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Responsible Gambling Strategy for Older Queenslanders

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ACRONYMS

AADAC	Alberta Alcohol and Drug Abuse Commission
ABS	Australian Bureau of Statistics
ACA	Australasian Centre on Ageing
AIC	Australian Institute of Criminology
AIGR	Australian Institute for Gambling Research
ANU	Australian National University
ATM	Automatic Teller Machine
CATI	Computer Assisted Telephone Interviewing
CGER	Centre for Gambling Research and Education
CPGI	Canadian Problem Gambling Index
ECCQ	Ethnic Communities Councils of Queensland
EFTPOS	Electronic Funds Transfer at Point of Sale
EGM	Electronic Gaming Machine
NAGS	National Association for Gambling Studies
NGO	Non-Government Organisation
QCOSS	Queensland Council of Social Services Inc
QOGR	Queensland Office of Gaming Regulation
RSL	Returned Soldiers League
SOGS	South Oaks Gambling Screen
SOGS-R	South Oaks Gambling Screen – Revised
UQSRC	The University of Queensland Social Research Centre
VCGA	Victorian Casino and Gaming Authority

EXECUTIVE SUMMARY

Project Overview

This study investigates the needs, experiences, behaviours and attitudes of older Queenslanders who participate in gambling. It aims to understand the special needs and circumstances of older Queensland gamblers which might make them particularly vulnerable to problem gambling behaviour, or other negative effects of gambling. The findings of the research will provide an evidence base for the development of initiatives and policies that can address the specific prevention, protection and rehabilitation needs of older gamblers. This is with a particular view to informing the ongoing development and implementation of the Queensland Government's *Responsible Gambling Strategy* and its voluntary industry code – the *Queensland Responsible Gambling Code of Practice*.

The study focuses specifically on people aged 60 years and older who use electronic gaming machines (EGMs). This is because EGMs represent the form of non-lottery gambling which is most frequently participated in, the greatest single source of gambling expenditure, and the most significant source of problem gambling behaviour (Productivity Commission 1999:3.16, 3.3, 6.53; Queensland Treasury 2002c:2). There is also some evidence that older people have a preference for electronic gaming devices (Borrell 2003:6; McCormack *et al* 2003:122ff; Munro *et al* 2003:11, 18).

Methodology

A four-stage methodology was employed to meet the research objectives. This includes:

- A review of the Australian and international literature;
- Consultations with key stakeholder groups including:
 - a survey of 370 managers of licensed clubs with EGMs across southeast Queensland;
 - semi-structured interviews with Gambling Help service providers across Queensland including all 13 Gambling Help Services and the 24-hour statewide Gambling Help Line; and
 - semi-structured interviews with other relevant non-government organisations (such as peak bodies representing the needs of older people);
- A survey of 414 EGM users aged 60 plus, administered in seven licensed clubs across the greater Brisbane area; and
- Detailed analysis of survey and interview data. Client data from Queensland Gambling Help services and the State's Gambling Help Line were provided by the Queensland Office of Gaming Regulation and analysis of this data was also undertaken.

Key Findings and Conclusions

Discussing the findings of the study and drawing conclusions about initiatives and practices that may address the specific prevention, protection and rehabilitation needs of older EGM users involves generalising findings of the study to the broader population of older Queenslanders who use EGMs. Some caution must be exercised in this process as the consultation with clubs was restricted to the southeast of the State and the survey of older people to larger clubs in the broader Brisbane region, all of which self-reported a high level of compliance with the *Queensland Responsible Gambling Code of Practice*. Moreover, while the patron survey was based on random selection of older EGM users, it was conducted at times of the week and day recommended by club managers to maximise participation by older patrons.

Whilst acknowledging these limitations, there are benefits and advantages. Combining the quantitative impressions gleaned from survey data with insights from the relevant Australian and international research and the qualitative data gathered in consultations with key stakeholder groups state-wide enables a richer and more reliable picture of the characteristics, behaviour and needs of older people in Queensland who gamble using EGMs.

Characteristics of Older EGM Users Based on Patron Survey

While the survey of club patrons was based on random selection of older EGM users, two-thirds of the respondents (65%) were female. While a number of reasons can be posited for this imbalance, it reflects the research team's impression of the sample pool: the proportion of older females present and gambling on EGMs, particularly during the middle of the day, was significantly greater than men. Given the association between EGMs and higher levels both of problem gambling and expenditure on gambling, it is arguably important to continue to monitor changes in older women's rate of participation in this form of gambling.

The sample of older EGM users was also skewed significantly towards participation by those younger in age with one third of respondents (33%) being aged 60-64 and 56 percent under 70 years of age. Only three percent were aged 85 or older. This fairly dramatic drop off in age may reflect generational changes in the acceptability of gambling and of EGMs in particular or age-related mobility issues. Given the high participation rate of those under 70 years of age, it will be important to monitor changes in participation rate by age over time to see whether the rate of participation observed in this younger generation becomes a new baseline for older people's participation over the next 20 years.

The prevalence of problem gambling found in the survey sample is two percent, more than twice that for the Queensland population (just under one percent). The prevalence of low and moderate risk

gambling is also considerably higher in the sample than for the population. These elevated levels are to be expected for at least two reasons. First, this is a sample of regular gamblers, not one drawn from the general population. Second, it is a survey of EGM users and EGM use is associated with higher levels of problem gambling than any other gambling activity (Productivity Commission 1999:6.54). Consistent with previous prevalence studies in Australia and Queensland (e.g. Productivity Commission 1999, Queensland Treasury 2002c), male respondents in this study were considerably more likely to be problem or moderate risk gamblers.

Only ten percent of older EGM users surveyed were in some form of paid employment and over half the sample (55%) had a *personal* pre-tax income of less than \$20,000 per annum. Half the sample (50%) had a *household* income of less than \$25,000. Current and post-retirement occupations indicate that less than one fifth (19%) were, or had been, in professional, para-professional or management occupations.

Patterns of EGM Use

Over half the older people surveyed (53%) reported playing EGMs at least once a week. Eighteen percent played every few months or less often. Almost half of the sample (46%) reported that they played EGMs for one hour and up to five hours per week. Fourteen percent reported playing more than five hours per week, and five percent more than 15 hours per week.

This study suggests that older people who use EGMs on a regular basis commonly participate in additional forms of gambling on a similar basis, with almost one quarter of respondents (24%) participating weekly or more often in Keno. In view of this overlap, it is important to explore the cumulative impact of these forms of gambling on individuals.

The amount survey respondents reported spending on EGMs per week varied from \$10 or less (39%) to more than \$200 per week (4%). Seventeen percent reported that they spent more than \$50 per week on EGMs. In considering these figures, it is important to bear in mind those respondents in gambling studies typically under-report the amount of time and money they spend gambling (Borrell 2003:27; Productivity Commission 1999:6.34ff). It is also important to note that a significant proportion of respondents reported weekly or more frequent participation in one or more other forms of gambling. In view of this, the total amount older EGM users are expending on gambling each week is likely to be higher than suggested by these figures.

Consistent with other studies on older people and gambling, older EGM users surveyed reported that they financed their EGM expenditure out of pocket money, an entertainment/recreation budget or a specific budget for EGMs. However, almost one quarter of respondents (24%) reported that they used *savings* to finance their EGM play. The reported use of savings appears higher than that in other

studies, although in the VCGA study (Roy Morgan 1997: iv), where 12 percent of older gamblers indicated use of their savings, respondents were only permitted to nominate one budgetary source. The present study permitted multiple responses. The higher proportion of people indicating use of savings in the present study may suggest that savings are commonly used as a supplement to other budgetary sources for EGM expenditure as well as being a primary source for such expenditure. With a growing policy emphasis on self-funding retirement, the protection of savings for investment purposes will become increasingly important for older people's financial wellbeing. In view of this, the findings of the present study suggest some cause for concern. As this is the first generation of older people in Queensland who have had ready access to this form of gambling, the impact it has on their financial wellbeing needs to be monitored closely.

Older People's Motivations for Playing EGMs

The reasons given by older people for playing EGMs are relatively consistent with those found in previous studies (AADAC 2000:4; McNeilly and Burke 2000:76-7; Munro *et al* 2003:12-15; Roy Morgan 1997:vi-viii). However, previous research has suggested that winning is a secondary motivator for older people's gambling and that 'getting out of the house', socialising, reducing boredom and loneliness, and escaping from problems, are the primary motivators. While all of these motivators rated highly amongst survey respondents, winning money was one that was frequently nominated, exceeded only by the motivation to support one's club. No other studies of older people and gambling have looked specifically at EGM use, so this may be a factor in the observed difference.

Control Over EGM Use

Fifteen percent of older EGM users surveyed acknowledged that there were times when they experienced less control over their expenditure or duration of play. Given that it is not socially acceptable to be 'out of control' in relation to gambling, it is probable that this figure is an underestimate of those experiencing problems with control. The most common factors associated with a reduced level of control over EGM use were stress and anxiety (35 percent of respondents who experienced reduced control), depression (29%) and loneliness (30%). It is ironic and concerning that these are also factors that motivated many older people in the sample to play EGMs in the first place.

When asked what helped them the most to increase their sense of control at these times, the most common response (38%) was to 'stay away from the club when I feel vulnerable'. This suggests that these EGM users do not consider that there are adequate protections in the gaming environment to safeguard them from their vulnerability to uncontrolled EGM use. Other common responses given by respondents regarding factors that increase their sense of control at these times are: 'being asked by a friend to take a break' (32%); 'eating a meal' (30%); 'not being able to smoke in the gaming area'

(16%); 'finding out the time of day' (16%); 'having to leave the building to get more money' (13%); 'being forced to stop because the gaming area is closing' (10%); 'having a friend or family member express concern about me' (10%); and 'doing exercise' (6%).

The significant number of older EGM users who reported experiencing some difficulty with control over their expenditure and the duration of play, and the frequency with which these individuals felt that increasing their sense of control necessitated staying away from the club, lend weight to a responsible gambling proposal presented previously by Dickerson (2003). Dickerson argues that the way EGMs are currently provided by operators and regulated by governments leaves all consumers vulnerable to periodic loss of control. Dickerson believes that meaningful consumer protection and informed consent in the case of EGMs requires the point of sale be removed to a place away from the gaming room floor and to a point in time prior to the commencement of the session.

Impact of Venue Promotions on EGM Use by Older People

Some Gambling Help service providers consulted as part of the study observed that clubs were very successful in promoting themselves to older people by offering incentives to attend for extended periods of time. Incentives are commonly in the form of cash or chips that can be redeemed by using an EGM.

Half of the 414 older EGM users surveyed indicated that they had participated in a venue promotion. The most popular promotions were meal deals (36% of all older people surveyed); entertainment (28%); membership number draws (27%); drink deals (24%); EGM credits (17%); and courtesy buses (16%). Given that the clubs where the survey took place all indicated that they did not provide EGM credits as part of their promotions, it is noteworthy that 67 respondents reported receiving such promotional credits.

Most of the older people surveyed did not feel that promotions impacted on their EGM use and saw themselves using promotions to their own benefit. However, it is significant that of those who did participate in promotions, 18 percent said they usually spent more time playing EGMs than they would have done without the promotion, and 14 percent said that they usually spent more money on EGMs than they would have done without the promotion. Eight percent of those who had participated in promotions said they had been introduced to playing EGMs through a club promotion.

Two harm minimisation initiatives suggested by Gambling Help service providers and previously canvassed by Blaszczynski (2002:6) may be of value in minimising the apparent negative impact that promotions have on the gambling behaviour of some older people:

- Prohibiting special promotions on pension payment days; and

- Prohibiting undue inducements and complementarities (such as free gaming tokens and play bonuses) either to enter gaming venues or during play aimed to prolong sessions.

Efficacy and Relevance of Current Responsible Gambling Strategies for Older EGM Users

One of the aims of this study was to explore the efficacy and relevance of provisions of the *Queensland Responsible Gambling Code of Practice* – the Queensland Government’s voluntary code of practice for the gambling industry – in relation to the particular circumstances of older people and their harm minimisation needs. Various consumer protection measures of the Code were endorsed by club managers and older EGM users alike as important and effective devices for minimising harm. These include restricting access to credit/cash; implementing practices to ensure patrons are aware of the passage of time; implementing practices to ensure that patrons are discouraged from participating in extended, intensive and repetitive play; and displaying information about the odds of winning, potential risks of gambling and where to get help for problem gambling. At the same time, the study also gathered evidence that the efficacy of some of these measures and, in some cases, their relevance to older EGM users, may be limited, at least in so far as they are currently implemented in gaming venues.

These issues are discussed in the material that follows. In this discussion it is important to note that the clubs where the survey of older people was conducted all reported a very high level of compliance with the Code.

Location of ATMs

All clubs where the survey of older patrons was conducted indicated that ‘ATMs are not located in close proximity to gambling areas’ in their premises. However, 71 percent of respondents considered that their club did ‘have an ATM near the section that has poker machines’, suggesting that patron’s perceptions of what constitutes ‘near’ are more often than not different to those of club administrators. Also significant is the finding that almost one third of all respondents (30%) reported using an ATM to obtain cash *to continue* a playing session. This suggests that a considerable proportion of EGM users may be spending more than they had originally intended to on arriving at the club. It also suggests that the implementation of this provision of the Code may be relatively limited in its harm minimisation capacity. A number of survey respondents in verbatim responses recommended that access to ATMs be further restricted with a couple suggesting these be completely removed from club premises. In view of these findings, such a suggestion would seem to have some merit.

Awareness of the Passage of Time

The present study did not collect much information specifically in relation to this issue. Patrons were asked about the adequacy of natural lighting in the gaming areas, with almost two-thirds of respondents (65%) reporting satisfaction with this. Just over a quarter of respondents (26%) disagreed that the gaming area was adequately lit and subsequently, when asked what would enhance their safety and enjoyment in relation to playing EGMs, a number of respondents independently suggested improving lighting in the gaming areas. Reasons given for this were to improve their ability to see what they were doing, to enable them to read signs, and to help them maintain awareness of the outside world and the passage of time. A couple also suggested providing external windows, clocks and other time measuring devices.

On one hand these comments are an endorsement of the relevant provision in the *Code of Practice*. On the other, they suggest that even in clubs that have a high level of compliance with the Code, more could be done to ensure that patrons are aware of the passage of time.

Awareness of Responsible Gambling Signage

Older EGM users were asked about their awareness of responsible gambling signage in their club's gaming area:

- Sixty percent had noticed signs with contact details for organisations that provide assistance to people with gambling problems;
- Twenty-five percent had noticed signs about the club's responsible gambling mission statement; and
- Twenty percent had noticed signs about the odds of winning.

As all clubs where the survey took place reported displaying signs with contact details for Gambling Help services, and for all but one club, signs on the odds of winning, these figures suggest that some types of signs are being noticed more often than others. These findings also suggest that the presence of responsible gambling signage is not effective for a significant proportion of the older adult population that plays EGMs. If clubs' self-reports about signage are accurate, 80 percent of older EGM users have not seen the information displayed around them on the odds of winning, and 40 percent have not seen the signs on the risks of gambling and where to get help with gambling problems. Indeed, one quarter of respondents (25%) reported not having noticed any signs at all and another quarter (28%) acknowledged that they do not bother to read signs.

Self-Exclusion Provisions

Whilst all clubs reported that they had established self-exclusion provisions in their clubs and confirmed that they display information about self-exclusion provisions in their gambling areas, a very high proportion of respondents (69%) did not know whether their club had such an arrangement in place. A further nine percent were of the impression that their club did not offer such provisions. Seventy percent of respondents were unsure how to make use of such an arrangement or how to advise someone else how to use it.

The low level of awareness of self-exclusion provisions is a significant finding. A Queensland Office of Gaming Regulation report on the implementation of the *Queensland Responsible Gambling Code of Practice* refers to an unpublished study in which it was found that 56 percent of Queenslanders aged 55 plus knew that people can ask to be excluded from gambling at a venue (QOGR 2004). The findings of the present study suggest that the level of knowledge of older EGM users about self-exclusion options is considerably more limited than this, notwithstanding signage reportedly provided by clubs and attempts to develop relevant procedures. This finding suggests that much more needs to be done to educate older patrons about the availability of self-exclusion options.

Payment of Winnings

All clubs where the survey was conducted indicated that major winnings are paid out in cheque or electronic transfers with a 24-hour delay in payment. Despite this, over a quarter of respondents (28%) reported that their club would pay the winner in full immediately, either by cash or via a cheque that the club would cash straight away. Over one third (36%) did not know what their club's policy was on the payment of winnings.

This finding suggests either that patrons whose response was contrary to that of their clubs did not actually know what their club's policy on winnings was and were offering a guess, or else clubs may have inaccurately represented their practices in completing the consultation questionnaire. Either way, it raises a query about the reliability of self-reports. If patron's reports are accurate, and clubs are not complying with the *Code of Practice* in regard to the payment of major winnings, then arguably this raises concern about the capacity of a voluntary industry code to ensure the protection of consumers.

Approachability of Club Staff

Clubs surveyed reported a very high level of compliance (96%) with the *Queensland Responsible Gambling Code of Practice* in regard to the training of staff in responsible gambling protocols and practices with the aim of ensuring that appropriate assistance is available to club patrons who approach staff over a problem with gambling. Older people surveyed expressed a very high level of satisfaction with the helpfulness and approachability of club staff, with 94 percent of respondents

agreeing or agreeing strongly that the staff in their club ‘are friendly and willing to assist with questions that I have’.

The high level both of staff training and of confidence expressed by older patrons in the helpfulness and approachability of gaming venue staff are important for enhancing the likelihood that older people will approach venue staff for help with gambling problems and receive the assistance they need. It is significant, though, that only one percent of older EGM users surveyed thought that they would approach a gaming venue employee in the first instance of seeking help with a gambling problem. There is some evidence however, that *proactive* solicitation of patrons’ wellbeing by staff may be an effective harm minimisation strategy in some instances, with a number of the respondents who acknowledged having difficulty controlling their EGM use indicating that ‘having a friend or club staff member express concern about me’ is a factor that can increase their control at vulnerable moments. Proactive monitoring and solicitation of patrons’ wellbeing by club staff was also raised as a suggestion by club managers and the Gambling Help Line as a strategy for improving the safety of older EGM users.

Support for Other Preventative and Harm Minimisation Strategies

In addition to the harm minimisation strategies already discussed, research participants and stakeholders suggested a range of other strategies that may be helpful for enhancing the awareness of older EGM users and their safety in the gaming environment. Other strategies canvassed emerge from the literature. Strategies emerging from the literature and raised by research participants and stakeholders include:

1. Use a range of communication mechanisms to educate older people about the risks of gambling, the odds of winning and where to get help with gambling problems, including targeted education programs and materials, rather than relying predominantly on venue-based signage.
2. Use a range of different messages about the risks of gambling that recognise the different motivations that may arise for:
 - Older people;
 - Males and females; and
 - Those at different stages along the continuum from social to problem gambling.
3. Encourage and enforce breaks in EGM play.
4. Prohibit misleading advertising.

5. Provide EGM users with better information about their expenditure and odds of winning to facilitate better consumer decision-making.
6. Address the social isolation of older people and other stresses that accompany older age, which commonly underpin problematic EGM use.
7. Educate generalist practitioners and community workers about problem gambling prevention, as older people obtain information and services from a wide range of sources and often draw on generalist health and community services.

Effective Interventions with Older EGM Users Concerning Problem Gambling

Gambling Help service providers identified a relatively consistent set of issues underpinning problem gambling behaviour in their older clients. These accord with those identified in previous studies. Boredom; loneliness; isolation; grief; loss; relationship breakdown; depression; anxiety; poor physical health; reduced sense of personal independence; greater leisure time; and difficulty adjusting to retirement, children leaving home or partners and friends dying are some of the issues service providers associated with older people's problem gambling. A couple of service providers noted that older people can get caught up in gambling as a strategy to supplement a limited retirement income. One agency noted that experiences of domestic violence and abuse may also underlie women's development of problem gambling.

Gambling Help service providers did not report having intervention or counselling strategies that they use more commonly with older people; rather, intervention strategies are determined on an individual basis according to a client's particular needs and goals. Attending to the underlying causes of the problem is seen to be important. To this end some service providers work to link older people into social networks and activities like volunteer work in cases where isolation and boredom are the underlying motivations for gambling. Some counsellors indicated a preference for psycho-educational approaches or narrative therapy because these are successful and positive strategies that are found to work across all client groups. One provider commented that face-to-face counselling and group work tend to be more effective than telephone counselling.

The Gambling Help Line and a number of Gambling Help service providers indicated that older clients, more so than younger clients, are inclined to explore controlled gambling and harm reduction strategies rather than gambling cessation. However, some service providers expressed concern about the efficacy of controlled-use approaches.

The data gathered via the survey of older people was insufficient to gauge what interventions older help-seekers find particularly valuable. However, all survey respondents were asked how they would

rate the importance of different elements of service delivery if they were to approach a service for help with a gambling problem. Aspects of service delivery ranked most highly were: accessibility of premises; not being talked down to; being treated as a responsible adult; non-judgemental attitudes; and understanding. These are standard aspects of quality counselling services and the high level of importance given to these things is to be expected. Forty-two percent of respondents rated as important or very important the provision of services to them at home. Half of the respondents (48%) indicated that dealing with someone closer to their age was important or very important; one fifth (20%) indicated that it was very important to them to be assisted by someone of the same gender; and over one third (38%) indicated that it was important or very important to be assisted by someone of the same ethnic, cultural or religious background.

Respondents were also asked *how* they would prefer to receive professional help for a gambling problem (multiple responses were permitted). Only one fifth (20%) indicated a preference for telephone-based support. Half (50%) indicated a preference for face to face assistance at a service, and one third (33%) indicated a preference for face to face assistance at their home. Seventeen percent thought they would prefer a peer support group and nine percent, a self-help manual.

These findings suggest the importance of Gambling Help services employing counsellors of both sexes with substantial life experience and maturity, preferably representing a range of cultural backgrounds. Developing promotional materials, preferably in a range of community languages, that speak to the common anxieties of older help-seekers – such as the fear of being patronised, judged, not being understood or required to abstain totally from gambling as a condition of obtaining assistance – would also seem important. These findings suggest that the provision of locally-based services is also important because telephone counselling was not preferred by the vast majority of older EGM users surveyed. The provision of outreach services is likewise important. Older people's preference for home-based counselling may reflect anticipated mobility problems if the service is located outside their immediate area..

Help-Seeking by Older EGM Users

Older EGM users surveyed in this study overwhelmingly indicated that they would turn first to their spouses, family members or friends for help with a gambling problem (64%). Ten percent thought they would turn first to a Gambling Help service and four percent nominated a self-help service. Gambling Help service providers indicated that children can be important in facilitating older people's help-seeking, often being the first to notice subtle changes in their parents' behaviour and to encourage them to seek assistance. These findings suggest that it would be valuable for prevention and early intervention strategies to involve family members and friends as well as older EGM users.

Gambling Help service providers across the State reported that their agencies assisted relatively few older people. Client data collected by Queensland Gambling Help Services from January 2002 to September 2005 confirm this impression, indicating that problem gamblers aged 60 plus make up only seven percent of the total help-seeking population. Of help-seekers aged 60 plus, females consistently out-number males, averaging 62 percent of older help-seekers. However more males (51%) than females (49%) approach Gambling Help services for their own gambling problem, while more females (72%) than males (28%) approach Gambling Help services about the gambling of someone else. Gambling Help Line data also indicate that relatively few older people are assisted. Only six percent of those calling the Gambling Help Line are aged 61-70, after which age use of the service drops away sharply.

Whether older problem gamblers are less likely to seek assistance than younger people is difficult to establish and the evidence gathered in this study is inconclusive. Approximately half of the Gambling Help service providers interviewed were of the opinion that older people were less likely to seek help for a gambling problem. On the other hand, only 21 percent of club managers surveyed believed that older patrons are less likely than other patrons to ask for help from club staff in relation to a gambling problem, with most of the rest disputing this. According to the *Queensland Household Gambling Survey* (Queensland Treasury 2002c:12), people aged 55 plus are estimated to make up only eight percent of the total problem gambling population, so it may be reasonable that they are represented at such low levels in the help-seeking population. At the same time, people aged 55 plus compose approximately 29 percent of moderate risk gamblers (Queensland Treasury 2002c:11) which might suggest that older people are currently under-represented in help-seeking figures.

What emerges less ambiguously from the study is that older people experience certain barriers to help-seeking. Gambling Help service providers identified a number of these.

- Older people tend to feel that by this point in their lives they should be able to fix their own problems without external help.
- Counselling has not been commonplace in the lives of older people and talking about one's feelings and problems, moreover to a stranger, feels quite alien.
- For many older people there is strong shame associated with losing money, making it something difficult to admit to.
- Talking about personal and financial problems to a younger person can heighten older people's sense of embarrassment about seeking help, particularly if they have the expectation that older people 'should know better'.

Non-government organisations (NGOs) consulted noted that Gambling Help services are often not easily accessible to people from non English-speaking backgrounds because of cultural attitudes towards counselling and language barriers.

Of the 67 older EGM users who had over the previous year observed behaviours in themselves or those close to them that might indicate a problem with gambling, only 13 had sought help for themselves, their friend or family member. Some of the more common reasons given for not seeking support were: a belief that the problem was not bad enough; a belief that no one could offer assistance that would help; a belief that the problem could be solved without external assistance; and fear of being told to stop playing EGMs. Surprisingly, only one of the 67 respondents to this question acknowledged finding it hard to share their problems, and only three did not seek assistance because they attributed a social stigma to gambling problems. Difficulties with accessing a service were indicated as a reason for not seeking assistance by nine percent of these respondents.

Given the attitudinal nature of many of these barriers, it is arguably important that problem gambling prevention strategies incorporate ways of challenging these beliefs and attitudes. Educating family and friends of gamblers about the importance of challenging the person's denial of the problem may also be a valuable strategy, particularly in view of the likelihood that an older person will turn first to family and friends for help with a gambling problem. These findings also suggest that an intervention model perceived to be based solely on an abstinence approach may be limited in its harm minimisation capacity for this population because a significant proportion of older gamblers will resist seeking help for fear they will be told to stop gambling. Addressing the particular information needs and anxieties of help-seekers from non English-speaking backgrounds in promotional materials would also seem to be important, as would when consulting different ethnic communities about support and intervention strategies that may be appropriate to these communities.

Conclusion

In summary, this study has shown support from a range of stakeholders for the efficacy and relevance of provisions of the *Queensland Responsible Gambling Code of Practice* for enhancing the safety of the EGM environment for older Queenslanders. At the same time, the study also gathered evidence that the efficacy of some of these measures, and in some cases, their relevance to older EGM users, may be limited, or at least limited in the way they are currently implemented in gaming venues. In some instances, modifications to provisions of the Code or to the way they are implemented in gaming venues may be of benefit to older gamblers. It is hoped that the conclusions presented here concerning these matters, and suggestions regarding other harm minimisation and problem gambling interventions that emerge from the study, will be of assistance to the Queensland Government in the ongoing development and implementation of its *Responsible Gambling Strategy*.

1 Introduction

Problem gambling is an issue rarely associated with older people. Recent gambling prevalence studies in Australia have suggested that older people are represented in the problem gambling population at a lower rate than other groups. For example, from its 1999 *National Gambling Survey*, the Productivity Commission (1999:6.53) found that ‘gamblers over 70 years rarely appear to display gambling problems’ and ‘have a likelihood of developing problems about one fifth of that of gamblers as a group’. The 2001 *Queensland Household Gambling Survey* (Queensland Treasury 2002c) similarly found that people aged 55 and over participated in gambling at a lower rate than all other age groups and were represented at lower rates in all risk categories (low, moderate and problem gambling). In 1997, the Victorian Casino and Gaming Authority (VCGA) commissioned a report (Roy Morgan 1997) on the impact of newly introduced electronic gaming machines (EGMs¹) on Victorians aged 55 plus. This research found that older people’s gambling participation rate was similar to the rate for the Victorian community in general but concluded that ‘problem gambling was not seen as a particular issue for older people’ (Roy Morgan 1997:viii). Older gamblers have consequently received substantially less attention than other groups in terms of government policy and academic research.

However, there is evidence that warns against the current complacency in policy responses to older people’s gambling. Studies in Australia indicate that older people’s gambling participation is increasing due to the greater range of gambling activities becoming available and growing opportunities to participate in gambling at a local level (Kimberley 2005; McCormack *et al* 2003; Productivity Commission 1999:Ch.8; Roy Morgan 1997:24). While this increase in gambling participation is also occurring in the population more generally, the age-related circumstances of older people (for example, that many are dependent on smaller, fixed incomes) may make them vulnerable to increased negative impacts from gambling.

The VCGA report (Roy Morgan 1997:66ff) found, for instance, that while older people spend less on gambling than do Victorians in general, this represents a larger proportion of their income, with consequences for discretionary funds and savings.² While ‘pocket money’ and ‘personal household entertainment budget’ were the most common sources of gambling funds, 12 percent of older Victorians who gamble indicated that their money for gambling came from their savings, eight percent from money for food, bills and transport, and one percent from money set aside for major purposes. Amongst Victorian problem gamblers, McCormack *et al* (2003:123) found that older gamblers compared to younger groups were significantly more likely to be drawing on their savings. Also of

¹ The abbreviation EGM is used throughout this report to refer to electronic gaming machines. Occasionally the terms ‘poker machine’, ‘pokies’ or ‘machines’ are used interchangeably for EGMs. In particular, the survey of older EGM users drew on this alternative terminology in view of the common parlance for referring to EGMs.

² This is an observation echoed by the City of Moreland in Melbourne in a submission to the VCGA (Borrell 2003).

concern is the finding that older people are less likely to seek help with gambling problems (Alberta Alcohol and Drug Abuse Commission 2000:5; Roy Morgan 1997:33) and that they are likely to wait a much longer period before doing so than other age groups (Petry 2002). There is also evidence that problem gambling amongst older people may be related to the stresses associated with ageing – like loss of job; death of friends and spouses; decline in physical health; moving away from family and friends; increased caring responsibilities; and increased boredom and loneliness (Kimberley 2005:53ff; McCormack *et al* 2003:125; Munro 2003:12-15,18).

No research has been conducted to date in Queensland on the needs, experiences, behaviours and attitudes of older people who gamble. Neither have responsible gambling policies developed by the Queensland Government been targeted towards the specific needs of older people who gamble. In order to start to address this gap in the research, Queensland Treasury funded The University of Queensland Social Research Centre (UQSRC) to conduct a study designed to provide an evidence base to inform the future development of responsible gaming policies and initiatives for older Queenslanders.

1.1 Project Background

The Productivity Commission's (1999) research on Australia's gambling industries and its *National Gambling Survey* have provided the foundation for much recent academic research and policy development in Australia with regard to gambling. The Commission found that while gambling offers various social benefits, most notably consumer enjoyment, problem gambling is a source of significant social and economic costs. The Commission estimated that two percent of Australian adults experience problem gambling. Problem gamblers are estimated to account for a third of the total annual expenditure on gambling – \$3.5 billion. They experience an annual average loss of \$12,200, compared with just under \$650 for other gamblers (Productivity Commission 1999:2).

The Productivity Commission (1999:23) found that the impacts of problem gambling are considerable and extend beyond the individual problem gambler. There are commonly costs borne by family members, employers and other unrelated people, and demands made on the resources of community and public services.

The Productivity Commission (1999:39ff) concluded that better consumer protection measures were required in the gambling industry. It proposed a number of measures that could minimise the harm caused to consumers. These include:

- Providing meaningful 'price' information;
- Providing information about how games work;
- Providing gamblers with statements of expenditure;

- Informing gamblers about the potential risks;
- Advertising and promotions that do not mislead consumers about the probability of winning;
- Restricting access to cash and credit;
- Offering exclusion and self-exclusion provisions;
- Modifying game features and design to enforce breaks in play, enable players to set spending limits, reduce ease of expenditure and ensure large payouts are made only by cheque; and
- Enforcing responsible gambling practice in the industry through mandatory regulations.

In April 2000, following its own public consultation process, the Queensland Government released its *Policy Direction for Gambling in Queensland* (Queensland Treasury 2000). The *Policy Direction* highlighted ‘the need for an overarching strategy to address the social issues that had arisen from the rapid growth of gambling in Queensland’ (Queensland Treasury 2002b:2). In line with this stated objective, the Government released the *Queensland Responsible Gambling Strategy* in February 2002 (Queensland Treasury 2002b). The *Strategy* is based on a public health approach to gambling, viewing it as ‘a complex issue requiring multiple solutions’, including prevention, protection and rehabilitation initiatives, to be delivered by way of a partnership between community, industry and Government (Queensland Treasury 2002b:2). The *Strategy* identified the following six areas for priority action:

1. Enhance responsible gambling policies and programs through research.
2. Increase community knowledge and awareness of the impacts of gambling.
3. Reduce the risk factors for problem gambling through early intervention.
4. Develop a statewide system of problem gambling treatment and support services.
5. Ensure gambling environments are safer and more supportive for consumers.
6. Promote partnerships to address statewide and local gambling issues and concerns.

In line with the first priority action area listed, the State Government conducted the *Queensland Household Gambling Survey* in 2001 (Queensland Treasury 2002c) involving 13,000 Queenslanders, making it one of the largest gambling population studies of its kind. While the estimates of problem gambling in the community emerging from this survey cannot be compared with those made by the Productivity Commission on account of the use of different problem gambling screens, the survey generated highly valuable base-line data about gambling activity, specifically the prevalence of problem gambling in the Queensland community, and the profile of those most at risk of developing gambling related problems. The survey estimated that less than one percent of the Queensland population experiences problem gambling, three percent exhibit moderate risk gambling behaviour and a further eight percent low risk gambling behaviour. The report also found that ‘by far the most popular gambling activity in terms of expenditure was EGMs, accounting for 48 percent³ of total

³ More recent research estimates this figure to be even higher at 54 percent (ANU Centre for Gambling Research 2005:2).

gambling expenditure' (Queensland Treasury 2002c:2). More recent research has estimated this figure to be higher at 54 percent (ANU Centre for Gambling Research 2005:2).

A key strategy identified by the Queensland Government for its fifth priority action area – 'ensuring gambling environments are safer and more supportive for consumers' – was 'the development of an industry code of practice to promote responsible practices by operators as well as informed decision making by consumers' (Queensland Treasury 2002b:6). In March 2002, the *Queensland Responsible Gambling Code of Practice* (Queensland Treasury 2004) was established by the State Government. The voluntary industry code was developed by the Queensland Responsible Gambling Advisory Committee, which was made up of community, industry and Queensland Government representatives. The Code outlines a raft of consumer protection measures aimed at minimising the harm of gambling environments to individuals and the broader community. The Code aims to achieve the following outcomes:

- Individuals, communities, the gambling industry and the Government have a shared understanding of responsible gambling practices.
- Individuals, communities, the gambling industry and the Government have an understanding of their rights and responsibilities in relation to responsible gambling practices.
- The gambling industry provides safe and supportive environments for the delivery of gambling products and services.
- Customers make informed decisions about their gambling practices.
- Harm from gambling to individuals and the broader community is minimised.
- People adversely affected by gambling have access to timely and appropriate assistance and information. (Queensland Treasury 2004:5).

To achieve these aims, the Code 'commits the gambling industry to implement and adhere to responsible gambling practices, with a particular focus on customer protection measures' (Queensland Treasury 2004:6). These practices are organised into the following broad categories:

1. Provision of information.
2. Interaction with customers and community.
3. Exclusion provisions.
4. Physical environment.
5. Financial transactions.
6. Advertising and promotions.

The Code was established with the intention of being a 'dynamic document' with new practices being incorporated over time in response to innovative best practice within the industry and the findings of relevant research (Queensland Treasury 2004:6).

The Code is now in its fourth year of operation. Last year an implementation review was conducted by the Queensland Office of Gaming Regulation (QOGR 2004). The review found that there was a fairly high level of commitment by gambling providers across the five industry sectors to implementation of the Code, although commitment varied for smaller gambling venues. An earlier study on the implementation of responsible gambling strategies in Queensland hotels, casinos and licensed clubs by Breen *et al* (2003a, 2003b) found that implementation of these strategies was variable, with smaller venues and venues in remote locations much less likely to have implemented such strategies. The study also found that casinos have a higher level of implementation than either hotels or clubs, although the small sample of casinos surveyed limits the reliability of this finding.

1.2 Project Overview

1.2.1 Aim and Objectives

The overarching aim of the present study is to develop understanding about the particular needs, experiences, behaviours and attitudes of older Queenslanders who participate in gambling. The main objectives in support of this aim are:

1. To enable better understanding of the special needs, characteristics and circumstances that pertain to older Queenslanders who participate in gambling which might make them particularly vulnerable to problem gambling behaviour or other negative effects of gambling; and
2. To inform the ongoing development and implementation of the Queensland Government's *Responsible Gambling Strategy* and its voluntary industry code – the *Queensland Responsible Gambling Code of Practice* – providing an evidence base for the development of initiatives and policies that can address the specific prevention, protection and rehabilitation needs of older gamblers.

1.2.2 Target Population

In line with the original project proposal, the study focuses specifically on older people who use EGMs. Fifty-two percent of all gambling expenditure in Australia is attributable to non-casino EGMs, and EGMs constitute the most frequently participated in form of non-lottery gambling (Productivity Commission 1999:9, 3.16). Importantly, EGMs represent the greatest source of gambling expenditure for problem gamblers (Productivity Commission 1999:22). In Queensland, EGMs are by far the most popular gambling activity accounting for 54 percent of total gambling expenditure (ANU Centre for Gambling Research 2005:2). In the *National Gambling Survey* (Productivity Commission 1999:6.54), EGMs were found to be the most significant source of problem gambling, with nine percent of EGM players experiencing problems, compared to less than one percent of lottery players, five percent for

racing and four percent for casino tables. Moreover, 65-80 percent of problem gamblers receiving counselling were found to have problems associated with EGM use (Productivity Commission 1999:22). There is also some Australian and international evidence that older people tend to favour electronic gaming devices (Borrell 2003:6; McCormack *et al* 2003:122; Munro *et al* 2003:11).

1.2.3 Measures

As outlined in the project proposal, the objectives of the research will be achieved by investigating the characteristics of older EGM users, including their basic demographic variables; attitudes to and motivations for gambling; patterns of EGM usage; cognition of factors such as risk; knowledge of responsible gambling strategies; and awareness of and attitudes towards organisations that provide assistance to people with gambling problems.

Evidence gathered in relation to these measures ‘will be analysed in the context of current responsible gambling strategies to assess the suitability of these ... for older gamblers. The research and analysis will lead to a set of conclusions concerning responsible gaming initiatives for older gamblers which can then inform the development of appropriate future policy interventions’ (UQSRC’s Responsible Gambling Research Grant Application, 23 August 2004, p.10).

1.2.3 Methodology

A four-stage methodology is employed to meet the research objectives. This includes:

- A review of the Australian and international literature;
- Interviews with key stakeholder groups including managers of licensed clubs across southeast Queensland, Gambling Help service providers from across the State, and other relevant non-government organisations (such as peak bodies representing the needs of older people);
- A survey of 414 regular EGM users⁴ aged 60 plus administered in seven licensed clubs across the greater Brisbane area; and
- Detailed analysis of survey and interview data.

⁴ ‘Regular EGM users’ are defined in this study as those who play EGMs at least once every three months. In view of the overall purpose of the study – to gather information that will assist the Queensland Government to develop policies and initiatives to address the particular prevention, protection and rehabilitation needs of older gamblers, specifically EGM users – it was felt necessary to exclude from the sample EGM users who may not be able to comment meaningfully on prevention policies and initiatives on account of too infrequent use. In order to recruit sufficient survey respondents, it was also necessary to ensure that the definition was not too exclusive, for example, requiring respondents to play at least once a month. However, over 80 percent of older EGM users surveyed indicated that they played EGMs at least once a month.

1.3 Report Structure

This report summarises the findings of the primary and secondary research undertaken for this project and includes analysis and conclusions pertaining to responsible gambling policies and initiatives in line with the project objectives.

Section 2 of the report describes in detail the four-stage methodology developed to address the project objectives.

Section 3 reviews the Australian and international literature on older people and gambling in order to identify existing knowledge about the needs, behaviours, attitudes and motivations of this group, and any specific circumstances that pertain to older people who gamble that may make them more vulnerable to the negative impacts of gambling. This section also reviews the literature on gambling-related help-seeking as well as research on harm minimisation initiatives and interventions, particularly as these pertain to older people. Finally, the review considers methodological issues relevant to the present study including an evaluation of the different survey instruments for defining and measuring problem gambling.

Section 4 provides a summary of the project team's consultations with various stakeholders and key informants. This includes a summary of findings from a web and postal survey of 80 managers of licensed clubs in relation to their observations of the needs and behaviours of older patrons who use EGMs. It also includes findings from telephone interviews with the Gambling Help Line and all major Gambling Help services in the State as well as non-Government organisations that represent the interests of older people in Queensland.

Section 5 provides a detailed summary and analysis of data from a survey of 414 older Queenslanders who use EGMs on a regular basis (at least once every three months). It reports a broad range of data related to the attitudes, behaviour, motivations and needs of this group.

Section 6 discusses the findings of the project in the context of existing knowledge on older people and gambling, and in relation to current responsible gambling and harm minimisation strategies. It also draws a range of conclusions about initiatives and policies that may address the specific prevention, protection and rehabilitation needs of older gamblers in Queensland.

2 Methodology

2.1 Overview

The overall purpose of the present study is to gather information that will assist the Queensland Government to develop policies and initiatives to address the particular prevention, protection and rehabilitation needs of older gamblers, specifically EGM users. To this end the research team sought to gain an understanding of the particular needs, experiences, behaviours and characteristics of older people who use EGMs regularly (i.e. at least every three months).

Table 2.1 Key Components of Four-Stage Methodology

Stage 1 – Review of the Australian and International Literature
<ul style="list-style-type: none"> • Survey of research on older people and gambling published in peer reviewed journal articles, government reports, and other library and web-based sources, including literature on older people’s gambling-related help-seeking and on harm minimisation initiatives and interventions as these pertain to older people. • Review of methodological issues relevant to the present study, including evaluation of the different survey instruments for defining and measuring problem gambling. • Summarising key findings.
Stage 2 – Consultation with Key Stakeholders and Informants
<ul style="list-style-type: none"> • A web and mail-based survey of managers of clubs across southeast Queensland with EGMs. • Consultations with the Gambling Help Line, Gambling Help service providers and other relevant non-government organisations (such as peak bodies representing the interests of older people). • Request to relevant government departments for statistical data on Gambling Help Line and Gambling Help service clients for secondary analysis.
Stage 3 – Survey of Older EGM Users
<ul style="list-style-type: none"> • Development of survey instrument based on review of the literature. • Focus groups with older people to refine survey instrument and research methodology. • Obtaining clearance from University Ethics Committee to conduct the survey. • Invitation to clubs to host survey on their premises via clubs questionnaire (Stage 2). • Evaluation of self-nominated clubs as sites for conducting the survey. • Negotiation with selected clubs around conduct of the survey. • Conducting the survey. • Data entry and data verification.
Stage 4 – Data Analysis
<ul style="list-style-type: none"> • Analysis of survey data – both for older people’s survey and clubs’ survey. • Thematic analysis of issues raised by stakeholder groups. • Analysis of client statistical data from the Gambling Help Line and Queensland Gambling Help services.

The strategy adopted to achieve this aim was to consult a range of stakeholder groups, including clubs that provide EGMs, Gambling Help service providers and older people who use EGMs. Each of these components is described in greater detail in this section of the report. The key components of each stage of the methodology are summarised in Table 2.1.⁵

2.2 Definition of Older People

The scope of the definition ‘older people’ changed during the course of the research. The project had originally proposed to study the needs and behaviours of people aged 65 years and over. In the literature, older people are defined variously as 50 plus, 55 plus, 60 plus and 65 plus. As most Australian and international studies include at least 60-65 year olds as part of the older demographic, and as most of the issues arising in the literature have relevance to those in this early/pre-retirement age group, it was decided part way into the project to expand our working definition of ‘older people’ to include persons aged 60 years and over.

The consultation with licensed clubs occurred prior to this expansion in definition, so the responses of club managers pertain specifically to patrons of clubs aged 65 plus.

2.3 Stage One – Literature Review

As outlined above, a detailed review of the Australian and international literature on older people and gambling was the first stage of the research. The purpose of this review was to identify existing knowledge about the needs, behaviours, attitudes and motivations of this group and any specific circumstances that pertain to older people who gamble that may make them more vulnerable to the negative impacts of gambling. Also reviewed was the literature on gambling-related help-seeking, as well as research on harm minimisation initiatives and interventions, particularly as these pertain to older people. Finally, the review considered methodological issues relevant to the present study including an evaluation of the different survey instruments for defining and measuring problem gambling.

References were obtained by searching electronic databases of academic, professional and policy journals, as well as by way of Internet searches of key words combinations like ‘older people’ plus ‘gambling’. Websites of key policy and gambling research institutions were referenced for relevant reports, research and conference papers, including that of the Centre for Gambling Education and Research (CGER) (Southern Cross University), the National Association for Gambling Studies (NAGS), the Australian Institute for Gambling Research (AIGR) (Australian National University), the Australasian Centre for Ageing (ACA), the Australian Institute of Criminology (AIC), the Victorian

⁵ The stage model is helpful for understanding distinct components of a project that happen to some extent in chronological order. However, as with most research projects most of these stages overlapped in time and space.

Commission for Gambling Regulation (formerly the VCGA), Queensland Office of Gaming Regulation (QOGR), and the Problem Gambling Research Group (University of Windsor).

The literature review is presented in Section 3 of this report.

2.4 Stage Two – Consultation with Key Stakeholders and Informants

2.4.1 Consultation with Licensed Clubs

The purpose of the consultation with clubs was to solicit information from club managers regarding the particular needs and circumstances of older patrons who use EGMs. In addition, the consultation aimed to gauge managers' perceptions about how effective the *Queensland Responsible Gambling Code of Practice* is for addressing the particular needs and circumstances of older people. Clubs were also invited to share their views about strategies for making the gaming environment safer for older people. The final objective of the consultation was to invite clubs to give permission for the on-site survey of older EGM users.

To facilitate the consultation process, a web-based questionnaire was developed (Appendix 1). A web link to the questionnaire was sent via email to 260 clubs across southeast Queensland, together with a letter addressed to the club manager inviting the club's participation in the research (Appendix 2). For clubs in the region without an email address, or in cases where emails were returned as address unknown (26 clubs), a printed version of the survey was sent by post together with the same letter of introduction and a return envelope. A total of 120 questionnaires were sent by post. A reminder email or letter was sent to each club two weeks after the original email/letter (Appendix 3).

A total of 80 questionnaires were returned, 36 by post (a response rate of 31 percent) and 44 online (a response rate of 19 percent).

Contact addresses for clubs were sourced from Clubs Queensland and QOGR for the exclusive purpose of the consultation.

2.4.2 Consultation with Gambling Help Service Providers

In Queensland there are thirteen Gambling Help services funded by the Queensland Government which provide counselling and referral services for people with gambling-related problems. All organisations are located along the east coast with the exception of the service in Mount Isa. The Queensland Government also funds a 24-hour statewide Gambling Help Line that provides emergency counselling and referral. In addition to these services, Gamblers Anonymous and the Salvation Army's Moonyah Rehabilitation Service also provide specific support to people with gambling problems.

Each of these organisations was consulted as part of this study in order to gain insights into the needs and characteristics of older people who seek help for gambling-related problems in Queensland, particularly problems related to EGM use. Some of the specific issues explored include:

- Proportion of clients who are aged 60 plus;
- Gender make-up of older help-seekers and observed differences in the needs and characteristics of older male and female clients;
- Involvement of clients with EGM-related problems in other forms of gambling;
- Insights into issues that commonly contribute to problem gambling in older people;
- Insights into any issues that may act as an obstacle to older people seeking assistance;
- Intervention strategies that are either effective or ineffective for addressing the needs of older help-seekers;
- Older help-seekers' preference for abstinence or controlled-use approaches to managing gambling problems;
- Arrangements in place to support older people's access to the service;
- Information about training offered to staff in relation to the needs of older people;
- Views and observations about the impact of club promotions on older people's gambling behaviour; and
- Views about how the safety of older people who use EGMs could be improved in venues around the State.

The director of each agency was contacted by letter or email and invited to participate in the consultation. Included with this letter was a questionnaire outline to assist respondents to prepare for the consultation. Appointments were made with all agencies so that they could participate in a semi-structured telephone interview (see Appendix 6).

Aggregated Gambling Help service client data was provided by QOGR near the completion of the project. This data on the prevalence of older people's help-seeking and their gender make-up has been incorporated into the report to supplement the findings of the consultation with Gambling Help service providers.

2.4.3 Consultation with Other Relevant NGOs

A number of non-government organisations (NGOs) represent the interests of older people in Queensland. These include:

1. Queensland Council of Social Services Inc (QCOSS);
2. Ethnic Communities Council of Queensland (ECCQ);
3. Multicultural Gambling Concerns Network;

4. Council of the Ageing Queensland;
5. Australian Pensioners and Superannuants League Queensland Inc.

A couple of these organisations (QCOSS and ECCQ) are also members of the Queensland Government's Responsible Gambling Advisory Committee and others have observer status on the Committee. The purpose of consulting with these organisations was to explore their knowledge and views of the needs and circumstances of older people in Queensland who participate in gambling, particularly EGMs. The consultation aimed, in particular, to elicit their views or knowledge in relation to the following:

- The extent to which older people in Queensland experience gambling-related problems, particularly with EGMs;
- The nature of these problems and any perceived causes;
- Specific support provided by the organisation or their member organisations for older people with gambling problems;
- Any notable characteristics of older people experiencing gambling related problems (for example gender, age or ethnicity);
- Promotional activities undertaken by clubs directed at older people;
- Perceived benefits of EGMs;
- Recommended strategies for increasing the safety and enjoyment of older people who play EGMs.

For organisations representing the needs of people from migrant or refugee backgrounds, the consultation sought to elicit further information in relation to particular problems that might be experienced by older people from non English-speaking backgrounds in relation to EGM use, problem gambling and help-seeking.

Each organisation was contacted by telephone and an informal interview conducted around these issues. Where possible the person interviewed was the representative of the organisation on the Queensland Responsible Gambling Advisory Committee or another senior staff member with relevant knowledge.

2.5 Stage Three – Survey of Older EGM Users

A self-completion questionnaire was developed specifically to survey older people who use EGMs in clubs (see Appendix 4). The purpose of the survey was to investigate characteristics of older EGM users in line with the aims and objectives of the project. These characteristics include:

- Demographic characteristics;

- Patterns of EGM usage (e.g. how often they play, how much time they spend playing, how much money they spend, how EGM use compares to other leisure and gambling activities);
- Knowledge of responsible gambling strategies;
- Cognition of risk;
- Attitudes towards and motivations for gambling; and
- Awareness of and attitudes towards Gambling Help services.

Other issues investigated via the questionnaire were prompted by the literature. These include:

- Sources of gambling funds;
- How older people budget for gambling expenses;
- Older people's help-seeking preferences (either as gamblers or as friends/family members of a problem gambler); and
- Factors that impact on older EGM users' sense of control over EGM use.

The questionnaire drew in part on previous gambling surveys that had explored these issues and which had generated well-regarded results, such as Queensland Treasury 2002c, Wiebe 2002, Productivity Commission 1999 and Roy Morgan 1997.

Although problem gambling prevalence amongst older Queenslanders was not something the research aimed to determine, it was decided to include the nine core questions of the Canadian Problem Gambling Index (CPGI) in order to permit some determination of the prevalence of low risk, moderate risk and problem gamblers within the sample. The CPGI was used in preference to the more commonly used clinical screen – the South Oaks Gambling Screen (SOGS) – in view of the criticisms of SOGS outlined in the literature review. The other benefit of using the CPGI was that this was the screen used in the *Queensland Household Gambling Survey* (Queensland Treasury 2002c) and thereby would enable the generation of data that can be compared to this benchmark Queensland study.

The University Ethics Committee reviewed the questionnaire together with the participant information sheet/consent form (Appendix 5), and the survey methodology to ensure these complied with accepted ethical standards for social research (see Appendix 7 for notification of ethical clearance). Survey designers within UQSRC also reviewed the survey tools to minimise unforeseen problems with data entry and any confusion or discomfort the design of the questionnaire might cause to an older respondent group. Attempts were made to set up focus groups with older people who play EGMs via the research database of older Queenslanders managed by ACA. The aim of running such groups was to refine the content and design of the survey instrument and review the research methodology more generally. This strategy was unsuccessful for recruiting participants from the target population, and owing to time constraints on the project, alternative recruitment strategies were not pursued. However,

the questionnaire was reviewed following a pilot of the survey in a licensed club. The pilot was also used to fine-tune recruitment and interview strategies.

During the consultation with managers of licensed clubs, 30 clubs agreed to consider permitting UQSRC to conduct the survey of older patrons on their premises. The research team reviewed these clubs and a total of seven venues were ultimately selected as sites for the survey. Selection was based on ensuring a range of geographical locations across the broader Brisbane area (from Bribie Island to Ipswich and out to Redlands Bay) and a range of different club types, including sporting, Returned Soldiers League (RSL) and social clubs. Preference was given to larger clubs to maximise the number of participants that could be surveyed during the two-week survey period. All clubs reported complete or substantial compliance with the *Queensland Responsible Gambling Code of Practice*.

Meetings were held with the manager of each club to negotiate the conduct of the survey with the aim of minimising any disruption to the operation of the club and peaceful enjoyment of patrons. Club managers specified their preferred recruitment strategy. In all but one case, this entailed field interviewers roaming the club (with the exclusion of the gaming areas) and approaching patrons at random to participate in the survey. In one club, interviewers were positioned at the entrance of the club and recruited primarily from this point. Club managers nominated times for the survey to be conducted over a four to seven day period that would maximise participation by older people. These times ranged from 8:30 am to 8:00 pm but in most cases were across the middle part of the day (10:30 am to 3:30 pm) when clubs provided entertainment or ran other activities targeted towards older patrons.

One club specified that it would not permit UQSRC to ask patrons about the amount they spent on EGMs and how they budgeted for their gambling. Questionnaires for this club were printed without the two questions pertaining to these issues (Q4 and Q5, Appendix 4).

At all but one club, arrangements were made for participants to be provided with a tea/coffee and cake/biscuit voucher to acknowledge the time and effort given to the research.

Senior interview staff supervised the conduct of the survey at each site. Patrons appearing to be 55 years or more in age were selected at random to participate in the survey. Participants were screened for eligibility (i.e. aged 60 years or over, and plays EGMs at least once every three months) and willingness to complete the questionnaire. Reasons for non-participation were recorded on a screening register (Appendix 8). A private space for respondents to complete the questionnaire if they so chose was arranged in each club, although in most instances patrons preferred to complete the questionnaire at their own table on the proviso that they agreed not to discuss their answers with others before submitting a completed questionnaire. Where respondents were unable to complete the questionnaire,

an interviewer administered the survey. On completion of each questionnaire interviewers were required to sign the back page to verify the questionnaire had been completed in accordance with the Australian Market and Social Research Society Code of Practice (see Appendix 4, final page).

A total of 1,620 older patrons were approached resulting in 414 completed questionnaires (a response rate of 27 percent). Table 2.2 summarises reasons for non-participation in the survey.

Table 2.2 Survey of Older EGM Users – Reasons for Non-Participation

	Location Number							Total
	1	2	3	4	5	6	7	
Completed Questionnaires	44	80	60	17	76	81	56	414
Reason for Non Completion:								
Eligible, willing, but unable to complete survey now	9	..	18	3	14	8	..	52
Eligible but refused to complete survey	53	18	45	13	62	30	17	238
Ineligible to complete – too young	24	6	24	..	10	18	8	101
Ineligible to complete – doesn't play EGMs frequently enough	118	133	121	42	129	51	53	647
Refused to complete – don't know if eligible or not	23	3	40	5	33	7	10	121
Previously approached	19	2	22	..	..	..	2	45
Not stated by interviewer	..	..	..	..	2	..	..	2
Total Approached	290	242	330	91	326	195	146	1,620

Data from the surveys were entered, verified, cleaned and re-entered where necessary to achieve the highest standard of data integrity possible.

2.6 Stage Four – Data Analysis

Data gathered during the research was analysed in a variety of ways. Data from the survey of older EGM users and the web/postal survey of club managers were analysed using various data analysis software packages to generate descriptive statistics based on both uni- and bi-variate analyses. Verbatim and qualitative data from stakeholder consultations were analysed thematically. Sections 4 and 5 present the findings of the research based on analyses of the data gathered. The research objectives provided the framework for analysis in most cases, although analysis was not limited by reference to these.

2.7 Strengths and Limitations of the Methodology

The methodology outlined above was developed to pursue the stated project objectives. An alternative approach considered initially by the project team was to conduct a telephone survey of older

Queenslanders using UQSRC's Computer Assisted Telephone Interviewing (CATI) facility. However, it was decided that a random sample of 400 older Queenslanders would not be sufficiently large to generate reliable data on regular EGM users (given that only approximately 20 percent of the Queensland population play EGMs at least every two months).

The decision to conduct a self-administered survey of 400 regular EGM users in licensed clubs followed observations in the literature and by project informants that clubs are often older people's preferred gambling venue, providing a greater sense of comfort and safety than hotels and being accessible usually at a local level unlike casinos (Borrell 2003:6; McCormack *et al* 2003:122; Roy Morgan 1997:23ff).

It is acknowledged that convenience sampling in this manner may limit the extent to which the data can be used to assess responses to different types of gaming venues and across the different regions and localities in the State. This is particularly in view of research that indicates variation in compliance with the *Queensland Responsible Gambling Code of Practice* across different venue types, sizes and localities (for example, Breen *et al* 2003a, QOGR 2004). It also limits the extent to which the data can be used to determine the prevalence of problems associated with EGM use amongst all older people in Queensland. However, these were never envisaged as objectives of the research and the alternative methodology considered would also have been unable to generate conclusive data in relation to these issues given the sample size.

In view of the aims of the research, the chosen sampling method has distinct advantages over the alternative approach:

- (i) A greater number of older people who regularly use EGMs can be surveyed, thereby increasing the reliability of the results obtained;
- (ii) More detailed and extensive information can be collected from survey participants responding in an amenable environment rather than in a CATI interview. Meanings of responses to social surveys are often more nuanced when completed *in situ* and where the structures and processes that engender and sustain behaviour are visible.
- (iii) A self-completion questionnaire which permits a greater level of anonymity may lead to more honest reporting by respondents of their opinions and experiences. This is particularly relevant in gambling research in view of evidence that people commonly under-report their gambling activity and problems arising on account of it (Borrell 2003:27; Productivity Commission 1999:6.34ff).

In summary, the project team believes that the method employed will provide much more informative data on the needs and interests of older people in their use of gaming venues and their knowledge of and attitudes toward current responsible gambling strategies concerned with prevention and protection.

3 Literature Review

3.1 Introduction

In order to develop the framework and context for the present study, a review of relevant Australian and international research was undertaken. The review was guided by the research objectives. To this end it examines literature on the characteristics of older people who gamble; their motivations for gambling; sources of gambling funds; propensity to develop gambling problems; and barriers faced in seeking help for gambling problems. Effective interventions with older problem gamblers and the impact of gambling venue promotions on gambling behaviour were also considered, together with existing definitions of ‘responsible gambling’ and what is known about the efficacy of responsible gambling strategies in the context of EGM use. Finally, the review considers methodological issues relevant to the present study including an evaluation of the different survey instruments for defining and measuring problem gambling.

3.2 Characteristics of Older People who Gamble

3.2.1 Prevalence

A study conducted by McNeilly and Burke (2000:413) in the United States found, contrary to previous research, that propensity for participation in gambling activity does not decline with age. Although older adults may continue to be represented in a smaller number of gambling activities, it was found that older adults, like their younger counterparts, have gambled increasingly as it has become more socially acceptable and accessible.

A similar observation has been made in Australia. The VCGA study on older people and gambling in Victoria (Roy Morgan 1997:6) found that ‘the percentage of older people who participate in gambling has increased, if somewhat erratically over the past five years. From 1992 to 1997 the proportion of older people who gambled increased from 70 percent to 86 percent, a result probably influenced both by the opening of the temporary Casino and the introduction of EGMs’. The study found, moreover, that older people’s participation rate in the preceding 12 months (86%) was similar to that of the Victorian community in general (87%) (Roy Morgan 1997:i). Forty-two percent of older Victorians had played EGMs at venues other than casinos and 19 percent had played EGMs at casinos (Roy Morgan 1997:ii).

Similarly, the Productivity Commission (1999, cited in McCormack *et al* 2003:121) found that Australians aged 50-64 participate in gambling activity at a rate equivalent to the population as a whole (83 percent compared with 82 percent for all ages). And while people aged 65 plus were found to participate at the lower rate of 74 percent, their participation in certain forms of gambling like Bingo and EGMs at clubs was equivalent to that for the whole population.

In Queensland in 2001, whilst comprising 26 percent of the general population, people aged 55 plus made up 31 percent of all non-gamblers, 27 percent of non-problem gamblers, 21 percent of low risk gamblers, 29 percent of moderate risk gamblers, but only eight percent of problem gamblers (Queensland Treasury 2002c:8-12).⁶

3.2.2 Cultural Background

No data is available on the cultural make up of older Queenslanders who participate in gambling activities. Help-seeking and problem gambling data in other states suggest that a considerable proportion of people experiencing problems with gambling were born outside Australia. McCormack *et al* (2003:122) examined the Victorian Gambler's Help client database (1998-99) and found that 40 percent of help-seeking problem gamblers aged 60 plus were born outside Australia. For those aged less than 60, only 24 percent were born outside Australia. Even though many older migrants would have come from the United Kingdom or other English-speaking countries, this data suggests that a disproportionately high number of older problem gamblers might be from non-English speaking backgrounds. Counselling services across Australia surveyed by the Productivity Commission (1999:6.57) reported that 74 percent of their gambling clients came from Anglo-Celtic backgrounds while the balance came from a range of ethnic backgrounds. While these studies are not specifically concerned with EGM users, it could be surmised that a significant minority of older people with problems surrounding EGM use may come from non-English-speaking backgrounds.

3.2.3 Gender

No Queensland data is published on the gender make-up of Queenslanders aged 60 plus who participate in gambling. The VCGA study in Victoria (Roy Morgan 1997:i) found that slightly more older males than females participate in gambling (88 percent compared with 84 percent). With regard to the whole Queensland population, the 2001 *Queensland Household Gambling Survey* found that while females made up 50 percent of the whole population, they constituted 47 percent of the non-gamblers, 52 percent of non-problem gamblers, 51 percent of low risk gamblers, 25 percent of moderate risk gamblers, and 30 percent of problem gamblers (Queensland Treasury 2002c:8-12).

3.3 Motivations for Gambling

3.3.1 Older People's Motivations for Gambling

McNeilly and Burke (2000:414) found that '[s]imilar to the types of reported motivations for casino gambling among younger adult pathological gamblers, the older adults who were sampled at gambling

⁶ These group classifications (i.e. non-problem, moderate risk, etc) refer to risk categories measured by the Canadian Problem Gambling Index – the index used in the Queensland Household Gambling Survey and in the survey of EGM users undertaken as part of the current study.

venues were also found to report that they were motivated to gamble as a means to relax, escape boredom, pass the time and to get away for the day'. In a later study, McNeilly and Burke (2002) concluded that the exact benefit of gambling as a positive means of facilitating adjustment to the changes of older adulthood has yet to be established. However, they postulated that as an increasingly accessible and popular means of entertainment, gambling at casinos and in Bingo might provide a large number of older adults with a cognitively stimulating and inexpensive form of excitement in a safe environment.

AADAC (2000) carried out a study to establish the gambling attitudes and behaviours of seniors in Alberta. The study, which utilised a mix of qualitative and quantitative methods, found that seniors had a perception of healthy and unhealthy gambling based on the amount of money wagered relative to a person's ability to lose that money. The most common reason given for gambling was the 'pleasure of the activity' and the 'opportunity to socialise' (AADAC 2000:4). Problem gamblers were more likely to nominate 'to escape problems', because they 'needed the money' or because 'it was a place they could go where they would not be judged' (AADAC 2000:4). The study demonstrated that there is a greater propensity for those who use EGMs to develop problem gambling behaviour. Seniors who played EGMs tended to rate gambling as more important than did those who bought lottery, raffle or scratch tickets or played Bingo (AADAC 2000:10).

The VCGA survey of older gamblers in Victoria (Roy Morgan 1997), undertaken shortly after the introduction of EGMs in that State, found that older people agreed with statements that related primarily to the fun and sociable aspects of the activity, including:

- 'For me having fun is the most important part of gambling' (60%);
- 'I only gamble if it's part of a sociable event' (45%); and
- 'I usually gamble just to be sociable' (34%).

While winning appeared to be of lesser importance than the fun or sociable aspects, it was nonetheless the second most important reason for gambling given by older people in the study with approximately 23 percent agreeing with the statement 'when I gamble, I usually expect to win' and 30 percent agreeing that 'for me, winning is the most important part of gambling' (Roy Morgan 1997:vi).

These findings about the motivations of older gamblers are consistent with those summarised in Munro *et al's* (2003:12-15) comprehensive review of the international literature on older people and gambling. This review found evidence that older people gamble because it offers a means to financial gain and a sense of escape, pleasure and excitement, social enjoyment, independence and empowerment.

3.3.2 *Gender Differences in Gambling Motivation*

While there is negligible research on differences in older men's and older women's motivations for participating in gambling, it is probable that such differences exist in view of research indicating notable differences in gambling motivations for females and males more generally.

Delfabbro (2000) surveyed sociological and psychological research on gender differences in Australian gambling. His findings provide a basis for methodological considerations in the present study and particularly the design and analysis of the patron survey. He notes that since the 1990s, the view that females are significantly less likely than males to gamble has been invalidated. The advent of Keno, the emergence of larger, more upmarket casinos, and the introduction of EGMs into hotels and clubs has led to a dramatic increase in women's gambling and their experience of gambling-related problems (Delfabbro 2000:145-6).

Delfabbro stressed that people's motivations for gambling vary according to the particular type of gambling activity. Those favouring racing are more likely to gamble for the thrill and excitement and believe money can be won with skilful decisions, whereas EGM players appear to be more likely to gamble to escape anxiety and worries (Delfabbro 2000:147). Delfabbro argued that this is pertinent in considering the findings of Victorian research (Pierce, Wentzel and Loughnan 1997; Loughnan, Pierce and Sagris 1996) which found females were significantly more likely to report gambling as a means to escape from worry and other life problems. This study found that males were more likely to believe that they could influence the outcomes and that winning money is possible (Delfabbro 2000:147).

Delfabbro argued that females are more likely to use gambling as an escape from psychological symptoms (mood swings, anxiety, depression) whereas males are more likely to suffer vocational, legal and financial problems (the males in the sample had debts twice the size of those incurred by women) (Delfabbro 2000:147). In order to explain these observed differences, Delfabbro examined a number of theories posited in the literature (Delfabbro 2000:148-152):

Adherence to traditional gender roles – The first theory posits that females have traditionally not gambled as often as males because it was inconsistent with their role as 'guardians of the hearth' and primary caregivers. This could mean that females who extensively gamble will experience shame and guilt and be reluctant to seek assistance because of a perceived stigma associated with gambling for women. Delfabbro argued that it is unlikely that these 'moral' or 'traditional attitudinal' impediments will still apply in the 1990s. However, while this might be the case generally, EGM users who belong to an older generation may still be inclined to hold these traditional views about what constitutes gender-appropriate behaviour. If this is the case, it has significance for the present study – particularly in relation to understanding barriers older females may face in disclosing gambling-related problems.

Motivational/development theory – This theory posits that there may be a fundamental relationship between the structure of gambling activities and people's motivations for gambling. People who are intrinsically motivated to gamble (who gamble for internal rewards, such as skill development) are more likely to be attracted to skilful gambling activity (eg horse racing). Those who are extrinsically motivated (those who gamble to escape life's stresses) are more likely to be attracted to luck-based activities such as lotteries and EGMs. Studies have shown that males tend to prefer the first type of activities while females opt for the second.⁷ It is possible that the differences in preferences will be the result of gender differences in gambling motivation. For example, females tend to enjoy EGMs because their main motivation for gambling tends to be to relax, to escape worry and other negative feeling states.

Delfabbro concluded that the research has revealed two consistent gender differences worthy of further exploration, namely that females tend to:

- Gamble on a narrower range of activities than males (usually steering away from casino games, racing and sports betting); and
- Have different motivations for gambling, being much more likely than males to use gambling as an escape from stress, boredom and loneliness.

He puts forward the hypothesis that females tend to avoid skilful gambling activities because these are inconsistent with motivations for gambling such as escape or distraction.

Finally, Delfabbro listed a number of methodological considerations for future gambling research that arise from his review of the research on gender difference in gambling (Delfabbro 2000:153). These are:

- The results for female respondents should always be compared with a male control group;
- Both groups should be matched in terms of frequency of gambling activity;
- Both groups should be studied in relation to the same type of gambling activity (e.g. EGM use).
- If differences in participation do exist in the sample, then these should be controlled statistically, for example, by using hierarchical regression techniques that take account of participation differences prior to the inclusion of gender.

The survey methodology developed for the present study satisfies the first three of these tests and so makes the last an unnecessary consideration.

⁷ Delfabbro (2000) lists a number of these studies: Deau a Emswiller 1974; Deaux *et al* 1975; Feather 1969; Hudgens and Fatkin 1984; Levin *et al* 1987; Martinez 1995.

3.4 Promotions by Gambling Providers

In view of the study's objectives, it was important to consider the influence of gaming venue promotions on older people's gambling behaviour. There would appear to be some evidence that venue promotions attract older people to venues and to participate in gambling. Seniors in the focus groups conducted by Govoni *et al* (2001:7), for example, indicated that advertising, perks, special promotions and inexpensive meals were influences on their gambling behaviour. Similarly, McNeilly and Burke (2002:76) noted in their study that many retired older adults have been attracted to gambling, some for the first time, by the special incentives offered to their age group.

A majority of older adults who were surveyed at gambling venues in an earlier study reported they were motivated to gamble in a casino because of the inexpensive meals (McNeilly and Burke 2000:412). The VCGA-commissioned study (Roy Morgan 1997:25-27) also consulted gambling providers in relation to promotions. Gambling venues acknowledged providing a wide range of entertainment to patrons, although not necessarily directed specifically at older people. However, older people's responses indicated that involvement in these entertainment activities is a reason for gambling. Venues that relied heavily on those aged 55 plus (for example suburban social and bowling clubs) acknowledged that they provided entertainment that would appeal to this group. Gambling was seen by these venues as part of entertainment packages for older people.

In his overview of harm minimisation initiatives, Blaszczynski (2002:6) includes a range of strategies for primary intervention to protect participants from developing gambling problems. Two of these that may be relevant in minimising negative impacts on older people's gambling behaviour as a result of venue promotions are: prohibiting special promotions on pension payment days and placing a prohibition on undue inducements and complementarities (such as free gaming tokens and play bonuses), either to enter gaming venues or during play aimed to prolong sessions.

There is a range of possible impacts of promotions to consider for the present study. For example, do promotions initiate gambling behaviour amongst older people; and/or sustain it; and/or contribute to increased frequency and duration of gambling? In view of the focus of the present study – to explore responsible gambling practices relevant to minimising the harm of EGMs to older people – these questions have been important to the development of survey instruments and stakeholder consultations.

3.5 Sources of Gambling Funds

In the VCGA study of older Victorian gamblers (Roy Morgan 1997:iv), the most common sources of gambling funds reported by survey respondents were 'pocket money' (50%) and 'personal or household entertainment budget' (22%). A small but significant proportion indicated that they drew on

less sustainable budgetary sources. Twelve percent reported that their money for gambling came from savings, eight percent from 'money for food, bills and transport' and one percent from 'money set aside for major purchases'. Only five percent of gambling respondents reported drawing on a specific gambling budget.

These findings raise concerns about the extent to which older people's gambling behaviour is sustainable longer-term, given their restricted ability to replenish these budgetary sources once they have retired from paid employment. Such patterns of expenditure longer term may lead to financial hardship and personal problems. In view of this, it is important for the present study to investigate the spending and budgeting behaviour of older EGM users to see if a similar pattern is evident with implications for the development of responsible gambling strategies that are appropriate to this age group.

3.6 Problem Gambling

3.6.1 Prevalence

Australian studies have generally reported that older people experience lower levels of problem gambling than the general population (for example Productivity Commission 1999:6.55; Queensland Treasury 2002c:8-12; Roy Morgan 1997:viii). However, prevalence studies do demonstrate a marked level of gambling related problems among older gamblers that warrants more focused investigation. For example, the Productivity Commission (1999:6.56) found that seven percent of problem gamblers were aged 60 plus. In Queensland in 2001, while those aged 55 plus made up 26 percent of the population, they constituted eight percent of problem gamblers and 29 percent of moderate risk gamblers (Queensland Treasury 2002c:11-12). This shows that there are a significant number of older people with gambling related problems. While these figures pertain to all types of gambling, there is evidence that a large number of older problem gamblers are EGM users. Indeed, the Productivity Commission (1999:6.54) found that EGMs were the most significant source of problem gambling, with nine percent of EGM players experiencing problems, compared to less than one percent of lottery players, five percent for racing and four percent for casino tables. Moreover, 65-80 percent of those problem gamblers receiving counselling had problems associated with EGM use (Productivity Commission 1999:22).

A further finding that runs through numerous studies is that males are more likely to experience more severe levels of problem gambling. For example, Wiebe (2002:64ff, 83ff) found that there was a significant gender difference in relation to level of gambling activity for seniors. She also found that males were more likely to be problem gamblers. For other studies reporting gender differences in gambling behaviour, see Wiebe *et al* 2004:31; Productivity Commission 1999:Ch.3; and Queensland Treasury 2002a, 2002c.

Petry (2002) examined research from the United States and found that in general population surveys, prevalence rates of pathological gambling in older adults are quite low. The study found that older (help-seeking) gamblers were more likely to be female than were younger gamblers, and demonstrated different onset ages and intensities of gambling problems. In terms of other psychological difficulties that may be related to gambling, older gamblers had more serious employment problems but fewer social, legal, alcohol and drug-related problems. Family and social problems were less severe in the older group who were more satisfied with their living situations (Petry 2002:97).

Wiebe (2002:89ff) identified the following characteristics of older problem gamblers:

- They spend more time and money gambling than other older non-problem gamblers;
- Similarly to non-problem gamblers, they gamble for the entertainment and to win money;
- They gamble to escape loneliness and depression; and
- The most common indicator of problem gambling is gambling more than intended and feeling guilty about gambling.

The studies reviewed in this section generally report that older people experience lower levels of problem gambling than the adult population. The absolute levels depend on the screens used and the structure of the studies (Frisch *et al* 2003:13). Population estimates also vary because of differences in age groups surveyed and gambling modes in which engaged but they do demonstrate a marked level of gambling related problems among older gamblers.

3.6.2 Precipitating Factors

Little research has looked at the factors that precipitate problem gambling amongst older people. However, McNeilly and Burke (2002:78), on the basis of their research, argue that the interplay of biological vulnerability (including genetic influences), stressful life events (including physical and social losses or challenges), and psychological stress, leaves some older gamblers particularly vulnerable to problematic gambling behaviour. Examples are loneliness following the loss of a partner or close friend; anxiety from changes in health; or changes following retirement that can impact negatively on self-esteem. As a result of this and other factors, such as financial concerns, older adults may turn to gambling for excitement or as a way to relieve negative feelings. According to McNeilly and Burke, a small gambling habit may thus escalate into a potentially devastating pastime for older people.

There is also evidence from Australian research that problem gambling amongst older people may be related to the stresses associated with ageing – like loss of job; death of friends and spouses; decline in physical health; moving away from family and friends; increased caring responsibilities; and increased boredom and loneliness (Kimberley 2005:53ff; McCormack *et al* 2003:125).

3.7 Help-Seeking

There is relatively little literature on older gamblers and help-seeking behaviour. Evans and Delfabbro (2005) carried out research in South Australia concerned with motivators for change and barriers to help-seeking by problem gamblers. There were 77 participants (48 males and 29 females) in the sample; all had experienced gambling related-problems, with 16 having relied on self-help and the balance having used professional services. Fifteen were aged 55 or over. While the results are not specific to older people who gamble, they do provide a useful framework for understanding the barriers that older people face in seeking help for gambling problems.

Key findings of the study include:

- The most significant barriers to seeking help with gambling problems related to personal attitudes: denial that a problem existed; a belief that the problem could be solved without external assistance; embarrassment and shame associated with acknowledgement of the problem; and unwillingness to accept advice to stop gambling, either because of inadequate motivation or a belief that further gambling could help solve problems caused by gambling.
- The majority of gamblers interviewed only sought help when they were on the verge of physical or psychological breakdown and/or when they were facing financial ruin. Individuals were typically experiencing detrimental impacts in multiple areas of their lives.
- There was very little evidence of problem gamblers failing to seek treatment because of a lack of knowledge of services or because they were dissatisfied with the forms of treatment provided.
- Some of the respondents, particularly those who relied on self-help, expressed concern about the lack of alternative activities available for older people, since gambling was their only form of amusement. Many feared being told to stop gambling for this reason.

The authors suggest that because denial is such a significant barrier to help-seeking, it is important for gamblers to have people around them who will give critical advice. This raises the importance of families and friends as support systems. In view of this barrier to help-seeking, treatment services arguably need to be more proactive with an emphasis on early intervention and outreach to the broader community and not just to those who seek help with problem gambling.

The authors contend that for many older people gambling is a way to ‘get out of the house’, and perhaps their only form of amusement, and it is probable that the fear of being told not to gamble is one reason why older problem gamblers choose not to seek professional assistance (Evans and Delfabbro 2005:151). In this context, one of the assumptions of the harm-minimization approach to gambling identified by Blaszczynski (2004:4) is pertinent: ‘Abstinence is a viable but not necessarily essential goal for individuals with gambling related problems’.

A threshold issue in considering the provision of support is the proportion of gamblers with problems who actually seek help. McNeilly and Burke (2002) argue that older adults tend to try to solve problems on their own. Thus, they are less likely to seek professional treatment, especially for something they may be embarrassed to admit and have hidden from even their families. While surveys of people involved in gambling activity give some insight into the proportion of people with problems who do not seek professional support, these are subject to well-documented limitations and inaccuracies associated with self-reporting in gambling studies. The Productivity Commission (1999:17.31) cites overseas research which indicates that only three percent of problem gamblers obtained professional treatment in a year. Using data from its *National Gambling Survey*, the Commission estimated that possibly only one in five gamblers with severe problems obtain counselling and only one in fourteen with less severe problems receives help. One suggestion in the literature for encouraging older people to seek help with gambling problems is to match counsellors by age (Munro *et al* 2003:17).

3.7.1 Gender Differences in Help-Seeking

There is some evidence that females are more willing to seek help in relation to gambling problems than men. McCormack *et al* (2003:122) in their analysis of the Victorian Gambler's Help client database found a greater number of older female problem gamblers than males, but noted that the older males tended to have more debt and were more likely to chase their losses. Of problem gamblers over the age of 60 seeking help, 33 percent were male and 67 percent female. Petry (2002) commented that increases in treatment-seeking among females experiencing gambling problems may be reflective of the noted phenomenon that females seek mental health treatment services more often than males, and do so after experiencing symptoms for a shorter period. Petry found that females enter treatment between four and five years after development of gambling problems compared to an average of eleven years for men. The onset of problematic gambling later in life for female gamblers was another striking finding of Petry's study, leading her to conclude that gender-specific treatment may be useful in older gamblers.

3.8 Effective Prevention and Problem Gambling Interventions with Older People

3.8.1 Communicating Information on Gambling to Older People

A Canadian study (Govoni *et al* 2001) adopted a participatory action research methodology to explore problem gambling amongst older people in the City of Windsor and develop effective prevention strategies at a community level. The authors argue that:

[because older people obtained] information from a wide range of sources, such as friends, experts, books, magazines, libraries, radio, and television, and engaged in a variety of activities,

such as visiting friends, day trips, shopping, eating out and going to church [it] became evident that one could not simply focus preventive action on senior service providers but had also to involve the whole community in the prevention effort (Govoni et al 2001:7).

The older people and service providers involved in the research provided a range of suggestions about how to convey information on gambling to older people. These were summarised as follows:

1. Utilise a wide variety of sources of information, such as radio, TV, newspapers, seniors' magazines, shopping mall, churches, banks, financial advisors, etc. If each of these sources brings up the topic only a few times a year there will be a steady background of information available to seniors.
2. Take the focus off problem gambling and instead provide information about gambling, e.g. how to gamble safely, and personal interest stories about those who gamble, including those who have experienced problems with gambling.
3. Since excessive gambling appears often to be the result of situational factors, such as boredom, loneliness and depression, programs designed to address these issues should also include the prevention of problem gambling.
4. Develop a range of educational materials for the community to educate doctors, lawyers, community health care providers, financial experts, social service providers, media, etc. These educational aids will enable a wide range of service providers to be aware of and address the issue of responsible gambling and problem gambling. (Govoni et al 2001:20)

Respondents in the AADAC study (2000:5) identified a similar range of activities for reaching older people with messages concerning the risks of gambling including: lectures or discussion groups at senior citizens' drop-in centres; advertisements or personal interest stories in the local newspaper; and posters in doctors' offices.

3.8.2 Prevention and Problem Gambling Interventions with Women

Kimberly (2005) examined the information needs of older females experiencing EGM-related problems. This qualitative study discusses the stages that females EGM users go through from social gambling to problem gambling and ultimately on to problem disclosure and help-seeking. The report argues that at each stage in this process, gamblers have particular information needs:

Social stage – In this stage, females see gambling as a harmless activity carried out with friends in a social setting as a shared experience. They are not aware that there are any potential dangers. They are receptive to information about the potential risk of EGMs and such material should be developed in a way that is relevant to women's particular experiences and motivations for gambling.

Solo Stage – Personal problems such as loneliness, life stresses and the need to get out of the house, lead females to go to gaming venues alone. They are still receptive to receiving information. Such information should alert females to the risks of gambling alone and the signs of potentially addictive behaviour.

Habitual stage – Women become regular patrons, developing increased feelings of security in the venues and seeing these as refuges from their problems. They believe they are still in control of their gambling even though they are probably beginning to lose some control of their playing. They are less receptive to information but may be responsive to information that appeals to their self-image as responsible sensible women.

Secretive stage – Women become self-conscious of the frequency, duration and cost of their activities, feeling that they are involved at a level that would be unacceptable to their family and friends. This leads to secrecy and feelings of guilt. At this stage females are increasingly less receptive to information. However, information may be effective if it appeals to women's honesty or intensifies their guilt about being irresponsible.

The enchanted stage – Women spend more time with an EGM that soothes troubles and forever holds out hope. The loss of control over time and money spent causes dysfunction in other dimensions of their lives. At this stage, they are quite unreceptive to information.

Turbulent stage – In this stage, there is a total loss of control of their behaviour. Financial crises and relationship problems start to occur. Feelings of isolation are increased. Even when females start to suspect they have a problem with gambling they rarely identify with the representations of problem gamblers in electronic and print media. It is usually too late for preventative information or self-help strategies at this stage. The information that females need is about the availability of assistance relevant to their perceptions of the problem.

Cognisant stage – This is the stage when crises created are so significant that there is a feeling of being totally out of control. This is when females admit to themselves the likelihood that their gambling has become a significant problem. Women are then receptive to information. This should be information about where and how to get help.

Alleviated stage – The feeling of total incapacity to cope leads females to reveal their problem and to seek professional help. Often this is accompanied by a confession to family and friends. At this stage counselling is the most effective form of intervention. When they finally seek assistance with their gambling problem, the most important information they need pertains to where and how to get help.

While Kimberly's research is gender specific, it demonstrates that the path from social to pathological gambling is a continuum. It suggests that education programmes and materials need to be developed with awareness of these stages to ensure they are effective in meeting the information needs of people across this continuum. Similar issues were addressed in the study by Govoni *et al* (2001:20) which called for wider dissemination of educational material.

3.8.3 Rates of Success with Older Help-Seekers

McCormack *et al* (2003:126) found that older people who access Gambler's Help in Victoria present problems and maladaptive behaviours that are less severe than for other age groups. Another important finding was that treatment outcomes tend to be more effective with older cohorts.

3.9 Responsible Gambling

3.9.1 Definitions of Responsible Gambling

Since the Productivity Commission conducted its study on Australia's gambling industries and concluded that much more needed to be done to protect consumers from the potential harms of gambling, 'responsible gambling' policies and practices have become a key focus of governments and industry groups across the country.

A range of definitions has been given to the term 'responsible gambling'. McMillen and McAllister (2000) define it as the provision of gambling services in a way that seeks to minimise the harm to customers and the community associated with gambling. Harm minimisation involves implementing procedures that reduce the social, financial and emotional risks that can be related to gambling. Responsible gambling then becomes a preventative strategy that minimises harm and maximises benefits to the community (McMillen and McAllister 2000:7). These authors consider that responsible gambling can be delivered by industry codes (self-regulation), legislation or a mix of these approaches.

Similarly, the Queensland Government's definition of responsible gambling calls for an environment where the potential for harm associated with gambling is minimised. The approach to responsible gambling in the *Queensland Responsible Gambling Code of Practice 2004* is encapsulated as such:

Responsible gambling occurs in a regulated environment where the potential for harm associated with gambling is minimised and people make informed decisions about their participation in gambling. Responsible gambling occurs as a result of the collective actions and shared ownership by individuals, communities, the gambling industry and the Government to achieve outcomes that are socially responsible and responsive to community concerns (Queensland Treasury 2004:4).

This concept of harm minimisation has been considered in detail by Blaszczyński (2002). He sees a number of basic assumptions in the harm minimisation approach:

- Gambling provides a level of recreational, social and economic benefits to individuals and the community;
- A proportion of participants, family members and others suffer significant harm as a consequence of excessive gambling;
- A proper balance needs to be achieved between the social costs and benefits of gambling;
- Complete prohibition is not considered a realistic option;
- Safe levels of participation are possible;
- Abstinence is a viable but not necessarily essential goal for individuals with gambling related problems; and
- For problem gamblers, controlled participation and return to safe levels of play is an achievable goal (Blaszczyński 2002:4).

These assumptions form a useful framework for proposals aimed at developing an appropriate gambling environment for any group of gamblers.

Blaszczyński (2003) cites Maralatt (1998) that three basic strategies emerge in the context of harm minimisation:

- Working with individuals or groups;
- Modifying the environment; and
- Implementing public policy changes.

This aligns with the Queensland Government's harm minimisation approach as outlined in the *Queensland Responsible Gambling Strategy* (Queensland Treasury 2002b).

Dickerson (1998) has argued that 'responsible gambling' should be defined in terms of *informed consent* by consumers. The concept of informed consent facilitates consideration of new harm prevention measures. Dickerson suggested that for the problem gambler, a key issue is control over the duration of sessions rather than their frequency. Therefore, an important factor is the presence of external factors that terminate a session, for example: the player runs out of money, friends or family arrive, or the venue closes. There are also internal factors that lead to persistence of sessions, such as depression, beliefs that a payout is due, or a loss of perception of time. Dickerson's view is that such factors diminish capacity for giving informed consent. He argues accordingly that responsible gambling strategies need to be internalised in the EGM. For example, the player would be shown data on losses, passing of time and money expenditure, and would then be allowed to continue only after acknowledging the information. Another option would be for money and time limits to be set at the

start of the session. Play beyond these limits would require the setting of new limits at a location away from the EGM.

3.9.2 *Efficacy of Responsible Gambling Strategies*

In a later study, Dickerson (2003) reviewed the objectives of responsible gambling practices and questioned whether responsible gambling strategies currently promoted by governments and industry groups are adequate for forms of continuous gambling such as EGMs. He argued that the nature and structure of such forms of gambling are designed at present to undermine effective decision-making by all consumers, not just problem gamblers. To support this argument he examined the behaviour of non-problem gambling EGM users and found evidence that impairment of control over gambling (i.e. staying within preferred levels of involvement with respect to session duration and financial expenditure) occurs on a continuum involving all players rather than being a distinguishing characteristic of problem gamblers. The EGM's persistent sequence of events/games erodes the player's ability to maintain informed and rational choices about purchasing the next game offered by the EGM.

Dickerson (2003) concludes that the typical EGM player cannot be expected to gamble responsibly on continuous forms of gambling as they are currently regulated by governments and provided by operators. His proposal to address this is that the point of sale should be removed from the addictive process inherent in the gambling process:

- To a point in time prior to the commencement of the session; and
- To a point in space away from the gaming room floor.

The first would entail a pre-commitment to money and time and money spent and the second would break the continuous offering. This suggestion warrants further consideration particularly if the survey of older EGM users in the present study indicates that control over EGM use is acknowledged to be a problem by a significant proportion of respondents.

A study by the Centre for Gambling Education and Research (Breen *et al* 2003a) explored the perceived efficacy of responsible gambling strategies in Queensland hotels, casinos and licensed clubs. The key findings were:

1. There was 100 percent self-reported compliance with responsible gambling provisions concerning advertising. However, the authors' note that self-reports was not verified and many of the venues claimed that others were not complying.
2. There were important regional differences in compliance with the *Queensland Responsible Gambling Code of Practice* with higher levels of compliance found in provincial cities and still higher levels in southeast Queensland. A key finding was that financial transaction

practices (for example, not providing credit to patrons for gambling) were complied with more consistently in southeast Queensland than in remote and regional locations. The authors hypothesise that this was because of the closer relationships between staff and patrons in remote areas and that the venues might be used more as 'banks' in this context.

3. There is a difference 'in compliance rates between small and large venues and these differences are quite marked, with small venues much less compliant ... the overall difference in compliance between large and small venues is due to major differences in three practice areas - the provision of information, interaction with customers, and the community and exclusion provisions' (Breen *et al* 2003a:47-8).

While this study provides no evidence for or against the efficacy of the Code's responsible gambling measures, these findings are nevertheless of significance to the present study of older EGM users since they indicate that the geographical location and size of gaming venues will influence the level of harm minimisation measures in place to protect older gamblers.

3.10 Problem Gambling Screening Tool

In their survey of the literature on seniors who gamble, Munro *et al* (2003:34) reported that a number of studies point to limitations in the design of instruments used for gathering data from older people about their gambling behaviour. In particular, the South Oaks Gambling Screen – Revised (SOGS-R) was identified as having shortcomings.

Wiebe (2002:95ff) gives a detailed critique. She noted widespread concerns that problem gambling screens are based on findings from treatment populations. In her study, she set out to examine specifically the appropriateness of SOGS-R with an older adult sample. Analysis of her results led her to conclude that some type of weighting was required since items did not appear to contribute evenly to the total score. She was also of the view that many of the questions were not appropriate to older gamblers; an example was asking if work had been missed because of gambling, a point which was irrelevant to most of the respondents as they were retired. Twenty of the SOGS-R items are related to borrowing and did not show high endorsement. Wiebe's explanation is that for this older generation borrowing was not the norm. She proposes that for older people, problem gambling might have less to do with borrowing money and more to do with what is being compromised because of the time and money being spent on gambling. Since many older adults have fixed incomes, even small amounts spent on gambling could have significant impacts on major life areas.

In the light of the emerging criticisms of SOGS-R, consideration was given to use of the Canadian Problem Gambling Index (CPGI) for the present study's survey of older EGM users. The CPGI was developed to provide a more meaningful measure of problem gambling in general population surveys.

It was also intended to contain more indicators of the social and environmental context of problem gambling (Canadian Centre on Substance Abuse 2001). An additional advantage in using this screen for the present study is that it was the screen of choice for the *Queensland Household Gambling Survey 2001* (Queensland Treasury 2002c), thus offering scope for comparison of results.

3.11 Venue-Based Survey Methodologies

UQSRC adopted a venue-based approach to surveying older EGM users in the present study. To facilitate the development of the survey and its administration, the survey instruments and methodologies of previous responsible gambling studies were considered. In particular, a study by the CGER was reviewed (Breen *et al* 2003a, 2003b) because this too had involved surveys of club patrons, including a postal survey of the membership of four clubs and a venue-based survey at six clubs. These clubs all had Keno, TAB and EGM gambling facilities.

The methodology for the latter survey entailed a research assistant setting up table and chairs in the foyer of each club and inviting people entering or leaving to complete the questionnaire. Signs were posted near the table explaining the purpose of the survey. The research assistant spent two days and nights (10:00 am to 10:00 pm) in each of the clubs.

The study's authors acknowledge that all ten clubs were located in Sydney. The sample included different types of clubs (RSL, sporting and community) with varying membership bases and located in areas with different socioeconomic profiles. The authors argue that while the sample was not representative of the membership of registered clubs across New South Wales, it was anticipated that, by choosing a sample of clubs that varied by type, size, location and membership profile, the results would not be overly biased towards clubs with particular characteristics. In reality, the selection of the club sample was also determined by the willingness of the clubs to participate in the research (Breen *et al* 2003a:35).

The on site survey generated 248 responses with approximately two thirds of respondents (65%) being male. Respondents aged 55 plus constituted 31 percent of the sample. Problematic gambling behaviour was measured using the Harm to Self Scale of the Victorian Gambling Screen. The highest level of problem gambling was for 25-34 year olds with 46 percent of problem gamblers belonging to this age bracket. The greater propensity for males and for younger age groups to experience problem gambling is consistent with problem gambling levels estimated in Australian and Queensland population studies.

4 Findings from Stakeholder Consultations

4.1 Survey of Licensed Clubs with EGMs

A survey of managers of licensed clubs in southeast Queensland with EGMs was undertaken as outlined in Section 2.4.1. This consultation occurred prior to the decision to expand the definition of older people to 60 plus, so the data generated from the survey of club managers pertains to patrons aged 65 plus.

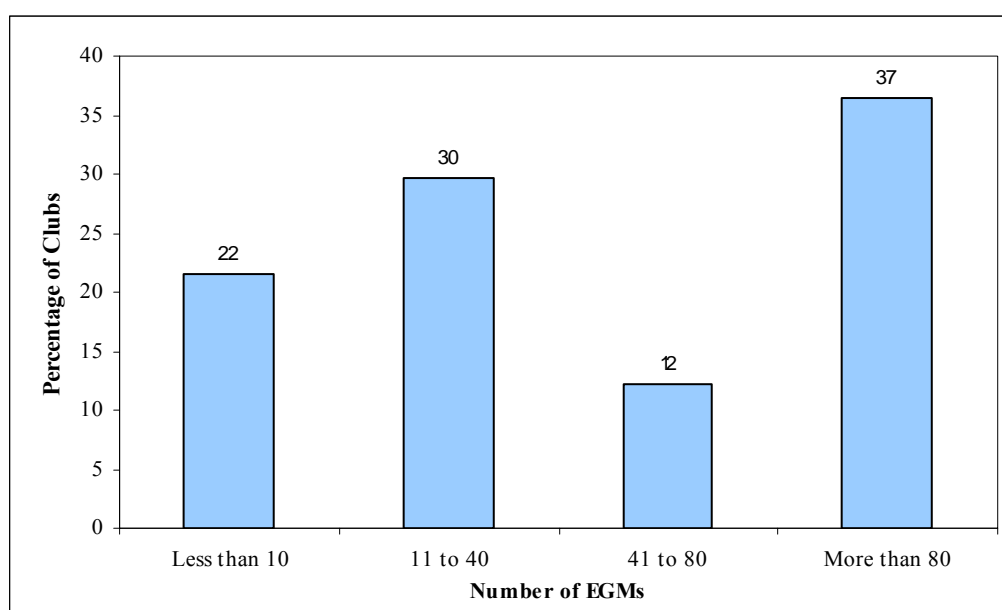
4.1.1 Participating Clubs

A total of 80 clubs from across southeast Queensland completed the questionnaire; 36 were by post (a response rate of 31 percent) and 44 by web survey (a response rate of 19 percent). Two-thirds of these described themselves as sports clubs; 23 percent were RSL clubs; the balance was a mix of social and other types of club. (See Appendix 1 for consultation questionnaire.)

Participating clubs ranged in the size of their membership from less than 100 to over 25,000 members. Twenty-nine percent of clubs participating had less than 800 members. As outlined in Figure 4.1, clubs also varied in terms of the number of EGMs they operated. All but one club reported that their EGMs were available for use throughout the club's operating day. Over a third (35%) of participating clubs reported that patrons aged 65 plus constituted at least half of their total membership, and 90 percent considered that the number of their patrons aged 65 plus had increased or at least remained the same over the last five years.

Figure 4.1 Number of EGMs in Operation at Participating Clubs

(*n*=80)



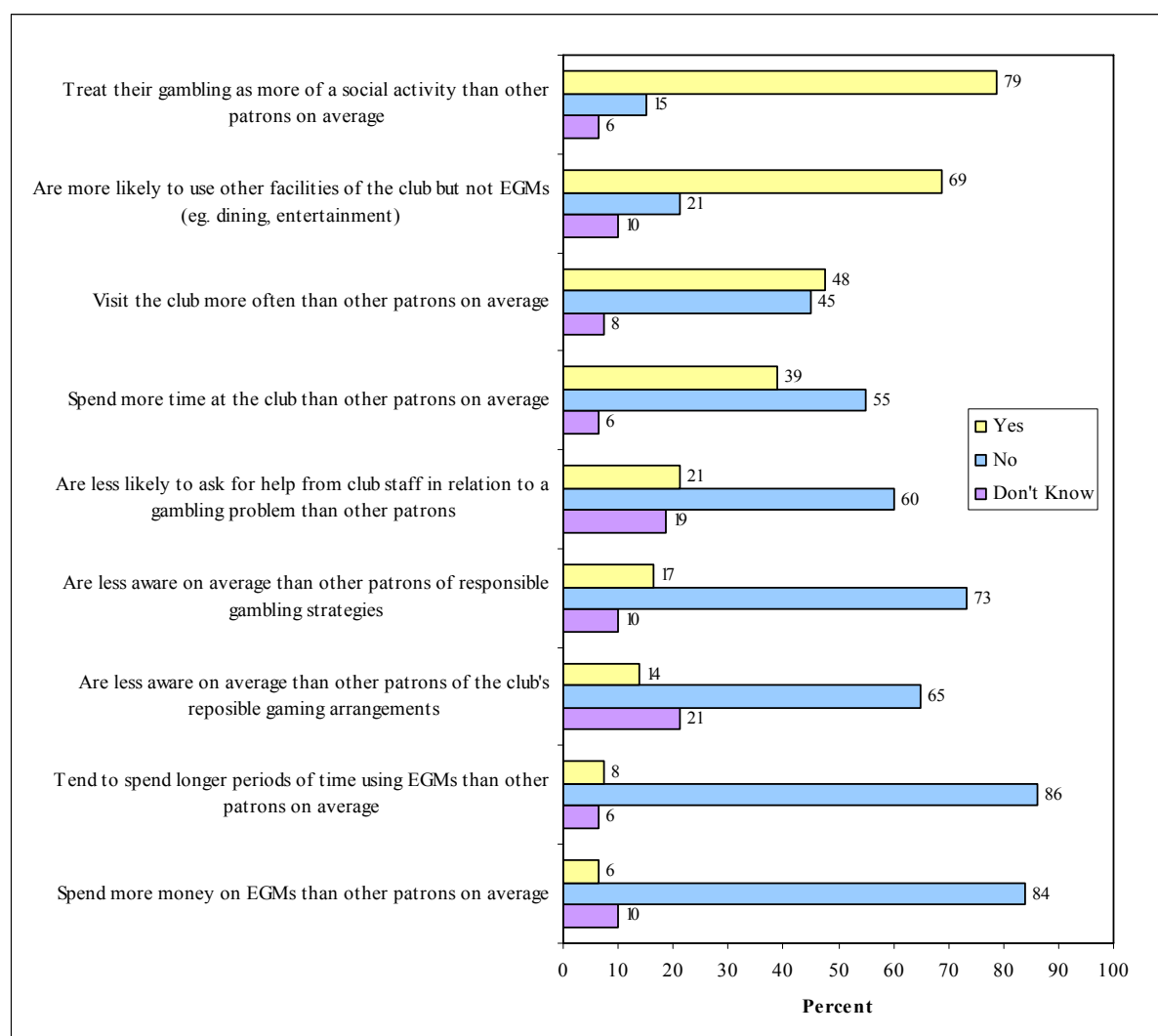
Almost two-thirds (63%) of respondents considered their older patrons' use of EGMs to be *important* or *very important* to the club. Seventy-nine percent of clubs reported providing support to older people's community groups, such as providing meeting rooms in the club or making regular donations.

4.1.2 Observed Behaviour of Older Patrons

Most clubs had not noticed any particular issues associated with older people's use of the club and the club's EGMs. However, one reported that older patrons 'use the club as a social event and when gaming they tend to bet very low credits to extend the time they spend on a machine'. Another club commented that pension days are their busiest.

Clubs were asked to report their observations of the behaviour of older patrons and compare this to that of their younger patrons (Figure 4.2).

Figure 4.2 Observations of Behaviour of Older Patrons Relative to Younger Patrons
(n=80)



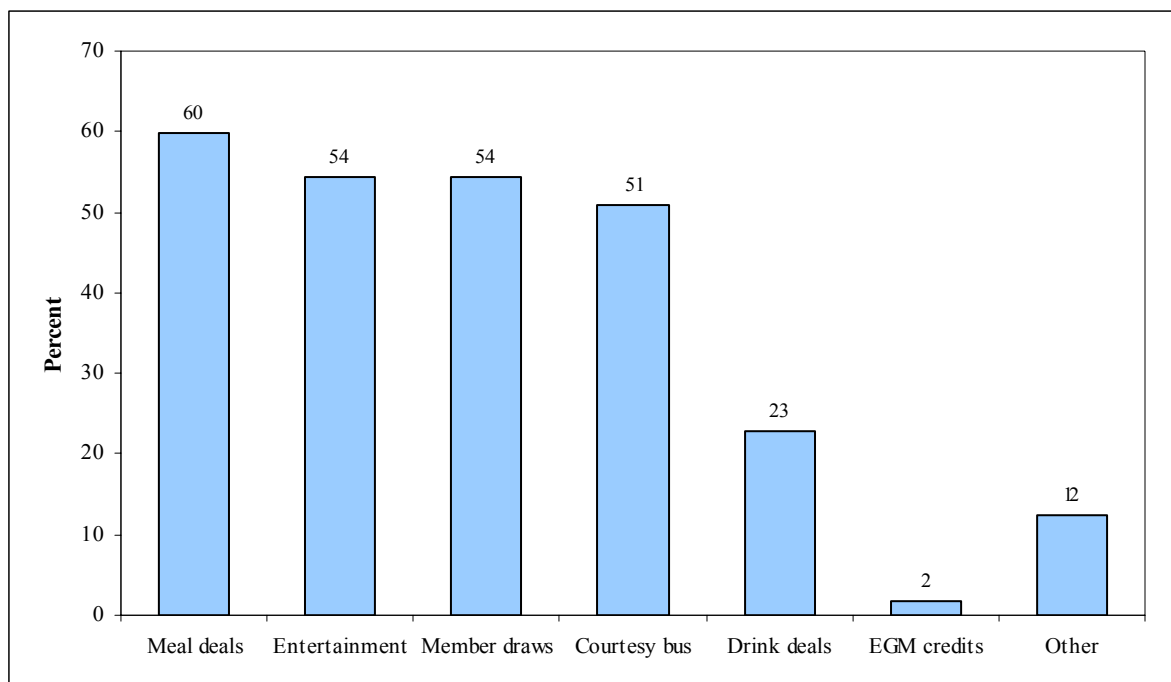
Most clubs (86%) did not believe that older patrons spend longer periods of time using EGMs on average than young patrons, or that they spend more money on EGMs (84%). However, a considerable proportion (39%) did believe that older patrons spend more time at the club than other patrons. Most clubs (79%) observed that older people tend to treat their gambling as more of a social activity than other patrons, and that they are more likely than other patrons to use other facilities of the club (such as dining, entertainment, bar) but not EGMs (69%).

With regard to responsible gambling, only 17 percent of respondents felt that older people are less aware of responsible gambling strategies and only 14 percent felt that they are less aware of the club's responsible gambling arrangements. One fifth (21%) thought that older patrons are less likely to approach club staff for assistance in relation to a gambling problem. However, 89 percent of clubs thought that patrons aged 65 plus were less likely than other patrons on average to experience a gambling-related problem.

4.1.3 Club Promotions

Clubs were asked what promotions they ran directed mainly at older people. Special meal deals, live entertainment, member number draws and courtesy buses were the most common, as outlined in Figure 4.3.

Figure 4.3 Club Promotions Directed at Older Patrons
(*n*=80)



NB: This data is based on a multiple response question, so figures do not add up to 100%.

Other promotions directed at older patrons included:

- Raffles;
- Group activities for seniors including exercise, art and dancing classes;
- Bingo; and
- Grocery grabs (an EGM promotion where winners take home free groceries).

Twenty percent of respondents reported that promotions usually combine social and gambling activities.

4.1.4 Implementation of Responsible Gambling Code of Practice

Virtually all the clubs (97%) reported that they had completely or substantially implemented the *Queensland Responsible Gambling Code of Practice*. Clubs' self-reported compliance with the Code varied in relation to different provisions. The provisions most consistently complied with are outlined in Table 4.1. The first point listed, regarding restrictions on the provision of credit for the purposes of gambling, was likewise listed as one of the 'most effectively implemented practices' in clubs and hotels in QOGR's implementation review of the *Code of Practice* (QOGR 2004:51).

Table 4.1 Responsible Gambling Provisions Most Strongly Complied With by Clubs

Relevant Provision of Code	Self Reported Level of Compliance (n=80)
Credits and loans are not given to anyone for the purposes of gambling	100%
Advertising and promotions do not implicitly or explicitly misrepresent the probability of winning a prize	100%
Information about the potential risks of gambling and where to get help for problem gambling is displayed in gambling areas and near ATMS and EFTPOS facilities	98%
Responsible gambling training is provided for all staff who provide gambling products to customers	96%
Major winnings are paid out in cheque or electronic transfers with a 24 hr delay in payment	95%

Provisions of the Code least complied with by participating clubs according to their self-reports are summarised in Table 4.2. The first and last of the provisions listed – discouragement of patrons' participation in extended, intensive and continuous play, and the service of alcohol to encourage breaks in play – were similarly identified as 'least effectively implemented practices' in clubs and hotels in QOGR's implementation review of the *Code of Practice* (QOGR 2004:48).

Nine clubs that had introduced responsible gambling training for staff reported having provided training specifically in relation to the needs of older patrons. Unfortunately no further information was gathered about the nature and scope of this training.

Table 4.2 Responsible Gambling Provisions Least Strongly Complied With by Clubs

Relevant Provision of Code	Self Reported Level of Compliance (n=80)
Practices are implemented to ensure that customers are discouraged from participating in extended, intensive and repetitive play	69%
Meaningful and accurate information about the odds of winning major prizes is displayed in gambling areas	71%
Information about self-exclusion provisions is displayed in gambling areas	76%
The service of alcohol is managed in such a way as to encourage customers to take breaks in play	84%

4.1.5 Perceived Effectiveness of Code for Protecting Older EGM Users

Over two-thirds of participating clubs (68%) believed that the practices set out in the *Queensland Responsible Gambling Code of Practice* are effective for minimising the risks EGMs pose to older people. A quarter of respondents (25%) felt the provisions of the Code were not specifically relevant or effective for older people. One reason given by respondents for this is that the Code is generic in its scope and content and not tailored to the particular needs of any age group. Older people may have specific needs and preferences for the communication of responsible gambling messages that need to be considered:

‘The new regulations are not specific towards any particular group – it is designed for the assistance and good for all’.

‘Practices have been designed for the general population. Older people tend to not ask for assistance with anything but are in fact less likely to spend more than they can afford. Although I believe our older members understand the policies we have in place, I believe the use of simple instructions and policy wording would definitely be welcomed.’

‘Most aged persons visiting or members of the club do not read material throughout the club unless it is particularly of interest to them. However we find that they spend a lot of time watching TV, listening to the radio or reading papers.’

Another reason given is older people’s negative attitudes towards being told what to do:

‘The older patrons of the Club have very little interest in the rules and regulations involving gaming. Their theory appears to be that they are old enough to decide for themselves.’

‘Most older people know how much of there [sic] money is for entertainment and stick to that budget.’

A final reason given for the perceived irrelevance or ineffectiveness of the Code's harm minimisation provisions in relation to older people is scepticism about the efficacy of responsible gambling practices more broadly:

'I don't believe the practices minimise risk for ANY age of patron. If a problem gambler is intent on gambling, these measures have no effect whatsoever. Until the problem gambler admits and asks for assistance, nothing will change. I do feel strongly about giving assistance to a problem gambler who requests it.'

4.1.6 Other Strategies Recommended for Enhancing the Safety of Older EGM Users

Many of those who participated in the consultation emphasised the social aspect of older people's attendance at the club and participation in gambling activities. One suggestion made for improving the safety of older people is to provide more social activities for patrons:

'[Generate more] interaction. Sometimes [older patrons] only play because they have no one to talk to. Try to involve patrons in conversations'.

'Clubs must ensure that they have other activities (other than EGMs) for all members but particularly for older people as older people more than others look upon the Club as their main place of entertainment and social interaction during the day.'

A frequently made suggestion for improving the safety of the EGM environment for older patrons related to the service of beverages in a manner which encouraged breaks from playing the EGMs.

'Provide free non alcoholic beverages to ensure they are having a break from gaming'.

'The patrons can also move off the EGMs to the Coffee Shop area overlooking the ocean and enjoy a coffee and cake'.

'We provide 'take a break' coffee vouchers for a free cappuccino'.

'No drink service offered to patrons playing EGMs'.

Another suggestion for breaking continuous EGM play is to require players to go to the change counter to obtain all EGM payouts.

Other suggestions made include providing 'more education for the older market' and making available to older people's social groups and organisations information fliers and brochures from gambling-related support services. Running responsible gambling information sessions with groups of older patrons is also suggested – an idea raised previously by older people consulted in Canadian research on older people and gambling (see AADAC 2000:5-6). Finally, it was suggested that clubs 'ensure

staff are monitoring all patrons and communicating with them so that they may pick up if there is a problem with gaming’.

4.2 Consultation with Gambling Help Service Providers

As outlined in Section 2.4.2, semi-structured interviews were conducted with the directors of all 13 Gambling Help services funded by the Queensland Government and the director of the 24-hour statewide Gambling Help Line which provides emergency counselling and referrals. Interviews were also conducted with Gamblers Anonymous and the Salvation Army’s Moonyah Rehabilitation Service. The purpose of the consultation was to gain insights into the needs and characteristics of older people who seek help for gambling-related problems in Queensland, particularly problems related to EGM use. Some of the specific issues explored include:

- Proportion of clients who are aged 60 plus;
- Gender make-up of older help-seekers and observed differences in the needs and characteristics of older male and female clients;
- Involvement of clients with EGM-related problems in other forms of gambling;
- Awareness of issues that commonly contribute to problem gambling in older people;
- Awareness of any issues that may act as an obstacle to older people seeking assistance;
- Intervention strategies that are either effective or ineffective for addressing the needs of older help-seekers;
- Older help-seekers’ preference for abstinence or controlled-use approaches to managing gambling problems;
- Arrangements in place to support older people’s access to the service;
- Information about training offered to staff in relation to the needs of older people;
- Views and observations about the impact of club promotions on older people’s gambling behaviour; and
- Views about how the safety of older people who use EGMs could be improved in venues around the State.

This section of the report summarises key issues arising from this consultation. The consultation with the Gambling Help Line is summarised separately at the end of this section because of the unique status of this State-wide telephone-based service.

4.2.1 Characteristics of Help-Seekers who are 60 plus

Gambling Help service providers were asked about the proportion of their clients who were aged 60 years and over. Most agencies indicated that relatively few of their clients were aged 60 plus but referred the research team to Queensland Treasury for summary statistics. Aggregated client data from

1 January 2002 until 30 September 2005 was provided by the QOGR on request. Tables 4.3 and 4.4 summarise this data.

Over the data collection period, clients aged 60 plus made up only seven percent of the total help-seeker population. Of help-seekers aged 60 plus, females consistently out-numbered males, averaging 62 percent of older help-seekers. However more males (51%) than females (49%) approach Gambling Help services for their own gambling problem, while more females (72%) than males (28%) approach Gambling Help services about the gambling of someone else.

Table 4.3 Gambling Help Services Client Data – January 2002 to September 2005 – Proportion of Clients Aged 60 plus

Data Period	Total Number of Clients Assisted	Number of Clients Aged 60 plus Assisted	Percentage of Clients Aged 60 plus
1 Jan – 31 Dec 2002	1,186	81	7%
1 Jan – 31 Dec 2003	1,449	91	6%
1 Jan – 31 Dec 2004	1,513	92	6%
1 Jan – 30 Sept 2005	1,051	80	8%
TOTAL	5,199	344	7%

Table 4.4 Gambling Help Services Client Data – January 2002 to September 2005 – Proportion of Clients Aged 60 plus by Gender

Data Period	Female Clients Aged 60 plus			Male Clients Aged 60 plus		
	Number	Proportion of all clients	Proportion of clients aged 60 plus	Number	Proportion of all clients	Proportion of clients aged 60 plus
1 Jan – 31 Dec 2002	48	4%	59%	33	3%	41%
1 Jan – 31 Dec 2003	54	4%	59%	37	3%	41%
1 Jan – 31 Dec 2004	60	4%	65%	32	2%	35%
1 Jan – 30 Sept 2005	51	5%	64%	29	3%	36%
Average over full data collection period	n/a	4%	62%	n/a	3%	38%

These figures should not be interpreted as the proportion of older people with gambling problems or the relative proportion of older females with gambling problems to men; rather they describe the population of people who have sought assistance for a gambling problem, either their own or someone else's.

4.2.2 Gender Differences in Older Help-Seekers

A majority of service providers identified differences between their older male and female clients. While these differences are impressionistic, they are reasonably consistent with the gender differences

identified in previous research (for example Delfabbro 2000; Petry 2002). Males were generally regarded as having a more aggressive attitude to gambling and being prepared to risk larger amounts; they are more commonly 'out to beat the machine' and more likely gamble and drink at the same time. It was noted by a couple of service providers that males tend to be more convinced that they can resolve their own problems – an observation that may account for the smaller proportion of males who seek help. It was also commented that older males are more commonly mandated to attend counselling than women. Women are more often found to use gambling as a means to escape from situations of loneliness or grief, or feelings of uselessness and disorientation associated with no longer having children or a partner to care for. Women are observed to be less focussed on winning, and playing EGMs is often their first experience of gambling. One service provider summarised these differences in the following way:

'Women seem to be more motivated by loneliness than boredom; men seem to be compulsive about the gambling itself rather than being socially motivated'.

While another commented:

'Typically male clients are trying to beat the thing, to win, to overcome it. For many female clients it's not the winning; its being in a place of safety, a special place that they can go'.

4.2.3 EGM Help-Seekers' Involvement in Other Forms of Gambling

Two thirds of the service providers interviewed were of the view that clients with EGM-related problems do not usually have addictions to other forms of gambling. Several respondents noted that males who play EGMs may also bet on horseracing but females will tend to play only EGMs. This is at least since it has become acceptable for females to go to clubs. Others found that a significant minority of their clients with EGM problems also play TAB, lotto, scratchies and Keno.

4.2.4 Underlying Issues Contributing to Problem Gambling in Older People

Support service providers identified a relatively consistent set of issues underpinning problem gambling behaviour in their older clients. Boredom, loneliness, isolation, grief, loss, illness, relationship breakdown, depression, anxiety, poor health, reduced sense of personal independence, greater leisure time, difficulty adjusting to retirement, children leaving home and partners and friends dying, are some of the issues service providers associated with older people's tendency to experience problems with gambling. A couple of service providers noted that older people can get caught up in gambling as a strategy to supplement a limited retirement income. One agency estimated that around 20 percent of their clients had financial problems and over half had related personal circumstances such as loss of a partner or isolation. One agency noted that experiences of domestic violence and abuse may also underlie particularly women's development of problem gambling.

4.2.5 Barriers and Supports to Help-Seeking

Approximately half of the service providers interviewed felt that older people were more likely to defer seeking help than other gamblers. A number of reasons were put forward for this:

- Older people tend to feel that by this point in their lives they should be able to fix their own problems without external help.
- Counselling has not been commonplace in the lives of older people and talking about one's feelings and problems, moreover to a stranger, feels quite alien.
- For many older people there is strong shame associated with losing money, making it difficult to admit to.
- Talking about personal and financial problems to a younger person can heighten older people's sense of embarrassment about seeking help, particularly if they have the expectation that older people 'should know better'.

Some respondents did not share the view that older people are less likely to seek help, believing that *all* individuals are reluctant to come to counselling, and that 'there is a huge stigma and taboo around seeking help for gambling in general'.

Help-seeking would appear to be prompted for many older gamblers by one or more crisis incidents or by financial stress that has reached an unmanageable level. In the majority of cases, it is the gambler who contacts the service to seek help, usually as the result of either contact with the 24-hour Gambling Help Line, advertising at a venue, or the suggestion of their children. According to service providers, children play an important role in assisting those with gambling-related problems by picking up changes in their parents' behaviour, confronting them about the problem and encouraging them to seek assistance.

4.2.6 Effective Interventions with Older Help-Seekers

Service providers were asked if they felt counselling was likely to be a more or less successful intervention with older clients. Most agencies were of the view that the likelihood of success depends predominantly on the individual's readiness to change and the resources and social supports available to them to facilitate this, irrespective of their age. Providers noted a high rate of 'relapse' amongst help-seekers with EGM-related problems following a period of counselling. However, older people were not seen to be more or less likely than other groups of help-seekers to relapse.

Services indicated involvement in a range of early intervention and prevention initiatives including community and school-based education programs; talks on the radio; information displays in schools and shopping centres; and education and training for generalist service providers, community groups

(including senior citizens' groups) and gambling providers to help these practitioners identify the early signs of problem gambling. Services commonly work with gambling providers to help them identify and refer players with problems. Some also assist gambling providers with the development of educational materials. None of the services consulted provide early intervention programs specifically directed at older people.

One Gambling Help service provider observed that older people often do not read brochures and that television, radio and newspaper advertising or media articles/features are a better way of educating them about the risks of gambling, the odds of winning and where to get help.

Most agencies did not report having counselling strategies that they use more commonly with older people. Rather, intervention strategies are determined on an individual basis according to a client's particular needs and goals. Attending to the underlying causes of the problem is seen to be important. To this end some service providers work to link older people into social networks and activities like volunteer work in cases where isolation and boredom are the underpinning motivations for gambling. Some counsellors indicated a preference for psycho-educational approaches or narrative therapy because these are successful and positive strategies that work across all client groups. One provider commented that face-to-face counselling and group work tend to be more effective than telephone counselling.

4.2.7 *Abstinence versus Controlled-Use of EGMs*

Just under half of the agencies consulted indicated that their older clients are more likely than other clients to be seeking an outcome that will allow them to continue gambling because gambling venues provide them with an important social and recreational outlet that they do not want to lose. Accordingly they are anxious to learn how to control their use of EGMs and manage big losses more effectively. However, some agencies expressed concern about the efficacy of controlled-use approaches to problematic EGM use.

4.2.8 *Accessibility Issues for Older Help-Seekers*

While services do not generally have special access arrangements for older clients, most are able to accommodate those with mobility problems by providing telephone counselling and having premises that are modified to enable wheelchair access. Home visits are not a common feature, but some services do provide these where requested. Such services are not usually advertised. One service observed that in terms of service accessibility, the provision of interpreters is important.

4.2.9 Staff Training

None of the services consulted indicated that they were providing staff training on the specific needs of older clients with most agencies of the view that the counselling skills required for working successfully with clients are not age-specific. Some agencies reported providing training to staff around cultural and linguistic diversity, gender and sexuality issues, and mental illness, all of which may be of benefit in working more effectively with older clients.

4.2.10 Views about Venue Promotions

A number of agencies consulted were of the view that clubs target promotions at older players in ways that encourage them to attend for extended periods of time by offering incentives and rewards often in the form of cash or chips that can be redeemed by using an EGM. It was also noted that venue promotions tend to be run during the middle of the day when older members are able to attend for extended periods of time. One agency expressed concern about the practice of running Bingo at clubs because following the Bingo session players move *en masse* to playing EGMs. While many agencies felt that venue promotions and other activities like Bingo were successful in attracting older people into clubs to play EGMs, no evidence was presented that these lead directly or necessarily to gambling problems.

4.2.11 Views about Responsible Gambling Practices

Respondents were asked if there were any changes that should be made to increase the safety of the EGM environment for older EGM users. A number of suggestions were made, but most felt these practices would be valuable for all EGM users. Suggestions made include:

- Require EGMs to display, at regular intervals, the amount lost and time spent on the machine to help players maintain awareness of their behaviour;
- More clearly separate gambling areas from the rest of the club so that people have to make a deliberate choice to enter, rather than just be ‘drawn in’;
- Instigate daily limits on the duration of play;
- Place a ban on misleading advertising which suggests that everyone wins;
- Prohibit promotions being held on pension days so that older people can buy their essentials before gambling;
- Generate more community-based activities to cater for the entertainment and social needs of older people so they are not so reliant on clubs and EGMs;
- Improve the level of natural light in gaming areas and install clocks so that people do not so easily lose track of time and place;

- Serve drinks and run other forms of entertainment in other parts of the club or hotel so that people are encouraged to have breaks in their play;
- Do not serve drinks in gaming areas so patrons have to break their play periodically;
- Use a player ID/access card across EGM venues so that patrons can keep track of how much they are spending over time, set limits on their expenditure or request exclusion more easily across venues;
- Stop reward programs and buses running to clubs.

4.2.12 Consultation with Gambling Help Line

The Gambling Help Line, which provides the 24-hour counselling, information and referral service for Queensland, was also consulted in relation to the needs and characteristics of older people who seek help for gambling problems, particularly EGM-related problems.

The provider of this service, Turning Point, also operates the equivalent Gambling Help Line services for both Victoria and the Northern Territory. Many of its contacts are from callers in crisis or at-risk situations for which counselling is provided and referrals given, usually to specialist gambling related support services. Approximately 70 percent of callers self-report taking up referrals offered by the Gambling Help Line. Ongoing counselling is also provided where circumstances indicate that this is appropriate. This might be where the caller requests this; geographical isolation means that telephone counselling is the only viable option, or where it appears that for this individual this is the most appropriate form of intervention. The service develops management plans for this two to three percent of clients. Counselling usually occurs over a series of four to five sessions. Clients have access to a nominated counsellor.

While the service collects a range of demographic and trend data in relation to Gambling Help Line calls, the sub-population of older gamblers is not heavily represented. The comments made in relation to this sub-group are predominantly of a qualitative/anecdotal nature, as provided by counsellors working on the Gambling Help Line.

The Gambling Help Line receives approximately five to six thousand calls per annum⁸. The gambler makes the initial contact in 69 percent of calls with ten percent from partners, three percent from parents, two percent from children and the balance from family, friends and various sources. Where callers identify a specific problem gambler, approximately six percent of these are aged 61 to 70. This proportion falls away sharply for older groups, particularly for those over 80 years of age. It is unclear

⁸ This figure is slightly higher than Gambling Help Line statistics maintained by QOGR. This is because the larger figure represents total calls received (raw demand capture), not just the calls handled by the service (response level). The Gambling Help Line typically operates with a response rate of 85-87 percent, meaning that 13-15 percent of calls are terminated by the caller before they can be answered by a counsellor.

why this group may be under-represented in help-seeking by telephone. Strategies to reduce any possible under-representation include community awareness raising and targeted promotion to older gamblers.

Approximately 86 percent of callers report problems associated with EGMs. Anecdotally, older males may appear to present with problems involving multiple forms of gambling. Older gamblers who contact the service seek help for a range of problems. A number of counsellors expressed a view that older gamblers are particularly inclined to seek methods of controlled gambling and harm reduction rather than a focus on ceasing gambling. Particular themes identified by older gamblers on the Gambling Help Line include issues of boredom, isolation/loneliness, family problems, grief, homelessness, escape-seeking and co-morbid mental health concerns.

Gambling Help Line counsellors undertake a range of training activities; however, this does not include specific age-related training. The age distribution of counsellors incorporates a number of counsellors between the ages of 50-65 with significant life-experience.

On the whole, Gambling Help Line counsellors were of the view that older people are not particularly well informed on the risks of gambling or do not have a high level of cognition of risk behaviours. Potential strategies to address this could include age-appropriate signage and material (in the venue/gambling environment) that would inform and educate those playing the EGMs. It was also suggested that new staff in venues be made aware of possible age-related problems and be encouraged to assist older gamblers who might be showing signs of problem gambling.

4.3 Consultation with Relevant Non-Government Organisations

As outlined in Section 2.4.3, consultations were undertaken with five non-Government organisations that represent the needs and interests of older people in Queensland. The purpose of consulting with these organisations was to determine their knowledge and understanding about the needs and circumstances of older people in Queensland who participate in gambling, particularly EGMs. This section of the report summarises the key issues arising from this consultation. The consultation aimed, in particular, to elicit the views or knowledge of these organisations in relation to the following:

- The extent to which older people in Queensland experience gambling related problems, particularly with EGMs;
- Underlying causes of older people's gambling problems;
- Characteristics of older people experiencing gambling problems;
- Specific support provided by the organisation or their member organisations for older people with gambling problems;
- Promotional activities undertaken by EGM venues directed at older people;

- Strategies for increasing the safety and enjoyment of older people who play EGMs.

For organisations representing the needs of people from migrant or refugee backgrounds, the consultation sought to elicit further information in relation to particular problems that might be experienced by older people from non English-speaking backgrounds in relation to EGM use, problem gambling and help-seeking.

4.3.1 Limitations on Consultation

Almost all the organisations consulted indicated that their primary focus is policy advocacy, so while aware of responsible gambling and other policy issues surrounding the provision of EGMs, most had no direct contact with older problem gamblers and were not involved in the provision of support services. This limited the ability of these organisations to comment on many of the consultation topics listed above.

4.3.2 Views about Club Promotions

A couple of organisations were of the view that gaming venues are very successful in encouraging older people's patronage and EGM use through promotions and that this potentially increases older people's likelihood of acquiring gambling problems. One respondent thought that clubs' targeting of older people was more likely to occur where the venue had not fully implemented the responsible gambling provisions of the *Queensland Responsible Gambling Code of Practice*. A few of the organisations felt that older people as a group are at particular risk in relation to club promotions and the development of gambling problems because of their tendency to lack experience with gambling and because club advertising can be misleading and seductive.

A couple of organisations expressed concern that the success of clubs in attracting older people has resulted in a reduction of older people's involvement in their own organisations' activities for older people, such as bus trips, group theatre events and information sessions. Concern was expressed that missing regular meetings run by such organisations may mean that older people are missing out on important information such as updates on Centrelink procedures or tax requirements.

Most organisations acknowledged that clubs offer a range of benefits to older people. Most notably, they provide older people with an opportunity for entertainment and social interaction, particularly through the provision of courtesy transportation. They also provide older people with cheap nutritious meals that many older people might not otherwise prepare or have available to them. These are benefits that a couple of the organisations felt need to be considered in assessing the social and economic costs of EGMs.

4.3.3 Views about Efficacy of Counselling with Older People

Most of the organisations interviewed were not in a position to comment on older peoples' attitudes to counselling and help-seeking behaviour as they do not deliver counselling, support or referral services to older people with gambling problems. However, a number of respondents did argue that there is a need for targeted education programmes for this group and that such programs should illuminate the gambling process, explain the odds of winning and outline the risks involved.

4.3.4 Perceived Needs of Older People from Non English-Speaking Backgrounds

One organisation noted that, while people from non English-speaking backgrounds gamble for the same reasons as other older people, they can experience particular problems. Some older migrants and refugees start to dwell more on pre-migration and migration traumas as they age and gambling can provide a means to escape those distressing memories. Deterioration in English language skills often accompanies this re-traumatisation process, along with ageing more generally; this can result in increased social isolation. These factors together with a generational tendency to value self-reliance and distrust counselling can magnify the barriers that older migrants with gambling problems have in seeking help.

A couple of organisations were of the view that Gambling Help services are often not easily accessible to people from non English-speaking backgrounds because of cultural and language differences. One organisation recommended that a dedicated service be developed to meet the information and support needs of those with gambling problems from non English-speaking backgrounds. Targeted education programmes focusing on enhancing older people's cognition of risks associated with gambling was also recommended specifically for migrants and refugees from non English-speaking backgrounds.

5 Findings from Survey of Older People

5.1 Characteristics of Sample

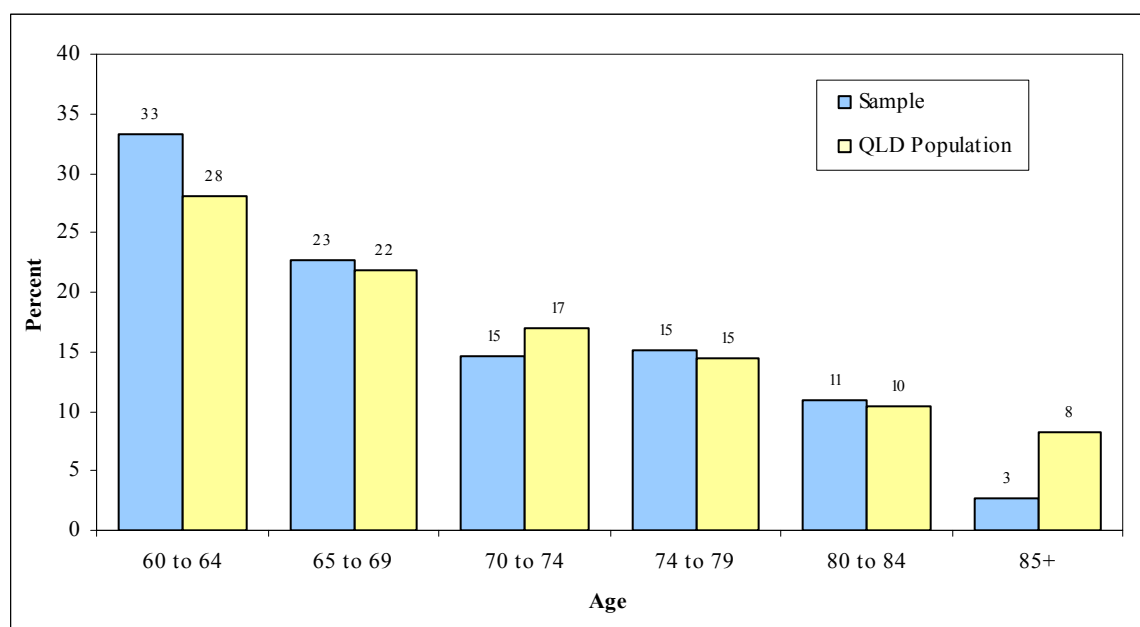
As outlined in Section 2.5, 414 older people (aged 60 plus) who play EGMs on a regular basis (at least once every three months) were surveyed at random at seven licensed clubs around the broader Brisbane region.

Approximately two-thirds (65%) of the sample were females (compared to their 53 percent proportion of the Queensland population aged 60 years and over (ABS 2006:17)). At each venue visited, the proportion of older females present was consistently and obviously greater than older men.

Marital status closely reflected trends in the broader population. Fifty-seven percent of respondents were married (c.f. 61% Queenslanders aged 60 plus) and a further 23 percent were widowed (c.f. 24% Queenslanders aged 60 plus). Ten percent were divorced (c.f. 8% Queenslanders aged 60 plus) and four percent had never married (c.f. 5% Queenslanders aged 60 plus) (ABS 2002a⁹).

Almost a quarter of respondents (24%) reported having an ongoing disability (excluding temporary conditions or sight problems that can be corrected with glasses or contact lenses) that restricts everyday activities.

Figure 5.1 Age of Respondents Compared Against Queensland Population Estimates
(*n*=414)



NB: Queensland population data for September 2005 sourced from ABS (2006:17).

⁹ ABS spreadsheet B04: Age by Registered Marital Status by Sex. Comparison percentages based on exclusion of overseas visitors and Queenslanders aged under 60 years.

The spread of respondent ages corresponds closely with Queensland population estimates, although the proportion of those between 60 and 64 years in the sample is higher than in the population by five percent (33% instead of 28%) and the proportion of those over 85 years in the sample is lower than for the population by five percent (3% instead of 8%) (see Figure 5.1) (ABS 2006:17).

Levels of educational achievement (Table 5.1) were generally low compared to the general population, a characteristic of the sample attributable to differences in generational access to education. Given these generational factors, the proportion of the sample with post-secondary education could be considered relatively high.

Table 5.1 Respondents' Level of Educational Achievement

Level of Educational Achievement	Percent (n=414)
Did not complete Year 10	33% ¹⁰
Completed high school to Year 10	24%
Completed high school to Year 12	16%
Trade qualification or apprenticeship	9%
Certificate or diploma (TAFE or business college)	9%
University degree	5% ¹¹
Postgraduate degree or diploma	1% ¹²
No response	2%
TOTAL	100%

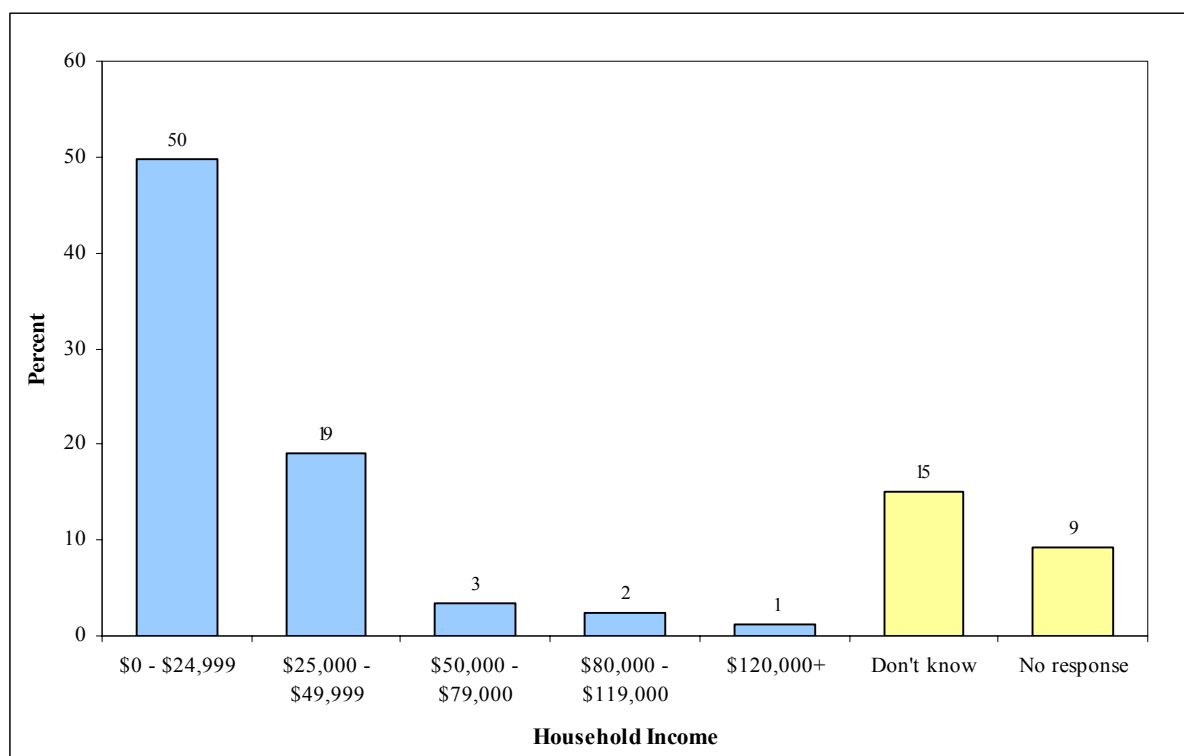
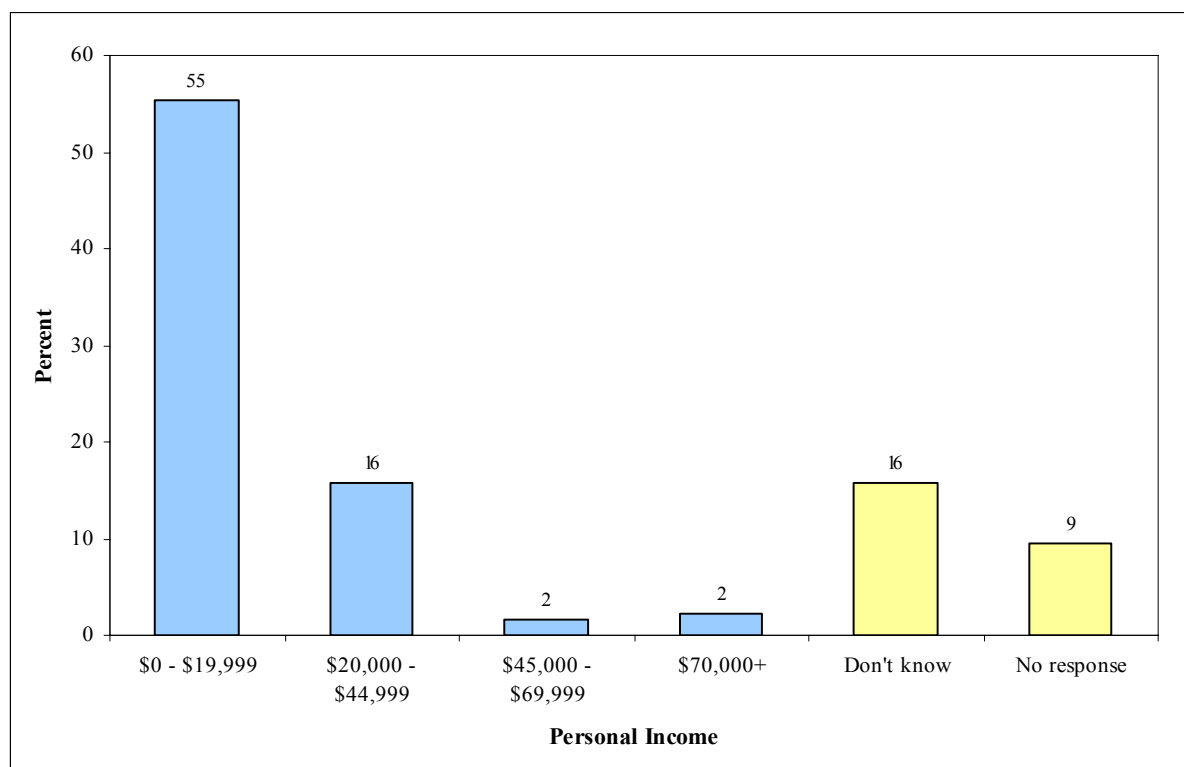
Only ten percent of respondents were in some form of paid employment. Over half the sample (55%) had a *personal* pre-tax income of less than \$20,000 per annum (Figure 5.3). Half the sample (50%) had a *household* income of less than \$25,000 (Figure 5.2). These low income levels are to be expected given the retirement age of respondents. In 2001, 83 percent of Queenslanders aged 65 and over and 59 percent of those aged 55 to 64 had a personal income of less than \$21,000 per annum (ABS 2002a¹³).

¹⁰ Compares with 20 percent for the Queensland population (ABS 2002a: Highest Level of Schooling Completed by Sex (a); percentage calculated excluding those under 15 years and overseas visitors).

¹¹ Compares with eight percent for the Queensland population (ABS 2002a: Non-School Qualification: Level of Education by Sex; percentage calculated excluding those under 15 years and overseas visitors).

¹² Compares with three percent for the Queensland population (ABS 2002a Non-School Qualification: Level of Education by Sex; percentage calculated excluding those under 15 years and overseas visitors).

¹³ See spreadsheet B13B: Weekly Individual Income by Age by Sex. Comparative percentages calculated excluding overseas visitors and those who did not state their income.

Figure 5.2 Respondents' Household Pre-tax Income – Annual*(n=414)***Figure 5.3 Respondents' Personal Pre-tax Income – Annual***(n=414)*

Current and pre-retirement occupations indicate that just under one fifth (19%) were, or had been, in professional, para-professional or management occupations. This compares with almost twice that proportion (36%) for the Queensland population as a whole¹⁴ (ABS 2002a¹⁵).

Respondents reported postcodes considerably further a-field than the localities surveyed, reflecting the fact that a number of participating clubs provided courtesy bus transportation to patrons from surrounding areas and sometimes much further away. One metropolitan club, for example, provided a weekly bus service to the Darling Downs. Nevertheless, respondents' postcodes, on the whole, cluster around the local areas of the clubs where the survey was conducted.

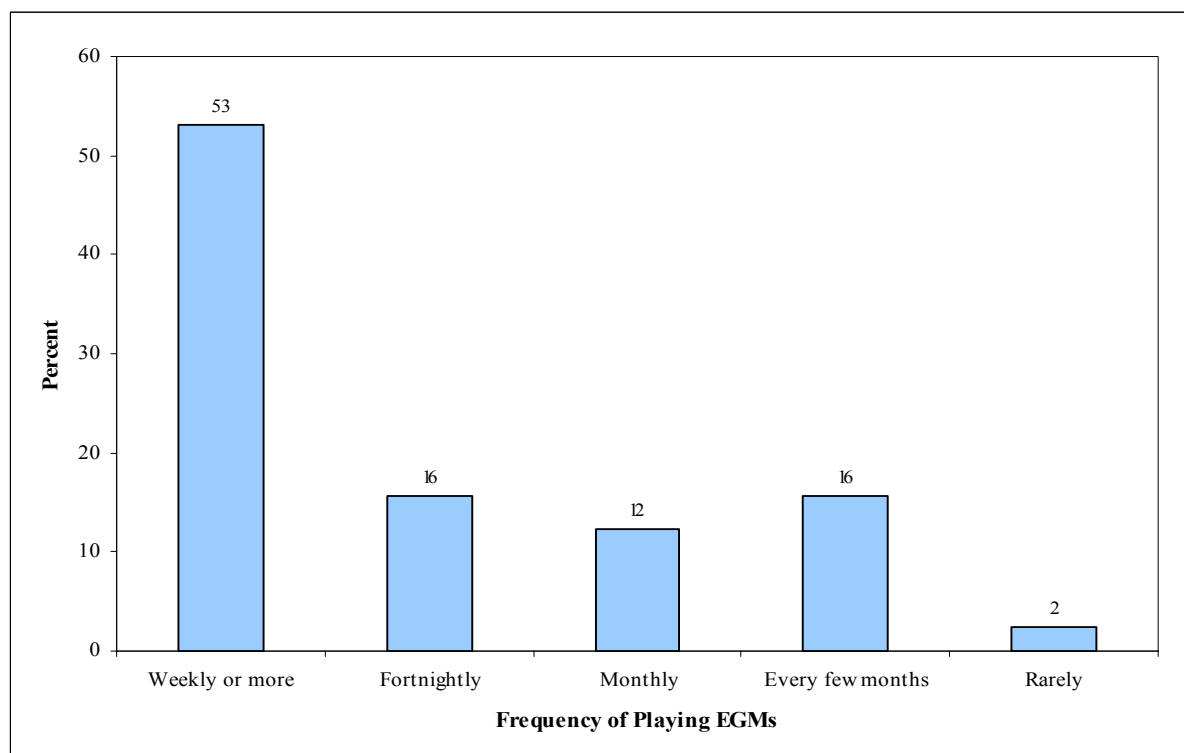
5.2 Patterns of EGM Usage

5.2.1 Frequency of Play

Over half the older people surveyed (53%) reported playing EGMs at least once a week and 81 percent played at least once a month. Eighteen percent played every few months or less often (Figure 5.4).

Figure 5.4 Respondents' Frequency of Playing EGMs

(*n*=414)



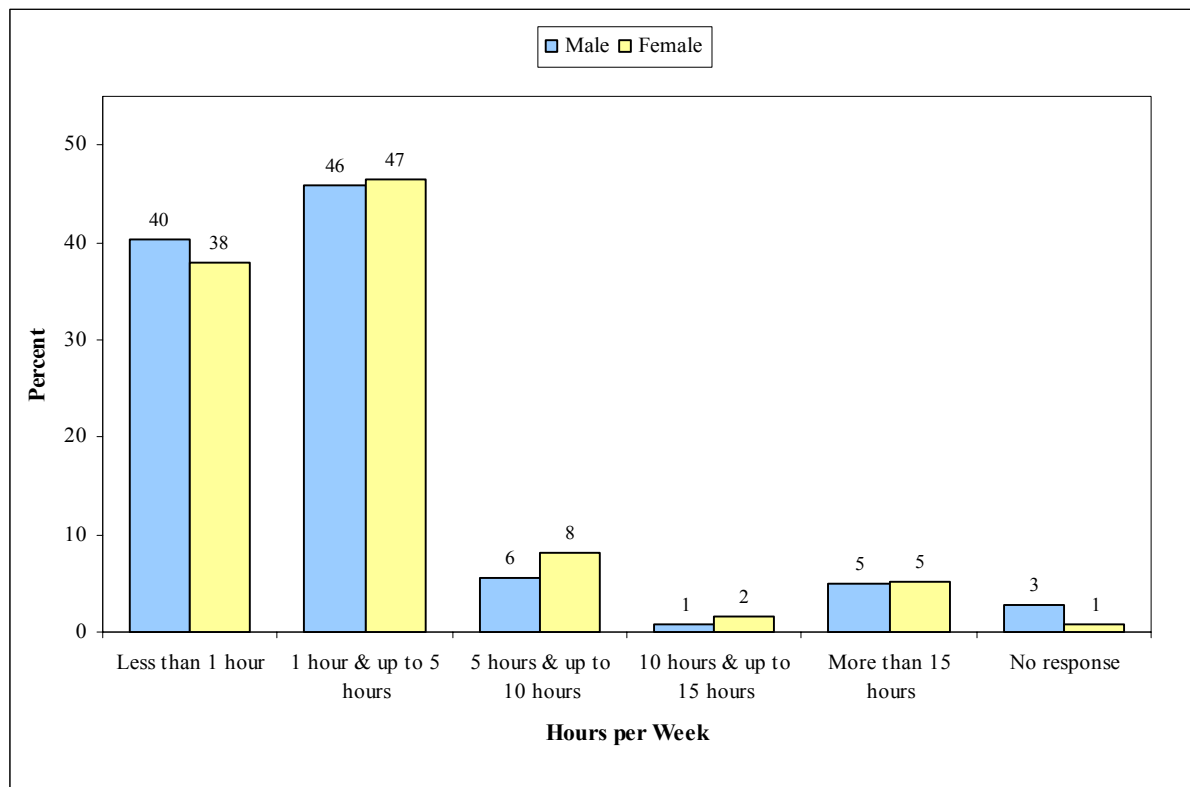
¹⁴ Thirty percent of respondents did not respond to this question and a further two percent indicated unpaid domestic work or unemployment due to disability. If these respondents are excluded from the analysis, the proportion of respondents who were in management, professional or para-professional occupations, either currently or prior to retirement, is 27 percent.

¹⁵ ABS spreadsheet B27: Occupation by Age by Sex (employed persons). Excludes Queenslanders aged 15 years or less and overseas visitors.

Frequency of play does not appear to be affected by the age of respondents, their income level, marital status or level of educational achievement. Male respondents reported playing EGMs more often than females, with 59 percent of males and only 50 percent of females reporting that they play at least once a week. However, at the level of significance of .05, this observed difference is not statistically significant.

The other measure of frequency recorded in the survey is the number of hours spent playing EGMs per week. Just under half of the respondents (46%) reported that they played EGMs for one hour and up to five hours per week. Fourteen percent reported playing more than five hours per week, and five percent indicated that they played more than 15 hours per week. With this measure of frequency, there is no apparent difference between male and female respondents (Figure 5.5).

Figure 5.5 Hours of EGM Play per Week by Gender
(*n*=413)

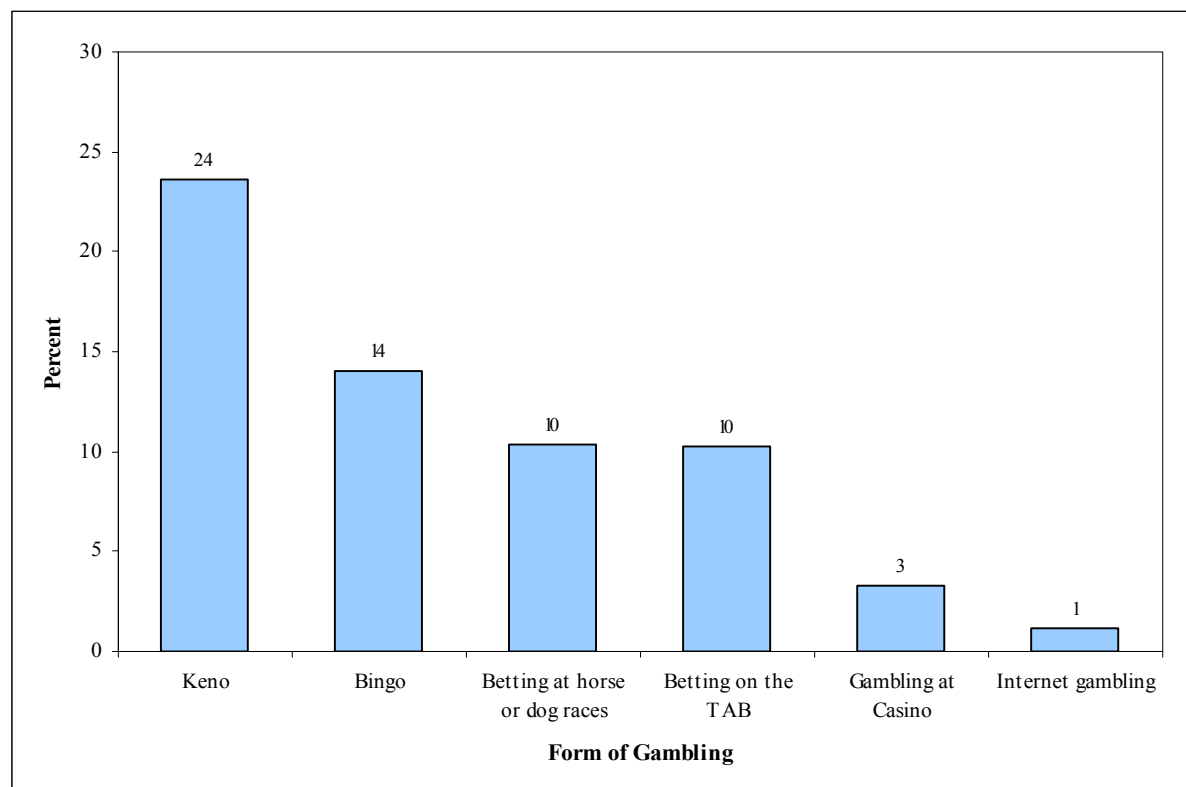


Indeed, the group of respondents that plays EGMs for more than 15 hours per week (*n*=21) does not appear to stand out from the rest of the sample in any significant regard. While this group would seem to represent a marginally greater proportion of those with annual personal incomes above \$70,000 and those who have completed secondary education, the reliability of these impressions cannot be guaranteed given the small cell sizes involved in the cross tabulations.

5.2.2 Frequency of Participation in Other Forms of Gambling

Respondents indicated their frequency of participation in other forms of gambling, including Bingo and Keno. Almost a quarter of the sample (24%) reported playing Keno at least once a week and 14 percent reported playing Bingo at least once a week (see Figure 5.6).

Figure 5.6 Weekly or More Frequent Participation by Respondents in Other Forms of Gambling
(*n*=414)

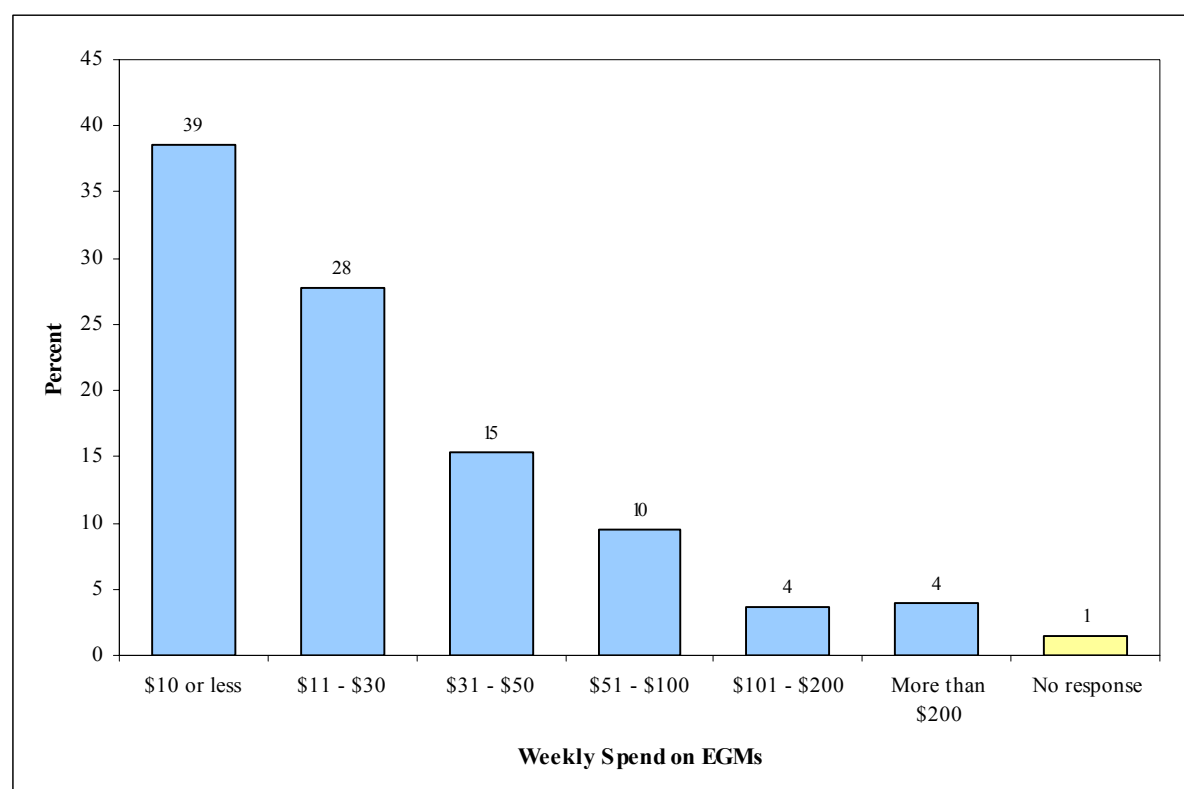


NB: This data is based on a multiple response question, so figures do not add up to 100%.

5.2.3 Amount Spent on EGMs

The amount spent on EGMs per week varied from \$10 or less (39%) to more than \$200 per week (4%). Seventeen percent spent more than \$50 per week on EGMs. (see Figure 5.7).

Due to small cell sizes, it is not possible to determine whether a relationship exists between the amount spent and other respondent variables such as age, gender, income, or educational level.

Figure 5.7 Amount Spent on EGMs per Week*(n=358*)*

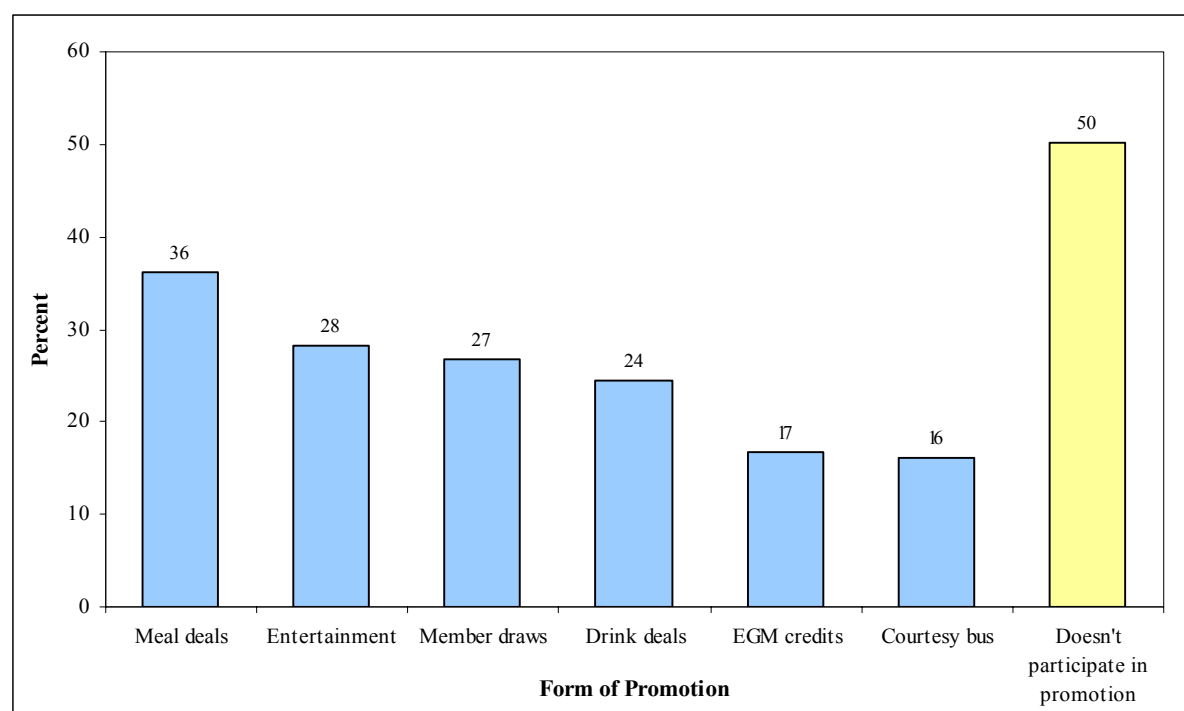
* Fifty-six respondents were not given this question on the specification of the particular club manager. For this reason, percentage figures are calculated on a sample size of 358, not 414

5.2.4 Influence of Club Promotions on Gambling Behaviour

Half of the respondents (50%) had participated in some kind of club promotion. The most popular of these were special meal deals (36%, total respondents) and live entertainment (28%, total respondents) (see Figure 5.8).

Of those participating in promotions (n=206), 78 percent reported that they usually play EGMs during their visit to the club, 18 percent said they usually spend more time playing EGMs than they would have done without a promotion and 14 percent said that they usually spend more money on EGMs than they would have done without a promotion. Eight percent of respondents who had participated in a club promotion said they had been introduced to playing EGMs through a club promotion.

Figure 5.8 Respondents' Participation in Club Promotions by Promotion Type
(*n*=414)



NB: This data is based on a multiple response question, so figures do not add up to 100%.

5.2.5 Problem Gambling Status

Respondents were scored on their completion of the nine core questions of the Canadian Problem Gambling Index (CPGI) included in the questionnaire (see Q27a-i, Appendix 4) and categorised as 'non-problem gamblers', 'low risk gamblers', 'moderate risk gamblers' and 'problem gamblers' accordingly. These categories are defined using the scores for each of the responses to Q27a-i outlined in Table 5.2. The level of risk is determined by the accumulative score across the nine questions, as illustrated in Table 5.2.

Table 5.2 Determination of Problem Gambling Risk Classification

Response Category (Q27a-i)*	Score	Accumulative Score (Q27a-i)*	Problem Gambling Risk Classification
Never/Rarely	0	0	Non-problem gambler
Sometimes	1	1-2	Low risk gambler
Often	2	3-7	Moderate risk gambler
Always	3	8-27	Problem gambler
Don't know/Can't remember	0		

* Note: The response category score was applied to each response for Questions 27 'a' through to 'i' and accumulated to provide the overall risk classification.

Respondents who did not respond to any of the nine risk classification questions were excluded from the analysis (a total of 27 respondents, thirteen of whom had not responded to any of the nine questions). Tables 5.3 and 5.4 outline problem gambling prevalence found in the sample.

Table 5.3 Problem Gambling Status of Sample

Score	Non-Problem Gamblers	Low Risk Gamblers	Moderate Risk Gamblers	Problem Gamblers	Total
0	246	..	..	..	246
1	..	46	..	..	46
2	..	31	..	..	31
3	25	..	25
4	9	..	9
5	9	..	9
6	5	..	5
7	9	..	9
8	1	1
9	2	2
10	1	1
11	1	1
17	1	1
18	1	1
Total	246	77	57	7	387*

* Twenty-seven respondents did not respond to three or more of the problem gambling risk classification questions so are excluded from the analysis.

Table 5.4 Problem Gambling Status of Sample by Gender Compared with Queensland Population

Problem Gambling Status	Sample			Queensland Population**
	Male (n=134)	Female (n=252)	Total (n=387*)	
Non-gambler	..%	..%	..%	15%
Non-problem gambler	60%	66%	64%	73%
Low risk gambler	17%	21%	20%	8%
Moderate risk gambler	19%	12%	15%	3%
Problem gambler	4%	1%	2%	1%
TOTAL	100%	100%	100%	100%

* One respondent did not nominate gender. Twenty seven respondents did not respond to one or more of the problem gambling risk classification questions so are excluded from the analysis.

** Population data sourced from Queensland Treasury 2002c:7.

The 2001 *Queensland Household Gambling Survey* estimated the prevalence of problem gambling in Queensland to be almost one percent of the total population, and that of moderate risk gambling to be three percent (Queensland Treasury 2002c:7). The prevalence of problem gambling in the survey

sample is twice as high at two percent. The prevalence of low and moderate risk gamblers is also more than twice as high in the sample, around 20 percent (compared to 8% for the Queensland population) and 15 percent (compared with 3% for the Queensland population) respectively. The proportion of non-problem gamblers is low (64% in the sample compared with 73% in the population). These elevated levels of risk are to be expected for at least two reasons. Firstly, this is a sample of regular gamblers, not one drawn from the general population that would include a proportion of non-gamblers (the *Queensland Household Gambling Survey* estimated this proportion of the population to be 15 percent (Queensland Treasury 2003c:8)). Secondly, it is a survey of EGM users, and in Australia, EGMs have been linked to significantly higher levels of problem gambling than other gambling activities (see Productivity Commission 1999:6.54).

As with previous Australian and Queensland prevalence studies (Productivity Commission 1999, Queensland Treasury 2002c), males were disproportionately represented in moderate risk and problem gambling groups and females disproportionately represented in low risk and non-problem gambling groups.

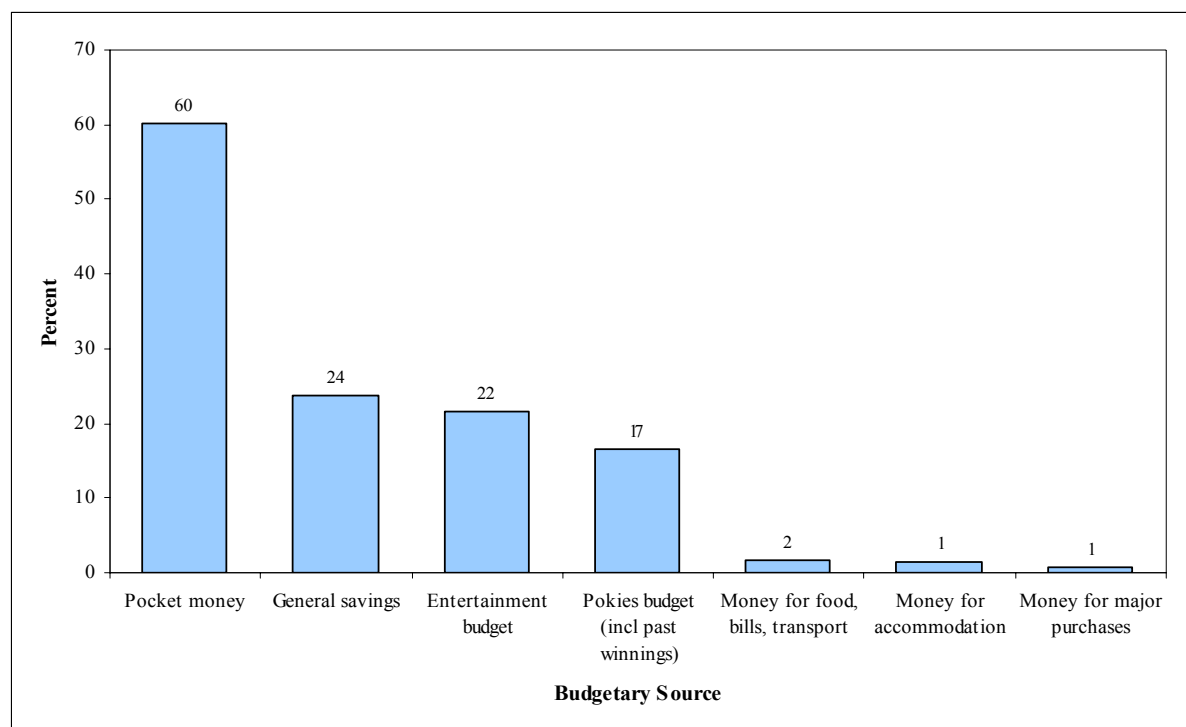
5.3 Budgeting for EGMs and Attitudes to Expenditure

Consistent with other studies on older people and gambling (such as Roy Morgan 1997), most respondents reported that they financed their EGM expenditure out of their pocket money, an entertainment/recreation budget or a specific budget for EGMs (see Figure 5.9). However, almost one quarter of respondents (24%¹⁶) reported that they used their savings for EGM expenditure. These figures appear higher than those in other studies, although in the VCGA study (Roy Morgan 1997), where 12 percent of older gamblers indicated use of their savings, respondents were only able to nominate one budgetary source, whereas the present study permitted multiple responses.

Figure 5.10 summarises respondents' attitudes to expenditure on EGMs. While on the whole respondents expressed responsible attitudes towards their gambling expenditure, with 41 percent allocating a fixed amount of money for playing EGMs, five percent (or 19 respondents) reported that they spend whatever they like on EGMs regardless of their financial limits.

¹⁶ Fifty-six respondents were not given this question on the specification of the particular club manager. For this reason, this figure is calculated on a sample size of 358, not 414.

Figure 5.9 Major Budgetary Sources for EGM Expenditure Reported by Respondents
(*n*=358*)

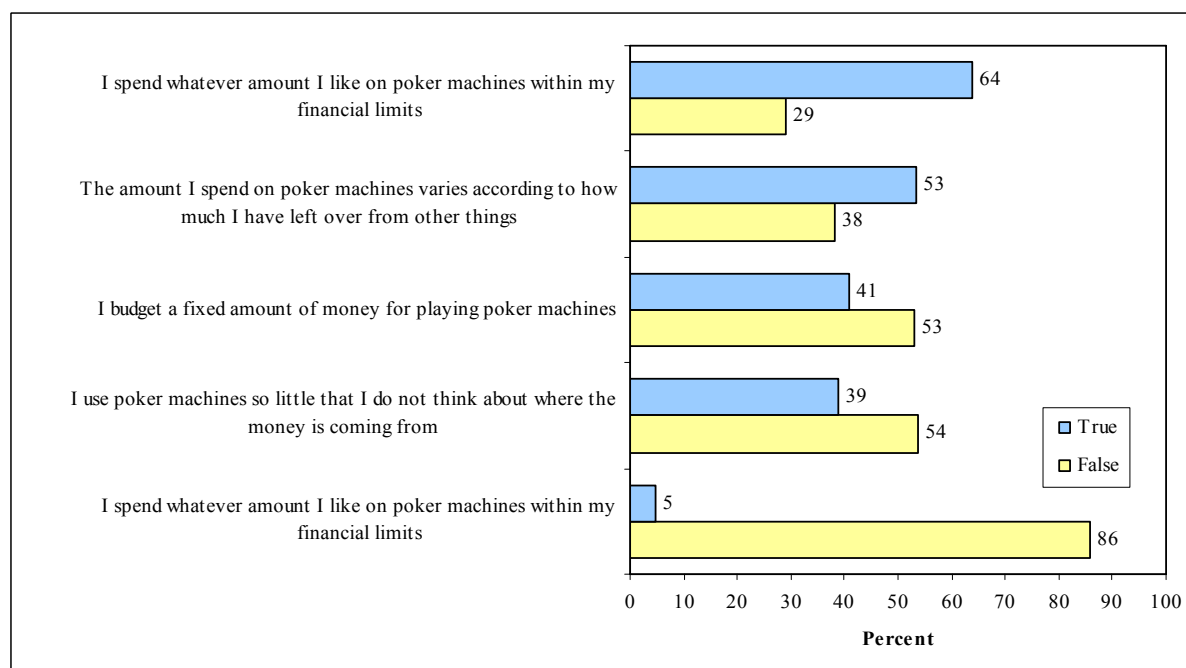


NB: This data is based on a multiple response question, so figures do not add up to 100%

*Fifty-six respondents were not given this question on the specification of the particular club manager.

For this reason, percentage figures are calculated on a sample size of 358, not 414

Figure 5.10 Attitudes to Expenditure on EGMs
(*n*=358*)



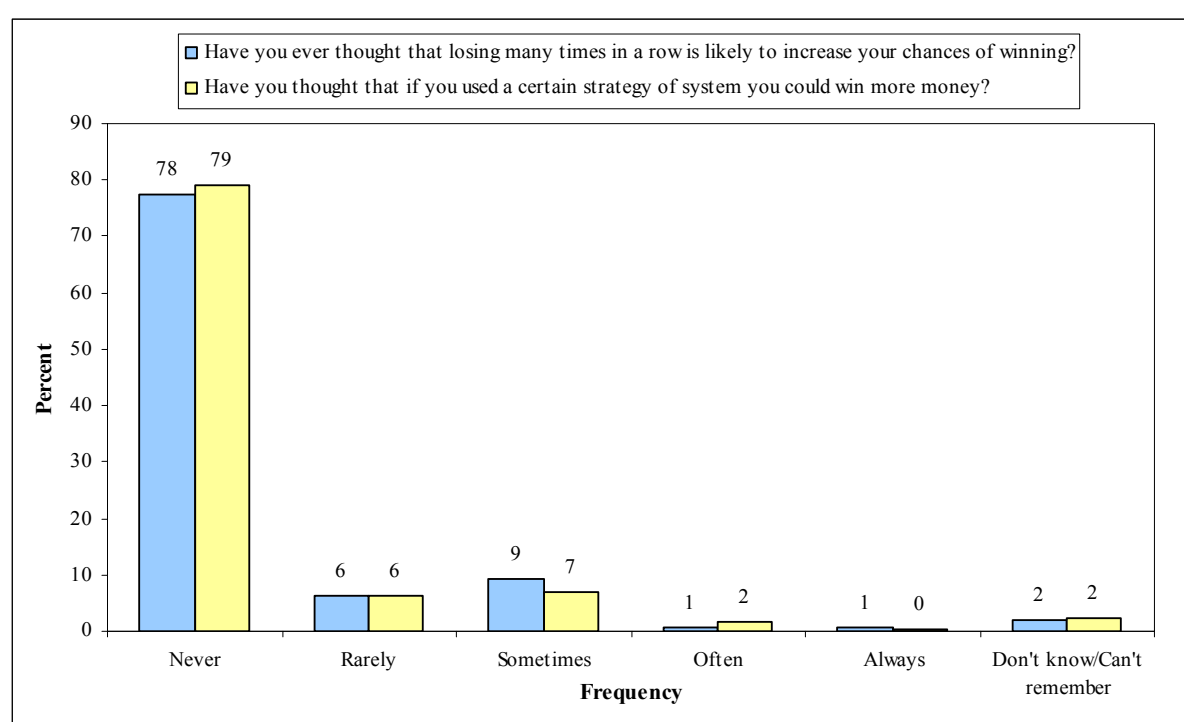
* Fifty-six respondents were not given this question on the specification of the particular club manager. For this reason, percentage figures are calculated on a sample size of 358, not 414

5.4 Cognition of Risk Associated with EGM Use

Two questions in the questionnaire were included for the purpose of gauging respondents' beliefs about their chances of winning in order to draw conclusions about their level of risk cognition. Most respondents would appear not to be misled about their ability to influence the outcome of their gambling (see Figure 5.11). However, these questions came at the end of an eleven-question matrix in which most respondents were likely to be responding 'never' or 'rarely' to previous items, so this may have biased the result towards a higher level of risk awareness. The results are shown in Figure 5.11.

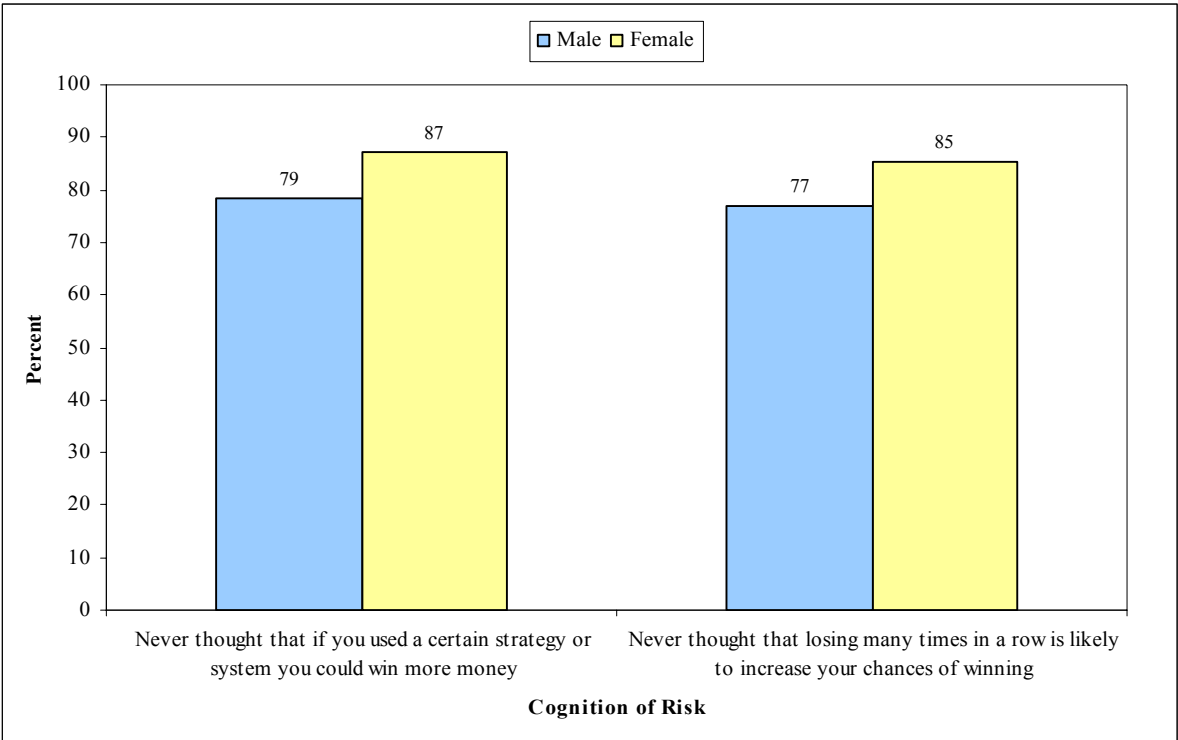
Figure 5.11 Responses to Risk Cognition Questions

(*n*=414)



Females in the sample were more inclined than males to respond 'never' to both of these questions (see Figure 5.12). This difference at the level of significance of .05 for both questions ($p = 0.035$ and $p = 0.031$ respectively) is significant. This finding would appear to be consistent with previous research suggesting that males are more inclined than females to believe that they can influence the outcomes of their gambling and that winning money is possible (Delfabbro 2000).

Figure 5.12 Gender Differences in Risk Cognition
(n= 413)



5.5 Motivations for Playing EGMs

In order to gauge underlying motivations for participating in this form of gambling activity, survey respondents were asked about the things they find enjoyable about playing EGMs. A summary of responses is presented in Table 5.5. Winning money (45%) and supporting the club (46%) were the two most popular responses to this question. 'Making friends and socialising' was the next highest response (41%). At least one third of respondents said they played EGMs to reduce their boredom (39%); their isolation (34%); and 'forget about problems when they feel depressed or stressed' (33%).

A smaller but significant percentage of respondents stated that they played EGMs to reduce suffering from pain (14%) and almost one fifth (18%) were motivated by the possibility of winning back money previously lost on EGMs.

A number of these sources of motivation are also evident in the verbatim responses to this question. The escape from problems was a particularly notable theme:

- ‘I can lose myself in the game.’*
- ‘Just switching off from everything.’*
- ‘Relieves stress.’*
- ‘To relax.’*

Entertainment and enjoyment were also very strong themes in the verbatim responses:

'It's a night out and it's entertaining.'

'Just enjoyable.'

'Entertainment after a meal.'

'Recreation for my disabled wife.'

'Just for enjoyment – something to do.'

'The lights, the motion and action of the machines.'

The act of 'going out' appears to be a particularly significant attraction.

'Enjoying a day out.'

'It's an outing out of the house.'

'Just enjoyable to do an outing.'

'Just an outing.'

'Easy walking distance.'

The appeal of going out is often tied to opportunities to socialise:

'Social outing.'

'Socialise and take others out.'

'Spend time with my wife who enjoys playing.'

'Sometimes play with my friends.'

'Just play with my husband.'

'For relaxation, enjoyment and friendship.'

Table 5.5 Respondents' Motivations for Playing EGMs by Gender

Motivation	Male (n=144)	Female (n=269)	Total (n=414)
It's an opportunity to support my club	47%	45%	46%
I can win money	45%	45%	45%
It is an opportunity to socialise and make friends	33%	44%	41%
It decreases my boredom	41%	38%	39%
I get to be around others and this reduces a sense of isolation	28%	38%	34%
I can forget about my problems when I feel stressed or depressed	25%	38%	33%
It is exciting	29%	32%	31%
I can win back money that I have lost playing pokies	17%	19%	18%
It relieves pain that I suffer	12%	15%	14%
Other	13%	10%	11%

NB: Gender was not nominated by one respondent. This data is based on a multiple response question, so figures do not add up to 100%.

As found previously in other studies on gambling (for example, Delfabbro 2000), there were notable differences in the motivations of females and men. Table 5.5 outlines these differences. Females were more likely to be motivated by the opportunity to escape from problems, relieve a sense of isolation, and socialise and make friends.

Males were slightly more inclined to be motivated by the escape from boredom offered by EGMs.

5.6 Help-Seeking

5.6.1 Rates of Help-Seeking

To gauge attitudes to help-seeking, participants were asked whether over the preceding twelve months they had observed, either in themselves, a friend or family member, behaviours that they thought indicated a problem with using EGMs. Subsequently respondents were asked a series of questions about seeking help for themselves or their friend or family member. The initial question was phrased in this way to encourage those who may be reluctant to acknowledge a personal problem with gambling to respond without the fear that any judgement might be personally implied. The disadvantage of this phrasing is that it does not enable conclusions to be drawn about rates of different sorts of help-seeking – such as seeking help for oneself or for others.

The other disadvantage of the wording used in this question is that 12 months is a relatively short period of time, potentially excluding relevant insights from a larger pool of respondents who might either have had and resolved gambling problems or had friends or family members who have had and resolved these. In retrospect it may have been more beneficial to ask this question with reference to a longer timeframe – say five years.

Nevertheless a significant number of respondents (16%) indicated that during the last 12 months they had observed behaviours in themselves or others suggestive of a problem with gambling. Of these, 19 percent reported seeking help. Seventy percent of those who had noticed a problem and sought help were male. While this gender difference in help-seeking is statistically significant (at 0.05 level, $p = 0.011$), the small sample size and way the question was phrased make it difficult either to guarantee the reliability of these impressions or to interpret them unambiguously. Interestingly, to the extent that the reported help-seeking pertains to seeking help for oneself, the observed gender difference is contrary to the findings of the Victorian study of older gamblers (McCormack *et al* 2003) which found that problem gamblers over the age of 60 who sought help were twice as likely to be female (2003:122). It is also inconsistent with data from the Queensland Gambling Help Service, collected between January 2002 and September 2005, which indicates that females make up 62 percent of clients aged 60 plus.

5.6.2 *Reasons for Not Seeking Help*

Reasons given for not seeking help are summarised in Table 5.6. The most common reasons were the belief that the problem was not bad enough (59%), that no one could offer the sort of advice that would really help (26%), and that it could be resolved without outside assistance (20%).

Table 5.6 Reasons for Not Seeking Help for Self or Friend/Family Member

Reason for Not Seeking Help	Percent (n=54)
I did not think the problem was bad enough	59%
I didn't think anyone could give advice that would help	26%
I thought it could be solved without outside help	21%
I did not want someone to tell me to stop playing the pokies	15%
I felt there was a stigma attached to the problem so I did not want others to know	6%
There were no support services available locally	6%
I did not know where to go	4%
I thought that winnings from further gambling would resolve the problem	4%
I had problems in accessing a support service because of mobility problems that I have	4%
I find it hard to share my problems	2%

NB: This data is based on a multiple response question, so figures do not add up to 100%.

A smaller but significant percentage (15%) of respondents did not seek assistance because they did not want to be told to give up gambling. Surprisingly only one of the 54 respondents to this question acknowledged finding it hard to share their problems, and only three did not seek assistance because they believed a social stigma is attached to problem gambling.

5.6.3 *Reasons for Seeking Help*

Those who sought help for their own gambling problems or for those of friends or family members (n=13) were asked what prompted their help-seeking. A summary of the prompts indicated are presented in Table 5.7. The most common reasons given are a sense of being addicted to EGMs, financial problems and family/relationship problems. Almost a quarter of those who responded to this question also indicated that legal problems prompted them to seek help.

Table 5.7 Prompts to Help-Seeking for Own or Other's Gambling Problem

Prompt to Help-Seeking	Percent (n=13)
A sense of being addicted to playing pokies	69%
Financial problems	62%
Relationship/family problems or breakdown	39%
Health problems (like depression or anxiety)	31%
Legal problems	23%
Someone urged you to go	15%
Violent behaviour (yours or the friend's or family member's)	8%
Work/employment problems	8%
Other ('friend of mine needed help')	8%
Other ('visual signs')	8%

NB: This data is based on a multiple response question, so figures do not add up to 100%.

5.6.4 Views about Gambling Help Services

Respondents who sought assistance were asked about their level of satisfaction with help services provided to them. Less than half of the 13 help-seekers responded to this section so it is not possible to draw any conclusions about what services were accessed and how they were experienced by the survey respondents. Again, in view of the small numbers completing this part of the questionnaire, it would have been advantageous to have extended the time period to which the question referred from 'the last 12 months' to 'the last 3-5 years'. This would have increased the pool of respondents and enabled the emergence of a stronger picture of help-seeking preferences and satisfaction with support experiences.

5.6.5 Help-Seeking Preferences

In order to gauge older EGM users' preferences for obtaining assistance with gambling problems, all respondents were asked to rate the importance of different aspects of service delivery, irrespective of whether they had sought professional assistance for a gambling problem. The purpose of this question was to gauge any age- and gender- specific preferences.

A summary of the frequency with which items were rated *important* or *very important* is presented in Table 5.8. Aspects of service delivery ranked most highly were accessibility of premises, not being talked down to, being treated as a responsible adult, non-judgemental attitudes and understanding. These are standard aspects of quality counselling services and the high level of importance given to these things is to be expected.

Table 5.8 Aspects of Gambling Help Service Delivery Identified as *Important* or *Very Important**(n=414)*

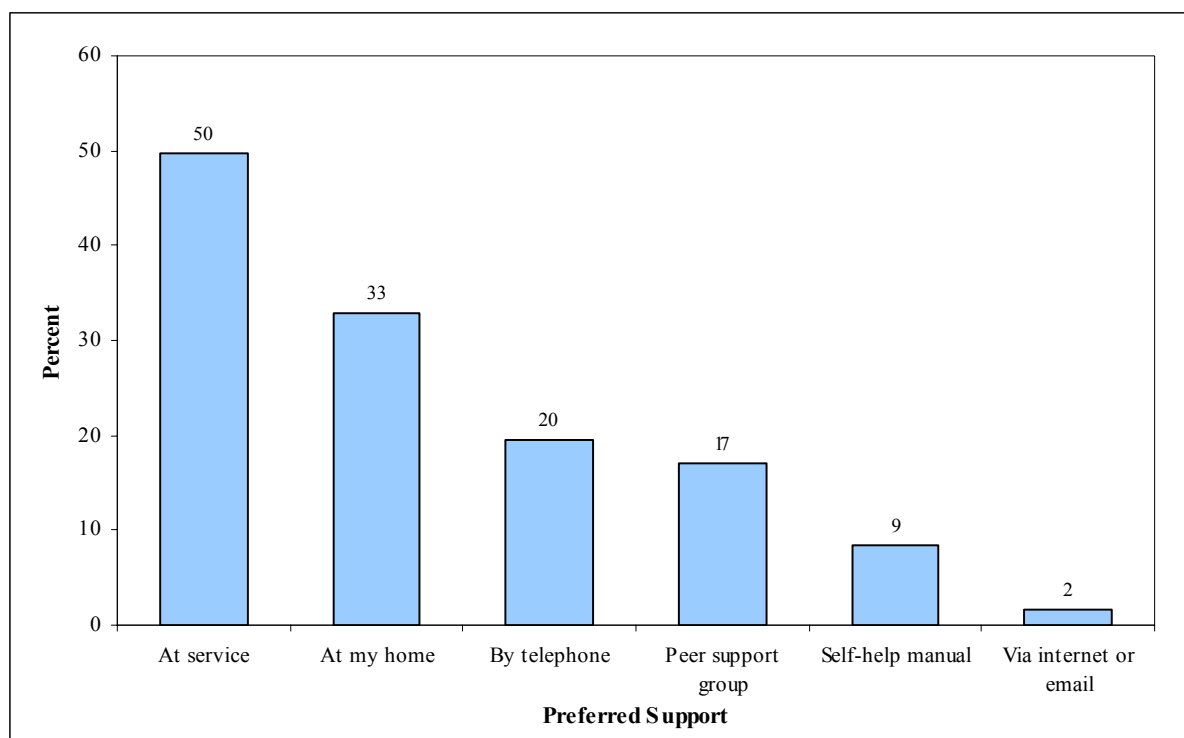
Aspect of Service Delivery	Very Important	Important	Total Important
I am treated like a responsible adult	50%	29%	79%
The people I deal with do not talk down to me	51%	27%	78%
Premises are accessible (e.g. by public transport, for wheelchairs, etc)	51%	26%	77%
The people I deal with are non-judgemental	44%	30%	74%
The people I deal with understand what I am experiencing	43%	30%	73%
I am given strategies to deal with my problems in the future	42%	29%	71%
Counsellors are readily available	43%	28%	71%
I can have the full number of counselling sessions that I need	38%	30%	69%
Counsellors are able to refer me to other services that I need	38%	30%	68%
I can deal with someone closer to my age	25%	23%	48%
Services are provided at my home	21%	21%	42%
I can deal with someone of my gender	20%	22%	42%
I can deal with someone from my ethnic, cultural or religious background	17%	21%	38%

Forty-two percent of respondents rated as important or very important the provision of services to them at home. Half of the respondents (48%) indicated that dealing with someone closer to their age was important or very important, and one fifth (20%) indicated that it was very important to them to be assisted by someone of the same gender. Over one third (38%) indicated that it was important or very important to be assisted by someone of the same ethnic, cultural or religious background.

Regardless of whether respondents had sought assistance or not, they were asked to indicate *how* they would prefer to receive assistance with a gambling problem. Figure 5.13 summarises this data. While half the respondents (50%) were happy to attend a service to receive support, a third (33%) indicated a preference for receiving assistance at home. Only one-fifth (20%) had a preference for telephone counselling.

Figure 5.13 Respondents' Preferred Mode of Receiving Support from a Service or Professional

(*n*=414)

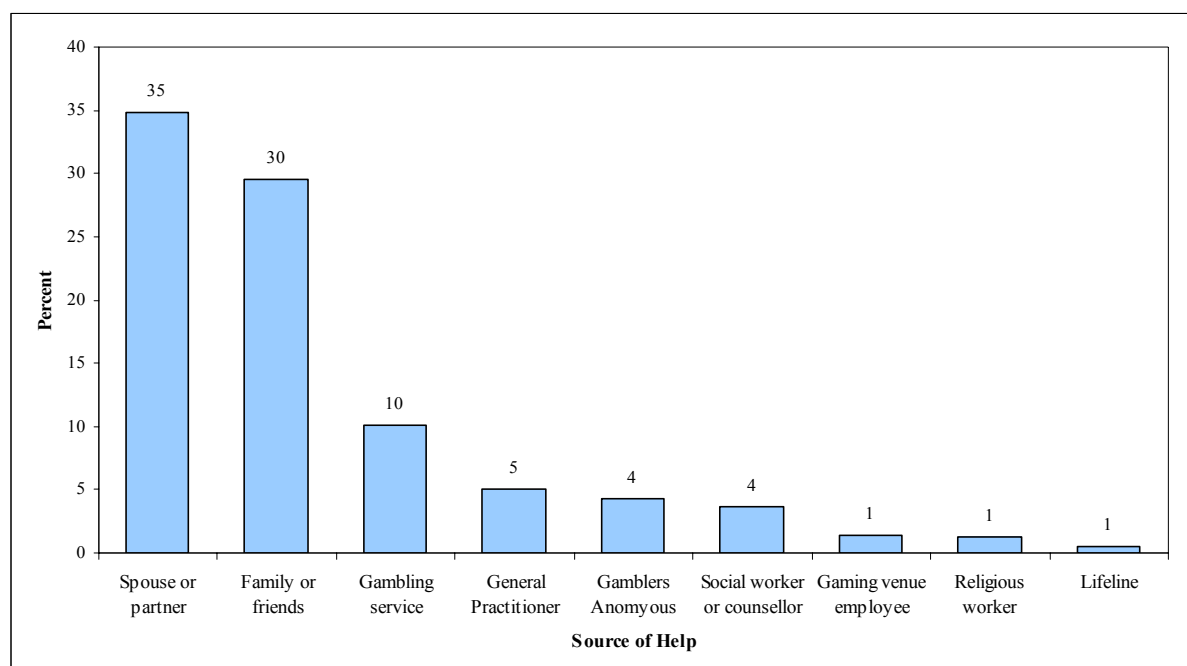


NB: This data is based on a multiple response question, so figures do not add up to 100%.

5.6.6 Who Older People First Turn to for Help with Gambling Problems

Respondents were asked to whom they would first turn for help with gambling-related problems. They were asked to respond to this question regardless of whether they had actually sought assistance, in order to gauge older people's preferences for disclosure and help-seeking more generally. Overwhelmingly respondents identified spouse, family members or friends as their first point of help-seeking. Over a third (35%) said they would turn first to a spouse or partner, and just under a third (30%) said they would turn to friends or family. Ten percent said they would turn to a gambling specific service or the Gambling Help Line in the first instance. Only one percent said they would turn first for assistance to an employee at a gaming venue (see Figure 5.14).

Figure 5.14 Who Respondents Would First Turn to for Help with a Gambling Problem
(*n*=414)



NB. Totals sum to less than 100 percent on account of a non-response rate of nine percent for this question.

5.7 Awareness of Responsible Gambling Practices Implemented in Gaming Venues

Managers of each of the seven clubs where the survey was conducted completed the clubs consultation questionnaire (Appendix 1). All seven clubs indicated that they had either fully or substantially implemented the voluntary *Queensland Responsible Gambling Code of Practice*. All indicated that they had implemented the following aspects of the Code:

- Information about the potential risks of gambling and where to get help for problem gambling is displayed in gambling areas and near automated teller machines (ATMs) and electronic funds transfer (EFTPOS) facilities.
- Self-exclusion procedures and supporting documentation are developed.
- Information about self exclusion provisions is displayed in gambling areas.
- A customer liaison officer to provide appropriate information to assist customers with gambling related problems is established and trained.
- ATMs are not located in close proximity to gambling areas.
- Major winnings are paid out in cheque or electronic transfers with a 24-hour delay in payment.
- Practices are implemented to ensure that customers are made aware of the passage of time.
- Advertising and promotions do not implicitly or explicitly misrepresent the probability of winning a prize.

Six of the seven clubs also reported that they had implemented the following practices:

- Meaningful and accurate information about the odds of winning major prizes is displayed in gambling areas.
- Practices are implemented to ensure that customers are discouraged from participating in extended, intensive and repetitive play.

Older patrons were asked about some of these responsible gambling practices in relation to the club they attended most often (which may not necessarily have been the club at which they completed the survey, although in most instances this is likely to be the case given that respondents' postcodes cluster around the clubs where the survey was conducted). The purpose of asking these questions was to determine the level of awareness that older patrons have of these practices. Respondents were also asked their view of the adequacy of their club's efforts to ensure patrons are well informed about the risks of gambling and to suggest any other measures they believe might improve their safety and enjoyment playing EGMs at the club. The survey findings in relation to these issues are outlined here.

5.7.1 Location and Use of ATMs During Gambling

While all clubs indicated that 'ATMs are not located in close proximity to gambling areas', 71 percent of respondents considered that their club did 'have an ATM near the section that has poker machines.' The frequency with which respondents indicated this varied considerably between clubs (from 57% of respondents at one club to 83% at another) but even the lowest of these figures is high and suggests that patron's perceptions of what constitutes 'near' are more often than not different to those of club administrators.

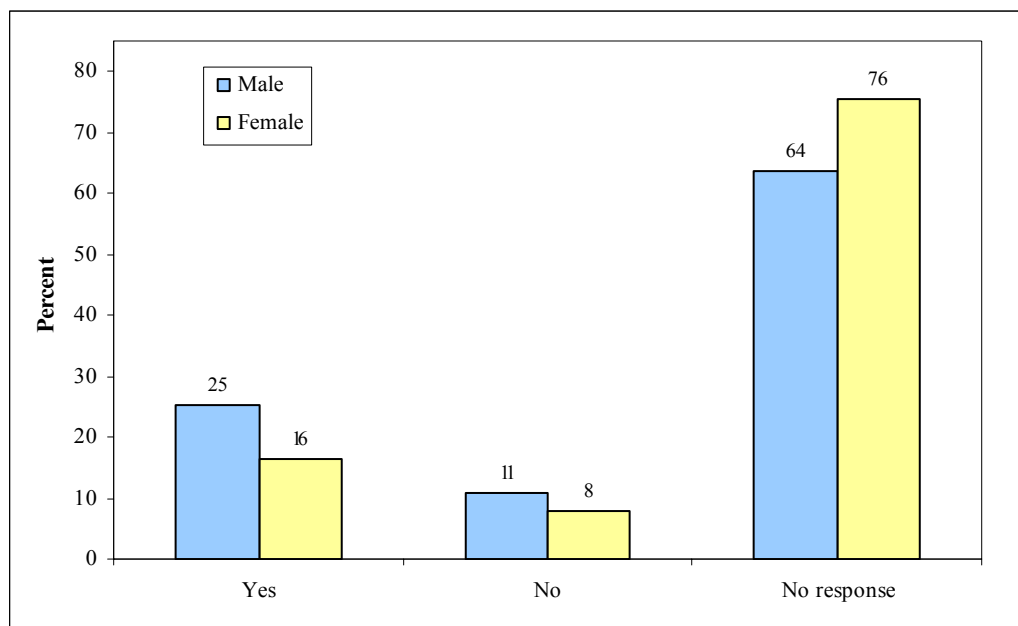
Significantly, almost one third of all respondents (30%) reported that they had used an ATM to obtain cash *to continue* a playing session.

5.7.2 Awareness of Self-Exclusion Provisions

While all clubs indicated that they had established self-exclusion provisions in their clubs and confirmed that they display information about self-exclusion provisions in their gambling areas, a very high proportion of respondents (69%) did not know whether their club had such an arrangement in place. A further nine percent were of the impression that their club did not offer such provisions. Seventy percent of respondents were unsure how to make use of such an arrangement or how to advise someone else how to use it. Males as a group had a greater awareness of their club's self-exclusion arrangements (significant at 0.05 level, $p = 0.043$) (see Figure 5.15).

Figure 5.15 Does Your Club Have an Arrangement in Place That Allows a Patron To Exclude Themselves From Using Poker Machines if They Feel They Cannot Control Their Use of The Machines by Themselves?

(n= 413)

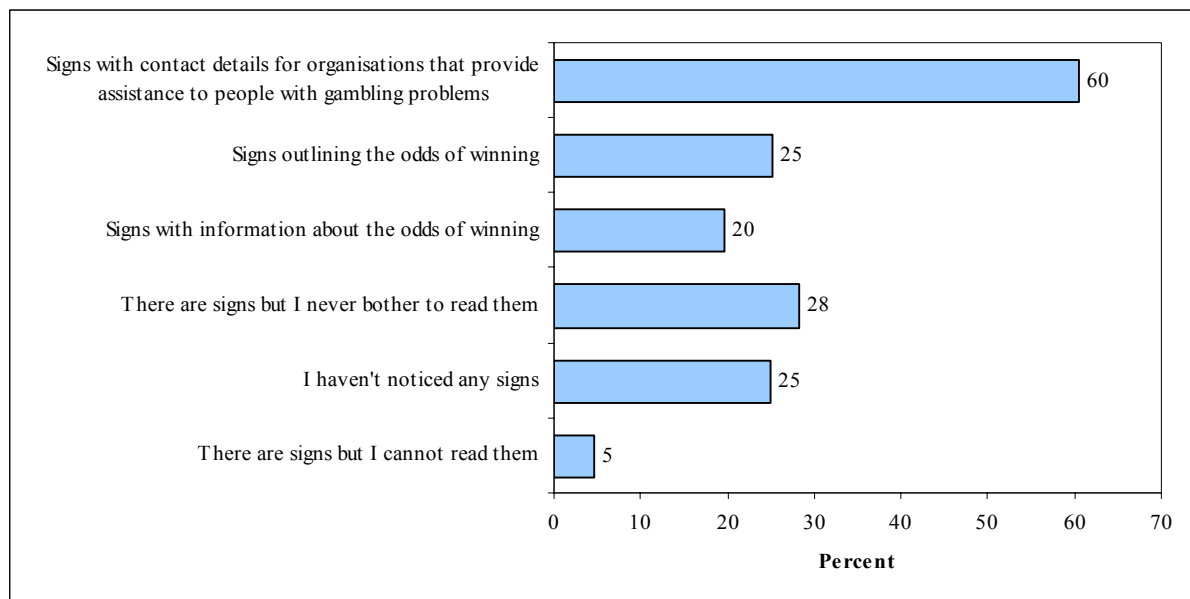


Respondents' lack of awareness or accurate knowledge about self-exclusion provisions is fairly consistent across each of the clubs where the survey took place, suggesting that the problem is not particular to specific venues.

5.7.3 Awareness of Responsible Gambling Signage

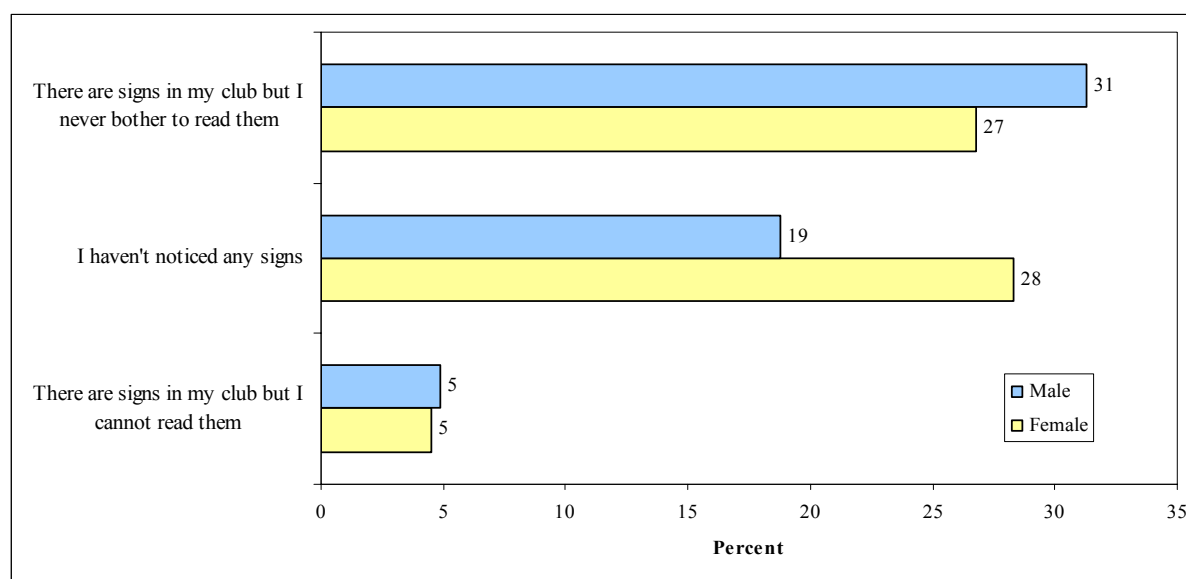
Survey respondents were asked about the signs they had noticed on display in their club's gaming area. Sixty percent had noticed signs with contact details for organisations that provide assistance to people with gambling problems, one quarter (25%) had noticed their club's responsible gambling mission statement, and one fifth (20%) had noticed signs about the odds of winning. At the same time, over a quarter (28%) of respondents were aware there were signs around but had never bothered to read them, a quarter (25%) had not noticed any signs at all, and five percent were unable to read the signs for unspecified reasons (Figure 5.16).

With the exception of one club, the level of awareness of signs with contact details for Gambling Help services was fairly consistent across all the venues, as was that of signs outlining clubs' responsible gambling mission statements. Awareness of signs about the odds of winning varied much more significantly between venues (with 7% of respondents saying they had seen such signs at one club and 35% at another club). This variation in awareness of signs on the odds of winning suggests that venue-based factors may be influential.

Figure 5.16 Signs Noticed on Display in EGM Area of Club*(n=414)*

NB: This data is based on a multiple response question, so figures do not add up to 100%.

As all clubs reported having on display signs with contact details for Gambling Help services, and all but one club, signs on the odds of winning, these figures suggest that some types of sign are being noticed more often than others. It also suggests that responsible gambling signage is not effective for a significant proportion of the older adult population who play EGMs, with over a quarter (28%) of respondents disinterested in reading them and another quarter (25%) completely oblivious to them. Significantly, the proportion of respondents who do not notice signs, cannot read them or are not interested in reading them is fairly consistent across different venues, suggesting that this is a feature of the population of older EGM users more generally. Males in the sample were slightly more likely than females to ignore signs and females were more likely than males to be oblivious to signage. (see Figure 5.17.)

Figure 5.17 Gender Differences in Awareness of Signage*(n = 413)*

5.7.4 Awareness of Lighting in the Gaming Areas

Under the *Queensland Responsible Gambling Code of Practice*, venues with EGMs need to take measures to ensure that patrons engaged in gaming activity are aware of the passage of time. One way in which this can be done is to ensure that there is adequate natural lighting in the gaming area or such light visible from the gaming areas. Almost two-thirds of respondents (65%) agreed or strongly agreed that the natural lighting in the gaming area of their club was sufficient. However, a quarter of the respondents (26%) disagreed or strongly disagreed with this. Further into the survey, when asked what would enhance their safety and enjoyment in relation to playing EGMs, a number of respondents suggested improving lighting in the gaming areas. Reasons given for this were to improve their ability to see what they were doing, to enable them to read signs, and to help them maintain awareness of the outside world and the passage of time.

With regard to determining the effectiveness of practices in clubs that enhance patrons' awareness of the passage of time, it may have been more useful to have asked respondents whether they keep track of time when they are playing and what helps them to do this. EGMs can be difficult to play with too much reflected light, so improving lighting in some instances may be difficult. However, the provision of clocks and other mechanisms, like hour chimes, may compensate for the lack of light. Similarly, lighting around signage may be helpful where lighting in the gaming area is too dim for reading.

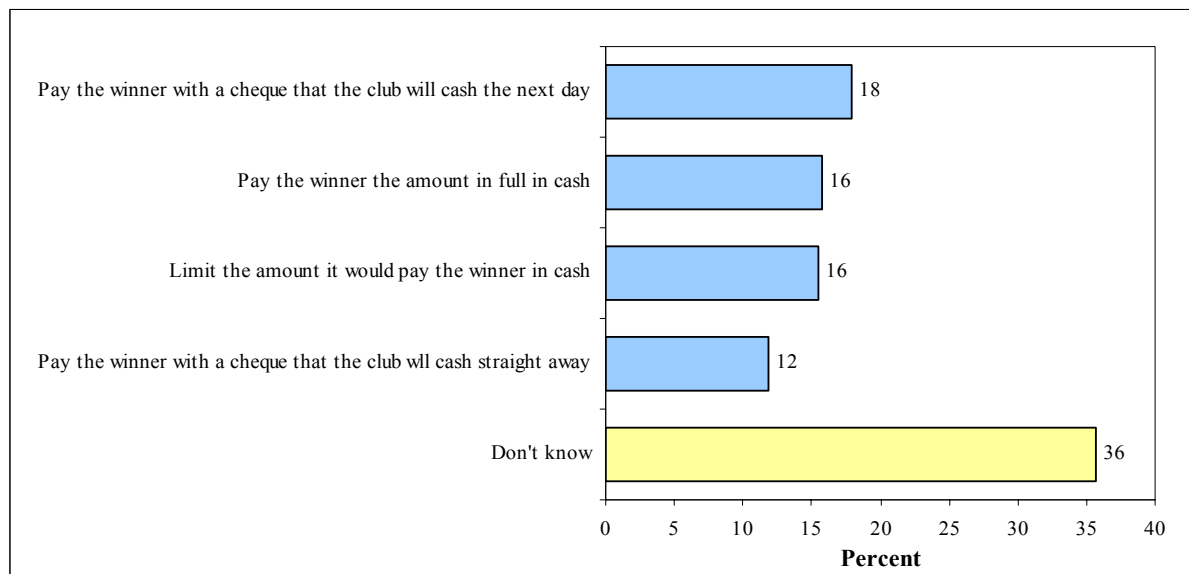
5.7.5 Awareness of Club's Policies on Winnings

All clubs where the survey was conducted indicated that major winnings are paid out in cheque or electronic transfers with a 24-hour delay in payment. Despite this, over a quarter of respondents (28%)

reported that their club would pay the winner in full immediately, either by cash or via a cheque that the club would cash straight away. Over one third (36%) did not know what their club's policy on winnings is (see Figure 5.18).

Figure 5.18 What Would Your Club Do if Someone Had a Large Win?

(n=414)



NB. Totals sum to less than 100 percent on account of a non-response rate of three percent for this question.

5.7.6 Helpfulness and Approachability of Venue Staff

People with gambling problems may turn to an employee of a gaming venue to seek assistance with a gambling problem for a number of reasons. They may feel more comfortable disclosing the problem to someone who is familiar but at the same time more distant than a family member. Club staff are likely to have an awareness of the gambling habits of regular patrons which may also facilitate disclosure by problem gamblers. In view of this, under the *Queensland Responsible Gambling Code of Practice*, clubs need to ensure all staff involved in the provision of gambling products are trained in responsible gambling protocols and can assist customers with appropriate information if they request assistance in relation to a gambling problem.¹⁷

Older people who participated in the club-based survey indicated a high level of confidence in the helpfulness and approachability of staff at their club. Ninety-four percent of respondents agreed or agreed strongly that the staff in their club 'are friendly and willing to assist with questions that I have.' However, only one percent of respondents thought they would approach a gaming venue employee in the first instance of seeking help with a gambling problem.

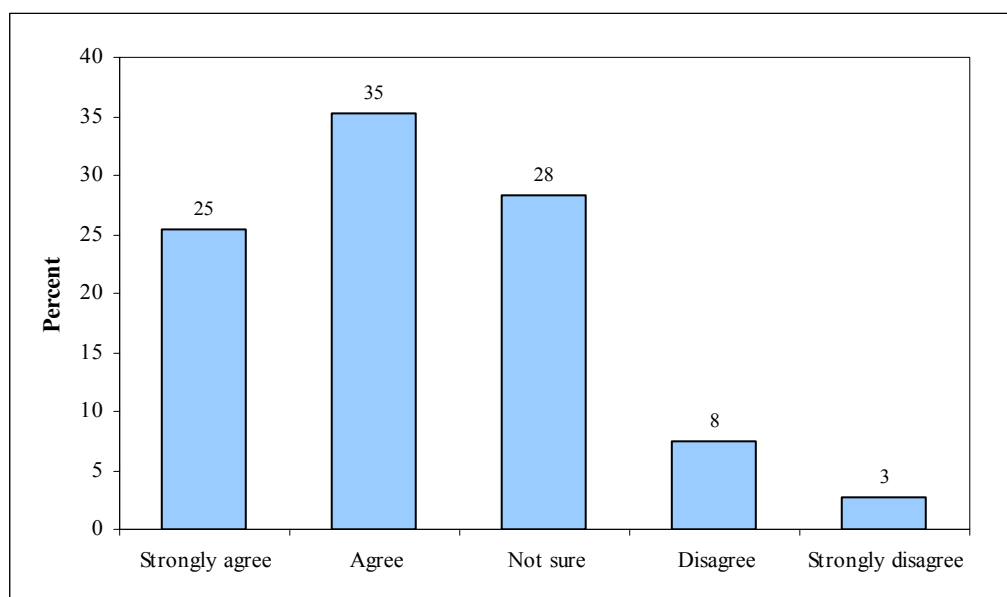
¹⁷ The *Queensland Responsible Gambling Code of Practice Industry Training Kit*, which consists of a self-paced workbook and a DVD and provides a step by step guide for industry sectors on how to implement the practices in the Code of Practice, may be helpful in the process of training staff to this end.

5.7.7 Adequacy of Clubs' Responsible Gambling Messages

Respondents were asked how adequately they felt their club informed them about the risks of gambling. Three-fifths of the sample (61%) agreed or agreed strongly that their club made an effort to ensure that patrons are well informed about the risks of gambling. Ten percent disagreed or strongly disagreed, and the rest were uncertain (see Figure 5.19).

Figure 5.19 My Club Makes an Effort to Ensure That Patrons Are Well Informed About the Risks of Gambling

(n=414)



5.8 Awareness of Factors that Impact Negatively on Sense of Control in EGM Use

Previous research has noted that loss of control in EGM use (and other forms of continuous gambling) occurs on a continuum involving all players, not just problem gamblers (Dickerson 2003). A corollary of this, Dickerson argues, is that:

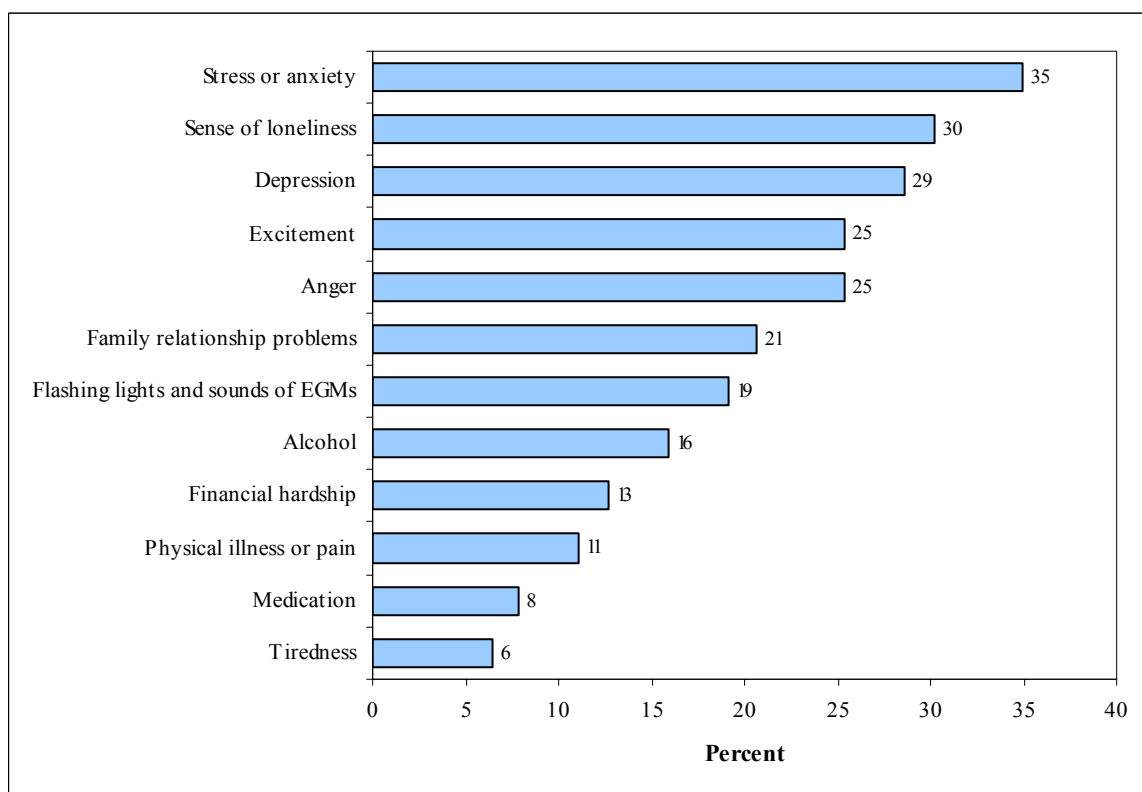
all regular players of continuous forms of gambling should be the focus of concern rather than just the problem gambler ... If it is very common for regular players to experience some degree of difficulty in controlling the duration and expenditure of any session of gambling once it has started, the implications for responsible gambling merit examination. (Dickerson 2003:11)

In the light of this argument, older EGM players were asked whether there were times when they were conscious of having less control over their EGM use, specifically in relation to the length of time spent playing a session or the amount of money spent during the session. Fifteen percent of respondents acknowledged that this was the case for them.

These respondents were then asked to nominate particular circumstances that they find *decrease* their sense of control over EGM use (Q15, Appendix 4). Responses are summarised in Figure 5.20.

Figure 5.20 Factors that Decrease Control Over the Amount Spent on EGMs or the Time Spent in an EGM Session

(*n*=63)



NB: This data is based on a multiple response question, so figures do not add up to 100%.

Just over a third (35%) of the 63 people who answered this question identified stress or anxiety as a factor that decreases their control over EGM use. Depression (29%) and a sense of loneliness (30%) were the next most commonly indicated factors. It is ironic and concerning that these factors also motivated many respondents to play EGMs in the first place (forgetting problems, reducing isolation, etc; see Table 5.5).

A quarter of these respondents (25%) reported that they have less control when they are in a state of excitement, and the same number had observed that being in an angry state similarly diminishes their control. Twenty-one percent of those responding cited family or relationship problems as a control-reducing factor and a similar number (19%) experienced the flashing lights and sounds of the EGM as impairing their sense of control. Financial hardship (13%), physical pain (11%), the influence of medication (8%), and fatigue (6%) were also recorded as factors to a lesser extent.

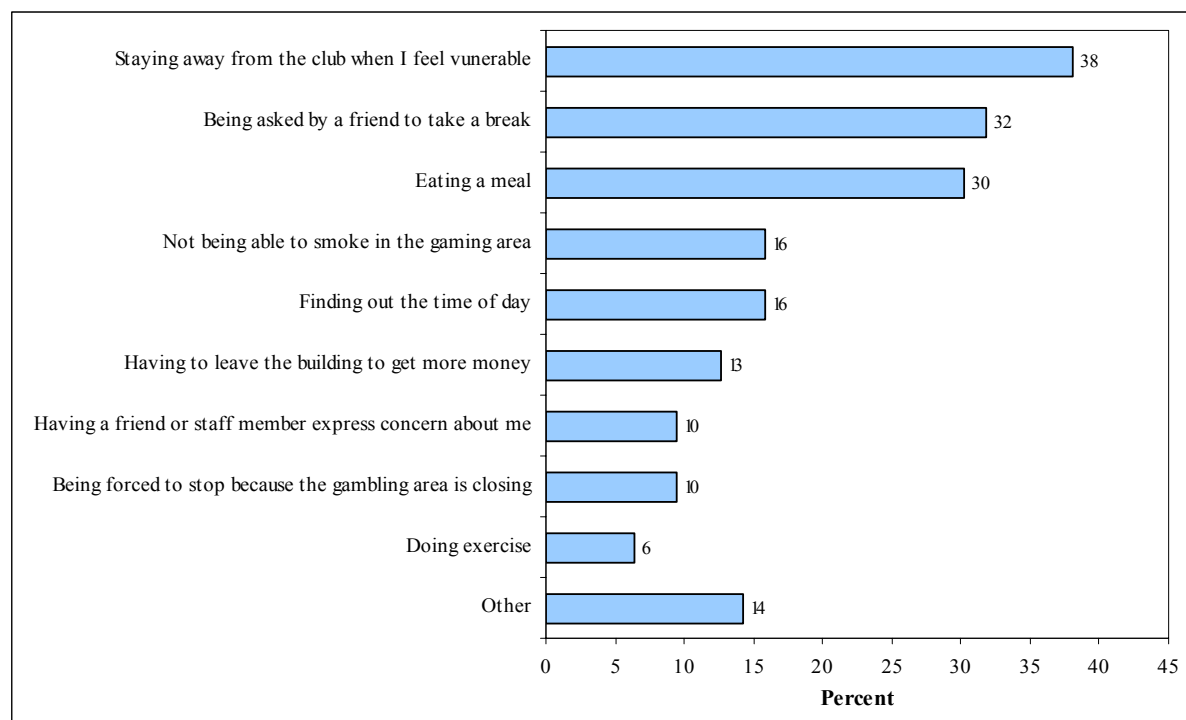
Other factors mentioned in verbatim responses include, being on a fixed low income, having time to spare, and being with friends who want to stay longer.

5.9 Awareness of Strategies for Improving Control Over EGM Use

Respondents who acknowledged that there were times when they had less control over the time spent playing or the amount of money spent on EGMs were asked what helped improve their control at these times. Figure 5.21 summarises the responses.

Figure 5.21 Factors that Increase Control Over the Amount Spent on EGMs or the Length of Time Spent in an EGM Session

(*n*=63)



NB: This data is based on a multiple response question, so figures do not add up to 100%.

The most common factor identified as enhancing self-control was 'staying away from the club when I feel vulnerable' (38%). 'Being asked by a friend to take a break' (32%) and 'eating a meal' (30%) were the next most popular interventions. Being forced to leave the gaming area to smoke (16%) or because the area is closing (10%), and 'finding out the time of day' (16%), were also identified as factors that enhance self control over EGM play. Having a fixed time to spend at the club or having a motivation to leave, such as 'to avoid peak hour traffic', were other self-control enhancers listed by respondents.

5.10 Respondents' Suggestions for Improving the Safety of the EGM Environment

The older people surveyed were asked what they thought could be done in their club to improve the safety and enjoyment of people who play the EGMs. Sixty percent of respondents offered suggestions, most of these in relation to improving the physical and financial comfort of players (such as eliminating smoking from gaming areas; improving the comfort and style of chairs; changing the audio volume, music and display of the EGMs; and increasing payouts).

A range of comments relating to responsible gambling and harm minimisation were also made. Suggestions include:

- Providing external windows, clocks or other time measuring devices;
- Removing or reducing accessibility to ATMs;
- Restricting drinking in the EGM area and providing free tea/coffee elsewhere to encourage breaks from EGMs;
- Providing a clear visual display on the odds of winning each time a bet is placed;
- Improving lighting in the gaming areas (so that signs can be read);
- Restricting betting by having EGMs that have a maximum betting limit of one cent;
- Closing the gaming area intermittently; and
- Organising special presentations on the risks of excessive gambling.

The first four of these suggestions are already provisions of the *Queensland Responsible Gambling Code of Practice* which had been implemented purportedly by all of the clubs where the survey was conducted. The fact that suggestions were made in relation to these particular issues, in most cases repeatedly, may indicate that the implementation of these harm minimisation measures needs extension or improvement.

6 Discussion and Conclusions

As noted in the Introduction to this report, the overarching aim of this study is to develop understanding about the particular needs, experiences, behaviours and attitudes of older Queenslanders who participate in gambling – specifically those who regularly use EGMs. This knowledge will enable a better understanding of the special needs, characteristics and circumstances of older Queenslanders who participate in gambling that might make them vulnerable to problem gambling or to other negative effects of gambling. It will also support the ongoing development and implementation of the Queensland Government's *Responsible Gambling Strategy* and the *Queensland Responsible Gambling Code of Practice*, thereby providing an evidence base for the development of initiatives and policies that can address the specific prevention, protection and rehabilitation needs of older gamblers.

This section will discuss the key findings of the project in the context of existing knowledge on older people and gambling and in relation to current responsible gambling and harm minimisation strategies. It also draws a range of conclusions about initiatives and strategies that may address the specific prevention, protection and rehabilitation needs of older EGM users.

This discussion involves generalising findings of the study to the broader population of older Queenslanders who use EGMs. Some caution must be exercised in this process as the consultation with clubs was restricted to the south-east of the State, and the survey of older people was restricted to larger clubs in the broader Brisbane region, all of which self-reported a high level of compliance with the *Queensland Responsible Gambling Code of Practice*. Moreover, while the patron survey was based on random selection of older EGM users, it was conducted at times of the day and week recommended by club managers to maximise participation by older patrons. Nevertheless, combining the quantitative impressions gleaned from survey data with insights from the relevant Australian and international research and from consultations with key stakeholder groups across the State enables a richer and more reliable picture of the characteristics, behaviour and needs of older people in Queensland who gamble on EGMs. Further research may be desired in the future to assess how representative these findings are of other regions of Queensland.

6.1 Characteristics of Older EGM Users

6.1.1 Gender

While the survey of older people was based on a random selection of older EGM users in licensed clubs, twice as many females as males responded to the questionnaire. There are a number of reasons why this may be the case, including the possibility that females may have been easier to approach or more willing to participate in the research. Notwithstanding this possibility, the gender imbalance in responses would seem to correspond to the impression gained by members of the research team who

visited the clubs during the times at which the survey was conducted. On each of these visits the proportion of older females present and gambling on EGMs was significantly greater.

Gambling Help service providers who participated in consultations noted women's preference for using EGMs since it has become socially acceptable for females to go to clubs. The Productivity Commission similarly noted from its review of the Australian data that the introduction of EGMs has led to the 'feminisation of problem gambling' and that 85 percent of females in counselling for gambling problems have problems associated with EGM use, as compared with 54 percent of males (Productivity Commission 1999:8.21). Given the association between EGMs and higher levels both of problem gambling and expenditure on gambling, we consider that it is important to continue to monitor changes in older women's rate of participation in this form of gambling.

6.1.2 Age

The sample of older people surveyed was skewed significantly towards participation by those younger in age with one third of respondents (33%) aged 60-64 and 56 percent under 70 years of age (see Figure 5.1). Only three percent of respondents were aged 85 or older (compared to their eight percent proportion of the population (ABS 2006:17)). This fairly dramatic drop-off in age may reflect generational changes in the acceptability of gambling and of EGMs in particular. It may also reflect age-related mobility issues that restrict access to EGM venues. Similarly, age-related disabilities, like vision impairment, may limit opportunities to play EGMs.

Given the high participation rate of those under 70 years of age, it will be important to monitor changes in participation rate by age over time to see whether the rate of participation observed in this younger generation becomes a new baseline for older people's participation over the next 20 years.

6.1.3 Rates of Problem Gambling

The levels of problem and moderate-risk gambling found in the survey sample are summarised in Tables 5.3 and 5.4. The prevalence of problem gambling in the sample is two percent, just over twice that in the Queensland population. The prevalence of low risk gamblers and moderate risk gamblers is considerably higher in the sample than the population. As noted earlier, these elevated levels are to be expected for at least two reasons. Firstly, this is a sample of regular gamblers, not one drawn from the general population. Secondly, it is a survey of EGM users and EGM use in Australia is associated with significantly higher levels of problem gambling than any other gambling activity (Productivity Commission 1999:6.54). The finding that older male respondents were more likely to be problem or moderate-risk gamblers is consistent with key Australian prevalence studies (Productivity Commission 1999, Queensland Treasury 2002c).

With a view to developing efficacious responsible gambling and harm minimisation strategies for older Queenslanders, the higher rates of problem gambling risk behaviour commonly observed in EGM users suggest grounds for a specific research and policy focus on EGM users, including older people. Arguably, responsible gambling strategies promoted by government agencies and the gambling industry need to address the particular risks associated with this form of gambling in view of its stronger association with personal and social harm.

6.1.4 *Participation in Multiple Forms of Gambling*

This study suggests that older people who use EGMs on a regular basis commonly participate in other forms of gambling on a regular basis as outlined in Section 5.2.2, with almost one quarter of respondents (24%) participating weekly or more often in Keno. In view of this overlap, it is important to explore the combined impact of these forms of gambling on individuals. The use of qualitative case study research may be helpful to this end.

6.1.5 *Use of Clubs*

Evidence from this study suggests that clubs play an important role in many older people's lives, providing them with a safe place to socialise, to acquire relatively cheap, nutritious meals, to enjoy entertainment, and to participate in sport and other recreational activities. Gambling is often a secondary or non-existent priority for older patrons. Club managers observed that older patrons are more likely than younger patrons to use other facilities of the club rather than EGMs (68 percent thought this) and that, in general, they tend to treat their gambling as more of a social activity than other patrons (79%). One club manager reported that older patrons 'use the club as a social event and when gaming they tend to bet very low credits to extend the time they spend on a machine.' Similarly gambling service providers noted that 'clubs are a central social focus' in many of their older clients' lives; 'the club scene is their outlet', 'it is the hub of their existence'. The social nature of older people's EGM play would appear to be supported by their own self-reports – that 'socialising and making friends' is a key motivator for playing EGMs (41%), and that they spend so little on EGMs that they do not even think about where the money is coming from (39%).

Older people's attraction to clubs may lie in part with the lack of infrastructure elsewhere in the community to support their social and recreational needs. A couple of Gambling Help service providers commented on the lack of alternative activities and places for older people to socialise and have lunch. One service provider noted that especially in remote areas 'there are few alternatives for social outlets'. In the absence of local transport, gaming venues offer a unique opportunity to older people to get out of the house through the provision of door to door transportation. It was noted in the consultation with NGOs that clubs have superior financial capacity – by virtue of income from EGMs

– to attract older people and support their involvement in the activities of the club through the provision of free transportation, age-appropriate entertainment, recreational facilities and low-cost meals. A couple of organisations argued that community-based efforts to provide equivalent social infrastructure for older people are not resourced anywhere near the same level and cannot compete. At the same time, other more traditional sources of such community infrastructure are gradually disappearing. As one club manager observed to members of the research team, for the current generation, clubs have replaced churches as the social hub of the local community. Older people's sense of the importance of such a space to them would appear to be evidenced by the fact that the most frequently offered reason for playing EGMs was 'to support my club' (46%).

6.2 Older People's Motivations for Playing EGMs

Apart from the motivation of supporting their club, the reasons given by older people for playing EGMs are fairly consistent with those found in previous studies as reviewed in Section 3 (for example McNeilly and Burke 2000, AADAC 2000, Roy Morgan 1997, Munro *et al* 2003) (see summary of survey findings in Table 5.5). Previous research has suggested that winning is a secondary motivator for older people's gambling and that 'getting out of the house', socialising, reducing boredom and loneliness, and escaping from problems, are the primary motivators. While all of these motivators rated highly amongst survey respondents, winning money was the frequently nominated one of these, exceeded only by the motivation to support one's club. None of these other studies of older people and gambling looked specifically at EGMs, so this may be a factor in the observed difference.

This finding also stands in contrast to the point elaborated above about older people going to clubs primarily for the social opportunity. It suggests that older people's use of clubs and participation in gambling may be more complex than is currently appreciated.

The present study did note a difference in the motivations of males and females consistent with that reported in the literature – that older females surveyed were motivated, more so than males, by the opportunity to escape from problems, to socialise and to relieve a sense of isolation (see Delfabbro 2000, Kimberley 2005). Males in the sample were more motivated to play as a means of overcoming boredom. These observed differences in women's and men's motivations for EGM play are also consistent with the observations of many of the Gambling Help services consulted as part of the study. Male clients were reported to often have a more aggressive attitude to gambling and to be prepared to risk larger amounts in order to 'beat the machine.' They were also considered more likely to gamble and drink at the same time. Women were found to use gambling more commonly as a means to escape from loneliness, grief or illness.

6.3 Older EGM Users' Expenditure on EGMs

6.3.1 Amount Spent

Section 5.2.3 summarises levels of expenditure on EGMs by survey respondents. As outlined in Table 5.7, respondents who reported spending \$10 or less per week constituted 39 percent of the sample; those spending \$11-\$30, 28 percent. A significant minority of respondents (18%) reported spending more than \$50 per week on EGMs and eight percent reported spending \$100 or more per week.

No other study on older people and gambling in Australia has looked at EGM use alone, so there is limited data for comparing these findings directly. However, a comparison can be made with the findings of the VCGA-commissioned study of older people and gambling in Victoria (Roy Morgan 1997) which analysed the amount spent by respondents on gambling by specific gambling activities, including playing EGMs in non-casino venues. Table 6.1 presents the findings of the Roy Morgan study against the findings of the present study.

Table 6.1 Weekly Expenditure by Older People on EGMs - Comparison of UQSRC Study with VCGA Study (Roy Morgan 1997)

UQSRC Study		VCGA Study*	
Weekly Expenditure	Proportion of Regular EGM Users (n= 358**)	Weekly Expenditure	Proportion of EGM Users (n=339)
\$10 or less	39%	\$10.00 or less	80%
\$11-\$50	43%	\$10.01-\$50.00	16%
\$51-\$100	10%	\$50.01-\$100.00	2%
\$101 or more	8%	\$100.01 or more	2%
100%		100%	

* EGM expenditure data reproduced from Roy Morgan study refers only to EGMs in non-casino venues and only to survey respondents who indicated they use EGMs (42% of sample). It also defines older people as 55 plus, while the UQSRC survey defines older people as 60 plus.

** Fifty-six respondents were not given this question on the specification of the particular club manager. For this reason, percentages are calculated on a sample size of 358, not 414

The amount expended by older EGM users is greater on average in the current study. The proportion of those spending less than \$10 per week in the Roy Morgan study (80%) is twice as high as that in the present study (39%) while the proportion of EGM users spending over \$50 a week in the UQSRC study (18%) is over four times that recorded in the Roy Morgan study (4%). These apparent differences may be attributable, at least in part, to the less expansive definition of 'EGM user' employed in the current study (older people had to use EGMs at least once every three months to qualify for participation in the UQSRC survey) and a decline in the value of money over the last nine years.

Given that 55 percent of older people in the present study reported an annual income of less than \$20,000, even relatively small amounts spent on EGMs might represent a significant component of disposable income, particularly in view of the fact that the level of expenditure on EGMs did not appear to be influenced by household or individual income.

It is important to bear in mind that respondents in gambling studies typically under-report the amount of time and money they spend gambling (Borrell 2003:27; Productivity Commission 1999:6.34ff). It is also important to note that a significant proportion of respondents reported weekly or more frequent participation in one or more other forms of gambling. In view of this, the amount older EGM users are expending on gambling each week on average will be higher than indicated by these figures.

6.3.2 Budgetary Sources of Expenditure on EGMs

Section 5.3 and Figure 5.9 summarise survey respondents' reported sources of expenditure on EGMs. The most significant finding is that almost one quarter (24%) of respondents reported using their savings to finance their EGM use. This is twice the proportion of respondents found to use their savings in the VCGA-commissioned study of older people and gambling in Victoria (Roy Morgan 1997). Table 6.2 summarises the difference in the findings of the two studies.

Table 6.2 Budgetary Sources of Expenditure on EGMs – Comparison of UQSRC Study with VCGA Study (Roy Morgan 1997)*

Budgetary Source	UQSRC Study (n=358**)	VCGA Study (n=692)
Pocket money	60%	50%
General savings	24%	12%
Personal or household entertainment budget	22%	22%
Specific budget for gambling (including past winnings)	16%	6%
Money for food, bills and transport	2%	8%
Money set aside for major purchases	1%	1%
Money for accommodation	1%	..
Other	..	1%

* VCGA study based on a single response question so figures sum to 100%. UQSRC data based on multiple response question, so responses do not sum to 100%. It also defines older people as 55 plus, while the UQSRC survey defines older people as 60 plus.

**Fifty-six respondents were not given this question on the specification of the particular club manager. For this reason, percentage figures are calculated on a sample size of 358, not 414

An important difference between these studies, which precludes a genuine comparison, is that the VCGA study only permitted respondents to nominate their main budgetary source for expenditure on EGMs, whereas in the present study respondents could select multiple sources. Another difference is that the VCGA study did not look exclusively at expenditure on EGMs. The higher proportion of

people indicating use of savings in the present study may suggest that savings are also commonly used as a supplement to other budgetary sources for EGM expenditure.

Whatever explanation is employed, the fact remains that a very significant proportion of respondents are drawing on potentially unsustainable sources to fund their EGM use. Unlike their younger counterparts, older people are more commonly retired and have more limited opportunity to replenish savings once they are used. With a growing policy emphasis on self-funding retirement, the protection of savings for investment purposes will become increasingly important for older people's financial wellbeing. In view of this, the findings of the present study suggest some cause for concern. This is also the first generation of older people in Queensland who have had ready access to this form of gambling. In view of this, the impact it has on older people's financial wellbeing needs to be monitored closely.

6.4 Control Over EGM Use

Sections 5.8 and 5.9 examine the factors that older EGM users report as impacting on their control over the duration of their sessions and the amount they spend on EGMs. Fifteen percent of respondents acknowledged that there were times when they had less control over their expenditure or duration of play. Given that it is not socially acceptable to be 'out of control' in relation to gambling, it is probable that this figure is an underestimate of those experiencing problems with control. This is also suggested by the fact that some respondents who ticked 'no' in relation to this question (i.e. does not experience times of decreased control over EGM use) then went on to respond to a subsequent question which enquired about factors that help to improve their sense of control at these times.

Over one third of these respondents (35%) identified stress or anxiety as a factor that decreases their control over EGM use. Depression (29%) and a sense of loneliness (30%) were the next most commonly indicated factors. It is ironic and concerning that these are also factors that motivate many older people in the sample to play EGMs in the first place (forgetting problems, reducing isolation, etc, see Table 5.5). A quarter (25%) of these respondents reported that they have less control when they are feeling angry or excited. Twenty-one percent cited family or relationship problems as a control-reducing factor and a similar number (19%) experienced the flashing lights and sounds of the EGM as impairing their sense of control. Financial hardship (13%), physical pain (11%), the influence of medication (8%), and fatigue (6%) were also reported as factors to a lesser extent.

Given that, with the exception of the flashing lights and sounds of the EGMs, all of these are personal and internal factors, it is important to consider how the EGM environment can be regulated to protect these individuals from uncontrolled EGM use on account of these factors. When asked what helped most to increase their sense of control at these times, the most common response was to 'stay away from the club when I feel vulnerable' (38%). This suggests that these EGM users do not consider that

there are adequate protections in the gaming environment to safeguard them from their vulnerability to uncontrolled EGM use. Other responses given by respondents regarding factors that increase their sense of control at these times are: 'being asked by a friend to take a break' (32%); 'eating a meal' (30%); 'not being able to smoke in the gaming area' (16%); 'finding out the time of day' (16%); 'having to leave the building to get more money' (13%); 'being forced to stop because the gaming area is closing' (10%); 'having a friend or family member express concern about me' (10%); and 'doing exercise' (6%).

All of the clubs where the survey was held reported having their gaming area open continuously throughout the club's operating hours. In light of this consideration, it is important to note that as many as ten percent of respondents who acknowledged there were times when they had less control over their EGM play found being forced to stop due to the closure of the gaming area a factor that improved control. It is certainly one aspect of the EGM environment that could be regulated to break continuous play and protect those vulnerable to such sessions. This was also a suggestion made by several older EGM users when asked what they felt would improve the safety of the gaming environment. Removing ATMs from the premises, a suggestion made independently by a number of older EGM users, is another way in which the EGM environment could potentially be made safer for those who are experiencing difficulties with control. Proactive enquiry about EGM users' wellbeing by gaming floor staff, and better strategies for promoting patrons' awareness of the passage of time are also indicated by these findings as harm minimisation devices that may be effective.

As discussed earlier in Sections 3.9.2 and 5.8, previous research by Dickerson (2003, 1998) indicates that loss of control in continuous forms of gambling like EGMs occurs on a continuum. It is not just problem gamblers who have difficulties with control over the duration of a session or the amount of money spent; all EGM players are susceptible to such loss of control at least some of the time by virtue of the nature of the gambling activity as it is currently managed by operators and regulated by governments. Dickerson found that over the duration of a session, the sequence of gambling events and the fact that the decision to place the next bet is constantly prompted by the EGM erodes the player's ability to maintain informed and rational choices about purchasing the next game offered. Presumably people experiencing some of the internal factors mentioned above, like anger or depression, have a lower threshold of control to start with and therefore experience control problems more quickly. Dickerson argues persuasively that informed consent and meaningful consumer protection in the case of EGMs requires a different way of regulating and managing EGMs. In particular, the point of sale needs to be removed to a place away from the gaming room floor and to a point in time prior to the commencement of the session. In view of the findings of the present study, that such a significant proportion of older EGM users acknowledge problems with control, this argument, and the proposed alternative approach to managing EGMs, is compelling.

6.5 Impact of Venue Promotions on EGM Use

Research on older people and gambling has considered the impact of venue promotions on older people's gambling behaviour (Govoni *et al* 2001:7; McNeilly and Burke 2002:76; McNeilly and Burke 2000:412; Roy Morgan 1997:25-27). There is not a consensus in the literature on this point, with some research suggesting that it has a minimal impact and others identifying promotions as a more significant impetus for older people's gambling. The present study looked at the impact of promotions on older people's EGM use through the survey of older EGM users and by way of consultations with the various stakeholder groups.

As outlined in Section 4.1.3, a very high proportion of clubs that participated in the stakeholder consultation indicated that they run promotions directed mainly at older people. Such promotions included: entertainment (54 percent of clubs); courtesy buses (51%); meal deals (60%); membership number draws (54%); drink deals (23%); raffles and 'grocery grabs.' Twenty percent indicated that these promotions combine social and gambling activities. Only one club indicated that EGM credits were provided as part of a promotion.

Half of the 414 older people surveyed indicated that they had participated in a venue promotion. The nature of promotions participated in is summarised in Figure 5.8. The most popular promotions were, in order: meal deals (36 percent of all older people surveyed); entertainment (28%); membership number draws (27%); drink deals (24%); EGM credits (17%); and courtesy buses (16%).

Given that clubs did not indicate providing EGM credits as part of their promotions, it is interesting that 67 respondents reported receiving such promotional credits, slightly higher than the number who had made use of a courtesy bus.

Most older people did not feel that promotions impacted on their EGM use and saw themselves using promotions to their own benefit, getting something for nothing. That said, it is significant that of those who did participate in promotions, 18 percent said they usually spent more time playing EGMs than they would have done without the promotion, and 14 percent said that they usually spent more money on EGMs than they would have done without the promotion. Eight percent of those who had participated in promotions said they had been introduced to playing EGMs through a club promotion.

Some Gambling Help service providers who were consulted as part of the study observed that clubs were very successful in promoting themselves to older people. They achieved this by offering incentives to attend for extended periods of time. These incentives are often in the form of cash or chips that can be redeemed by using an EGM. No evidence was provided, though, that promotions led to problem gambling on the part of older people.

Members of the research team who visited clubs also observed that some clubs have been very successful in promoting themselves to older people. On days when Bingo was being played or when there were courtesy buses operating and entertainment or special meals deals offered clubs would be completely transformed from quiet and unoccupied on a preceding day to noisy market places of activity almost exclusively engaged in by older patrons.

Several NGOs consulted also believed clubs were very successful at promoting themselves to older people to the point that older people's participation in other organisations and activities has diminished. This was considered by these organisations to be of some concern, as discussed in Section 4.3. One NGO also raised concern about promotions misleading older people, particularly those from non-English speaking backgrounds, about the possibility of winning from EGMs. No specific evidence was provided to support this claim and the patron survey did not gathered evidence in relation to this issue.

While there is nothing inherently wrong with clubs' success in promoting themselves to older people, particularly if they are providing social opportunities and other benefits to older people, it is arguably of concern if such promotional activity is encouraging extended play or unsustainable expenditure on the part of older gamblers. It is also of concern if older people are being misled about the probability of winning. The evidence gathered from older people and from certain stakeholder groups suggests that promotions do have an impact on some older people's gambling behaviour. Whether this leads to problem gambling on the part of older people cannot be established from this study, and may be very difficult to establish in any instance.

In his overview of harm minimisation initiatives, Blaszczynski (2002:6) lists a range of strategies for primary intervention to protect participants from developing gambling problems. Two of these that may be relevant in view of the impact promotions have on the gambling behaviour of some older people are:

- Prohibiting special promotions on pension payment days; and
- Prohibiting undue inducements and complementarities (such as free gaming tokens and play bonuses), either to enter gaming venues or during play aimed to prolong sessions.

These strategies were also suggested by various Gambling Help service providers consulted for the present study.

6.6 Efficacy and Relevance of Responsible Gambling Strategies for Older EGM Users

One of the aims of this study was to explore the efficacy and relevance of provisions of the *Queensland Responsible Gambling Code of Practice* in relation to the particular circumstances of older people and their harm minimisation needs. Various consumer protection measures of the Code

were endorsed by club managers and older EGM users alike as important and effective devices for minimising harm, like restricting access to credit/cash; implementing practices to ensure patrons are aware of the passage of time; displaying information about the odds of winning, potential risks of gambling and where to get help for problem gambling; and implementing practices to ensure that patrons are discouraged from participating in extended, intensive and repetitive play. At the same time, the study also gathered evidence that the efficacy of some of these measures and, in some cases, their relevance to older EGM users, may be limited, or at least limited in the way they are currently implemented in gaming venues.

These issues are discussed in the material that follows. In this discussion it is important to recall that the clubs where the survey of older people was conducted all reported a very high level of compliance with the Code.

6.6.1 ATMs

It was outlined in Section 5.7.1 that all clubs indicated that ‘ATMs are not located in close proximity to gambling areas’ in their premises and yet 71 percent of respondents considered that their club did ‘have an ATM near the section that has poker machines.’ The frequency with which respondents indicated this did vary considerably between clubs (from 57 percent of respondents at one club to 83 percent at another) but even the lowest of these figures is high and suggests that patron’s perceptions of what constitutes ‘near’ are more often than not different to those of club administrators.

Also significant is the finding that almost one third of all respondents (30%) reported using an ATM to obtain cash *to continue* a playing session. This suggests that a proportion of EGM users may be spending more than they had originally intended to on arriving at the club. It also suggests that the implementation of this provision of the Code may be relatively limited in its harm minimisation capacity.

A number of survey respondents in verbatim responses recommended that access to ATMs be further restricted with a couple suggesting these be completely removed from club premises. In view of these findings, such a suggestion would seem to have some merit.

6.6.2 Awareness of the Passage of Time

The present study did not collect much information specifically in relation to this issue. Patrons were asked about the adequacy of natural lighting in the gaming areas, with almost two-thirds of respondents (65%) reporting satisfaction with this. However, just over a quarter of respondents (26%) disagreed that the gaming area was adequately lit (see Section 5.7.4). Also, when asked what would enhance their safety and enjoyment in relation to playing EGMs, a number of respondents suggested

improving lighting in the gaming areas. Reasons given for this were to improve their ability to see what they were doing, to enable them to read signs, and to help them maintain awareness of the outside world and the passage of time. A couple also suggested providing external windows, clocks and other time measuring devices. A couple of service providers also recommended improvements in lighting and the provision of devices for increasing patrons' awareness of the passage of time – such as clocks and regular screen feedback to players on the duration of their session and the extent of their expenditure, expressing concern that people playing EGMs can easily lose track of time and place.

On one hand these comments are an endorsement of the relevant provision in the *Code of Practice*; on the other, they suggest that even in clubs that have a high level of compliance with the Code, more could be done to ensure that patrons are aware of the passage of time.

6.6.3 *Responsible Gambling Signage*

Section 5.7.3 summarises the findings of the patron survey with regard to patrons' awareness of particular signs in their club's gaming areas 60 percent had noticed signs with contact details for organisations that provide assistance to people with gambling problems, 25 percent had noticed signs about the club's responsible gambling mission statement, and 20 percent had noticed signs about the odds of winning.

The level of awareness of signs with contact details for Gambling Help services was fairly consistent across all the venues, as was that of signs outlining clubs' responsible gambling mission statements with the exception of one club. Awareness of signs about the odds of winning varied much more significantly between venues (with 7% of respondents saying they had seen such signs at one club and 35% at another club). This variation in awareness of signs on the odds of winning suggests that venue-based factors may be influential.

As all clubs reported having on display signs with contact details for Gambling Help services, and all but one club, signs on the odds of winning, these figures suggest that some types of signs are being noticed more often than others. It would be beneficial to investigate this matter further, for example, what is it about signs for Gambling Help services that make them so much more noticeable and memorable than signs on the odds of winning?

These findings also suggest that responsible gambling signage is not effective for a significant proportion of the older adult population that plays EGMs. If clubs' self-reports about signage are accurate, 80 percent of older EGM users surveyed have not seen the information displayed around them on the odds of winning, and 40 percent have not seen the signs on the risks of gambling and where to get help with gambling problems. Indeed, one quarter of respondents (25%) reported not

having noticed any signs at all and just over a quarter (28%) acknowledged that they do not bother to read signs.

These self-reports are reflected in the comment of one club manager:

‘Most aged persons visiting or members of the club do not read material throughout the club unless it is particularly of interest to them. However we find that they spend a lot of time watching TV, listening to the radio or reading papers’

Similarly, one Gambling Help service provider observed that older people often do not read brochures and believes that television, radio and newspaper advertising or media articles/features are a better way of getting older people’s attention.

Herein is an important message. A range of techniques and media for communicating responsible gambling messages may be necessary to reach an older audience. Forty-six percent of those who had sought help with gambling problems in the preceding 12 months had found out about Gambling Help services from ‘radio, television, newspaper and other media features.’ Only half this number had become aware of them from ‘cards, signs or pamphlets in public venues.’ In view of these findings, more research on how to educate older people – both in the club environment and beyond it – on the risks of gambling, the odds of winning, and the services available to assist with problem gambling, would be beneficial for enhancing the protection of older EGM users.

6.6.4 Awareness of Self-Exclusion Provisions

While all clubs indicated that they had established self-exclusion provisions in their clubs and confirmed that they display information about self-exclusion provisions in their gambling areas, a very high proportion of respondents (69%) did not know whether their club had such an arrangement in place. A further nine percent were of the impression that their club did not offer such provisions. Seventy percent of respondents were unsure how to make use of such an arrangement or how to advise someone else how to use it. Respondents’ lack of awareness or accurate knowledge about self-exclusion provisions is fairly consistent across each of the clubs where the survey took place, suggesting that the problem is not particular to specific venues.

The low level of awareness of self-exclusion provisions is a significant finding. A QOGR (2004) report on the implementation of the *Queensland Responsible Gambling Code of Practice* refers to an unpublished study in which it was found that 56 percent of Queenslanders aged 55 plus knew that people can ask to be excluded from gambling at a venue. The findings of the present study suggest that the level of knowledge of older EGM users about self-exclusion options is considerably more limited than this, notwithstanding signage reportedly provided by clubs and attempts to develop relevant

procedures. This finding suggests that much more needs to be done to educate older patrons about the availability of self-exclusion options.

6.6.5 Payment of Winnings

All clubs where the survey was conducted indicated that major winnings are paid out in cheque or electronic transfers with a 24-hour delay in payment. Despite this, over a quarter of respondents (28%) reported that their club would pay the winner in full immediately, either by cash or via a cheque that the club would cash straight away. Over one third (36%) did not know what their club's policy was on payment of winnings.

This finding suggests either that patrons whose response was contrary to that of their clubs did not actually know what their club's policy on winnings was and were offering a guess, or else clubs may have inaccurately represented their practices in completing the consultation questionnaire. Either way, it raises a query about the reliability of self-reports. If patron's reports are accurate, and clubs are not complying with the *Code of Practice* in regard to the payment of major winnings, then arguably this raises concern about the capacity of a voluntary industry code to ensure the protection of consumers.

An alternative explanation may be that club managers and club patrons have different conceptualisations of a 'major win'.

6.6.6 Approachability of Club Staff

As outlined in Section 5.7.6, older people surveyed expressed a very high level of satisfaction with the helpfulness and approachability of club staff. Ninety-four percent of respondents agreed or agreed strongly that the staff in their club 'are friendly and willing to assist with questions that I have'. Clubs surveyed reported a very high level of compliance (96%) with the Code in regard to the training of staff in responsible gambling protocols and practices so that they are able to provide appropriate assistance to club patrons who approach them in relation to a problem with gambling. A small number of clubs reported incorporating a component of training on the particular needs of older patrons.

The high level both of staff training and of confidence expressed by older patrons in the helpfulness and approachability of gaming venue staff are important for enhancing the likelihood that older people will approach venue staff for help with gambling problems and receive the assistance they need.

While 60 percent of club managers did not think that older people were less likely than other patrons to ask for help from club staff in relation to a gambling problem, only one percent of older EGM users surveyed thought they would approach a gaming venue employee in the first instance of seeking help with a gambling problem. On the face of it, this might suggest that responsible gambling training for staff is relatively limited in its harm minimisation capacity. It is interesting that nine percent of the 65

respondents who acknowledged that they sometimes had difficulty controlling their EGM use indicated that ‘having a friend or club staff member express concern about me’ is a factor that can increase their sense of control at vulnerable moments. This finding suggests that *proactive* solicitation of patrons’ wellbeing by staff may be an effective harm minimisation strategy in some instances. This was, in fact, a suggestion made by one of the clubs that participated in the consultation: ‘ensure staff are monitoring all patrons and communicating with them so that they may pick up if there is a problem with gaming.’ Similarly, the Gambling Help Line suggested that new staff in EGM venues be made aware of possible age-related risk factors and be encouraged to assist older gamblers who might be showing signs of problem gambling.

6.7 Support for Other Preventative and Harm Minimisation Strategies

The Gambling Help Line expressed concern that older gamblers are not generally well informed of the risks of gambling nor do they tend to have a high level of cognition of risk behaviours. In addition to the harm minimisation strategies surveyed above, research participants and stakeholders suggested a range of other strategies that may be helpful for enhancing the awareness of older EGM users and their safety in the EGM environment. Other strategies emerge from the literature. These may be summarised as follows:

1. Use a range of communication mechanisms to educate older people about the risk of gambling, the odds of winning and where to get help with gambling problems, including targeted educational programs and materials, rather than relying predominantly on venue-based signage.
2. Use a range of different messages about the risks of gambling that recognise the different motivations older people, and females and males, have for gambling, and the different stages that they may be at along the continuum from social to problem gambling.
3. Encourage and enforce breaks in EGM play.
4. Prohibit misleading advertising.
5. Provide EGM users with better information about their expenditure and their odds of winning to facilitate better consumer decision-making.
6. Address the social isolation of older people and the other stresses that accompany older age that commonly underpin problematic EGM use.
7. Educate generalist practitioners and community workers about problem gambling prevention as older people obtain information and services from a wide range of sources and often draw on generalist health and community services.

Each of these strategies is considered in more detail in the material that follows.

6.7.1 *Diverse Communication Mechanisms*

Use a range of communication mechanisms to educate older people about the risk of gambling, the odds of winning and where to get help.

The evidence gathered in this study is that while signs in gaming venues reach some older people, many do not read signs or have not noticed the signs ostensibly posted in the clubs where the survey took place. Relying on such signs as a means to educating older people about the risks of gambling is therefore problematic. Personal interest stories about people who gamble, including those who have experienced problems with gambling, and articles in the health section of popular magazines or newspapers are suggestions made in previous research on older people and gambling as effective means for engaging the interest and attention of older people (for example, AADAC 2000:12; Govoni *et al* 2001:20; Kimberley 2005:103). Another strategy suggested by the Gambling Help Line is the use of signage and educational materials in gaming venues developed specially for a mature-age audience to educate older patrons about the odds of winning, the risks involved in playing EGMs and how to gamble responsibly. Some of the NGOs consulted also recommended targeted education programs and materials for older people, and also specific programs for those from non English-speaking backgrounds.

Another communication/education strategy that would seem to have some support from those who participated in the research is to hold information sessions or discussion groups on the topic specifically for older people. For example, one survey respondent suggested ‘special presentations on the risks of excessive gambling’. One club manager told researchers that their club has organised such sessions for patrons (not specifically for their older patrons) and some Gambling Help service providers also indicated running such sessions. Older people like to meet and talk and combining education with an opportunity to socialise is seen as an effective communication strategy. Older people who participated in gambling research in Alberta (AADAC 2000:5-6) likewise identified the following as effective strategies:

- Discussion groups at a senior’s drop-in centre (or some other place where seniors gather);
- A lecture or guest speaker at a seniors’ drop-in centre.

6.7.2 *Diverse Messages for Communicating with Older People*

Use a range of different messages that recognise the different motivations people have for gambling and the different stages that they may be at along the continuum from social to problem gambling.

As reviewed in Section 3, Kimberley (2005) has proposed a staged model for understanding the pathway older females go through from social gamblers to problem gamblers. She argued that females are receptive to different messages and require different sorts of information at each of these stages. Accordingly educational material needs to be developed in a way that is cognizant of these stages and the different informational needs associated with each. In both her analysis of interviews with older females and her review of the literature she also presents evidence that many older females cannot relate to the popular representations of problem gambling. For this reason they do not consider that they have a problem and ignore the material available on the risks of gambling and where to find help. The implication that follows from this observation is that educational material needs to be sensitive to the particular and different ways that older people, and females and males, experience the gambling process and their motivations for gambling.

Those in the present study who had recognised that they or someone close to them was exhibiting behaviour that might indicate a problem with gambling, indicated in 54 percent of cases that their reason for not seeking help was that they ‘did not think the problem was bad enough.’ This may be evidence of the need for more staged educational material so that people in the early stages of developing problems become more aware of the risks they are facing and the seriousness of what they are observing in themselves.

The study on older people and gambling problem prevention undertaken by Govoni *et al* (2001) similarly recommends taking the focus off problem gambling and instead providing information on how to gamble safely by employing personal interest stories that older people can relate to.

6.7.3 *Limits on the Duration of EGM Sessions*

Encourage and enforce breaks in EGM play

A number of club managers, patrons and Gambling Help service providers alike suggested that a strategy for improving the safety of the EGM environment is managing the service of drinks in a way that encourages patrons to take a break from EGMs, for example, preventing players from drinking at the EGMs or offering patrons a complementary tea/coffee in another part of the club. It is difficult to interpret from the frequency of this suggestion whether this is due to the successful implementation of

this provision of the *Code of Practice* or if it is due to its inadequate implementation. Either way, it would seem to be an endorsement of this strategy and one that deserves closer examination.

Other suggestions for encouraging breaks in play were to place daily limits on the duration of play (the suggestion of a Gambling Help service provider) and to close the gaming area intermittently (suggestion made by several EGM users).

6.7.4 Responsible Advertising

Prohibit misleading advertising

As stated in Section 4.2.11, a number of service providers felt that more could be done in this area, that EGM advertising still typically conveys the misleading message that ‘everyone’s a winner’ by exclusively portraying smiling happy people who have won.

6.7.5 Consumer Information

Provide EGM users with better consumer information

Some Gambling Help service providers suggested that EGMs should be required to display at regular intervals details of the amount of money spent in the session and its duration to help players maintain awareness of their behaviour. A couple of respondents to the older patron’s survey likewise suggested that EGM users be provided with a clear visual display on the odds of winning each time a bet is placed. These are both recommendations made previously by the Productivity Commission (1999) to enhance informed consent by consumers. Another suggestion made by a Gambling Help service was to develop a statewide player ID/access card for EGM use so that patrons can keep track of how much they are spending over time, set limits on their expenditure or request exclusion more easily across different venues.

6.7.6 Underlying Causes of Older People’s Problem Gambling

Address the social isolation of older people and the stresses that accompany older age

Gambling Help service providers attributed gambling problems in their older clients to a range of factors associated with the social isolation and stresses that often accompany older age such as boredom, loneliness, grief, loss, illness, increasing dependency on others, death of spouses and friends, and increased leisure time. According to the Gambling Help Line, these are all underlying issues commonly identified by older people who call the service in relation to gambling problems. It is not

surprising then that many older EGM users surveyed indicated that boredom, loneliness, depression and chronic pain motivated them to play EGMs in order to achieve some relief or escape.

A number of club managers who were consulted in the study recognised older people's particular needs for social activities and entertainment and acknowledged that EGMs can fill a void in the absence of alternative activities. Accordingly, some suggested providing more social activities for older patrons as a strategy for safeguarding them from relying unhealthily on EGMs to meet these needs:

'[Generate more] interaction. Sometimes [older patrons] only play because they have no one to talk to. Try to involve patrons in conversations.'

'Clubs must ensure that they have other activities (other than EGMs) for all members but particularly for older people as older people more than others look upon the Club as their main place of entertainment and social interaction during the day.'

While it is good that some clubs acknowledge a role in contributing to the community in this way, arguably meeting the social and mental health needs of older people is a broader social responsibility. The evidence gathered through this study suggests that some of these needs are not being met adequately at present and that problem gambling amongst older Queenslanders may be associated with these unmet needs.

Accordingly, the protection of older people from problem gambling may require an examination of the scope and adequacy of a range of social policies that concern their well-being more generally. In the consultation with Gambling Help services, it was suggested that more community-based activities be generated to cater for the entertainment and social needs of older people so they are not so reliant on clubs and EGMs. The suggestion made previously by Govoni *et al* (2001), may also be relevant to this end: that programs designed to address older people's social and mental health issues should incorporate problem gambling prevention initiatives and strategies.

6.7.7 'Whole-of-Community' Response to Problem Gambling Prevention

Educate generalist practitioners and community workers about problem gambling prevention

Findings of previous studies on older people and gambling, such as Govoni *et al* (2001), suggest that promoting responsible gambling and preventing problem gambling should be a whole-of-community endeavour. This is because older people obtain information from a wide range of sources and professionals and often draw on generalist health and community services rather than specifically older people's services. Accordingly it should be a priority to:

Develop a range of educational materials for the community to educate doctors, lawyers, community health care providers, financial experts, social service providers, media, etc. These educational aids will enable a wide range of service providers to be aware of and address the issue of responsible gambling and problem gambling (Govoni et al 2001:20).

This recommendation lends support to the second priority action area of Queensland Government's *Responsible Gambling Strategy* (Queensland Treasury 2002b), which concerns increasing community knowledge and awareness of the impacts of gambling, including specific education strategies targeted at health and social welfare professionals. It is also an endorsement of the community education and professional training already being delivered by gambling service providers in Queensland.

6.8 Help-Seeking by Older Gamblers

6.8.1 Who Older EGM Users Would First Turn to for Help with a Gambling Problem

Older EGM users surveyed in this study overwhelmingly indicated that they would turn first to their spouses, family members or friends for help with a gambling problem (64%). Ten percent thought they would turn first to a Gambling Help service and four percent nominated a self-help service. Gambling Help service providers indicated that children can be important in facilitating older people's help-seeking, often being the first to notice subtle changes in their parents' behaviour and to encourage them to seek assistance. These findings suggest that it would be valuable for prevention and early intervention strategies to involve family members and friends as well as older EGM users.

6.8.2 Barriers to Help-Seeking

Gambling Help service providers interviewed in this study reported that their agencies assisted relatively few older people. Client data collected by Queensland Gambling Help services from January 2002 to September 2005 confirms this impression, indicating that problem gamblers aged 60 plus make up only seven percent of the total help-seeking population. Similarly, only six percent of those calling the Gambling Help Line are aged 61-70 years, after which age use of the service drops away sharply. Of help-seekers aged 60 plus, females consistently out-number males, averaging 62 percent of older help-seekers (Queensland Gambling Help Services, January 2002-September 2005). These figures accord with those from previous Australian studies on older people and help-seeking for gambling, in which females are found to seek help more commonly than males (for example McCormack *et al* 2003, in which females were found to seek help twice as often as men). However, it should be noted that more males (51%) than females (49%) approach Gambling Help services for their own gambling problem, while more females (72%) than males (28%) approach Gambling Help services about the gambling of someone else (Queensland Gambling Help services, January 2002-September 2005).

Whether older problem gamblers are less likely to seek assistance than younger people is difficult to establish and the evidence gathered in this study is inconclusive. Approximately half of the Gambling Help service providers interviewed were of the opinion that older people were less likely to seek help for a gambling problem. On the other hand, only 21 percent of club managers surveyed believed that older patrons are less likely than other patrons to ask for help from club staff in relation to a gambling problem, with most of the rest disputing this. According to the *Queensland Household Gambling Survey* (Queensland Treasury 2002c), people aged 55 plus are estimated to make up only eight percent of the total problem gambling population, so it may be reasonable that they are represented at such low levels in the help-seeking population. Nevertheless, people aged 55 plus compose approximately 29 percent of moderate risk gamblers (Queensland Treasury 2002c) which might suggest that older people are under-represented in help-seeking figures.

What does emerge unambiguously from the study is that older people experience certain barriers to help-seeking. Help service providers identified a number of these:

- Older people tend to feel that by this point in their lives they should be able to fix their own problems without external help.
- Counselling has not been commonplace in the lives of older people and talking about one's feelings and problems, moreover to a stranger, feels quite alien.
- For many older people there is strong shame associated with losing money making it difficult to admit to.
- Talking about personal and financial problems to a younger person can heighten older people's sense of embarrassment about seeking help, particularly if they have the expectation that older people 'should know better'.

NGOs consulted noted that Gambling Help services are often not easily accessible to people from non English-speaking backgrounds because of cultural attitudes towards counselling and language barriers. Previous Queensland research on migrants and gambling has raised similar concerns about the barriers that people from non English-speaking backgrounds can face in seeking help for gambling problems. *Problem Gambling in Non English Speaking Background Communities in Queensland* (The University of Queensland, Community Support and Research Centre) focussed on the Chinese, Greek and Vietnamese communities in Queensland. The study concluded that while there is no evidence to suggest that the prevalence of problem gambling in these communities is different to the prevalence in the general Queensland population, those with gambling problems in these communities are not seeking help. Various reasons are proposed for this problem including a range of personal barriers that can be experienced by help-seekers. These include a denial of the gambling problem; shame or stigma related to the gambling problem that could lead to loss of face for the individual and their family, and a cultural view that problems should be resolved within the family. Support services may not be used,

it is argued, because of a lack of trust, concerns with confidentiality, having a background that is not familiar with counselling, and a lack of information about services available.

In the present study, of the 67 older EGM users who had over the previous year observed behaviours in themselves or those close to them that might indicate a problem with gambling, only 13 had sought some kind of help for themselves or their friend or family member. Some of the more common reasons given for not seeking support were: a belief that the problem was not bad enough; a belief that no one could offer assistance that would help; a belief that the problem could be solved without external assistance; and fear of being told to stop playing EGMs. Surprisingly only one of the 54 respondents to this question acknowledged finding it hard to share their problems, and only three did not seek assistance because they attributed a social stigma to gambling problems. Difficulties with accessing a service were indicated as a reason for not seeking assistance by nine percent of these respondents.

Many of these findings are consistent with those from a South Australian study on motivators for change and barriers to help-seeking by problem gamblers (Evans and Delfabbro 2005). In this study it was found that the most significant barriers to seeking help with gambling problems related to personal attitudes: denial that a problem existed; a belief that the problem could be solved without external assistance; embarrassment and shame associated with acknowledgement of the problem; and unwillingness to accept advice to stop gambling. Some of the respondents in the Evans and Delfabbro (2005) study expressed distress about the lack of alternative activities for older people, on account of which they avoided seeking professional help because they did not want to be told to stop gambling.

Given the attitudinal nature of many of the barriers discussed here, it is arguably important that problem gambling prevention strategies incorporate ways of challenging these beliefs and attitudes. Educating family and friends of gamblers about the importance of challenging the person's denial of the problem may also be a valuable strategy, particularly in view of the likelihood that an older person will turn first to family and friends for help with a gambling problem. These findings also suggest that an intervention model *perceived to be based* solely on an abstinence approach may be limited in its harm minimisation capacity because a significant proportion of older gamblers will resist seeking help for fear they will be told to stop gambling. Addressing the particular information needs and anxieties of help-seekers from non English-speaking backgrounds in promotional materials would also seem to be important as would consulting different ethnic communities about support and intervention strategies that may be more suitable and accessible to people from these communities.

6.9 Effective Interventions with Older EGM Users Concerning Problem Gambling

As outlined in Section 4.2.4, Gambling Help service providers identified a relatively consistent set of issues underpinning problem gambling behaviour in their older clients. Boredom, loneliness, isolation, grief, loss, illness, emotional pain, relationship breakdown, depression, anxiety, poor health, reduced

sense of personal independence or control, greater leisure time, and having difficulty adjusting to retirement, children leaving home or partners and friends dying are some of the issues service providers associated with older people's problem gambling. Some service providers noted that older people can get caught up in gambling as a strategy to supplement a limited retirement income. One agency estimated that around 20 percent of their clients had financial problems and over half had related personal circumstances such as loss of a partner or isolation. One agency noted that experiences of domestic violence and abuse may also underlie particularly women's development of problem gambling.

Gambling Help service providers did not report having intervention or counselling strategies that they use more commonly with older people; rather intervention strategies are determined on an individual basis according to a client's particular needs and goals. Attending to the underlying causes of the problem is seen to be important. To this end some service providers work to link older people into social networks and activities like volunteer work in cases where isolation and boredom are the underpinning motivations for gambling. Some counsellors indicated a preference for psycho-educational approaches or narrative therapy because these are successful and positive strategies that work across all client groups. One provider commented that face-to-face counselling and group work tend to be more effective than telephone counselling.

The Gambling Help Line and a number of the service providers indicated that older clients, more so than younger clients, are inclined to explore controlled gambling and harm reduction strategies rather than gambling cessation, although some service providers expressed concern about the efficacy of controlled-use approaches.

Insufficient data was gathered via the survey of older people to gauge what interventions older help-seekers find particularly valuable. However, all survey respondents were asked how they would rate the importance of different elements of service delivery if they were to approach a service for help with a gambling problem. As outlined in Section 5.6.5, aspects of service delivery ranked most highly were: accessibility of premises; not being talked down to; being treated as a responsible adult; non-judgemental attitudes; and understanding. These are standard aspects of quality counselling services and the high level of importance given to these things is to be expected. Forty-two percent of respondents rated as important or very important the provision of services to them at home. Almost half of the respondents (48%) indicated that dealing with someone closer to their age was important or very important, one fifth (20%) indicated that it was very important to them to be assisted by someone of the same gender and over one third (38%) of the older EGM users surveyed indicated that it was important or very important to be assisted by someone of the same ethnic, cultural or religious background.

Respondents were also asked *how* they would prefer to receive professional help with a gambling problem and multiple responses were permitted. Only one fifth (20%) indicated a preference for telephone-based support. Half (50%) indicated a preference for face to face assistance at a service, and one third (33%) indicated a preference for face to face assistance at their home. Seventeen percent thought they would prefer a peer support group and nine percent, a self-help manual.

These findings suggest the importance of Gambling Help services employing counsellors of both sexes with substantial life experience and maturity and preferably representing a range of cultural backgrounds. Developing promotional materials, preferably in a range of community languages, that speak to the common anxieties of older help-seekers, such as the fear of being patronised, judged or not understood, would also seem important. These findings also suggest that the provision of locally-based services is important because telephone counselling was not preferred by the vast majority of older EGM users surveyed. The provision of outreach services is likewise important. Older people's preference for home-based counselling may reflect anticipated mobility problems if the service is located outside their immediate area..

6.10 Conclusion

This study has shown support from a range of stakeholders for the efficacy and relevance of provisions of the *Queensland Responsible Gambling Code of Practice* for enhancing the safety of the EGM environment for older Queenslanders. Various consumer protection measures of the Code were endorsed by club managers and older EGM users alike as important and effective devices for minimising harm. These measures include restricting access to credit/cash; implementing practices to ensure patrons are aware of the passage of time; displaying information about the odds of winning, potential risks of gambling and where to get help for problem gambling; and implementing practices to ensure that patrons are discouraged from participating in extended, intensive and repetitive play. At the same time, the study also gathered evidence that the efficacy of some of these measures and, in some cases, their relevance to older EGM users, may be limited, or at least limited in the way they are currently implemented in gaming venues. In some instances, modifications to these provisions of the Code or to the way they are implemented in gaming venues may be of benefit to older gamblers. It is hoped that the conclusions presented here concerning these matters and suggestions regarding other harm minimisation and problem gambling interventions emerging from the study will be of assistance to the Queensland Government in the ongoing development and implementation of its *Responsible Gambling Strategy*.

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APPENDIX 1

Questionnaire - Survey of Licensed Clubs



University of Queensland Social Research Centre (UQSRC)

Survey of Licensed Clubs with Electronic Gaming Machines (EGMs)

This questionnaire is part of a study being conducted by the University of Queensland Social Research Centre (UQSRC) on behalf of the Queensland Government. The information you provide is very important in developing strategies that will make gaming more enjoyable and safer for Queenslanders.

This survey is voluntary and asks about your club, your club's patrons who are 65 years and older, and your club's views about and experiences implementing the Queensland Responsible Gambling Code of Practice developed by the Queensland Government's Responsible Gambling Advisory Committee.

All information gathered via this survey will be treated with strict confidentiality. The members of the research team are the only people who will see your completed questionnaire. The data that will be published or made available to the research sponsor will all be in an aggregated format. This means that your individual responses will not be identifiable.

If you have any questions or concerns, please feel free to contact the research team on +61 7 3364 6986 or uqsrc.surveys@uq.edu.au. Queries can be directed to Jenni Southwell.

You may have been contacted recently by us to complete an online version of this survey. If you completed this survey online, please fill out the relevant section in the box below and return the questionnaire to us in the Reply Paid envelop.



HOW TO FILL OUT THIS QUESTIONNAIRE

1. This questionnaire should only take 5-10 minute to complete.
2. To answers most of the questions, you need only to TICK (☑) a box for the appropriate answer(s).
3. Start from **Q1** and work through to the end, only skipping questions where instructed to do so.
4. Where you don't know exact figures, please provide your best estimate.
5. Before starting the survey, please confirm that you have not already completed an online version of this survey by ticking the box below:

I confirm I have not completed an online version of this survey already.

YES

☐

Alternatively:

I have already completed an online version of the questionnaire or would prefer not to complete this questionnaire for another reason. My reasons for not completing the survey are:

YES

☐

Please return the questionnaire in the Reply Paid envelope provided.

This will tell us how many people have received the questionnaire but have chosen not to complete it.

SECTION ONE – About Your Organisation**Q1** What type of club do you operate? Please tick ☒ ONE box only.

- | | | |
|---|-----------------------|--------------------------|
| a | Social | <input type="checkbox"/> |
| b | Sports | <input type="checkbox"/> |
| c | RSL | <input type="checkbox"/> |
| d | Other (specify) _____ | <input type="checkbox"/> |

Q2 How many electronic gaming machines (EGMs) are there in your club? Please tick ☒ ONE box only.

- | | | |
|---|--------------|--------------------------|
| a | Less than 10 | <input type="checkbox"/> |
| b | 11-40 | <input type="checkbox"/> |
| c | 41-80 | <input type="checkbox"/> |
| d | More than 80 | <input type="checkbox"/> |

Q3 How many members does your club have? Please tick ☒ ONE box only.

- | | | |
|---|---------------|--------------------------|
| a | Less than 100 | <input type="checkbox"/> |
| b | 100-499 | <input type="checkbox"/> |
| c | 500-799 | <input type="checkbox"/> |
| d | 800 or more | <input type="checkbox"/> |

Q4 Roughly what proportion of your patrons are aged 65 or older? Please tick ☒ ONE box only.

- | | | |
|---|---------------|--------------------------|
| a | Less than 25% | <input type="checkbox"/> |
| b | 25%-49% | <input type="checkbox"/> |
| c | 50%-74% | <input type="checkbox"/> |
| d | 75% or more | <input type="checkbox"/> |

Q5 How important would you say that older patrons' use of EGMs is to the club? Please tick ☒ ONE box only.

- | | | |
|---|----------------------|--------------------------|
| a | Very important | <input type="checkbox"/> |
| b | Important | <input type="checkbox"/> |
| c | Not important | <input type="checkbox"/> |
| d | Not important at all | <input type="checkbox"/> |
| e | Don't know | <input type="checkbox"/> |

Q6 In the course of a normal day at your club, how many periods of time are the EGMs unavailable for use by patrons? Please tick ☒ ONE box only.

- | | | |
|---|--|--------------------------|
| a | 1-2 periods | <input type="checkbox"/> |
| b | 3-4 periods | <input type="checkbox"/> |
| c | More than 4 periods | <input type="checkbox"/> |
| d | EGMs are available for use throughout the club's operating day | <input type="checkbox"/> |

Q7 What is the postcode of the club?

--	--	--	--

SECTION TWO – About patrons who are 65 plus

Q8 Has your club noticed any particular issues associated with older people's use of the club and the club's gaming facilities? *Please tick ☒ ONE box only.*

- | | | |
|---|-----|--------------------------|
| a | Yes | <input type="checkbox"/> |
| b | No | <input type="checkbox"/> |



If you answered **Yes** → **Please continue to Q9**
 No → **Please go straight to Q10**

Q9 Can you briefly describe these issues?

Q10 Do you think that patrons aged 65 plus.... *Please tick ☒ YES, NO or DON'T KNOW for each question.*

- | | YES | NO | DON'T KNOW |
|--|--------------------------|--------------------------|--------------------------|
| a Spend longer periods of time using EGMs than other patrons on average? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Tend to treat their gambling as more of a social activity than other patrons on average? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Spend more money on EGMs than other patrons on average? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d Spend more time at the club than other patrons on average? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e Are more likely to use other facilities of the club (dining, entertainment, bar) but not EGMs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f Visit the club more often than other patrons on average? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g Are less aware on average than other patrons of responsible gambling strategies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h Are less likely to ask for help from club staff in relation to a gambling problem than other patrons (e.g. seek info about help service, etc)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i Are less aware on average than other patrons of the club's responsible gambling arrangements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q11 Do you think over the last 5 years that patrons aged 65 plus have...? *Please tick ☒ ONE box only.*

- | | | |
|---|-------------------------------------|--------------------------|
| a | Increased in number | <input type="checkbox"/> |
| b | Decreased in number | <input type="checkbox"/> |
| c | Remained roughly the same in number | <input type="checkbox"/> |

Q12 Do you think that patrons aged 65 plus are on average...? *Please tick ☒ ONE box only.*

- | | | |
|---|--|--------------------------|
| a | More likely to experience a gambling related problem | <input type="checkbox"/> |
| b | Less likely to experience a gambling related problem | <input type="checkbox"/> |

Q13 Does your club run any of the following promotions directed mainly at older people?*Please tick ☒ ALL relevant boxes.***YES****NO**

a	Live entertainment	<input type="checkbox"/>	<input type="checkbox"/>
b	Courtesy bus	<input type="checkbox"/>	<input type="checkbox"/>
c	Special meal deals	<input type="checkbox"/>	<input type="checkbox"/>
d	Member number draws	<input type="checkbox"/>	<input type="checkbox"/>
e	Free poker machine credits	<input type="checkbox"/>	<input type="checkbox"/>
f	Discount drinks	<input type="checkbox"/>	<input type="checkbox"/>
g	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Do these promotions usually combine social and gambling activities?*Please tick ☒ ONE box only.***YES****NO**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q15 Do you provide any support, to older peoples' community groups, such as meeting rooms in the club or regular donations? Please tick ☒ ONE box only.**YES****NO**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

SECTION THREE – About the Responsible Gambling Code of Practice

The next set of questions refers to the voluntary Queensland Responsible Gambling Code of Practice developed by the Queensland Government's Responsible Gambling Advisory Committee. We would like to gauge the extent to which the Code has been adopted in the industry and hear your views about its relevance and effectiveness.

Please answer these questions as accurately and fully as possible.

The members of the research team are the only people who will see your responses. The data that will be published or made available to the research sponsor will all be in an aggregated format. This means that your individual responses will not be identifiable.

Q16 To what extent has your club implemented the voluntary Responsible Gambling Code of Practice?*Please tick ☒ ONE box only.*

a	Completely	<input type="checkbox"/>
b	Substantially	<input type="checkbox"/>
c	Only partially	<input type="checkbox"/>
d	Not at all	<input type="checkbox"/>

Q17 Please indicate whether the following practices have been implemented in your club.*Please tick ☒ ALL relevant boxes.***Implemented**

a	Information about the potential risks of gambling and where to get help for problem gambling is displayed in gambling areas and near ATMs and EFTPOS facilities	<input type="checkbox"/>
b	Information about self exclusion provisions is displayed in gambling areas	<input type="checkbox"/>
c	Meaningful and accurate information about the odds of winning major prizes is displayed in gambling areas	<input type="checkbox"/>

d	Effective links with local gambling related support services and community networks where responsible gambling related issues could be raised are established	<input type="checkbox"/>
e	A customer liaison officer to provide appropriate information to assist customers with gambling related problems is established and trained	<input type="checkbox"/>
f	Responsible gambling training is provided for all staff who provide gambling products to customers	<input type="checkbox"/>
g	Self-exclusion procedures and supporting documentation are developed	<input type="checkbox"/>
h	Processes are established to prevent promotional material being sent to excluded customers or those who have requested such information not to be sent	<input type="checkbox"/>
i	The service of alcohol is managed in such a way as to encourage customers to take breaks in play	<input type="checkbox"/>
j	Customers who are intoxicated are prevented from continuing to gamble	<input type="checkbox"/>
k	Practices are implemented to ensure that customers are made aware of the passage of time.	<input type="checkbox"/>
l	Practices are implemented to ensure that customers are discouraged from participating in extended, intensive and repetitive play.	<input type="checkbox"/>
m	ATMs are not located in close proximity to gambling areas	<input type="checkbox"/>
n	Major winnings are paid out in cheque or electronic transfers with a 24hr delay in payment	<input type="checkbox"/>
o	Credit and loans are not given to anyone for the purposes of gambling.	<input type="checkbox"/>
p	Advertising and promotions do not implicitly or explicitly misrepresent the probability of winning a prize	<input type="checkbox"/>

Q18 If your club has introduced responsible gambling training for staff, has any training been provided to them in relation to the specific needs of older people? YES NO

Please tick ☒ ONE box only. ☐ ☐

Q19 How adequate do you think the practices set out above are for minimising the risk of EGMs to older people? Please tick ☒ ONE box only.

a	Extremely	<input type="checkbox"/>
b	Very	<input type="checkbox"/>
c	Not specifically relevant or effective for older people	<input type="checkbox"/>
d	Not relevant or effective at all	<input type="checkbox"/>
e	Don't know	<input type="checkbox"/>



If you answered

a, b or e → Please go to Q21

c or d → Please go to Q20

Q20 If you DON'T think these practices are adequate for addressing the particular needs of older people who use EGMs, can you describe why you think that may be the case?

Q21 Please tell us any other practices that you would recommend to enhance the safety and enjoyment of older people who use EGMs?

Q22 Would you like to receive a summary of the research findings at the conclusion of the research? Please tick ☒ ONE box only.

YES ☐ **NO** ☐



If you answered YES → Please provide contact and mailing details on the next page.

Q22 Would you be willing for the UQSRC to administer a questionnaire to people 65 and over at your club? Please tick ☒ ONE box only.



Centre staff will do this in a professional and unobtrusive manner, with sensitivity to the needs of patrons and club staff. To administer the survey we would prefer a private room for patrons to complete the questionnaire. Respondents will be assured of the voluntary nature of participation, the option to exit the interview at any time, and the confidentiality of information gathered. The most appropriate means of recruiting club patrons to complete the survey will be negotiated directly with your club. It is anticipated that the survey will be conducted during September.

- | | | |
|---|--|--------------------------|
| a | YES, my organisation <u>is willing</u> for the survey to be administered on our premises.
Please contact the person named below to discuss arrangements. | <input type="checkbox"/> |
| b | My organization <u>MAY be willing</u> for the survey to be administered on our premises.
Please contact the person named below to discuss this possibility. | <input type="checkbox"/> |
| c | NO, my organization <u>is unwilling</u> for the survey to be administered on our premises. | <input type="checkbox"/> |

CONTACT DETAILS – This Section is OPTIONAL

Please provide details if you Please tick ☒ relevant boxes.

- | | | |
|---|--|--------------------------|
| a | Would like a summary of research findings | <input type="checkbox"/> |
| b | Are willing for us to contact you regarding the survey of older people | <input type="checkbox"/> |

Club Name _____

Contact Person _____

Contact Phone Number _____

Email Address _____

Mailing Address _____

Postcode _____



THANK YOU VERY MUCH FOR YOUR PARTICIPATION!
This is the end of the questionnaire. Your time and effort are greatly appreciated.

Please check you have answered all the questions.
Then put the questionnaire in the reply-paid envelope and post it back to us.

APPENDIX 2

First Letter/Email to Clubs

The University of Queensland Social Research Centre (UQSRC)

DIRECTORS

Professor Paul Boreham, BEcon, PhD
Associate Professor Mark Western, BA, PhD

MANAGER

Warren Laffan, BAppSc, MMRS, QPMR

Ref:

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International +61 7 3346 9686
Facsimile (07) 3346 9676
Email uqsrc@uq.edu.au
www.uqsrc.uq.edu.au/

Friday, August 26, 2005

Dear

Re: Participation in Research on Older People who use Electronic Gaming Machines

The University of Queensland Social Research Centre invites you to participate in important new research being undertaken into the needs, views and behaviour of people aged 65 years and over who use electronic gaming machines (EGMs) in licensed clubs. There is currently a lack of local research on older people who use EGMs, and with a rapidly ageing population, this research is important for ensuring that the specific needs of this group are met adequately and appropriately.

The research, which is being sponsored by the Queensland Government, will examine the characteristics of older people who use EGMs; their reasons for gambling; their attitudes to promotions; their awareness of and attitudes to responsible gambling strategies; and, importantly, their awareness of and willingness to access professional help for a gambling problem.

There are two main components to the research. One is a survey of older people who use EGMs and the other is an extensive consultation with key stakeholders. Licensed clubs are seen as an important stakeholder group and a valuable source of information about the needs and behaviours of older people who use EGMs.

In view of this, we invite you to participate in the research in two ways.

- Firstly, we invite you to complete an online questionnaire about the activities and experiences of your club in relation to members and visitors aged 65 and over. All information gathered via this survey will be treated with strict confidentiality. The members of the research team are the only people who will see your completed questionnaire. The data that will be published or made available to the research sponsor will all be in an aggregated format. This means that your individual responses will not be identifiable. The questionnaire will take 5-10 minutes only to complete. To launch the online questionnaire, please refer to the instructions at the end of this letter.
- Secondly, we invite you to allow the Centre to administer a questionnaire to people over 65 at your club. Centre staff will do this in a professional and unobtrusive manner, with sensitivity to the needs of patrons and club staff. We appreciate that patrons come to clubs to enjoy themselves and will make every effort to ensure that the research does not interfere with

anyone's comfort or enjoyment. To this end we would prefer a private space for patrons to complete the survey. Respondents will be assured of the voluntary nature of participation, the option to exit the interview at any time, and the confidentiality of information gathered. The most appropriate means of recruiting club patrons to complete the survey will be negotiated directly with your club. It is anticipated that the survey will be conducted during September.

This is a valuable opportunity for your club to contribute to a study that will provide important insights into what attracts older people to venues and how these visits can be a safe and enjoyable experience. This knowledge will undoubtedly be of value to your organisation for the purposes of determining how best to cater to the needs of this growing group of club users. Participating clubs will be able to obtain a report summarising key research findings to this end.

If you have any queries about the research, or would consider allowing us to conduct the survey of older people at your club, please contact Jenni Southwell at the Centre on 3346 9686 or email Jenni at uqsrc@uq.edu.au.

I look forward to receipt of your completed questionnaire and advice of your willingness to allow us to conduct the survey at your club.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P. Boreham', with a stylized flourish at the end.

Paul Boreham
Director
University of Queensland Social Research Centre

Instructions for Launching the Online Questionnaire

Starting the questionnaire

- If you double click on the web address below, a survey titled ***The University of Queensland Social Research Centre (UQSRC)*** will appear. If you click on the **Start Survey** button, the questionnaire will open up and an introduction will appear.
- To answer a question click on the circle that corresponds to your desired response. In some cases, where specified, you may need to type in your response to a question in the space provided.
- After each set of questions, click on the prompt **Next Question >>** to proceed to the next page. In some cases, where you click on a particular response, you will be taken automatically to the next question without the need to click on **Next Question >>**.

Web Address for Questionnaire

<http://www.uqsrc.uq.edu.au/GamblingClubsSurvey.htm>

Some questions where you click on the response will move forward automatically and others will require you to click on the prompt

Next Question>> to move to the next question.

Time needed to complete

You have to complete the questionnaire in one sitting so you will need to set aside approximately 5-10 minutes to do this.

Questionnaire does not open

If the questionnaire does not open from your email, you will be able to copy the web address above, open the internet and paste the web address into your web address area. Click on the return button and the questionnaire should open and then proceed as above.

APPENDIX 3

Second Letter/Email to Clubs

The University of Queensland Social Research Centre (UQSRC)

DIRECTORS

Professor Paul Boreham, BEcon, PhD
Associate Professor Mark Western, BA, PhD

MANAGER

Warren Laffan, BAppSc, MMRS, QPMR

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www.uqsrc.uq.edu.au/

8 September 2005

Manager

Dear

Participation in Research on Older People who use Electronic Gaming Machines

Two weeks ago I sent an email to you inviting your organisation's participation in important new research being conducted by the University of Queensland Social Research Centre (UQSRC). This research is examining the needs, views and behaviour of people aged 65 years and over who use electronic gaming machines (EGMs) in licensed clubs. We are very interested in hearing the views and experiences of those managing licensed clubs in relation to the needs of their older members and patrons and concerning responsible gambling strategies that are relevant and effective for this group. To this end we have created a short, online survey specifically for managers of clubs with EGMs.

If you have not already completed the survey, your assistance in this regard would be gratefully appreciated. The survey will take a maximum of 5-10 minutes. To launch the survey, just click on this link and follow the instructions.

<http://www.uqsrc.uq.edu.au/GamblingClubsSurvey.htm>

If you have any difficulty with opening the survey, please consult the instructions at the end of this email.

We would also like to invite your club's participation in the research by allowing the Centre to administer a questionnaire to people over 65 on your premises. Centre staff will do this in a professional and unobtrusive manner, with sensitivity to the needs of patrons and club staff. We appreciate that patrons come to clubs to enjoy themselves and will make every effort to ensure that the research does not interfere with anyone's comfort or enjoyment. To this end we would prefer a private space for patrons to complete the survey. Respondents will be assured of the voluntary nature of participation, the option to exit the interview at any time, and the confidentiality of information gathered. The most appropriate means of recruiting club patrons to complete the survey will be negotiated directly with you. It is anticipated that the survey will be conducted during September/October.

This is a valuable opportunity for your club to contribute to a study that will provide important insights into what attracts older people to venues and how these visits can be a safe and enjoyable experience. This knowledge will undoubtedly be of value to your organisation for the purposes of

determining how best to cater to the needs of this growing group of club users. Participating clubs will be able to obtain a report summarising key research findings to this end.

If you have any queries about the research, or would consider allowing us to conduct the survey of older people at your club, please contact myself or Jenni Southwell at the Centre on 3346 9686. Alternatively email Jenni at uqsrc@uq.edu.au.

I look forward to receipt of your completed questionnaire and advice of your willingness to allow us to conduct the survey at your club.

Yours sincerely



Paul Boreham
Director
University of Queensland Social Research Centre

Instructions for Launching the Online Questionnaire

Starting the questionnaire

- If you double click on the web address below, a survey titled ***The University of Queensland Social Research Centre (UQSRC)*** will appear. If you click on the **Start Survey** button, the questionnaire will open up and an introduction will appear.
- To answer a question click on the circle that corresponds to your desired response. In some cases, where specified, you may need to type in your response to a question in the space provided.
- After each set of questions, click on the prompt **Next Question >>** to proceed to the next page. In some cases, where you click on a particular response, you will be taken automatically to the next question without the need to click on **Next Question >>**.

Web Address for Questionnaire

<http://www.uqsrc.uq.edu.au/GamblingClubsSurvey.htm>

Some questions where you click on the response will move forward automatically and others will require you to click on the prompt

Next Question>> to move to the next question.

Time needed to complete

You have to complete the questionnaire in one sitting so you will need to set aside approximately 5-10 minutes to do this.

Questionnaire does not open

If the questionnaire does not open from your email, you will be able to copy the web address above, open the internet and paste the web address into your web address area. Click on the return button and the questionnaire should open and then proceed as above.

APPENDIX 4

Questionnaire - Survey of Older People



The University of Queensland Social Research Centre (UQSRC)

Electronic Gaming Machine Study

This questionnaire is part of a study being conducted by The University of Queensland Social Research Centre (UQSRC) on behalf of the Queensland Government. The information you provide is very important in developing strategies that will make gaming more enjoyable and safer for Queenslanders.

The accompanying Information Sheet provides further details about the research. If you have any questions or would like to talk to us about any of your experiences, please feel free to contact the research team on 07 3364 6986 or email us at uqsrc.surveys@uq.edu.au. Queries can be directed to Jenni Southwell.



HOW TO FILL OUT THIS QUESTIONNAIRE

6. This questionnaire should take about 15-20 minutes to complete, depending on your experiences.
7. To answer most of the questions, you only need to TICK (☒) the appropriate answer.
8. Start from Q1 and work through to the end, only skipping questions where instructed to do so.
9. Where you cannot recall exact amounts or precise times, etc, just provide your best estimate.
10. There are no right or wrong answers: we are interested in your personal opinions and experiences.
11. If you have any queries about how to complete the questionnaire or need assistance, please ask the research assistant present in the room.



Office use only:

Loc	Club: 1	2	3	4	5	6	7	8					
-----	---------	---	---	---	---	---	---	---	--	--	--	--	--

Q1 Please indicate roughly how often you do EACH of the following activities *by ticking* ☒ *the relevant box.*

Activity		More than once a week	Once a week	Once a fortnight	Once a month	Every few months	Rarely or Never
a	Gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b	Playing sport (<i>such as bowls or golf</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c	Physical exercise (<i>such as walking, swimming</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d	Using the Internet/Email	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e	Playing poker machines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f	Going to the movies, concerts or theatre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g	Doing art and crafts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h	Watching television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i	Playing Keno	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j	Playing Bingo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k	Playing casino games on the Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l	Betting at the TAB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m	Betting on races (<i>such as horse & dog racing</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n	Gambling at the casino	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o	Watching sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q2 During the last twelve months, how many hours per week on average have you spent playing poker machines? Only tick ☒ ONE of the following.

Less than one hour	<input type="checkbox"/> 1
One hour and up to 5 hours	<input type="checkbox"/> 2
More than 5 hours and up to 10 hours	<input type="checkbox"/> 3
More than 10 and up to 15 hours	<input type="checkbox"/> 4
More than 15 hours	<input type="checkbox"/> 5

Q3 We are interested in knowing some of the things that you find enjoyable about playing poker machines? Tick ☒ ANY that apply to you.

MR

a	It is an opportunity to socialise and make friends	<input type="checkbox"/> 01
b	I get to be around others and this reduces a sense of isolation	<input type="checkbox"/> 02
c	It is exciting	<input type="checkbox"/> 03
d	It decreases my boredom	<input type="checkbox"/> 04
e	I can win money	<input type="checkbox"/> 05
f	I can win back money that I have lost playing pokies	<input type="checkbox"/> 06
g	I can forget about my problems when I feel stressed or depressed	<input type="checkbox"/> 07
h	It's an opportunity to support my club	<input type="checkbox"/> 08
i	It relieves pain that I suffer	<input type="checkbox"/> 09
j	Other (specify)	<input type="checkbox"/> 10

Q4 During the last twelve months, how much money (not including winnings) did you spend on poker machines in a typical week? Only tick ☒ ONE of the following

\$10 or less	<input type="checkbox"/> 1
\$11 - \$30	<input type="checkbox"/> 2
\$31 - \$50	<input type="checkbox"/> 3
\$51 - 100	<input type="checkbox"/> 4
\$101 - \$200	<input type="checkbox"/> 5
More than \$200	<input type="checkbox"/> 6

Q5 How do you budget for playing poker machines? Tick ☒ either YES or NO against each budget source stated below.

		YES	NO
a	Pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	A personal or household budget for entertainment or recreation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	A specific budget for playing pokies (including past winnings)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Money normally used for food, bills and transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	Money normally used for accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f	Money set aside for major purchases like a car, holiday, furniture, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g	General savings	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q6 Please tick ☒ either TRUE or FALSE for each of the following statements as they apply to you.

		TRUE	FALSE
a	I budget a fixed amount of money for playing poker machines	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	The amount I spend on poker machines varies according to how much I have left over from other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	I use poker machines so little that I do not think about where the money is coming from	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	I spend whatever amount I like on poker machines <u>within</u> my financial limits	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	I spend whatever amount I like on poker machines <u>regardless of</u> my financial limits	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q7 Have you taken part in any club promotions?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2



If for Q7 you answered

Yes → Please continue to Q8
No → Please go to Q10 (page 4)

Q8 What club promotions have you taken part in? Tick ☒ ANY that apply to you.

		MR
a	Courtesy bus	<input type="checkbox"/> 1
b	Special meal deals	<input type="checkbox"/> 2
c	Free poker machine credits	<input type="checkbox"/> 3
d	Live entertainment	<input type="checkbox"/> 4
e	Member number draws	<input type="checkbox"/> 5
f	Discount drinks	<input type="checkbox"/> 6

Q9 Please answer EACH of the following questions by ticking ☒ the relevant box.

		YES	NO
a	When you take part in club promotions, do you usually play poker machines during your visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	When you take part in a club promotion, do you usually spend <u>more time</u> playing on poker machines than you would have done without the promotion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	When you take part in a club promotion, do you usually spend <u>more money</u> playing on poker machines than you would have done without the promotion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Were you first introduced to playing poker machines through a club promotion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2



We would like to know about your understanding of the club's gaming arrangements. When you answer the following questions, if you visit more than one licenced club that has poker machines, please provide information about the club you most often visit.

Q10 Please indicate what you understand the club would do if someone had a large win. Only tick ☒ ONE of the following.

Pay the winner the amount in full in cash	<input type="checkbox"/> 1
Limit the amount it would pay the winner in cash	<input type="checkbox"/> 2
Pay the winner with a cheque that the club will cash straight away	<input type="checkbox"/> 3
Pay the winner with a cheque that the club will not cash until the next day	<input type="checkbox"/> 4
I don't know	<input type="checkbox"/> 5

Q11 Please answer EACH of the following questions by ticking ☒ the relevant box.

		YES	NO	DON'T KNOW
a	Does your club have an automatic teller machine (ATM) near the section that has poker machines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b	Have you ever used an ATM in the club to obtain cash to continue a playing session?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
c	Does your club have an arrangement in place that allows a patron to exclude themselves from using poker machines if they feel they cannot control their use of the machines by themselves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d	Would you know how to make use of this arrangement or how to advise someone else about how to use it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Q12 Indicate the level of your agreement with EACH of the following statements by ticking ☒ the relevant box.

		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
a	The poker machine area in my club has adequate natural lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	The staff in my club are friendly and willing to assist with questions that I have	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	My club makes an effort to ensure that patrons are well informed about the risks of gambling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q13 Please indicate ALL of the signs you have noticed on display in the poker machine area of your club. Tick ☒ ANY that apply to you.

MR

a	Sign(s) with contact details for organisations that provide assistance to people with gambling related problems	<input type="checkbox"/> 1
b	Sign(s) with information about the odds of winning on the pokies	<input type="checkbox"/> 2
c	Sign(s) outlining the club's responsible gambling mission statement	<input type="checkbox"/> 3
d	There are signs in my club but I never bother to read them	<input type="checkbox"/> 4
e	There are signs in my club but I cannot read them	<input type="checkbox"/> 5
f	I haven't noticed any signs	<input type="checkbox"/> 6

Q14 Are there times that you feel a lesser sense of control in relation to the amount you spend on poker machines or the length of time you spend playing poker machines?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2



If for Q14 you answered **Yes → Please continue to Q15**
No → Please go to Q17 (page 6)

Q15 Please indicate which of the following situations decrease your sense of control over the amount you spend on poker machines or the length of time you spend playing poker machines? Tick ☒ ANY that apply to you.

MR

a	When I'm feeling stressed or anxious	<input type="checkbox"/> 01
b	When I'm feeling angry	<input type="checkbox"/> 02
c	When I'm experiencing family or relationship problems	<input type="checkbox"/> 03
d	When I'm experiencing physical illness or pain	<input type="checkbox"/> 04
e	When I'm feeling lonely	<input type="checkbox"/> 05
f	When I've had a few alcoholic drinks	<input type="checkbox"/> 06
g	When I'm feeling excited	<input type="checkbox"/> 07
h	When I'm taking medication	<input type="checkbox"/> 08
i	When there are flashing lights and sounds coming from the poker machines	<input type="checkbox"/> 09
j	When I'm feeling depressed	<input type="checkbox"/> 10
k	When I'm feeling tired	<input type="checkbox"/> 11
l	When I'm experiencing financial hardship	<input type="checkbox"/> 12
m	Other (specify)	<input type="checkbox"/> 13

Q16 What sorts of things help to improve your sense of control at these times? (i.e. your sense of control over the amount you spend or the length of time you spend playing poker machines.) Tick ☒ ANY that apply to you

		MR
a	Being asked by a friend to take a break	<input type="checkbox"/> 01
b	Having a friend or club staff member express concern about me	<input type="checkbox"/> 02
c	Staying away from the club when I feel vulnerable	<input type="checkbox"/> 03
d	Finding out the time of day (for example seeing daylight out a window or seeing a clock)	<input type="checkbox"/> 04
e	Not being able to smoke in the gaming area	<input type="checkbox"/> 05
f	Eating a meal	<input type="checkbox"/> 06
g	Being forced to stop because the gaming area is closing	<input type="checkbox"/> 07
h	Doing exercise	<input type="checkbox"/> 08
i	Having to leave the building to get more money	<input type="checkbox"/> 09
j	Other (specify)	<input type="checkbox"/> 10

Q17 What do you think could be done in your club to make poker machines safer and more enjoyable to use for people like yourself?

.....

.....

.....

.....



Sometimes people encounter problems as a result of their poker machine use. We would like to know if this has happened to you or someone you know and how you have dealt with it.

Q18 In the last 12 months, have you observed, either in yourself, a friend or family member, behaviours that you thought indicated a problem with using poker machines?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2



If for Q18 you answered

Yes → Please continue to Q19 (page 7)
No → Please go straight to Q24 (page 9)

Q19 After observing these behaviours, did you seek help for yourself or for your friend or family member?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2



If for Q19 you answered

Yes → Please go straight to Q21
No → Please continue to Q20

Q20 Please indicate ANY of the reasons why you decided NOT to seek outside help.

Tick ☒ ANY that apply to you.

		MR
a	I did not think the problem was bad enough	<input type="checkbox"/> 01
b	I find it hard to share my problems	<input type="checkbox"/> 02
c	I thought it could be solved without outside help	<input type="checkbox"/> 03
d	I didn't think anyone could give advice that would help	<input type="checkbox"/> 04
e	I felt there was a stigma attached to the problem so I did not want others to know	<input type="checkbox"/> 05
f	I did not know where to go	<input type="checkbox"/> 06
g	I thought that winnings from further gambling would resolve the problem	<input type="checkbox"/> 07
h	I did not want someone to tell me to stop playing the pokies	<input type="checkbox"/> 08
i	I had problems in accessing a support service because of mobility problems that I have	<input type="checkbox"/> 09
j	There were no support services available locally	<input type="checkbox"/> 10



After you have completed Q20, please go straight to Q24 (page 9)

Q21 From the following list please indicate what prompted you to seek help, either for problems with your own poker machine use or for those of a friend or family member. Tick ☒ ANY that apply to you.

		MR
a	Financial problems	<input type="checkbox"/> 01
b	Relationship/family problems or breakdown	<input type="checkbox"/> 02
c	Legal problems	<input type="checkbox"/> 03
d	Work/employment problems	<input type="checkbox"/> 04
e	A sense of being addicted to playing pokies	<input type="checkbox"/> 05
f	Health problems (like depression or anxiety)	<input type="checkbox"/> 06
g	Committing a crime (like fraud)	<input type="checkbox"/> 07
h	Violent behaviour (<i>either yours or the friend's or family member's</i>)	<input type="checkbox"/> 08
i	Someone urged you to go	<input type="checkbox"/> 09
j	Other (specify)	<input type="checkbox"/> 10

Q22 Please indicate how you found out about the services available to help people with gambling problems. Tick ☒ ANY that apply to you.

		MR
a	Signs at a gaming venue	<input type="checkbox"/> 01
b	Pamphlets available at a gaming venue	<input type="checkbox"/> 02
c	An employee at a gaming venue	<input type="checkbox"/> 03
d	Cards, signs or pamphlets in public venues (<i>for example, in doctors' waiting rooms</i>)	<input type="checkbox"/> 04
e	Telephone directory	<input type="checkbox"/> 05
f	Advertising (<i>like television ads, ads on buses, etc</i>)	<input type="checkbox"/> 06
g	Radio, television, newspaper and other media features	<input type="checkbox"/> 07
h	Referral by a financial advisor	<input type="checkbox"/> 08
i	Referral by a community service agency	<input type="checkbox"/> 09
j	Employee assistance program	<input type="checkbox"/> 10
k	Referral by another counselling service (<i>for example, relationship counsellor</i>)	<input type="checkbox"/> 11
l	Word of mouth	<input type="checkbox"/> 12
m	I asked someone for help	<input type="checkbox"/> 13
n	Referral by a health professional	<input type="checkbox"/> 14
o	Other (specify)	<input type="checkbox"/> 15

Q23 Please indicate your level of satisfaction with the organisations you have sought assistance from in the last 12 months in relation to a gambling problem (yours or someone else's). For EACH organisation tick ☒ the relevant box.

Organisation		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Didn't seek assistance
a	Gamblers Anonymous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Gambling Help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Gambling Help Line (24 hour telephone referral)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	Other service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Name other service.....						

Q24 Indicate how important the following factors are if you were seeking assistance from a gambling support service. (Please answer for each statement even if you have not sought assistance from a gambling support service.) For each statement tick ☒ the relevant box.

		Very Important	Important	Neither important nor not important	Not Important	Not Very Important
a	Premises are accessible (e.g. by public transport, for wheelchairs, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	People I deal with do not talk down to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Services are provided at my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	I am treated like a responsible adult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	Counsellors are able to refer me to other services that I need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	The people I deal with understand what I am experiencing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g	The people I deal with are non judgemental	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h	I am given strategies to deal with my problems in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i	Counsellors are readily available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j	I can deal with someone closer to my age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k	I can deal with someone of my gender	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l	I can deal with someone from my ethnic, cultural or religious background.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m	I can have the full number of counselling sessions that I need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q25 If you needed support from a service or professional, how would you prefer to receive it? Tick ☒ ALL that apply to you.

		MR
a	By telephone	<input type="checkbox"/> 1
b	Face to face counselling at a service	<input type="checkbox"/> 2
c	Face to face counselling at my home	<input type="checkbox"/> 3
d	Internet and/or email	<input type="checkbox"/> 4
e	Self help manuals	<input type="checkbox"/> 5
f	Peer support group	<input type="checkbox"/> 6

Q26 Who would you first turn to for help with problems related to gambling? Please answer this question even if you have not experienced a gambling-related problem. Only tick ☒ ONE of the following.

Spouse or partner	<input type="checkbox"/> 01
Family or friends	<input type="checkbox"/> 02
An employee of a gaming venue	<input type="checkbox"/> 03
General practitioner (doctor)	<input type="checkbox"/> 04
Church or religious worker	<input type="checkbox"/> 05
Gambling Help Line or another gambling-specific referral service	<input type="checkbox"/> 06
Gamblers Anonymous (<i>self help group</i>)	<input type="checkbox"/> 07
Lifeline counsellor	<input type="checkbox"/> 08
Social worker	<input type="checkbox"/> 09
Indigenous or ethnic community worker	<input type="checkbox"/> 10
Other type of counsellor (<i>e.g. relationship counsellor</i>)	<input type="checkbox"/> 11

Q27 Please respond to each of the following questions, indicating how frequently the event has occurred in the last 12 months. For each statement tick ☒ the relevant box.

		Never	Rarely	Sometimes	Often	Always	Don't know/Can't remember
a	Have you bet more than you could really afford to lose?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b	Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c	When you gambled, did you go back another day to try to win back the money you lost?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d	Have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e	Have you felt that you might have a problem with gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f	Has gambling caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g	Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h	Has your gambling caused any financial problems for you or your household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i	Have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j	Have you thought that losing many times in a row is likely to increase your chances of winning?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k	Have you thought that if you used a certain strategy or system you could win more money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6



The following questions are about your background. The information you provide is **confidential** and will be used only for this research.

Q28 Are you ..?

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2

Q29 What is your age group?

Less than 60 years of age	<input type="checkbox"/> 1
60-64 years of age	<input type="checkbox"/> 2
65-69 years of age	<input type="checkbox"/> 3
70-74 years of age	<input type="checkbox"/> 4
75-79 years of age	<input type="checkbox"/> 5
80 to 84 years of age	<input type="checkbox"/> 6
85 and over	<input type="checkbox"/> 7

Q30 Do you identify as Aboriginal or Torres Strait Islander?

No	<input type="checkbox"/> 1
Yes Aboriginal	<input type="checkbox"/> 2
Yes Torres Strait Islander	<input type="checkbox"/> 3
Yes Both	<input type="checkbox"/> 4

Q31 Do you have a disability which restricts everyday activities and which has lasted or is likely to last for 6 months or more? (Don't include temporary conditions such as a broken leg or sight conditions which can be corrected with glasses or contact lenses.)

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q32 What is the highest level of education you have completed? Only tick ☒ ONE of the following.

Did <u>not</u> complete High School to Year 10	<input type="checkbox"/> 1
Completed High School to Year 10	<input type="checkbox"/> 2
Completed High School to Year 12	<input type="checkbox"/> 3
Trade qualification or apprenticeship	<input type="checkbox"/> 4
Certificate or diploma (TAFE or business college)	<input type="checkbox"/> 5
University degree	<input type="checkbox"/> 6
Postgraduate degree or diploma	<input type="checkbox"/> 7

Q33 Last week which of the following describes what you were doing. Tick ☒ ALL that apply to you.

		MR
a	Working full-time for pay	<input type="checkbox"/> 01
b	Working part time for pay	<input type="checkbox"/> 02
c	Working a few hours for pay (casual)	<input type="checkbox"/> 03
d	Unemployed – looking for work	<input type="checkbox"/> 04
e	Retired from paid work	<input type="checkbox"/> 05
f	Pensioner	<input type="checkbox"/> 06
g	A full-time student	<input type="checkbox"/> 07
h	Undertaking household duties	<input type="checkbox"/> 08
i	Helping a family member	<input type="checkbox"/> 09
j	Living with a disability	<input type="checkbox"/> 10
k	Other	<input type="checkbox"/> 11

Q34 If you are currently in employment, or were in employment prior to retiring, which of the following best describes your occupation? Only tick ☒ ONE of the following.

Manager/senior administrator (e.g. A general or specialist manager in the private sector or the public service)	<input type="checkbox"/> 1
Professional (e.g. Health, legal, engineering, accounting or teaching professions)	<input type="checkbox"/> 2
Para-professional (e.g. Nurses, police, scientific and medical technical workers)	<input type="checkbox"/> 3
Clerk (e.g. Office clerical, receptionists, data processing, public service general administration)	<input type="checkbox"/> 4
Tradesperson (e.g. Electricians, carpenters, plumbers, mechanics)	<input type="checkbox"/> 5
Salesperson/personal service worker (e.g. Sales representatives, insurance and real estate sales, hairdressers, home care workers)	<input type="checkbox"/> 6
Plant/machine operator/driver (e.g. Bus and truck drivers, machine operators)	<input type="checkbox"/> 7
Labourer or related worker (e.g. Trades assistants, factory workers, cleaners, labourers)	<input type="checkbox"/> 8
Other (specify)	<input type="checkbox"/> 9

Q35 How would you describe your current marital status? Only tick ☒ ONE of the following.

Single, never married	<input type="checkbox"/> 1
Married	<input type="checkbox"/> 2
Other 'live in' relationship (<i>de facto</i>)	<input type="checkbox"/> 3
Separated but not divorced	<input type="checkbox"/> 4
Divorced	<input type="checkbox"/> 5
Widowed	<input type="checkbox"/> 6

Q36 Approximately, what is your household annual income before tax including pensions, income from investments and family allowances? Only tick ☒ ONE of the following.

\$0 to \$24,999 (i.e. less than \$962 per fortnight before tax)	<input type="checkbox"/> 1
\$25,000 to \$49,999 (i.e. between \$963 and \$1923 per fortnight before tax)	<input type="checkbox"/> 2
\$50,000 to \$79,999 (i.e. between \$1924 and \$3077 per fortnight before tax)	<input type="checkbox"/> 3
\$80,000 to \$119,999 (i.e. between \$3078 and \$4615 per fortnight before tax)	<input type="checkbox"/> 4
\$120,000 or more (i.e. more than \$4616 per fortnight before tax)	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 6

Q37 Approximately, what is your personal annual income before tax including pensions, income from investments and family allowances? Only tick ☒ ONE of the following.

\$0 to \$19,999 (i.e. less than \$769 per fortnight before tax)	<input type="checkbox"/> 1
\$20,000 to \$44,999 (i.e. between \$770 and \$1731 per fortnight before tax)	<input type="checkbox"/> 2
\$45,000 to \$69,999 (i.e. between \$1732 and \$2692 per fortnight before tax)	<input type="checkbox"/> 3
\$70,000 or more (i.e. more than \$2693 per fortnight before tax)	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 5

Q38 In what suburb/town do you live?

Suburb/Town Postcode.....

Please check before handing in your survey:



1. Have you answered all the questions you were asked to? ☐ YES
2. Have any additional pages you have written answers on been included? ☐ YES



**This is the end of the questionnaire.
We greatly appreciate your time and effort.
THANK YOU VERY MUCH!**

Interviewer's Declaration

I certify that this is a true, accurate and complete interview, conducted in accordance with the ICC/ESOMAR International Code, and I will not disclose to any other person the content of this questionnaire or any other information relating to this project.

INTERVIEWER'S SIGNATURE: _____ DATE: _____
____/____/05

INTERVIEWER NUMBER: _____

APPENDIX 5

Participant Consent Form and Information Sheet - Survey of Older People

The University of Queensland Social Research Centre (UQSRC)**DIRECTORS**

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Electronic Gaming Machine Study**PARTICIPANT INFORMATION SHEET**

The University of Queensland Social Research Centre (UQSRC) is conducting research into the use of electronic gaming machines (EGMs) by people aged 60 and over in licensed clubs in South East Queensland. There is currently a lack of Queensland-based research on older people who use EGMs, and with a rapidly ageing population, this research is important for ensuring that the specific needs of this group of people are met adequately and appropriately.

The research, which is being sponsored by the Queensland Government, will examine the characteristics of older people who use EGMs. In particular it will survey their

- reasons for using electronic gaming machines;
- involvement in club promotions;
- awareness of and attitudes to responsible gaming strategies;
- appreciation of the risks associated with EGMs; and
- awareness of and willingness to access gambling support services.

You are invited to participate in this research by completing a survey.

This will take approximately 15 minutes. Your participation is entirely voluntary and will make a valuable contribution to improving the safety and enjoyment of gaming for people in Queensland.

There is no risk to you in completing the survey.

All your responses will be treated in total confidence and will be available only to UQSRC researchers. There is nothing on the completed survey form that would identify you. All the data gathered will be aggregated in a way that ensures individual responses can not be identified.

Withdrawing from the study

You may withdraw from completing the survey at any time and the data collected to that time will not be used in the study. It will not be possible to withdraw once you have completed the survey since the data you have provided will not be able to be identified. You may also choose to complete the survey but decline responding to particular questions as you feel comfortable.

Ethical Review Process

The study adheres to the guidelines of the ethical review process of the University of Queensland. While you are free to discuss your participation with project staff (by contacting John Johnston or Jenni Southwell on 3346 9686) if you would like to speak to an officer of the University, not involved in the project you may contact the Ethics Officer on 33653924.



The University of Queensland Social Research Centre (UQSRC)

DIRECTORS

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Associate Professor Mark Western, BA, PhD

MANAGER

Warren Laffan, BAppSc, MMRS, QPMR

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Electronic Gaming Machine Study

PARTICIPANT CONSENT FORM

I understand the aim of this project and agree to participate in the survey.

I confirm that I am 60 years of age or older and usually play poker machines at least once every three months.

I understand that:

- All information collected will remain confidential.
- My participation is voluntary.
- I can withdraw at any time while completing the survey.
- I can not withdraw my responses once the survey has been completed and submitted.

I am aware that this study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the University's ethical guidelines. I understand that I am free to discuss my participation in the study with project staff (Jenni Southwell on 3346 9686) or with the University's Ethics Officer on 07 33653924.

Signature _____

Date _____

APPENDIX 6

Letter to Gambling Help Services and Interview Schedule

The University of Queensland Social Research Centre (UQSRC)

DIRECTORS

Professor Paul Boreham, BEcon, PhD
Associate Professor Mark Western, BA, PhD

MANAGER

Warren Laffan, BAppSc, MMRS, QPMR

Ref:

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Ref: J5003

5 September 2005

Director

Dear

Research Study of Older Persons who use Electronic Gaming Machines

The University of Queensland Social Research Centre is conducting research into the needs, views and behaviour of people aged 65 years and over who use electronic gaming machines (EGMs). There is currently a lack of local research on older people who use EGMs, and with a rapidly ageing population, this research is important for ensuring that the specific needs of this group are met adequately and appropriately.

The research, which is being sponsored by the Queensland Government, will examine the characteristics of older people who use EGMs; their reasons for gambling; their attitudes to promotions; their awareness of and attitudes to responsible gambling strategies; and, importantly, their awareness of and willingness to access gambling support services.

For this study, UQSRC wish to consult with Gambling Help organisations and licensed clubs in Queensland. A survey of older people who use EGMs will also form part of the study.

UQSRC is seeking your approval to interview the Principal Counsellors of the following Gambling Help services provided by Relationships Australia: Brisbane, Logan, Gold Coast, Ipswich, Sunshine Coast, Rockhampton & Central Queensland, and Mackay & Whitsunday.

I have attached the questions as well as a copy of the approval given by The University of Queensland's Ethics Committee for the conduct of this research.

We would appreciate it if you would give your approval for UQSRC to interview the appropriate persons from each office; please also pass on this information to each person.

When we receive your approval and name of the relevant person for each location, we will contact each directly to arrange a suitable interview time.

Can you please contact Meg Tighe on 07 3346 9681 (fax 07 33469676) or m.tighe@uq.edu.au to indicate your approval.

We would very much appreciate your contribution to this research.

Yours truly

Paul Boreham
Director
UQSRC

QUESTIONS

Part 1: Data items

- Q1. Over the last twelve months, approximately how many individuals have approached you for assistance for the first time?
1. All gambling clients
 2. EGM gambling clients
- Q2. How many of these would have been aged 65 years or more?
1. All gambling clients
 2. EGM gambling clients
- Q3. What percentage of these would have been female
1. All gambling clients
 2. EGM gambling clients
- Q4. How many current clients do you have
1. All gambling clients
 2. EGM gambling clients
- Q5. How many of these would be aged 65 years or more?
1. All gambling clients
 2. EGM gambling clients
- Q6. What percentage of these would be female?
1. All gambling clients
 2. EGM gambling clients

Part 2: Perceptions/experience with regard to a number of issues - focus on EGM problematic clients.

- Q7A. Compared to younger EGM clients, do you feel that older EGM clients are more likely to defer seeking help after the on-set of gambling related problems?
Why do you say that?
- Q8. Who usually makes the initial contacts with your organisation?
- Q9. Do older gamblers with problems related to EGMs usually ALSO have problems related to other gambling activities?
If so, what other gambling activities do they tend to have problems with?
- Q10. For older EGM clients what sorts of assistance are most often sought?
- Q11. Do older EGM people seem to be more reluctant to seek help?
If so, what do you think are the reasons for being reluctant to seek help?
- Q12. Is counselling more likely to be successful with older than with younger clients?
Why do you say that?
- Q13. Is there a higher rate of relapse with older EGM clients than with other EGM clients you deal with? Why do you say that?

- Q14. Are older EGM clients more likely to want an outcome that will allow them to continue gambling? Why do you say that?
- Q15. What do you think might precipitate gambling related problems for older EGM clients?
- Q16. What is the most common way that older gamblers have become aware of your service?
- Q17. Do older female EGM clients have different characteristics compared with older male EGM clients?
- Q18. What special arrangements do you have to assist older people to ACCESS your service? (ie arrangements which specifically apply to ALL older clients - not necessarily EGM specific)
- Q19. What training arrangements do you have in place to assist staff dealing with older clients? (not EGM specific)
- Q20. From your experience, are club promotions likely to encourage older clients into problematic gambling?
If so, do you have any data to support this?
- Q21. What early intervention services do you have in place that would assist older EGM clients?
1. All gambling clients
2. EGM gambling clients
- Q22. What type of information (that is statistical data; some form of measure) do you have about the effectiveness of the early intervention services you provide?
- Q23. Have you found any strategies that are particularly effective in working with older clients? Could you tell us about these?
- Q24. Do you feel that there are any changes that should be made to gambling arrangements that would make the environment safer for older EGM players?



THE UNIVERSITY OF QUEENSLAND
Institutional Approval Form For Experiments On Humans
Including Behavioural Research

Chief Investigator: Professor Paul Boreham
Project Title: Responsible Gambling Strategy for Older
Queenslanders – Electronic Gaming Machine Study
Supervisor: None
Co-Investigator(s): Warren Laffan, John Johnston, Jenni Southwell
Department(s): Social Research Centre
Project Number: 2005000495
Granting Agency/Degree: Queensland Treasury
Duration: 25th May 2006

Comments:

Expedited review on the basis that data collection is by means of a strictly anonymous survey. Participant Information Sheet required, but Consent Form need not be used as act of completion of anonymous survey will constitute implied consent — In the information sheet, please advise participants they are free to not respond to any questions they don't want to.

Name of responsible Committee:-

Behavioural & Social Sciences Ethical Review Committee

This project complies with the provisions contained in the *National Statement on Ethical Conduct in Research Involving Humans* and complies with the regulations governing experimentation on humans.

Name of Ethics Committee representative:-

Dr J Broerse

Chairperson

Behavioural & Social Sciences Ethical Review Committee

Date

26/07/05

Signature

APPENDIX 7

The University of Queensland

Ethics Approval Notification



THE UNIVERSITY OF QUEENSLAND
Institutional Approval Form For Experiments On Humans
Including Behavioural Research

Chief Investigator: Professor Paul Boreham
Project Title: Responsible Gambling Strategy for Older
Queenslanders – Electronic Gaming Machine Study
Supervisor: None
Co-Investigator(s): Warren Laffan, John Johnston, Jenni Southwell
Department(s): Social Research Centre
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This project complies with the provisions contained in the *National Statement on Ethical Conduct in Research Involving Humans* and complies with the regulations governing experimentation on humans.

Name of Ethics Committee representative:-

**Dr J Broerse
Chairperson
Behavioural & Social Sciences Ethical Review Committee**

Date

26/07/05

Signature

APPENDIX 8

Screening Register - Survey of Older People

EGM Survey – Screening Register

Club Name: _____

Research Assistant: _____

RESPONDENT CATEGORY

- | | |
|---|--|
| A | Eligible and willing to complete survey |
| B | Eligible, willing, but unable to complete survey now |
| C | Eligible but refused to complete survey |
| D | Ineligible to complete – too young |
| E | Ineligible to complete – doesn't play EGMs frequently enough |
| F | Refused to complete – don't know if eligible or not |

NB To be eligible must be 60 plus AND play pokies at least every three months

[illegible]