schellinck & Schrans, 2007). For example, in Nova Scotia, Schellinck and Schrans analysed the data recorded for 1854 players using machines (Video lottery terminals or VLTs) that could only be played using electronic cards with personal pins. Using this technology, it was possible to track player expenditure patterns over time, e.g., how much money was put into machines per session, the difference between cash in and cash out, the length of sessions, the percentage of sessions that ended with wins vs. losses, and other similar measures. Machines also contained various responsible gambling measures, including features that allowed players to ascertain their long-term account status (overall wins and losses), (outcomes for the current sessions or “live action”), and to set limits or exclude themselves for play for 48 hours. Using previous prevalence data containing both problem gambling measures and expenditure data, it was possible to identify some players in the tracking evaluation as ‘high risk’ players. Schellinck and Schrans then endeavoured to determine whether there were differences between high risk and other players in the patterns of gambling monitored by the tracking system.

The results showed that high risk players were just as likely to use the “live action” feature as other players, but were less likely to use other responsible gambling features. In terms of expenditure patterns, higher risk players (as would be expected)

tended to play for longer periods, had higher values for cash in and out, and had a slight tendency to decrease their expenditure patterns over time (not significant). This work therefore shows that it may be possible to use technology of this nature to obtain accurate data on expenditure patterns, although suggested that further research needs to be undertaken to determine exactly what behavioural patterns might be reliable predictors, or indicative, of problem gambling.

In Australia, there are already many casinos that offer customers loyalty cards that keep track of the amount of money spent by patrons over time. Such information could potentially be used to identify people who are spending large amounts of money within individual sessions or across time. However, the principal barrier to using this technology in Australian venues is that very few venues apart from major casinos use card systems, and not all patrons of the casinos necessarily have loyalty cards, or use them every time they gamble.

Further Statistical Modelling

Second, it would be useful to carry out further validation of the indicators using samples drawn from a wider range of jurisdictions. In this way, different States or Territories might be able to validate their own predictive models and be more confident that these are relevant to their own populations of gamblers. One useful way this might be achieved is through the development of software that yields probability estimates based upon the entry of values for visible indicators into preprogrammed models derived from empirical research. In other words, venue staff (e.g., responsible gambling staff at a casino) would have access to a computer program containing a series of check boxes. If staff were suspicious about the behaviour of a particular patron, observations would be fed into the program so as to yield probability estimates (i.e., that a given person was a problem gambler).

In terms of the mathematical or statistical models employed by the software, logistic regression models of the nature described in the current research project would assist with this process, but it would also be possible to combine these analyses with

Bayesian models so that the estimates are informed by the base-rate (or prevalence) of problem gamblers within the venue, or a particular class of people.

Bayes theorem is used when one wishes to ascertain the probability of a hypothesis (e.g., is a person a problem gambler?) as based upon the data that is available. These analyses are useful in that they allow one to update one's probability estimates based on previous knowledge concerning the probability of the event (e.g., base-rates of problem gamblers). For example, one could be more confident that a person was a possible problem gambler if one knew that the person gambled daily, than if one had no information about the frequency of a person's gambling. This is because daily gamblers are more likely to be problem gamblers than other gamblers.

The formula for Bayes theorem applied to the current situation would be given by:

$$P (PG / Indicator) = \frac{P (PG / I). P (PG)}{P (PG / I).P(PG) + P (Not a PG / I). P (Not PG)}$$

, where PG = Problem gambler, I = Indicator or Indicators, Not PG = Non-problem gamblers.

The probability of a person being a problem gambler given the presence of an indicator or Indicators (I), or $P (PG / I)$ could be obtained from the logistic regression models described in chapter 5. For example, if the presence of two indicators yielded a probability of 90% or .9, $P (PG / I) = .9$. The $P (PG)$ is the base-rate or prevalence of problem gamblers within a given population. In the general population this figure is very low (only 1%), but this figure is likely to be much higher if one were to sample patrons at venues, and even higher again (perhaps as high as 25-30% or more) if one only sampled regular EGM players. The other elements of the equation are calculated by ascertaining the probability of the rival event (i.e., that the person was not a problem gambler), e.g., if

$P(\text{PG} / I) = .9$, then $P(\text{not PG} / I) = 1 - .9 = .1$, and $P(\text{Not PG}) = 1 - .25$, if the base-rate of problem gamblers in one's population of interest were .25. In this particular example, the probability of a person being a problem gambler would be $= .9 \times .25 / (.9 \times .25) + (.1 \times .75) = 75\%$.

To get higher and higher estimates, one could use the indicators to narrow down the population even further. For example, one might find that the base-rate of problem gamblers within people who play for 5 or more hours at once, or who spend \$300 or more, is 50% or .5. If the same person produced the same behaviours as above (i.e., which yielded a 90% probability), the Bayesian estimate increases to $.9 \times .5 / (.9 \times .5) + (.1 \times .5) = 90\%$.

Unfortunately, the significant challenge for this research would to obtain accurate base-rates, and this might be very difficult to achieve if the prevalence of problem gamblers varies significantly from one venue to another.

Research into Cultural Diversity

Third, although the observational studies were able to view the habits of people from different cultural or ethnic groups (e.g., some visibly Asian, indigenous and African people), there was no clear evidence that their visible behaviour differed greatly from other patrons. Further, more focused research involving members of specific cultural groups (e.g., including members of culturally and linguistically diverse communities as observers) might provide better insights into the existence of possible cultural differences in the expression of visible behaviour.

Validation Trials

Despite some detailed analysis of the practical realities of observing in vivo behaviour in Chapter 6, it remains important to continue this work by examining the practical realities of combining both psychometric assessment and observation within the same study. For example, as suggested by Blaszczynski (2002), it might be possible to assess the gambling status of a sample of patrons as they enter a venue and then observe

them. Alternatively, venue staff might be asked to identify which patrons are problem gamblers, and then one looks for correspondence between the staff ratings and the psychometric scores. As discussed in Chapter 6, there are significant ethical challenges associated with conducting this sort of research. Ideally, for research to be conducted effectively, it would be necessary to observe people without letting them know that they are part of an investigation relating to the identification of problem gamblers. However, ethics guidelines require that this information be provided at some point. If provided before the people are observed, people are unlikely to respond in the same way, and so the validity of the research would be called into question. If provided after the observation, it would then be necessary (under current ethics guidelines) to inform people of the true nature of the study and that they have been observed. People would have the right for their data to be withheld, and many may well do so because of the intrusive nature of the investigation. For this reason, it may be difficult for university-based researchers who operate under the current NHMRC guidelines for the ethical conduct of research to undertake this research effectively. One would also, of course, have to obtain significant co-operation and collaboration from the industry, and this again might be difficult because concerns about the reactions of their patrons to such activity.

7.11 Final Practice Issues

In addition to the theoretical and research complexities associated with developing and validating a set of indicators for use in different venues, it is also useful to reflect upon some of the practical challenges associated with developing policies that involve the use of indicators to identify problem gamblers. As outlined in Section 6, even when one has identified a suitable range of indicators and the extent to which these predict CPGI categories (as this research has done), one still needs to be aware of the limitations of indicators in general (see Chapter 6). Potential psychometric or behavioural indicators may differ in their form, and may need to be interpreted in light of broader contextual information (e.g., to what extent is the person able to afford the gambling, how out of character is the person's behaviour, and how long has the person been behaving in a particular manner, and is it related to gambling?). This issue is particularly relevant to indicators relating to emotional responses. If a person is seen crying, or strikes a machine,

it cannot always be assumed that this is because of gambling. Such behaviour needs to be interpreted in light of other indicators (e.g., has the person been gambling for a long time, been using ATMs repeatedly, looked like they were out of money?). Similarly, although high levels of expenditure might be indicative of problem gambling, some players may indeed be able to afford the amount. Thus, it remains important for venue staff to look for other indicators or contextual information. For example, a casino might be more suspicious about \$1000s being lost on EGMs than on table games because “high rollers” tend to favour table games rather than EGMs.

Another issue concerns the repetition of indicators. Although much of the focus of this current research has been upon the nature and range of indicators, there may be circumstances when the repetition of single indicators (e.g., excessive expenditure, use of ATMs) may be more important than the range of indicators. An example of this would be gamblers who play without visible emotion and who therefore do little to draw attention to themselves. In such situations, staff would need to rely upon frequency and intensity indicators rather than other indicators. The person will appear to be always there, always taking out money, and spending and losing large amounts. Only when that person was observed for some time would it be possible to identify that person as a gambler of interest.

Finally, in developing suitable responses to problem gamblers within venues, it is important to consider the possibility of introducing a graduated range of responses. Not all people identified as being at risk will necessarily be currently experiencing harm as a result of their gambling. Staff in venues would also, depending on what is observed, have varying degrees of confidence concerning the status of individual gamblers (as would follow from the results in this report). For this reason, venues may wish to place some gamblers under observation for an extended period (as is the policy in SkyCity Auckland and Swiss casinos) before taking further action, whereas other gamblers may require immediate intervention (offers of exclusion, unilateral exclusion, or limitation strategies, e.g., restrictions on how often they can gamble over a set period (as per the system in the Holland casino). In situations where venues are not entirely sure whether a

person is a problem gambler, there would also be nothing to prevent the use of simple screening tools such as the CPGI to confirm whether people subject to interventions on the venue are indeed likely to be problem gamblers. Any confirmed cases could then be referred to external agencies for more formal diagnosis and assessment.

References

Adelaide Casino (2002). *Adelaide Casino Responsible Gambling Code of Practice*. Adelaide, South Australia.

Allcock, C. (2002). "Overview of discussion papers" In C. Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

Amsel, A. (1958). The role of frustrative non-reward in non-continuous reward situations. *Psychological Bulletin*, 55, 102-119.

Arminen, I. (2005) *Institutional interaction: Studies of talk at work*. Aldershot: Ashgate.

Australian Gaming Council (2001). *Responsible Gaming Code: A framework for responsible gaming*. Melbourne, Victoria: Australian Gaming Council.

Australian Gaming Council (2005). *A Database on Australia's Gambling Industries*. Melbourne, Victoria: Australian Gaming Council.

Australian Gaming Council (2006). *A database on Australia's Gambling Industries*. Melbourne: Australian Gaming Council.

Banks G. (2002). *The Productivity Commission's Gambling Inquiry: 3 Years On*. Presentation to the 12th Annual Conference of the National Association for Gambling Studies. Productivity Commission, Canberra: Australian Government.

Battersby, M., & Tolchard, B. (1996). "The effect of treatment of pathological gamblers referred to a behavioural psychotherapy unit: II- Outcome of three kinds of behavioural intervention". In B. Tolchard (Ed.). *Towards 2000: The Future of Gambling*:

Proceedings of the 7th annual conference of the National Association for Gambling Studies (pp. 219-227), Adelaide, South Australia.

Bechara, A. (2001). Neurobiology of decision-making: risk and reward. *Seminars in Clinical Neuropsychiatry*, 6, 205-216.

Ben-Tovim, D., Esterman, A., Tolchard, B., & Battersby, M. (2001). *The Victorian Gambling Screen*. Report prepared for the Victorian Casino and Gaming Authority and released by the Gambling Research Panel, Melbourne.

Blaszczynski, A. (2001). *Harm minimisation strategies in gambling: An overview of international initiatives and interventions*. Canberra: Australian Gaming Council.

Blaszczynski, A. (2002). "Problem gambling behaviours: what can be observed in venues and how should staff respond?" In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, 97, 487-499.

Blaszczynski, A., Sharpe, L., & Walker, M. (2001). *The assessment of the impact of the reconfiguration on electronic gaming machines as harm minimisation strategies for problem gambling*. University of Sydney, Gambling Research Unit.

Breen, H., Bultjens, J., & Hing, N. (2003). *The perceived efficacy of responsible gambling strategies in Queensland hotels, casinos and licensed clubs*. Brisbane Research and Community Engagement Division of Queensland Treasury.

Brown, R. (2000). *The harm minimisation strategy: A proposed national responsible gambling policy for New Zealand*. Auckland: Problem Gambling Committee of New Zealand.

Brown, R., & Raeburn, J. (2001). *Gambling, harm and health: Two perspectives on ways to minimise harm with regard to gambling in New Zealand*. Auckland: Problem Gambling Committee of New Zealand.

Bryman, A. (2004) *Social research methods*. 2nd edition. Oxford: Oxford University Press.

Buckle, A., & Farrington, D.P. (1994). Measuring shoplifting by systematic observation: A replication study. *Psychology, Crime and Law*, 1, 133-141.

Calvey, D. (2003). "Getting on the door and staying there: A covert participation observational study of bouncers". In Lee-Treweek, G. and Linkogle, S. (eds), *Danger in the Field: Risk and Ethics in Social Research*. London: Routledge.

Carlin, A. (2003). Observation and membership categorization: Recognizing 'normal appearances' in public space. *Journal of Mundane Behavior*, 4, 1-10

Centrum voor Verslavingsonderzoek (2001). *Visitors of Holland Casino: Effectiveness of the policy for the prevention of problem gambling*. Netherlands Gaming Control Board.

Christchurch Casino (2004). *Policy for identifying problem gamblers*. Christchurch, New Zealand.

Custer, R., & Milt, H. (1985). *When luck runs out*. New York: Facts on File Publications.

Dabney, D.A., Hollinger, R.C., & Dugan, L. (2004). Who actually steals? A study of covertly observed shoplifters. *Justice Quarterly*, 4, 693-728.

Delfabbro, P.H. (2004). The stubborn logic of regular gamblers: obstacles and dilemmas in cognitive gambling research. *Journal of Gambling Studies*, 20, 1-21.

Delfabbro, P.H., & Winefield, A.H. (1999). Poker machine gambling: an analysis of within session characteristics. *British Journal of Psychology*, 90, 425-439.

Delfabbro, P.H. & LeCouteur, A.L. (2005). *A decade of gambling research in Australia*. Report prepared for the Independent Gambling Authority of South Australia.

Department of Family and Community Services (2004). *National Framework on Problem Gambling*. Commonwealth Department of Family and Community Services and Indigenous Affairs, Canberra.

De Villis, R.F. (1991). *Scale development: Theory and applications*. Vol 26 Applied Social Research Methods Series. Newbury Park, Sage.

Dickerson, M.G. (1979). FI schedules and persistence at gambling in the UK betting office. *Journal of Applied Behaviour Analysis*, 12, 315-323.

Dickerson, M.G. (1984). *Compulsive gamblers*. London: Longman.

Dickerson, M.G. (1987). The future of gambling research: learning from the lessons of alcoholism. *Journal of Gambling Behavior*, 3, 248-256.

Dickerson, M.G. (1989). Gambling: a dependence without a drug. *International Review of Psychiatry*, 1, 157-172.

Dickerson, M., & Haw, J. (2002). "Problem gambling behaviours and staff training: Developing guidelines for staff training." In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

Dickerson, M.G., & Hinchy, J., England, S.L., Fabre, J., & Cunningham, R. (1992). On the determinants of persistent gambling behaviour. I. High-frequency poker machine players. *British Journal of Psychology*, 83, 237-248.

Dickerson, M.G., Boreham, P., Harley, B., Maddern, R., & Baron, E. (1995). *Evaluation of the Break Even resource centres for problem gamblers and their families: A report of the second year of the study into the social and economic impact of the introduction of gaming machines to Queensland Clubs and Hotels*. Department of Family Youth and Community Care, Queensland Government.

Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV).

Dickerson, M.G., Allcock, C., Blaszczynski, A., Nicholls, B., Williams, J., & Maddern, R. (1996). Study 2: An examination of the socio-economic effects of gambling on individuals, families and the community, including research into the costs of problem gambling in New South Wales, Report to the Casino Community Benefit Fund Trustees, NSW Government.

Dickerson, M.G., McMillen, J., Hallebone, E., Volberg, R., & Wooley, R. (1997). *Definition and incidence of problem gambling, including the socio economic distribution of gamblers*. Report prepared for the Victorian Casino and Gaming Authority. Melbourne, Victoria.

Earl, K. (2002). "Potential problem gambling behaviours and staff training." In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

Evans, L., & Delfabbro, P.H. (2005). The Motivators for change and barriers to help seeking in Australian problem gamblers. *Journal of Gambling Studies*, 21, 133-155

Farrington, D.P. (1999). Measuring, explaining and preventing shoplifting: A review of British research. *Security Journal*, 12, 9-27.

Ferris, J. & Wynne, H. (2001). *The Canadian Problem Gambling Index Final Report*. Phase II final report to the Canadian Interprovincial Task Force on Problem Gambling.

Francis, D. and Hester, S. (2004). *An invitation to ethnomethodology: Language, society and social interaction*. London: Sage.

Glenn, P., C.D. LeBaron, and J. Mandelbaum (Eds.) (2003). *Studies in language and social interaction: in honor of Robert Hoppe* (pp.119-132). Mahwah, NJ: Lawrence Erlbaum.

Goffman, E. (1956). *The presentation of self in everyday life*. The University of Edinburgh Social Sciences Research Centre.

Goffman, E. (1967). *Interaction ritual: essays on face to face behavior*. New York: Anchor Books.

Goffman, E. (1974). *Frame analysis: an essay on the organization of experience*. New York: Harper and Row.

Goodwin, C. (1981). *Conversational organization: interaction between speakers and hearers*. New York: Academic Press.

Goodwin, C. (1986a). Audience diversity, participation and interpretation. *Text*, 6, 283-316.

Goodwin, C. (1986b). Gestures as a resource for the organization of mutual orientation. *Semiotica*, 62, 1, 29-49.

Goodwin, C. (1994). Professional vision. *American Anthropologist*, 96, 606-633.

Goodwin, C. (1995). Seeing in depth. *Social Studies of Science*, 25, 237-274.

Goodwin, C. (2003a). Conversational frameworks for the accomplishment of meaning in aphasia. In C. Goodwin (ed.) *Conversation and brain damage*, p.90-116. Oxford: Oxford University Press.

Goodwin, C. (2003b). Pointing as situated practice. In S. Kita (ed.), *Pointing: where language, culture, and cognition meet*, p.217-241. Mahwah, NJ: Lawrence Erlbaum.

Goodwin, C. (2003c). The body in action. In Coupland, J. & Gwyn, R. (Eds.) *Discourse, the body, and identity* (pp.19-42). Houndmills, Hampshire: Palgrave Macmillan.

Griffiths, M. (1995). *Adolescent gambling*. London: Routledge.

Gunningham, N. (1996). *Codes of Practice: The Australian Experience*. In K.Webb (Ed.). *Voluntary codes: Private governance, the public interest and innovations*.

Hafeli, J. & Schneider, C. (2006). The early detection of problem gamblers in casinos: A new screening instrument. Paper presented at the Asian Pacific Gambling Conference, Hong Kong.

Haviland, J. (2003). How to point in Zincantan. In Kita, S. (ed.), *Pointing: where language, culture, and cognition meet* (pp 139-169). Mahwah, NJ: Lawrence Erlbaum.

Hayashi, M. (2003). Language and the body as resources for collaborative action: a study of word searches in Japanese conversation. *Research on Language and Social Interaction*, 36, 109-141.

Hayashi, M., Mori, J. & Takagi, T. (2002). Contingent achievement of co-tellership in a Japanese conversation: an analysis of talk, gaze, and gesture. In Ford, Cecilia E., Barbara A. Fox, and Sandra A. Thompson, (Eds.) (2002) *The Language of Turn and Sequence* (pp.82-122). New York: Oxford University Press

Heath, C., & Luff, P. (2000). *Technology in Action*. Cambridge: Cambridge University Press.

Hing, N. (2004). The efficacy of responsible gambling measures in NSW clubs: The gambler's perspective. *Gambling Research*, 16, 32-46.

Hing, N., & Dickerson, M. (2002). *Responsible gambling: Australian voluntary and mandatory approaches*. Canberra: Australian Gambling Council.

Hobson, C., & Penfold, A. (2004). "Early intervention in New Zealand's new legislative environment: A Partnership approach". In G. Coman (Ed.) *Proceedings of the Annual Conference of the National Association for Gambling Studies* (pp. 120-131). Melbourne, NAGS.

Hollinger, R.C., & Davis, J.L. (2002). *2002 national retail security survey: Final report*. Gainesville, Florida: University of Florida.

IPART (2004). *Gambling: Promoting a culture of responsibility*, Sydney, New South Wales.

Jackson, A., Thomason, N., Crisp, B., Ho, W., & Borrell, J. (1997). *Analysis of clients presenting to problem gambling counselling from 1 July 1996 to 30 June 1997, Client and Service Analysis Report, No. 2*, Victorian Department of Human Services.

Jacobs, D. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior*, 2, 15-32.

Jacobs, D. (1988). Evidence for a common dissociative-like reaction among addicts. *Journal of Gambling Behavior*, 4, 27-37.

Jefferson, S., & Nicki, R. (2003). A new instrument to measure cognitive distortions in video lottery terminal users: the Informational Biases Scale (IBS). *Journal of Gambling Studies*, 20, 171-180.

- Joukhador, J., Blaszczynski, A.P., & MacCallum, F. (2004). Superstitious beliefs in gambling among problem and non-problem gamblers: Preliminary data. *Journal of Gambling Studies*, 20, 171-180.
- Kendon, A. (2004). *Gesture: visible action as utterance*. Cambridge: CUP.
- Kita, S. (Ed.) (2003). *Pointing: where language, culture, and cognition meet*. Mahwah, NJ: Lawrence Erlbaum.
- Korn, D., & Shaffer, H. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15, 289-365.
- Kuley, N.B. & Jacobs, D. (1988). The relationship between dissociative-like experiences and sensation seeking among social and problem gamblers. *Journal of Gambling Behavior*, 4, 197-207.
- Ladouceur, R. (2002). Problem gambling behaviours: what can be demonstrated in the venue and how should staff respond?" In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.
- Ladouceur, R. (2005). Prevalence of pathological gambling in Quebec in 2002. *Canadian Journal of Psychiatry*, 50, 451-456.
- Lesieur, H.R. (1984). *The chase: career of the compulsive gambler* (2nd Ed.), Rochester, VT: Schenkman Books Inc..
- Lesieur, H.R. (2002). "Patron behaviour on the casino floor". In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

Lesieur, H.R., & Blume, S. (1987). The South Oaks Gambling Screen (the SOGS): a new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.

Livingstone, C. (2005). Desire and the consumption of danger: Electronic gaming machines and the commodification of inferiority. *Addiction Research and Theory*, 13, 523-534.

Loba, P., Stewart, S.H., Klein, R.M., & Blackburn, J.R. (2002). Manipulations of the features of standard video lottery terminal (VLT) games: Effects in pathological and non-pathological gamblers. *Journal of Gambling Studies*, 17, 297- 320.

MacCallum, F., Blaszczyński, A., Joukhador, J., & Beattie, L. (1999). "Suicidality and pathological gambling: A systematic assessment of severity and lethality". In J. McMillen & L.Laker (eds.). *Developing Strategic Alliances, Proceedings of the 9th annual conference of the National Association for Gambling Studies* (pp. 300-312), Gold Coast, Queensland.

Marshall, D. (2004). Gambling, public health and the role of the Federal Government', *Australian Journal of Primary Health*, 10, 56 63.

McCorrison, T. (2002). "Potential problem gambling behaviours and staff training." In C.Allcock (Ed.). *Current issues related to identifying the problem gambler in the gambling venue*. Melbourne, Australian Gaming Council.

McMillen, J. (1997). When gambling is a problem - implications for public health. *Consumer Rights Journal*, 1, 10-14.

McMillen, J. (2006). Impacts of problem gambling: Responsible policy and regulation. *Proceedings of the Inaugural Asian Pacific Problem Gambling Conference*, Hong Kong.

McMillen, J. & Toms, M. (1997). *Report of the Responsible Gambling Trial Program for NSW Clubs*. Australian Institute for Gambling Research, UWS.

McMillen, J. & Doherty, K. (1999). *Responsible Gambling Codes of Practice. Discussion Paper*. Prepared for NSW-TAB Ltd. Australian Institute for Gambling Research.

McMillen, J., Doherty, K., & Laker, L. (2001a). *Queensland Responsible Gambling Code of Practice: Implementation Resource Manual. Discussion Paper*. Report to Queensland Government Treasury. Australian Institute for Gambling Research, UWS.

McMillen, J., Tremayne, K., & Masterman-Smith, H. (2001b). *Survey of Gambling and Problem Gambling in the ACT*. Report to the ACT Gambling and Racing Commission. Australian Institute for Gambling Research, Sydney.

McMillen, J. & Martin, S. (2001). *Queensland Responsible Gambling Code of Practice: Implementation Resource Manuals. Final Report*. Report to Queensland Government Treasury. Australian Institute for Gambling Research, UWS.

McMillen, J., Marshall, D. & Lorenzen, S. (2005). *Help seeking by Gamblers, Friends and Families in the ACT: A Focus on Gender and Cultural Issues*. Report to the ACT Gambling and Racing Commission. Centre for Gambling Research, Australian National University, Canberra.

McMillen, J. & Pitt, S. (2005). *Review of the ACT Government's Harm Minimisation Measures*. Funded by the ACT Gambling and Racing Commission.

- McMillen, J., & Doherty, K. (2001). *Responsible Gambling Code of Practice: Implementation Resource Manual*. Brisbane, Queensland Treasury.
- McMillen, J., Marshall, D., Ahmed, E., & Wenzel, M. (2004). *2003 Victorian longitudinal community attitudes survey*. Melbourne, Victorian Gambling Panel.
- McNeill, D. (Ed.) (2000). *Language and gesture*. Cambridge: CUP
- Neal, P., Delfabbro, P.H., & O'Neil, M. (2005). *Problem gambling and harm: Towards a national definition*. Report Commissioned by Gambling Research Australia for the Ministerial Council on Problem Gambling. Melbourne, Victorian Department of Justice.
- Nevile, M. (2004). *Beyond the black box: talk in interaction in the airline cockpit* (Aldershot: Ashgate)
- Norris, S. (2004). *Analyzing multimodal interaction: a methodological framework*. Routledge: New York and London.
- O'Connor, J., & Dickerson, M. (2003). Impaired control over gambling in gaming machine and off-course gamblers. *Addiction*, 98, 53-60.
- Office of Economic and Statistical Research (2005). *Australian Gambling Statistics 1977 78 to 2003 04*, Queensland Government Treasury.
- O'Neil, M., Whetton, S., Dolman, B., Herbert, M., Giannopoloulos, V., O'Neil, D., & Wordley, J. (2003). *Evaluation of self exclusion programs*. Report prepared for the Gambling Research Panel. Melbourne, Victoria.
- Petry, N.M., & Casarella, T. (1999). Excessive discounting of delayed rewards in substance abusers with gambling problems. *Drug and Alcohol Dependence* 56, 25-32.

Potenza, M.N. (2001). The neurobiology of pathological gambling. *Seminars in Clinical Neuropsychiatry*, 6, 217-226.

Productivity Commission (1999). *Australia's gambling industries*. Canberra.

Queensland Office of Gaming Regulation (2003a). *Queensland responsible gambling training framework for industry*. Brisbane, Queensland.

Queensland Office of Gaming Regulation (2003b). *Queensland responsible gambling: Code of practice. Report on the implementation review*. Brisbane, Queensland.

Queensland Government (2000). *Policy directions for gambling in Queensland. Queensland Government*, Brisbane.

Queensland Government (2004). *Queensland household gambling survey 2003-2004*. Queensland Government, Brisbane.

Queensland Treasury (2001). *Queensland Household Gambling Survey 2001*. Report prepared by Gambling Policy Directorate, Queensland Government Treasury and Office of the Government Statistician.

Queensland Treasury (2002). *Queensland responsible gambling code of practice: Trial and Review*. Queensland Government, Brisbane.

Queensland Treasury (2003). *Review of the code of practice*. Queensland Government, Brisbane.

Raylu, N., & Oei, T. (2003). The Gambling Related Cognitions Scale (GRCS): development, confirmatory factor validation and psychometric properties. *Addiction*, 99, 757-769.

Rockloff, M., & Schofield, G. (2004). Factor analysis of barriers to treatment for problem gambling. *Journal of Gambling Studies*, 20, 121-125.

Roy Morgan Research (2001). *The third study into the extent and impact of gambling in Tasmania with particular reference to problem gambling*. Report to the Department of Health and Human Services, Hobart, Tasmania.

Roy Morgan Research (2006). *The fourth study into the extent and impact of gambling in Tasmania with particular reference to problem gambling*. Report to the Gambling Support Bureau, Hobart, Tasmania.

Schegloff, E.A. (1998). Body torque. *Social Research*, 65, 535-596.

Schellinck, T., & Schrans, T. (2004). Identifying problem gamblers at the gambling venue: Finding combinations of high confidence indicators. *Gambling Research*, 16, 8-24.

Schrans, T., Schellinck, T., & Grace, M. (2004). *Nova Scotia video lottery exclusion program process test*. Nova Scotia Gaming Corporation. Focal Research.

Schellinck, T., & Schrans, T. (2007). *VLT player tracking system: Assessment of the behavioural impact of Responsible Gaming Device (RGD) features*. Nova Scotia, Canada: Focal Research.

Scull, S., Butler, D., & Mutzelburg, M. (2004). *Problem gambling in non English speaking communities in Queensland*. University of Queensland.

Smitheringale, B.(2001). *The Manitoba problem gambling customer assistance program: A summary report*. Manitoba, Canada. The Addictions Foundation of Manitoba.

- Stinchfield, R., Govoni, R., & Frisch, G.R. (2001). *An evaluation of diagnostic criteria for pathological gambling*. Report prepared by the Problem Gambling Research Group, University of Windsor, Ontario.
- Sullivan, S. (1999). "GPs take a punt with a brief gambling screen: Development of the early intervention gambling health test (Eight Screen). In A.Blaszcynski et al. (Eds.). *Culture and the gambling phenomenon: Proceedings of the 12th annual conference of the National Association for Gambling Studies* (pp. 384-393), Sydney.
- Tan-Quigley, S., McMillen, J., & Woolley, R. (1997). *Cultural Diversity and Equity of Access to Services for Problem Gamblers in Western Australia*. Report prepared for the Western Australian Gambling Commission. Australian Institute for Gambling Research, UWS.
- Taylor, Anne, E.D. Grande, T. Gill, P. Delfabbro, V. Glenn, S. Goulding, H. Weston, S. Barton, N. Rogers, A. Stanley, R. Blandy, B. Tolchard and R. Kingston (2001), *Gambling Patterns of South Australians and Associated Health Indicators*, Paper prepared for Department of Human Services, South Australia, May.
- Telofea, J. (2005). "Host responsibility co ordinator program at SkyCity Adelaide." In G. Coman (Ed.) *Proceedings of the 15th Annual Conference of the National Association for Gambling Studies* (pp. 265-273). Melbourne, National Association for Gambling Studies.
- Thomas, S., Jackson, A., & Blaszczynski, A. (2003). *Evaluation of the Victorian Gambling Screen*. Report prepared for the Gambling Research Panel. Melbourne, Victoria.
- Tremayne, K., Masterman-Smith, H., & McMillen, J. (2001). *Survey of nature and extent of gambling and problem gambling in the ACT*. Sydney: Australian Centre for Gambling Research.

Volberg, R., & McNeilly, D. (2003). *Literature review of gambling and problem gambling*. Unpublished.

Walker, M.B. (1992). Irrational thinking among slot-machine players. *Journal of Gambling Studies*, 8, 245-288.

Weaver, F.M., & Carroll, J.S. (1985). Crime perceptions in a natural setting by expert and novice shoplifters. *Social Psychology Quarterly*, 48, 349-359.

Webb, K. (2004). "Understanding the voluntary codes phenomenon" In K. Webb (Ed.). *Voluntary codes: Private governance, the public interest and innovations* (pp. 3-31).

West, R. (2005). *Theory of addiction*. Oxford: Blackwell Publishing.

William Angliss Institute of TAFE (2006). *Provide responsible gambling services. Resource Manual*. Melbourne, Victoria.

APPENDIX A: Organisations Consulted During Research Project

Australian Gaming Council (AGC)
Australian Hotels Association (SA, ACT)
Break Even (SA)
Canberra Casino
Clubs – SA
Clubs – ACT
Flinders Medical Centre
Gambling Research Australia (Working Party)
Relationships Australia (SA)
S.A. Department for Families and Communities
SkyCity Adelaide
Uniting Care Wesley (SA)

APPENDIX B: Survey of regular gamblers

315

YOUR INDIVIDUAL DETAILS

1. Gender: Male / Female	2. Age to nearest 10:
--------------------------	-----------------------

3. How often have you gambled on the following activities in the last 12 months?

	1 Never	2 1-2 times per year	3 3 times/ year up to monthly	4 2-3 times per month	5 Weekly or more often
Card games, e.g., poker, blackjack for money					
Poker-machines					
Racing (horses, dogs)					
Sports (not including dog or horse-races)					
Crosslotto, Powerball or Pools					
Keno					
Scratch tickets					
Bingo					
Internet gambling					

4. How many years have you gambled on poker machines? Years
5. How long do you usually remain at a venue when you gamble? Hours
6. How many hours do you typically gamble from the time you enter the venue until the time you leave?	... Hours
7. How many different machines or different casino tables would you typically play in one session? machinestables

8. The following is a list of descriptions of gambling behaviours or reactions that people may have when they gamble. Could you please indicate how often you have displayed these behaviours?

	Never (0% of times you gambled)	Rarely Fewer than 1 in 4 times you gambled	Occasionally 25% up to 50% of the times you gambled	Frequently 50% of time or more	Always 100% of the time
Gambled every day of the week					
Stopped gambling only when the venue was closing					
Started gambling when the venue was opening					
Asked venue staff to not let other people know you were gambling there					
Tried obsessively to win on a particular machine					
Become very angry if someone took your favourite machine or spot in the venue					
Have left the venue to find money to continue gambling					
Cried after losing a lot of money					
Sat with your head in hand after losing					
Fell asleep at a machine					
Stayed on to gamble while friends left the venue					
Gambled after having drunk a lot of alcohol					
Gambled right through your lunch break or usual dinner time					

Found it difficult to stop gambling at closing time					
Gambled for three hours or more without a proper break					
Asked to change large notes at venues before gambling					
Borrowed money from other people at venues					
Asked for a loan or credit from venues					
Tried to sell objects of value at venues					
Got cash out 2 or more occasions to gamble using an ATM or EFTPOS at venues					
Gambled continuously					
Blamed venues or machines for losing					
Gambled so intensely that you barely reacted to what was going on around you					
Rushed from one machine or gaming table to another					
Complained to staff about losing					
Bet \$5 or more per spin most of the time					
Played very fast					
After winning on poker machines, you play on quickly without even stopping to listen to the music or jingle					
Played mainly high denomination \$1 machines					
Put large win amounts back into the machine and kept playing					
Tried to cash cheques at venues					

318

Had friends or relatives call or arrive at the venue asking if you were still there					
Was impolite to venue staff					
Avoided contact, communicated very little with anyone else					
Felt very sad or depressed (after gambling)					
Found yourself shaking (while gambling)					
Sweated a lot (while gambling)					
Felt nervous/ edgy					
Displayed your anger					
Swore at machines or venue staff because you lost					
Kicked machines					

Are there any other cues or behaviors which you feel would be important to mention that might indicate that a person might be experiencing problems with their gambling at venues?

9. In the last 12 months how often have you?

	Never	Sometimes	Most of the time	Almost always
Bet more than you could really afford to lose				
Needed to gamble with larger amounts of money to get the same feeling of excitement				
Gone back another day to try and win back the money you lost				
Borrowed money or sold anything to get money to gamble				
Felt that you might have a problem with gambling				

Felt that gambling has caused you health problems, including stress and anxiety				
People criticised your betting or told you that you have a gambling problem, whether or not you thought it was true				
Felt your gambling has caused financial problems for you or your household				
Felt guilty about the way you gamble or what happens when you gamble				

10. In order to ensure that our results are representative of the general population, could you please answer a few general demographic questions.

a. *In which country were you born?*

b. *Do you consider yourself to be Aboriginal or of Torres Strait Islander?* YES / NO?

c. *Are you currently working:* fulltime / part-time/ Not currently in paid employment? (Please circle one)

d. *What is your current marital status?* Married / Living with a partner / Separated or Divorced / Widowed / Never Married

Do you have any other comments?

THANK YOU FOR YOUR VERY VALUABLE CONTRIBUTION TO THE STUDY

Appendix C: Survey of Industry Staff

321

Venue Staff Survey [Code Number]

Current gambling venue worker? YES / NO

ROLE in VENUE /Position Title:

1. TYPE (Tick)	a. Hotel	a. Club	c. Casino
-----------------------	----------	---------	-----------

EGMS

	Number of machines
2. How many gaming machines are currently installed in the <u>principal</u> venue at which you work [If more than one]?	

YOUR INDIVIDUAL DETAILS

3. Gender: Male / Female	4. Age to nearest 10:
--------------------------	-----------------------

	Number of years
5. How many years have you worked with patrons who use gaming facilities (in gaming venues)?	
6. How long have you worked in this particular venue?	

YOUR WORK ARRANGEMENTS

	< 1 / week	2-3 times per week	3-6 times per week	Daily+
7. How often do you work in this gaming venue?				

8. At what times of the day or night do you usually work?

	Tick as many as apply
9 – 12 am	
12am – 5 pm	
5- 10 pm	
Later than 10 pm (until 9am the next morning)	

322

	Number of hours
9. What is the shortest shift you have that involves working with patrons who gamble?	
10. What is the longest shift you have that involves working with patrons who gamble?	
11. What is the average shift length that involves working with gamblers?	

PATRON CONTACT

12. Do managers or supervisors encourage you to look for any signs of distress in gambling patrons? YES/ NO

13. Do managers or supervisors encourage you to approach or speak to patrons showing signs of distress apparently related to gambling? YES / NO

14. Have you received any training in dealing with patrons who might be experiencing problems associated with their gambling? YES / NO (*skip to 20*)

IF YES:

15. What sort of training have you received?

16. When does this training occur?

	Tick as many as apply
Prior to you commencing employment in the gaming industry	
Soon after you began work at the venue	
Ongoing training on at least an annual basis	
Occasional training, not necessarily on a regular basis	

17. Does this training include the following?

	YES	NO
How to identify people in the venue who might be experiencing problems		

323

with their gambling		
How to approach and talk to people who might be experiencing problems with their gambling		

18. To what extent do you think that the training improved your ability to do the following?

	Not at all	Very little	Moderately	A lot
Identify people on the gaming floor who might be having gambling problems				
Approach and talk to people who might be having gambling problems				

19. How challenging do you find these tasks?

[Rating out of 10, where 0 = Very easy, 5 = Moderate, 10 = Extremely difficult]

	Difficulty out of 10
How to identify people on the gaming floor who might be having gambling problems	
How to approach and talk to people who might be having gambling problems	

20. Do you think that further training and resources should be made available to assist you with these tasks?

	YES	NO
How to identify people on the gaming floor who might have gambling problems		
How to approach and talk to people who might have problems		

21. How much of a problem are the following factors for identifying problem gamblers in the venue? [Rating out of 10, where 0 = Not a problem at all, 5 = Moderate problem, 10 = Very serious problem]

	Rating out of 10
Staff turnover over time	
Staff shifts (lack of a consistent person to observe gamblers)	

324

Lack of staff time (too busy)	
Lack of adequate staff training	
Size of the gaming floor	
Number of patrons on the gaming floor	
Visibility of the gaming floor from other parts of the venue	
Visibility of individual patrons on the gaming floor	
Individual gamblers do not stay at the venue long enough	

22. How often do you see people in your venue and think that they probably have a gambling problem? [Tick one]

Never	< 1 month	2-3 times per month	Weekly or more often, but not every day	Almost all the time

23. On what basis, did you decide that these people were problem gamblers?

24. Have you ever observed someone and thought he or she was a problem gambler, and later had this confirmed by a request for help, exclusion, or advice? YES / NO

IF YES: What was the person doing to make you think he or she had a gambling problem?

25. Have you ever observed someone and thought he or she was a problem gambler, but who didn't ask for help, exclusion or advice? YES / NO

26. The following is a list of visible behaviours or cues that have been identified as possible indicators that a person might be having a gambling problem IN VENUES? In other words, these are things which problem gamblers do a lot more often than other gamblers when they gamble.

325

In the second column, please indicate which behaviours you have observed before in people who you thought were problem gamblers.

In the third column, please tick the ones which you feel might be usefully used [IN GENERAL] as a way to identify problem gamblers in venues.

Feel free to tick none or very few factors, if you do not think identification is very easy.

	Tick, if you have seen problem gamblers do this at venues	Tick, if you think this cue or behaviour might be useful <u>in general</u> in identifying problem gamblers at venues
Gambles every day		
Stops gambling only when the venue is closing		
Starts gambling when the venue is opening		
Gambles for three hours or more without a proper break		
Difficult for the person to stop gambling at closing time		
Asks to change large notes at venue before gambling		
Borrows money from other people at venue		
Asks for a loan or credit from the venue		
Tries to sell objects of value at venue		
Gets cash out on two or more occasions to gamble using an ATM or EFTPOS at the venue		
Person gambles continuously		
Blames the venue or machines when he or she loses		
Gambles so intensely that he or she barely reacts to what is going on around him/ her		
Rushes from one machine to another		
Complains about losing to venue staff		

326

Bets \$5 or more per spin most of the time		
Plays very fast		
Plays only high denomination \$1 machines		
Puts large win amounts back into the machine and keeps playing		
Tries to cash cheques at the venue		
Friend or relatives call or arrive to ask if the person is still at the venue		
Person is impolite to staff (sullen, demanding, rude, or arrogant)		
Person says something to indicate that he or she has a problem		
Avoids contact, communicates very little with anyone else		
Looks very sad or depressed		
Shaking (while gambling)		
Sweating a lot (while gambling)		
Looks nervous/ edgy		
Seems angry		
Swearing at machines or venue staff because they lost		
Kicking machines		
Asked venue staff to not let other people know they were gambling there		
Tried obsessively to win on a particular machine		
Become very angry if someone took their favourite machine or spot at the venue		
Have left the venue to find money to continue gambling		
Cried after losing a lot of money		
Sat with their head in hand after losing		
Fell asleep at a machine		
Stayed on to gamble while friends left the venue		
Gambled after having drunk a lot		

of alcohol		
Gambled right through your lunch break or usual dinner time		

a. Which of the above signs or behaviours do you think are the most important?

b. Are there any other important cues or behaviors which you think we have omitted? What would you look for?

27. To what extent to you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
There are clear and reliable ways to distinguish between problem gamblers and others at gaming venues					
Venue managers and operators generally know who the problem gamblers are					
Gamblers all look the same on the gaming floor					
Few, if any, of our patrons are problem gamblers					
The whole idea of trying to identify problem gamblers in venues is flawed and should be abandoned					
Venue staff could identify PGs at venues, but only if they had sufficient training					

28. If a staff members identifies a person at the venue who they clearly believe is a problem gambler, what- if anything- should the staff member be required to do?

Do you have any other comments?

THANK YOU FOR YOUR VERY VALUABLE CONTRIBUTION TO THE STUDY

Appendix D: Survey of Counsellors

Counsellor Survey [Code Number]

YOUR INDIVIDUAL DETAILS

1. Gender: Male / Female	2. Age to nearest 10:
--------------------------	-----------------------

3. In what capacity do you work with gamblers?

	Tick as many as apply
Clinical psychologist	
Registered psychologist	
Academic psychologist (Ph.D.)	
Social work	
Counsellor	

	Number of years
4. How many years have you worked with problem gamblers as a therapist or counselor?	
5. How long have you had this role in this particular organisation?	

	Number
6. How many problem gamblers would you typically speak with each week during the course of your work?	

7. What type of work do you do with problem gamblers?

	Tick as many as apply
Financial counseling	
Family therapy	
Cognitive-behavioural interventions	
Behavioural cue-exposure techniques or imaginal desensitisation	
Psychotherapy	
Legal counseling	
Advocacy	
Other.....	
Other.....	

WORK SCHEDULE

331

	< 1 / week	2-3 times per week	3-6 times per week	Daily
8. How much time (in work days) would you spend working with each gambler in counseling or support?				

9. The following list of visible behaviours or cues has been identified as possible indicators that a person might have a gambling problem AT VENUES?

In column 2, please identify those behaviours or cues that have been reported by your clients.

In column 3, please identify those cues and behaviours which you feel might be useful for identifying problem gamblers at venues IN GENERAL.

Feel free to tick none or very few factors, if you do not think identification is very easy.

	Tick, if this behaviour or cue has been reported to you by your clients	Tick, if you think this cue or behaviour might be useful <u>in general</u> in identifying problem gamblers at venues
Gambles every day		
Stops gambling only when venues are closing		
Starts gambling when venues are opening		
Gambles for three hours or more without a proper break		
Asks to change large notes at venues before gambling		
Borrows money from other people at venues		
Asks for a loan or credit from venues		
Tries to sell objects of value at venues		
Gets cash out on 2 or more occasions to gamble using an		

ATM or EFTPOS at venues		
Person gambles continuously		
Finds it difficult to stop gambling at venue closing times		
Blames venues or machines for losses		
Gambles so intensely that he or she barely reacts to what is going on around him/ her		
Gambler rushes from one machine to another		
Person complains about losing to venue staff		
Bets \$5 or more per spin most of the time		
Plays very fast		
Plays only high denomination \$1 machines		
Puts large win amounts back into the machine and keeps playing		
Tries to cash cheques at venues		
Relatives or friends have called venues to ask if the person was still there		
Person says things to staff to indicate that he/she might have a problem with gambling		
Person is impolite to staff (sullen, demanding, rude, or arrogant)		
Person avoids contact, communicates very little with anyone else		
Person looks very sad or depressed		
Shaking (while gambling)		
Sweats a lot (while gambling)		
Looks nervous/ edgy		
Looks angry		
Swears at machines		
Kicks machines or		
Person appears to not care about his or her appearance (greasy, unwashed hair, dirty clothes, strong body odour)		

333

Asked venue staff to not let other people know you were gambling there		
Tried obsessively to win on a particular machine		
Became very angry if someone took favourite machine or spot in venue		
Has left the venue to find money to continue gambling		
Cries after losing a lot of money		
Sits with head in hand after losing		
Falls asleep while gambling		
Stays on to gamble while friends left the venue		
Gambles after having drunk a lot of alcohol		
Gambles right through usual lunch break or usual dinner time		

Which of these cues do you consider to be the most important. Mark with a * the 5 which you consider most important in identifying problem gamblers?

Are there any important cues or behaviors that you think we have omitted?

10. To what extent to you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
There are clear and reliable ways to distinguish between problem gamblers and others on the gaming floor					
Gamblers all look the same on the gaming floor					

The whole idea of trying to identify PGs on the gaming floor is flawed and should be abandoned					
Venue staff could identify PGs on the gaming floor, but only if they had sufficient training					

What do you think venue staff should do if they spot a person whom they believe to be a problem gambler? What would be a reasonable response?

Do you have any other comments?

THANK YOU FOR YOUR VERY VALUABLE CONTRIBUTION TO THE STUDY