



# Slots and Shots

**A GAMBLING RESOURCE FOR AOD WORKERS**

Carol Rowe, Michael White, Caroline Long, Ann Roche, Kathleen Orr



**NCETA**

Australia's National Research Centre  
on AOD Workforce Development



**SANDAS**  
South Australian  
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**ODYSSEY HOUSE  
VICTORIA**



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This is a resource for alcohol and other drug (AOD) workers to support more effective identification of clients with, or at risk of developing, concurrent problem gambling issues. It is one of a suite of products from an alcohol and other drug and gambling project designed to explore commonalities between problem gambling and substance misuse for the AOD sector.

This project is a joint initiative by Odyssey House Victoria (OHV), the National Centre for Education and Training on Addiction (NCETA) and the South Australian Network of Drug and Alcohol Services (SANDAS), funded by the Victorian Responsible Gambling Foundation.

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## Foreword

There is a growing need for a more complete approach to understanding and addressing the complex interactions between alcohol and other drug (AOD) use and co-occurring issues. This includes recognition of the commonalities between problem gambling and substance misuse.

To address this issue, Odyssey House Victoria, in collaboration with the National Centre for Education and Training on Addiction at Flinders University (NCETA) and the South Australian Network of Drug and Alcohol Services (SANDAS) developed a suite of resources for AOD clinicians, organisations and clients to address the risks associated with problematic gambling behaviours. These resources include a tri-fold client handout, a waiting room poster and a wallet sized quick reference reminder for clinicians.

This document forms an additional component to that suite of resources. It explores the relationship between AOD use and gambling, with a focus on identifying how the AOD sector can better identify and support clients who have co-occurring gambling issues.

## Organisational overviews

### Odyssey House Victoria

Odyssey House Victoria (OHV) is a specialist AOD agency that promotes opportunities for change and growth by reducing drug use, improving mental health, and reconnecting people to their families and the community. OHV has been a place of hope and positive change for individuals working towards breaking their pattern of addiction for over 30 years. OHV is a multi-service agency with a reputation for the delivery of high quality, client responsive drug and alcohol treatment, support services, research and training across Victoria.

### NCETA

The National Centre for Education and Training on Addiction (NCETA) is an internationally recognised research centre that works as a catalyst for change in the AOD field. Our mission is to advance the capacity of organisations and workers to respond to alcohol- and drug-related problems. Our core business is the promotion of workforce development (WFD) principles; research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations. NCETA is based at Flinders University and is a collaboration between the University and the Australian Government Department of Health.

### SANDAS

The South Australian Network of Drug and Alcohol Services (SANDAS) works to enhance community wellbeing and reduce the harms associated with AOD use. As the peak body in South Australia, we provide independent, state-wide representation, advocacy and support for non-government organisations working in the AOD sector, through networking and policy development. SANDAS is a not-for-profit association funded by membership contributions, the Australian Government Department of Health, the South Australian Department of Health and other organisations on a project basis.



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# Introduction

## Why This Resource

Workers in the alcohol and other drug (AOD) sector are expected to respond to clients with a variety of issues which may arise in combination with substance use. Gambling is one such issue. Gambling disorder is now listed as an ‘Addiction and Related Disorder’ in the DSM-5 [1], yet many AOD staff have not considered the similarities and differences between the two disorders. Working with both issues requires similar skill sets. It involves developing a strong therapeutic alliance and use of a range of treatment modalities such as Cognitive Behaviour Therapies (CBT), Relapse Prevention, Harm Reduction and Motivational Interviewing.

This resource aims to strengthen workers’ skills and understanding of gambling and how to appropriately respond to clients who present for AOD treatment who may also have or be at risk of a gambling issue. The AOD sector is aware that co-occurring issues such as problem gambling cannot be addressed in isolation from other client problems. Increasing workers’ awareness and confidence to address these sensitive topics is likely to result in improved client outcomes and wellbeing.

The high number of AOD clients who have co-occurring AOD and gambling disorders highlights the need for services to respond to **both** concerns. Such a response may also limit the negative impacts of problem gambling on clients’ children and families.

For every person in Victoria with a serious gambling problem, there are 5 to 10 others who are affected [2].

For every adult seeking AOD treatment, there is generally one child affected by problematic parental AOD use. Addressing problem gambling within the AOD sector may reduce the risk of harm to clients’ children [3].

This resource provides information that will help workers to feel more confident in asking about and addressing gambling with clients. It looks at questions such as:

- How should I check for a gambling problem in my clients?
- What do I do if a client has identified gambling as a problem?
- How do I fit that into their AOD treatment?
- When should I refer to specialist gambling counsellors?

## Definitions

There are various definitions of gambling. For the purposes of this resource, gambling is defined as **“the placing of a wager or bet in the form of money (or something of value) on the outcome of an uncertain event that may involve elements of skills and chance”** [4].

‘Problem gambling’ is the term commonly used to signify the impact gambling has on a person’s life. It is characterised by “difficulty in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others and for the community” [5].

In 2014 problem gambling was reclassified in the DSM-5 as a non-substance based addiction. The DSM-5 [1] criteria for Gambling Disorder are:

- persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of nine diagnostic indicators in a 12-month period
- the gambling behaviour is not better explained by a manic episode.

The disorder can be episodic, so that it meets diagnostic criteria at some times but not at others, with symptoms subsiding for several months between periods of disordered gambling. Alternatively, the disorder can be persistent, with continuous symptoms (for the full criteria see DSM-5 Diagnosis p.10).

## Language

Careful use of language is vital for the development of trust and rapport. The term “problem gambler” may be viewed as judgmental and stigmatising. An alternative phrase is *‘people negatively affected by gambling’*. This separates the behaviour from the person and so reduces the likelihood of the individual feeling labelled or perceived in a negative way. This term also includes family or significant others, allowing them to seek assistance. This shift in language is similar to the AOD sector changing their language to *‘clients with substance use issues’* instead of *‘addicts’* or *‘alcoholics’*.

## Types of Gambling

There are various forms of gambling (see Table 1). Different types of gambling have differing prevalence rates and are associated with different levels of harm.

- The most problematic forms of gambling are electronic gaming machines and table games (e.g. poker, roulette). These are continuous, involving a short time between the placing of the bet and the win or loss. As these types of games are quick and continuous there are few interruptions that could allow for distractions from the game or for people to think about doing something else. Rapid reinforcement is commonly associated with these forms of gambling problems [6].
- After gaming machines, racing is likely to be the most common cause of problem gambling. In Victoria, 33% of problem gamblers bet on the races. Racing has the second highest rate of participation after gaming machines, excluding low risk activities such as lotteries, scratchies and raffles [7, 8].
- 25% of problem gamblers play casino table games.

- Lotteries and scratchies have the lowest rates of associated problematic behaviour.
- In terms of highest spending, about 64% of problem gamblers spent the most on gaming machines, 10% on racing and 10% on casino table games.
- Three quarters of people with a gambling problem play electronic gaming machines (rising to 90% for women).
- Some people gamble in multiple ways but only have problems with one type of gambling. For example, they may play roulette and blackjack but only have problems with gaming machines [6].
- In a recent study of internet gambling by Gainsbury et al. [9], the majority of participants (64%) reported gambling at least once, with 8% having gambled online. Online gamblers (also known as interactive gamblers) gambled more frequently and on more activities overall. They were more likely to be male, younger, have home internet access, participate in more forms of gambling and spend more on gambling. The study showed that the nature of gambling participation has been shifting and that interactive gambling is having a significant and growing impact on overall gambling involvement [9].

Ease of access to gambling activities is a factor in problem gambling. Gaming machines are common in most Australian communities (except WA) and many people have only a very short distance to travel (often <5 mins) to venues which are often open long hours. Whilst regulations differ across states, in Victoria venues can be open up to 20 out of 24 hours.

The Centre for Gambling Education and Research [10] identified that sports betting is on the rise, with betting increasing from 6% to 13% of people with gambling problems between 1999 and 2011. Australians have a well-established culture of betting on sports. Internet and mobile applications are providing new opportunities to gamble that extend beyond the usual boundaries of geography, time and currency. They provide mechanisms for gambling to occur anywhere and anytime on any sport or game [10] thus increasing the risk of harm.

Table 1: Forms of gambling and risk of developing problems [6, 7, 8, 9]

Type	Example	Risk of Developing Problems
Electronic gaming machines	Poker machines	High
Online games	Online poker Online slots	High
Racing	Horses, dogs etc.	High
Casino table games	Black Jack Poker Roulette	Moderate
Dice	Craps	Moderate
Betting	Sports Bet	Moderate
Professional games	Poker tournament	Low
Lotteries	Tattslotto, Powerball Raffle tickets Keno Scratch cards	Low
Cultural	Two up (Anzac Day) Cockfighting Mahjong Bingo	Low
Stockmarket	Currency trading Share trading	Low

## Why People Gamble

Gambling is attractive and or compelling for many reasons. It can achieve a range of outcomes:

- Excitement (adrenaline rush)
- Winning money; hope of paying off debts and living the dream
- Distraction from depressing thoughts and feelings; escape pressures of work and family
- Going out to a 'safe' environment (gaming venues, casinos)
- Fun and entertainment
- Socialising and meeting people
- Filling in time/relieving boredom.

Francis et al. [11] found in a recent study that the five most common reasons to gamble in a sample of Tasmanian adults were 1) for fun, 2) the chance of winning big money, 3) something to do with friends and family, 4) to be sociable, and 5) excitement.

The data from this study suggested that gambling motives varied according to socio-demographic factors (sex, age, employment status, and educational qualification). The study found men were more likely to identify money, positive feelings, regulation of their internal state and the challenge of winning as reasons for gambling than women [11].

Understanding motives for gambling assists clinicians to develop individual treatment approaches that help clients address the most relevant issues associated with their problematic gambling [11]. Francis then takes this a step further by linking specific interventions to reasons for gambling [11] (see Table 2).

Table 2: Interventions linked to reasons for gambling

Reason for gambling	Interventions
<b>Coping with distress/emotional regulation</b>	Target cognitions related to negative emotions Cognitive-behavioural interventions focused on adaptive coping techniques, such as: <ul style="list-style-type: none"> <li>• Distress tolerance</li> <li>• Mindfulness</li> <li>• Relaxation training</li> <li>• Alternative stress-reduction activities</li> <li>• Cognitive restructuring</li> </ul>
<b>Recreation (to relieve boredom)</b> <b>Enhancement reasons (for excitement)</b>	Leisure substitution approaches Cognitive behavioural interventions that include: <ul style="list-style-type: none"> <li>• Alternative leisure substitution activities</li> <li>• Problem solving training</li> </ul>
<b>Gambling for money</b>	Cognitive restructuring focussing on: <ul style="list-style-type: none"> <li>• Gambling myths</li> <li>• Gambling-related cognitive distortions</li> </ul>

## Prevalence

“Gambling is a common recreational pursuit and an enjoyable one for many. Around 70% of Australians participated in some form of gambling in the last twelve months.”

(Australian Productivity Commission Report on Gambling, 2010, p.5)

Based on available survey data, there are between 80,000 to 160,000 Australian adults experiencing significant problems from their gambling (0.5 to 1.0% of adults), with a further 230,000 to 350,000 experiencing moderate risks that may make them vulnerable to problem gambling (1.4 to 2.1% of adults) [12].

Australian statistics indicate:

- An annual turnover of \$180,366.901 million (\$180 billion) in 2013-14 [13]
- Australians were estimated to have lost a total of \$21 billion on gambling in 2013-14 [13]
- Annually, every Australian aged 18 years or older is estimated to have spent \$1167 on gambling in 2013-14 [13].

Historically, most gambling problems were associated with betting on racing and sports, but problems are now associated with other activities, most notably

electronic gaming machines. The accessibility of traditional forms of gambling, such as horse racing, has increased significantly because of internet and online betting.

Gambling behaviours occur along a continuum:

- Some people do not gamble at all
- Some gamble but it does not cause difficulties for them or those around them
- Some have moderate difficulties (meeting some but not all diagnostic criteria)
- For others gambling can cause severe problems of an acute or chronic nature.

A person’s gambling behaviour can vary over time and can fluctuate with changes in age, relationships, mental health, financial position, employment and environment. It may have a negative impact on many aspects of an individual’s life. Community studies suggest that gambling disorders are associated with poor outcomes, including mental and physical health problems and significant psychosocial difficulties, e.g. relationship breakdown [4].

The main demographic risk factors for developing problematic gambling issues include: being younger, being male, and living in lower socioeconomic status areas. Males are also less likely to seek help for gambling problems. Men tend to gamble on a wider range of activities and are often more likely to choose

skilled games. They are more likely to think that they have got the skills to gamble their way out of trouble. Women are most likely to experience problems with gaming machines and to start gambling at an older age.

## The Pathways Model

Blaszczynski's [14] 'Pathways Model' describes the range of gambling behaviours and their causes. He identifies three main sub-groups in the problem gambling population: 1) those who would be considered 'normal' except for their gambling, 2) those with pre-existing serious emotional issues, and 3) those who can be classified as biologically based impulsive gamblers.

Those in the 'normal' gambling sub-group develop a gambling problem through the positive reinforcement they receive from early or significant wins. They do not show signs of pre-existing mental illnesses before developing gambling problems. Often they start gambling because it is easily accessible and socially accepted - their friends or workmates gamble, or they live in an area where clubs with gaming machines are common. The intermittent reinforcement experienced when they win reinforces the desire to play over the losses. The social environment of gambling venues (relaxing music, attentive and obliging staff, free tea and coffee, inexpensive meals) can be another incentive to play.

People in this group may go on to develop mental health issues as a result of the impact of gambling on their lives, most often depression caused by the development of financial problems, relationship breakdowns etc. This can put them into the next, more serious, level of gambling problem.

Blaszczynski [14] calls the second subgroup, the 'emotionally disturbed.' This group includes people who have predisposing psychological vulnerabilities. This may include a family history of gambling and they may display depression, anxiety, substance dependence and deficits in their ability to cope with and manage external stress. For these people, gambling is used initially to solve or avoid underlying issues.

The third group is the biologically based group. They may have biological issues, such as acquired brain injury, that make them more vulnerable to highly impulsive behaviour or attention deficit issues which can be associated with poor behavioural control, reflected in an urge to gamble [14].

**Note:** Blaszczynski's model is based on a behaviourist perspective that is likely to be moderated over time by emerging neuroscientific evidence, e.g. National Center for Responsible Gambling, 2011 [15].

## Indicators of Problem Gambling

Signs of problem gambling mirror those associated with substance use disorders and some mental health conditions.

### Financial signs

Common financial warning signs that there may be a problem with gambling (for an individual or the family) include:

- Money (bank accounts, wallet/purse or money jar), household items and valuables go missing
- Often short of money despite regular income
- Borrowing money on a regular basis
- Having many loans at the one time
- Being secretive about financial records or payslips
- Unpaid bills/disconnection notices
- Lack of food in the house.

### Mood and behaviour signs

When someone develops a gambling problem, there are often clear changes to their mood and behaviour, similar to those related to substance abuse including:

- Becoming withdrawn from others/family events
- Performance at work is affected
- Appearing worried, stressed or upset for no apparent reason
- Reporting feeling hopeless, depressed, frustrated or suicidal
- Absences from home/work/school
- Changes in personality/behaviour - sleeping, eating, or sexual relationship patterns
- Controlling and/or manipulative behaviour
- Using threats, lies or charm to coerce others
- Increased use of alcohol and other drugs
- Ignoring self-care and daily tasks
- Leaving children by themselves, being less concerned about who looks after them and neglecting their basic care.



Changes in a person's mood and behaviour can significantly affect work, study and personal relationships. With substance use, people can quickly present with obvious physical signs. However, problem gambling does not show physical signs (like glassy eyes or needle marks) making it easier to continue the behaviour without others knowing.

### Time-related signs

Some common time-related signs that could indicate someone has a problem with gambling include:

- Spending more and more time gambling
- Being secretive about unexplained absences
- Often being late
- Over-using sick days and days off
- Taking an unusual amount of time for simple tasks (e.g. taking two hours to get the paper from the shop).

(From <http://www.gamblinghelponline.org.au/concerned-about-someone/signs-of-a-problem/>)

### Risk of Problem Gambling

The following risk factors can contribute to the development of gambling problems:

- An **early big win** – leading to false expectations of future wins
- **Easy access** to the preferred form of gambling
- **Mistaken beliefs** about the odds of winning
- **Not paying attention to** gambling wins and losses
- **Recent loss or change**, e.g. divorce, job loss, retirement or death of a loved one
- **Financial problems**
- Often feeling **bored or lonely**
- **Few interests or hobbies**, or feeling life lacks direction
- **Self-esteem being linked to gambling** wins or losses
- Growing up in a **culture** where gambling is tolerated or valued

- History of:
  - » risk-taking or impulsive behaviour
  - » mental health problems, particularly depression and anxiety
  - » abuse or trauma
  - » problems with alcohol or other drugs, or overspending (past or present)
  - » having a parent with problem gambling
- Unmonitored dopamine agonist medication (especially for treatment of Parkinson's disease or Restless Leg Syndrome e.g., pramipexole).

**The more risk factors a person has, the more likely they are to develop a gambling problem [16].**

### Harms

**For every person with a gambling problem, 5–10 other people are affected [12].**

People with gambling problems are **six times more likely to divorce** than the general population [17].

Harms associated with problem gambling can affect the individual, family, community and society. When combined with the risks of substance use, **harms from this comorbidity can be even more substantial.**

### Individual Harms

The harms for the individual include:

- **Financial difficulties** including being unable to finance debt or meet daily living expenses
- **Poorer mental and physical health** including higher rates of depression and anxiety and stress-related disorders (headache, gastric and cardio issues)
- **Relationship issues** with partners, children, work colleagues and other family. This can be due to lack of emotional regulation and/or absence from the household
- **Higher risk of suicide**
- **Lower self-esteem**
- **Feelings of failure**
- **Shame and embarrassment**

- **Reduced quality and satisfaction with life**
- **Risk to employment or study**
- Risk of **involvement in criminal activity** (to fund AOD/gambling losses and/or to service debts).

According to the Victorian Coroner's Report 2013 [18]:

**Approximately one suicide per month is directly related to gambling issues.**

## Family Risks

Family violence is strongly associated with a person who has both substance use and gambling issues. The substance use, most often alcohol, decreases inhibition. The frustration and anger commonly associated with gambling and losses can produce a toxic environment.

A systematic review by Dowling et al. [17] found that over one-third of people with gambling problems reported experiencing (38%) or using (37%) physical intimate partner violence (IPV). Moreover, across all IPV offenders, 11% reported gambling problems.

While most evidence relates to intimate relationships, there is evidence that the violence may extend to children and the broader family [17, 19, 20]. The Dowling et al. review identified that over half of those with gambling problems (56%) report being physically violent against their children [20]. The review also identified several recent Australian studies which found that one-third to one-half (34-53%) of people with gambling problems and their family members reported family violence in the previous 12 months (27-41% experienced violence, 23-33% used violence) [19, 20].

Parents, current partners and former partners were both the most common recipients and users of family violence. However, these results must be interpreted with caution, as there are few studies of non-partner family violence and prevalence estimates vary. Further, these studies are not generally representative of the broader population, included small numbers of problem gamblers, focused on groups that may experience multiple additional problems, and used a range of definitions of violence. Further research is required on this issue [17].

Over half of the family members of families where gambling problems exist may have experienced some form of family violence in the past 12 months [21, 22].

The **risks to children** in families where a parent has both substance use and a gambling problem may include:

- Witnessing
  - » Verbal or physical conflict
  - » Drinking, gambling or other inappropriate behaviour
- Experiencing
  - » Verbal abuse
  - » Physical harm
  - » Emotional/physical unavailability from parent/s
  - » Poor supervision, or being left in unsafe situations
- Unable to attend school activities due to lack of family finances.

Children from families where substance use and gambling are present are at greater risk of developing the same behaviours and starting at an earlier age [20, 23, 24].

## Community and Social Issues

The wider community is also affected by gambling and substance use. These behaviours impact on a person's ability to contribute to society through employment, group participation, volunteerism and meeting obligations to family, friends and community. It increases demands on community resources such as housing, material aid, food and financial aid support services.

Australian and international studies have identified that the spread of gambling venues is associated with reduced social capital (resources that support collective action, enhance trust and cooperation) and a negative influence on community-identified quality of life [25].



## Gambling & Substance Use

- There is a **strong correlation** between the severity of substance use and problem gambling. Higher amounts and frequency of substance use are predictive of more severe gambling problems and vice versa. Similarly, the greater the number of substances used, the more severe the gambling problem is likely to be
- Misuse of drugs and alcohol can be a trigger for problematic gambling. Treating alcohol or other drug misuse may prevent non-problematic gambling developing into problematic gambling.
- Failure to treat comorbid substance use disorders in people with gambling problems may lead to higher gambling relapse rates
- Problem gambling is associated with
  - » increased impulsivity
  - » antisocial tendencies
  - » inability to control anger
- People with co-occurring substance use and gambling problems experience poor impulse control which leads to poor decision making and vice versa
- Gambling at an earlier age is associated with the risk of multiple disorders and higher risk taking behaviours
- People with both substance use and gambling problems are more likely to report a history of other psychiatric conditions [26].

See Chapter 11 of the National Drug Strategy for information about and links between specific drugs and gambling [26].

There is evidence that people with AOD problems are more likely to increase their spending on gambling when under the influence of alcohol or other drugs. Alcohol in particular, can impair judgement.

When drinking:

- Individuals may be more likely to start gambling and/or be less likely to stop once started [27]
- They may increase the amount they are prepared to bet in a gambling session and care less about their losses
- The ability to fully evaluate the costs and benefits of gambling and understand the rules of the particular game may be compromised, leading to overconfidence about chances of winning.

Reducing alcohol and other drug use may therefore have a beneficial impact on gambling behaviour [3]. Further, gaming machines and many betting agencies (e.g. TABs) are physically located within or close to venues that serve alcohol. Reducing the choice to drink in these venues can have a positive impact on gambling.

### Similarities between Problem Gambling and Substance Misuse

Part of the drive to change the DSM classification of problem gambling from an impulse control disorder (DSM-IV) to an addiction and related disorder (DSM-5) [1] was a result of the similarities between behavioural and substance dependencies [28]. These include:

- Repetitive/compulsive behaviour in spite of negative consequences
- Less control over the problematic behaviour
- A state of anticipated pleasure prior to the problematic behaviour
- A positive, satisfying feeling while engaging in the problematic behaviour
- Tolerance towards the activity increases over time
- Withdrawal symptoms when the behaviour stops
- Attempts to cut back or stop are often repetitive and unsuccessful
- High rates of use in adolescence and young adulthood.



As well as similarities in the dependencies, the reasons underlying the motivation to gamble or to use drugs or alcohol and the treatment options overlap (see Table 3).

**Table 3: Examples of SIMILARITIES between substance use and gambling disorders**

Motivations	Treatment options
Escape/emotion regulation strategy	Withdrawal (No physical withdrawal with gambling)
Shame, stigma & guilt impact on help seeking	Counselling (Cognitive Behavioural Therapy, Motivational Interviewing, Motivational Enhancement Therapy)
Seek same effect from continued use	Residential Rehabilitation (not in Victoria for gambling addiction)
Attempts to reduce or stop on own	Pharmacotherapy (Naltrexone used for gambling)
	Harm reduction/prevention
	Relapse Prevention

There are also substantial differences between an AOD addiction and a gambling addiction (see Table 4). For example, how they physically affect the individual, how obvious they are to others and how they are assessed by health or community services.

**Table 4: Examples of DIFFERENCES between substance use and gambling disorders**

Domain	Substance use	Gambling
<b>Effects of activity</b>	Experiential change, Self-harm/ self-medication	Cognitive distortion (misinterpreting outcomes and cause/effect relationships)
<b>Reason for continued use</b>	Avoid physical withdrawal symptoms	Desire to win back losses
<b>Signs of dependence</b>	Physiological signs of use e.g. odour, intoxication, withdrawal, psychomotor control, impaired thinking	No visible physical signs. Behaviours may include secrecy, social withdrawal
<b>Overdose/Excessive use</b>	Over-consumption of depressant drugs leads to vomiting or blackouts which act as natural defence mechanisms, or death (overdose)	No biological consequence preventing excessive gambling – can lose significant amounts of money very quickly. Money or time running out can limit behaviour
<b>Service recognition</b>	Often screened for in health services	Often unrecognised/unscreened and under-resourced for treatment
<b>Help seeking</b>	Treatment seeking rates vary	Low rates of treatment seeking
<b>Speed of harm</b>	Problems may take significant time to develop	More acute: person can incur harm quickly

## Diagnosis

One of the standard references for assessing addiction is the Diagnostic and Statistical Manual of Mental Disorders [1]. It identifies specific criteria to determine if the relevant addiction is severe enough to be considered a mental health disorder by

comparing it to established components of addiction. Familiarity with these criteria enables the AOD worker to identify whether an individual's behaviour is serious and needs treatment. This is a particular issue for those affected by problem gambling, who often do not regard their behaviour as addictive - and prefer to explain it as simply 'unlucky'.

## DSM-5 Diagnosis

The inclusion of gambling disorders in the DSM-5 [1] identified it as similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology and treatment.

### Symptoms of Gambling Disorder

The DSM-5 Diagnostic Criteria for Gambling Disorder defines the disorder as:

- A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  2. Is restless or irritable when attempting to cut down or stop gambling
  3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling
  4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
  5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
  6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
  7. Lies to conceal the extent of involvement with gambling
  8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
  9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

- B. The gambling behaviour is not better explained by a manic episode.

Specify if:

**Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months

**Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years

**In early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months

**In sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

**Mild:** 4 - 5 criteria met

**Moderate:** 6 - 7 criteria met

**Severe:** 8 - 9 criteria met

## Prevalence of Co-occurring Issues

- People with a gambling problem are four times more likely to have problems with alcohol and four times as likely to smoke daily than non-problem gamblers [29]
- Victorian people with gambling problems are three to four times more likely to be current smokers than non-problem gamblers [30]
- In a meta-analysis by Dowling [17], the prevalence of family violence in the gambling sample was 34% in the previous 12 months, (11% experienced violence, 7% used violence, and 16% both)
- 50-70% of people with gambling problems have a co-occurring alcohol use disorder. The prevalence of problem gambling increases as the amount of alcohol consumed increases [30]
- Up to 75% of people seeking treatment for problem gambling have current mental health issues [31]
- More than 25% of people with gambling problems experience both alcohol use disorders and severe mental health disorders [30, 32]
- 30-46% of people with gambling problems also report drug use disorders [30].

It is important that clinicians and others working in the AOD sector understand that gambling problems extend across a broad spectrum of the community, just as substance use does.

## Neurobiology

Dopamine, the main reward/motivation neurotransmitter, plays a prominent role in both substance abuse and dependence and problem gambling [15, 33]. Both drug use and gambling can trigger a spike in dopamine release above normal levels. This increase generates the motivation to repeat the behaviour. As dopamine levels rise and surges increase in frequency, the urge to repeat the behaviour is strengthened.

Research by Zack et al. [33] on dopamine in gambling and psychostimulant disorders emphasises that the feeling of risk taking and thrill seeking rather than a sense of satisfaction is an important part of the reward experience. The action taking/reward is reinforced by repetition and may override the person's judgement of what is a reasonable risk, thereby compromising their impulse control [33].

A casual link has also been established between gambling problems and dopamine agonist medications, for example, those prescribed for Parkinson's disease, Restless Leg Syndrome, and attention deficit hyperactivity disorder (ADHD). The importance of the dopaminergic system in both gambling and substance use lends itself to merging treatments for both behaviours.

Other neurotransmitter systems affected by drug use include serotonin, noradrenaline, GABA and glutamate. Similar systems appear to be affected by gambling. What this means is that gambling may elevate mood (serotonin) and excite (noradrenaline and glutamate), or sedate (GABA) in much the same way as drug use does. These neurological changes may explain the compulsion to engage in the addictive behaviour (gambling or drug taking) [33].



# Screening and Assessment

While clients seeking help for AOD issues often talk about these problems openly to clinicians, they may be more reluctant to admit to gambling problems. Describing the extent of the problem may not occur unless a full assessment is undertaken. It may become evident in another part of the treatment pathway when trust and rapport have been established. Clients may also not be aware of the extent of their gambling problem if their focus is on substance use.

Most AOD clients will be screened using the Adult AOD Screening and Assessment tool recommended by the Victorian Department of Health & Human Services which includes the screening questions:

- If you gamble, are you concerned about your gambling? Y / N
- Are you currently receiving support for any gambling issues? Y / N

Direct questioning may not elicit an honest response given the high level of secrecy and stigma associated with gambling. Therefore clinicians should consider other ways to raise the issue. Gambling may be an issue for either the client or for a family member.

## The BBGS

The Brief Biosocial Gambling Screen (BBGS) [34] has a strong theoretical foundation as it includes one item from each of the three component domains of problem gambling: neuro-adaptation (e.g. withdrawal); psychosocial characteristics (e.g. lying); and adverse social consequences of gambling (e.g. obtaining money from others).

### BBGS Questions [34]:

**Withdrawal:** During the past 12 months, have you become restless, irritable, or anxious when trying to stop and (or) cut down on gambling?

#### Responses:

I do not gamble → **Exit**, not a gambler

Yes → **Exit**, consider as a person with problem gambling (PG) pending clinical evaluation

No → Continue

**Lying:** During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

#### Responses:

Yes → **Exit**, consider as a person with gambling problems pending clinical evaluation

No → Continue

**Borrowing Money:** During the past 12 months, did you have financial trouble as a result of gambling that meant you had to get help with living expenses from family, friends, or welfare?

#### Responses:

Yes → **Exit**, consider as a person with gambling problems pending clinical evaluation

No → **Exit**, is not a person with gambling problems

Use of other questions and techniques may depend on the clinician's capacity in terms of workload, clinical priorities and timing in the treatment pathway. If there are indications of problem gambling, clinicians should return to the topic of gambling in screening and assessment during longer term treatment.

Asking less direct questions may enable the topic to be raised in a safer manner, for example:

- *Are you affected by gambling?* This question also allows for the impact of others' gambling to be brought up by both clients and/or their significant others.
- *How do you spend your money/time?*
- *Are there problems which are contributing to how you are feeling now?*
- *Are you worried about your financial situation?*
- *I notice you regularly do not have money for food/bills? Can we talk about this?*
- *I have a number of clients in similar situation where gambling is an issue. We have been able to work on this together. Would you like me to tell you more?*

Use of the 9-item Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index [35] is also recommended to assess severity of gambling and may be a starting point to explore the topic and its intersection with substance use. This can be used at any stage of treatment, including screening or assessment. This tool is 'Optional Module 6: Gambling' in the Victorian Mandated tools for AOD assessment (Otherwise google 'Problem Gambling Severity Index' to source and download this tool).

### This tool asks the following questions:

In the last 12 months how often have you...

1. *Bet more than you could afford to lose?*
2. *Needed to gamble with larger amounts of money to get the same feeling of excitement?*
3. *Gone back another day to try and win back the money you lost?*
4. *Borrowed money or sold anything to get money you lost?*
5. *Felt that you might have a problem with gambling?*
6. *Felt that gambling has caused health problems, including stress and anxiety?*
7. *People criticised your betting or told you that you have a gambling problem, whether or not you thought it was true?*
8. *Felt your gambling has caused financial problems for you or your household?*
9. *Felt guilty about the way you gamble or what happens when you gamble?*

Score 1 for each response of "sometimes," 2 for each "most of the time," and 3 for each "almost always." A score of between 0 and 27 points is possible [4].

### Scoring:

- |               |                                      |
|---------------|--------------------------------------|
| <b>0</b>      | Non-gambling or non-problem gambling |
| <b>1 – 2</b>  | Low risk gambling                    |
| <b>3 – 7</b>  | Moderate risk gambling               |
| <b>8 – 27</b> | Gambling problems present            |

It is important to remember that screening is not the only way to identify if a gambling problem exists. It is more than likely that it will come up naturally during conversation. Being aware of the issue and feeling confident to explore it further with a client is the crucial thing. Also, the client (whether they gamble or are affected by the gambling of others) is the only one who can identify it as a problem. Screening tools for gambling are best used as a guide and a way of bringing up an issue if there is reluctance for the client to do so on their own.





## How to Respond

Once it has been established that gambling is a concern, clients may feel frightened, relieved, and/or embarrassed. Employing the same skill set as with clients who have alcohol or drug use issues, workers should remain mindful of the importance of being non-judgmental, empathic and client centred.

‘Shame’, ‘embarrassed’, ‘guilty’, ‘feeling stupid’ and ‘weak’ are words people with gambling problems often use to express how they feel about this issue. This stigma directly impacts on their ability to reveal and talk about the issue and is the reason for lies and secrecy. Hence, it is vital that workers respond in a sensitive and non-judgmental way [36].

The stigma associated with gambling may be more severe than that of substance dependence and can be a major barrier to seeking treatment.

In order to be able to respond in a client-centred way, AOD staff are encouraged to reflect on their own attitudes, beliefs and values related to gambling and gambling problems. Exploring and reflecting on their attitudes to gambling, money, risk taking, luck, winning and losing, obligations, responsibility and control, will assist clinicians to understand their own underlying beliefs and biases and therefore increase their confidence and skill in responding to these matters when they come up in conversations.

To explore this issue further, the website [www.problemgambling.ca](http://www.problemgambling.ca) provides a range of questions for workers to consider (see references for specific website details).

The aims of any intervention when working with people with gambling problems is the same as with any disorder, that is to:

- reduce harm and
- promote behaviour change.

This must be based on an empathic understanding of the thoughts, feelings and behaviours of the client and significant others. Research shows that for some gamblers the best approach is abstinence, while others can benefit from a controlled gambling approach. It is important to identify the approach that best suits each client [37, 38].

These aims may require the clinician to provide education about gambling problems and introduce or support the belief in the client that change is possible. Harm reduction usually focusses on pulling back from excessive spending and losses. Therapeutic counselling seeks to explore the underlying issues which contribute to the problem behaviour and help the client develop more constructive behaviours. Both need to be considered to support long term recovery.

Developing trust is vital for clients to be able to acknowledge their difficulties with gambling. An environment in which they are able to discuss substance use and gambling without feeling judged is needed.

## Effective Models for Working with Problem Gambling

### Therapeutic Interventions

The same skills used with AOD clients are effective in working with gambling issues. Successful responses are those that demonstrate attitudes and interventions to meet the client’s needs.

*“In some instances, all that may be needed is a nondirective person-centred approach where the counsellor responds to the client’s lead with empathy, respect and acceptance. For other clients, their theory of change may include a part for a counsellor who challenges, gives advice or designs strategies” [39 p. 60].*

As Miller and Duncan (p.17, 2000) state:

*“Accommodating the client’s theory, therefore builds a strong alliance. The therapist attends to what the client considers important, addresses what the client indicates is relevant, and tailors both in and out of session interventions to accomplish goals specified by the client. The therapist and client work to construct interventions that fit with the client’s experience and interpretation of the problem” [39].*

A range of therapies and strategies are suitable when working with clients who have both substance use and gambling issues. These include:

- Cognitive Behaviour Therapy (CBT)
- Delay, Distract, Decide
- Mindfulness
- Acceptance & Commitment Therapy
- Relapse Prevention
- Desensitisation
- Dealing with craving
- Family inclusion.

## Stages of Change

The Stages of Change model [40] is useful to consider. A person may be in a different stage in regard to their gambling compared with their substance use. It can be helpful to discuss this with clients.

Ambivalence is common, just as it is with substance use. Focusing only on the ‘not so good’ aspects of gambling may strengthen resistance. Discussion about what gambling does for the client is just as useful, as the worker explores motivations to change the problem behaviour.

## Gambling Cycle

Just as some AOD clients use substances to ease their emotional and mental health issues, they may use gambling for the same reasons. *The Gambling Cycle* [41] aims to develop insight into the processes involved with gambling and provide opportunities for interventions. It emphasises the repetitive nature of problem gambling.

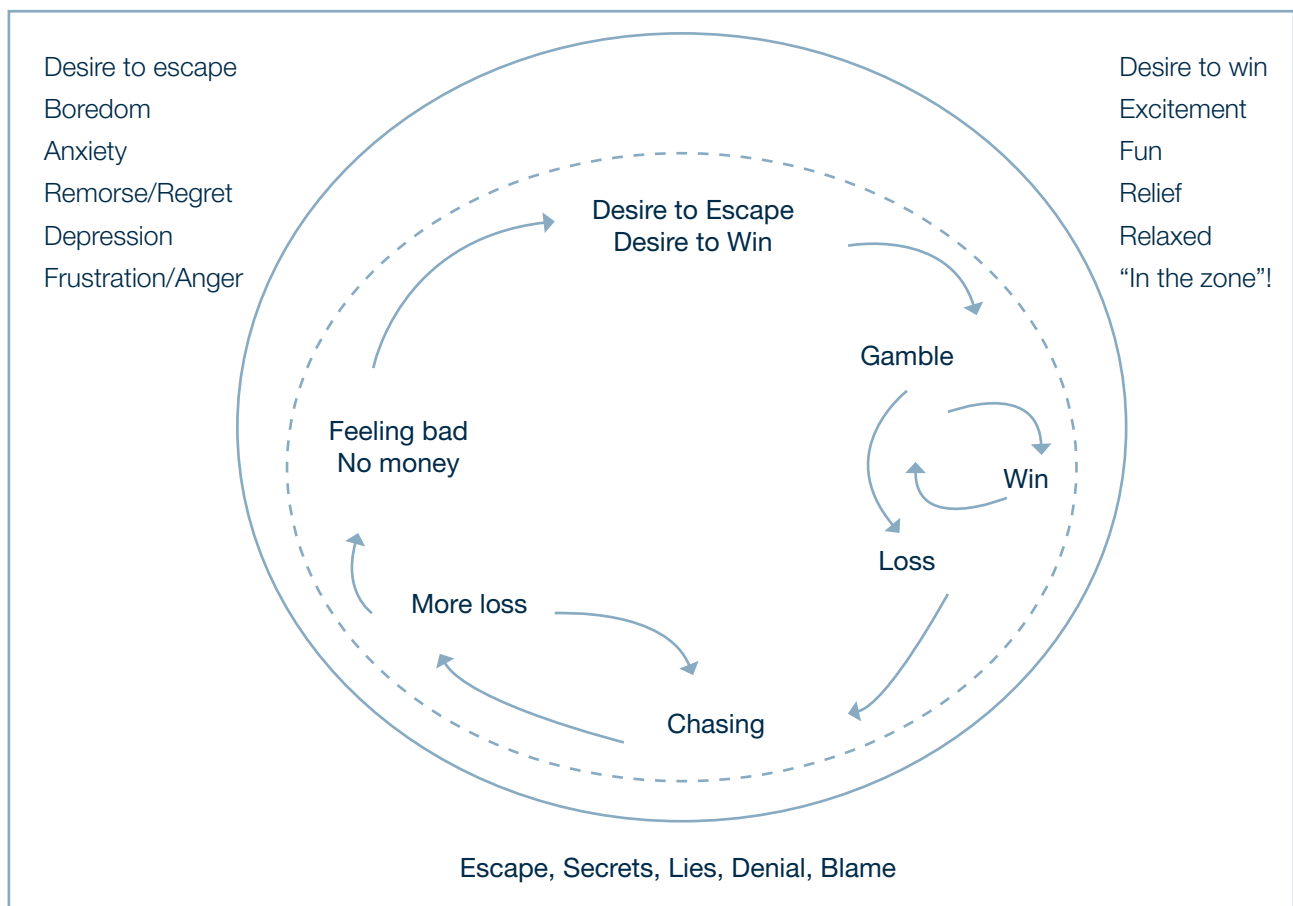


Figure 1: The Gambling Cycle

There are two main parts of the Gambling Cycle:

**Gambling** – is a pleasurable activity which may be:

- a. a way of escaping negative emotions, such as anxiety, depression, boredom, anger, frustration, or financial stress  
OR
- b. related to a desire to win which may improve feelings of excitement, fun, relief or relaxation.

**Losses** – usually lead to blame, lies, secrets and denial and result in more gambling behaviour to try to balance the losses. This often produces the emotions one was initially trying to escape from (e.g., anxiety, depression, frustration, anger or boredom).

Counsellors can use the Gambling Cycle with clients to help explain or identify the role of emotions, thoughts and behaviours that might be experienced in relation to gambling. It can also be used to develop strategies to reduce the harms.

Strategies may include:

- Facing or making efforts to reduce the effects of negative events, emotions or states of mind that a person is trying to escape from
- Identifying other behaviours which provide positive experiences
- Making a formal decision to stop or reduce gambling behaviour
- Addressing the issues most likely to cause relationship problems by exploring ways to be honest, accountable, open and accepting of the problem.

## Gambling Square

The Gambling Square [42] is a way to explore treatment planning. It considers gambling behaviour from four perspectives – money, access, time and vulnerability.

These are the four things that are important in a person's decision to gamble. Planning how to manage each of them is essential for someone who is working to reduce or stop gambling behaviour.

- **Money** – availability and access to money, in cash or through EFTPOS or credit cards
- **Time** – having time to gamble as well as identifying at-risk times when gambling is more likely

- **Availability/Access** – access to gambling opportunities such as gaming machines, TAB, internet or other venues (The Foundation for Counsellors, 2014)
- **Vulnerability** – specific vulnerabilities the client may have, such as things that stress them, mood disorders, unhelpful peer or family influences, insomnia or other factors that trigger gambling.

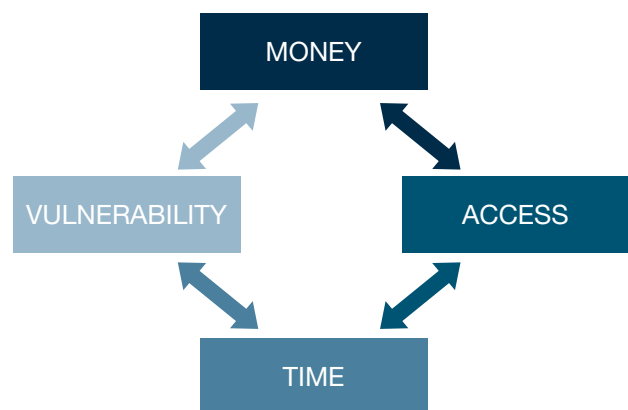


Figure 2: The Gambling Square

### Using the Gambling Square with clients:

**Money** – It may be useful to talk about access to and availability of money in order to develop strategies to restrict this. It is also useful to identify and discuss the person's perception of money when gambling and when not gambling. This is an important distinction and one which can help develop an individual's insight.

Money is often seen as important and having intrinsic value when a person is not gambling. However, when a person is gambling, money is often perceived as 'credits' or 'chits' (racing slips) or 'chips'. This is a deliberate and effective method by the gambling industry to distance the activity from the reality of what is actually happening. For example, a person puts real cash into a gaming machine but plays and is paid out with 'credits' which are often lost back into the machine.

Strategies to limit access and availability to money should ideally come from the client as they are more likely to accept and use the ideas they come up with themselves (this applies to most strategies identified in counselling). Limiting exposure to money is a self-protecting strategy, as access to money can be a trigger to gamble.



Part of this conversation could establish if the person has awareness about when money becomes a trigger. For instance, is money only a trigger when they carry significant amounts, or do even small amounts of money trigger gambling cravings?

Some common strategies to be mindful of when considering control of money include:

- Limiting access to money
  - » Limiting the amount of cash the person carries
  - » Not carrying debit or credit cards
  - » Asking family or a trusted friend to handle their money; for self-employed clients who may get paid in cash, arranging for a family member or friend to do the daily banking
  - » Locking away all banking/money access and only accessing it once a week e.g. via safety deposit box in bank
- Going to the bank to withdraw money instead of using cards.
- Arranging automatic payment of bills on pay days and only allowing withdrawal for a certain amount once per week
- Discussing and putting strategies in place with the help of a financial counsellor
- Exploring how the person may sabotage their own attempts to limit access to money and their ideas for preventing this

*(See Appendix 1 for more strategies on protecting financial assets.)*

**Time** – Exploring with the person the times when they gamble provides an opportunity to develop insights and strategies about how to manage behaviour better and how the timing of gambling relates to money.

- Do they gamble on the way to work or on the way home?
- Is it after being paid, following an argument, during lunch breaks, sneaking access online or on the phone?
- Do they create an argument so they can storm out and spend time on their own?
- When do they mostly gamble; on weekdays, weekends, evenings etc.?

This can help the person to become aware of time as a risk factor and to develop strategies to reduce the times they are not busy. They can identify and schedule alternative tasks and/or ensure they do not have access to money during these times. Some alternative strategies may be:

- Sharing rides to work
- Picking up children
- Informing partner about risk times e.g. after arguments, and discussing strategies together
- Meet up with partner/friend on pay day to pay bills, go out together or do the shopping
- Use a mobile phone with no internet access
- Take up a sport or other regular activity
- Maintain a diary of activities and tasks including exercise, hobbies, cooking, shopping and self-care.

Again, it is best for the client to develop their own ideas on how to manage their time.

**Access** – Given the ease of access to gambling opportunities and venues, this is often the most difficult part to manage. Venues are open long hours, advertise widely and use all media forms to encourage people to gamble. Self-exclusion from venues is one positive step clients can take to deal with their problem gambling.

This is a strategy that enables a person to voluntarily ban themselves from gaming venues and/or internet gambling. Each venue will have information, forms and processes for this and more details can be obtained from:

- [www.responsiblegambling.vic.gov.au](http://www.responsiblegambling.vic.gov.au) or
- [www.problemgambling.gov.au](http://www.problemgambling.gov.au).

Another strategy is asking for help from family and friends to restrict or take action to stop the person gambling. This option is only suitable when there are clear and agreed steps created and shared with all parties. Therefore it is important to discuss this with the client and recognise that easy access to venues can be a major trigger and the one with the least controls. Where access remains uncontrolled, focusing on the other aspects of the Gambling Square is crucial.

**Vulnerability** – identifying other issues the client believes influences their gambling is useful to develop insight and awareness. This can then be added into any strategy to reduce or stop gambling in a more individualised and meaningful way. Strategies may be required to protect against:

- Negative mood states like loneliness, fear, depression, boredom, irritability
- Peer pressure
- Financial stress
- Relationship issues
- Person-specific triggers.

The Gambling Square is a useful method to show to clients to help them plan for ways to avoid gambling. This plan will always include a system for protecting the client from exposure to either cash or access to it, discretionary time and access to gambling products, such as poker machines. Where more than one of the gambling risk points occur together, even more effort needs to be made to eliminate the others. The Gambling Square can be presented to clients in ways that makes the point that *“if time, money, vulnerability and access occur together, gambling is likely to happen”* [42 p.62].

Using both the Gambling Cycle [41] and the Gambling Square [42] can help clients see why, how, when and where gambling is most likely to occur and can assist in the development of protective strategies to manage the risks.

## Strengths, Weaknesses, Opportunities & Threats (SWOT)

A SWOT analysis may be incorporated into the treatment planning. A SWOT looks at:

- **Strengths** – explore person-focused strengths which are linked to values and have a sense of integrity and, at the same time, challenge behaviour that does not agree with those values
- **Weaknesses** – use a therapeutic focus which deals with the desire to escape negative mood states (depression, anxiety). This may involve taking action on any underlying mental health issues, for example by seeking medical treatment
- **Opportunities** – deal with the client’s goals and the desire to win in positive ways other rather gambling

- **Threats** – manage barriers by exploring practical ideas that look at mistaken beliefs related to gambling, and which support goals of abstinence or control. Information about the way betting is always in favour of the venue, aims to dispel some of the myths people hold regarding their level of control of outcomes. This should be reviewed with the client, but not relied on, as logic does not always result in behaviour change. The ‘magical thinking’ associated with luck and ‘being lucky’ can be deeply fixed in a client’s thinking and may have a cultural component. Losses may also be so big, that the only way out people see is a big win. Exploring what the client already knows about odds and how the gambling system works needs to be done with care, to avoid talking down to the client or assuming they do not already understand this.

The website [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au) provides suggested strategies to control gambling. (See ‘Further Resources’ section for the specific link.)

## Cognitive Behaviour Therapy (CBT)

CBT, along with motivational interviewing, integrative and strengths-focussed approaches, is appropriate for addressing both substance use and gambling issues.

It involves consideration of:

- **Cognition** – controlling behaviour by exploring thoughts and thinking patterns which are mistaken or do not make sense and are linked to the behaviour one wants to change
- **Behaviour** – changing automatic behaviour that comes from (and is maintained by) conditioning and reinforcement
- **Mood** – creating awareness of emotions and their effect on our decisions and behaviour
- **Physiological reactions** – raising awareness of how our body is reacting to situations and environments
- **Environment** – building awareness of what is going on around us which affect decisions to use drugs or to gamble.

The goal of CBT is often to change thoughts and beliefs about gambling, which can result in changes in behaviour. CBT is recognised as the best practice intervention available [43].

## Some examples of CBT based strategies include:

### 4 Step model

Schwartz [44] describes a simple model for reclaiming control of problem gambling. It is similar to the Delay, Distract and Decide strategy that AOD clinicians use with clients to manage urges. It uses Mindfulness, Acceptance and Relapse Prevention theory and skills.

**Relabel** – recognise gambling triggers, feelings and thoughts as urges which are a symptom of the disorder and are treatable and do not need to be acted on. By recognising it and calling it an ‘urge or compulsion’, one is able to respond differently and choose to act on it or not. It creates an understanding that the person can learn to resist urges or cravings.

**Re-Attribute or Reframe** – by identifying that the urge to gamble is linked to physical changes in the brain, it is possible to minimise the client’s shame and guilt about the behaviour. Reframing the problem as one of ‘faulty brain wiring’ which the individual has the power to change through thought and behavioural exercises can give the client hope. This can help maintain their motivation to change. This strategy can be used in the same way with urges to use drugs or alcohol.

**Refocus** – shift attention to something else. Explore what behaviours the client can engage in instead of gambling. Examples could be, going for a walk, exercising, baking, reading a book, sport, watching a movie or singing. This teaches the brain that when urges arise, something else can be done instead of following through with gambling or drug use.

**Revalue** - learn to revalue the thoughts about gambling/substance use as having no power and over which you can have control. Encourage the person to take the time to think about gambling, assess its impact on their life and be objective about its ability to control behaviour and accept gambling as a part of their behaviour and acknowledge it as a powerful force which they can control.

For a simple explanation of how addiction changes the brain see: <http://www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm>

## Motivational Interviewing

Motivational interviewing (MI) can be used to reduce gambling frequency and severity in people with gambling problems. This technique is a core practice in AOD treatment and involves accepting and working with ambivalence and resistance to change - rather than arguing against them. When extensions of MI such as motivational enhancement therapy are to be used, appropriate qualifications and training of practitioners should be taken into account.

## Desensitisation

Desensitisation as a treatment option is adaptable and can be used for both substance use and gambling. It is applicable where the person still enjoys the social or environmental aspects of going to a club but wants to curb their problematic behaviour.

Imaginal Desensitisation (ID) is an approach that aims to allow individuals to control their impulsive behaviours. It aims for the person to imagine a range of situations when they feel a need to gamble, which are associated with varying degrees of anxiety. The person then describes the thoughts and feelings associated with this. The process aims to reduce the anxiety associated with the triggers through use of relaxation techniques (brief muscle relaxation or breathing) and visualising leaving the scene without gambling.

The following example can be used both with imagery and physically (with support): A person wants to gamble but not excessively, such as betting \$50 twice a week but no more. They can take the following steps:

- Outside club without money
- Inside club without money
- At a gaming machine without money
- At a gaming machine with \$5 credits
- At a gaming machine with \$50 for 2 hours twice a week (not spending any more than the goal).

*It is important to consider if this method is appropriate to use with clients who also have an AOD issue, because the person may also need to attend to the cues and anxiety derived from alcohol and/or other drugs, in addition to the gambling behaviour.*

Some studies have shown that some people with problem gambling behaviour show distinctive

involuntary arousal in response to gambling cues, compared with 'normal' people [45]. For this reason it is important to note that problematic gambling and substance use reflect not only a person's tendency to develop problems, but also how the behaviours are encouraged in their environment. As such, problematic behaviours should be thought of as an interactive connection between the individual (with all of their strengths and weaknesses) and the wider environment in which the behaviours occur [46].

## Dealing with Urges/Cravings

*Practical strategies to cope with triggers and cravings to gamble are the same as those used in managing cravings to use drugs.* They can range from 'urge surfing' (allowing ourselves to sit with and feel the urge, but not give in to it), delaying the decision to gamble, thought stopping or distracting oneself.

Teach your client relaxation techniques, urge surfing, Delay, Distract, Decide or Schwartz & Gladding's 4 steps as outlined previously [44].

## Dealing with Irrational Beliefs

**One of the most difficult issues in working with clients who have gambling issues, are their beliefs about their ability to control outcomes.**

This includes the following:

- Illusion of control – belief that the probability of winning is greater than random chance
- Superstition – use of lucky charms, numbers, machines, rituals
- Underestimating chance and overestimating skill
- Misses/losses seen as near wins
- Gambler fallacy – that the past controls the future e.g. Using the same machine because it paid a big win or it has not paid out for a few hours and it is therefore due for a change
- Chasing – losses are big enough that they can only be recovered by continued gambling
- Sunk costs – continuing to gamble to justify what has already been spent.

These ingrained beliefs are difficult to shift but education with practical demonstrations or explanations of the following is helpful:

- The value of taking regular breaks while gambling – helps break the illusion of control and provides opportunity to engage in other activities or leave the gambling environment

- Understanding that:
  - » Winning is a random occurrence
  - » Losing is the most probable outcome
  - » Gambling is a system over which the person has no control
  - » The only true winners are the gambling industry.
- Increase awareness of how other factors influence outcomes:
  - » How gaming machines are designed to increase engagement
  - » Weather, other horses' performance, condition of the track, skill of the jockey, etc. determine outcome, not only a person's skill in choosing a horse
  - » Ask the person to list what evidence there is to support their system to demystify their beliefs – they may believe that their luck is due to change or they 'deserve' to win.
- Identify the individual's negative thoughts about themselves or their life, which drive them to gamble/use and then identify positives about the self or the situation and visualise these when negative thoughts occur.
- A gambling/substance use diary can be used to identify:
  - » Patterns
  - » Triggers
  - » People and situations to avoid
  - » Recognition of feelings which lead to use/gambling
  - » Associations between thoughts, moods and actions.

A diary can also:

- » Increase understanding to help the person make changes they consider important
- » Record progress.

## Relapse Prevention

Problem gambling has been linked to escape and distraction from life, problems, depression, boredom and trauma. People report feeling detached, losing track of time and money spent, or being in an altered state. This may begin while getting ready to gamble.

When looking at relapse prevention, it is therefore important to look at triggers. These may include

excitement, fear, anger, depression, anxiety and financial stress. At this point, the person may either give themselves permission to gamble or not. This provides a natural intervention point. Without intervention, the person may enter “the zone” or dissociative state where they feel as if they have no control. “The zone” can be described as a state of calm or bliss where life’s problems feel as if they have fallen away. This altered state is a very powerful motivator to gamble [47].

Relapse prevention therefore involves:

- Identifying early warning signs and triggers
- Strategies to counteract signs – what is required for the person not to give themselves permission? This is often related to access to money. If this access can be delayed, moving into the “zone” state may be averted.
  - » Provide information/education on the urge/permission/zone
  - » Allow for the 4 Steps to be implemented
- Learn from lapses
  - » Were some triggers not identified?
  - » Was there no self-awareness at the time, or was permission given? How and why?
- Identify high risk situations<sup>1</sup>
- Use of relevant smart phone apps (note apps are being constantly developed so it is worth searching app stores online for the latest) e.g. the *Safer Gambling App* - for more information go to the Responsible Gambling Victoria website (see *References for a specific link*).

## Suicide Risk Assessment

The Victorian Coroners Court released a ‘Gambling-related suicides, 2000 – 2012’ report in September 2013 identifying 128 gambling related suicides. Of these 84% were men, and the most common age group for suicide was people aged 30–49 [17].

A 2011 report by The Alfred Hospital found 1 in 5 suicidal patients had gambling issues [48].

The combination of substance use, mental health and problem gambling increases the risk of suicide. Financial issues and debt are often seen as the tipping point. The shame, stigma and anger from being found out, hitting rock bottom when large amounts of money have been lost, and the risk of losing family, friends and employment are all serious risk factors for suicide.

Screening for both problem gambling and suicide risk is now common during the intake and assessment process in the AOD sector. If, however, only general questions are asked during this process and are not followed up with more sensitive questioning regarding either issue, the suicide risk may be overlooked.

Use of the rating scales relating to quality of life, physical and psychological health (in the Victorian AOD Screening and Assessment Tool) may be another means of identifying relevant risk issues. Clinicians may question what things are affecting the individual’s results.

## Self Help Tools

The Responsible Gambling website (<http://www.responsiblegambling.vic.gov.au>) provides self-help tools for people wanting to work through the issue on their own (see *References*).

These include:

- Tips and Strategies
- Money management strategies
- Gambling calculator
- Self-help guide
- Safer Gambling App – which lets you know when to leave a venue
- Family-inclusive strategies
- Self-Exclusion program.

The Victorian Responsible Gambling Foundation have also funded the development of GamblingLess, an online self-help program for people concerned about their gambling. It has been developed by leading Australian gambling clinical researchers, led by Deakin University. It is available at [www.gamblingless.org.au](http://www.gamblingless.org.au) and via the Responsible Gambling website.

<sup>1</sup> Adapted from Abacus Counselling Training & Supervision Ltd





# Referral

Having a better understanding of the co-occurrence of substance use and gambling is not saying that AOD clinicians are expected to replace gambling counsellors. Appropriate referral to specialist gambling and financial counsellors for more severe or complex gambling problems is always an option.

Gambler's Help is available 24/7 via the phone and online. The following numbers are free and confidential:

**1800 858 858**

## Therapeutic counselling –

- **Gambler's Helpline** – 1800 858 858
- **Gambler's Help Youthline** – 1800 262 376
- **Gambling Help Online** – [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)
- **Gambler's Help (face to face)** – Go to 'getting help/find-a-counsellor' option on the Responsible Gambling website) or call the Gambling Helpline for face-to-face referral options
- **Specific Communities** – For language specific, GLBTI, Aboriginal, Youth, People with disabilities, go to 'awareness-and-prevention/for specific communities' on the Responsible Gambling website

## Financial counselling

Can assist with:

- Asset Protection
- Advocacy
- Debt Recovery
- Payment of bills
- Specialist knowledge
- Credit and consumer rights and issues
- Government concessions
- Recovery Assistance Program
- Referral.

Services can be located by contacting Gambler's Helpline directly or through local community services.

## Peer support Programs

Peer support can be a helpful option which enables those affected by gambling to talk confidentially with others who have had similar experiences. Often this is in the form of a telephone support service e.g. [peerconnection.org.au](http://peerconnection.org.au).

## In-language counselling

The following cultural groups have funded agencies to work with people from that community who have gambling related issues:

- Arabic
- Chinese
- Vietnamese

For more information visit:

[www.responsiblegambling.vic.gov.au/getting-help/in-language-counselling](http://www.responsiblegambling.vic.gov.au/getting-help/in-language-counselling).

# Conclusion

Gambling and substance use problems share many similarities. These include neurological conditions (e.g. dopamine imbalance, pre-existing or due to medication) and the changes which occur in the brain due to the behaviour and/or substance use, cravings and risk of relapse, the difficulty in managing the behaviours and the harms to the individual, their family and community. They also share stigma, shame and feelings of being powerless to control the problem.

For AOD workers, it is important to realise that the skills and treatments used to work with clients who have substance use issues are also effective in working with problem gambling.

The co-occurrence of these two issues is common within the substance-using population but is often unrecognised or unacknowledged.

Supporting clients to develop positive social networks, providing education related to disorders (both substance use and gambling) and relapse prevention strategies, building resilience to engage in other activities and coping with urges, are all interventions that support behaviour change for substance use AND gambling and are within the scope of AOD workers to apply.

Where extensive work on gambling is needed, that goes beyond the clinical or workload capacity of the AOD clinician, referral to specialist services is recommended. In such circumstances, providing a 'warm' referral i.e. supporting the person through the referral, may help them to stay in treatment for both substance and gambling problems.



# Appendix 1: The Baker's Dozen<sup>2</sup>

## Strategies that can help with asset protection and gambling may include:

1. When property (real estate) is in joint names:
  - a. Transfer title to a non-gambler's name for "love and affection" to avoid stamp duty – requires legal assistance
  - b. Consider altering "joint tenants" on property title to "tenants in common"- to limit access to property equity – requires legal assistance
2. Alter bank accounts to be joint bank accounts with **both to sign**
3. Limit access to primary bank account where main income is paid into:
  - a. Online banking to have dual logins and passwords (especially for transfers)
  - b. Do not link or list all bank accounts online
  - c. Unlink bank accounts from telephone banking
  - d. Ask bank about a passbook account – this slows down access to money and cannot be accessed after hours
4. Consider having two bank account systems
5. Consider not lending money to someone with gambling problems
6. Place "No more credit" on credit file
7. Consider "My credit alert" as a way of notification if the partner applies for credit
8. Close credit card accounts and organise a repayment plan (do not just cut up cards – close accounts)
9. Reduce credit limits on credit cards as they are paid off
10. Use a debit card rather than a credit card
11. Self-exclusion from gambling venues
12. Seek Financial Counselling for assistance – sooner rather than later
13. Seek assistance from specialist support services – for example Gambler's Anonymous, Gambler's Help.

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<sup>2</sup> Developed by M. Turnbull, Financial Counsellor – Gambling specialist, Odyssey House Victoria



# Further Resources

Victorian Department of Justice, (2007). Problem Gambling Resource Kit, [www.problemgambling.gov.au/resources](http://www.problemgambling.gov.au/resources)

## Websites

*(The authors note that websites are subject to change and the links below were correct at time of printing. If a link becomes unavailable, try using an internet search engine to search key words).*

National Drug Strategy: Gambling and substance use co-morbidities  
[www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/FE16C454A782A8AFCA2575BE002044D0/\\$File/m7111.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/FE16C454A782A8AFCA2575BE002044D0/$File/m7111.pdf)

Values and beliefs (for Counsellors):  
[www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/InternalValuesandPersonalBeliefsIssuespercent20forpercent20Counsellors.aspx](http://www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/InternalValuesandPersonalBeliefsIssuespercent20forpercent20Counsellors.aspx)

Tools for quitting:  
[www.gamblinghelponline.org.au/regaining-control/taking-action/tools-for-quitting/](http://www.gamblinghelponline.org.au/regaining-control/taking-action/tools-for-quitting/)

Self exclusion:  
[www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself/self-exclusion](http://www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself/self-exclusion)

Safer gambling app:  
[www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself/safer-gambling-app](http://www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself/safer-gambling-app)

Self help strategies:  
[www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself](http://www.responsiblegambling.vic.gov.au/getting-help/ways-to-get-help/help-yourself)



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