

## **Responsible Gambling Advocacy Centre**

Submission to the Joint Select Committee on Gambling Reform  
Inquiry into the prevention and treatment of problem gambling

March, 2012



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## **1. RGAC recommendations**

- 1.1 Wider awareness of the dangers and signs of problem gambling in the community and among gamblers should be encouraged.
- 1.2 Gambling advertising should take place within a framework that delivers responsible gambling messages that include awareness of dangers, available tools and sources of help.
- 1.3 Responsible gambling help messages and warnings should be positive and hopeful in tone for highest behaviour change impact.
- 1.4 There should be wide awareness of pathways to gambling help in both the community and amongst professionals dealing with people with gambling problems.
- 1.5 Professionals should also be made aware of common multi-morbidities in problem gamblers both to provide better help and improve detection and diagnosis.
- 1.6 Incentives should be eliminated from gambling industry marketing.
- 1.7 Tools for responsible gambling should be prominently available in all forms of gambling.
- 1.8 Recommendations adapted by RGAC from the Hing study's guidelines, (section 6.8 of this submission), should be adopted.

## **2. Introduction**

- 2.1 The Responsible Gambling Advocacy Centre (RGAC) is an organisation that is funded by the Victorian Government to build the capacity of the community to make informed choices about gambling and to promote responsible approaches to gambling. For more information on RGAC, please see [www.responsiblegambling.org.au](http://www.responsiblegambling.org.au).
- 2.2 Part of RGAC's work program includes consulting the broader community and conducting extensive discussions with participants in the gambling sector, including individuals who are not affiliated with any particular body or organisation.
- 2.3 This submission draws on the consultation, analysis and research RGAC has conducted. It puts forward perspectives and recommendations with regard to the inquiry into interactive and online gambling as well as gambling advertising.
- 2.4 RGAC's position is based on concerns for consumer rights, preferences and protection. It rests on a philosophy of harm minimisation and public health in relation to problem and at risk gamblers, and the promotion of responsible gambling practices throughout the community.
- 2.5 RGAC is not itself involved in the treatment of problem gamblers but it does consult widely with counsellors, practitioners, and academics who are concerned with these

matters. It also speaks frequently with members of the community who have had gambling problems themselves or been close to those who have.

- 2.6 RGAC does advise on prevention of problem gambling where responsible gambling research or measures inform preventative approaches and measures.
- 2.7 RGAC is able draw on multiple viewpoints in its observations and analysis relating to the topics in question.

### **3. An overview of RGAC's position**

- 3.1 RGAC welcomes the inquiry into the treatment and prevention of problem gambling.
- 3.2 The focus of this submission is on harm and access to help and treatment, not on treatment methods themselves, since RGAC's holds less knowledge of the latter.
- 3.3 RGAC cautions against viewing problem gambling as exclusively a specific condition of specific individuals that will successfully yield to a correct treatment. While there are common features that appear for many at risk and problem gamblers, not all gamblers are the same and not all are at the same level of risk at all times (see e.g. Victorian Gambling Study 2011, Moore 2011).
- 3.4 It also important to note that problem gambling often exists within a framework of multi-morbidity.<sup>1</sup> Those with gambling problems will frequently experience them alongside other morbidities such as depression, anxiety, drug use, alcohol abuse, cognitive impairment and so forth. Causal relations between morbidities, in general or in a specific individual, may be difficult to establish. Nonetheless, from a treatment and help perspective, awareness of the high prevalence of multi-morbidity is important to a successful outcome.
- 3.5 Problem gamblers are rarely distinct and fixed in their behaviour over their entire lives. Viewing people at risk as living in a continuum along which people, at different stages of their lives, can be susceptible to greater or lower levels of risk and harm is a more accurate reflection. While one end of the continuum contains those who might fit the commonly held view of the problem gambler (as an addict is always in danger), at the other end are those for whom social or individual circumstances play a very important part in activating how much at risk they are in at given times in their lives.
- 3.6 It must also be considered that problem gamblers are frequently only problem gamblers in relation to a specific type of gambling. There is little evidence that suggests that most problem gamblers are addicted or attracted to all and any gambling, and some evidence

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<sup>1</sup> This phenomenon has in the past been more frequently referred to as co-morbidity. However, as research has developed it has become apparent that more than two conditions in one person is likely and also that co-morbidity may erroneously suggest a simple reciprocal relation when the reality is more complex. See Lorains 2011

that many are not (Lund 2009; Delfabbro 2007 p.193, RJSCGR 2011 p.100)<sup>2</sup>. Therefore it cannot be assumed problem gamblers will simply substitute between types of gambling, while still gambling in the same problematic way. The prevention of access to a type of gambling might, for some gamblers, be sufficient to reduce their impulse to problem gamble or gamble at all.

3.7 In light of this, RGAC argues that there are five important aspects of policy for gambling help and treatment to keep those at risk safer:

- a) Gamblers' awareness of danger
- b) Gamblers' awareness of available forms of help
- c) The safety of the gambling product
- d) Gamblers' access to self-help tools
- e) Gamblers' access to help.

In this submission we look specifically at:

- sources of danger, both within the circumstances of individuals and from the gambling environment
- the importance of self-help tools
- pathways to, and obstructions in, seeking help

3.8 We argue that good policy will create a safer environment via:

- regulation of access and types of gambling allowed,
- increased awareness of problem gambling and sources of gambling help among both those gambling and in the general community
- messages of hope to those with problems
- provision of tools and resources to limit or remove the harm gambling may cause for specific individuals.

3.9 We note that the take-up of help by problem gamblers appears to be relatively low and suggest that better targeted awareness and provision of help resources would improve this. Findings are that once problem gamblers are motivated to seek help and make contact, they do take up a range of options (Hing 2011 pp. xx, 16; Davidson and Rodgers 2010)

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<sup>2</sup> A distinction should be made between type of gambling and medium for gambling. Studies do find that many of those gambling online usually also gamble in traditional ways. However, mostly they are using the internet to substitute for how they gamble, not change their gambling type, e.g. switching to using the internet to place racing bets. See e.g. Allen Consulting 2003 pp.6-7; Australian government 2004 p.vi

#### **4. Sources of danger – reasons for individuals problem gambling**

- 4.1 It has been noted above that gamblers at moderate risk and those with severe problems may experience problematic behaviours primarily with a particular type of gambling. The Productivity Commission noted that around 75 to 80 per cent of all problem gambling in Australia was on Electronic Gaming Machines (EGMs) (Productivity Commission 2010 p.13)
- 4.2 Nonetheless, there are a number of factors relating to at risk gambling that keep surfacing in research literature. These observations also keep appearing in consultations RGAC has held with both gambling help practitioners and those who have experienced gambling problems. These are:
- Gambling to cope: having problems that may include; grief, isolation, depression or social or economic pressures (see for example: Bell and Boldero 2011, xviii).
  - Weak impulse control: meaning considered decision making is often overridden, especially when actually gambling pressures (see for example: Bell and Boldero 2011, p.124)
  - Cognitive impairments that may run from misconceptions about how the type of gambling they are involved in actually works through to difficulties in organising their lives, including their spending (see for example: Bell and Boldero 2011, xviii, 16)
  - Low levels of education and other social disadvantage (see for example: Davidson and Rodgers 2011, pp.1, 17, 18 and 28)
  - Background of gambling among family or peer relations (see for example: Bell and Boldero 2011, xviii, 21, 124; de Castella 2011 p.25; RGAC April 2011, pp.5, 11)
- 4.3 It is not being suggested that all at risk gamblers possess the above characteristics; rather that these are factors that are commonly cited as having a major bearing on likelihood of risk when gambling problems are studied.
- 4.4 From RGAC's perspective, what can be noted about the factors listed above is that they are also not conducive to high levels of awareness. Therefore, as well as contributing to problematic gambling, they are also likely to impede the individual's awareness that they have a problem.
- 4.5 It should also not be assumed that these factors, combined with an opportunity to gamble, 'automatically' lead to problems or make recovery impossible. Case histories told to RGAC by practitioners suggest that many people transition into problem gambling and also slide out of the problem gambling spectrum, without external intervention. They self-manage their gambling behaviour but are heavily influenced by factors around them, for instance, in venues. (see also Moore 2011 pp.2, 7ff)

- 4.6 As an example of this spectrum transience, a 2006 study of Electronic Gaming Machine (EGM) gamblers with problems found that while participants had been gambling an average of 9.5 years they had only been doing so in a risky manner for about two thirds of this time (APIC p.152).

## 5. Sources of Danger – the gambling environment

- 5.1 Much has been submitted to the Committee in previous inquiries regarding the dangers inherent in specific gambling products, in particular EGMs. Issues of spin rates, note acceptors, maximum bets, size of jackpots, the role of features and 'false wins' have all been raised (PJSCGR 2011 Chs 3 & 4).

- 5.2 In this submission, RGAC concerns itself specifically with three general environmental issues: levels of access, the role of advertising and incentives. In all cases, the focus will be primarily on how this impacts on problem gamblers who are trying to remove themselves from harm.

### 5.3 Access

Access refers to the number of opportunities to gamble. It can be a factor of geography (number of venues, venue location), time (opening hours) and a number of multi-dimensional factors such as the perceived attractiveness of the gambling environment, conditions of entry and level of economic outlay needed to play.

- 5.4 Studies of gambling behaviour show that people are attracted to opportunities that are accessible to home or work or on regularly travelled routes (Thomas et.al. 2010 p.xii; APIC p.163). Studies in Australia and Canada show, for example, that people living in regions with higher concentrations of EGMs per capita tend to gamble more often and spend more money and have a higher prevalence of gambling problems than those in regions with lower concentrations of machines (Thomas et.al. 2010 p.2).

- 5.5 Popular strategies amongst those fighting a gambling problem are to remove themselves from temptation (avoidance) and to seek diversionary activities.

- 5.6 A social environment that has been allowed to become saturated with opportunities to gamble, for example by wide distribution of EGMs, or saturation advertising of other types of gambling, will work against these strategies. As one member of a focus group put it,

*"when they're right on your front doorstep they're unavoidable; you can't be 100% every day!"* (meaning that it was impossible to resist the urge to visit the venue on every possible occasion of proximity to a venue) (ARIP p.153)

- 5.7 Thus saturation of opportunities works against avoidance, the strategy heavily favoured by the majority of problem gamblers who are seeking to self-help themselves (Thomas et.al. 2010 p.xvii, 27; Hing et.al.p.xxi).



- 5.8 These findings point to a need for policy to provide for social places, in both geographical and virtual areas, where gambling access is limited or not present. Avoiding prompts to gamble is a major self-management strategy pursued by those with gambling problems. The extent of widespread co-existence of alternative entertainments with gambling precincts needs to be considered in this context.
- 5.9 **Advertising – normalisation and temptation**  
Advertising can work in two ways to weaken the resistance of problem gamblers. The first is in the way it can reinforce the activity of gambling as an always harmless social activity or promote it as a part of normal group behaviour. The second is as a prompt to return to gambling, which undermines efforts to avoid it.
- 5.10 With regard to normalisation, gambling advertising is probably more important in its role of trying to increase the total amount of gamblers, the undisputed aim of commercial gambling providers. Apart from its impact on peer attitudes, especially among the young, the degree to which gambling advertising and presentation is upfront about both the dangers of gambling and sources of help is very important.
- 5.11 Advertising can act as a prompt in the everyday environment; through its appearance in the built environment people live in, in the physical environment at sporting events and via media such as broadcast television and radio as well as web sites and social networks. The latter, along with mobile applications, have a level of interactivity and personalisation that make them more dangerous for the problem gambler.
- 5.12 In the context of a person with gambling problems, targeted advertising, usually including special offers, sent to a person via a medium that also enables them to respond with a bet is of concern. Communication via the social media on the web, mobile apps and interactive TV all fall into this category.
- 5.13 The ability for the problem gambler to simply and immediately turn this directed advertising off indefinitely is an important tool that regulation or legislation should provide as a right.
- 5.14 The factors listed above as frequently found in problem gamblers (S 3.1) mean that many people experiencing problem gambling or transitioning to this spectrum will find it difficult to realistically assess the risks of gambling or control their behaviours.
- 5.15 This will be particularly true for those with mental impairments, something RGAC has observed from its co-operation with agencies working with vulnerable groups. There are problems in assessing both risks and rewards from the way gambling advertising presents. “Humour” in particular may be mistaken for fact by some people, including adults with mental impairment and children.
- 5.16 Responsible gambling advertising needs to:
- not mislead about likely outcomes from gambling
  - carry strong messages about danger signs to watch for
  - carry positive messages about help that is available

- 5.17 Examining sports betting advertising in Australia shows that there is clearly an absence of these elements - the ads are aimed almost entirely at growing the market and market share. A presentation of research on television gambling ads by Dr Samantha Thomas for RGAC in 2011 showed, using her eye tracking methodology, the responsible gambling components of the ads were almost imperceptible to the audience.<sup>3</sup>
- 5.18 The Committee might consider the regime around EGM venue advertising in Victoria as an example of best practice for gambling and gambling help advertising in Australia. There are strong restrictions on what gambling ads can imply, even signage is constrained and responsible gambling advertising is prescribed (see for example Sec 4.7.9 GRA 2003). In addition, targeted ads with positive messages are run by the Victorian Government.<sup>4</sup>
- 5.19 **Incentives**  
Incentives and inducements are widespread in the online sports betting industry. They consist of offerings such as “free money”, “no loss bets” “early pay-outs” and “protection from protests”.
- 5.20 Research published last year by Dr Samantha Thomas and others from Monash University indicated that it was incentives rather than advertising that actually appeared to most effect the behaviour among groups most likely to be vulnerable to harm from gambling (S. Thomas et al. 2011 pp.12-14)
- 5.21 In addition, RGAC’s work with vulnerable groups living independently or semi-independently in the community reveals to us the difficulties they have in taking in or understanding the risks that come with these incentives.
- 5.22 The case last year in Victoria of a man with mental disability and a previous history of problem gambling, who succumbed to offers from Sportsbet, is a graphic illustration of the dangers and difficulties such schemes present for members of such groups (Willingham 2011).
- 5.23 The online sports betting environment is currently markedly under-regulated by comparison with the EGM market and thus is able to offer incentives that would be unlikely to be acceptable within the regulatory regime of a state such as Victoria. However, the current legal framework gives the states where sports betting companies are not registered little say in the matter, apart from in physical advertising.
- 5.24 RGAC recommends prohibiting incentives to gamble as a step towards making people less likely to be drawn towards, or back into, a cycle of problem gambling.

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<sup>3</sup> RGAC Discussion Session: *Gambling, Advertising and You* Dr Samantha Thomas: Friday 23 September Melbourne

<sup>4</sup> See for example the TV ads for the campaign [‘Take the Problem out of Gambling’](#) Victorian Department of Justice, Office of Gaming and Racing.

## 6. Pathways out of problems

6.1 A person's awareness that they have a gambling problem obviously a first step in seeking help and taking action. A recent ACT study found that:

“people with gambling problems are unlikely to identify as having a gambling problem or seek help until they have experienced serious impacts or harms from their gambling and only those who identify as having problems had accessed help. People with gambling symptoms who do not self-identify as having problems are clearly of public health importance in terms of early intervention. They comprise people who are experiencing some difficulties but have not yet ‘fallen off the cliff’.” (Carroll, A. et al. 2011 Summary of Findings pp. 3)

6.2 A recent Victorian study, looking at people presenting for emergency help at mental health services, also found that their awareness of having a gambling problem was low. Many felt that the screening that revealed that they had this problem was itself of help to them (de Castella, et al;. 2011 pp.27)

6.3 Thus awareness by gamblers that they have a problem is important to encourage. Important also is an alertness among the community, and health gatekeepers such GPs, of signs of problem gambling.

6.4 With regard to actual access to help services, the findings from the recent major study commissioned by Gambling Research Australia bring together a large amount of relevant and up to date information (Hing et.al. 2011).

6.5 Findings of note from this study include:

Overall awareness of gambling specific help services was low, particularly among regular gamblers, those with CALD background, indigenous gamblers and older gamblers

- Problem gamblers were the most aware of professional services, with the exception of face to face services in their region
- A total of 69 per cent of respondents in their combined survey (which included regular gamblers, those who had contacted helplines and those in counselling) indicated that if they had a gambling problem they would turn to non-professional sources of help (e.g. partners, family, friends, work colleagues, religious and community leaders) and did not want to use a professional health service
- Self-help strategies were widely used among respondents
- Regular gamblers were most likely to set a budget
- Problem gamblers were particularly reticent to use some types of self-help but were most likely to try and avoid their primary place for gambling (Hing et.al p.xx-xxi)

- 6.6 In terms of motivations for seeking help, financial problems and levels of despair relating to one's own situation and effect on others (such as family) were prominent (Hing et.al. p.xxii).
- 6.7 Barriers to seeking help were found in shame and pride, denial of the problem, a desire to sort it out oneself and fear of being treated like an addict or someone who was mentally ill
- 6.8 RGAC's own discussions with practitioners support the findings in the Hing study and we put forward the following recommendations based around the guidelines offered by the study (Hing et.al. pp.xxiv-xxvi):
1. Raising awareness of services available to assist people with gambling problems
  2. Additional advertising of services including in social media and more engaging advertising messages.
  3. Public education of the process and its confidentiality and non-judgemental nature needs to be advertised
  4. Providing and promoting a range of help strategies
  5. Doctors and other generalist services need to be trained and equipped to assist people with gambling problems
  6. Greater publicity of self-help measure seems important given the willingness of people to use these services
  7. Greater public education as to the addictive nature of gambling, especially EGMs
  8. Public and consumer education to assist in the recognition of a gambling problem, both by the gambler and people around them
  9. Targeted measures are needed to educate the CALD population and the indigenous population about gambling and encourage help-seeking
  10. Engage the CALD and indigenous communities to develop culturally specific programs to assist gamblers.
- 6.9 RGAC adds that positive messages of hope are of great importance, a position based on our consultations with practitioners and the experience and research of the Victorian government into effective advertising to gamblers. Negative images and messages of the "wake up to the effects of what you are doing" variety, that dwell on the effects of problem gambling, seem likely to be ineffective or counterproductive; i.e. drive people towards problem gambling behaviours in a cycle of multi-morbid factors, self-punishment and other negative reactions.
- 6.10 Financial counsellors have described to RGAC the power of offering 'hope of a way out' in motivating problem gamblers to seek treatment. Negative images seem to be tuned out by gamblers generally and play a role in invoking shame, identified as a barrier to seeking help by problem gamblers.

- 6.11 Provision of tools for responsible gambling is very important in keeping regular gamblers from harm and developing problems. The higher preference of gamblers at all levels of risk for self-help tools means they should be *prominently* available in all forms of gambling.
- 6.12 These should include tools for tracking gambling activity, working out budgets (what can I afford?), ability to set spend limits and a capacity for wide self-exclusion.
- 6.13 Access to gambling help should also be multiple, not just in terms of the mediums it is offered in, but also in multiple pathways of entry. There needs to be high levels of awareness in both wider and professional communities of how help can be accessed and the types of help (financial, psychological, tailored to specific groups) available.

## **7. Independence in gambling research and evaluations**

- 7.1 RGAC is committed to the highest level of transparency and accountability to ensure confidence in the work we undertake around gambling issues.
- 7.2 It is of concern that researchers undertaking gambling research, or involved in evaluation of policy, do not always declare their funding sources in a manner which is easy for the consumer to understand.
- 7.3 A scan of footnotes in reports and journals relating to other sectors, such as medicine and business, reveals plain language professional declaration of interest statements when research is published or used as evidence. Internationally, funding sources in gambling research and reports are routinely declared without issue.
- 7.4 To ensure that the community can appreciate the basis of evidence given, interpret research in an informed manner, and invest trust in findings and evaluations, RGAC argues that clear declarations of funding sources is necessary. These should provide answer to questions such as:
- Who funds your current research?
  - Who has funded your past research and work?
  - What third party consultancies do you receive a retainer from, or have engaged you on a 'fee for service' basis?
  - Do you receive a retainer from any organisations (other than your academic institution)?
  - Do you own or directly hold shares in an organisation connected with the provision of gambling services?
- 7.5 Funding sources are commonly governments, industry, education institutions, research funding organisations or specialist bodies such as charity and welfare groups; declarations should cover all sources of funding or ongoing payment.

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