



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

**Evaluation Study on the Impacts of
Gambling Liberalization in Nearby Cities on Hong
Kong Peoples' Participation in Gambling Activities
and Development of Counselling and Treatment
Services for Problem Gamblers**

Final Report (2008)

**Department of Applied Social Sciences
The Hong Kong Polytechnic University**

**Comissioned by
Home Affairs Bureau
Government of the Hong Kong Special Administrative Region**

December, 2008

Research Team Members

Department of Applied Social Sciences, The Hong Kong Polytechnic University

Prof. Howard Chi-ho Cheng

Professor and Associate Head

(Principal Investigator)

Dr. Helen Kit-wan HO

Assistant Professor

Mrs. Jenny Hui Lo Man-chun

Lecturer

Dr. Irene Lai-kuen WONG

Assistant Professor

Miss Stella Sau-kuen WONG

Instructor

Dr. Chung-yan Ip

Post-doctoral Fellow

Mr. Ka-man LEE

Research Associate

Wanco Consultants Limited

Dr. Jimmy Wong Chi-ting

Acknowledgements

The research team would like to take this opportunity to thank everyone who helped in this study as we had received full support from various parties concerned, and in particular, only with the co-operation of staff members of the four Gambling Counselling Centres could this study be possible. On top of their already heavy work duties, the staff members of the four Centres had assisted in coordinating their clients to take part in the study, and provided us with all relevant information. For these, we owe them our greatest appreciation. Our special thanks should also go to Ms. Elda CHAN, Ms. Jessie WONG, Mr. Wai-kwok LUK and Mr. Joe TANG, supervisors of the four Centres, who had devoted a lot of time in coordinating their teams to make available the service information for the research team which was crucial for the study to complete in limited time.

The research team understands that our data collection process might bring about unpleasant feelings to the service recipients and their family members when they had to recall their histories in fighting against problems from gambling. However, we are sure that their input would benefit us a lot to achieve better understanding on the problem of gambling, and how the negative consequences of gambling could be alleviated. We wish to thank the service users and their family members.

Finally, the research team is most grateful for all the support given by the Ping Wo Fund and the Home Affairs Bureau. Special thanks must go to Ms Grace LUI, JP, Ms. Christine CHOW, Mr. Anthony LI, Ms. Elaine MAK, Ms. Christine WAI, Ms. Meimei CHAN, Mr. Ricky SZETO and Ms. Julie LAW of the Home Affairs Bureau for their wholehearted support, without which this study could never be completed.

Table of Contents

	<i>Page</i>
Research Team Members	ii
Acknowledgements	iii
Table of Contents	iv
Executive Summary	v
 Main Report	
 INTRODUCTION	 1
 Chapter 1 --- Hong Kong Peoples' Participation in Gambling Activities over the Past Year	 5
 Chapter 2 --- Progress of the Four Pilot Counselling and Treatment Centres for Problem Gamblers: an Overview	 26
 Chapter 3 --- Constraints and Challenges Faced by Counselling and Treatment Services Providers	 47
 Chapter 4 --- Views of Services Users and their Implications	 70
 Chapter 5 --- Conclusions and Recommendations	 87

Evaluation Study on the Impacts of Gambling Liberalization in Nearby Cities on Hong Kong Peoples' Participation in Gambling Activities and Development of Counselling and Treatment Services for Problem Gamblers

Final Report (2008)

Executive Summary

1 Background of the study

1.1 At the beginning of the millennium, Macau had released its monopoly system on the operation of the gaming industry and started to gear towards a wholesome development in this field. Singapore followed suit and casinos were formally coming into beings. The gaming industries in districts around Hong Kong are growing in high speed. Basing on this fact and the demands from the community, the Home Affairs Bureau of the Hong Kong Special Administration Region Government had commissioned, respectively in 2001 and 2005, the Hong Kong Polytechnic University and then the University of Hong Kong to carry out two major public research studies to better understand the situation of Hong Kong people taking part in gambling activities, and to trace changes of the prevalence rate on problem or pathological gambling. Besides, in 2003 the SAR government had also financed, through the Ping Wo Fund, the establishment of two counselling and treatment centres designated in providing supportive service to people and their family members perplexed by problem gambling, namely the Caritas Addicted Gamblers Counselling Centre and the Even Centre of the Tung Wah Group of Hospitals. In 2007 two similar but smaller scale counselling and treatment centres, also financed by the Ping Wo Fund, were put into service. They are the Yuk Lai Hin of the Zion Social Service and the Gambling Counselling Centre of the Hong Kong Federation of Youth Groups.

1.2 In 2007, the Home Affairs Bureau commissioned the Hong Kong Polytechnic University to carry out an evaluation study aiming to

- examine the pattern of Hong Kong people taking part in gambling activities within the past year under the rapid growth of the gaming industries in districts nearby, and their knowledge on the preventive treatment measures for problem gambling;
- examine and analyse the service development situation of the four counselling and treatment centres (the four centres) financed by the Ping Wo Fund especially on the roles they played and the challenges met relating to the preventive treatment on problem gambling aspect; and
- probe into the ways ahead for gambling policies in Hong Kong, in particular those concerning the preventive treatment on problem

gambling.

1.3 Study Methods

- Telephone Survey – Telephone Poll on “Hong Kong People's Participation in Gambling Activities 2008” was aimed at obtaining a clear view on the situation of Hong Kong people taking part in gambling activities during the past year. On the other side, it was also meant to examine the advertising effect on the promotion of preventive treatment on problem gambling. 2,088 randomly sampled Hong Kong citizens aged at 15 or above were being successfully interviewed via the telephone lines between 19 and 28 March 2008. (Please refer to Chapter 1.)
- Documentary Analysis – To examine the past year performance of the four centres by means of the outcome indicators through the service data handed in to the Home Affairs Bureau by the four centres themselves. The research team also took into reference the respective assessment progress reports handed in to the Home Affairs Bureau by the four centres to sum up the service encounters and propose developments ahead. (Please refer to Chapter 2.)
- Individual Face-to-face Interviews – The research team had organised in-depth individual face to face interviews with core members of the four centres, namely a total of 17 centre organizers and professional counsellors, to gain a better understanding and interpretation on the challenges and restrictions faced by the four centres during their process of development. (Please refer to Chapter 3.)
- Focus Groups – The research team had held a total of ten focus group discussion sessions, about two to three sessions held respectively in each of the four centres, with a total attendance of 66 service users. It was aimed, through these focus group discussions, to obtain feedbacks from the service users on the services provided by the four centres. (Please refer to Chapter 4.)

2 Trend of Hong Kong People Taking Part in Gambling Activities

2.1 Profiles of Hong Kong Peoples' Participation in Gambling Activities

- 2.1.1 The telephone poll revealed that although the percentage had decreased when compared with the two previous similar studies, it was still a common practice in the past year for those being interviewed to take part in gambling activities. **There were 7 out of every 10 being interviewed indicated their participation in gambling activities during the past year.**
- 2.1.2 Placing bets on the Mark 6 Lottery was the most popular gambling activity among Hong Kong citizens (61.8%), followed by the taking part in social gambings (34.2%), horse racings (17.1%), gaming activities in Macau casinos (10.8%) and football bettings (7.7%).

- 2.1.3 The statistical analysis reflected that those being interviewed tended to take part in different kinds of gambling activities according to their individual social and economic backgrounds. For example, those taking part in horse racings mainly involved males aged 40 or above, employed with an education level at junior secondary or below. As with football bettings, the younger males aged at 20-39, employed with senior secondary or tertiary education level, took up a larger percentage. As for those who participated in Macau casino gaming activities also involved mainly younger males aged 20-39, employed with a higher educational background.
- 2.1.4 The monthly average spending on those regulated gambling activities amounted to \$732.7 per each of those being interviewed. The placing of bets on horse racings took up the largest percentage.
- 2.1.5 **More than one third (34.2%) of those being interviewed indicated that they first took part in gambling activities before the age of 18.** More than half (53.5%) indicated that their first participation in gambling activities was at the age of 18 to 29.
- 2.1.6 **The prevalence rates of "possible problem gambler" and "possible pathological gambler" obtained in this study are 2.8% and 1.7% respectively.** These show a slightly downward trend when compared with the percentages obtained from the two previous similar studies (respectively 4.0% and 1.8% in 2001 and 3.1% and 2.2% in 2005).
- 2.1.7 The statistical analysis indicated that if other conditions remained unchanged, **males who had taken part in football bettings, horse racings and gaming activities in Macau casinos bore the biggest possibility of becoming "problem or pathological gamblers".**
- 2.2 Effectiveness of Advertisements on Preventive Measures against Problem Gambling
- 2.2.1 Since 2003 upon the passing of the Bill to regulate football bettings in Hong Kong, the SAR government had at the same time been strengthening the publicity on promoting the prevention of or solution to gambling problems within the community. Yet after 5 years' time, only 37.8% of those being interviewed indicated they took notice of such publicities.
- 2.2.2 In addition, most of those being interviewed (93.5%) indicated that they had not heard of, or could not tell exactly the names of, those counselling and treatment service centres designated for people and their family members perplexed by problem gambling.
- 2.2.3 **Most of those being interviewed revealed that when they encountered with gambling problems, they would approach the gambling counselling centres which were specially designed for gamblers and their family members, yet 31.4% of those being interviewed refused to do so.** Among

those who were willing to seek assistance, younger females with higher educational background and those who were not "possible problem or pathological gamblers" were the majority. Those who indicated they would not seek assistance distinctly involved mainly elder males at lower education level and those "possible problem or pathological gamblers".

2.3 Rampant Increase of Gambling Outlets in Nearby Cities and its Impacts

2.3.1 Although there were not too many of those being interviewed indicated their notice on the opening of mega casinos in districts nearby and the increase of their desire to visit these casinos to take part in the gambling activities, **yet further statistical analysis revealed that the higher educational level of those being interviewed were more inclined to participate in such. While in every four of the "possible problem or pathological gamblers", there was one (23.9%) who indicated that the coming into business of such mega casinos did increase their desire to personally take part in gambling activities.**

2.3.2 It is becoming a trend in recent years to promote gambling activities through the launching of advertisements in the mass media in Hong Kong. Nearly two-third (64.2%) of those being interviewed showed an interest on these advertisements. Among them, young people aged 15 to 19, employed with secondary or tertiary education, and those "possible problem or pathological gamblers", were the majority. Apart from this, it is worth to take note on the contrasting data that 5.2% and 6.8% of the respondents had indicated respectively that such advertisements made them "more willing to" and "more unwilling to" take part in gambling activities.

3 Challenges and Constraints Faced by Existing Treatment Centres Currently

3.1 As reflected by the figures handed in to the Home Affairs Bureau by the four centres in areas concerning the tendering of assistance to service users in self-controlling their desire to participate in gambling activities, or in the strengthening of the resistant effort of service users against problem gambling, up to the degree of satisfaction on the part of the service users in relation to aims and effects over the services provided to them, **the work performance of the four centres achieved in the past year went more better than those targetted in their performance pledges.**

3.2 While processing to attain the encouraging effectiveness, the four centres had come across challenges and restrictions in the meantime at various levels in important areas such as **the counselling and treatment, research, and community education.**

A. Counselling and Treatment – Providing suitable and effective counselling and treatment to gamblers and their family members

- (i) The missions and service contents declared by the four centres showed a trend towards the offering of **"one-stop" multi services**. Such a service centre usually requires a large resource network to support the provision of the relevant multi services concerned in order to fulfill the operation of the one-stop service model because problem gambling often brings along problems relating to individual emotion and problem behaviour, broken family relationships as well as financial difficulties. Thus in the case of smaller scale service centres which were short of resources, many of the cases had to be referred to the other bodies concerned.
- (ii) In order to maintain the service quality with the increase of new cases in huge numbers, the four centres had adopted **a policy of priority**. It had been the prime objective of the four centres to provide gambling counselling and treatment, i.e. the responding to the major needs of the help seekers in time, and the fulfilling of the requirements on effective targets emphasized in the performance pledge of the Home Affairs Bureau. As a result of this most of the resources were placed on the handling of individual cases. Counsellors could only offer referral service to the help seekers or provide them with a limited follow-up through a telephone call. **The present method of calculation which counted solely the number of help seeking cases could not really reflect on the whole the enormous additional resources actually put in by the four centres**. To be selective some specialties of counsellors would be forfeitted, or other needs of service users perplexed by problem gambling would be overlooked, or ways on how to further assist family members of help seekers to relax from the anxieties would be put aside.
- (iii) The formation of a professional team is indispensable in order to put into practice the mission and performance pledge of a service centre. As gambling counselling is of a special service nature, the well-stocked experience in the relevant field is an important asset of a capable gambling counsellor. Thus most counsellors weighted heavily the exchange and sharing of experiences with co-workers in this same field through seminars and discussions so as to better equip one self. Yet the wish to keep on with further studies was not that easy to accomplish. **It was a common headache for gambling counsellors to squeeze out time and get a balance between the huge workload and continuous studies**.
- (iv) On the part of the funding mechanism and the opening up of services, the four centres received a yearly grant of \$3,500,000 and \$1,300,000 respectively from the Ping Wo Fund as the revenue for operation. The duration of the grant varied from two to three years. The four centres had to exercise extreme care on the allocation of this limited resources. First of all it was the problem with the centre site. Even the centres were willing to pay high rents the spaces that could be rented were relevantly small. When service users of the centre accumulated to a certain number, spaces available to be put into use were running short, then the quality of service was compromised. Under the circumstances that function rooms were all time occupied, the only way out was the reduction of service sessions or the activities be convened at outside borrowed locations.

- (v) Apart from the existence of a cap charge, the grant was also for a certain period only which affected negatively the service centres in the planning of long term service developments. The four centres were seriously disturbed by the uncertainty of future grant as it depended solely on the results of the evaluation of service effectiveness and the centres were not certain if the services could be continued. This funding mechanism had indirectly caused a loss of manpower resources. The cost of employing suitable staff for the service was one of the fixed expenditures of the service centres. The short-term contract and the incapability of the centres to offer market standard salaries had increased staff turn-over rate thus resulting in the lack of working hands.
- (vi) It was pointed out by people perplexed by problem gambling that quitting gambling is a harsh and long lasting fight. Although most of the service users agreed to the importance of self-controlling, they could hardly resist the temptations at every corner. All of them stressed that the hard wares (e.g. sites) and soft wares (e.g. counselling methods) provided by the service centres on their gambling treatment were of tremendous help to them. However the present funding model limited the service centres in their resource allocation to the steady keeping of a team of professional counsellors, the provision of better sites for activities, and having more counselling group sessions.
- (vii) Most of the service users revealed that they were directly or indirectly influenced by their family members in approaching counselling and treatment centres to help solve their various problems brought about by gambling. **Hong Kong is a community which mainly consists of Chinese people with family as the base. Family members of service users had been playing an important role in encouraging the latter to quit gambling. From this it can be observed that collaboration with family members of people perplexed by problem gambling, or the tendering of supportive services to family members of people concerned are worthy to push forward.**
- (viii) Pinpointing at the inadequate gambling counselling service, it was suggested by service users that the service centres should maintain a time to time follow up on their cases and that counsellors should keep contact with those who had already accomplished the counselling treatment by telephone, or that they be allowed to continually taking part in mutual help group activities. The closing of service centres on Sundays and holidays caused inconvenience to those service users who had to attend to work during the weekdays. Therefore they suggested **the setting up of a "24-hour gambling counselling hotline" and the opening of the service centres on Sundays and holidays.** These supportive measures would enhance the effect of the services tendered. The increase in the number of mutual help groups and the expansion of site spaces were also requested by the service users for an improved service.

- (ix) The four centres unanimously agreed that it was insufficient to depend solely on the organizations to provide gambling counselling service in that the government should help break the walls and actively promote the services. In the process of opening up various kinds of preventive treatment service on damages brought by problem gambling, the service centres often had to double their efforts to proceed or had to shelve the relevant activities or programs due to the bureaucratic attitude of some of the government departments. Redundant hindrances were simply there when, for example, applying to the Lands Department for the hanging up and displaying of advertisement banners for promotional purposes, or conducting liaison and seeking co-operation respectively with district police stations and the education bodies.

B. Research and Development – To help develop local, professional methods to handle problem or pathological gambling behaviour

- (i) The four centres had been building up relevant data from help seeking cases since their inception. Such included the individual "socio-economic characteristics" of service users, the pattern and duration of their participation in gambling activities, the seriousness of perplexity brought by problem gambling. These materials provided valuable reference to the further knowledge and understanding on the causes of problem gambling, and for the local service development. By allowing and pushing forward co-operation between the four centres and research bodies and universities to compile and analyse the data and materials collected, an important base for current and future development of the service could be founded. Besides, Hong Kong as a beginner, the borrowing of overseas experience to integrate with the actual local conditions in helping develop local professional methods to handle problem gambling had been a principal work target of the four centres. For example in the past, various kinds of seminars were held putting together local and overseas academics with professionals concerned to exchange opinions and share experience on topics relating to the causes and treatment of problem gambling and its cultural specialties; intensifying the reliability of the screening tools; evaluating the problem gambling counselling approaches and the training effect of local professional gambling counsellors, etc.
- (ii) Data revealed that the four centres had done a good job in the training of local professional gambling counsellors. This was especially so with the longer standing service centres. The professional training sessions and number of people trained were well above the set targets.
- (iii) **Many of the centre organizers and counsellors being interviewed expressed regrets on the situation that the relevant stakeholders were not discharging the appropriate synergy due to the lack of a precise policy relating to the preventive treatment on problem gambling. They felt the government should not tie itself up in only supporting and approving the grant of funds by the Ping Wo Fund but to take up a positive attitude in promoting the co-operation across different fields.** Among these relevant stakeholders, apart

from the four centres and certain non-government organizations, the Hong Kong Jockey Club is the only body authorized by the government to operate in the lottery, football and horse bettings. The government was supposed to take up a more active role in pushing the operator to pay pro-rata tax revenue for the preventive treatment on problem gambling. At the same time the government should take the lead to strengthen the preventive education and to provide high quality service for people perplexed by problem gambling hence avoiding the problem gambling being further deteriorated.

- (iv) The government could provide funds for research studies thus enabling the establishment of partnership between universities and related service centres, or finance civil organizations to organize activities such as the recent "No Gambling Festival 2008" thus enhancing a greater synergy from their collaboration. It was also proposed by gambling counsellors being interviewed that **the government should set up a data base**, abiding with Personal Data (privacy) Ordinance, to follow the practice of the Narcotics Division in regularly announcing the total number of people taking soft drugs and the number of people in different age groups receiving service etc. Through such a data base the present state of problem or pathological gamblers in Hong Kong would be ready in hand and would present a clearer picture on problem gambling thus enabling more effective service planning.

C. Public and Community Education – Providing information on the prevention of problem gambling for public and community education.

- (i) The four centres were to provide information in respect of the prevention of problem gambling for public and community education. According to the number of the educational activities organized within the communities, the four centres had all fulfilled the yearly service indicator requirement.
- (ii) There were discussions among service users with their "experienced" status on the effects of preventive treatment on problem gambling. Hong Kong has been adopting a "regulated gambling policy" and the Hong Kong Jockey Club is the major operator of the gaming industry. It was pointed out by service users that the advertising effect of vigilance on damages brought by problem gambling was inadequate and that the "wordings are too small" and "not clear" on relevant notices and promotional advertisements. Besides, contradictions were observed in the manners of adopting of a regulated gambling policy and the promoting of gambling activities by the Hong Kong Jockey Club in that there were few acts purposed for the former but the latter was served with overwhelming advertisements of attraction. Although most of the respondents were well aware of the damages that would be brought by the participation in gambling activities, many of them interpreted the damages as just the bearing of debts. Quite a number of service users suggested that the various kinds of damages brought by gambling and their seriousness should be clearly cited in the promotional activities so that the general public's alertness in the prevention of problem gambling could be increased

- (iii) To sum up, it was opined by service users that a correct concept on gambling and a healthy outlook on life should be delivered to all in their childhood through education. Otherwise, whatever scale of gambling counselling or provision of treatment service would not be able to bring a radical remedy.

4. Conclusion

- 4.1 Gambling, or the gaming industry, is undoubtedly a knife with sharp edges on both sides. The positive and negative impact induced thereof brought up loads of studies and discussions. Whatsoever stakeholders of the society, they must attach much importance on this subject because it involves or affects a wide range of different areas such as the morals, the laws, the leisure, the family, the economy, the tourism, or even the field of sports as well.
- 4.2 As at present, there is yet a most effective treatment model to handle problem or pathological gambling in the eastern or western societies. The major counselling and treatment target of the western society rests on the theories of **"responsible gambling"** and **"harm-reduction gambling"** which are gradually becoming acceptable by all in Hong Kong too.
- 4.3 Currently, the history of Hong Kong in the provision of professional gambling counselling and treatment service is short when compared with North American countries and Australia. That said, **the four centres together with other civil bodies offering similar services had in fact provided an indispensable safety net for people and their family members perplexed by problem gambling.**
- 4.4 In the days to come, Hong Kong has to engineer for the relevant policies and services under the circumstances of the rapidly growing gaming industries in Asian countries. Perhaps the SAR government needs to adopt a more active and practical role to deal with this on one hand, while on the other the major stakeholders of the society such as the non-government organizations, churches, educational sector, families, as well as the Hong Kong Jockey Club which all possess important and unique functions should bring to their full play by working closely in coordination on top of their own respective roles, then the negative impact brought by problem gambling on the society could be cut down.

5 Recommendations

5.1 To promote actively the involvement of stakeholders in bringing a greater synergy

5.1.1 Although the number of problem gamblers and their family members only took up a small portion of participants in gambling activities, yet the provision of appropriate counselling and treatment services to them is absolutely necessary. The government should maintain a close liaison with all stakeholders, such as the Hong Kong Jockey Club, non-government organizations offering gambling counselling services, schools, civil organizations, law enforcement agencies, churches etc, to enable the effective allocation of resources and co-ordination on matters relating to treatment, advertisement, education etc. If the Home Affairs Bureau is to remain as the body taking care of gambling policies and affairs, it is proposed that the Bureau should take up a more dynamic, strategic and contextual role, balancing itself between a highly active intervening and a laissez-faire attitude.

5.2 Collaborative efforts with nearby cities for combating problem gambling

5.2.1 The fast growing of the gaming industry in Macau would be bringing undesirable impact on the Hong Kong society. This study revealed more and more young and educated middle class people were planning their family holiday tours to Macau, and would directly or indirectly contact with the grand new casinos there. In addition, the existing problem or pathological gamblers would remain the routine attendants of the Macau gaming industry. Under such circumstances, the gambling treatment centres of Hong Kong and Macau (e.g. the "Resilience Centre – Problem Gambling Prevention and Treatment Centre" of the Macau SAR Government Social Work Bureau) could strengthen the co-operation between themselves to complement each other. Therefore it is proposed to establish a case referral or service follow-up system between Hong Kong and Macau.

5.2.2 To set up a data base in relation to the prevention on problem gambling with Hong Kong as the central point involving districts around such as Macau, Singapore, Malaysia, Taiwan etc. Information contained in the **data base** would cover the characteristics and needs of service users, the handling methods, research study results etc, in order to facilitate local studies focusing on "gambling problems", "the handling of problem gambling", and other related social conditions to help defining long term policies in this respect.

5.3 Funding Model for Sustainable development

- 5.3.1 **Apart from keeping on funding the services currently provided by the four centres**, the relevant departments of the SAR government and the Ping Wo Fund should determine a set of long term operation and funding model in respect of gambling counselling and treatment to enable the continuous provision of effective services by the relevant service centres, as well as the systematic implementation of advertising, educating and preventing procedures. It is also proposed that on structure wise, **the expansion of "Ping Wo Fund" in its composition and duties or the formation of a "Central Commission on Gambling Problems" comprising officials from relevant government departments, representatives from the Hong Kong Jockey Club, representatives from the business sector, professionals and academics.** (Please refer to Chapter 5.)
- 5.3.2 The Ping Wo Fund could bring into consideration the provision of resources, or that funds be provided by the government or the Hong Kong Jockey Club, to establish an "activity fund" for non-government organizations, civil organizations, schools etc to apply for the conducting of activities relating to gambling prevention education, advertisement and training programs. The operation, evaluation and supervision of the fund are to be co-ordinated by the Ping Wo Fund.
- 5.4 Learns from successful experiences overseas
- 5.4.1 In respect of pushing forward the corporate social responsibilities of gambling activities operators, countries such as the United Kingdom, United States of America and Australia have attached much importance on the problem or pathological gambling derived from the opening up of gaming industries and they have made it a rule that operators of gambling activities must take up the social responsibility of paying part or all of the expenses incurred on the preventive treatment of pathological gambling.
- 5.4.2 In respect of the funding model for the development of preventive treatment service on problem gambling, it is proposed that a charity trust fund (such as the Gambling Industry Charitable Trust of the United Kingdom) be set up, or through the collection of certain percentage of tax returns or licence fees from operators of gambling activities, from which a persistent and steady financial income is available to cater for the operation and development of gambling counselling and treatment service.
- 5.4.3 To establish independent institution to focus study on gambling related problems, or to conduct various gambling related studies by the above suggested Central Commission on Gambling Problems.

INTRODUCTION

In the world around us, gambling has long been in existence within different districts and countries, and it is even now in the ascendant in recent years. Countries as far as those in Europe and America are making great efforts to stimulate their already well-developed gaming industries. As for their Asian neighbours, Singapore had, in 2005, relaxed the restrictions over gambling which had been in force for almost 40 years, and is now actively building up a tourism industry gears toward gambling. Macau, which is on the other side of the waters from Hong Kong, put an end to the monopoly system on gaming industry which has been lasted for decades upon the passing of the Gambling Ordinance on 30 August 2001. Just within these few years, the gaming industry in Macau has surpassed that of the Las Vegas and is now the largest gambling centre in the world.¹

Gambling has always been a long standing practice in Hong Kong. Social gambling, such as playing "mahjong" at dinner parties and card games with friends or family members during festive gatherings, is common to the everyday living of many. From the old time gambling stalls and the "tsz fa" operating on the streets, to the nowadays Mark 6 lottery, horse racing, football betting etc, the general public of Hong Kong has never been stranger to them. However, Hong Kong runs its gaming industry in a way very different to those in the rest of the world. It abandons the usual practice of authorising commercial companies, which would only aim at making maximum profits, to operate the gaming industry, but to work out relevant rules to restrict the Hong Kong Jockey Club (the Jockey Club) to operate the gambling activities in a model that is not-for-profit and at the same time promoting responsible gambling practices among those who gamble.² This

¹ The fast expansion of Macau's gaming industry after its liberalization, especially in the strong growth of the contribution percentage of its earnings to Macau's GDP is astonishing. In 2006, Macau's gaming revenue surpassed that of the Las Vegas strip and made it the largest casino in the world. Please refer to Zuo Liancun (2008), "*Thoughts on the Coordinated Growth of the Gaming Industry of Macao*", collected at P.12-3 of "*The Rapid Growth of Casino Industry and its Impacts to the Macao Economy and Society*" edited by Union of Macau Scholars.

² The policy of the Hong Kong SAR government is to restrict gambling. The Jockey Club is authorized to operate in a not-for-profit and regulated gambling model, that is with surplus to charity, high integrity, strict regulation, limited gambling opportunities, does not allow the placing of bets from people under 18 years old, and no credit betting.

unique model on the operation of gambling activities, the pattern and the trend Hong Kong people taking part in it call for extensive concern and discussion from the community. In particular, the becoming of problem or pathological gambling and its prevalence rate among the public are taken as the wind vane of damages brought about by gambling. The reasons being that the behaviour of problem or pathological gamblers such as the lack of self-control, ignorance over consequences and indulgence in gambling would, not only do harm to their own personal being and their relationships with family members and friends, but would also bring considerable pressure on the stability of the community and the public health.

With regard to this, the Hong Kong Special Administration Region Government had, in 2001 and 2005, commissioned the Hong Kong Polytechnic University and the University of Hong Kong respectively to carry out two large scale public surveys aiming to assess the situation of Hong Kong people taking part in gambling activities, and to trace at the same time the change in the prevalence rate for problem or pathological gambling. During that time, through the establishment of the "Ping Wo Fund", two counselling and treatment centres were financed to provide support services to people and their families perplexed by problem or pathological gambling. They are the Caritas Addicted Gamblers Counselling Centre and the Even Centre of the Tung Wah Group of Hospitals. In 2007, two additional but smaller scale counselling and treatment centres financed by the Ping Wo Fund were also established. They are respectively the Zion Social Service Yuk Lai Hin and the Gambling Counselling Centre of the Hong Kong Federation of Youth Groups. These two centres also aim at serving people and their family members perplexed by problem or pathological gambling as the two former ones.

On the other side, with the traditional casinos in nearby districts transformed and expanded to modern, grand multi-entertainment complex which kept opening one after another, would this cause a change on the pattern of Hong Kong people participating in gambling and the prevalence rate of problem or

pathological gambling is of concern. In addition, the four counselling and treatment centres on gambling financed by the Ping Wo Fund have been consecutively put into service. This would undoubtedly bring the present policy on gambling and the gambling related counselling service of Hong Kong to a level which would attract more public concern and discussion. Moreover, a responsible government would attach much importance on preventive treatment on problem gambling when developing relative regulations on gambling activities in order to minimize the possible damages. Therefore, commissioned by the Home Affairs Bureau, Department of Applied Social Sciences of the Hong Kong Polytechnic University, at the beginning of 2008, started an evaluation research study on the fast expansion of gaming industries in nearby districts, how Hong Kong people participate in gambling activities and the strategy for the preventive treatment on problem gambling. Specifically, the major objectives of **of this research are:**

- to review, under the fast expansion of gaming industries in nearby cities, Hong Kong people's participation in gambling within the past year, and their knowledge on the relevant preventive measures on problem gambling;
- to review and analyse services provided by the four pilot gambling counselling and treatment service centres, especially on the part of preventive treatment on problem gambling and challenges met; and
- to recommend the way forward regarding the long term provision of counselling and treatments services for problem gamblers in Hong Kong

Before reporting in details the contents of information and data collected in various aspects of this research study, a brief description on this report is given below. Chapter 1 describes and analyzes the data collected from telephone interviews with more than 2,000 members of the public aged 15 or above through random sampling on their gambling activities in the past year, how much they knew the present preventive treatment on problem gambling in Hong Kong, and their concerns over the fast growing of nearby districts gaming industries etc, so as to draw out a most update gambling pattern of Hong Kong people. Then, based on the data and information handed in by the four counselling and treatment

centres financed by the Ping Wo Fund to the Home Affairs Bureau, Chapter 2 would focus on laying out the performances of these four centres on service targets and their effectiveness standards during the past year. This would provide a basis for discussion, when diving deeper in the following two chapters, with the examination on the characteristics and limitations of the preventive treatment on problem gambling adopted at present. Through the putting in order the face-to-face in-depth interviews with the organisers and counsellors of the four service centres, Chapter 3 would interpret the discrepancies and similarities displayed by the rate of progress of these four centres in respect of the scale of the organization, the professional development, the control on qualities, the fund allocation method, and on the roles of the government, etc. Chapter 4 would elaborate the important elements in the good effect of preventive treatment on problem gambling through the eyes of 70 present or past service users of the four centres in contributing their personal summed up experiences and self appraisals. The last Chapter would synthesize the major points raised in the former four Chapters and offer proposals on the forward development of the preventive treatment policy and measures on problem gambling.

Chapter 1: Hong Kong Peoples' Participation in Gambling Activities over the Past Year

1.1 Introduction

As a prerequisite pinpointing at the fast growing of nearby districts gaming industries, this Chapter aims on reporting the gambling situation, in the past year, of 2,088 random sampled members of the public aged 15 or above. Apart from assessing the problem or pathological gambling prevalence rate involved, this research study would further examine in details the public knowledge on the present preventive treatment on problem gambling, and the impact brought about by the continuous opening of large scale casinos in nearby districts. Before starting discussion on the above, a brief statement is appended below on the survey tools and sampling methods undertaken by this research.

This research has adopted a modified random digit dialing technique to produce telephone samples. The process consisted of three stages. First, a great deal of telephone numbers were randomly sampled from the latest PCCW residential telephone number book and this was named Sample Alpha. Secondly, the last two digits of all the telephone numbers in Sample Alpha were truncated. Then these two numbers were replaced randomly through computer operation to make the telephone numbers back to the normal eight digits form. This was then named as Sample Beta. Finally, all the numbers in Sample Beta were randomly allocated into the telephone interview programme. Properly trained interviewers would then call the respondent of the above telephone numbers one by one. The respondent would be inquired whether or not an eligible respondent through procedural clarification. The eligible respondents would then be chosen through Kish method.

The dialing results were as follows. 20,531 telephone numbers were dialled, margin of error (sampling error) was $\leq \pm 2.2\%$. The breakdown of the above dialled telephone numbers is as follows :

- Completed eligible interviews = 2,088 telephone numbers
- Refused eligible units (including partial interviews) = 1,303 telephone numbers
- Refused at the very beginning (not-yet verified the eligibility) = 2,638 telephone numbers
- Lines in problem (non-existing lines or odd tones) = 6,156 telephone numbers
- Non-target telephone lines (business, fax or data lines) = 1,627 telephone numbers
- No answer (dialled two to six attempts in different sessions) = 6,719 telephone numbers
- Co-operation rate = $2,088 / (2,088 + 1,303) = 61.6\%$

The major results of the survey are appended below.

1.2 Situation of Hong Kong people's participation in gambling activities

Although the percentage decreases when compared with those of the two similar researches carried out several years ago, it is still a common practice for Hong Kong people to take part in gambling activities, **7 out of every 10 respondents indicated their participation in gambling in the past year.**

Table 1.2.1 : Percentarge of HK people involved in gambling in the past year

	Year		
	2001	2005	2008
Total population percentage involved in gambling	77.8	80.4	71.3
Sample number	2,004	2,093	2,088

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2001", HKU "A Survey on HK People's Participation in Gambling Activities 2005" and HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Research data indicated the Mark 6 lottery betting is most popular with Hong Kong people (61.8%), followed by social gambling (34.2%). As for horse racing, football betting, and gambling in Macau casinos, they amounted to 17.1%, 7.7% and 10.8% respectively.

Table 1.2.2 : Percentage of HK People taking part in gambling in the past year

Gambling items	Percentage of respondents
Mark 6 lottery	61.8
Social gambling	34.2
Horse racing	17.1
Macau casinos	10.8
Football betting	7.7
Mahjong House	0.6
Buying and selling of stocks	0.5
Others	0.6
Sample number	2,088

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008". More than one answer can be chosen.

Statistical analysis reflected that the differences in background of respondents would differentiate in what kind of gambling activities they participated. For example, **those who took part in horse racing mainly involved middle-aged males of 40 years old or above at middle level of education or below with an employment. In regard to football betting, 20-39 years old working young male participants with senior secondary or matriculation education took up a larger percentage. As for those who visited Macau casinos also mainly involved 20-39 years old young working male with tertiary education background.**

Respondents spent most money on horse racing which accounted for, in average, \$732.7 per month. Football betting came second with a monthly average of \$699.5. The money spent on Macau casinos or the Mark 6 lottery monthly amounted to an average of \$428.2 and \$89.8 respectively (Table 1.2.4). The average monthly money the being interviewed public spent on gambling activities shown by this research is clearly higher than

those obtained from the first similar study carried out in 2001.³

Table 1.2.3 : Chi-square Tests on different background and gambling activities taken part in the past year*

Background characteristics		Gambling activities taken part in the past year							
		Mark 6 lottery		Horse racing		Football betting		Macau casinos	
		(%)	(N)	(%)	(N)	(%)	(N)	(%)	(N)
Sex	Male	66.4	645	25.7	250	15.3	149	10.9 #	106
	Female	57.8	646	9.6	107	1.1	12	10.7 #	120
Age	15-19	17.0	31	1.6	3	4.9	9	3.3	6
	20-39	63.2	409	12.2	79	11.6	75	14.2	92
	40-59	73.6	654	22.5	200	7.5	67	11.5	102
	60 or above	53.1	197	20.2	75	2.7	10	7.0	26
Education	F.3 or below	63.2 #	451	23.4	167	4.8	34	9.0	64
	F.4 to matric	63.6 #	522	16.4	135	10.6	87	10.1	83
	Tertiary/above	57.5 #	312	9.6	52	7.2	39	14.5	79
Work	Employed	72.1	819	21.0	238	11.1	126	13.6	154
	Unemployed	49.2	464	12.3	116	3.6	34	7.5	71

* Apart from those marked with #, all statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$).

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Table 1.2.4 : Money spent monthly on horse racing, football betting, Macau casinos, and Mark 6

Money	Respondents percentage			
	Horse racing	Football betting	Macau casinos	Mark 6
\$50 or below	23.2	20.0	34.5	57.5
\$51 to \$100	16.6	23.4	21.3	24.4
\$101 to \$200	13.2	13.8	11.7	10.7
\$201 to \$500	22.6	26.2	18.3	6.0
\$501 to \$1,000	13.2	4.8	8.1	0.9
Over \$1,000	11.3	11.7	6.1	0.5
<i>Average betting money</i> (\$)	<i>732.7</i>	<i>699.5</i>	<i>428.2</i>	<i>89.8</i>
Median betting money (\$)	200.0	200.0	100.0	40.0
Betting money (standard deviations)	2341.3	2588.5	1053.5	173.7
Sample number (n)	319	145	197	1,158

Source: "A Study on HK People's Participation in Gambling Activities 2008"

³ 2001 Study Result: Horse racing (\$517); football betting (not operated yet); Macau casinos (\$100); Mark 6 (\$50).

Over one third of the public being interviewed indicated their first participation in gambling activities took place at the age before 18 years old whilst more than half of the remainder first took part at the age of 18 to 29 (Table 1.2.5).

Table 1.2.5 : Age HK people first take part in gambling activities

	%	No. of People
Below 18 years old	34.2	412
18 – 19 years	23.4	282
20 – 29 years	30.1	363
30 – 39 years	7.7	93
40 – 49 years	2.3	28
50 – 59 years	1.3	16
60 years or above	1.0	12
Sample Number (n)	100.0	1,206

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

As most Hong Kong people took part in gambling for the first time at their young age, apart from the fact that 30% of them did this with personal reasons, the rest were either influenced by friends or classmates, or participated in gambling on the suggestion or influence from family members. Those who were influenced by mass media or the Jockey Club advertisements only took up 5%.

Table 1.2.6 : Person making suggestion or influence to gamble for the first time

Person	%	In number
Friends or classmates	33.0	473
Self	30.9	443
Family members	21.0	301
Colleagues	8.6	123
Mass media	2.8	40
Jockey Club advertisements	2.2	32
Others	1.4	20
Sample number (n)	100.0	1,432

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

1.3 Problem or pathological gambling and its prevalence

The research result showed that among the 297 respondents who had taken part in gambling activities in the past year and possessed at least one

pathological gambling behavioural characteristics listed in the DSM-IV test⁴, 58 of them belonged to the "possible problem gamblers" category (i.e. 3 or 4 marks in DSM-IV test) and 35 of them belonged to "possible pathological gamblers" (i.e. 5 marks or above in DSM-IV test). In other words, **the prevalence rate for "possible problem gambler" and "possible pathological gambler" obtained in this research were respectively 2.8% and 1.7%. This indicated a slight decrease in percentage when compared with those of the two previous similar surveys.**

Table 1.3.1 : Respondent showing pathological behavioural characteristics in DSM-IV test

No. of specifications	Number of person		
	2001	2005	2008
10	-	-	-
9	2	-	-
8	4	-	3
7	3	-	12
6	10	-	4
5	18	-	16
4	33	-	21
3	48	-	37
2	80	-	59
1	170	-	145
Sample Number (n)	368	-	297
Possible problem gambler	4.0%	3.1%	2.8%
Possible pathological gambler	1.8%	2.2%	1.7%

Source : HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2001", HKU " A Survey on Hong Kong People's Participation in Gambling Activities 2001" and HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

Further statistical analysis revealed that 32.8% of the "possible problem gamblers" indicated that pathological related behaviour usually occurred at the time they took part in horse racing. The occurrence of such behaviour when taking part in social gambling amounted to 30%. As with "possible pathological gamblers", data reflected such behaviour would frequently occur at the time when they took part in horse racing and

⁴ In its Diagnostic and Statistics Manual Version IV, the American Psychiatric Associations had defined the pathological gambling and set up standards for diagnosis. The definitions included 10 standards representing 3 different areas of pathologic specifications, i.e. destruction or damage, lost control and tendency to rely. The phrases, choice of items of these standards and the "5 or more Yes" standard to define pathological gambling are based on clinical data.

football betting, which amounted to 51.4% and 42.9% respectively.

Table 1.3.2 : Gambling activities with which problems would occur when "possible problem or pathological gamblers" were participating in it

Gambling activities	%	
	Possible problem gambler	Possible pathological gambler
Mark 6	3.4	8.6
Local horse races with the Jockey Club	32.8	51.4
Macau horse races	1.7	2.9
Football matches with the Jockey Club	19.0	42.9
Playing mahjong in Mahjong House	1.7	8.6
Macau casinos	10.3	8.6
Social gambling	29.3	5.7
Others	3.4	2.9
Sample number (n)	58	35

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Furthermore, when compared with respondents who had not taken part in gambling activities in the past year, or even if they did there was no problem or pathological behavioural characteristics surfacing, the "possible problem or pathological gambler" involved distinctively, in statistics, males aged between 40 to 59 years old, married with an employment, attained junior secondary or lower education, the family income fell between \$10,000 to \$24,999, and were living in public housing flats (Table 1.3.3).

Table 1.3.3 : Background of possible problem or pathological gambling respondent*

Background characteristics		Not taking part in gambling in the past year		Non problem/ pathological gambler		Possible problem/ pathological gambler	
		(N)	(%)	(N)	(%)	(N)	(%)
Sex	Male	217	36.3	680	48.7	74	79.6
	Female	381	63.7	717	51.3	19	20.4
Age	15-19	100	16.7	73	5.2	9	9.7
	20-29	87	14.5	187	13.4	9	9.7
	30-39	91	15.2	259	18.5	14	15.1
	40-49	103	17.2	380	27.2	24	25.8
	50-59	73	12.2	284	20.3	24	25.8
	60 or above	144	24.1	214	15.3	13	14.0
Education	F.3 or below	204	34.3	465	33.4	45	48.4

	F.4 to matric	209	35.2	578	41.6	34	36.6
	Tertiary or above	181	30.5	348	25.0	14	15.1
Work	Employed	231	38.7	846	60.8	59	64.8
	Unemployed	366	61.3	545	39.2	32	35.2
Marital status	Single	240	40.9	404	29.1	24	26.4
	Married/cohabit	295	50.3	914	65.9	61	67.0
	Separated/divorced	15	2.6	40	2.9	4	4.4
	Lost spouse	37	6.3	30	2.2	2	2.2
Housing type	Public housing	214	36.4	434	31.4	47	51.6
	Home Ownership or Sandwich Class	67	11.4	202	14.6	15	16.5
	Self owned property	251	42.7	607	43.9	22	24.2
	Rented property	33	5.6	87	6.3	6	6.6
	Others	23	3.9	54	3.9	1	1.1
Total monthly family income	\$10000 or below	59	17.2	116	11.1	13	16.7
	\$10000-\$24999	136	39.7	471	45.1	39	50.0
	\$25000-\$39999	63	18.4	219	21.0	16	20.5
	\$40000 or above	85	24.8	238	22.8	10	12.8

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)
 Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

By using the logistic regression of the backward stepwise to make further analysis, it was revealed that the population characteristic variables and gambling participation pattern of some of the respondents bore, statistically, remarkable impacts on the chance percentage of becoming a problem or pathological gambler (Table 1.3.4)

Table 1.3.4 : Logistic regression model

Criterion variables	Predictor variables	B-coefficient	Odds ratio	(95% CI)	P-value	Nagelkerke R ²
problem/pathological gambling	Male	1.126	3.085	(1.087 ~ 8.751)	0.034	0.334
	Not taking part in football betting	-1.484	0.227	(0.104 ~ 0.495)	0.000	
	Not taking part in horse racing	-1.387	0.250	(0.116 ~ 0.538)	0.000	
	Do not go to Macau casinos	-0.860	0.423	(0.187 ~ 0.959)	0.039	

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

The predictor variables in the model could explain 33.4% variance of becoming a problem or pathological gambler. If the remaining conditions were the same, the model indicated that the chance of male gamblers becoming a problem or pathological gambler was 3.1 times higher than that of the female gamblers (95% confidence interval is 1.1 to 8.8 times).

The kind of gambling activities one participated in also bore different impact on the chance of becoming a problem or pathological gambler. For example, statistics data revealed the chance of gamblers taking part in football betting in becoming a problem or pathological gambler was 4.4 times higher than those who did not participate (95% confidence interval is 2.0 to 9.6 times). The chance of gamblers who had taken part in horse racings last year in becoming a problem or pathological gambler was 4 times higher than those who had not participated (95% confidence interval is 1.9 to 8.6 times). As for gamblers who had been to Macau gambling casinos, the chance of becoming a problem or pathological gambler was 2.4 times higher than those who had not participated (95% confidence interval is 1.0 to 5.3 times).

In other words, if the other conditions remained the same, male gamblers who had taken part in football betting, horse racing, and gaming activities in Macau casinos bore the highest chance of becoming a problem or pathological gambler.

1.4 The effect of advertisement on the prevention of or solution for gambling problems in the community

When Hong Kong passed the Bill to regulate football betting in 2003, the SAR government also strengthened the relevant advertisements on the prevention of or solution for gambling problems within the community. Yet after five years, only 37.8% of all respondents indicated knowledge of such advertisements. Most of them (86.2%) got the message through advertisements and situation dramas on television, those from newspapers or magazines, posters and banners took up 20.6% and 13.8% respectively.

Table 1.4.1a : Any notice on measures to prevent or solve gambling problems in the community

	Respondents percentage
Yes	37.8
No	62.2
Sample number (n)	2060

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

Table 1.4.1b : Ways to get messages on preventive treatment

	Respondents percentage
Advertisements and situation dramas on TV	86.2
Newspapers / magazines	20.6
Posters and banners	13.8
Radio	9.5
Websites	5.3
Education / religious bodies	3.2
Family members / friends / colleagues	2.6
Contests and activities	1.8
The Jockey Club	1.5
Social service bodies	0.8
Gambling counselling and treatment centres	0.6
Others	2.1
Sample number (n)	778

Remarks: More than one answer is allowed.

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

About those counselling and treatment centres specially catered for people perplexed by problem gamblings, most of the respondents either had no knowledge of their existence or could not tell exactly the names of the centres. With the minority (6.5%) who knew or could tell exactly their names, the following three centres were most well-known by them. Apart from the longer standing Industrial Evangelistic Fellowship Rehabilitation Centre for Problem Gamblers, the remaining two were centres financed by the Ping Wo Fund since 2003, i.e. the Caritas Addicted Gamblers Counselling Centre and the Even Centre of the Tung Wah Group of Hospitals.

Table 1.4.2a : Heard of or not rehabilitation centre designated for gamblers and their families

	%	Number
Yes	6.5	136
No / Don't know / Can't remember / Not clear	93.5	1948
Total	100.0	2084

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

Table 1.4.2b : Heard of which rehabilitation centre

	%	Number
Caritas Addicted Gamblers Counselling Centre	36.0	49
Industrial Evangelistic Fellowship Rehabilitation Centre for Problem Gamblers	20.6	28
Tung Wah Group of Hospitals Even Centre	16.9	23
Christian & Missionary Kei Yam Alliance Church	14.7	20
HKFYG Gambling Counselling Centre	11.8	16
Methodist Centre	11.0	15
Prevention and Rehabilitation of Pathological Gamblers Association Ltd	10.3	14
Zion Yuk Lai Hin	5.9	8
Christian New Hope Fellowship	5.1	7
Gambling Recovery Centre	4.4	6
Others	7.4	10

Sample Number =136 person (More than one answer is allowed)

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

For those who indicated "No" or "Not clear" in Table 1.4.2a, information revealed they were mainly young respondents with ages between 15-19, or elderlies at 60 or above, with low level of education, unemployed, the total monthly family income less than \$25,000 and not taking part in gambling activities in the past year, or even they had they were not in the category of "possible problem or pathological gambler" (Table 1.4.3).

Table 1.4.3 : Heard of or not any gambling counselling and treatment centres designated for gamblers and their families*

Background characteristics		Heard of any gambling counselling and treatment centres specially for gamblers and their families (%)			(N)
		Yes	No	Not clear	
Age	15-19	5.5	36.8	57.7	182
	20-39	7.3	29.9	62.8	646
	40-59	7.8	29.8	62.4	886
	60 or above	2.7	46.5	50.8	370

Education	F.3 or below	3.9	38.5	57.6	712
	F.4 to Matric	7.2	31.2	61.6	820
	Tertiary or above	8.9	29.9	61.3	542
Work	Employed	7.8	30.7	61.5	1134
	Unemployed	4.9	36.6	58.6	941
Monthly total family income	\$10000 or below	4.3	40.6	55.1	187
	\$10000-\$24999	6.5	28.7	64.8	645
	\$25000-\$39999	9.1	27.9	63.1	298
	\$40000 or above	7.2	29.1	63.7	333
"Possible problem pathological gambler" or not	No gambling in the past year	5.5	36.9	57.6	596
	Not PP gambler	6.5	32.5	60.9	1395
	Possible PP gambler	12.9	23.7	63.4	93

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)
 Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

To move a bit further, then would these respondents seek help from such specially designed counselling and treatment centres when they came across with gambling problems? The research revealed although most respondents indicated they would approach such centres, 31.4% of them indicated they would not. Among the negatives, 43.3% of those willing to tell the reasons why they would not seek help expressed that they had reservations over the effectiveness of these centres. This, together with those who indicated "self help or no need for help", took up more than 60%.

Table 1.4.4a : Whether or not would seek help from gambling counselling and treatment centres if in need

	%	Number
Yes	68.6	1306
No	31.4	597
Total	100.0	1903

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

Table 1.4.4b : Reasons for not seeking help from such centres

Reasons	%	Number
Feel its useless	43.3	129
Self help / no need for help	16.8	50
Get help from family / friends / social workers	12.0	36
Worrying about fees	7.7	23
Troublesome / do not want to face it	6.0	18
Afraid of being recognized	5.7	17
Insufficient information	5.4	16
Can't move freely / no time	3.0	9
Total	100.0	298

Source: HK Poly U "A Study on Hong Kong People's Participation in Gambling Activities 2008"

A further statistical analysis revealed that the "would seek help" group consisted mainly of younger females with higher level of education who were not 'possible problem or pathological gamblers'. The "would not seek help" group mainly consisted of older males with lower level of education who were 'possible problem or pathological gamblers' (Table 1.4.5).

Table 1.4.5 : Would seek help from gambling counselling and treatment centres designated for gamblers and their families or not if in need *

Background characteristics		Would seek help or not (%)		(N)
		Yes	No	
Sex	Male	63.9	36.1	890
	Female	72.8	27.2	1013
Age	15-19	83.1	16.9	178
	20-39	74.6	25.4	617
	40-59	69.8	30.2	799
	60 or above	45.3	54.7	309
Education	F.3 or below	58.9	41.1	621
	F.4 to Matric	71.8	28.2	773
	Tertiary or above	75.8	24.2	500
"Possible Problem/ Pathological gambler" (PP) or not	No gambling in the past year	70.1	29.9	532
	Not PP gambler	69.1	30.9	1283
	Possible PP gambler	52.3	47.7	88

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

1.5 Rapid increase in gambling outlets and advertisements promoting gambling

As stated in the Introduction section of this Chapter, gaming industries are growing at a high speed in districts nearby Hong Kong and it is especially so with Macau which is only waters away. Since the Macau government ended the 40 years monopoly in 2001, the vast expansion of the gaming industry can be witnessed by the increase in numbers of the casinos, and the game tables and slot machines within such places (Table 1.5.1a-b).

Table 1.5.1a : Number of casinos in Macau 2002-2007

Conceded companies	2002	2003	2004	2005	2006	2007
Sociedade de Turismo e Diversoes de Macau	11	11	13	15	17	18
Galaxy Entertainment Group			1	1	5	5
Venetian Macau			1	1	1	2
Wynn Macau					1	1
Melco Crown Entertainment						1
MGM Grand Macau						1
Total	11	11	15	17	24	28

Source : Macau SAR Gaming Inspection and Coordination Bureau

Table 1.5.1b : No. of casino game tables and slot machines conceded 2002 – 2007

Item	2002	2003	2004	2005	2006	2007
Game tables	339	424	1,092	1,388	2,762	4,375
Slot machines	808	814	2,254	3,421	6,546	13,267

Source : Macau SAR Gaming Inspection and Coordination Bureau

According to Macau scholar Zeng Zhonglu, casinos in Macau had achieved the most rapid development in 2007. Game tables in casinos increased from 2,762 at end of 2006 to 4,375 at end of 2007, and slot machines also increased from 6,546 to 13,267 within the same period. Though the Macau government announced recently to stop issuing new gambling licence, operators in Macau would still continue with their casino expansion project. It is because the current licence holders would carry out their plans on expansion constructions to enhance their competitiveness within the market. The total investment of these expansion projects involves over tens of billions of dollars which will bring Macau at least 20 more hotel casinos with more

than 60 thousands hotel rooms and thousands game tables.⁵

Besides, a fact worthy of attention is that since the opening up of the gaming industry in Macau casinos are operated in a way much different from the traditional ones which only provide gambling activities singly. Nowadays casinos are moving towards a style of composite entertainment resort with many varied choices including non-gambling items. These non-gambling items, like the intimated skyline and the Venice Canal in the Venetian Macau, the Fire-ejecting Music Spring and Good Will Tree Shows in the Wynn Macau, up to the MGM Art of Glass Exhibition and the statues displayed in its Sky Square are very well known to all.⁶ One can say that gamblers would no longer be the only one visiting casinos, may be some curious tourists or people aiming at specific shows are becoming more in numbers. This indirectly answers the reason why that, since the SARS in 2003, the number of Hong Kong people visiting Macau is in the increase yearly, whilst the percentage of them visiting Macau casinos, as shown by this research , is on the fall.⁷

Table 1.5.2a : Notice or not grand casinos are opening in nearby districts of Hong Kong

	%	Number
Yes	73.9	1542
No	26.1	544
Sample number (n)	100.0	2086

Source: HK Poly U "A study on HK People's Participation in Gambling Activities 2008"

⁵Grand casinos opened in this year included the Grand Lisboa in February, Crown Macau Hotel Casino in May, Venetian Macau on 28 August, MGM on 18 December. These grand casinos took up two thirds of Macau's new grand casinos. Projects under construction include the Diamond Room project of Wynn Macau which began in 2007 and to be completed in 2010; 4 theme hotel casinos of the Shun Tak Holdings Co Ltd are planned to be completed in 2009; Macau Studio City is planned to be opened in the first half of 2009; the Galaxy Cotai Megaresort in Cotai; and the City of Dream of Melco Crown Entertainment, etc. Please refer to Zeng Zhonglu (2008), "Macau Gaming Industry – Chances and Challenges." *Journal of Macao Polytechnic Insitute* Vol. 11(1): 10-18.

⁶ Zeng Zhonglu (2008), "Macau Gaming Industry – Chances and Challenges." *Journal of Macao Polytechnic Insitute* Vol. 11(1): 11-12

⁷ According to Macau Statistics and Census Service, Hong Kong people visiting Macau increased from 4,623,200 in 2003 to 8,174,100 in 2007.

Table 1.5.2b : Notice or not grand casinos are opening in nearby districts of Hong Kong *

Background characteristics		Notice or not grand casinos are opening in nearby districts of Hong Kong (%)		
		Yes	No	(N)
Sex	Male	78.6	21.4	970
	Female	69.9	30.1	1116
Age	15-19	69.8	30.2	182
	20-39	80.5	19.5	646
	40-59	79.8	20.2	888
	60 or above	50.3	49.7	370
Education	F.3 or below	59.2	40.8	713
	F.4 or Matric	77.5	22.5	821
	Tertiary or above	87.8	12.2	542
Work	Employed	81.5	18.5	1135
	Unemployed	64.8	35.2	942

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)
 Source: HK Poly U "A study on HK People's Participation in Gambling Activities 2008"

Macau, in the past, was only a place for gambling. Now it has transformed to a mega resort which provides besides casinos, numerous leisure entertainment activities such as food and drinks, retail services, shows and exhibitions, etc.⁸ **This transformation successfully attracts not only most of those being interviewed but also, according to statistics, the group of 20-39 years old working young men with tertiary education background were seen to be more capable in spending (Table 1.5.2b).**

Although only a minority of those respondents who would pay attention to these grand casinos indicated they would want to visit and participate in the gambling activities (Table 1.5.3a), **further statistical analysis revealed that the higher level of education of the respondents were the more they wanted to take part. Apart from them, one out of four (23.9%) of those "possible problem or pathological gambler" indicated the opening of such grand casinos increased their desire to participate (Table 1.5.3b). This is a fact worthy for concern.**

⁸ Please refer to Wang Wuyi (2008) "Casino 'Grand Competition': Market Failure created by the Bi-nature of Property", at P.86 and 100 and Footnote 2 of "The Rapid Growth of Casino Industry and its Impacts to the Macao Economy and Society" edited by Union of Macau Scholars

Table 1.5.3a : The opening of grand casinos affect or not your desire to participate in gambling activities

	%	Number
Yes, more willing to	5.2	80
Yes, more unwilling to	1.8	27
No	93.0	1429
Sample number (n)	100.0	1536

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Table 1.5.3b : The opening of grand casinos affect or not your desire to participate in gambling activities *

Background characteristics		The opening of grand casinos affect or not your desire to participate in gambling activities (%)			
		Yes, more desire to take part	Yes, lesser desire to take part	No	(N)
Education	F.3 or below	2.6	1.2	96.2	420
	F.4 to Matric	5.4	2.0	92.6	635
	Tertiary or above	7.4	1.9	90.7	473
"Possible Problem/ Pathological gambler" (PP) or not	Not taking part in gambling in the past year	2.0	2.3	95.7	398
	Not PP gambler	5.2	1.6	93.2	1071
	Possible PP gambler	23.9	1.5	74.6	67

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

In addition to the commencing operation of grand casinos in nearby districts, advertisements promoting gambling via the mass media are more and more commonly seen in Hong Kong. The research revealed nearly two thirds (64.2%) of those being interviewed indicated they had taken note of such advertisements. Among them, young people between 15 to 19 years old, with secondary or tertiary level of education, employed, and "possible problem or pathological gambler" were in the majority.

Table 1.5.4a : Have taken note of advertisements promoting gambling or not

	%	Number
Yes	64.2	1337
No	35.8	746
Sample number (n)	100.0	2083

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Table 1.5.4b : Have taken note of advertisement promoting gambling or not*

Background characteristics		Have taken note of advertisement promoting gambling or not (%)		(N)
		Yes	No	
Age	15-19	74.6	25.4	181
	20-39	70.7	29.3	645
	40-59	65.0	35.0	888
	60 or above	45.8	54.2	369
Education	F.3 or below	59.2	40.8	711
	F.4 to Matric	68.3	31.7	820
	Tertiary or above	64.4	35.6	542
Work	Employed	68.4	31.6	1135
	Unemployed	59.4	40.6	939
"Possible Gambler" or not	PP Not taken part in gambling in the past year	55.4	44.6	594
	Not PP gambler	66.7	33.3	1396
	Possible PP gambler	82.8	17.2	93

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)
Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Research on the impacts of these gambling promotion advertisements on people of Hong Kong revealed there were 5.2% and 6.8% indicated that such advertisements made them "more willing" and "more unwilling" respectively to take part in gambling activities. The majority of the remainder indicated they were not affected. As with the minority who indicated such advertisements heightened their desire to gamble, most of them (78.6%) were tempted by the chance of winning prizes.

Table 1.5.5a : Do promotional advertisements affect your desire to take part in gambling activities

	%	Number
Yes, more willing to	5.2	70
Yes, more unwilling to	6.8	91
No	87.9	1174
Sample number (n)	100.0	1135

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Table 1.5.5b : Reason arousing the desire to take part in gambling

	%	Number
Provide chance to win prizes	78.6	55
Attractive promotions	4.3	3
Promotion image agreeable	7.1	5
Others	10.0	7
Sample number (n)	100.0	70

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Table 1.5.5c : Do promotional advertisements affect your desire to take part in gambling activities*

Background characteristics		Does promotional advertisement affect your desire to take part in gambling (%)		(N)
		Yes, more willing to	Yes, more unwilling to	
Work	Employed	52.6	47.4	97
	Unemployed	29.7	70.3	64
Age	15-19	12.0	88.0	25
	20-39	58.8	41.2	68
	40-59	43.9	56.1	57
	60 or above	18.2	81.8	11
Education	F.3 or below	22.5	77.5	40
	F.4 to Matric	43.2	56.8	74
	Tertiary or above	63.0	37.0	46
"Possible Problem/Pathological gambler" (PP) or not	Did not take part in gambling in the past year	12.5	87.5	24
	Not PP gambler	47.1	52.9	121
	Possible PP gambler	62.5	37.5	16

* All statistical figures in the table were found significant by Pearson Chi-square Test ($p \leq 0.05$)

Source: HK Poly U "A Study on HK People's Participation in Gambling Activities 2008"

Besides, within this minority group of respondents, apart from those aged between 20 and 39 with tertiary education and an employment who were seen as more capable on spending were clearly, statistically, more in numbers, the percentage taken by those "possible problem or pathological gambler" respondents was also distinctively higher. In comparison with non-problem or pathological gamblers, attention should be given to the fact that although most possible problem or pathological gamblers did

realize the existence of gambling counselling and treatment centres, yet most of them were unwilling to seek help when in need. Because of this, when these "possible problem or pathological gamblers" were faced with advertisements promoting gambling, or it was more convenient to take part in gambling activities due to the opening of casinos one after another in districts nearby, they would become the group of people most easily affected by these advertisements.

1.5 Summary

The outcome of this research showed that it was still a common practice for people of Hong Kong to take part in gambling activities in the past year. Placing bets on the Mark 6 lottery had been the number one game for most over the years. Coming after social gambling, the horse racing, football betting, and gambling in Macau casinos were among the top five most popular gambling activities. In addition, when compared with results of previous similar studies, although the percentage of the total number of respondents taking part in gambling activities, to the percentage of the kind of gambling activities participated in, up to the prevalence rate of "possible problem or pathological gambler" did fall after rise, there is an obvious increase in the average monthly expenditure on those regulated gambling activities. Furthermore, it is necessary to make a point on the fact that, as revealed by this research, when compared with non-problem or pathological gamblers, most "possible problem or pathological gamblers" were not ready to seek help while in need although they knew of the existence of the counselling service centres.

On the other hand, statistics data indicated the majority "possible problem or pathological gamblers" would, not only paying attention on advertisements promoting gambling activities and announcing the opening of casinos in nearby districts, they were at the same time being tempted by these advertisements which as a result caused them more desirous to go gambling. In other words, both were information relating to gambling yet

those promoting gambling activities imposed bigger influence on "possible problem or pathological gamblers". Finally as reflected by the research, with the opening one after another of grand casinos in districts nearby, the group which was recognized as more capable to spend, i.e. males aged between 20-39 years with tertiary education and a job in hand, was distinctively, statistically speaking, in the majority who had indicated they would take note on such development.

Chapter 2: Progress of the Four Pilot Counselling and Treatment Centres for Problem Gamblers: an Overview

2.1 Introduction

The preceding Chapter has touched on the subject that most respondents had taken part in gambling activities and that a minority of them even was "possible problem or pathological gamblers". On the other hand, research data also reflected the majority of respondents indicated they had not taken note of any measures on the prevention of or solution for gambling problems. They also did not know much of the four gambling counselling and treatment centres financed by the "Ping Wo Fund" which were specially designed for people and their family members perplexed by problem gambling. People perplexed by problem gambling were needed to be supported and these funded centres could not shift their responsibilities in providing them with professional, quality and effective counselling and treatment services. Also, these centres were playing an important role in assisting members of the public to learn more about problem gambling, and helping to reduce the damages brought about by these activities. In this respect, through the data and information handed in to the relevant bodies by these funded centres, this Chapter would focus on displaying their (1) offering suitable and effective counselling and treatment to gamblers and their family members; (2) facilitating the development of local and professional methods to handle problem gambling behaviours; (3) collecting relevant data for further assessment on gambling problems in Hong Kong; and (4) past efforts in educating members of the public on how to prevent problem gambings.

2.2 Suitable and effective treatment services for problem gamblers and their family members

There is no doubt that people perplexed by problem gambling are needed to be supported albeit it is yet to be proved the most effective supporting

service is. Moreover, factors making up problem gambling are many and complicated. One does need some time to effectively solve the problem. However, of course, it is the prime job of these four "public funded" service centres to ensure people in need are obtaining suitable and effective gambling counselling and treatment. The Caritas Addicted Gamblers Counselling Centre of the Caritas Family Service and the Even Centre of the Tung Wah Group of Hospitals were financed by the Ping Wo Fund in October 2003 to provide counselling and treatment services to people perplexed by problem gambling. The Gambling Counselling Centre of the Hong Kong Federation of Youth Groups and the Yuk Lai Hin of the Zion Social Service were financed to establish by the Ping Wo Fund in February 2007, joining the force to provide relevant counselling and treatment services to people perplexed by problem gambling. Although the formation of these four centres was on a pilot basis, it did mark the rooting of a brand new supportive service in the social welfare domain of Hong Kong.

It is encouraging to note that from the figures provided by the four centres to the relevant bodies, they showed the performance of effective targets in the past year had surpassed those set down in the performance pledge, whether it was in the assisting of service users to self-control the desire to gamble, or in the increase of "resilience" against problem gambling, up to the satisfaction over the aim and effect of services received (Table 2.2a). From the figures, one would be a bit concerned on the HKFYG Gambling Counselling Centre in not meeting the target in certain areas in respect of the quantity of service. It is necessary to point out here that behind these "perfect" figures shown, perhaps there lay the reasons why in that the total number of second and third level service user cases dealt with by this Centre was obviously less than those of the other three centres, thus enabling case counsellors who were under lesser strain to provide more effective and satisfactory service.

Table 2.2a : Service Evaluation on Outcome Indicators

Outcome Indicators (% in brackets is Service Agreement target)	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Level II & III cases achieving and maintaining complete abstinence for half a year upon termination of treatment (excluding social gambling)	97% (50%)	87.0% (50%)	85% (60%)	100% (60%)
Cases showing increased ability of control, and ability to manage the emotional, cost and other factors leading to their gambling activities	88% (65%)	87.9% (65%)	85% (65%)	100% (65%)
Cases with sustained and consistent use of structural support	51.2% (60%)	61.1% (60%)	85% (60%)	94% (60%)
Cases closed with attainment of agreed goals in the case plans	88% (70%)	84% (70%)	85% (70%)	100% (70%)
Cases with improvement in other aspects of clients' life which are conducive to eliminating or reducing their gambling problems	88% (75%)	86.3% (75%)	85% (75%)	100% (75%)
Positive feedback from users and significant others on achievement of programme objectives and effectiveness of programme	98.2% (90%)	87.5% (90%)	95% (90%)	100% (90%)

Now comes to the meeting of the target in quantity wise by these four pilot service centres in respect of the assisting of help seekers perplexed by different degrees of problem gambling. First in respect of the case numbers of handling telephone enquiries, the other three centres could not reach the target except the TWGHS Even Centre. This was especially so for the two new centres which were obviously far behind from the other two (Table2.2b). As for the numbers on contact with people perplexed by different degrees of problem gambling, although there were three centres not reaching the target, the figures handed in by the Caritas Centre and the TWGHS Even Centre were not too far from the set up target. As for those from the HKFYG Centre, the numbers on contact with the first level service users, and that on the new cases on second or third level service user were a lot less than the set up standard (Table 2.2c-d).

Besides, in the part of providing sessions for counselling and treatment, and for mutual help groups, the HKFYG Centre was also facing harsh challenges. The sessions provided fell with 30% to 60% respectively below the set up yearly target (Table2.2e-f). Apart from the reason that this Centre was a

"late comer" in this new area of problem or pathological gambling counselling and treatment,⁹ their experiences accumulated and human resources equipped in assisting people perplexed by problem gambling were, according to the in-charge of the Centre,¹⁰ much insufficient than those of the other three centres. All these added up to their progress lagging behind others. At the time notice was received that it had to go into service within one month, the Centre had been indeed facing a difficult time.

Table 2.2b : Case No. on Handling of telephone enquiries

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 5,000		Service Agreement Target : 2,500	
5,075	4,083	1,651	728

Table 2.2c : No. of level I service user

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 2,000		Service Agreement Target : 1,000	
1,998	1,738	1,047	366

Table 2.2d : Case No. (Gambler) on Levels II & III New Cases

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 500		Service Agreement Target : 200	
462	421	283	130

Table 2.2e : Counselling and Treatment Sessions

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 3,000		Service Agreement Target : 1,200	
3,584	4,848	1,983	762

Table 2.2f : Sessions for Mutual Help Group/Self-help Group

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 150		Service Agreement Target : 60	
143	156	184	24

⁹ The Caritas Addicted Gamblers Counselling Centre and the TWGHs Even Centre were financed to start service in 2003. They are the earliest funded centres put into operation. Although the Zion Yuk Lai Hin and the HKFYG Gambling Counselling Centre were financed by the Ping Wo Fund at the same time in February 2007, the former had started their gambling counselling services in as early as 2000 and is rich in such experience. Therefore it is not offensive to put the Gambling Counselling Centre of the HKFYG as a "late comer".

¹⁰HKFYG Gambling Counselling Centre, P.2 of "A Performance Report - Detailed Report February 2007 to January 2008 (Appendix)".

2.3 Facilitating the development of local professional methods to handle problem or pathological gambling behaviour

The continuous building up of experience and practicing are essential parts to develop mature and professional counselling skills and treatments on problem gambling. However, Hong Kong is only a beginner in this respect. One of the main targets of those funded centres is, therefore, to help developing local professional methods to handle problem gambling. This can be achieved by ways of adopting experiences ready in countries overseas and assimilating them with local conditions. We can take the screening tool as an example. The Diagnostic & Statistics Manual, Version IV, or DSM-IV, published by the American Psychiatric Associations in 1994 is being in general use. As for the Caritas Centre, they use the South Oaks Gambling Screen (SOGS) created by Lesieur & Blume in 1987 to measure the seriousness of the problems faced by help seekers perplexed by problem gambling.

Table 2.3a : DSM IV / SOGS scores of service users

DSM IV / SOGS scores	Percentage			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
DSM IV scores				
With 1-2 problems (underlying problem)	--	N/A	2.5	0.8
With 3-4 problems (problem gambler)	7.4	N/A	8.5	6.2
With 5 or above problems (pathological)	85.1	N/A	47.7	93.1
With no information	7.6	N/A	41.3	--
Total number	462	N/A	283	130
SOGS scores				
0-4	N/A	3.2	N/A	--
5-9	N/A	16.6	N/A	--
10-14	N/A	62.3	N/A	3.8
15-20	N/A	17.9	N/A	96.2
Total number	N/A	374	N/A	130

On the question of developing a set of counselling tool which can best assess problem gambling, the TWGHS Even Centre and Social Work Department of the Chinese University of Hong Kong Project Team had, through improvement in systematically experimenting and verifying by working on over 2,000 help seeking cases built up through the past four years with a better set of assessment tool from Australia, developed a set of tool, the Chinese G-Map, which can effectively assess problem gambling and is suitable for local use, thus facilitating counsellors to better understand and grasp the various problems perplexing people by problem gambling.¹¹

To put in order and to develop local professional counselling methods, these funded counselling and treatment centres on problem or pathological gambling had, apart from compiling their practical experiences into books,¹² carried out studies together with research teams of local universities on subjects relating to gender difference of service users, youth gambling behaviour, etc.¹³ Further on, by organizing seminars (e.g. Symposium on Problem Gambling and Addiction in Asia Pacific Region organized by the TWGHS Even Centre which was held respectively in 2005 and 2008), lectures and workshops to facilitate academics and professionals local and overseas

¹¹ Please refer to "*Best Practice of Gambling Counselling in Hong Kong: Developing a Localized Instrument for Assessing the Psychosocial Profiles of Individuals with Problem Gambling*" published in 2006 and "*A development of an indigenous Chinese assessment tool of problem gambling : The Chinese G-Map*" delivered at the 2nd Asian Pacific Problem Gambling and Addictions Conference held in May 2008 for details.

¹² The Caritas Addicted Gamblers Counselling Centre has, through the Ming Chuang Publications Ltd (明窗出版社有限公司), published a series of books such as "*Those indulged in gambling*" in 2005, "*Pilot in the Sea of Gambling*" and "*Unveil Gambling – The Riddle of Not Gambling*" in 2007, and the "*Counsellors' Reflection on Gambling: Hong Kong's Experience*" published in April 2008. Apart from compiling the reports delivered at the Inaugural Asian Pacific Problem Gambling and Addictions Conference into proceeding, the TWGHS Even Centre, in June 2008, has published the "*Have been-Throughout: A Lively Rainbow freed from the Gambling Abyss*" which was compiled with the clinical experiences, observation analysis, and personal experiences at different stages of people and their family members who were perplexed by pathological gambling problems. The Zion Yuk Lai Hin has published "*Rid Yourself of Gambling Series*" consisting of "*Gambling Counselling and Treatment – Theory and Practice*" in 2005 and "*What to do with the Gambler at Home*" in 2006.

¹³ For example, "*A Study on the Similarities of Male and Female Gamblers*" carried out by the Caritas Addicted Gamblers Counselling Centre together with Psychology Department of the Chinese University of Hong Kong, "*Report of a Study on Parenting Attitude towards Childrens' Involvement in Gambling Behaviour*" published by the TWGHS Even Centre together with Centre for Social Policy Studies of the Hong Kong Polytechnic University.

to share experiences and have an exchange on opinions over related topics such as the causes and treatment for problem gambling, cultural specialities about problem gambling, etc.

In addition, data revealed that the four service centres had contributed a lot to the training of local gambling counselling profession. This is especially so with the two longer standing centres, the Caritas Centre and TWGHs Even Centre. The sessions provided by the two Centres for their employees and those benefitted from such were much more than those set down in the service agreement. We will take the Caritas Centre as an example. In 2007, apart from the continued conduction of the 4th and 5th Training Course for Registered Gambling Counsellors, a course which is recognized by the Canadian Council of Professional Certification, courses on how to handle problem gamblers, and workshops on Introduction to Gambling Counselling were organized at the Wanchai Lady Trench Training Centre and the Headquarters of Hong Kong Social Service Workers¹⁴. The responses were excellent.

Table 2.3b : Sessions on Employee training and Professional training

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 10		Service Agreement Target : 10	
58	94	13	6

Table 2.3c : No. of people taking part in Employees Training and Professional Training

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 200		Service Agreement Target : 100	
1,441	1,433	249	58

2. 4 Data Collection to further interpret problem gambling in Hong Kong

As early as in the middle nineteenth century when Britain started to govern Hong Kong, the Colonial Government at that time had already legalized the running of gambling stalls by an open competition for gambling licences.¹⁵

¹⁴ Please refer to P. 2-3 in "*Document 1*" handed in by the Caritas Addicted Gamblers Counselling Centre to the Home Affairs Bureau in 2008 on the subject of offering professional training to outside bodies.

¹⁵ When Hong Kong was ceded to Britain, the then British Hong Kong Governor Richard MacDonneld had passed, on 1 January 1867, the Regulation on Maintaining Social Order and Decency empowering the Police to issue licence to

So far, the community in general had only paid attention on the volume of tax returns from government authorised operators on gambling activities, and on which they were used. Concerns over personal or social problems derived from gambling activities had long been lacking, and there was no official documentary on the question of problem gambling, least to say the drawing up of any preventive measures. It was until the establishment of the Ping Wo Fund in 2003 and the inclusion of the research studies on gambling activities and problems so derived as an important performance target, that collection of relative data, especially those information provided by people perplexed by problem gambling, to further interpret gambling in Hong Kong could be launched following the commencing operation of the four funded gambling counselling and treatment service centres. From the data about the socio-economic characteristics of those service users, the form and length they participated in gambling, and the degrees of seriousness of the damages brought by gambling, they could help not only in deepening the understanding of current gambling problems in Hong Kong, but also could facilitate the planning on the future development of the service centres.

a. The main socio-economic characteristics of service users

Data provided by the four funded centres showed that help seekers contacted in the past year consisted mainly of males aged 30 to 49 with secondary level of education. In the area of marital status, although married service users were in the majority, yet unmarried help seekers of the Caritas Centre and TWGHS Even Centre also took up a significant percentage. As in regard to districts where the service users came from, those approaching the HKFYG Gambling Centre in Tuen Mun and Yuk Lai Hin in Tseung Kwan O were more concentrated when compared with the Wanchai Even Centre and Tsuen Wan Caritas Centre which were easier to

gambling houses and collect gambling taxes through the open competition of gambling licences. The Hong Kong Government had then legally allowed the running of gambling houses and Governor MacDonneld was "the originator to increase tax revenue by the operation of gambling" – please refer to P. 16 of "*Gambling in Hong Kong*" by Lu Yan etc, Hai Tian Publications Ltd, Shenzhen, China (1996).

get to. Help seekers for the former two centres were mostly from North Western New Territories and East Kowloon Districts. **In respect of the monthly income and working conditions of these service users, data reflected the majority were "low income people" (i.e. with \$10,000 or less monthly income) engaged in the service or technical industries.** From the above, one could tell that those service users of the four counselling and treatment centres were, in ratio, mostly middle aged, married, male, secondary education, employed but with a comparatively low income. This finding was rather similar to that concluded in Chapter 1 that the majority of those respondents who were male aged 40 to 59, married, employed, with F.3 or below education level belonged statistically to the "possible problem or pathological gambler" group (please refer to Table 1.3.4).

Table 2.4a : Gender of service users

	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Sex				
Male	87.9	86.3	75.3	83.8
Female	12.1	13.7	24.7	16.2
Total No. of Person	462	423	283	130

Table 2.4b : Age of service users

	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Age				
18 or below	3.2	0.2	0.4	--
19 to 25	10.2	7.8	5.7	6.9
26 to 29	7.8	9.7	6.0	6.9
30 to 39	30.7	33.3	22.3	24.6
40 to 49	29.7	29.8	24.7	40.0
50 to 59	15.2	17.0	12.7	18.5
60 or above	3.2	2.1	1.8	3.1
No information	--	--	26.5	--
Total No. of Person	462	423	283	130

Table 2.4c : Education level of service users

Education	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Not educated	0.2	0.9	1.1	0.8
Primary	14.3	18.9	11.7	23.8
Secondary	71.6	62.2	50.5	71.5
Tertiary/University	13.0	7.8	7.1	3.8
No information	0.9	10.2	29.7	--
Total No. of Person	462	423	283	130

Table 2.4d : Marital status of service users

Marital status	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Unmarried	36.4	27.7	17.0	14.6
Married	49.8	56.3	48.1	66.9
Co-habited / Re-married	1.1	5.2	2.5	2.3
Divorced / Separated / Lost of spouse	12.7	10.8	6.3	16.2
No information	--	--	26.1	--
Total No. of Person	462	423	283	130

Table 2.4e : Working status of service users

Occupation	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Self-employed	4.3	6.4	6.7	4.6
Service industry	45.7	39.2	27.2	26.2
Professional	4.3	6.4	3.5	0.8
Clerical	5.2	3.5	5.7	3.1
Civil servant	7.6	5.7	5.7	7.7
Technical	7.1	14.2	7.4	35.4
Unemployed	13.0	11.1	4.9	11.5
CSSA	0.2	1.7	3.2	3.8
Unemployed and CSSA	0.6	0.9	0.4	4.6
Student	4.1	0.5	--	--
Housewife	2.8	4.7	3.2	0.8
Other	4.8	4.7	3.5	1.5
No information	0.2	0.9	28.6	0.0
Total No. of Person	462	423	283	130

Table 2.4f : Monthly income of service users

Monthly income	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
No income	18.4	16.8	11.0	0.8
\$5,000 or below	4.1	3.3	7.1	21.5
\$5,001 to \$10,000	30.7	31.2	24.0	38.5
\$10,001 to \$15,000	19.0	21.5	15.9	21.5
\$15,001 to \$20,000	12.6	9.9	6.7	12.3
\$20,001 to \$25,000	3.9	5.2	4.6	3.1
\$25,001 to \$30,000	1.9	3.5	0.7	0.8
\$30,001 to \$40,000	1.5	1.9	1.1	0.0
\$40,001 or above	1.7	1.4	1.8	0.8
No information	6.1	5.2	27.2	0.8
Total No. of Person	462	423	283	130

Table 2.4g : Districts service users living in

Living district	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Outlying Islands	2.4	1.9	0.4	0.8
Kwai Ching	2.8	19.6	0.4	--
Tsuen Wan	0.9	13.5	2.1	0.8
Tuen Mun	1.5	8.3	--	52.3
Yuen Long	0.7	3.8	1.4	20.8
Tin Shui Wai	0.4	6.4	--	22.3
Shatin	8.0	14.4	2.1	--
Northern District	2.0	3.3	--	3.1
Tai Po	2.6	5.2	2.1	--
Sai Kung	0.4	0.2	1.8	--
Tseung Kwan O	4.8	0.7	25.1	--
Kwun Tong	10.9	--	22.3	--
Wong Tai Sin	7.4	--	6.0	--
Kowloon City	3.5	19.1	1.1	--
Sham Shui Po	6.5	--	1.1	--
Yau Tsim Mong	5.9	--	2.1	--
Central Western District	6.3	1.2	0.7	--
Southern District	10.7	--	0.7	--
Eastern District	16.3	--	1.4	--
Wan Chai	4.3	--	1.1	--
Overseas	0.9	2.4	0.4	--
No information	0.9	--	27.9	--
Total No. of Person	460	423	283	130

b. Length and form of gambling activities the service users participated in

In looking at the length and form of gambling activities the four counselling and treatment centres service users participated in during the past year, the data reflected horse racing, football betting and casino gambling were the most popular among them. This coincided with the findings in Chapter 1 that those participated in the above mentioned three games bore more chances, statistically, in becoming problem or pathological gamblers than those who did not take part. Furthermore, data also revealed that **most of the service users began to gamble in their youth at the age of 20 or below. Therefore it was not surprising that help seekers with more than ten years gambling experience were in the majority.**

Table 2.4h : Form of gambling activities service users participated in

Form of gambling	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Casino	24.7	24.7	24.9	17.6
Horse racing	28.3	24.7	32.6	30.3
Football betting	25.8	23.3	25.1	24.9
Illegal horse race/ football betting /gambling via internet	--	2.7	--	1.6
Mahjong	10.2	13.2	12.9	17.2
Others	11.1	11.3	4.6	8.4
Total No. of Person*	955	999	350	261

* Each service user can take part in more than one form.

Table 2.4i : Age at which service user began gambling

Age began gambling	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
15 or below	18.0	20.5	8.2	16.1
16 to 20	39.2	38.3	23.7	40.0
21 to 25	18.8	15.6	14.8	17.7
26 to 30	6.3	8.5	6.7	13.1
31 to 35	4.1	4.5	4.9	3.8
36 to 40	2.4	3.3	2.5	3.1
41 to 50	3.2	5.4	2.8	5.4
51 or above	0.2	0.5	0.4	0.8
No information	7.8	3.3	36.0	--
Total No. of Person	462	423	283	130

Table 2.4j : Length of gambling of service users

Length of gambling	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
0 to 5 years	18.5	13.9	9.2	16.2
6 to 10 years	14.8	15.4	11.0	10.0
11 to 15 years	13.9	15.8	11.7	14.6
16 to 20 years	15.4	17.7	13.1	16.9
21 to 30 years	18.5	21.3	16.6	30.0
31 to 40 years	9.6	10.6	2.5	11.5
41 to 50 years	2.0	3.3	0.4	0.8
51 years or more	0.2	0.2	--	--
No information	7.2	1.7	35.7	--
Total No. of Person	460	423	283	130

c. Degree of perplexity on service users brought by gambling problems

People perplexed by gambling problems have to, very often, face pressures from various aspects of their daily living such as the personal, family, social and economic areas. This is no exception to those service users who sought help from the four counselling and treatment service centres. To categorise the problems, those concerning finance, emotion and mental health, up to family are most commonly seen. It is especially so with financial problem. Most of the help seekers were deep in debt with tens of thousands dollars to be cleared. There was only a minority who indicated they did not owe debt.

Table 2.4k : Gambling problem of service users

Gambling problem	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Financial problem	27.3	22.6	22.4	54.2
Emotion / mental health	25.4	26.3	27.6	11.1
Family relationship	20.4	16.9	19.6	14.4
Lose sleep / health problems	4.2	13.0	14.3	11.1
Unemployed / work problems	9.1	11.6	6.5	5.3
Housing problem	1.6	0.3	1.6	0.7
Getting along with people	5.2	1.2	4.9	2.0
Problems on studying	0.2	--	0.4	--
Law	1.1	0.8	1.0	--
Suicide / self destroy	5.6	7.4	1.6	1.4
Total No. of Person	1240	1301	678	153

* Each service user could possess more than one gambling problem

Table 2.4I : Gambling debt of service users

Gambling debt	%			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
No debt	16.1	9.5	6.4	15.4
\$50,000 or below	14.3	15.6	8.5	19.2
\$50,001 to \$100,000	15.0	13.0	9.2	15.4
\$100,001 to \$200,000	20.4	19.1	13.8	23.1
\$200,001 to \$300,000	8.5	15.4	11.0	13.1
\$300,001 to \$400,000	5.9	9.2	6.0	6.2
\$400,001 to \$500,000	3.7	4.7	3.9	2.3
\$500,001 or above	5.4	12.5	6.0	4.6
Bankrupted	5.2	8.3*	1.4	0.8
No information	5.4	0.9	33.9	--
Total No. of Person	460	423	283	130

* 35 service users of the Caritas Centre were bankrupted, which took up 8.3% of 423 persons and their debts were also reflected in other item areas. When calculating the percentage total this item has to be excluded to avoid it being double counted.

2.5 The provision of information on the prevention of problem gambling to facilitate public and social education

It is often said that to prevent is better than to cure. Other than to help solve the problems brought about by gambling on service users, currently the four Ping Wo Fund financed gambling counselling and treatment service centres also take up the task of educating people to understand the damages brought by gambling. Basing on the yearly service target to subjectively assess the effect of providing information on the prevention of gambling activities for public and social education, the four gambling counselling centres met the output indicator in organizing community educational activities. The two new smaller scale counselling centres, the Zion Yuk Lai Hin and the HKFYG Gambling Counselling Centre, even doubled the yearly target. So there was no difficulty with them in fulfilling the need to provide community education on the prevention of problem gambling for over 2,000 public members yearly. To look back on the two larger scale centres, the Caritas Centre and the TWGHS Even Centre, which had commenced operation at an earlier stage, although the number of community educational activities organized by these two centres in the past

year did meet the target and there were more activities, in terms of number, organized by the latter, the latter could only reach the excellent performance of an additional 50% over the yearly targetted 6,000 public members by concentrating on organizing big scale community education. On the other hand, may be the "width" of community education activities organized in the same year by the Caritas Centre was a bit narrow which caused a rather large deviation from those targetted on the total person participated (Table 2.5a). It was more important that in respect of resource allocation, the Caritas Centre adopted the policy of "placing priority on supporting help seeker"¹⁶, which resulted in the provision of counselling and treatment sessions, and sessions for mutual help groups was higher than those targetted. This was especially so with the provision of counselling and treatment sessions which was 60% above the target (Table 2.5b).

Table 2.5a : No. of community educational activities organised

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 30		Service Agreement Target : 10	
<i>2007 Service No.</i>			
37	30	56	25

Table 2.5b : Person taken part in community education activities

TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Service Agreement Target : 6,000		Service Agreement Target : 2,000	
<i>2007 Service No.</i>			
8,621	3,247	2,253	1,993

2.6 Social groups requiring special attention: The youth, minority ethnic groups, elderlies and women

A recommendation of adding two smaller scale treatment centres to provide service to some social groups which require special attention was made in the Final Report of "*Evaluation Study on the Effectiveness of the*

¹⁶ One of the colleagues of the Caritas Centre when interviewed readily accepted that community education is placed in a less important position when compared with providing counselling and treatment service to help seekers. "*The output indicator of Com.edu (Community Education) is 30, we (the Centre) can reach about 40+ but of course we can't do too much, although the demand of the community is big. (Reason being) Our positioning is treatment; we can't put prevention before treatment...*)

Counselling and Treatment Centres for Problem and Pathological Gamblers" published by the Hong Kong Polytechnic University in 2006. The recommendation was accepted and through the establishment of two additional centres, the HKFYG Gambling Counselling Centre and the Zion Yuk Lai Hin, relevant counselling and treatment services were provided to those social groups which required special attention. They were respectively the youth and minority ethnic groups, elderlies and women, etc. Performance of these two additional centres in the past year in this respect is summarized below.

2.6.1 Youth

First of all, youth is one of the social groups most easily affected by damages brought by gambling. In its performance pledge, the HKFYG Gambling Counselling Centre promised to pay extra attention on the question of participation in gambling by young people. It was pointed out in the first year performance report of the Centre that there were altogether 19 young help seekers aged below 30 looking for support. Most of them were male and all possessed secondary or above education, and many of them were working in the service industry or technical field. Nearly half of them approached the centres on the request of their family members and were not out of their own accord, even some of them were referred to the centres by reformatory officers. This showed that most of the young help seekers were forced to be counselled due to the seriousness of their problems rather than doing so on a voluntary basis. Besides, one third of the young help seekers indicated that they did not want to be recognised that they were receiving counselling service. Many of them got the time in hand but would not care to join any group therapies or activities. This is different with the grown up help seekers who could not take part in group therapies because of long working hours or the need to take care of families.

2.6.2 Minority ethnic groups

On the part of minority ethnic groups, apart from supplying leaflets in various languages to related co-operating organizations in the past year, HKFYG

Gambling Counselling Centre employees had also carried out on-street advertisement in Yuen Long and Tuen Mun districts in order to make contact with the minority ethnic groups living there. In addition, bearing in mind the special trust among the ethnic clansmanships, the Centre counsellors would mainly keep in touch with the more active service bodies and key persons of minority ethnic groups in the hope of building up a relationship to facilitate the pursuing of educational activities together and the offering of different kind of gambling counselling services such as group counselling consisted of people from the same ethnic group, or providing support to service bodies or people of minority ethnic groups enabling them to assist their own needed clansman. The Centre had established a co-operation relationship with the Hong Kong Integrated Nepalese Society and they had pursued educational activities together in March. The Centre had also helped in training volunteers from that Society on gambling counselling skills. In addition, the Centre had contacted a well-known Pakistani, Brother XX, in the Yuen Long District to check the possibility of co-operation within the district. Finally, the Centre was planning to co-operate with welfare bodies for the minority ethnic groups in the district to train suitable minority ethnic people to become gambling counsellors.¹⁷

2.6.3 Elderlies

Elderlies and women perplexed by problem gambling are the two social groups under the special care of the Zion Yuk Lai Hin. Research data reflected those elderlies being interviewed with age at 60 or above generally did not know much about the gambling counselling and treatment centres for gamblers and neither did their family members. Apart from that, most of them indicated they would not seek help from such centres even when they were in need of assistance (please refer to Tables 1.4.3 and 1.4.5 in Chapter 1). According to the Interim Report provided by the Zion Yuk Lai Hin, older help seekers usually were the group of people weak in economy, as "most of them were not good in managing money

¹⁷HKFYG Gambling Counselling Centre (2008), P. 7-10 of "*Performance Report – February 2007 to January 2008*".

matters, nor in arranging a leisure retirement living, and when they stopped earning, they would look down on their own personal value and they would become inward and lonesome, would attend no more social gatherings", and furthermore, they had an "non-sensible thought in hoping to win chance money and looking for excitements from gambling".¹⁸ In other words, the fact of not being able to settle down in retired living, or feeling bored and hesitant upon retirement, together with the thought of taking gambling as a method to "soothe emotion" and "kill time", caused many of the elderlies indulged in gambling.

2.6.4 Women

Although from statistical data, the chances of women who took part in gambling falling into problem or pathological gambling were three times lower than male participants (please refer to Table 1.3.5), other studies reported that for women perplexed by problem gambling, the time taken from the beginning of participation to the becoming lost in control was much shorter, statistically, than male participants. They were the fast coming on group.¹⁹ The Zion Yuk Lai Hin study report on "*A Study of Women Playing in Amusement Centres with Prize and Gambling Risks in Hong Kong*" published in April 2007 revealed that 20% of the 813 women being interviewed, who played gambling related prize-winning games in games centres, were problem gamblers.²⁰ In addition, information reflected that the female service users seeking help from Yuk Lai Hin in the past year were "a group of middle-aged women with low income, weak in economy, and got a non-sensible imagination on gambling".²¹ Furthermore, on the summing up of experiences from frontline workers, it was pointed out that most women problem gamblers did not have a good relationship with their

¹⁸ Zion Yuk Lai Hin (2008), P. 4-9 of "*Report on 2nd Phase Work – February 2007 to January 2008*".

¹⁹ Referred to Catherine, S.K.Tang et al., (2007), "*Gender Differences in Characteristics of Chinese Treatment-seeking Problem Gamblers*", *Journal of Gambling studies*, Vol.23-145-156.

²⁰ Zion Yuk Lai Hin (2008), P.4-9, "*2nd Performance Report – February 2007 to January 2008*".

²¹ Zion Yuk Lai Hin (2008), P.4, "*2nd Performance Report – February 2007 to January 2008*".

husbands. In feeling low and lonely, they began to participate in gambling in the hope of killing time, soothing emotion and seeking excitements. Under such sentiments, these women help seekers would begin to play mahjong, then go aboard the gambling boats, followed by crossing the waters to Macau casinos, looking for a selfless minute through gambling.²²

2.7 Concluding remarks on the provision of treatment services to social groups requiring special attention

At the time carrying out counselling and curing youth perplexed by problem gambling, the HKFYG Gambling Counselling Centre, according to policy, had to attend to the diluting of the problem gambling image on help seekers. Apart from that, recognizing problem gambling at an early stage and the assistance from their close relatives and good friends were also vital in the process. In addition, by strengthening the work on assisting family members to effectively advise the problem gambling perplexed youth to voluntarily seek help, and on reducing the labelling effect on help seekers when they were looking for support, would bring a better result than just offering counselling service to these youth by force. Out of their particular way of association and cultural tradition, help seekers of the minority ethnic groups would only seek support from their own clansmen. Because of this, the Gambling Counselling Centre has established a long standing co-operation partnership with minority ethnic bodies. Through the taking up of major support roles by core members of these bodies, this would be a good way out for the continuous provision of effective counselling and treatment services to minority ethnic people perplexed by gambling problems.²³

As for the question of supporting women and elderlies perplexed by problem gambling, the Zion Yuk Lai Hin had to strengthen its work on education and the delivery of messages on damages brought by gambling activities due to

²² Leung Chow Wing Sze (2007), "*Win a gold coin in the Funland, Give out money give out calamity*", collected at P.25-6 in "*Pilot in the Sea of Gambling*" edited by the Caritas Addicted Gamblers Counselling Centre.

²³ HKFYG Gambling Counselling Centre (2008), P.8-10 of "*Report on Work – February 2007 to January 2008*"

the fact that the former was a fast coming on group while the latter were generally lacking in knowledge and confidence on preventive measures. The Centre had done so by the printing and dispatching of related handbooks, posting up advertisements on public transportation, putting in application (to Lands and Home Affairs Departments) to hang up advertising banners in open public areas, producing programmes together with the electronic media ("Its him and you and me" with the Commercial Radio), providing women gamblers a platform to share their experiences on the indulging and quitting of gambling practices via the atmospheric electric wave and to call upon those needed to seek help as early as possible, paying visit to centres for elderlies and hidden parts of the community to deliver messages on healthy means of living and guarding against the elderlies to be caught in gambling, by way of roles playing, sharing, and seminars etc. If resources permitted, the Centre would assign outreaching social workers to actively visit places where elderly or woman problem gamblers often lingered, such as prize winning game centres, off-course betting centres, and piers where gambling boat berthed at, in order to make contact with them face to face.²⁴

2.8 Summary

On the whole, from the data provided by the service centres on the amount of services put to use and their effects, it is evident that the service areas involved are very wide. The work of the service centres included, from the development of professional local counselling and treatment skills and theories up to the collecting and collating of relevant materials, and the provision of public education, etc. Besides, due to the fact that the counselling and treatment service on problem gambling is a brand new social welfare matter in Hong Kong and these pilot service centres have been in operation for only one or four years respectively, it is indeed through the hard work of the professional teams of the centres that the above mentioned performances could only be achieved. In the following

²⁴ Zion Yuk Lai Hin (2008), P.12-3 of "2nd Performance Report – February 2007 to January 2008".

Chapter, the research team would conduct in-dept interviews with the organizers and counsellors of the four service centres to better understand the challenges they were facing when meeting service demands during the past year.

Chapter 3: Constraints and Challenges Faced by Services Providers

3.1 Introduction

This study revealed that the general public of Hong Kong, apart from taking part in gambling activities, also pay notice on and are attracted by the prospering gaming industries in districts nearby. Although only a small number of participants were "possible problem or pathological gamblers" as assessed by DSM-IV, everybody is aware that all kinds of problems would be derived from the development of gaming industry. No matter it is responding to the needs for the integral development of the community or on the provision of suitable supportive services to people perplexed by problem gambling, the four pilot gambling counselling and treatment centres are facing different degrees of challenges. Bearing this in mind, the research team conducted interviews with major personnel of the service centres to discuss in depth on areas relating to the mission and target of the establishment of the centres, the professional development and the qualities guaranteed, the funding mechanism and service expansion, up to the roles played by the government and co-operation among organizations etc,²⁵ so as to further understand the operation of the four centres, the challenges, opportunities, and constraints they had come across.

3.2 Mission of the centres and the One-stop multi services

Looking into the mission and service contents of the four pilot service centres through the internet, one can be sure that the four centres are working towards a "one-stop multi service" model in providing assistance to help seekers. No matter it is with the Caritas Addicted Gamblers Counselling Centre which places emphasis on the helping of problem or pathological gamblers to re-build a healthy life and the provision of family-based

²⁵ This involved 17 core members from the four service centres. They included 6 planners/organizers of the centres and 11 counsellors. Apart from two were interviewed on the same occasion, interviews on the remainders were conducted face-to-face individually.

counselling intervention through professional counsellors²⁶, or the TWGHS Even Centre which helps people perplexed by gambling and their family members via hotlines, personal and family counselling, group sessions, healthy money management, the re-structuring of debts, psychological / mental assessment and treatment, and other supportive services.²⁷ Then the Zion Yuk Lai Hin is major in assisting needed gamblers and their family members with a loving, respectful and taken in attitude and providing them with case counselling, group sessions and activities ..., up to clinical or psychiatric assessment and treatment.²⁸ As with the HKFYG Gambling Counselling Centre, they help problem or pathological gamblers in quitting the excessive gambling behaviour by focusing on case counselling, interaction and support groups for gamblers and their family members, and treatment through changing their living styles.²⁹

The hurdles that help seekers perplexed by problem gambling have to overcome are often related to personal emotion and behaviour, relationships with family members, or even financial difficulties, etc (please refer to 2.4 in Chapter 2 for details). If these pilot service centres have to put into effect the one-stop, service user based comprehensive counselling model, at certain degrees the assistance from "outside resources" is required. The two larger scale service centres which commenced operation at an earlier stage readily admitted that their abilities in providing multi counselling services on the prevention of gambling rest a lot with their mother organizations in tendering relevant supporting services.

It's of no use if we just focus on gambling counselling but not solving debt problems...over 80% of the Centre's cases related to debts, most of them are referred to (under the same social service organisation)

²⁶ http://www.gamblercaritas.org.hk/html/chi/about_2.htm

²⁷ <http://www.evencentre.org/index.php?page=about>

²⁸ http://zss.org.hk/zss_ylh/services_mission.htm

²⁹ <http://gcc.hkfyg.org.hk/services.htm>

"Healthy Budgeting Family Debt Counselling Centre" for follow-up action. ... Because the Healthy Budgeting Family Debt Counselling Centre has agreements with 18 different financial institutes and banks which can help individual service users to plan debt re-structuring and provide privilege rates.

It is good for us too. Our (social service) organisation is of a larger scale, we have our own counsellors. Besides we have our own cp [clinical psychologists]. We have a good relation with the psychologists. We have been working on addiction so far, we've got a network there, but to tell the truth, it's all "Hi .. and please....".

When help seekers ask for services beyond their servicing areas, the two smaller funded service centres have to refer the cases to other relevant bodies due to their limited resources.

We're fortunate that we've got a clinical psychologist [cp) too. Sometimes when they have got mental problems or issues, there's a cp ... We're lucky that our cp is really nice. In fact if we're offered the market price, we couldn't have got one...

When it involves debt re-structuring or bankruptcy service, we have to request support from other organizations. Because first, our organization does not have support in this area; second our colleagues are not the experts in this field; therefore we have to rely on resources from the outside ...

... May be some gamblers do need a place to stay in for the time being. But our organization is small in scale, so we will look for other resources. For example, there are organizations which offer temporary living units. So these are the resources we are looking at.

Accordingly, the gambling counselling and treatment centres have to call for resources and supporting services from everywhere in order to fulfill their

service agreements with the government. Furthermore, causes for problem gambling are multiple and complicated and one needs different methods to handle them in order to effectively diminish the damages caused. In the evaluation report compiled by the Hong Kong Polytechnic University in 2006, it was pointed out that both the two larger-scale service centres under the pilot scheme placed emphasis on strengthening the individual cognitive ability of help seekers and they adopted the Cognitive-behavioural therapies³⁰ in order to change the gambling habits of service users. Yet, the examination on counselling and treatment methods currently initiated by the four pilot service centres reflected that **local gambling counselling and treatment are developed towards an "eclectic treatment approach"**.³¹ **It is believed to be connected with the "Cocktail treatment approach" which is generally recognized overseas as an effective treatment for addicted behaviour.**³²

In regard to the counselling intervention model, the research team noticed that the four funded counselling and treatment centres, in general, adopted a model of case-in-group approach. That was to provide personal counselling by professionally trained counsellors to help seekers, including their family members on the one hand in order to know better how difficult the situation they were in and at the same time be able to soothe their emotion which was in an unsteady state. On the other hand, with the formation of different kinds of supportive groups and through mutual

³⁰ *Final Report on Evaluation Study on the Effectiveness of the Counselling and Treatment Centres for Problem and Pathological Gamblers*, the Hong Kong Polytechnic University (2006), p.103.

³¹ The Caritas Addicted Gamblers Counselling Centre has adopted an eclectic treatment approach by taking up theories such as Family System Theory, Learning Theory, Family Therapy, Solution-focused Therapy, Cognitive-Emotive Therapy and Cognitive Behavior Therapy etc, to help problem gamblers and their families to face damages brought by gambling on their bodies, minds and souls. Please refer to Tang Yiu Cho (2005) "*Interpretation and Practice on Gambling Counselling Theories*", collected in "*Those Indulged in Gambling*" P.3-4 compiled by the Caritas Addicted Gamblers Counselling Centre. The Zion Yuk Lai Hin stressed, in Section 7.2 of its "*2nd Report on Self Evaluation*", that due to different characteristics in each case, counsellors need to "assimilate every kinds of counselling theories and skills" to intervene, especially on the use of "motivational interviews", "narrative therapy", "cognitive-behaviour therapy", "NLP psychosomatic linguistics" and "body, mind, soul" comprehensive model when providing counselling service.

³² Shaffer, H. J., (2008), 'Towards a Syndrome Model of Addiction: Multiple Expression, Common Etiology', presented in the *2nd Asian Pacific Problem Gambling and Addictions Conference*, p.6.

discussion and sharing among the help seekers under the lead of professionals, people perplexed by problem gambling could ascertain or learn how to improve the methods in handling their problems. This kind of counselling and treatment in bringing people with similar experience to get together offering each other encouragements was generally well accepted by help seekers (please refer to Section 4.4 of Chapter 4 for details) as well as frontline workers on gambling counselling. It was pointed out that with the formation of such supportive groups, whether it was with the gamblers or their family members, they no longer felt being left alone to face the perplexities brought about by problem gambling. On top of all, the most important point is that the experiences of such people often turned out to become the know-hows which could readily facilitate other group members in the process of quitting gambling. Such kind of knowledge was not to be found in any books, nor could professional counsellors grasp any of such. This could only come out with personal experiences of help seekers who took part in the supportive groups.³³

3.3 Accomplishing Tasks: A Strategy of Priority Setting

Other than responding to the service mission, the four service centres have to keep to the qualities of services provided while at the same time satisfying the service indicators on new cases. Therefore it is understandable that all the **four service centres adopted a strategy of priority setting**. This strategy, the research team discovered, was very often adhered to on the performance indicators of the centres, on the staff allocation, or even on the steps in the handling of cases. Take for an example on the setting of major performance indicators, it is obvious that the provision of gambling counselling and treatment services is the number one job of the four funded centres. This is due to the fact that, apart from them being the subsidiaries of social service organizations which are well-known in providing counselling

³³ Fung Ka Bun (2006) "*How can the Supportive Group strengthen the Confidence of Gamblers in giving up gambling*" collected in "*What to do with the Gamblers at Home*" compiled by Lee Cheuk Yan and Fung Ka Bun.

and treatment services to people in need, it is more important that these centres have to meet the requirements on effectiveness as laid down in their service agreements with the Home Affairs Bureau, especially on the part of providing effective support service to different level help seekers looking for counselling and treatment. Under such circumstances, the Centres had to allocate most of the resources received to case handling work and put the remaining service targets in second places.

Now we don't have too many chances to follow each one by one. Because, I have just introduced our 4 field staff, each of them, apart from L, has to take up administrative work as well. The remaining 3 and a half field staff basically have to deal with cases and, groups. Which one of them can take up the advertising and the promoting of education work?

We [the service centre], of course would like to, as we have made such a pledge to the Home Affairs Bureau,... satisfy the number of (help seekers handling) cases ...

Our positioning is to provide treatment services. We can't put prevention services before the treatment ones ..., although we're well qualified for such. Because through treatment [work], you can recognize what damages can be brought by gambling, also you will know how the gambling can spread across the family, even the spread across the community...

When the service centre has finished compiling the list of priorities for performance indicators the centre has to meet, the allocation of staff in the centre also needed to fit in with the list to make sure that the indicators are met. Due to the fact that these centres have to meet, in the first priority, the indicators on quantity, then things have to be done in this way. That is even though counsellors good in the finance or outreaching, if most requests forthcoming are related to other areas of counselling, then these

staff have to put aside their specialties but to help deal with the piling up casework.

"A practical example helps to illustrate this point. We've got a colleague with financial background. At one time this colleague has tried to give financial consultation directly. With this straightforward way, the progress of the case can be speeded up. But of course there's only limited number of colleagues, we weigh a lot on cases, colleagues cannot take up too many at the same time. Finally, owing to limited resources, every colleague has to take up gambling casework... "

In fact this is contradicting. Because in the final stage I do need to spend more time on outreaching work but then I have to hand in my case load. Then when I work on cases, I've got no time to do outreaching.

A service user who attended a focus group discussion reflected that they weighed a lot on a hello telephone call or a word of encouragement from the counsellor who helped him out. The reason being that such a short conversation made them feel they were cared for and supported by others and were not fighting alone. Those service users who succeeded in quitting gambling all agreed that a linkage at a certain degree with the centre was a key element in helping them not to be caught in gambling again. Such requests and hopes from help seekers as mentioned above added pressure on the four funded counselling and treatment centres in respect of resources allocation. In comparison with this group of active help seekers were those perplexed by problem gambling with weaker motive to seek help. Most of the latter were problem or pathological gamblers who did not seek help but were in need of support services. Some others had sought help from service centres but were not persistent service users. This "underactive" group obviously required more active outreaching service from the centres to be kept in contact with. Whilst for the "active" group,

due to the restrictions brought by the requirement of keeping to the targets and the limitation of resources, counsellors of the service centres felt incapable to further follow up these cases because no more resources could be placed on them.

...cases also need to be prioritized. We can't help; there are so much work and so many clients ...

...those "active" help seekers are in front of you, you will of course deal with them first. Out of sight out of mind, those who are not in front of you, that is those not active ones, for sure ... we don't have sufficient time to engage in them...

I feel for those inactive ones, it is because we've got no time to establish a connection with them. Those people might have different features when compared with those who came here. There may be something special with them, may be we'll need more time to engage, to establish a relationship with them ... but we've got no time for them. If we can provide more time for them, we can certainly get back to the active side.

In addition, it was pointed out by centre organisers being interviewed that the reason for service centres placing most resources on the provision of counselling and treatment services at different levels to help seekers was, other than the fact that the centres had to meet the quantity of cases as required in the service agreements, the problems of the help seekers were more deciding. Their problems were complicated with multi faces which often involved their relationships with their family members. **The current calculation method which only counted on the case number of help seekers could not properly reflect the additional resources the service centres have to put in on the provision of services at the same time to family members of help seekers as well. When evaluating the quantity of service provided by the centres, this is a fact that should be borne in mind.**

... to count if he can succeed or not, if the gambler has stopped gambling or not, we feel this is a bit too narrow. In reality most of the time its the family members who started to come here for help, and sometimes the family members have come to know, or understand the mentalities of the gambler, how to improve the relationship with the gambler, these in fact can directly help the gambler to quit gambling.

There must be difference in case definition, we of course understand the government: they would hope to benefit a certain number of people when granting out funds. But the concept is not on serving a gambler, but on serving how many heads, because others are also affected individuals. ... For example, now we need to hand in 500 gamblers, ... but in fact from these 500 gamblers there may be 500 family members, they are also in need to be cared for ...

There were frontline counsellors expressing with regrets that family members of people perplexed by problem gambling were in fact "the first one harmed". Although counsellors opined that the current situation was unfair to family members of the gamblers, due to the resources received were limited, the best way counsellors of the service centres could adopt was to provide these family members with referral service or a limited follow up such as by making a telephone call.

...problems perplexing the family members are no less serious than those with gamblers, but we can't put too many resources on them due to the way of calculation [on cases] adopted. On these we do feel it's rather unfair. ... They're in fact the first one harmed. ... Sometimes we will tell them frankly that "it's not us who do not want to offer help, but with the restrictions on resources, in certain respects we have to refer you to family service centre, those long term ones even that we can follow up through the telephone. But if we've to

do it in a case format, spending time for interviews, it would be difficult to do so."

3.4 Professional development and guaranteed qualities

In fulfilling the mission and performance pledge of a service centre, a team of professionals is indispensable. Organisers of the four service centres were very concerned over the relevant structure in the process of staff recruitment. They attached much importance on the choice of staff or the provision of on-the-job training.

If we employ those fresh graduates, sometimes there're feedbacks that they're too green. Even if they've received relevant training, experience is also crucial. I mean life experience; giving confidence to service users is also very important.

Because gambling counselling service is a very special kind of service,... therefore basically they should have certain knowledge on gambling quitting counselling. ... Because whether or not he is a registered social worker, or just a counsellor, i.e. without social work background, we do hope they can master this field to a certain degree. If they can't, we will offer training to them, and there'll be sharings among colleagues. They have to master the basic process in becoming a gambler; how have they become a gambler. That is why I take this as a very important part.

There is often deviation in the conditions the help seekers being perplexed and the kinds of problems involved. This is a point that needs to be emphasized. That is why at the time when assessing the needs of help seekers, besides with the help from reliable assessment tools, **ample relevant experience in the field is a vital asset for a capable gambling counsellor.** According to counsellors being interviewed, the building up of their experiences mainly relies on the handling of cases, the sharing among colleagues, and the taking up of training courses.

In fact in this training there are continuously many personal experiences of counsellors themselves for sharing; ... At the time when dealing with special cases, the more you tell us, the more we can get to grow with. ... Then when we have more experience sharings, we would bring out our cases, such case conferences in fact would bring great help to all. ...But when sometimes I feel that is not sufficient, I will approach other colleagues to discuss it again.

The relevant knowledge and skills built up through case sharings among counsellors meant to be a strengthening force for frontline workers who were newly engaged in gambling counselling service, which enabled them more confidently to assist gamblers to deal with their own problems, whereas the participation in training courses provided a platform for counsellors from different centres to get together benefiting each other through discussions.

I chose this training course, of course in the early stage, was because of interest. In fact when looking back on the course contents, with my own experience and the books I've read, it's all the same in respect with the core stuff, then why did I attend the course there? For me, I'd like to, for example, keep contact with people working in the same field. Because it's an experience, the experience we gained through work, that's what I'm looking for. I'd like to meet people in the same field from different organizations ... On many occasions they would quote some of their cases during lessons. I can learn more from looking at how they dealt with cases.

In addition, a lot of frontline counsellors made clear that the questions and areas of relative knowledge came across were really extensive when handling help seeking cases on problem gambling perplexities which required the use of crisis intervention skills from time to time. Yet the professional trainings they received in the past were lacking in the relevant or in-depth discussion. Therefore they hope they could be trained in this

respect to better equip themselves.

In fact the cases we are dealing with are very different, there may be crises, commit suicide or, debt issues. Therefore the training itself will need to be ...

Moreover, continuous education is a "taken-for-granted" activity for every profession in nowadays Hong Kong. Those "entrants" who decide to engage in this new profession of gambling counselling need even more undertakings. Yet counsellors of the four service centres were too busy to attend to anything else due to the heavy workloads. Under such circumstances, a policy of "learn from doing the job" occurred as a result. Besides "[w]e haven't got the chance to learn this kind of stuff. ... have to deal with the case on the one hand, have to self-upgrade on the other...", some of those counsellors looking for more in-depth knowledge encountered difficulties in sparing time for further studies.

In the future, if there's a chance I will take up further studies ... I do want to take some in-depth courses to further study on, but it seems very difficult with the present working schedule, because in fact we have to work on many nights ... three times a week ... So I only enroll for workshop which lasts for only a few days, doesn't commit so many time ... I feel being tied up and I know there are colleagues who wanted to enroll for some practical courses outside which, coincidentally, would require them to be on duty on the same evenings, then you better kill your thought ...

Finally, the key to develop a mature model on counselling skills and treatment for problem gambling is continuous education and summing up of practical experiences. The gambling counselling service in Hong Kong has just begun. To borrow established experiences from overseas countries and assimilating them with local practical conditions to help develop a professional way to deal with problem gambling suitable for Hong Kong is

the role currently played by the four funded professional service centres. Yet, due to the positioning of the Centres and staff allocation "[w]e have been approached by a university but come up with nothing because that would engage too many human resources of ours. Our colleagues need to re-arrange their cases, but they are engaged in counselling..."; or "We could not ask clerical staff to help with research, they would not even be able to answer all incoming telephone calls. Especially we're working on 63 service hours, we are not closing at lunch hours, and we even have to conduct interviews at lunch time". Only the two larger scale service centres are capable to co-operate, on a limited basis, with local universities and other research bodies. As for the two newly established centres, due to their smaller scale in respect of finance and human resources, it is difficult for them to develop a systematic collaborating relationship with local universities or research bodies.

3.5 Funding mechanism and service expansion

The four pilot service centres receive \$3,500,000 (for the Caritas Addicted Gamblers Counselling Centre and the TWGHS Even Centre) and \$1,300,000 (for Zion Yuk Lai Hin and HKFYG Gambling Counselling Centre) respectively from Ping Wo Fund each year for the operation of the Centre. The operation involves, on the one hand, the provision of counselling and treatment service to people and their family members perplexed by problem gambling. On the other hand, data are collected to help research and develop professional treatment skills suitable for local use, and community education is provided with a view to bring about a preventive effect. The duration of funding lasts for three years which is the longest, but there has been a situation of two years duration.

The money granted by the Ping Wo Fund is in a lump sum with an upper limit, with the condition of accomplishing all the items laid down in the signed service agreement. As mentioned at Section 3.3, since the major aim of the four service centres is to provide counselling and treatment services to

people perplexed by problem gambling, the fund allocated is therefore mainly placed on this item. Owing to this, the money used to employ sufficient and qualified staff becomes a fixed expenditure of the service centres. **According to a report submitted by one of the centres, money used to maintain the existing staff team made up to \$3,481,458 in financial year 2006-07. If the staff wages have to be increased in accordance with the current rate of inflation in Hong Kong, the \$3,500,000 granted for the next financial year could no longer be sufficient to cover the expenditure for the current staff team.** It is fortunate that fees for site rental and other expenses were avoided with the assistance tendered by the mother social service organization of the centre. Otherwise, it is most likely that this centre would have been to cut manpower in order to save it being operated in a deficit condition.³⁴

On the question of the use of resources on rental expenses, in nowadays Hong Kong where spaces are expensive, one has to pay very high rent for very little space. Organisers of the Caritas Centre and Zion Yuk Lai Hin are most pressurized by this fact. Apart from deducting high rent from limited operation fund, the tight finance could only afford the renting of small shops with little space to use. When number of help seekers has increased, the service qualities of these centres have to be compromised due to the lack of space to operate.³⁵ When rooms for counselling or group activities were fully utilized, one could only reduce the service sessions or carried out such activities in places borrowed from other organizations.³⁶

³⁴ Even Centre, (2008), *Proposal of Service Plan and Development: Towards Maturity in Building up a Localized and Culturally Sensitive Model, 2006-2008*, p.24.

³⁵ When visiting Zion Yuk Lai Hin to carry out interviews with key persons and focus group discussion, a group activity was taking place. The Research team saw the crowdedness of 30 to 40 adults gathered in a room of about 300 square feet taking part in a group activity. In the neighbouring counselling room when in-depth interviews or focus group discussion were taking place, the Research team, the counsellors or help seekers in interviews or focus groups all felt helpless to the sound created by the on-going group activity.

³⁶ In Section 3.2.1 of the Interim Assessment Report of the Caritas Addicted Gamblers Counselling Centre (2005), it was pointed out that the 1800 square feet area of the Centre is insufficient for use by gamblers and their family members. The present four counselling rooms and a unit room are often fully occupied. The "Education Course for Problem Gambling Family Members" has to conduct in places out of the centre premises."

Apart from the upper limit of the fund granted yearly to the service centres, the Ping Wo Fund set a duration for each grant. The organizers and counsellors of the four centres opined that this irregular funding mechanism was no good to their developing and planning of long term services for people perplexed by problem gambling. Although the current gambling counselling service plan is still under a trial period, the counsellor and the organisers recognised, from the servicing process, that the implementation of a longer term planning is indispensable to help gamblers and their family members more effectively. Owing to the fact that the Ping Wo Fund is adopting a duration- (contract-) tied fund granting model, these pilot centres, apart from the long term planning being held up by uncertainties, are a bit run down by the effectiveness evaluation which is decisive on the continued operation of the service.

In fact, 2- or 3-year is a very short period. There are many issues surfaced, for example the coherency of service, the planning of some longer term programme or some kind of service, we dare not plan ahead. We don't know where there will still be any funding available next year!

After the last three-year contract, there was an evaluation study. We have another one after the current two-year contract. I believe the result of the present evaluation is more or less similar to the last one. But anyway, if you want to secure a funding, you have to do this. I feel it should have been like this.

The other problem brought about by the current funding mechanism is the difficulty in retaining staff. Those being interviewed often expressed their worries on their job prospect. The duration of their contract is short and it is difficult to recruit them with the market price (for example commensurating with the salary scale of the Assistant Social Work Officer in the government). The Centres indicated that the made possible of the present mode was wholly due to the enthusiasm of their staff. Even they were underpaid, they

were willing to take up the challenges their jobs offered. But how to keep up with their enthusiasm under the lack of prospect circumstances is a main problem for the Centres.

In fact the quality of our colleagues is very important because we ask ourselves for good quality services as well. We've employed two committed staff members. One is a Christian, that's the one who does not mind too much about the wages. In fact, she got a degree. With that she could find a position of Social Work Officer whose salary is over \$20,000 but we can only offer \$10,000+ which is the starting point of an Assistant Social Work Officer. But she accepted our offer, because she felt this job is meaningful.

On the other hand it's the same with the feeling of the staff, they would think may be after two years I'm finished with this! That would affect staff morale and their work commitment. They won't know whether there'll still be work when the contract ends. So therefore would it be better to offer a 5-year project, or for a longer period.

So you are talking about the staff commitment. There would be such a situation that you tell a colleague that this service will only last for 2 years, so may be the contract with you is for 2 years too, we won't know what will happen 2 years later! This is the current market trend. But the question is that our service is not a commercial one. In the commercial world, you'll be sifted out if you aren't fit. But can we weed out our service targets? We can't do the job with this mentality.

From this we can see that the four gambling and treatment service centres are lacking in resources to recruit and retain professional and experienced counsellors, and yet these counsellors are key elements in the effective handling of multi faced and complicated gambling problems.

3.6 The role of the government : To break down the walls, untie the strings and actively promoting

In the eyes of the organisers and counsellors of the four pilot service centres, the present role of the government is mainly on the approval of grant and the execution of outcome evaluation. Yet, as pointed out in this report, in order to effectively prevent problem gambling, much is depended on treatment, education and research. Therefore, what core members of these centres would like to see is the co-ordination between government departments and the co-operation among organisations from different domains being actively pushed forward by the government so as to facilitate a smooth and effective process on the prevention of problem gambling. In relation to the co-ordination of government departments, to take for example on affairs about the promotion of gambling counselling service, it is on the way of how can one communicate closely with the Lands Department for the latter to permit the display of promotional banners in suitable public places, to discuss with the Housing Department on the setting up of service centres in housing estates without creating any uncomfortable feelings on the people living there, to propose to the Social Welfare Department to include problem gambling on the list of important issues to be looked into, up to the way of how to make known to police stations in every district that they can closely liaise and co-operate with service centres operating in the same areas. To take up the role of breaking the walls, untying the strings, and flattening the bureaucracy of government departments are what the service centres looking forward on the government.

At that time we've thought of those women [gamblers], because most of them were taking the boat to gamble, so we'll hang more banners at the China Hong Kong Ferry, Hong Kong Macau Ferry ... Oh in fact we can't do that, the Lands Department doesn't allow us to.

We did have practically applied for a site in the Hau Tak Estate, which is on the first floor. Since it's on the first floor the rent is cheap, \$6,000,

with almost 2,000 square feet. Formerly it was a Home for Children. But the Housing Department rejected our application due to objection, the feedback showed objection from people living there ...

I can't see in any district welfare planning, gambling is included as an issue to be focused on. But they've included drugs abuse... That's why the 12 districts of the Social Welfare Department are all working on drugs abuse.

We have intended to discuss this issue with a particular police station. We've invited its operation officer for a meeting to discuss on what we can do. But up till now, it turns out to be no collaboration ... The only so-called collaboration was with a speaker who was among the police officers sent here to give talks.

To encourage the business community to get involved is essential in promoting community education. The research team discovered, apart from a small number of individual public transportation who were willing to help displaying promotional messages on the prevention of problem gambling,³⁷ participation from the business community is rare. A point for concern is that the local business community seems to have some "misunderstandings" on the promotion of preventing problem gambling. This resulted in hindrance on the service centres when carrying out work in the community level.

The outside bodies have a special sight on this subject. They know the existence of this problem, but they would have a lot of other considerations when you're asking for the putting up of a poster. For example, we want to put up some posters in Kowloon Bay, in the factory area, a place where we want to develop our services. They agreed to this at the beginning, but all of a sudden when we handed in

³⁷For example, the Caritas Addicted Gamblers Counselling Centre has, since operation, obtained individual support from the taxi trade to help promoting messages on the prevention of problem gambling provided by the Centre. As for Zion Yuk Lai Hin has obtained some support from the Public Light Bus trade in Kowloon East district where the Centre locates, allowing them to put up service promotion posters.

the posters, they turned it down.

To extensively educate the public on the underlying damages done to individual and family with the participation in gambling activities, the electronic media is very capable in this as shown in the survey findings (Table 1.4.1b in Chapter 1), but the fees involved were not affordable by these service centres. Therefore the government should take up the relevant work.

Very expensive, we can't afford, and we know in fact media power is great. Because we've watched the one done by the government, the one that pouring money into the sea, there're responses, from many people. How could we get access to all those people? They told us that when they watched the advertisement, they had that same feeling so they called us immediately. It turns out it's the media that has really reached them ...

To educate the younger generation on the underlying damages with gambling activities is regarded as the most crucial task in community education. Yet it is not an easy task to build up a collaborative relationship with schools. It would be more effective to stop youth from becoming problem gambler if the subject could be included in school syllabus. The relevant work also needs to be done by the government.

Sometimes there's difficulty with schools. Schools do not give us too much time on education work. Too little time is allowed, we can't go deep in discussion ... I think it can be developed into a course, put into the school, because they're the most important target group"

Youth are our future, if this [knowledge on problem gambling] foundation is good, when they're in the community encountering problems,... there would be some fundamental elements inside them to fight against it. I feel if this can be strengthened in the education

system, that would be much better ...

We dearly need the government or high level party to get this through, otherwise, it would be very difficult to solely rely on us to carry out the education work. In fact, as for us, to smoothen our work is important. The jumping from here to there within these places is a waste of our time and resources...

Moreover, as discussed in Chapter 1, less than 40% of those being interviewed indicated the notice of advertisements on the prevention of problem gambling. Those who could not tell what counselling and treatment centres designated for gamblers and their family members currently existed in Hong Kong were in the majority among them. These reflected that additional strength must be put on community education in this regard by the relevant bodies. Besides, watchwords on promoting the underlying damages brought by gambling (e.g. "Sinking in gambling equals to the pouring of money into the sea!" or one that is coming up "Gamble to desertions, can you afford it?") and the provision of clear directions and ways for help (e.g. Gambling Counselling Hotline 1834 633), educating the general public to know and understand the gambling principle and concept is a fundamental way to prevent the happening of problem gambling. No matter it is from interviews with counsellors or information provided by the service centres, it was pointed out that help seekers perplexed by problem gambling often rested non-sensible hopes on gambling. With the damages brought by gambling done on individual and family, many of them sighed with regret that if they had known of the outcome, they would not have got themselves involved at the start.

Apart from requesting the Home Affairs Bureau to help removing obstacles within government departments so as to improve the entire effectiveness on the prevention of problem gambling by counselling and treatment service centres, **many organizers and counsellors of the centres expressed regret, during interview, on other stakeholders not being able to give their full play**

on proper synergy due to the lack of distinctive policy on gambling in Hong Kong at present. They hoped the government could take up a more active attitude to push forward co-operation across different scopes rather than just supporting the Ping Wo Fund in the granting and approving of funds. *"... I feel they've done little, for example, even though the Home Affairs Bureau is now overseeing, apart from the statistics we've got to hand in monthly then they know what you've been doing, but with this year's contact, I can't see what they've got to help the gambling counselling centres..."*

These stakeholders include, apart from the four service centres financed by Ping Wo Fund and some non-government organizations which have been providing counselling services to people perplexed by problem gambling, the Hong Kong Jockey Club is the only one organization authorised by the Hong Kong government to operate gambling activities such as lottery (the Mark 6), football and horse races. Some of the organizers and counsellors being interviewed opined that on the part of financing the work on the prevention and treatment of problem gambling, it was obvious that the Jockey Club was more dominating than the relevant government departments.

The (Hong Kong) Jockey Club, as the only authorised gambling operator, has no excuse to avoid financing the Ping Wo Fund, that \$12,000,000 to \$15,000,000 each year means nothing to the Jockey Club. Their positioning is to put the money earned on charity, but as to how it is to be decided by them.

I would feel that the government is a bit passive, they have to depend on [in making decision) whether or not resources are forthcoming from the Jockey Club. And there isn't a sense of responsibility, in that a licence is being issued to an organization, why not to put the organisation under certain rules. I feel the government should be more active in this and take up the leading role.

... the Hong Kong Government is not tough enough on this part, the

Jockey Club seems like muddling, ... this makes one feel the lack in taking up responsibilities.

In addition, since the Jockey Club is the only one authorised body operating in gambling activities, it is more than reasonable for the SAR government to request this operator to pay pro-rata tax revenue to help preventing problem gambling. **It is more important for the government to take the lead in the strengthening of preventive education and the provision of high quality service to people perplexed by problem gambling to stop the question of problem gambling from developing into a crisis.** Perhaps the dilemma is that which one is the most effective and appropriate bureau or department to totally take up the policy and service on the prevention of gambling. It is obvious that, as limited by the role and function, the Home Affairs Bureau is not the most desired.

The government has done nothing! Even the money approved by the Home Affairs Bureau comes from the Jockey Club, the government has not paid a cent to do work on this side. ... In fact the government can strengthen the work relating to schools, may be working on some general education syllabus, and if they can provide some resources ...

I do feel the government is duty bounded, on one side they can amend the law ruling the Jockey Club to allocate 1-2% from their gaming tax to set up a permanent trust fund ... Whether or not the government is setting up a rule or paying the money, that means it doesn't have to rely on the Jockey Club. I found it reasonable even if we have to pay it ourselves, because those so called pathological gamblers we're helping are mostly citizens of Hong Kong, they've got HKID cards, in fact we're helping our own folks.

Finally, a point worth mentioning is the limitation on the deployment of resources. The four pilot service centres encountered difficulties in pursuing the application of data and the study on professional counselling and

treatment model suitable for local use.³⁸ This would, not only stop further improvement of service quality on gambling counselling, but also hinder the general public and relative government policy bureaux from recognizing problem gambling. **If the government can take the lead by providing research funds for universities and relevant service centres to establish partnership or financing civil bodies to organize activities such as the recent "No Gambling Festival 2008",³⁹ a lot of synergy could then be forthcoming.** Those counsellors on gambling counselling service proposed, during interview, that the government could set up a data-base in this respect, and follow the method adopted by the Narcotics Division in disclosing the number of persons addicted in soft drugs and the number of service recipients in each age group etc. Keeping in hand the number of problem or pathological gamblers in Hong Kong through the collected data could help to gain a better and in-depth understanding on the problem.

³⁸ The research team discovered the only one developed is the GMAP from Australia made suitable for Hong Kong and Chinese use by the collaboration between the TWGHS Even Centre and Chinese University. It seems the remaining three gambling counselling and treatment centres have yet to carry out academic research on gambling counselling with any university or research body.

³⁹ The "No Gambling Festival 2008" which was co-organized by ten organizations which provide service for people perplexed by problem gambling, was held jointly with the University of Hong Kong and Hong Kong Institute of Education. On 15 March 2008 it was formally opened with the theme of "No Gambling with the New Generation, Building up the Future Hand in Hand" until 19 April 2008. During that period, besides the convening of the 2nd Seminar on Service for the Giving up of Gambling, carnivals and other activities were organized at various districts of Hong Kong by service centres to extensively promote messages on the prevention of problem gambling. Please refer to http://www.gamblercaritas.org.hk/html/chi/news_2.asp

Chapter 4: Views of Services Users and their Implications

4.1 Introduction

There is yet a common view among specialists and academics on the main reasons leading to problem gambling. They all agreed that the indulgence in gambling activities, not only affects negatively on the personal being and the relationships with family members and even friends, it also brings about threats over the stability of the society and on public health. Therefore as on how to effectively prevent problem gambling is an important issue for the government in drawing up its policy agenda. The research team invited service users of the four pilot gambling counselling and treatment service centres to attend focus group discussions held at different times in order to collect their experiences and opinions on the services they received from the pilot centres.⁴⁰ Through analyzing the information collected at focus group discussions, this Chapter further illustrates the constraints and limitations faced by these centres on the provision of relevant counselling and treatment services.

4.2 Driving force for help: Heavy debts and broken family

According to the statistics handed in to the Home Affairs Bureau by the four pilot counselling and treatment service centres, most help seekers were under the "self referred" category (Table 4.1). That means they looked for help "voluntarily" from the service centres. Yet from the information

⁴⁰ During March and April 2008, the research team conducted two to three sessions of focus group discussion respectively in the four gambling counselling and treatment centres which involved 66 service user attendants. In the group discussion, each service user was invited by the research team to (1) share their experience on the receiving of gambling counselling and treatment; (2) describe the challenges and difficulties they faced in controlling gambling behaviour or ingiving up of participation in any gambling activities; (3) state their opinion on the current arrangement on gambling counselling and treatment services; (4) comment on the "responsible gambling policy" implemented by the government; and (5) bring out suggestions relating to the preventive measures for problem gambling. Among the total of ten focus groups, apart from six of them were made up by middle aged male service users, two of the remaining four by female service users, one by service users aged 55 or above, and one by young service users aged below 30. Focus groups specially set up for the minority ethnic groups were cancelled because they could not be arranged to take place at the time the research was conducted. For every focus group discussion which lasted for 90 minutes there were one to two members of the research team present and took the lead.

obtained from the 66 help seekers who attended focus group discussions, behind this "voluntarism", it was the great pressure brought by the heavy debts that drove most of them to seek counselling services. Faced with the pressing debt problems, the relevant information and suggested solutions given by professional counsellors were the support the help seekers exactly looking for.

Mr x x [the counsellor] has told me to look for support from family members first. If it doesn't work, he gave me another advice, that is, to talk to social workers or lawyers. To let lawyers assess if I can apply for debt-restructuring or if I can afford living after half of my salary goes to repaying debts? The chance of approval good or not? What to do if I need to use money in the middle of repayments, would they allow me to temporarily stop one or two repayments? They give me choices; the lawyer gives me advices too.

Many attendants supplemented that they had been lacking in the knowledge in effectively arranging and repaying debts before they approached gambling counselling and treatment service centres. Through the counsellors, they could meet professionals such as lawyers and accountants to help settle the debt problem.

Table 4.1 : Referral source of service users

Source of referral	Percentage			
	TWGHs Even Ctr.	Caritas AGC Ctr.	Zion Yuk Lai Hin	HKFYG G. C. Ctr.
Self referred	77.7	66.9	45.6	63.8
Relatives referred	5.2	24.1	25.4	33.1
Organizations referred	13.6	8.7	2.5	3.1
Others	3.5	0.2	1.1	0.0
No information	0.0	0.0	25.4	0.0
Total no. of persons	462	423	283	130

Apart from this, the research team observed that certain "voluntary" help seekers were encouraged and assisted by family members in approaching gambling counselling and treatment service centres. *"I've made a promise*

to my wife to quit gambling and she wanted me to show her something practical, so I asked my daughter to search through the internet for information relating to services for gambling counselling ...". Certain focus group discussion attendants supplemented that desires to mend up relationships with friends and relatives, especially those with close family members and to avoid a broken family situation were the main force driving them to seek help.

At that time my wife forced me to quit gambling, otherwise she would walk out with my daughter!

It's because of those happened on my elder sister-in-law. She gambled to commit suicide, my brother had walked away, taking no regard on the children, ... am I following her path ?

Hong Kong has been a Chinese society the core of which is "family", and family members could play a very important role on the part with gamblers approaching gambling counselling and treatment service centres and proceeding to the quitting of gambling. Many service users recalled their state of helplessness, chaos and loss of control before receiving counselling service in lots of focus group discussions. Description of the conditions they were in at that time extensively agreed by focus group participants were "gambling irritably", "lost and confused", "obsessed by ghosts", etc. According to the calculation done by the research team, about half of the focus group attendants first started the treatment process upon contacts made by family members with gambling counselling and treatment service centres, and a lot of service users admitted they were forced by family members to approach gambling counselling service centres. **It can be seen that, relatives and friends around people perplexed by problem gambling were, very often, the great force driving them to approach counselling service for the quitting of gambling.** As on how to effectively assist close friends and relatives of gamblers to grasp information relating to gambling counselling service would be one of the vital preventive measures

of problem gambling.

On the other hand, data collected from the telephone poll indicated that only some 40% of people being interviewed took note on advertisements in relation to the prevention of or solution for gambling problem (Table 1.4.1a). This reveals the current relevant advertisements are not sufficient. Moreover, no matter stressed repeatedly by professional counsellors being interviewed: "*Gamblers are hidden, even one piece of poster is very important, ... the gamblers are passive, difficult to get access to, poster can help us to get hold of them*", the provision of other feasible solutions at the time when people perplexed by problem gambling were most desperate and helpless or "*...he came out losing a lot, then he would be too upset to go gambling again for a day or two, then you direct his attention to something else, perhaps you'll get a chance to help him to out...*", all revealed the importance of extensive and effective advertisements on the prevention of damages caused by gambling.

4.3 Quitting gambling habit: A formidable and lengthy war

From the psychological studies and clinical experiences over the years, Leung Kwok Heung and Chow Siu Lau concluded that the over indulgence in gambling activities brings along problems to individual, family, inter-personal relationship, economy, employment, and the society. Examples of problems include: disappearance of self-respect, loss of friends, crime, unemployment, poverty, hunger, and broken family.⁴¹ In other words, people indulged in gambling activities were not only affected psychologically to get depressed, anxious and angry, their inter-personal relationships were damaged as well. Therefore, the four funded service centres, apart from the provision of professional counselling to individual help seekers, also organize different kinds of supportive or mutual help groups to couples, family members, or even those help seekers with similar experience so as to help them, step by step, soothing individual emotion

⁴¹ Leung Kwok Heung, Chow Siu Lau (2005) P.40 of "*Gambling - The Reason, Result, Handling*".

and re-building inter-personal relationships.

On individual counselling, professional counsellors very often assist gamblers to find out the reasons and sources of their indulgence in gambling activities. One of the service users who had attempted but failed on many occasions to quit gambling before he approached the gambling counselling and treatment service centre recalled, when he first received individual counselling, the professional counsellor raised a lot of questions to him which had never come to his mind. Upon detailed explanation and analysis, the service user was in a better position to see each time the reasons for his taking part in gambling activities which, as a result, enabled him to find radical solutions for the problems.

When research team was raising the subject of re-building inter-personal relationships at focus group discussions, the proverb "gamblers often lie" was sounded out from time to time and agreed to by "exclamations" among service users attending the discussion. The loss of integrity pushed people perplexed by problem gambling to isolation. Many service users readily admitted that their "inter-personal relationship is very poor, their credibility fell close to zero". With the desertion of friends and distrust from family members, apart from feeling of hopelessness, they were in fact deeply hurt.

The main problem of the gamblers is mental, hoping others to care about them, especially for those especially like me, I'm badly hurt.

...My families didn't believe in what I said; I didn't want to talk, they didn't believe in me; when I started to tell, they thought I was covering up, they didn't believe I quitted gambling.

... Before, I felt there's no problem to continue gambling, I could borrow money in case I lost, there wouldn't be big problems; now I know what I would lose not only money, but also family members, job and trust placed on me from others.

Under such circumstances, some focus group members indicated that they receive comfort and assistance from counsellors. Even some of the counsellors actively contacted their family members explaining the possible challenges that would surface in their process of quitting gambling. *"The counsellor has, individually, talked to my wife for a very long time, explaining to her that I would be facing a lot of emotional problems during the period I'm quitting gambling. Then afterwards my wife does not throw back my words on me like she did before!"* One can observe from this that individual counselling is carried out together with family counselling. Through explanation, co-ordination and assistance given by counsellors, depression of the gamblers can be soothed on the one hand, and the broken relationships between the gamblers and their family can be mended on the other. All these add on the chances for gamblers to successfully quitting gambling.

It would be a bit over optimistic to hope people who have been perplexed by problem gambling for many years to quit gambling and stop totally to take part in any kind of gambling activities upon the receiving of counselling and treatment service for a year or a half. Although most of the service users attending the focus group discussions realized the importance of self-control, the nowadays Hong Kong is materialized with lots of information relating to gambling activities which are being displayed all over the place. People quitting gambling have to face, both psychologically and on every day living, with numerous temptations to keep going on with gambling. This is especially so on occasions when these people need to spend extra money, e.g. at festive times, at the beginning of a new school term etc; the thought of going gambling again easily comes out.

At festive time, there's particularly a desire to gamble, gotta buy some gifts at the Lunar New Year, get ready the laisees [red packet money] ... Now the amount of money is just good for myself. At festive time, sometimes I would want to use that money to gamble ...

especially at Lunar New Year and Christmas ...

Therefore, it is not surprising that some service users were seen taking part in gambling activities even when they were undergoing gambling counselling. For those who want to get rid of the problem gambling perplexities through counselling and treatment services, to decide to go gambling again is an extremely painful process.⁴²

Many service users attending focus group discussions used phrases such as "keep thinking about", "itch in the heart", and "nervous with fear" to describe the unsteady psychological condition at the time they were receiving counselling and treatment from the service centres. Some disclosed that they hanged around off-course betting centres or mahjong houses fighting against themselves on the thought of "going in or not going in". A service user who had accomplished gambling counselling service several years ago pointed out that he could not declare that he was successful in quitting gambling. In addition, he said the control of individual gambling behaviour is a life long process. A certain number of people who had quitted gambling attending the same discussion also indicated that although their gambling counselling and treatment was accomplished, they asked to be allowed to continue with mutual help group and other gambling counselling activities.

Furthermore, many gambling quitters attending focus group discussions described that the four funded gambling counselling service centres provided them with a "platform", "backer", even an "assembling place" to get together a group of people who were wishing to stop gambling. This not only enabled them to exchange ways on how to quit gambling, they could also meet people walking on the same path to voice out their innermost feelings. It is especially so with the establishment of mutual help

⁴² Lee Cheuk Yan (2006), "*How Family Members can help to prevent Gamblers gamble again*", collected in P.88 of "*Addict to be guarded at: What to do with the Gambler at Home*" compiled by Lee Cheuk Yan, Fung Ka Bun.

groups which functioned as "mirrors" enabling group members to face the problems and impacts brought by gambling and at the same time listening to stories and feelings of other group members. These service users could then recognise their own wrong doings and problems through this "mirror" and thus be able to solve and correct their indulgent behaviour in gambling activities more effectively.

... the mentalities of gamblers are different from other people, people don't understand us, we'll get a sympathetic response in conversing with each other.

... there were six persons in the group, we didn't know each other at the beginning but we're facing the same problem. From listening to them talking about themselves, there's the same feeling with others, I could realize my own wrong doings.

At the beginning, I've been hoping Wednesday is here every day so I can meet the others, it's really happy to be here. At the other time when the day is done, I don't want to go home but don't know what to do. When I'm here, I feel I can express myself and would come to know what has happened to the others during the week, I feel comfortable.

4.4 Supporting measures for the service centres:

The knowledge on and usage of relevant theories and skills of professional counsellors are important links to spur effective treatment on problem and pathological gambling. Although most of the service users attending the focus group discussions evaluated the counsellors positively, there were remarks that some of the counsellors were lacking in professional knowledge on psychiatry, or they did get sufficient knowledge from the books but were incapable with practical experience. *"Because Miss XX has not gone through this, she only relies on what she heard from group discussion. Although she digested our stories, she hasn't experienced what we got*

through." Even frontline workers who involved in counselling service also admitted there is a need to strengthen their training.

Counsellors, they're just counsellors, they've only taken a course on how to quit gambling. ... when a gambler blows up, before his head blows up, he always can't go to sleep, being nervous, the only thing in the mind all the time is, oh God, ... there must be a psychiatrist! That's a professional doctor, he can really diagnose the mental problem, sometimes the gambler does need some medicine....

Service users also pointed out that there was no stability with the professional team members on counselling. A series of problems occurred on the leaving of a particular counsellor which made service users difficult to adapt to and cast unnecessary pressure on the counsellor taking over. *"... After Ah F sir left, there's a big problem, ... he has done many work, he doesn't mind whatsoever, so he can communicate easily with the group members. It doesn't mean that Miss T is no good, she's very capable. But, at last, don't know the reason why!"* In fact, even counsellors from service centres being interviewed opined too that the rather high turnover rate of these professional counsellors needed to be acknowledged.

My own experience is that, because I've worked with several different Clinical Psychologists, apart from the losing of colleague. In fact, clients felt the same, I've heard that "Oh what, change again!" ...It's not that good to service users as well, this is what I've observed.

On the whole, during the time they were receiving counselling and treatment, many gambling quitters had to face great difficulties and temptations on the one hand, and on the other they relied much on the involvement of counsellors to build up trust and respect between themselves. In this regard, **the frequent change of professional counsellors certainly affects the quality of service and the determination of service users to quit**

gambling.

Moreover, no matter it was at the time undergoing gambling counselling or on completion of the service, many gambling quitters were continuously facing the challenge of whether or not being able to effectively control their gambling behaviour. A focus group member expressed "it's a real hardship to keep under controlled" at the beginning of gambling quitting process. When facing with these emotions, many service users want to call to see the counsellors for support. Yet what they got in reply very often was that the chance to talk face to face with the counsellor would be in a week or two later. Due to this "long" waiting period, some of them would take the second choice of speaking out to the counsellors the struggles and puzzles they were facing at that time over the phone which resulted in "once started, it lasts for hours".

As for those service users who had accomplished the whole gambling counselling treatment, they hoped to receive phone calls from counsellors from time to time, or some of them asked to continue taking part in the mutual help group sessions because they generally believed that "**gambling quitting is a life long process**". All these indicated that in present Hong Kong, the demand for gambling counselling and treatment service was high. The question on shortage of counselling staff, as pointed out in a number of focus group discussions, not only affect help seekers currently undergoing gambling counselling and treatment service, but also those people who, for the first time, approach gambling counselling service centres.

Last year, a worker in the same field as mine requested to see a counsellor. The first appointment was arranged to be three weeks later. He couldn't wait as a result. He couldn't solve the debt, he killed himself in the toilet at his home.

Several months ago, a university student had an appointment to see the counsellor on a Monday, but he had lost \$100,000 again at the

weekend before that Monday.

One of the focus group members had similar experience and pointed out he was very hesitant and anxious at that time.

... When I first called for an appointment, I was asked to wait for two weeks; it should have been a bit earlier. Over these two weeks, I borrowed money to gamble again. ... This is the usual thought of a gambler to win back the lost money; I went to the loanshark again for money.

Another group member also supplemented that although counsellors would let service users know their mobile phone numbers in case the latter wanted to get hold of them outside office hours, he thought a 24-hour gambling counselling hotline would be more useful especially "*when all of a sudden the gambler wanted to go gambling*" for them to seek help. In addition, the fact that the service centres are closed on holidays arouses grievances among service users⁴³. It was especially discouraging with those service users who were working in the daytime and that they had to attend to service centres activities or counselling after a tiresome day of work. If service centres were opened during public holidays, it is believed that a lot more people perplexed by problem gambling would be coming forth to seek help.

Apart from the long queue to see counsellors, many service users pointed out there was not enough space in gambling counselling and treatment service centres. Some discussion group members expressed that due to the fact that there were a lot of people taking part in mutual help group sessions, some of them had to "stand outside". It was also reported by many focus group members that there were too many people involved in

⁴³ The dissatisfaction of service users over the fact that centres are closed on holidays was not only raised at focus group discussions but also reflected in the help seekers opinion survey conducted by individual service centres. Please refer to the part relating to reasons for dissatisfaction on the service provided by the centre at P.30-1 of "Document 3" which was handed in to the Home Affairs Bureau by the Caritas Addicted Gamblers Counselling Centre at the beginning of 2008.

one mutual help group that there were rare chances for each of them to speak. Due to this fact they delivered a wish hoping that there would be more mutual help groups organized by the gambling counselling and treatment service centres.

There's one session a week. Because there're so many people and everyone would say a few words, time is running short.

Sometimes I feel if there're too many people, you can't tell much ... The first time when I came here I felt there're so many people, some would not dare to tell anything. It is better to have fewer people ...

One session in a week, like taking medicine, that's not enough.

4.5 Advertisements: against and for Problem Gambling"

All these years, Hong Kong has been adopting a policy of "responsible gambling". Apart from the fact that there are still licensed mahjong houses in legal operation, the Hong Kong Jockey Club is the only and the most well-organised body authorized to operate in gambling activities. Therefore if the Jockey Club executes thoroughly, the policy concerned would be most evident. Their relevant measures are aimed at promoting responsible gambling practices among those who gamble, minimizing the negative effects of problem gambling, and preventing underage gambling.⁴⁴ Yet there were doubts and reservations from a lot of service users attending focus group discussions over the policy of responsible gambling promoted by the Jockey Club.

... Advertisements on damages brought by excessive gambling or

⁴⁴ Measures on responsible gambling specifically promoted by the Jockey Club include (1) Posting up notice on age restriction for people placing bets in all premises where bets are accepted; (2) Displaying posters, warnings and placing information leaflets in all premises where bets are accepted, the Jockey Club betting entertainment website and advertisements on gambling service with the characteristics and results of problem gambling listed out, for the general public to access to; (3) Printing out hotline information in relation to treatment and counselling service on the notice, information leaflets, and the Jockey Club betting entertainment website mentioned above.

those help seeking hotlines don't make any sense to gamblers.

Advertisements on responsible gambling mean nothing to pathological gamblers. They might place certain impact on people who know nothing about gambling.

For gamblers, gambling is not a problem. They feel they are able to get back to where they were and to win back the money they've lost.

That's the way of pathological gamblers -- gambling little by little and then more and more, then becomes pathological as a result. It's a bit funny with "responsible gambling", how could there be responsible?

Moreover, many attendants felt that "the words are too small" and "not clear" in regard to posters and relevant advertisements on the prevention of problem gambling. They also commented that those who went into the Jockey Club off-course betting centres were usually in a hurry to place bets but were not there for the purpose of reading advertisements posted inside the centres promoting responsible gambling. *"... It's useless, those inside the off-course betting centre one is too numb to notice those advertisements or posters, the only thing they would care is to look for the betting rate, no use, it's of no use ..."*. As for those advertisements promoting gambling activities, focus group attendants all agreed that they were very big in size and there were many.

... Advertisement (on damages brought by gambling) is not eye-catching, too small in size, but the advertisement on the Mark 6 Jackpot is very big.

Advertisements on Mark 6, 3T, Jackpot, are overwhelming, newspapers, television, radio ... If one is responsible, one would not become a gambler.

... The off-course betting centres of the Jockey Club are more than branches of banks in number there's one on the next two streets,

while the counter of xx Bank closes up one by one.

From restricting the advertisements showing misleading contents and aiming at the underaged as the advertising targets, to taking up steps to prevent youth from participating in gambling activities and the posting up of notices on non-excessive gambling, all these are done in the hope of eliminating the occurrence of problem gambling and the negative impacts that come along. But through analyzing the opinions obtained from interviewed gambling quitters attending focus groups and professional counselors, the research team finds contradictions on the ways the Jockey Club was dealing with their policy of responsible gambling and the intensive promotion on gambling activities. *"Just give one word advising you to quit, but tens to twenties pushing you to gamble, it all covers up those asking you to be a responsible gambler."*

It is true that the Jockey Club has been a great supporter in the provision of financial resources for the study on problem gambling, promotion of public education, and provision of counselling and treatment services. It does display notices and posters reminding the betting people the negative impacts brought about by excessive gambling. Yet in the eyes of those who had sought gambling counselling services, these reminding advertisements were ineffective on them. On the contrary, those promotional advertisements on all kinds of gambling activities were stemmed inside their minds.

On the side of advertising the prevention of problem gambling, the government of Hong Kong, in the past few years, did quite a number of advertisements and television case dramas relating to damages brought by gambling activities. Among them, the most popular ones included the advertisement of "Pouring money into the sea" and the "Lost in the gambling sea" series of drama. Many frontline workers engaged in the gambling counselling profession pointed out at interviews that although the advertisement and the drama were not displayed or aired continuously,

during the time when extensive and frequent advertisements were released, the number of telephone calls seeking for help or enquiries increased accordingly. This proved that advertisements do carry a positive effect. However, some of those "experienced" service users who took part in the focus group discussions expressed that the warning effect of the "pouring money" advertisement was not obvious. There were more than one group members indicated that "You can pick back the money you poured into the sea". From this, one can realize that these advertisements were not able to tell exactly what damages gambling activities could bring and could not pass on the message relating to the prevention of excessive gambling to those problem gamblers.

A point worth bringing out is that though the general public all realize the damages gambling could bring along, their interpretation on "damages" mainly referred to debts arised from the engagement in gambling activities. In this respect, many participants of group discussions proposed that the relevant advertisements had to state clearly the seriousness of problems and damages brought about by gambling. **To be more specific, they suggested the quoting of live examples to expose the damages caused by indulged gambling, for example the losing of money, the jumping to death, broken families etc. Many focus group members took the view that the advertisement promoting gambling damages should be "more bloody" than that of the message on smoking brought along health problems. They suggested some examples such as "Gambling would cause your wife throwing your children onto the street", "coming to a dead end, get to jump to death ..." etc. They said there were stronger mentalities within these messages which might even arouse much fear thus elevating the effect of vigilance.**

Both problem gamblers attending focus groups and gambling counsellors indicated that the current advertisements or related messages on damages brought by gambling activities were insufficient and their vigilant effect was less than desired. They pointed out that the contents of these

advertisements and the responsible gambling policy promoted by the body concerned were both unclear and confusing. As for the extensive and continuous advertisements on the preventive treatment of problem gambling, these focus group attendants all agreed to the government and the relevant bodies strengthening their efforts to push forward the work in this respect.

Besides, the advertisements on how to seek help and on the damaging results of excessive gambling, both people under gambling counselling or counsellors stressed the necessity in delivering a correct concept of gambling. Apart from changing and adjusting some of the incorrect concepts of gambling activities, **they considered the root of the current tendencies of "reaping without sowing" and "getting quick money" in the community was more than essential. Otherwise, no matter how large the scale of gambling counselling and treatment service provision or how effective they were, problem gambling could only be cured on the surface and not down to the root.** As on how to effectively prevent and treat the problems derived from problem gambling, many service users with their "experienced" status considered that, apart from producing vigilant advertisements on gambling damages, it was vital to involve the families and schools so as to bring a healthy outlook on life to the general public in their childhood. This should be a long term education process by exerting a subtle influence on the characters of the general public since their young ages.

4.6 Summary

From the experiences of service users, the research team found out that family members of those perplexed by problem gambling were playing a very important role on pushing and helping the latter to approach counselling and treatment service centres. This also echoed the point made by service centres counsellors in Chapter 3 that contacts with family members of those perplexed by problem gambling was essential. Yet the

current funding model created limitations on the service centres in the allocation of resources. This was revealed, from the eyes of the service users, not only by the structuring of a stable team of professional counsellors, but also by the arrangement of the sites used to conduct activities and the sessions for group discussions. In addition, as on the part of preventive treatment for problem gambling, service users pointed out, with their "experienced" status, that the vigilant effect from current advertisements on damages brought by gambling was insufficient and the relevant preventive measures and policies were ambiguous. They further advised the delivery of a correct concept of gambling and a healthy outlook on life since childhood through education. In the final Chapter of this report, the research team will summarize discussions in Chapters 1 to 4 in order to propose a way forward for the treatment, education and research of problem gambling.

Chapter 5: Conclusions and Recommendations

5.1 Introduction

Mrs Carrie Yau, the present Permanent Secretary for Home Affairs of the Hong Kong SAR Government, gave a speech at the opening ceremony of the 2nd Symposium on Problem Gambling and Treatment in the Asia Pacific Region. She mentioned the Hong Kong SAR Government had selected, from about 300 slogans on damages brought by gambling, "Gamble to desertions, can you afford it?" as the winning one which was made into an advertising slogan delivered to all through television, radio, leaflets etc. One can tell from this that in the eyes of officials taking care of gambling affairs in Hong Kong, the emphasis on damages derived from gambling activities has shifted from the lost of money to the lost of families. This brings special meaning to the future development of policies on the preventive treatment for problem gambling. May be we can put things in this way. The government of Hong Kong which has been adopting a policy of "restricted gambling"⁴⁵ should, apart from putting under control local gaming industry and restricting gambling activities to a few authorised outlets, take the negative impacts brought about by problem gambling on the gamblers themselves, their families, up to the entire society into consideration, as an important reference material, when drawing up related policies.

In fact the implementation of this research study was, besides reflecting the policies mentioned above, more importantly, to provide the SAR government departments with reference data and information for the strengthening of preventive treatment for problem gambling. At the time the participants were enjoying the excitement and fun brought by gambling activities, there were participants losing all they owned which included their

⁴⁵ Please refer to Home Affairs Bureau (2002) P.i in "*Consultation Paper on Gambling Problem – Consultation Report*" www.legco.gov.hk/yr00-01/chinese/panels/ha/papers/ha0412cb2-1437-1c.pdf

families. There is no doubt that gambling is a knife with both sides sharpened, and this must be looked at seriously by stakeholders of the society. The following are conclusions and proposals for the three research areas of this evaluation study.

5.2 Impact of gambling liberalization in nearby cities on Hong Kong peoples' participation in gambling activities

This research indicates that in the past year it is still a common practice for Hong Kong people to take part in gambling activities. Betting on the Mark 6 lottery has been the most popular gambling item over the years. Coming after social gambling, horse racing, football betting, gaming in Macau casinos etc, are on the top five most popular gambling activities among the general public.

Secondly, when compared with the results of previous similar studies, although the percentages of total number of respondents taking part in gambling and the kinds of gambling activities participated in were lesser, the monthly money spent, in average, on certain regulated gambling activities (including Mark 6 lottery, horse racing and gaming activities in Macau casinos) was distinctively more.

Moreover, it is becoming rather common recently in Hong Kong to place advertisements promoting gambling activities through the mass media. It was discovered by this research that almost two-third of the general public have taken note on these advertisements. Among them, young people aged 15 to 19 with senior secondary to matriculation level of education and being employed are in the majority.

Finally, the transformation of the district nearby (i.e. Macau) from a single gambling site to a mega-resort which provides leisure entertainments and sight-seeing facilities has successfully attracted the attention of most of the respondents, especially that group of young males aged 20 to 39 with

tertiary education and an employment who were seen as more capable in spending.

5.3 The prevalence rate and its implications on public education

This research indicated that there were respectively 2.8% "possible problem gambler" (i.e. with 3 to 4 marks in the DSM-IV test) and 1.7% "possible pathological gambler" (i.e. with 5 marks or above in the DSM-IV test). This showed a slight decrease when compared with the prevalence rate obtained in the previous two similar studies.

Further statistical analysis showed that among the "possible problem or pathological gamblers" being interviewed, those married males aged between 40 and 59 with lower secondary level of education or below, employed, the total family monthly income between \$10,000 and \$24,999 and living in public housing estates, are taking up a larger percentage. Besides, male gambler with the same terms mentioned above and had taken part in football betting, horse racing, and gaming activities in Macau casinos, bore the highest chance of becoming a "problem or pathological gambler".

In addition, comparatively more "possible problem or pathological gamblers" had indicated their notice on the opening of casinos in districts nearby and the advertisements on gambling activities, and the percentage on the increase of their desire to gamble due to messages on these advertisements went higher accordingly. From this one can tell that with the same message on gambling, the influences over "possible problem or pathological gamblers" are greater. Yet on the other side, **this study also found out although most "possible problem or pathological gamblers" knew about the existence of gambling counselling and treatment service centres, many of them were unwilling to approach these centres when in need of help.**

As with the knowledge on preventive treatment for problem gambling, less than 40% of the respondents indicated their paying attention to advertisements produced by the government on the prevention of or solution for gambling problems in the community and most of them got the knowledge through television advertisements and situation dramas. **Respondents who gave an affirmative answer on knowing the existence of service centres currently in operation for problem gamblers and their family members only took up a small percentage. However, most of the respondents had expressed their desire of seeking help from these gambling counselling and treatment service centres when needed.**

5.4 Progress of the four pilot gambling counselling and treatment service centres

The Caritas Addicted Gamblers Counselling Centre of the Caritas Family Service and the Even Centre of the Tung Wah Group of Hospitals Social Service were financed by the Ping Wo Fund simultaneously in October 2003 to provide counselling and treatment service to people perplexed by problem gambling. As with the Gambling Counselling Centre of the Hong Kong Federation of Youth Groups and the Yuk Lai Hin of the Zion Social Service Centre, they were financed simultaneously in February 2007 by the Ping Wo Fund to provide similar service as with the Caritas Centre and the Even Centre. The establishment of these four service centres, although on a pilot basis, also marked the rooting of a brand new supportive service in the social welfare domain of Hong Kong.

According to the figures handed in by the four funded gambling counselling and treatment service centres to the Home Affairs Bureau of the Hong Kong SAR Government, it is encouraging to note that in the past year the level of service output indicators were above those set down in the service agreement, no matter it was on the assistance tendered to service users on controlling their desire to gamble, or on the strengthening of "resistant effort", up to their satisfaction on the aims and effects of the service received. This was due to, it is believed, that the four pilot service centres not only

concentrated on developing a professional and "one-stop" multi service, they also adopted a "group integrated with case" intervention model to provide suitable counselling service for people and their family members perplexed by problem gambling.

In order to "achieve the service indicators" in quantity wise in respect of the number of cases on the handling of telephone enquiries, new cases on services demanded at different levels, up to the number of counselling and treatment sessions provided for people perplexed by problem gambling, the four service centres were facing different degrees of challenges. One of the key factors is that the history and duration of the four centres participated in the gambling counselling service and their developments differed. The resources placed on them by their mother organizations also varied. The most important point is that in their daily work the centres' professional counsellors had to place a remarkable portion of the resources on providing supportive service for family members of the help seeker which was not actually included in the "help seeker (the gambler himself) case". This caused them trouble in chasing after the quantity target on the one hand, and providing "family based" service on the other.⁴⁶

Moreover, in order to fulfill the undertakings given to Ping Wo Fund, it is understandable that the four service centres are very sensitive to the relevant service indicators. As a result, **to provide effective support to help seekers at different levels of gambling counselling and treatment was the number one performance target of these service centres.** As on the part of interpreting relevant data and researching professional gambling counselling and treatment model suitable for local use, they could only do as much as they can under limited allocation of resources in this respect. This would bring no benefit on the continuation and enhancement of

⁴⁶ Whether or not it's the service users themselves or the professional counsellors being interviewed, they all agreed that the role played and effects brought about by family members of gamblers during the process of counselling and treatment are decisive. Starting from approaching counselling and treatment centre to seek for supportive service, to taking part in helping people perplexed by problem gambling rebuilding self-confidence and inter-personal relationship, the family elements are occupying a very distinctive part.

service qualities, but also would obstruct the delivering of messages to make the general public understand better the prevention and treatment for problem gambling.

The financial grant by the Ping Wo Fund is in a lump sum grant for a certain duration and with a cap charge. This funding model brings an unstable element to the four service centres on their long term planning. This also makes the training and keeping of local professional counselling staff difficult to systematically plan and execute service in the long run. So the "frequent" change of centre counsellors would, apart from affecting the trust on counsellors from service users and the maintenance of the relationship between them, does no good to the continuation of the quality of professional service. Due to the fact that gambling counselling and treatment service is a brand new item within the social welfare domain in the sense of defining the cases in different categories of help seekers, contacts to be made with and services to be provided to them, up to the structuring of fundamental facilities for the service centres etc, thus the cost and expenditure so involved often deviated from the estimates set down in the tender when determining the amount of fund to be granted. As a result this brought obstacles to the service centres on the provision of supportive measures (e.g. the long waiting period to see a counsellor, insufficient opening hours on the part of site and the centre) which again caused deviation from that expected by help seekers. It is necessary to point out here that for people perplexed by problem gambling, it would be a difficult and long lasting war to successfully quit gambling. Therefore whether it be the continuous support and encouragement coming from professional counsellors, or the site provided by service centres for them to have fixed mutual help group activities, these were taken by service users as indispensable weapons to help them through this long lasting war. In order to carry out all these services, additional resources are very often required.

In respect of the implementation of community education, it is well known that one has to rely on the concerted effort among treatment and

counselling services, educational and promotional programs and academic research to promote effectively the preventive treatment on problem gambling. The core members of the four pilot service centres being interviewed had been expressing their desire for the government to take up the co-ordinating function within the public bodies and play an active part in boosting the co-operation among organizations in various domains so as to bring about a better running and effective preventive treatment on problem gambling. This is the bounden duty of the SAR government, at the time like this, to push forward the co-operation from secondary/primary schools, the participation of the business sector, to continuously disseminate information on damages brought by gambling activities extensively through the mass media, and to supervise gaming industry operator in thoroughly executing the "responsible gambling policy" etc.

Finally, there should be a clear and to the point advertisement bringing out reminder and vigilance, for the promotion of the preventive treatment on problem gambling. As indicated by information from the service centres, help seekers other than being non-sensible on gambling activities, they were also lacking in alertness over the underlying damaging power of such activities. This often resulted in a painful regret that "if I knew of the outcome I would not get myself involved at the start". Part of the service users even pointed out that the manner of which the casino operators were taking to extensively deliver messages on gambling activities and to provide every convenience to participants was taking no regard on the consequences and should be dealt with seriously. In addition, although the general public does know of the damages brought about by gambling, their common interpretation on "damage" only relates to the loss of money. Therefore a lot of service users suggested a strong and heartshaking advertisement on gambling damages to bring out the message that the damage to individual and the family would be immense or even killing, upon which the effect of vigilance could only be achieved.

5.5 Conclusions and Recommendations

Gambling is an interesting yet baffling subject within the Chinese (Hong Kong) society. It involves areas on morality, law, leisure, impact on family, economy, tourism, up to sports. There are many says on gambling behaviours which fail to come to any concensus. Moreover, the cause of participants becoming problem or pathological gamblers is complex, with direct or indirect relation to their cultural background, subcultural group situation, the social institution, up to the condition of individual mentality, physiology and social contacts which are cross over influencing one and each other.

To look at things at a wider angle, it seems to be a mission impossible to totally quit gambling behaviour (a lot of people consider the buying and selling of stocks, financial investments etc, should be treated as gambling as well). There are documentaries which revealed the fact that there were gamblers reducing gambling activities or attaining abstienence automatically. **Up till now there is not yet a method, neither in the eastern nor western societies, to be taken as the most effective treatment on problem or pathological gambling. The major treatment and counselling goals in the western society are based on the Responsible Gambling and Harm-reduction Gambling theories which are steadily accepted by relevant departments of the Hong Kong SAR Government.**

In looking back, the history of providing professional gambling counselling and treatment service in Hong Kong is really short when compared with those in the North American countries and Australia. With the grant from Ping Wo Fund, the performance achieved today by the four pilot service centres are encouraging, and they do indeed at the same time have been providing an indispensable safety net for people perplexed by problem gambling. From another point of view, if the SAR government had not established these four centres, and the seven well-organised bodies which are not funded by the Ping Wo Fund had not joined to provide similar

service⁴⁷, it is certain that a lot more problem or pathological gamblers and their family members would not be able to get the necessary treatment and counselling. Then as a result, Hong Kong in overall, has to pay much more for this problem.

Moreover, the result summarized from this evaluation study indicated that under the condition of a fast expanding gaming industry in Asia, if Hong Kong is to keep pace with the circumstances, it has to plan relevant policies and provide services in the days to come. Perhaps the relevant departments of the Hong Kong SAR Government have to take up a more active and practical role to face this subject on the one hand, while the other major stakeholders of the community (which include non-government organizations, churches, education sector, family, up to the Hong Kong Jockey Club each of which possesses important and specific functions) should fulfill their own part of responsibilities and co-operate with each other to bring out their full effect. After analyzing and summing up of the information obtained, the research team would like to make the following proposals.

5.5.1 Nature stakeholders' active participation

Gaming activities and gambling habits will, as from the past to the present, continue to exist in the Hong Kong community. All we need to study, to understand and to master are the various social problems and impacts brought about by gambling activities on Hong Kong which would spread through the individual, family, social and cultural levels. As for the problem gamblers and their family members, although they only take up a small part of the total number of participants in gambling activities, this cannot be an excuse for not providing them with suitable counselling and treatment. The responsibility of the government here is to keep a close liaison with all

⁴⁷ The present bodies in Hong Kong providing counselling and treatment to people and their family members perplexed by problem gambling and not funded by the Ping Wo Fund include The Methodist Gambling Counselling Centre, Christian New Hope Fellowship, Gambling Recovery Centre, Industrial Evangelistic Fellowship Rehabilitation Centre for Problem Gamblers, Hong Kong Gambling Counselling Centre, Christian & Missionary Kei Yam Alliance Church and the Prevention and Rehabilitation of Pathological Gamblers Association Ltd.

stakeholders, such as the Hong Kong Jockey Club, non-government organizations which are providing gambling counselling service, the current four funded service centres, secondary and primary schools, civil bodies, law enforcement bodies, and churches etc to effectively allocate resources and co-ordinate relevant treatment, promotion, and education efforts. Problem gambling is a social problem that requires attention. **It is proposed that the Home Affairs Bureau of the Hong Kong SAR Government takes up a dynamic, strategic and contextual role in this area, balancing between a highly active intervention and a total release.**

5.5.2 Collaborative efforts with nearby cities for combating problem gambling

The width and depth of the impacts brought about by the fast growing gaming industries in South East Asia in recent years on Hong Kong must be taken seriously. There is yet an all round data support for the conclusion on whether or not to reshuffle the relevant gambling counselling service, but basing on the information obtained from this study, the research team considers the greater impact is from Macau. The rapid speed of developing gaming industry in Macau brings negative impacts on Hong Kong, resulting in problem gamblers sinking in gambling activities more deeply, thus worsening the already existing individual and family problems. Statistics revealed it is becoming trendy for younger middle class people with higher education level to have their family tours, and directly or indirectly contact the grand new casinos in Macau. There would certainly be more opportunities for those who are "problem or pathological gamblers" to be attracted to "cross the sea" to gamble. Under such circumstances, gambling counselling centres of Hong Kong and Macau (which includes the Chi Ngai Hin under the Macau Social Work Bureau) can co-operate and complement each other for mutual benefits, for example the setting up of referral service etc. In addition, **to establish a data-base on preventive treatment for problem gambling with Hong Kong as the central point, involving Macau, Singapore, Malaysia, and Taiwan, to include the characteristics and needs of service users, handling methods, research**

results etc so as to facilitate local studies devoting on "gambling problems", "how to handle problem gambling" and other related social conditions to help defining long term policies.

5.5.3 Funding model for substantability

The research team is of the opinion that the goals of the pilot scheme on gambling counselling service are accomplished and the targets reached. In summing up, **it is proposed that the four pilot service centres be further funded** to December 2009 to continue providing the current service contents and operating with the present standard. At the same time, related departments of the SAR government and the Ping Wo Fund should determine a set of operation and funding model in respect of problem gambling counselling which is of longer terms, capable to develop continuously, suiting the needs of the community, and with accountability. By doing so, the relevant bodies can keep on with the provision of effective service on the one hand, and systematically implement an all round promotion, education and prevention process on the other. **The research team proposes that consideration should be given to broaden the composition and duties of "Ping Wo Fund" or the formation of a "Central Commission on Gambling Problems" to complement the current works of Betting and Lotteries Commission.** It can be structured by members from relevant government departments, representatives from the gambling counselling profession, prominent members of the society, relevant professionals and academics. The functions and roles of the said Central Commission are suggested as follows:

- To advise on and to constantly examine the policies on gambling and gambling counselling services; and to urge the government in making amendments on the gambling policy when required in areas which include planning, work, law and procedures in order to strengthen the effect.
- To establish a mechanism to supervise and examine the work carried out by the current gambling counselling and treatment service centres

making sure the work done are effective. **To study under which government department the long term ruling on gambling counselling service should go in order to obtain the greatest effect from its full play.**

- To make sure there are co-ordination and full co-operation among government departments and the gambling counselling and treatment service centres to strengthen the social recognition on the latter.
- To advise on the amount of resources to be granted by the Ping Wo Fund and their appropriate allocation.
- To advise on the priority for funding.
- To advise on large scale advertising programs or measures on preventive education.
- To co-ordinate academic research teams of colleges and universities in conducting interdisciplinary studies on gambling related problems and treatment intervention at different levels.

Finally, the research team proposes that the Ping Wo Fund, besides continuing the funding on the four pilot service centres, could at the same time give consideration on the granting of resources to non-government organizations, civil bodies, and schools etc as the fund to be used on education, promotion and training on the prevention of gambling. This fund can be as well financed by the government or through an additional funding by the Hong Kong Jockey Club, and is to be responsible by the Ping Wo Fund on the overall operation, monitoring, and evaluation.

5.5.4 Learn from overseas experiences and facilitate indigenization

On the development of policies for the preventive treatment on problem gambling, the Hong Kong government, when compared with other countries, is a "late comer". It is especially so in areas on the pushing forward of corporate social responsibilities on gambling activities operators, setting up a funding model for a long term service provision on the preventive treatment of problem gambling, up to the further studying and grasping of gambling problems currently existed within the community etc, of which experiences accumulated from overseas would be valuable. For

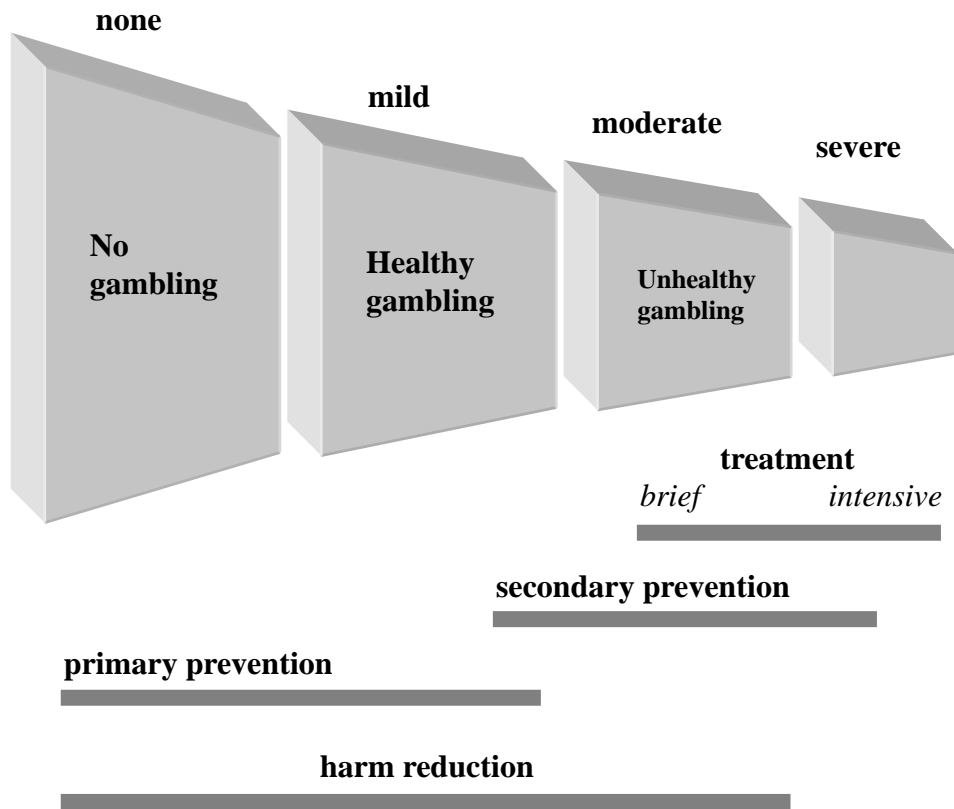
example on the part of pushing forward the corporate social responsibilities on operators of gambling activities, the governments of Britain, USA, and Australia etc have attached much importance on the pathological gambling problem derived from the development of the gaming industries, and operators on gambling activities are ruled to take up the social responsibility of paying part or all of the expenses incurred on the preventive treatment of pathological gambling. As for the funding model, through the establishment of charity trust funds (such as the UK Responsibility in Gambling Trust), or resources collected from a certain percentage of the tax return or licence fee from gaming industry operators to maintain a persistent and steady financial income to support the operation and development of gambling counselling and treatment service. The establishment of institutions to focus study in gambling related problems is indispensable. Such kind of independent research institutions are everywhere within the western countries such as The Institute for Problem Gambling, and The Institute for Research on Pathological Gambling and Related Disorder established by the Havard Medical School in the USA, The Australian Centre for Gambling Research established by the University of Western Sydney in Australia, and the Alberta Gaming Research Institute in Canada, etc.

In addition, the British Gambling Commission delivered a policy paper on gambling in November 2007, the "Review of Research, Education and Treatment – 1st Consultation Paper Nov., 2007", to discuss various matters in relation to the re-examining of the British gambling policy, the development of treatment service financed by gaming industries and research studies, public education and counselling services etc. The consultation paper also adopted the Public Health Intervention Treatment Model created by Korn & Shaffer in 1990 covering the primary, secondary and tertiary preventive treatment on problem gambling which is worth following. The GamCare model of gambling counselling service⁴⁸ can provide important reference

⁴⁸ GamCare is a registered charity organization in Britain providing relevant support, information and opinion especially to people perplexed by gambling problems. The major aims of the organization are to strengthen

materials for the further development in this area in Hong Kong. Attached below are the ideas and contents of this model.

Gambling Problems



Public Health Interventions

Source: Review of Research, Education and Treatment, Gambling Commission, UK, 2007, pp11-15.