



Northern Territory Gambling Project

Feedback to communities on key findings

A partnership between the Australian National University (ANU) and Menzies School for Health Research (Menzies).

The project

ANU and Menzies undertook an evaluation of a pilot health promotion program provided by Amity Community Services to reduce the harms of gambling in three remote Indigenous communities. Due to the focus of the project, extensive data was collected on gambling, and the impact of gambling in these remote communities. This document provides a high level summary of this data.

The full and confidential report has been provided to the Northern Territory Government, as the project was funded by the NT Government Community Benefit Fund. It took place from 2016 to 2019.

Data collection

The data was collected through a mixture of methods including surveys, semi-structured interviews and participatory observation. Surveys were conducted with community members while the majority of semi-structured interviews were with service providers in communities.

Data analysis

The qualitative (semi-structured interviews) and quantitative (surveys) data complimented each other in the three communities. The below data from the three communities has been aggregated for privacy reasons. Quotes have been de-identified for privacy reasons.

While there was some variation in patterns of gambling across the three communities, in most cases it was non-significant. That is, patterns of gambling (frequency, harms and risk) were generally similar. Quantitative data is presented for baseline (2017) and follow-up (2019) collections.

Additional data is included from the 2018 NT Gambling Prevalence and Wellbeing Survey, which is a large telephone survey of 5,000 NT residents, which asks about gambling and other topics on health and wellbeing. This data was provided as a comparison to highlight differences between patterns of gambling in remote communities, compared with NT wide estimates from the telephone survey. It is important to note that this telephone survey mostly excludes remote community residents due to the methods used. The comparison with the Indigenous population in the NT wide gambling survey can be interpreted as an estimate for the non-remote Indigenous population who live in Darwin, Palmerston and Alice Springs.

Key findings

How gambling was framed and discussed by community based service providers and community members highlighted the complex and polarising nature of the activity. A range of views emerged as to the character and role of gambling in remote Indigenous communities. Responses typically fell somewhere on a scale with those who see it as an acceptable leisure activity positioned at one end (positive perspective), and those who 'only see the harm' positioned at the other (negative perspective). However, most participants described gambling as just a 'part of community life' in many communities demonstrating it's normalised, accepted and entrenched (1,





2017). When reading this paper, it is important to recognise it provides a brief insight into an incredibly multifaceted, intergenerational and sensitive topic and the opinions of individuals are not meant to represent communities as a whole.

Who gambles?

The 2017 remote community survey interviewed 113 people, of which 49.5% did not gamble, while in 2019, 110 people were interviewed and 30.9% did not gamble. Note, that this does not reflect gambling participation rates, as the survey was not a random sample.

Individual demographic and socioeconomic characteristics of gamblers in the remote communities surveyed were female, married, and not living with their partner/spouse. There was a significant difference between the rate of women and men gambling, with 66% of women gambling, compared with 51% of men. The effect of age was marginally non-significant ($p=0.07$), but showed a decreasing trend to gamble with age. Specifically, 66% of less than 35 year olds gambled, 64% of 35-44 year olds, 55% of 45-54 year olds, and 41% of 55 years and over.

This was reflected in the interviews, as service providers repeatedly reported that players were:

Mostly female, and mostly between probably late twenties to fifties, somewhere around there. (I3 2017).

What types of gambling?

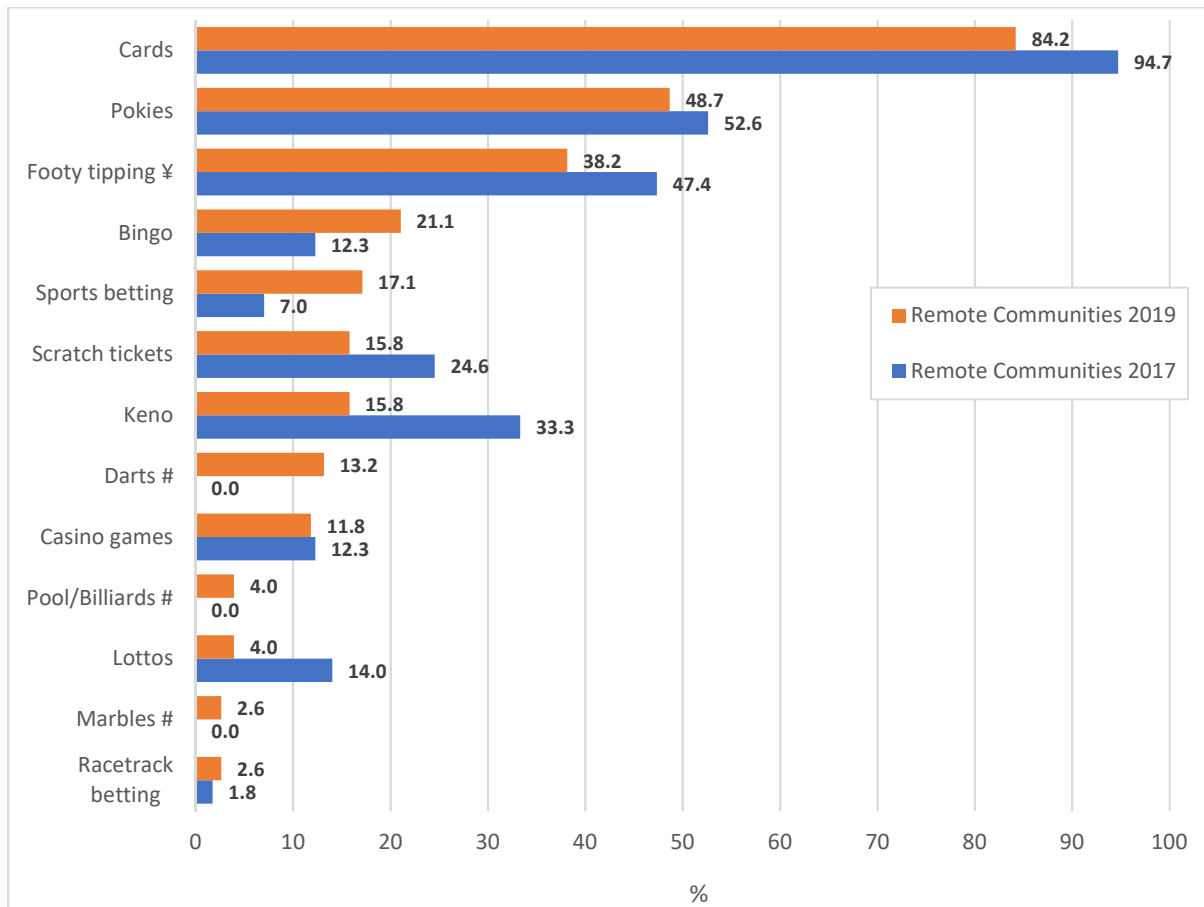
Card games are the most visible and active form of gambling in the three remote communities studied. Circles of people playing cards were often observed in communities by researchers, which was confirmed by service providers and community members. A service provider stated 'I think most people either participate in it or accept it' illustrating the entrenchment of card games.

People grow up seeing it as just a normal part of adult's lives in that the card games are on every day in community until quite late at night. (I98, 2019)

Figure 1 shows annual participation for 14 different gambling activities among residents who gambled, across all three remote communities, while Table 1 shows annual participation for comparable activities from the 2018 NT Gambling Prevalence and Wellbeing Survey by Indigenous status. Participation across most activities for the three remote communities was lower in 2019, compared with 2017, with the exception of sports betting.



Figure 1: Percentage annual participation in remote communities for different gambling activities among gamblers, 2017 and 2019



NOTES: # Not collected in 2017 and only done as a gambling activity in one of the three communities; ¥ gambled on in only one of the three communities; NA - not applicable

In comparison, annual participation within the gambler population was higher for most activities (except lotto and racetrack betting) in the three remote communities, compared with the 2018 NT Gambling Prevalence and Wellbeing Survey, as see in Table 1.

Table 1: Percentage annual participation for comparable gambling activities from the NT Gambling Prevalence and Wellbeing Survey by Indigenous status, 2018 population who gambled on at least one activity

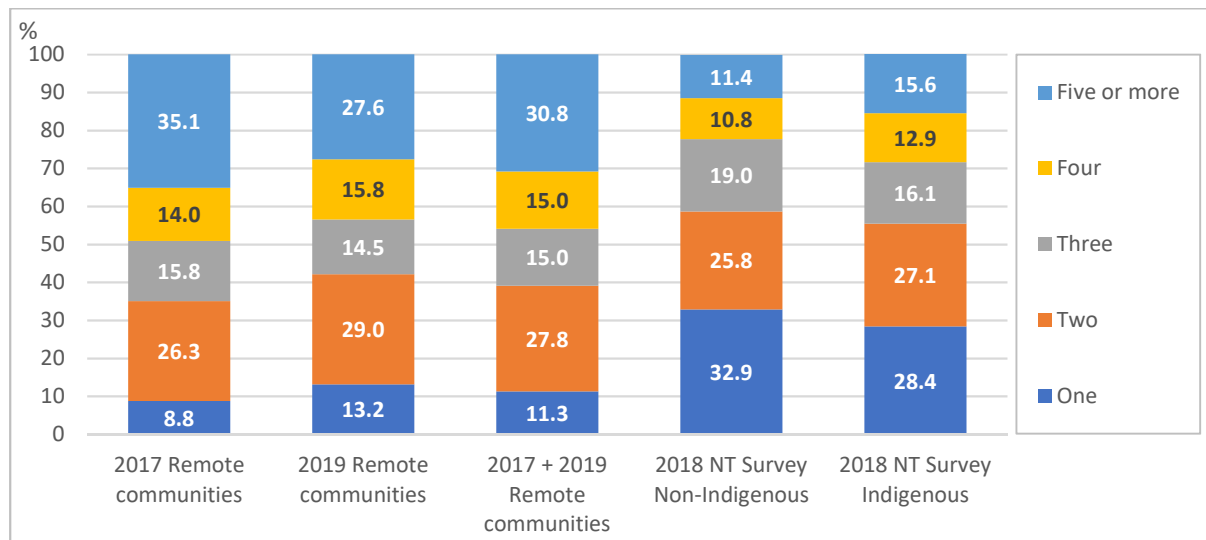
	2018 NT Gambling Survey	
	Non-Indigenous % (SE)	Indigenous % (SE)
Lotto/Powerball etc	66.8 (1.0)	67.9 (4.5)
Keno	31.1 (1.0)	29.7 (4.0)
Racetrack betting	24.4 (0.9)	18.2 (3.4)
Pokies*	24.0 (0.9)	37.7 (4.5)
Scratch tickets*	18.9 (0.9)	31.9 (4.5)
Casino games	12.8 (0.8)	13.0 (3.2)
Sports betting	10.7 (0.7)	7.0 (2.5)
Bingo	1.8 (0.3)	6.4 (2.7)

NOTES: SE - Standard Error of estimate; Shaded cell indicates relative standard error greater than 30% of estimate and estimate should be interpreted with caution; * Significant difference between Indigenous and non-Indigenous estimate



In addition to the higher participation across gambling activities, remote community gamblers also gambled on more activities, compared with the estimates from the NT Gambling Prevalence and Wellbeing Survey. For example, in the 2018 NT wide survey, 33% and 28% of non-Indigenous and Indigenous gamblers respectively gambled on only one gambling activity, compared with 9% and 13% in remote communities for 2017 and 2019 respectively. Conversely, 35% and 28% of remote community gamblers gambled on five or more activities in 2017 and 2019 respectively, compared with 11% and 16% of non-Indigenous and Indigenous gamblers in the 2018 NT survey.

Figure 2: Percentage number of gambling activities for remote communities, 2017-2019, and the 2018 NT Gambling Prevalence and Wellbeing Survey by Indigenous status, for gamblers



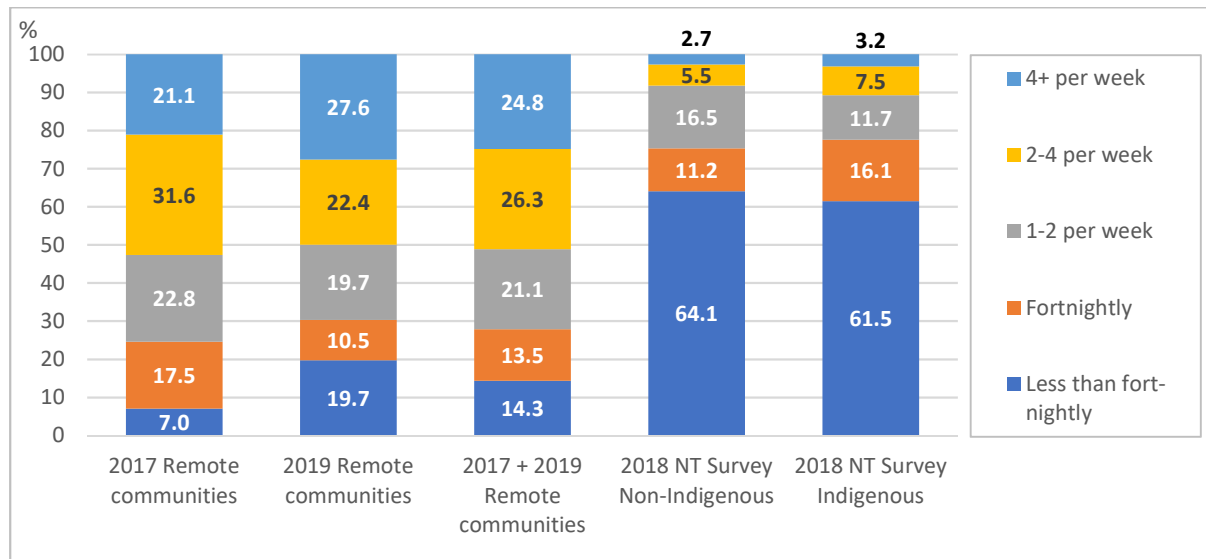
How often are people gambling?

Observational and qualitative data suggested the regularity with which people gambled. As service providers stated 'it goes on every day all afternoon' and 'there's always card games going on' (I40 2017; I2 2017).

This was confirmed by the community survey. Figure 3 shows gambling frequency across all activities for the 2017-2019 three remote communities and the 2018 NT Gambling Prevalence and Wellbeing Survey by Indigenous status. Gamblers in the three remote communities were significantly more likely to gamble multiple times per week, compared with non-Indigenous and Indigenous gamblers in the 2018 NT wide survey, with between 21% and 28% gambling four or more times per week, compared with around 3% in the NT survey.



Figure 3: Percentage gambling frequency (all activities) for remote communities, 2017 and 2019, and the 2018 NT Gambling Prevalence and Wellbeing Survey by Indigenous status, for gamblers

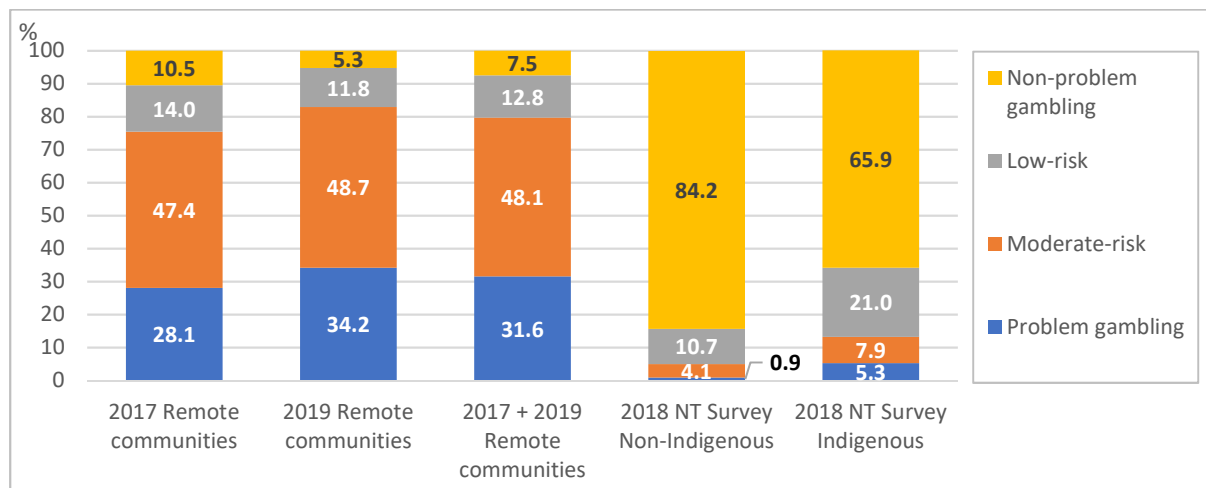


Problem gambling risk is connected to frequency of gambling and psychological distress

The remote communities survey used a modified for Indigenous population version of the Problem Gambling Severity Index (PGSI) to measure harmful gambling, while the NT survey used the standard form of the index. For the PGSI, gamblers were asked nine questions covering financial harms, relationship harms, emotional / psychological harms and gambling behaviours (e.g. chasing losses, betting with bigger amounts).

Remote community gamblers were significantly more likely to be classified as experiencing problem gambling (28% and 34%), compared with Indigenous (5.3%) and non-Indigenous (0.9%) gamblers in the NT survey. For remote community gamblers, 10.5% and 5% were classified as having no risk of problem gambling, compared with 84% of non-Indigenous and 66% of Indigenous gamblers in the NT gambling survey.

Figure 4: Percentage problem gambling risk for, 2017, 2019, 2017-2019 remote communities, and 2018 NT Gambling Prevalence and Wellbeing Survey by Indigenous status, for gamblers





Qualitative data reflected these findings by showing how the psychological distress manifested through gambling. For example, a community member said:

When they lose, there's a big worry. It's like a mental health issue and I know for sure, because that's the experience that I - I was one of those playing cards, lose money, go home sad. Some other days you go happy when you win. (I49 2019)

Motivations for gambling

Motivations for why people gambled in the three remote communities were similar. A strong theme in interviews was the social engagement provided by the card games, as meeting point and opportunity to gather with family and other community members. For example a service provider stated that:

When a new female visits the community and doesn't know many people, she can play or sit near the card game to meet people so that she isn't isolated. (I4, 2017)

This aligned with the wellbeing and community benefits from card games raised by informants in all communities pertained to the social interaction within, and between, family groups.

A place to sit down and be social together... something to you do in the afternoon to keep each other busy and to play with each other. (I19 2017)

The activity could relax people and dissuade them from harmful behaviours, such as drinking or fighting. For example, a service provider suggested that the interaction during card games had contributed towards rival family groups interacting better (I2, 2017).

People also played card games as an activity and antidote to boredom.

I think to a large degree [why people play cards has] got to do with a community in which there are [and] have been in the past, very few job opportunities, very few activities that they can attend to. (I16 2017)

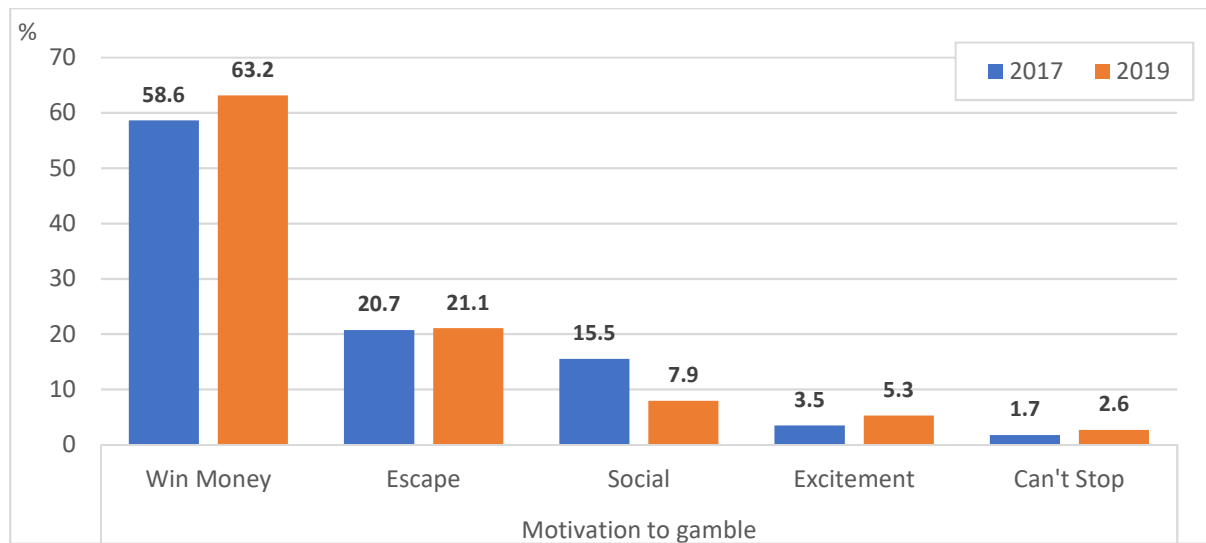
Boredom for women because they just have to stay at home and look after the kids. The men go off drinking and hunting and fixing cars. It is social. (I7, 2017)

Another obvious motivating theme, was the perceived financial benefit of card games. Games provided a method for people to top up their limited funds, explaining that it could be a way to try and make an additional income. For example, winnings were used to buy groceries and toys, as well as facilitating larger amounts of money for significant life purchases, such as a car or white goods, as described by a service provider 'it is extra money to buy carpets, fridges, lounge chairs and other things' (I2 2017; I14, 2017).

Interviews with key service providers shared similarities with the survey findings. The survey data shown in Figure 5 highlights the desire to win money as the primary motivation for gambling (58.6% and 63.4%), followed by escape (21% both surveys), with social reasons, excitement and inability to stop (i.e. addicted) less commonly endorsed as the main reason to gamble.



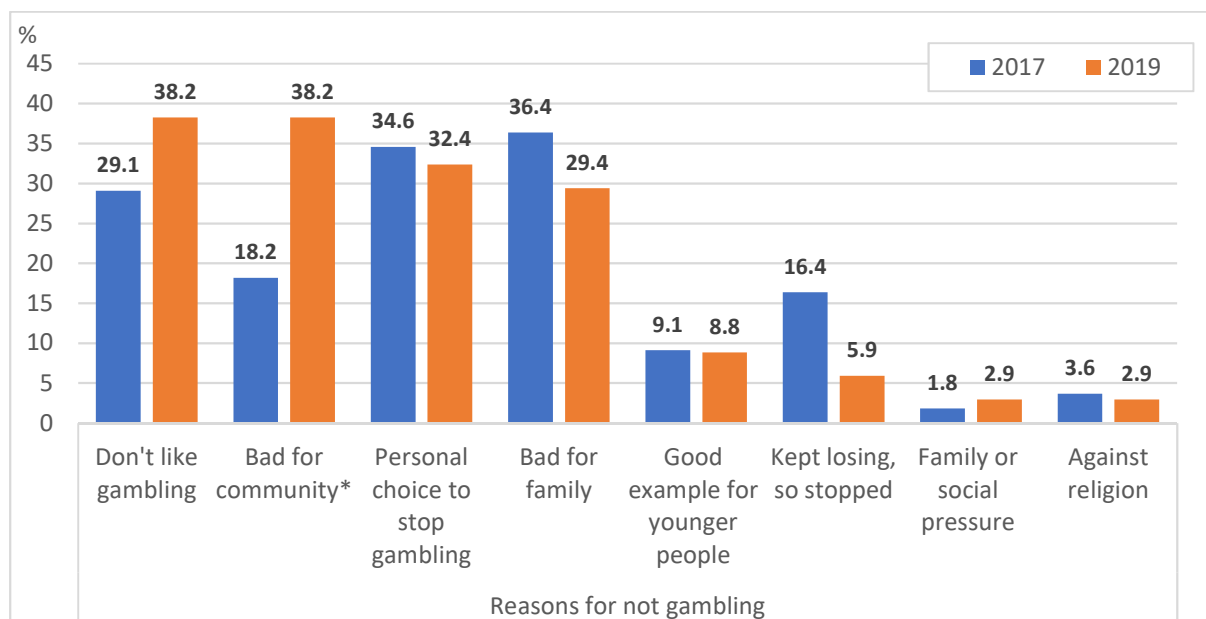
Figure 5: Main motivation for gambling by survey, 2017 and 2019 remote communities, gamblers



Reasons for not gambling

Figure 9 shows the reasons non-gamblers gave for not gambling in remote communities in 2017 and 2019. Non-gamblers were able to mark up to two responses so totals will not add to 100%. The most common four responses were consistent between the 2017 and 2019 surveys (don't like gambling, bad for community, personal choice to stop, bad for family). There was a significant increase in the percentage of people responding that they thought gambling was “bad for the community” in 2019.

Figure 6: Reasons for not gambling by survey, 2017 and 2019 remote communities, non-gamblers

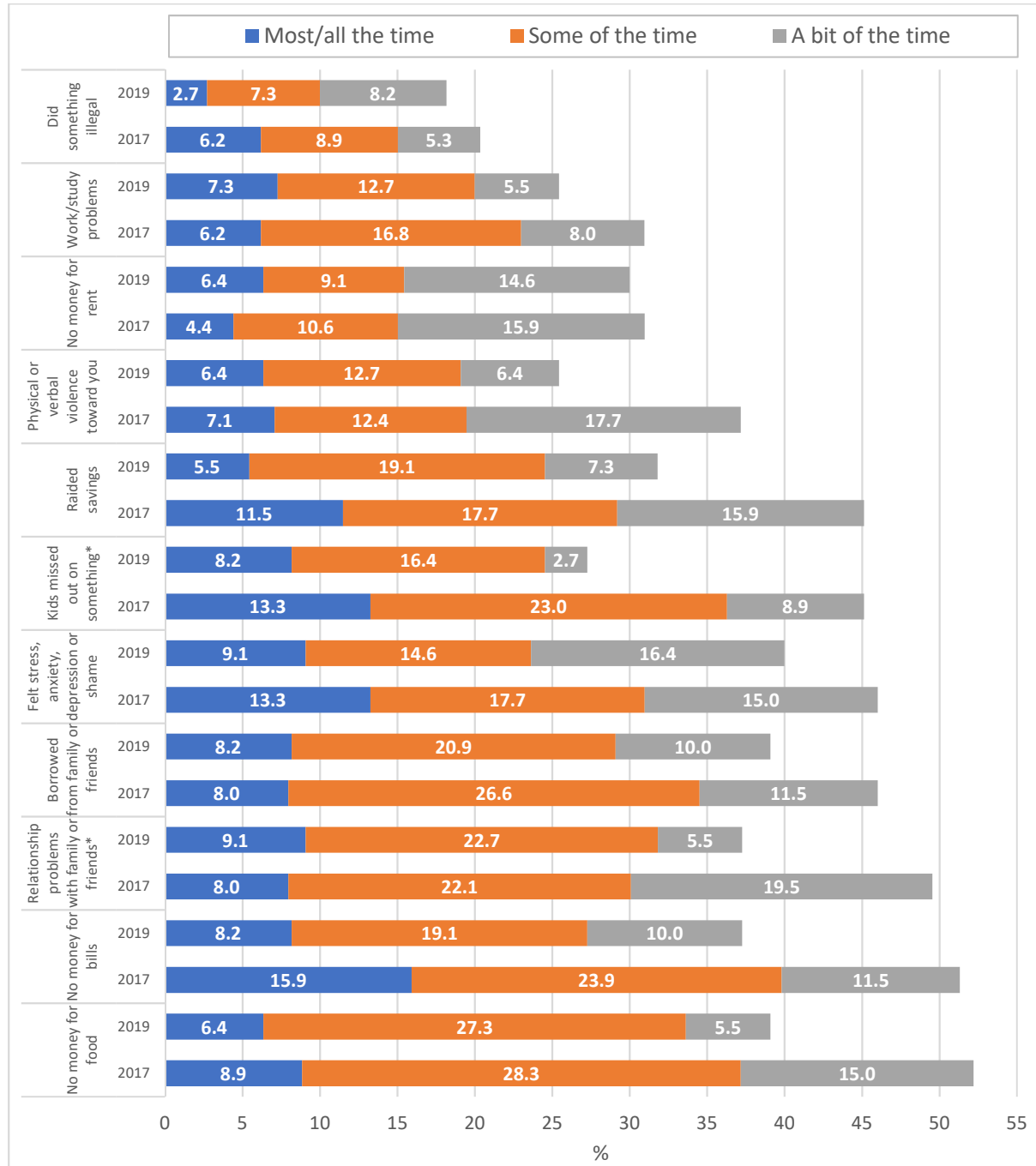


NOTES: * Significant difference between 2017 and 2019 estimate



Gambling-related harms Gambling-related harm is context specific, and depends on the type of gambling, environment, government and social regulation, and social determinants of health of those gambling. Card games are the most popular gambling activity in remote Aboriginal communities, and most people negatively affected by someone else's gambling were related (i.e., family) to the gambler. Figure 7 shows how often eleven harms occurred because of someone else's gambling for 2017 and 2019.

Figure 7: Frequency of harms because of someone else's gambling by survey, 2017 and 2019 remote communities, total sample



NOTES: * Significant difference between 2017 and 2019 estimate



Between the 2017 and 2019 surveys, there was generally small decreases in how often harms were occurring because of someone else's gambling. The most commonly occurring harms because of someone else's gambling were running out of money for food and bills, relationship problem with family or friends, needing to borrow money from family or friends, and feeling stressed, anxious or shame. However, while some of the harms were less common, they still occurred relatively frequently. For example, around one in five people (20%) were physically or verbally assaulted sometimes or more often because of someone else's gambling. Similarly, between 10% and 15% of remote community residents did something illegal sometimes or more often because of someone else's gambling.

These findings aligned with interviews in the communities. In interviews, financial harms were regularly cited due to losing money in card games. For example, when people lose money playing cards it can strain the already limited amount of funds available in the household, it results in a lack of money to purchase food or pay for other living costs (e.g. ambulance bills, power cards or fuel). As a service provider explained:

When you've teed up someone to come in and do their licence or pay a bill, pay a fine, then they don't turn up, and you're like, where are you, you lost all your only last night didn't you. (I2, 2017)

A major concern of community members and service providers was the harm to children from gambling in remote communities. In interviews, concerns were voiced about children not being supervised, fed or provided with attention because their parents were playing cards. A service provider said that sometimes children don't get fed and babies nappies won't be changed because their mothers won't move from the card games (I7, 2017). This contributes to children not getting enough sleep, food or care, which can impact on children's capacity to attend, concentrate and behave at school (I5, 2017).

Kids hanging around the card games, [which go till] about two or three o'clock in the morning. That really concerns me because sometimes some kids don't go to school at all the next day, or some kids go to school half sleepy. (I92, 2019)

The other impact of card playing on children that stakeholders raised was children observing and replicating the gambling. For example, one interviewee described concern regarding the pressure children face from family when having to play cards and win (I6, 2017). Evidence of children playing cards varied in each community and in each interview.

People 'have no idea how it affects children or what neglect does through gambling because they are not seeing the physical harms. More children are removed through physical neglect than physical harm, which is connected to gambling in this community. (I29 2017)

Similarly to the survey, negative mental and physical health harms were raised. These included the sedentary aspect of the activity, consuming nature of the activity result which can limit peoples consumption of food and water, vulnerability to certain dirt diseases, such Melioidosis, and gambling addiction. As well as, the feeling of being 'a little nervous' or 'stressed and sick' due to gambling (I38, 2017). Another said:

There is a lot of stress and tension about the cards. (I29 2017)

Conflict within or between families being created or enhanced by card games was mentioned as a harm in the remote communities. Interview participants witnessed community members humbugging family members or partners for money to play cards. One example included a service provider having to open another private bank account for a local employee so their income was not used by their family member to play cards (I24 2017; I14 2017). At times, conflict in the community was fuelled by, or arose directly from, card games, for example:



In a community that have a long history of arguments and infighting, just to throw cards and money on the top is something that's going to ... chip away at this long term argument ... compounding the situation. (I19 2017)

In addition, one of the most common harms mentioned during interviews was partner conflict and violence resulting from arguments about the gambler having spent a large proportion of funds on playing cards. For example, the partner is aggrieved because there is a lack of money for food and other activities, and the gambler is 'useless' and has not brought home money from gambling, which then results in violence (I6 2017; I29, 2017; I1 2017). When people discussed this example, predominately, the gambler was a woman.

A harm not mentioned by community members but raised by service providers was that card games were seen to detract from time spent doing other activities, such as cultural projects, undertaking leadership roles, work and attending appointments. One service provider with good community relationships told a story about holding a community celebration to which no one turned up to help because there had been 'a big money meeting' and 'all around the community there were card games going on' (I19, 2017). A family focused service provider said:

It often happens that people don't come to the clinic because of cards, heaps. (I29, 2017)

Existing gambling policies and services

Across the three communities, there were limited policies and services available specifically targeting the harms of gambling experienced in the three communities. However, the efforts and interest of people to address gambling formally and informally should be acknowledged, including the facilitation of this project. As one service provider stated:

[gambling] happens [we] just minimise the harms to children and other things like that the best we can. (I1, 2017)

Limitations of research

A central limitation to the collection of data was that the pilot health promotion program being evaluated faced substantial implementation barriers limiting its impact. A key limitations included interviews being primarily with service providers rather than community members.

The data presented above is only a brief and high level summary, which does not fully acknowledge the complexities of gambling in remote communities.

Acknowledgements

The research team would like to thank everyone who volunteered to take part in this study by giving their time and sharing their experiences. This project could not have occurred without their contributions.

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