

GamCare Care Services 2003 Report



National Association for Gambling Care
Educational Resources and Training

***GamCare** Care Services 2003 Report*



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CARE SERVICES REPORT 2003

Foreword

Another year has gone by with 2003 arguably providing even more information on gambling issues than was reported in previous years.

We are delighted that our annual Reports are of considerable help to industry, the academic community, the general public and government but at the same time, we must emphasise the Reports must not be seen as a complete picture of gambling problems in UK. Our Reports are essentially a reflection of the circumstances connected with people who contact us for help and information. There are undoubtedly many others who may be still hiding their problems, simply not choosing to seek help or do not know who they can talk to.

GamCare does not have the funds to spend on media awareness campaigns so the public really only know about us from telephone directories, the web site, word of mouth and leaflets etc in gambling outlets. This means the public have to do some work to find us when they need our help as opposed to us being a familiar name via reminders from planned media communication. It could be argued therefore that we receive most calls from the public to our Helpline when a problem has reached a serious stage. Our Reports are thus a reflection of this situation rather than a picture of the total market for potential and actual gambling problems.

We are very encouraged that the vast majority of companies in the gambling industry want to minimise gambling problems and want to do all they can to help those who run into trouble.

We must thank all those industry members of The Responsibility in Gambling Trust for their financial contributions that have been directed towards GamCare's work. Our thanks should also go to Sky and Camelot who contributed direct to GamCare in 2003.

This 2003 Report covers a wider range of gambling opportunities and their associated problems than ever before which has meant GamCare staff, contracted counsellors and volunteers have had to remain on the ball with all the many industry developments. It now takes considerable in depth knowledge of gambling services and counselling techniques to deal with the complex issues that arise from telephone calls and one to one meetings. I would like to pay tribute to all those connected with GamCare who have directed their passion and commitment towards supporting people suffering from gambling problems. I would also like to thank our partners around the UK namely CADAS, NECA, PAC, RCA Trust, Options, Aquarius and IDAP for their dedicated efforts in dealing with more people in their communities than ever before.

Let us hope that more and more people get to know about GamCare and partner organisations in 2004 so that our help can be offered at an early stage in order to minimise the considerable harm that gambling problems can have on peoples' lives.



Peter Cox
Managing Director



GAMCARE HELPLINE

The GamCare Helpline is the only resource of its kind in the country; it provides confidential counselling, advice and information for anyone affected by a gambling problem.

The Helpline is staffed by a combination of volunteer and paid Counsellors who have received specialist training to deal with problem gambling and gambling related issues and who continue to receive ongoing training and clinical supervision. They provide a professional service for 12 hours a day, 365 days a year.

The Helpline has 3 main target groups:

- The Problem Gambler.
- People affected by problem gambling such as the partner, parent or family member.
- Professionals working in the field of gambling dependency or with gambling related issues.

The Helpline offers a combination of:

- Crisis intervention.
- Telephone counselling.
- Advice & Information delivery.
- Signposting and referral.

By offering telephone counselling alongside advice and information at this first point of contact, the Helpline counsellors are able to prime the caller to engage in the counselling process, possibly for the very first time. The caller will then have made a significant first step and developed insights into their personal circumstances. These can become the focus of any future counselling work to which they may be referred during

the call. This includes both our own Counselling Service and those of the Breakeven Partners.

This report is intended to give a picture of what has happened on the GamCare National Helpline during 2003. All the statistics provided in this report come from a mixture of sources. Our own records, which the counselling team collate from direct work on the Helpline, along with a combination of records provided by BT and Call Handling who operate the Virtual Call Centre (VCC).

During 2003 GamCare continued to develop its links with Call Handling and in November 2003 all telephony services were transferred to Kingston communications. Our links with BT were terminated.

In previous reports an effective call was determined as 'a call that BT had connected either to a counsellor or to the answer phone'. We have progressed from this position to one where an effective call is now defined as one that is personally answered. To maintain this clarity throughout this report I will refer to these calls as 'Personally Answered'.

(The number of calls personally answered is calculated using the shift logs used by the counsellors on duty.)

How many calls?

In 2003 there were 29,898 calls made to the Helpline (around 4% down on 2002), of this 28,353 (97%) were either personally answered or offered the answer phone. (See Figure 1) The number of calls personally answered rose by 70% from 5,403 calls in 2002 to 9,180 in 2003. (See Figure 2) This was due to the increase in resources available on the Helpline and the recruitment of several additional volunteers in the later part of the year. For the same reason the amount of total calls to the Helpline decreased as more callers were being answered first time. The Helpline is now staffed by at least 2 counsellors at any one time.

Fig. 1: Calls made year comparison

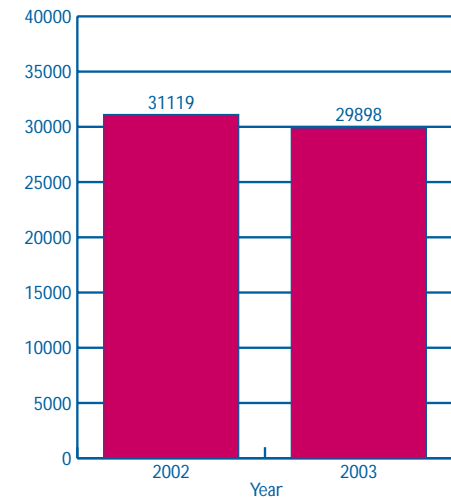


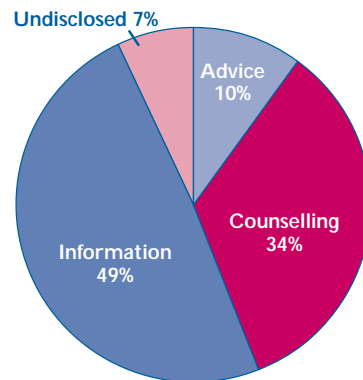
Fig. 2: Calls personally answered, comparison 2002-2003



Message transcription service

This dimension of the Helpline was introduced in October 2002 and allows callers to leave messages when lines are busy. A counsellor contacts them and provides the service they require with out them having to continually call the line. The very nature of the problem and the people calling, means the majority of people getting through to the answer phone choose not to leave a message. However in 2003 we were able to respond to 482 people who had left their details. Of those people leaving messages 63.4% were the gambler themselves; 52 % of people leaving a message requested information and 47% of call backs carried out led to telephone counselling or specialist gambling advice. (See Figure 3)

Fig. 3: Call back outcomes



How many callers?

The number of individual callers within the total number of calls made to the Helpline cannot be established precisely. The reasons for this are: -

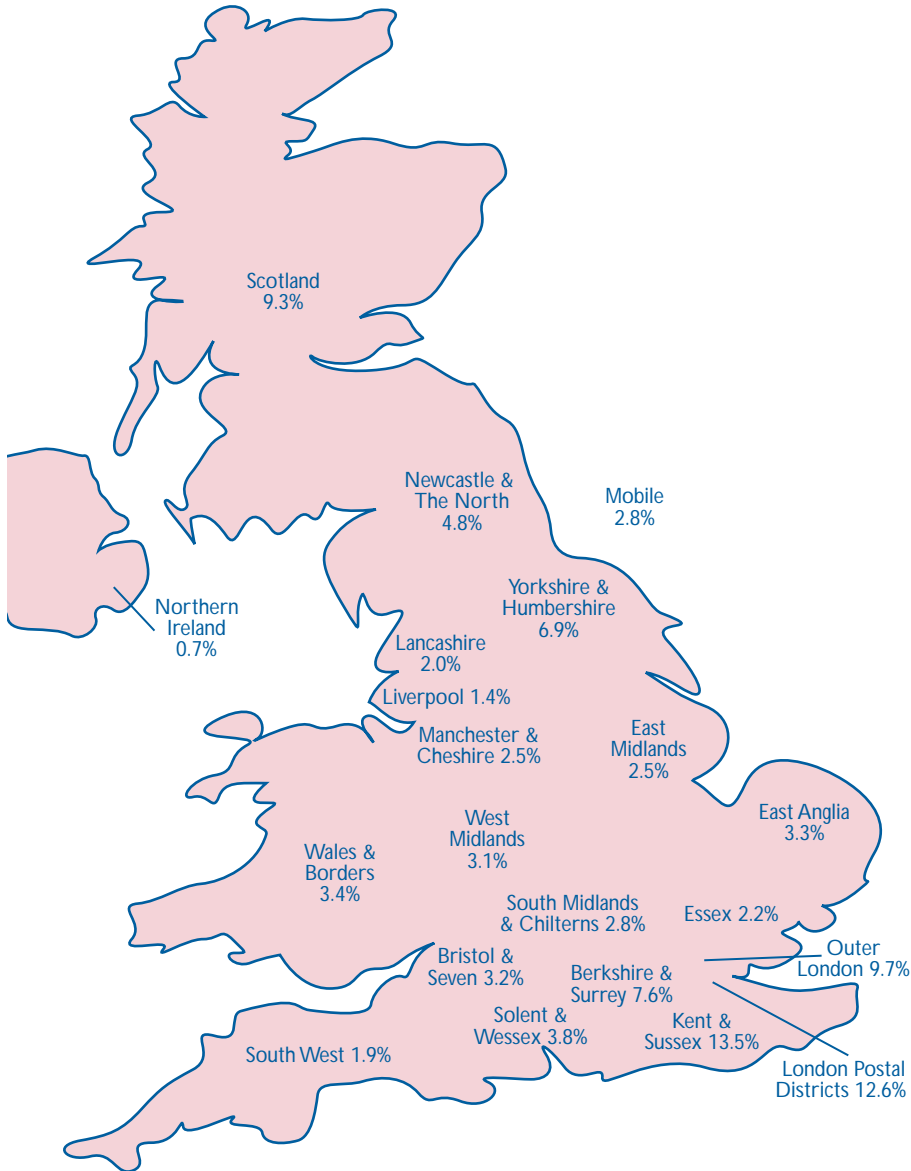
- Their first attempt may have resulted in the answer phone being offered and they may not have wanted to leave a message so they would need to call again.
- Their first attempt may have been outside our opening hours and they may not have wanted to leave a message so they would need to call again during opening hours.
- They may have found it personally difficult to make the initial call and terminated it resulting in them needing to call again.
- They may have wanted a specific named counsellor who was on duty at another time and so called more than once.
- They may be using the Helpline for regular support and so call more than once.

Where the calls originated?

The technology provided by BT and Call Handling allows us to establish either the postal area a call originated from or the STD code of that call. Using these we are able to look geographically at where the calls are generated. The areas have been grouped using the Office for National Statistics Census regions. The percentage of calls from each geographic region is shown in the Analysis of calls by Region.

Looking at the information Nationally although 86.5% of all calls came from England there were more calls per capita from Scotland even though they only account for 9.3% of calls to the Helpline. This information is based on calls to the line as some 97% of calls were either personally answered or offered the message taking service. (See Figure 4)

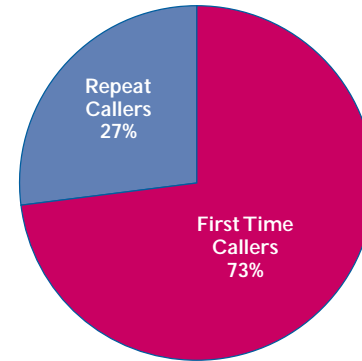
Fig. 4: Analysis of calls by region



Who called?

Of the 9156 calls counsellors personally answered during 2003, 5161 people disclosed whether or not they had called the line previously. First time callers accounted for around 73% of these people 3% up on 2002. Repeat callers accounted for 27% of personally answered calls. (See Figure 5)

Fig. 5: Caller analysis



We have not included repeat callers in the following analysis as this could subsequently distort the figures in this report; analysis is based on first time callers only.

However, it can be useful in some cases to look at the information on both sets of callers, first time and repeat. Where we feel this is beneficial it has been included in this report.

Fig. 6: First time caller analysis

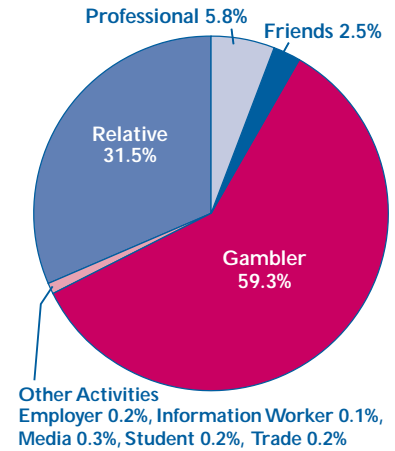
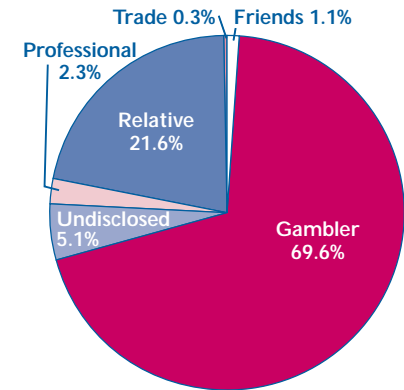


Fig. 7: Repeat callers interest analysis



Who called other than gamblers?

A number of other groups other than the gambler themselves contact the Helpline. Of these the predominant number of calls are those from relatives or partners of problem gamblers. The Helpline offers support, advice and information to a relative in the same way it would as if it was the gambler calling. The support received by the relative will be specific to their needs and focus on them supporting themselves as well as their relative or partner. Of the first time callers 31.5% (n=3767) are the relative or partner. Of repeat callers this drops to 22.8% (n=1394). Other groups contacting the line include friends, professionals, media workers and occasionally employers. These groups make up a small percentage of calls to the line; some 90% of first time personally answered calls were either from the problem gambler or a partner or relative. (See Figure 6 and 7)

When looking at the problem gambler we take account of different characteristics, principally their gender and age. These details are recorded by the counsellor from the information provided by the gambler or the person calling regarding the gambler. If the caller is not the gambler, it is the profile of the gambler referred to that is recorded, not that of the caller. The age distribution has remained relatively constant with the 2002 figures with only small percentage changes. Although there has been a shift within repeat callers where we have seen an increase of 10% repeat callers between 26 and 35. At the same time repeat callers between 36 and 45 has decreased by 10%. (See Figures 8 and 9)

Fig. 8: First time caller age analysis

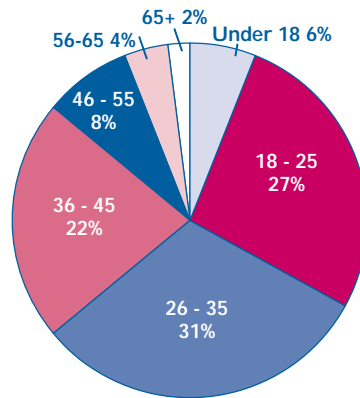
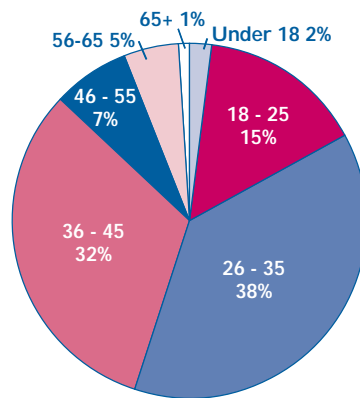


Fig. 9: Repeat caller age analysis



What was the gender split?

The ratio of male to female gamblers was 89% male to 11% female - 1% increase in males on 2002. (n=3510)

Gambling activities?

The activities engaged in by the gambler are categorised using the same criteria as those that were used in the British Gambling Prevalence Study of June 2000 with the addition of Fixed Odds Betting Terminal (FOBT). GamCare referred to FOBTs in the foreword of the 2002 Care Services report as a new trend and they have continued to be a trend throughout 2003 with 8.3% of first time problem gamblers citing them as their gambling activity. (See Figure 10 & 11)

Once again this year the percentage of fruit machine players is down from 45.7% to 33.4%. The dominance for first time callers in 2003 was horse race betting. Horses also remain the dominant activity for repeat callers at 43.4%.

We suspect the reason for this increase in calls from people affected by horse race betting could be due to the increase in awareness of GamCare's services. Our literature is widely available in betting shops, our number is broadcast over the tannoy and there is a growing awareness and implementation of self-exclusion policies that also encourage contacting GamCare.

Fig. 10: First time caller gambling activity analysis

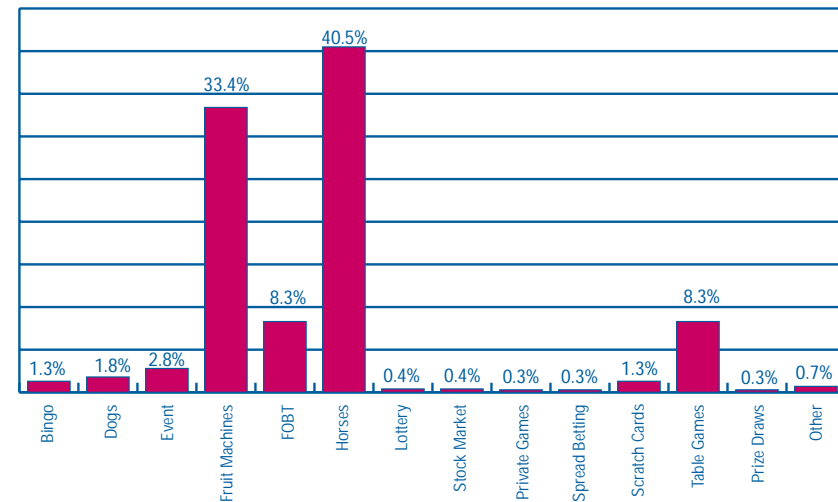
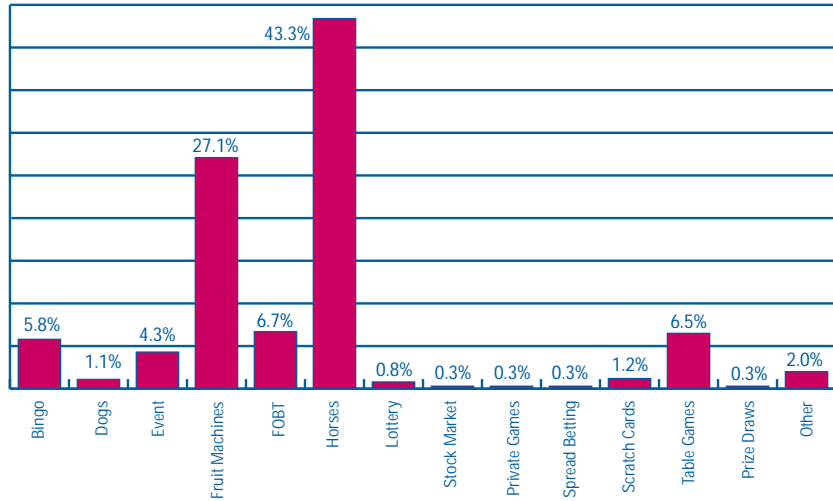


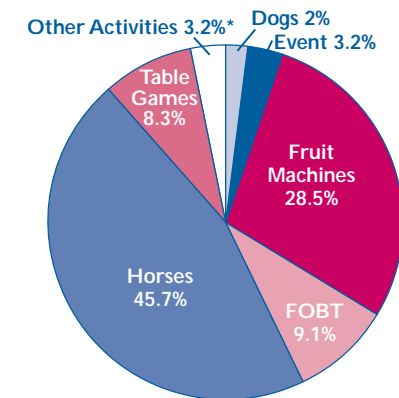
Fig. 11: Repeat caller gambling activity analysis



Gambling activity by gender

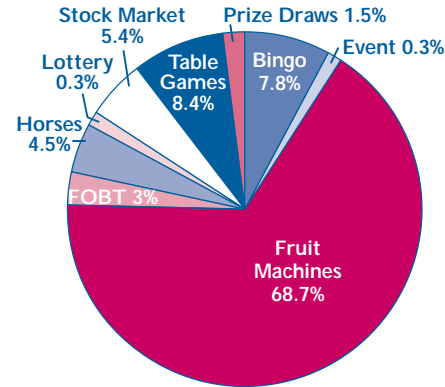
This year shows a change in the dominance of gambling amongst men from fruit machines to horse racing. This rise began last year when horse race betting rose to almost equal fruit machine players, this year we received 60% more calls from men about horses compared to those calling regarding fruit machines. Fruit machines remained the dominant activity for women (n= 332 females, n= 2417 males) (See Figure 12 & 13)

Fig. 12: First time male caller gambling activity analysis



*Other Activities
 Bingo 0.3%, Lottery 0.4%, Stock Market 0.4%, Private Games 0.3%, Spread Betting 0.4%, Scratch Cards 0.7%, Prize Draws 0.1%, Other 0.6%

Fig. 13: First time female caller gambling activity analysis



Gambling activity by age

Comparing age profiles of callers personally answered with the activity they engage in (See Figure 14a –14g) highlights that under 18s remain enormously affected by fruit machines. 89.5% of callers under 18 reported fruit machines as their gambling activity, this also continued into the profile of callers under 25 where over half report problems with fruit machines. Horses remained the second most common activity reported by 18-25yr olds. FOBTs have also featured in both these age profiles and account for 10% in the profile for 26-35yr olds and 36-45yr olds.

Horses continue to dominate as we move into the 46-55,56-65 and 65+ age profiles. With prize draws continuing to feature only in the later yrs age profiles at 15.6% on the 65+ profile.

Fig. 14a: First time callers age profiles under 18

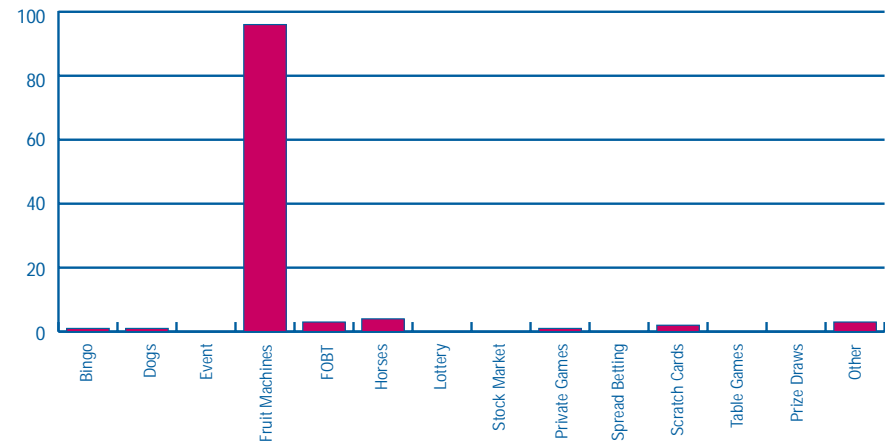


Fig. 14b: First time callers age profiles under 18-25

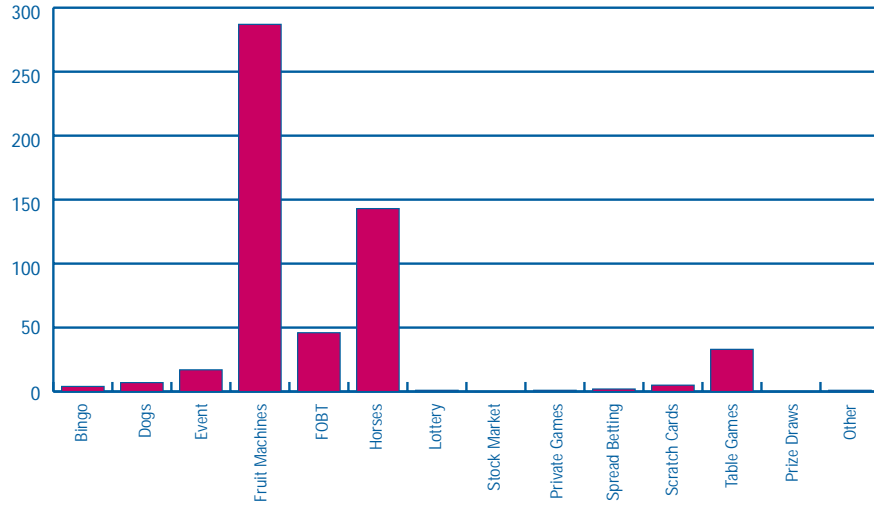


Fig. 14d: First time callers age profiles under 36-45

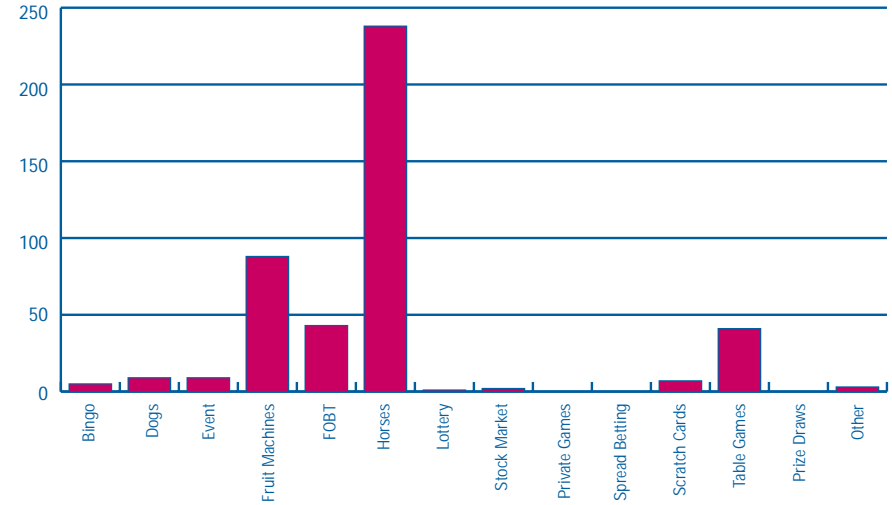


Fig. 14c: First time callers age profiles under 26-35

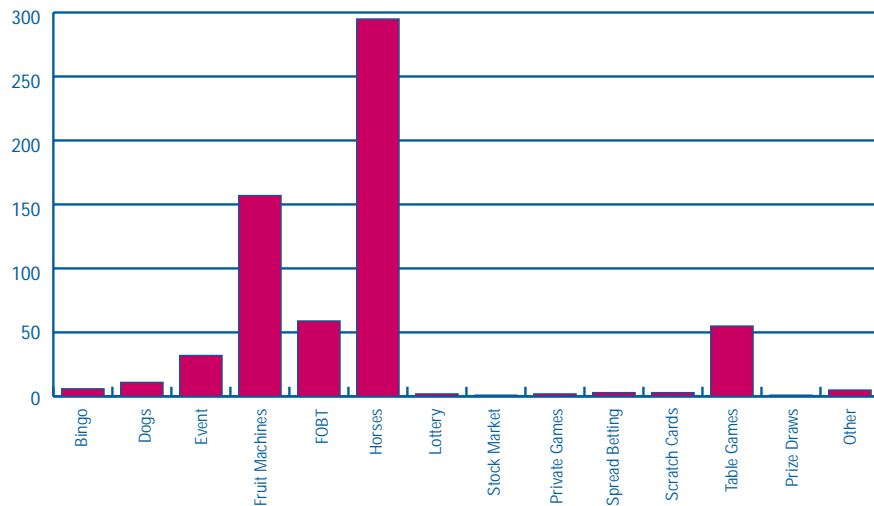


Fig. 14e: First time callers age profiles under 46-55

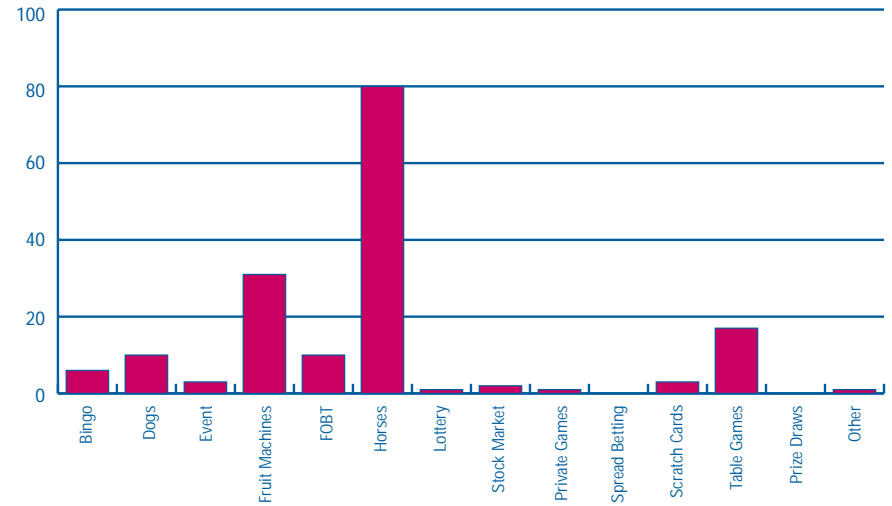


Fig. 14f: First time callers age profiles under 56-65

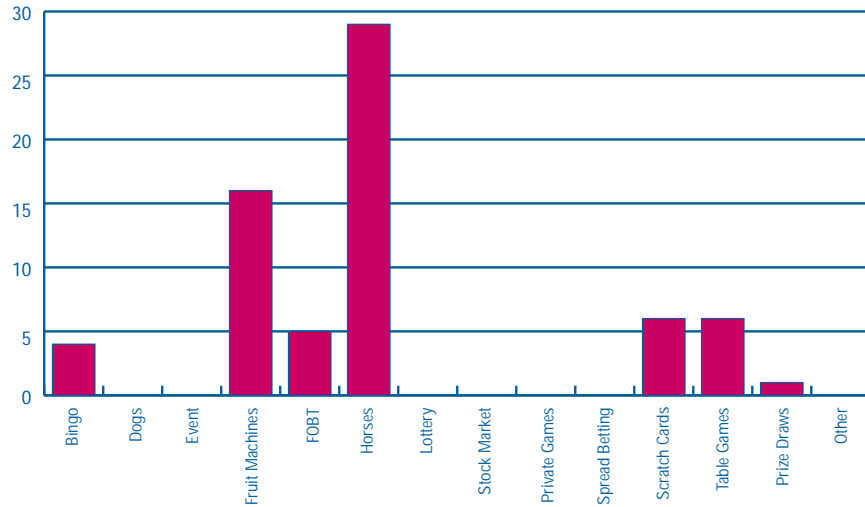
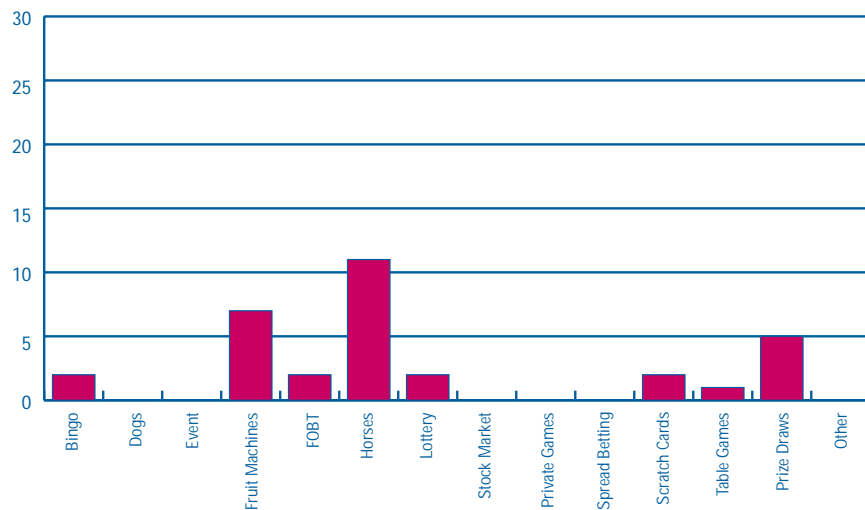


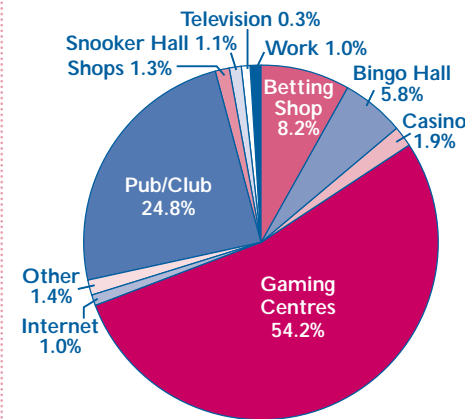
Fig. 14g: First time callers age profiles under 65+



Where did the fruit machine player play?

Fruit machines played in Gaming centres continue to be prominent at 54.2%. The statistics for fruit machine play in comparison to 2002 shows that playing in pubs and clubs reduced from 30.1% to 24.8% and increased in bingo halls to 5.8%. Fruit machine play in betting shops has also reduced by about 2% to 8.2%. Shops, including chip shops, snack bar/sandwich shops and launderettes are a feature this year as 1.3% of callers report these as the venue in which their problem gambling occurs. (See Figure 15) The troubling feature of 2002, that of people getting into difficulty with fruit machine play at work has remained at approx 1%,

Fig. 15: First time callers modes of fruit machine playing



Where did the horserace gamblers bet?

The traditional form of placing bets in Betting Shops remains dominant, however, it has fallen again in 2003 to 88.3% with Internet and telephone betting advancing rapidly. The availability of technology is having an ever-increasing affect with over 10% of horse race betting being carried out remotely. The further development of access via the television means that it also features for the first time at 0.6% for 2003.

Internet gaming and betting

This is the first time GamCare has been able to highlight gambling activities through the Internet in detail. (See Figure 16 and 17) Significantly this year, over 5% of all first time callers cited their primary platform of gambling as the Internet. This rise compared to previous years certainly reflects the continual increase in the popularity of remote gambling platforms. GamCare will continue to monitor closely the impact of Internet, Interactive and wireless gambling through the Helpline and counselling data.

Where did the table game players gamble?

Table games continue to increase on the Internet from 9.4% in 2002 to 24.5%; the remaining 75.5% reported playing in the casino. Fixed Odds Betting Terminals which have been included this year as a gambling activity in their own right, were cited by 2.9% of table players as their location for gambling.

Fig. 16: First time caller internet gaming and betting age analysis

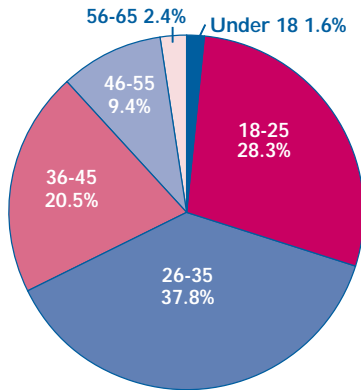
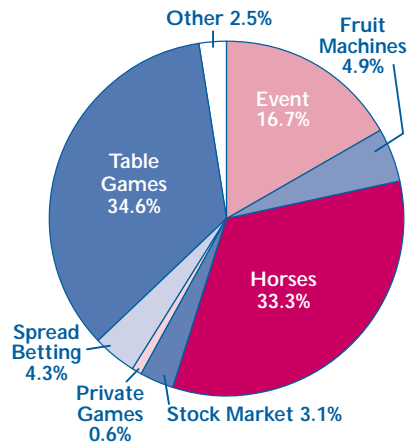


Fig. 17: First time caller internet gaming and betting activities



What were their difficulties?

The difficulties reported by gamblers and people affected by problem gamblers remain the same. A significant amount of callers cited relationship and debt problems. Many people also spoke of their emotional health being affected. Stress, anxiety and depression were all factors that callers associated with the problems they faced due to issues related to gambling.

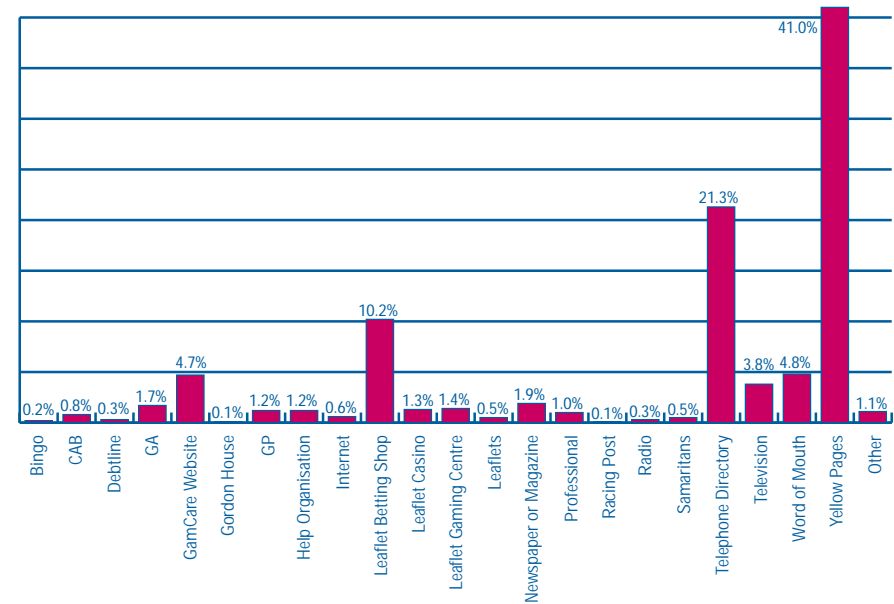
How much were their debts?

1806 people contacting the line disclosed they were encountering problems with debts, 618 of these disclosed figures. The average debt reported was £20,642, an increase of 9% from £18948 last year. During 2003 10 people contacting the line became bankrupt as a result of their gambling activities.

How did they get our number?

The main source of our referrals remains Telephone Directories. However public awareness via GamCare leaflets in betting shops remains a good source of referral. Also, television exposure on programmes such as Kilroy in 2003 has contributed to an increase of referrals via the television from 0.2% to 3.8%. (See Figure 18)

Fig. 18: First time callers referral source



Helpline outcomes and quality

Signposting to other agencies so people can access the services in their area is a fundamental part of every call. GamCare provide a full service in the South East but when appropriate, we signpost callers to our Breakeven partners, Gamblers Anonymous and other relevant agencies.

Callers are offered an information pack containing literature and leaflets on dealing with debt, on supporting problem gamblers and on recognizing the signs of problem gambling. These packs were distributed to approximately 70% of all first time callers contacting the Helpline.

We also ask callers who receive information packs to complete a quick evaluation of the service they have been given. This ongoing "research" into our service is a good representative sample to demonstrate the success of the Helpline with the users of the service.

The counsellors on the line consistently received excellent feedback with the vast majority of people being more than satisfied with the service they have received.

In 2003 97% of people completing the evaluation said they would use the service again and a similar percentage said they would recommend the service. In the evaluation we ask callers to rate the counsellors on several aspects namely:

- their understanding of caller individual needs
- the value of the response the caller received
- the overall service by marking selected categories 1 to 5 with five being excellent.

Below are the feedback averages for 2003 along with a few comments from callers on the service they received:

OVERALL SERVICE RATING	4.5
COUNSELLOR UNDERSTANDING	4.6
RESPONSE RECEIVED	4.6

Rating out of 5

“ AS A CARE OFFICER FOR THE LOCAL AUTHORITY, I SHALL BE HAPPY TO PASS THE HELPLINE NUMBER TO ANY OTHER AGENCIES I COME INTO CONTACT WITH ”

“ THIS WAS THE FIRST TIME I HAVE USED ANY HELPLINE, THANK YOU FOR POINTING ME IN THE RIGHT DIRECTION ”

“ I FELT HE KNEW EXACTLY HOW I WAS THINKING, JUST WHAT I NEEDED ”

“ VERY POSITIVE AND CREATIVE RESPONSE TO MY THIRD PARTY PROBLEM. THANK YOU ”

“ I WAS NOT SURE WHETHER TO PHONE OR NOT, BUT AFTER JUST A FEW MINUTES ON THE PHONE I WAS FEELING A LOT BETTER AND UNDERSTOOD WHICH NO ONE COULD DO UNTIL SPEAKING TO GAMCARE. THANK YOU ”

Summary

The variety of calls and the growth reported last year continued into 2003. Once again our technology has moved forward and the Virtual Call Centre and telephony services are now managed by Call Handling. We have extended arrangements to allow more counsellors to work from home so that in conjunction with their colleagues who work from the office a seamless and more complete service is now provided. We now ensure 2 counsellors are on duty during office hours (10am -6pm) The impact of this is that the call volumes have dropped as more callers are getting through to counsellors first time thus avoiding the need for callers to call back or leave messages.

The VCC technology and additions to the Counselling team have enabled us to answer 69% more calls personally than we did in 2002. As reported at the end of 2002 when the VCC was introduced, 97% of all calls were either answered personally or offered the message taker. This ratio was maintained in 2003.

A key difference throughout this report is the redefinition of an effective call. We no longer categorise an effective call to include one where the message taker is offered to the caller. We are now working hard to improve the volume of calls personally answered. Our initial aim is to reach a target of 75% of all calls being answered personally. Whilst other information Helplines aim for these personally answered levels GamCare would like to be one of the few counselling complete service Helplines that can achieve these levels without compromising our high quality.

Over half of all callers were from the gambler experiencing problems. Relatives and close friends accounted for approximately 30% of callers. The gender split remained remarkably similar to 2002 with the ratio of 1 female caller to 7.3 males.

Horse racing has now overtaken fruit machines as the most reported form of gambling that causes problems. Fruit machines remain the major problem reported by female gamblers and feature as the second most frequent cause of difficulties for males. FOBTs (Fixed Odds Betting Terminals) emerged in the 2002 report and more calls were received in 2003. 8.3% of callers quoted FOBTs as their gambling activity. FOBTs are becoming increasingly popular and appear to appeal to several types of gamblers. Our counsellors' records indicate that fruit machine players, fixed odds players and those who enjoy casino table games like to spend time on FOBTs.

Fruit machines remained the dominant form of gambling for under 25's. Horse racing remains the significant activity for those between 26-65. Prize draws still feature exclusively with people over 65.

It should be noted that GamCare leaflets were made increasingly available via bookmakers and fruit machine operators in 2003 so that the public in these outlets now have easier access to the GamCare Helpline number thus while horses and machines are the leading problems with callers, it is also because these industry sectors have made strong efforts to provide information for the public.

For the first time we were able to include specific details on the increase of Internet betting and gaming. Remote forms of gambling became a more regular subject for counselling in 2003. Besides the Internet, telephone and television gambling started to emerge in 2003 as technology advanced and accessibility increased.

Debts once again are most frequently reported with 10 callers reporting bankruptcy due to their excessive gambling activity. Once again the average debt has risen. For 2003 we now report a 9% increase with the average debt reaching £20,642. It would appear that along with the financial problems that gambling causes, increasing instances of emotional health were also reported with sufferers seeing their doctors and/or under medication. This demonstrates a clear need for gambling and its addictive nature to be a health issue accepted and understood by health authorities.

The majority of callers still find details of our service via telephone directories. However, invitations for GamCare to talk in the media i.e. TV, radio and the press, resulted in more exposure for the Helpline with more calls received.

GamCare continues to signpost and refer callers to other agencies. This multi agency approach means we can offer callers the best option available in their area. Nevertheless, in some areas there are still no specialist help services which means the Helpline takes on an even more important role and lifeline for those people.

The success of the Helpline has to be contributed to the hard work and dedication of the staff and volunteer counsellors operating the line. The service offered to the public is first class. Thanks need to be extended to each and every counsellor on the Helpline for making it the growing success that it is. We do not wish to be complacent in any way as 2004 will no doubt provide the Helpline with more and increasingly complex calls from the public. The web site is becoming a significant factor in referring callers to us and with the further development of services, resources and if media advertising is developed in 2004, the Helpline is sure to grow from strength to strength.

Peter Cox
Managing Director

GAMCARE COUNSELLING SERVICE

Service overview

Referrals and counselling provision

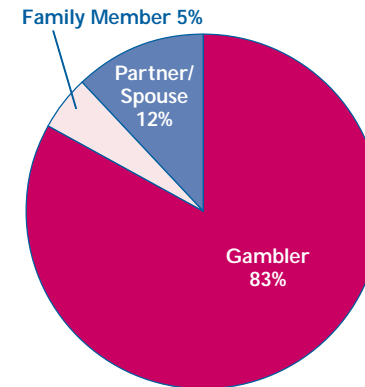
During 2003 the service recorded a 47% increase in referrals, a 43% increase in counselling provision for individuals and couples and a 27% increase in the number of clients who attended for counselling. In total, 283 referral requests were processed and 204 clients attended 1351 counselling sessions. The average number of sessions per client (excluding assessments) was 8.2.

The GamCare Helpline remained the primary referral source for counselling with 62% of all referral requests having come from those who had used the helpline for initial support. However, there continued to be a variety of other channels through which clients found out about the service. Such channels were the GamCare website, leaflets and posters in gambling establishments, GamCare's occasional media exposure and recommendations by previous clients, family and friends. As a result, nearly 9% of requests for counselling came directly to the GamCare office. Other referral channels included Health Care Professionals and GP practices (6%), the Gordon House Association (3%), Gamblers Anonymous (3%), the Probation Service (2%) and, in a couple of cases, HR Departments.

Client analysis

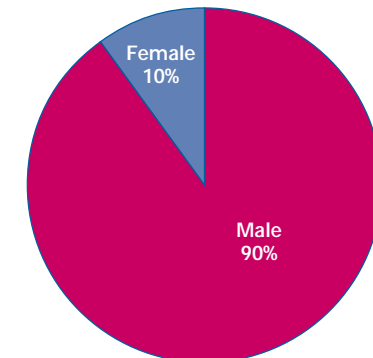
New client population (n = 171)

Although supporting the problem gambler remained primary, those living with a problem gambler have difficulties, insecurities and fears every bit as profound, critical and painful as that experienced by the gambler. This is often the hidden side of problem gambling. During 2003, individual and couple counselling for partners and family members accounted for 17% of the counselling work. In view of this trend we will have to address the flexibility of opening times that would enable partners with family commitments to attend.



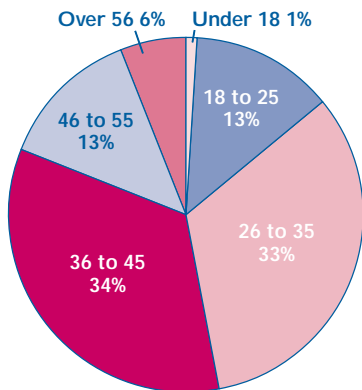
Gender of gambling clients (n = 142)

Although this year saw a doubling in the number of women gamblers attending for counselling (10% from 5% in the previous year) they are still under-represented in terms of the increasing number of women who are becoming attracted to gambling. Why women are not being seen in greater numbers may be complex but clearly the service needs to be continually open and sensitive to women's experiences of gambling. It has been the case in the past that women who have attended have commented on the difficulty of being able to make suitable domestic arrangements in order to attend regular sessions and on the high cost of travelling and this would be exacerbated where women may be without a partner yet caring for child dependants. It may also be the case that women and gambling has not received the public attention that it warrants. However, in 2003, GamCare's media profile was instrumental in highlighting this issue and many of the requests for counselling from women gamblers came as a direct result.



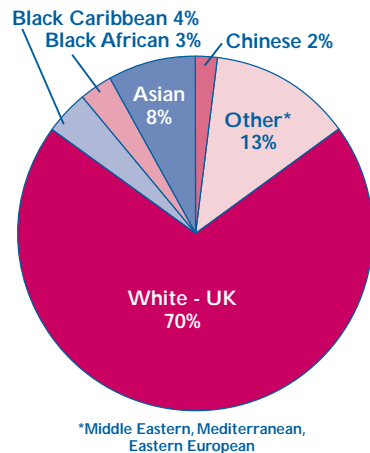
Age distribution of gambling clients (n = 142)

Consistent with previous years the service attracted a predominantly older client group in 2003 with 67% aged between 26 and 45. Analysis of the gambling behaviour of this age group gave evidence of some particularly long standing gambling problems. However, the number of clients over the age of 46 more than doubled from 2002 to 19%. Those who were under 18 were again very much under-represented accounting for just 1% and this age group continues to be reluctant to seek more formal face-to-face counselling. However, as with women problem gamblers, the service needs to be open to the problems experienced by the under 18's.



Ethnic distribution of gambling clients (n = 142)

Reflecting the highly diverse ethnic mix of London, the number of those from the minority ethnic populations who came for counselling remained at the 30% mark in 2003. Clients were drawn from a wide variety of ethnic backgrounds and affiliations including the Black Caribbean, Black African, Asian and Chinese, Middle Eastern, Eastern European and Mediterranean communities. The number of Chinese accessing the service, however, continued to be low at just 2% and it is strongly hoped that in 2004 GamCare will further develop its partnership with the Chinese National Healthy Living Centre to provide counselling for Chinese speaking problem gamblers in London.



Gambling Analysis

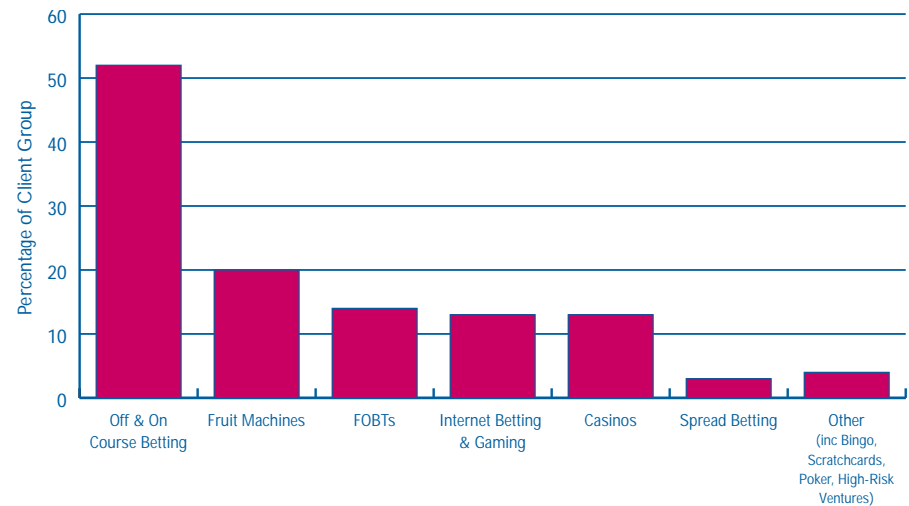
Primary modes of client gambling (n = 142)

Off and on course betting (mainly off course) and fruit machine playing were still the primary problem modes in 2003 for 71% of clients. However, with the full-blooded emergence of Fixed Odds Betting Terminals (FOBTs) in betting establishments and the continuing attraction of remote gambling, the pattern of client gambling took on a different complexion from previous years. FOBTs came from nowhere in 2002 to cause considerable problems for 14% of attending clients. For most of those, gambling on the FOBTs had been added to an already existing pattern of betting and for many had become the mode causing

most damage with the highest levels of preoccupation and chasing. For clients gambling on the internet, 79% were betting online and 21% gaming online. In addition, clients were continuing to gamble in a more complex fashion and several had multiple primary modes (see below). In terms of other primary modes, clients experiencing problems from gambling on table games in terrestrial casinos increased from 10% in the previous year to 13% while the incidence of spread betting remained low affecting only 2% of clients.

Note:

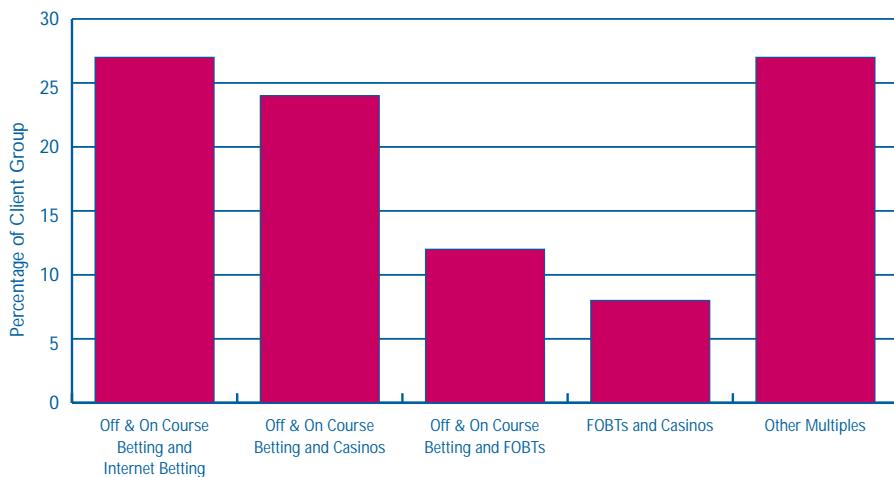
Due to the fact that some clients had more than one primary mode these figures do not add up to 100%.



Multiple primary modes of client gambling (n = 25)

The year on year growth in the number of problem gamblers receiving counselling has been paralleled by an increase in the complexity of modes that clients are selecting to gamble on and this year was no exception. During 2003, 18% of clients presented with 2 or more primary problem modes of gambling. The most problematic combinations were off course betting alongside internet betting and off course

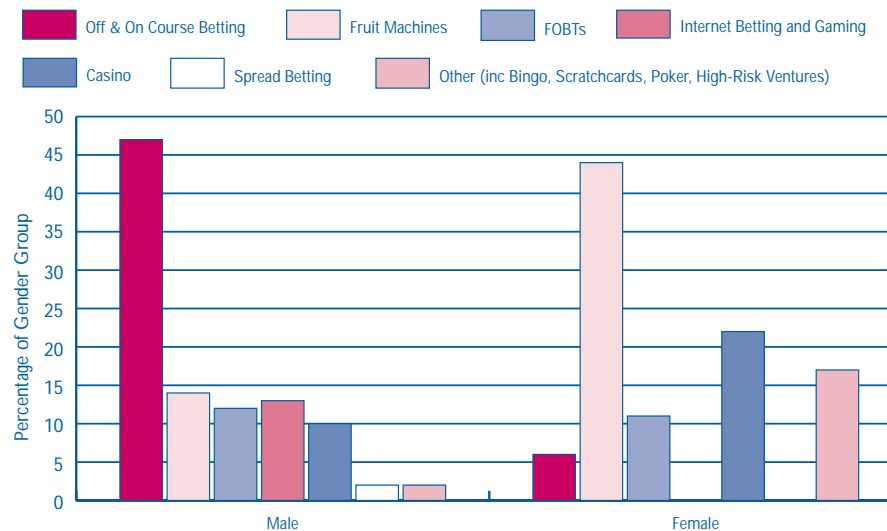
betting with terrestrial casino table games. However, as has already been mentioned, the emergence of FOBTs resulted in several clients combining betting on the FOBTs with their off course betting and others moving between playing Roulette in casinos and on the Terminals. Other identified multiple primaries were fixed odds betting and spread betting, remote and terrestrial gaming and fruit machine playing in various combinations with off course betting, casinos, remote gambling and bingo.



Primary mode of client gambling by gender (n = 142)

As in previous years, male and female clients had quite distinctive and differing patterns when it came to gambling modes. For male clients off and on course betting was the primary problem gambling mode by

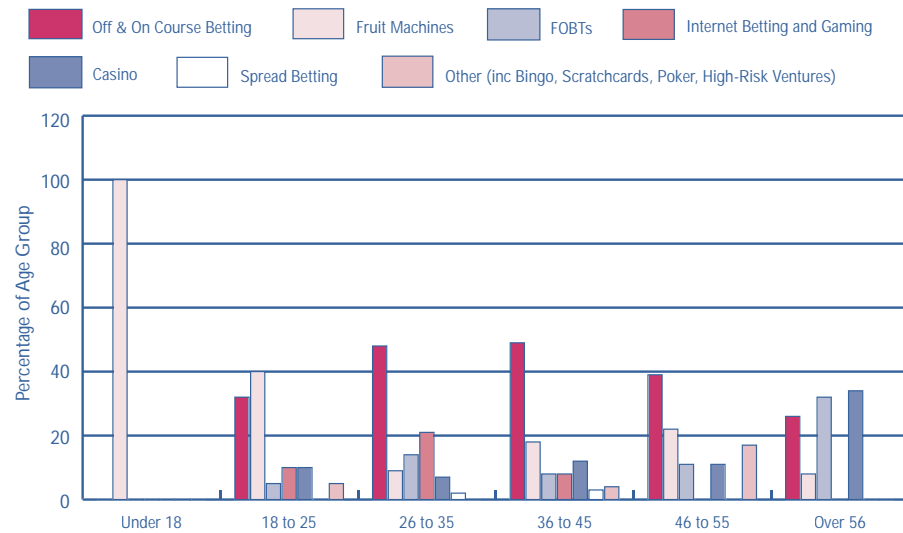
a considerable margin. For women gamblers it was fruit machine playing, also by a considerable margin, with casinos, bingo and scratchcards some way behind. Internet betting and gaming and spread betting were exclusively male activities but gambling on FOBTs was found in virtually equal proportions across both genders.



Primary mode of client gambling by age (n = 142)

In contrast to gender, gambling patterns were more evenly spread when it came to age differentiation. Off and on course betting and casino table games were the modes of choice for clients aged 18 through to 56 and beyond. The incidence of internet betting and gaming was largely found among the 26 to 35 age group, although 18 to 25 year olds and those between 36 and 45 were gambling remotely

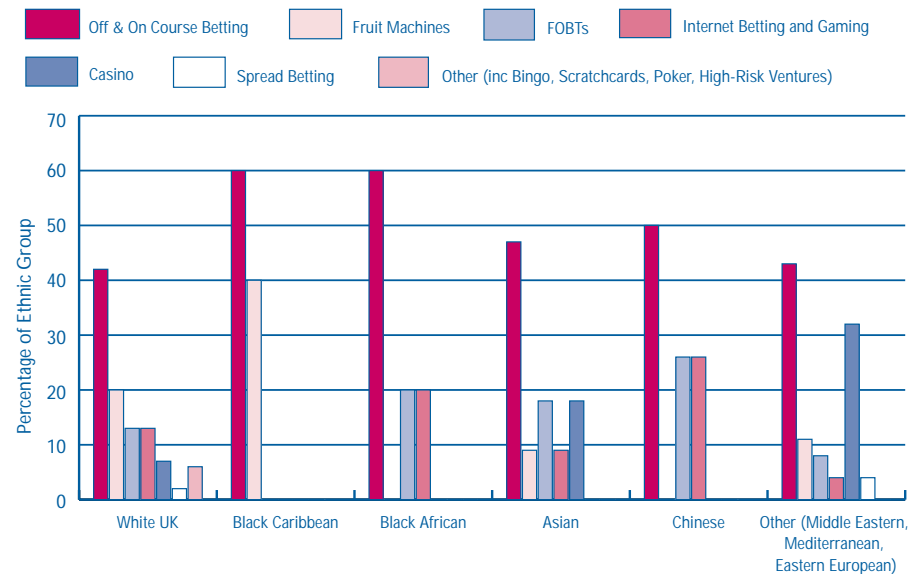
but in smaller numbers. Fruit machine playing, which has largely been considered the province of younger gamblers, was spread across a much wider age range affecting clients in their 30s, 40s and 50s. Of interest was the impact that the new FOBTs had in terms of age. Although FOBTs attracted only a small percentage of 18 to 25 year old clients, problems were experienced across the remainder of the age groups, with a particularly high prevalence among those aged 56 and above.



Primary mode of client gambling by ethnicity (n = 142)

Reflecting the experience of previous years, off and on course betting was reported by clients from all ethnic backgrounds to be the predominant problem mode. This was particularly noticeable among Asian clients who traditionally have largely favoured

casino table games. Remote gambling also crossed almost all ethnic backgrounds. As has been evidenced throughout this analysis, the impact of FOBTs during 2003 was substantial and this was no less true for ethnic gambling. Asian, Black African, Mediterranean and Eastern European clients all reported problems from playing FOBTs.



Secondary modes of client gambling (n = 142)

The significance of secondary modes has diminished as client gambling has become more complex. More clients are now gambling problematically across 2 or more primary modes. Nevertheless, a proportion of those whose primary mode was off and on course betting reported having occasional problems with playing fruit machines and casino gambling while casino gamblers also reported having similar occasional and secondary problems with off course betting and fruit machines.

Counselling outcomes

Clients attending at GamCare typically present long-standing and deep-seated gambling problems with often devastating repercussions on their everyday functioning. For many clients this has meant the breakdown or near breakdown of relationships, impaired physical and psychological health and substantial financial loss. For others it has also involved illegal and criminal activity, loss of jobs and unemployment and, in some instances, the occasional or frequent misuse of alcohol and drugs.

In order to determine the full effectiveness of counselling provision it is, therefore, vitally important that outcomes are measured across a whole range of client functioning and not just problem gambling behaviour. With this in mind, a specific outcome measure "The Christo Inventory for Gambling Services" (CIGS) was developed by Dr George Christo of the Royal Free Drug Service in London, in conjunction with GamCare and the Gordon House Association, to be incorporated as a core component of the clinical procedures at assessment, closure and follow up with all problem gambling clients. The use of CIGS alongside the DSM-IV criteria for pathological gambling (American Psychiatric Association 1994) and the South Oaks Gambling Screen (SOGS) has enabled counselling outcomes to be measured across the following areas: gambling behaviour; social functioning (i.e. the client's living situation and relationships); general health; psychological health; occupation status; financial/legal involvement;

drug/alcohol misuse; use of ongoing support and aftercare; treatment compliance (i.e. attendance and reliability) and counsellor-client relationship.

Gambling behaviour

- At the time of assessment, 87% of problem gambling clients were regularly gambling or binge gambling at a severe level. A further 5% were gambling periodically. The remainders had severe or moderate gambling problems but were not actively gambling when they were assessed.
- Using the DSM-IV at assessment, 91% of those clients scored 5 or more of the 10 criteria i.e. they met a diagnosis of pathological gambling. Across the DSM-IV items, chasing losses, pre-occupation with gambling, lying and escape received the highest positive response. Although committing illegal acts received the lowest scoring there was still a significant 30% of clients who had been involved with regular criminal and illegal activity as a result of their gambling.
- The average SOGS score at assessment was 13.3.
- At closure, the service achieved a very high 78% success rate with 67% of clients having stopped gambling and a further 11% having been able to exercise more control and reduce the extent and severity of their gambling. The remaining 22% were continuing with their regular or binge gambling behaviour.
- In addition, 95% of clients were able to demonstrate improved levels of insight into the reasons for their problem gambling, 86% had significantly enhanced coping skills and 83% reported a greater sense of well-being in their day-to-day living.
- Significantly, most clients were able to remain gambling free after counselling had ended. The following figures relate to those clients who had attended the follow up programme at 3 month, 6 month and 12 month intervals during 2003. A number of clients were not available for the 6 and 12 month appointments due to the fact that they had closed later in the year or changed personal circumstances had made attendance difficult or, in some cases, no longer appropriate.
- At the 3 month follow up stage, 64% of clients were abstinent and only 3% had experienced a lapse and had resumed moderate levels of gambling. All those who had been able to reduce the extent and severity of their gambling at closure were continuing to do so.
- By 6 months, the relapse rate among those who had stopped gambling at closure remained low at only 7%. Again, clients who had been able to reduce the extent and severity of their gambling were continuing to do so. Between 6 and 12 months, one client had turned his lapse around and returned to being gambling free.

- At 12 months after closure, no clients who were on the follow up programme were gambling at a controlled level. Consequently, there was a polarization between those who were remaining abstinent (67%) and those who were continuing with regular gambling (33%).
- Although follow ups are not conducted beyond 12 months, a few clients do remain in contact with the service. During 2003, 80% of those who did keep in contact were still gambling free (in one case 5 years after having finished counselling and in another 2 years after counselling).

Social functioning

- High levels of problem gambling considerably affect the social functioning of clients and place a very great strain on home and family life. As in previous years, it was this strain, above all, that precipitated clients requesting counselling. Even though, in the majority of cases, partners and family members were prepared to be supportive as counselling was sought, 21% of clients at assessment had living situations and relationships that were not stable and dependent upon a successful resolution of their gambling behaviour.
- Evaluation of social functioning at closure showed a considerable level of improvement with 94% of clients reporting that they were no longer having problems in their living situations and relationships. Only 6% were continuing to experience moderate difficulties in their home and family life.

- This stability was maintained after counselling had finished. At the 3 month follow up stage, 94% of clients reported experiencing no ongoing family or relationship difficulties and at 12 months post closure the figure was still 90%.

General health

- At assessment 34% of clients were experiencing general health problems (e.g. teeth/sleep problems, stomach pain, skin problems) with 5% of those having severe problems such as ulcers and heart conditions.
- Although counselling was unable to make a major impact on the more severe health problems that were requiring medical interventions, by closure 70% reported being in good health and those continuing to have general health issues had dropped to 25%.
- Such improvements were maintained during the follow up stages with 67% at 3 months, 73% at 6 months and 70% at 12 months post closure reporting being in good health.

Psychological health

- The psychological health of clients was the area most severely affected by problem gambling behaviour and was also the most complex to evaluate. Only 12% of clients at assessment had little or no psychological problems while 67% had general anxiety, mood swings, poor sleep or felt unhappy and dissatisfied with their lives. Almost all had low self-esteem.

In addition, and significantly for the provision and delivery of counselling, 21% had severe psychological problems including neurotic disorders, recently attempted or seriously considered suicide, clinical depression, manic-depression and in some cases psychotic disorders (paranoia, hallucinations and schizophrenia).

- At closure, those who reported having severe psychological problems fell from 21% to 6%, especially in regard to depression and suicidal ideation, while a further 45% were assessed as no longer having any significant psychological problems. In addition, 83% responded positively when asked about their subjective sense of well-being. However, for 49% of clients esteem issues remained at some level even where general anxiety, sleep patterns or mood swings had been alleviated or considerably improved. This again serves to highlight the complex and often deep-seated interrelationship between problem gambling and self-esteem.
- Improved levels of psychological health were sustained, and even built upon, during the follow up period. For instance, at 6 months post closure, 73% of clients reported that they were not experiencing psychological problems. At the 12 month follow up time, however, this figure dropped back to 60% as the experience of occasional gambling lapses impacted self-esteem.

Occupation

- Lack of occupation and stimulation is a powerful trigger for problem gambling, especially when combined with an inability to cope with boredom and frustration. It is, also, a major contribution to poor self-esteem. It is, therefore, significant that during 2003 29% of clients were largely unoccupied with no real social pastime and a further 8% were only occupied for a relatively small part of their daily lives.
- By closure several clients had felt sufficiently confident to find jobs, even if on a temporary basis, which meant that 69% were in full-time occupation.
- At the 3 month follow up stage, 67% of clients were holding down full-time jobs, at 6 months the figure was 73% and at 12 months 70%.

Financial and legal affairs

- One of the most positive and dramatic counselling outcomes was found in the financial and legal status of clients. At assessment only 21% of clients had no recently acquired debts whereas 45% had moderate levels of debt and 34% severe debts together with, in several cases, past criminal involvement.
- By closure, 77% had largely resolved or brought under control their finances and only 6% were still in severe financial difficulties.

- By 3 months and 6 months follow up, the figure for financial resolution was 94% and 93% respectively. At 12 months, no clients were adding to their debt burden and no clients reported problems handling their financial affairs.

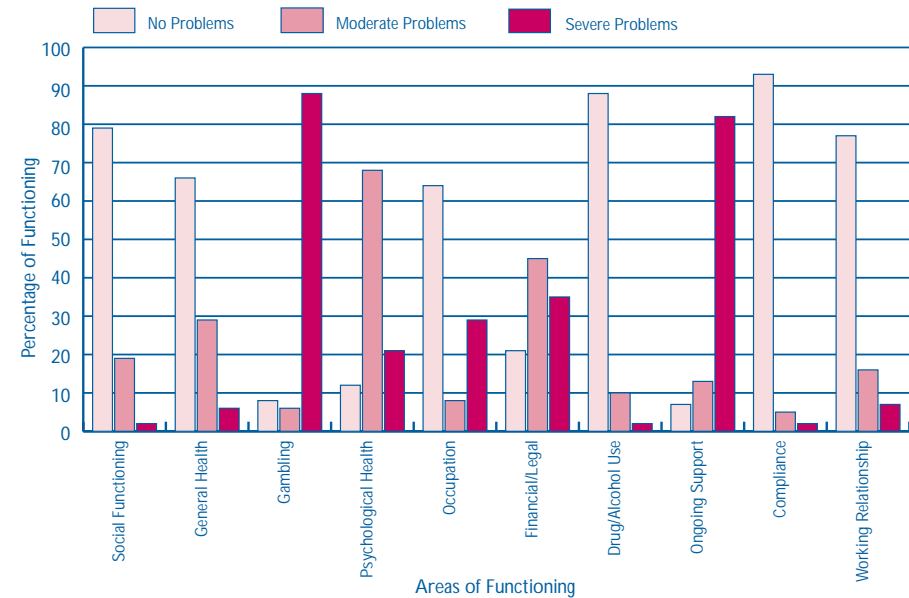
Drug and alcohol misuse

- The number of clients experiencing drug or alcohol problems alongside their gambling was considerably down in 2003 compared to previous years. At assessment, 12% of clients were involved in drug or alcohol misuse with 2% having serious dependencies.
- Positive outcomes in terms of co-morbidity was less dramatic than in other areas of client functioning but no less significant for those clients who were able to make changes and stop their drug or alcohol misuse. At closure, those still misusing drugs or alcohol had been reduced to 8% but rose to 17% at the 3 month follow up stage when one or two found themselves returning to drinking or drug taking at the time they experienced gambling lapses. However, by the 6 and 12 month follow ups the level of drug or alcohol problems had stabilized at 7% and 10% respectively.

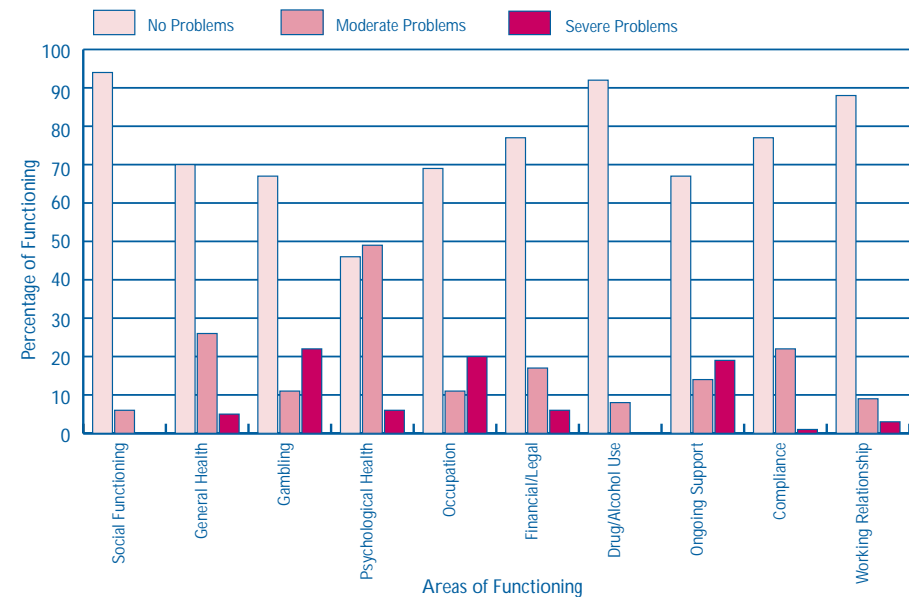
Support, compliance and working relationship

- Support, compliance and working relationship relate more to the clinical arena and are important elements in order for effective counselling to take place. At the commencement of counselling, 94% of clients had no or only patchy support structures in place. Levels of motivation and commitment to the counselling process were generally high even if, in most cases, it was at first crisis driven. However, 16% of clients were quite demanding to work with while a further 7% had multiple needs (including severe psychological problems) thus requiring considerable time and attention during the counselling process.
- The lack of effective support for most clients once counselling had finished made it much more difficult for them to sustain and build upon the changes and decisions they had made and placed an even greater importance on attendance at the follow ups. By 3 months post closure only 22% continued to have good regular support. This was reduced to just 13% at 6 months and zero at 12 months (making the high level of successful outcomes even more notable). For those who did commit themselves to the follow up programme, compliance rates, and especially working relationships, were extremely good.

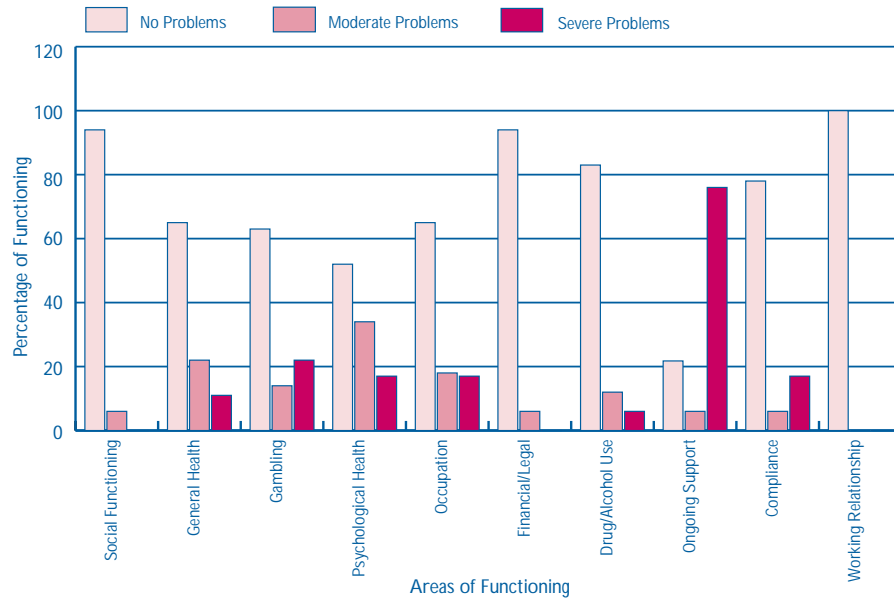
Client functioning at assessment



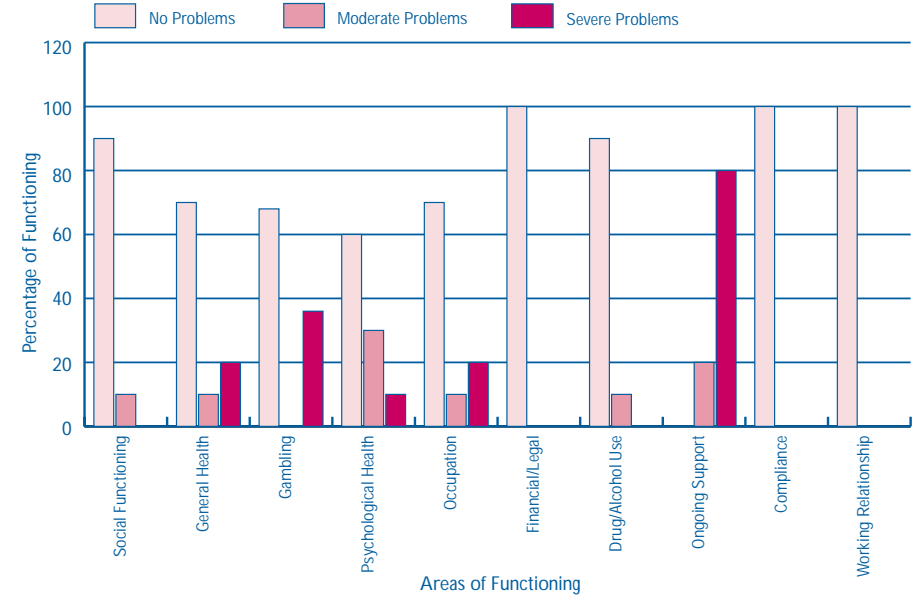
Client functioning at closure



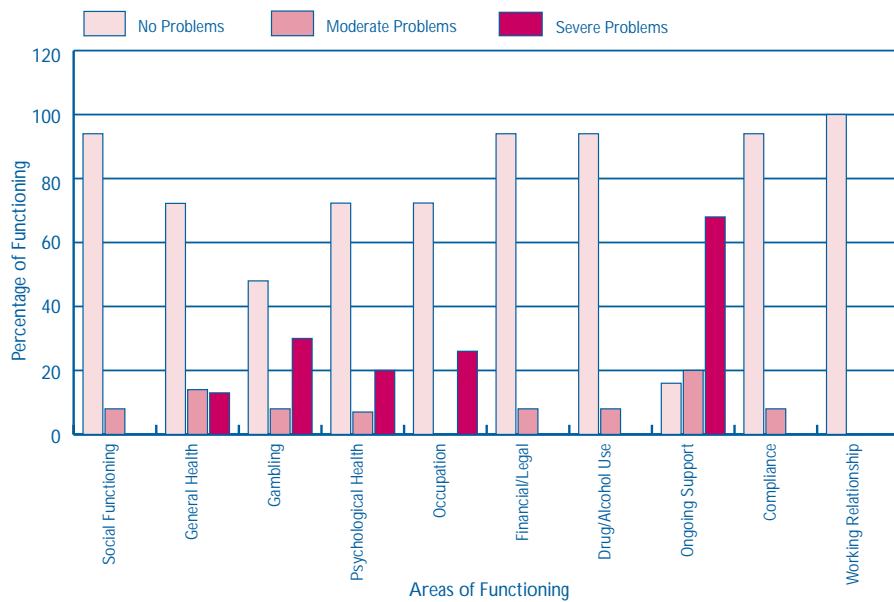
Client functioning at 3 month follow-up



Client functioning at 12 month follow-up



Client functioning at 6 month follow-up



BREAKEVEN PARTNERSHIPS

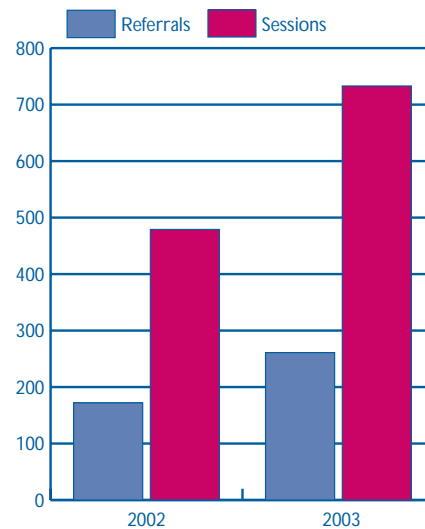
Service overview

In 2003 our Breakeven partners gained real momentum with sessions reaching a total of 733 up by 53% from 2002.

The Partners received 261 referrals mostly following an initial call to the GamCare Helpline.

Whilst the highest number of sessions was held in the North East at 53% of the total this was a lower percentage than the previous year indicating the growing confidence and capabilities of the other partners in delivering support in their communities.

Fig. 1



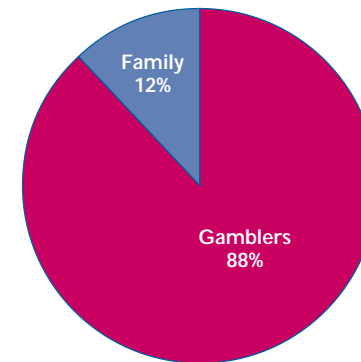
Client analysis

The Parents Advice Centre in Northern Ireland has historically provided support for both individuals and their families/close friends.

An encouraging sign is that support for families/close friends is being developed throughout the partnership network.

Just over 1 in 10 appointments now involve more than the individual with the problem. This level is reflected throughout UK including those who seek help via the GamCare London counselling facilities.

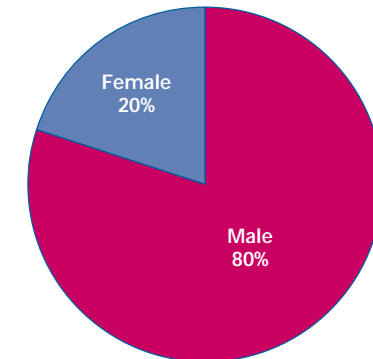
Fig. 2



Gender

These figures represent a similar picture to 2002 but having said that, as there was an increased level of overall counselling sessions (see Figure 1) then there was a substantial jump in the number of women seeking help in absolute terms.

Fig. 3

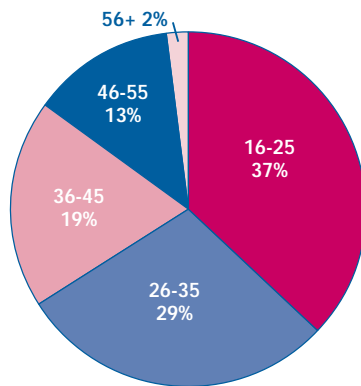


Age distribution of clients

The figures indicate more young people under 25 (+ 3% vs. 2002) and more of the population between 46 and 55 (+ 4% vs. 2002) were seeking help versus other age groups.

With a higher overall number of people seeking help from our partners, this indicates an increasing trend of support and education required for two quite different age levels of society.

Fig. 4

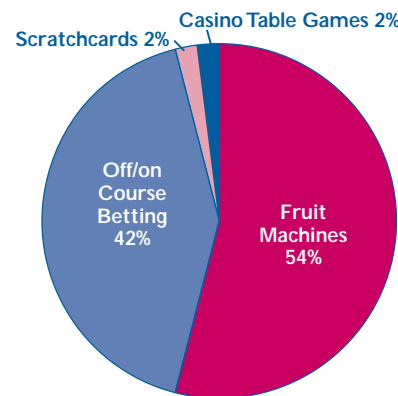


Primary mode of client gambling

When counselling clients it is normal to record the clients own views on their primary mode of gambling. As there are now more occasions when clients indulge in a mix of gambling activities, it is now not easy to pin down the primary mode.

Our Partners' records are not as detailed as those maintained by GamCare in London and thus this pie chart projects a somewhat broad and simplistic picture. Whilst fruit machines and betting in general are the primary modes recorded, our Partners' statistics have not indicated in sufficient detail whether newer modes like the internet or FOBTs feature as well. There are undoubtedly other modes that must be considered and we will endeavour to include these for the next Partner Report.

Fig. 5



Christo Inventory for Gambling Services

Assessor:

Date:

Client:

Intake assessment:

or

Follow-up assessment:

Gambling choices:

(e.g., losses, cards, fruit machines, etc.)

Residence:

(e.g., hostel, prison, residential treatment, home, hospital, NFA)

Service Provider: Name:

Date in:

Date out:

Reason left:

First:

Second:

This form is for evaluation / clinical note purposes only and is a rough indicator of professional impression of recent gambling related problems in the past month. Specific substance / behaviours are listed only as guiding examples and may not reflect the exact situations / behaviours of the client. (Please ring a number under each heading)

Social functioning

0. e.g., client has a stable place to live and supportive friends or relatives who are gambling / drug / alcohol free.
1. e.g., client's living situation may not be stable..... or they associate with gamblers / drug users / heavy drinkers..... (Tick one)
2. e.g., living situation not stable, and they either claim to have no friends or their friends are gamblers / drug users / heavy drinkers.

General health

0. e.g., client has reported no significant health problems.
1. moderate health problems e.g., tooth/teeth problems, occasional stomach pain, headache, back ache, skin problems.
2. major problems e.g., extreme weight loss, tremors, dizziness, ulcers, stomach / bowel problems, chest / other infections, coughing up blood, fever, infections, seizures, organically caused memory loss, neurological damage.

Gambling

0. e.g., no gambling in past month.
1. e.g., client suspected of periodic gambling, or else may be socially gambling for small sums that are not considered a problem.
2. e.g., client suspected of gambling blips or regular gambling.

Psychological

0. e.g., client appears well adjusted and relatively satisfied with the way their life is going.
1. e.g., client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their job.
2. client has a mental disorder e.g., panic attacks, phobias, OCD, bulimia, recently attempted or seriously considered suicide, self-harm, overdose or may be clinically depressed. Or client may have psychiatric disorders, paranoia (e.g., everybody is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices)

Occupation

0. client is in full time occupation e.g., houseworker, parent, employed, or student.
1. e.g., client has some part time parenting, occupation or voluntary work.
2. e.g., client is largely unoccupied with any socially acceptable pastime.

Financial / Legal

0. e.g., no recently acquired debts (except from usual mortgage or hire purchase agreements) or criminal involvement
1. e.g., client suspected of having unsorted debts (e.g., credit cards) or irregular criminal involvement, perhaps petty fraud, petty theft, driving offences.
2. e.g., suspected of having serious debt or regular criminal involvement, or major fraud, violence, assault, breaking and entering, car theft, robbery.

Drug / alcohol use

0. e.g., no recent drug / alcohol misuse.
1. e.g., client suspected of periodic drug / alcohol misuse, or else may be socially using drugs that are not considered a problem, or may be not prescribed drug but not supplementing from other sources.
2. e.g., client suspected of bingeing or regular drug / alcohol misuse.

Ongoing support

0. e.g., regular attendance of GA / AA / NA, treatment, drop in centre, day centre, counselling, telephone support, or treatment afterwards.
1. e.g., patchy attendance i.e., less than once a week contact with at least one of the above.
2. e.g., client not known to be using any type of structured support.

Compliance

0. e.g., attends all appointments and meetings as fine, follows suggestions, or complies with treatment requirements.
1. e.g., not very reliable, or may have been reported as having an "attitude" problem or other difficulty with staff.
2. e.g., chaotic, may have left treatment against staff advice or been ejected for non-compliance e.g. gambling, attitude problem.

Working relationship

0. relatively easy going e.g., interviews easily, not time consuming or stressful to work with.
1. moderately challenging e.g., a bit demanding or time consuming, but not excessively so.
2. quite challenging e.g., very demanding, hard work, time consuming, multiple needs, emotionally draining or stressful to see.

CIGS Total Score =

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