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COMMENT

RESEARCH ON SELF-EXCLUSION PROGRAMMES

Issues & Insights, August 2010

Self-exclusion is one of the most widely used responsible gaming strategies. These programmes allow individuals to literally “exclude” themselves from a gaming venue as a way of dealing with problematic gambling behavior. Scientific research on the safety and effectiveness of self-exclusion is just now catching up to the establishment of such programmes, which began more than a decade ago.

The NCRG’s August webinar, “Regulating Interventions for Disordered Gambling: What New Research Says about the Safety, Effectiveness and Logistics of Self-Exclusion Programmes,” will feature research by Robert Ladouceur, professor of psychology at Laval University, Quebec. This month’s *Issues & Insights* highlights selected peer-reviewed studies in this emerging area of research.

Self-exclusion programmes provide a way for a person to voluntarily ban him or herself from a casino as a way to deal with a gambling problem. These programs can be mandated by the government or voluntarily established by casinos and other gaming operators. For example, casinos that are members of the American Gaming Association, which represents commercial casinos in the United States, are required by the association’s Code of Conduct to provide their guests with the option to self-exclude. Under most self-exclusion agreements, the individual risks trespassing charges if she or he attempts to return to the casino and forfeits any winnings. The casino agrees to remove the self-excluded person from its direct mail lists, and many programmes require a lifetime ban. However, some governments and casinos are experimenting with shorter bans because clinicians and researchers have expressed concerns that a lifetime ban may prevent people from enrolling.

Researchers are interested in what motivates an individual to enroll in a self-exclusion programme because the act of enrollment represents treatment-seeking behaviour. Since only a fraction of the population with a gambling problem seeks external assistance, understanding why gamblers choose to enter a self-exclusion programme will help inform treatment strategies for disordered gambling. A 2010 study, “Motivators for resolving or seeking help for gambling problems: A review of the empirical literature,” found that self-excluders were motivated by a weighing of the pros and cons of gambling and the desire to regain control over their gambling as well as concern about the impact on relationships and financial difficulties¹.

The Missouri Gaming Commission, which created the Missouri Voluntary Exclusion Program (MVEP) in 1995, has made its data available to researchers, resulting in several publications. For example,

¹ Suurvali, H., Hodgins, D.C., & Cunningham, J.A. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*, 26

researchers analyzed the Missouri enrollment data from the perspectives of age and gender^{2,3}. In "Characteristics of problem gamblers 56 years of age or older: A statewide study of casino self-excluders," Nower and Blaszczynski reported that older adult self-excluders typically began gambling in midlife, experienced gambling problems around age 60, reported preferences for non-strategic forms of gambling (e.g., slot machines) and identified fear of suicide as the primary reason for enrolling in the MVEP. In another study of the MVEP, "Characteristics and gender differences among self-excluded casino problem gamblers: Missouri data," Nower and Blaszczynski observed that female self-excluders were more likely than males to be African American, older at time of application, and either retired, unemployed or otherwise outside the traditional workforce. In addition, female self-excluders were more likely to report a later age of gambling onset, a shorter period between onset and self-exclusion, a preference for non-strategic forms of gambling and prior bankruptcy.

The Harvard Medical School faculty at the Division on Addictions, Cambridge Health Alliance, conducted a two-phase research project on the MVEP. As reported in "Missouri casino self-excluders: Distributions across time and space," a geographic and time-based analysis of the 6 599 people who applied to exclude themselves from Missouri casinos between 1996 and 2004 demonstrated that the epicenters of disordered gambling were the Western region around Kansas City and the Eastern region around St. Louis⁴. The authors observed that the annual number of self-exclusion enrollments increased during the first few years of the MVEP before leveling off during the later years, suggesting a process of adaptation to the presence of casinos in Missouri.

The second phase of the Harvard study, as reported in the article, "One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment," focused on the effectiveness of the MVEP by assessing the experiences of a sample of Missouri self-excluders for as long as 10 years after their initial enrollment in the programme⁵. According to this study, most of the self-excluders had positive experiences with MVEP and reduced their gambling and gambling problems after enrollment. However, 50 percent of the self-excluders succeeded in trespassing at Missouri casinos after enrollment, indicating that the benefit of MVEP was attributable more to the act of enrollment than enforcement.

Dr. Robert Ladouceur and his colleagues at Laval University also have conducted extensive research on the effectiveness of self-exclusion. Their studies of a self-exclusion programme in a Quebec casino demonstrated the promise of this approach for helping individuals reduce problem gambling behaviours^{6,7}. Their most recent study⁸ is the first to evaluate efforts to make self-exclusion a therapeutic programme (e.g., providing counseling support to enrollees) rather than just a legal agreement about trespassing. The authors observed major improvements in the study sample between the initial and final evaluation in terms of the amount of time and money they spent gambling, the consequences of their gambling, scores on the criteria for diagnosing pathological gambling and levels of psychological distress.

Such findings appear to support the notion of self-exclusion as a gateway to treatment. In their 2007 publication, Blaszczynski, Ladouceur, and Nower argued for a unifying structure for self-exclusion programmes as a gateway to treatment based on a system operated by independent educators⁹. These educators would inform individuals of the purpose of self-exclusion, establish links and access to supplementary services and monitor and report the effectiveness of the overall programme.

Although these studies reveal the promise of self-exclusion, all identify the need for larger sample sizes in future research to determine more definitively the effectiveness of self-exclusion as an intervention for disordered gambling.

Despite this interest in self-exclusion as a therapeutic programme or harm reduction strategy, self-exclusion programmes administered by governments are technically considered legal agreements with penalties for self-excluders who violate the terms of the contract. For example, self-excluders can be arrested for trespassing or fined if caught on the premises of a casino in many jurisdictions. Self-exclusion has raised questions among legal specialists about the responsibility and liability of the gaming operator. Self-excluders have initiated lawsuits in cases where the casino did not enforce the ban¹⁰. Questions such as, "Who is responsible if a self-excluded person gains entry to a casino and goes

² Nower, L., & Blaszczynski, A. (2006). Characteristics and gender differences among self-excluded casino problem gamblers: Missouri data. *Journal of Gambling Studies*, 22(1)

³ Nower, L., & Blaszczynski, A. (2008). Characteristics of problem gamblers 56 years of age or older: a statewide study of casino self-excluders. *Psychology and Aging*, 23(3)

⁴ LaBrie, R. A., Nelson, S. E., LaPlante, D. A., Peller, A. J., Caro, G., & Shaffer, H. J. (2007). Missouri casino self-excluders: distributions across time and space. *Journal of Gambling Studies*, 23(2)

⁵ Nelson, S. E., Kleschinsky, J. H., LaBrie, R. A., Kaplan, S., & Shaffer, H. J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies*, 26(1)

⁶ Ladouceur, R., Jacques, C., Giroux, I., Ferland, F., & Leblond, J. (2000). Analysis of a casino's self-exclusion program. *Journal of Gambling Studies*, 16(4)

⁷ Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: a longitudinal evaluation study. *Journal of Gambling Studies*, 23(1)

⁸ Tremblay, Boutin, & Ladouceur, (2008)

⁹ Blaszczynski, A., Ladouceur, R., & Nower, L. (2007). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1)

¹⁰ Czegledy, P. (2009). The Legal Risk of Problem Gambling. *Gaming Law Review and Economics*, 13(3)

bankrupt?" and "Should casinos withhold winnings from self-excluded patrons?" have been posed in several court cases¹¹. Some also have questioned whether self-exclusion agreements even meet the legal standards of an enforceable legal contract.

Although most of the peer-reviewed research on self-exclusion is focused on the U.S. and Canada, studies on this intervention have been conducted all over the world. Both peer-reviewed and "grey" literature (publications that are not peer-reviewed, such as government reports) indicate that self-exclusion has been studied in Australia, New Zealand, Switzerland, South Africa and the United Kingdom. (Breen, 2005; Townshend, 2007; Haefeli, 2005; O'Neil, Whetton, Dolman, et al., 2003; Collins, & Kelly, 2002; Jackson, & Thomas, 2005).

Issues & Insights is a monthly online column exploring the latest research, recent news and other timely topics in the field of gambling disorders and addictions. It is published by the Institute for Research on Gambling Disorders, a programme of the National Centre for Responsible Gaming.

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MORE FLORIDIANS CONTACTING PROBLEM GAMBLING HELP LINE

The picture of gambling and problem and compulsive gambling in Florida has changed dramatically in recent years,

In the 2009/10 fiscal year, the Florida Council on Compulsive Gambling's (FCCG's) help line responded to over 16 000 calls, with approximately 5 000 callers seeking help and information for a gambling problem. This represents a 12% increase in calls over the past year, and a 17% increase over the past two years.

Calls were received from 60 of the 67 counties in the state, whereas five years ago calls came from just 45 counties, indicating how widespread the problem has become. Change can be seen when comparing the types of gambling causing problems regionally, where four of the five regions of the state reported slot and electronic gaming machines as the primary source of the problem, and cards and slots tying as the primary problem in the fifth region. This is a vastly different picture from just a few years ago, when individuals in most regions throughout Florida reported having problems with lottery and cards most frequently.

"We expected to see an increase in callers reporting slots as a problem when they were legalized in pari-mutuels in Broward and Miami-Dade counties, but the more recent jump in problems with this type of gambling in other regions appears to be due to the 'grey area' gambling establishments such as internet sweepstakes centres (Internet cafes which use a loophole in Florida laws to operate as sweepstakes) located in more rural areas of the state and in local neighbourhood strip centres," said Pat Fowler, the executive director of the FCCG.

Sweepstakes centres have spread rapidly in parts of the state where little or no other forms of gambling are available except Lottery, and the FCCG reports a sudden and growing influx of calls for help with a gambling problem as a result.

Casino games, such as slot machines, video-lottery terminal and electronic-gaming machines are the biggest problem for callers to the help line. Last year, nearly half of all callers cited those as their primary problem and another 17% as their secondary problem.

¹¹ Rhea, A. (2005). Voluntary Self Exclusion Lists: How They Work and Potential Problems. *Gaming Law Review*, 9(5)

Cards were the primary problem for 31% of the callers and secondary problem for 22%, with blackjack the preferred game.

The Florida Lottery was the primary problem for just 10% of the callers but the secondary problem for 62%. Of those callers, 81% preferred scratch-off games. Those scratch-off tickets are a problem because of the ability to win instantly, said Joe S. of Gambler's Anonymous.

While nearly one-third of the callers say it is relationship problems that led them to call the help line, a slightly higher number admitted to breaking the law because of gambling. Of those, 70% said they had committed fraud - such as writing bad cheques or forgery - and others said they had either stolen or embezzled money.

Other new and noteworthy trends from last year's helpline data include:

- More than one in five (22%) gamblers was an older adult, with the number of senior female callers out numbering males by two to one.
- Blackjack gamblers continue to rise as 42% of card players cited this type of gambling as their primary problem, reflecting a 9% increase over the last year.
- Callers to the help line cited Internet cafes as the fifth-most-popular place to gamble behind land-based casinos, convenience stores, race tracks and the Internet.
- Almost one third of the gamblers (30%) claimed to have lost \$90 000 or more due to their gambling problem
- One in seven (14%) earned an income that was below the Florida poverty level and over 20% of the gamblers were unemployed or on disability. Another 14 percent said they earned \$90 000 a year or more.

US HOUSE OF REPRESENTATIVES COMMITTEE VOTES TO LEGALISE ONLINE GAMBLING

The House of Representatives' Financial Services Committee has passed a bill to legalise and regulate online gambling in the United States. Representative Barney Frank's Internet Gambling Regulation, Consumer Protection and Enforcement Act contains the following key provisions -

- The Treasury Department will be in charge of licensing and regulating online gambling sites
- Both states and Native American tribes will have parallel licensing and regulating authority
- Sports betting on the Internet will be illegal.
- "Bad actors" will be denied online gambling licenses. Congress has defined bad actors as companies, and the managers of those companies, that have knowingly violated or evaded U.S. Internet gambling laws - especially since the passage of the Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006.
- Credit cards will not be allowed to fund player accounts. Debit cards and pre-paid cards, however, are permissible.
- Loss limits will be put in place for players.
- Advertising targeting minors and problem gamblers will be illegal.
- Self-exclusion lists for problem gamblers will be required.
- The facilities used by online gamblers in the U.S (servers, payment processors, etc.) have to be located in the United States, as do the majority of the employees working for the online gambling site.
- Licensees are prohibited from engaging in Internet advertising linked to search terms associated with children, problem gamblers, or other topics deemed inappropriate.

At a minimum, the Bill states that licence applicants must establish a comprehensive programme which -

- Verifies the identity and age of a customer, which must be made available in "real-time", through an automated process.
- Ensure that no customers under the age of 21 initiate or place wagers for "real money".
- Ensure that no customer located in a state or tribal land that "opts out" is able to place a wager.
- Provide "player-selected" responsible gaming measures, including: specific gambling losses, stake limits, loss limits, time based loss limits, deposit limits, session time limits, and time-based exclusion.
- Require players to establish personal limits as a condition of play which must apply across all betting sites.

Still to be resolved before the full House votes on the Bill is how to tax online gambling. The political argument being advanced by many of those who support the Bill is that in a time of enormous deficits and economic stress, to ignore a tax stream like online gambling would be irresponsible.

Meanwhile, there is another Bill in the pipeline - Representative Jim McDermott's Internet Gambling Regulation and Tax Enforcement Act, which is pending in another committee and would set a tax on anyone in the US who wins money online.

However, it is unlikely that the Frank Bill will be passed by the House this year. The House was

in recess during August and the next session will last for just one month before congressmen head out on the campaign trail for the November elections.

Even if the Bill does pass the House in this 30-day window period, it is unlikely that the Senate will have the time to take up a similar measure.

If the Democrats still control the House after this year's elections, Frank will have to start the process all over again in the new Congress. And then he'll have to look for a partner in the Senate to do the same. Until both pieces are in place, online gambling legislation won't change any time soon.

Frank introduced his bill to overturn UIGEA in May 2009. It seeks to repeal the major online gaming obstacles contained in UIGEA and to go further in protecting Americans from fraud, while safeguarding against underage and problem gamblers. The principal effect of UIGEA is to prohibit the transfer of funds from a financial institution to Internet gambling sites, specifically excluding fantasy sports, online lotteries, and horse/harness racing.

NEW ISSUE OF *JOURNAL OF GAMBLING STUDIES* NOW AVAILABLE

The June 2010 issue of the *Journal of Gambling Studies* is now available and includes the following articles.

The Convergence of Gambling and Digital Media: Implications for Gambling in Young People (Daniel King, Paul Delfabbro and Mark Griffiths)

Adolescents' use of the Internet and other digital media for the purpose of gambling represents a serious concern in modern society. This paper overviews some of the available monetary and non-monetary forms of gambling within new digital and online media and monetary forms of games with gambling-like experiences. With reference to current psychological knowledge on the risk factors that promote adolescent gambling, it is suggested that new gambling technologies may: (a) make gambling more accessible and attractive to young people, (b) may promote factually incorrect information about gambling, (c) provide an easy escape from real world problems such as depression and social isolation, (d) create a gambling environment that easily facilitates peer pressures to gamble, (e) ease parental transmission of gambling attitudes and beliefs, and (f) make gambling more ubiquitous and socially acceptable. The unique risks of Internet gambling for young people are critically discussed, as well as the lack of restricted classification for video games and other media that feature interactive, non-monetary forms of gambling.

Prevalence of Adolescent Problem Gambling, Related Harms and Help-Seeking Behaviours Among an Australian Population (Katie Splevins, Shab Mireskandari, Kymbra Clayton and Alex Blaszczynski)

Epidemiological studies have consistently reported prevalence rates ranging between 0.9% and 23.5% for problem gambling among young people. With such a large range reported in the literature, it is clear that more research in this area would be of value. The current study investigated the prevalence rate of adolescent gambling and problem gambling and explored types of harm-related and help-seeking behaviours associated with gambling specific to this population in an Australian setting. A self-administered battery of questionnaires was distributed to 252 students aged 12–18 years, attending four private schools in the Eastern suburbs of Sydney. The battery included a self-administered socio-gambling demographic questionnaire, the Diagnostic and Statistical Manual Fourth Edition Multiple Response Juvenile (DSM-IV-MR-J) diagnostic instrument to assess problem gambling status, the Gambling Attitudes Scale, and questionnaires using a Likert scale to measure gambling-related harms and help-seeking behaviours. The prevalence rate among this group was found to be 6.7%. The study found further support for previous findings suggesting that a significant proportion of young people meet criteria for problem gambling, that males are at-risk and that few adolescents are able to recognise when gambling is problematic or access mental health professionals for assistance.

Personality, Perceived Luck and Gambling Attitudes as Predictors of Gambling Involvement (Jamie Chiu and Lance Storm)

A quantitative observational study was undertaken to examine the relationship between individual factors and level of gambling involvement, in particular problem gambling (PG). The specific factors under study were personality, perceived luck, and attitudes towards gambling. A sample of 185 university students completed a battery of questionnaires, consisting of the 16PF, Canadian Problem Gambling Index, Belief in Good Luck Scale (BIGL), Gambling Attitudes Scale (GAS), and the Impulsive Non-Conformity subscale (ImpNon) from the Oxford-Liverpool Inventory of Feelings and Experiences. Four groups were formed (Non-PG, Low-Risk, Moderate-Risk, and PG). Personality profiles varied between groups, and there were significant main effects and interaction effects on gender and personality factors. The PG group was higher on impulsivity, and belief in luck, and had more positive attitudes towards gambling. Multiple Regression Analysis and Discriminant Functions Analysis, using variables including some 16PF factors, BIGL and GAS variables, produced models that were highly predictive of gambling severity and gambling membership. In both models, impulsivity was the strongest predictor. These results were discussed in terms of their implications for future research and treatment of PG.

Age of Onset in Pathological Gambling: Clinical, Therapeutic and Personality Correlates (Susana Jiménez-Murcia, Eva M. Álvarez-Moya, Randy Stinchfield, Fernando Fernández-Aranda, Roser Granero, Neus Aymamí, Mónica Gómez-Peña, Nuria Jaurrieta, Francesca Bove and José M. Menchón)

This study aimed to explore the association between age of onset of gambling problems and current psychopathological and clinical status, personality profile and therapeutic outcome in a sample of pathological gamblers. A total of 904 consecutive pathological gambling patients were administered several instruments about gambling behaviour, psychopathology and personality. They received a 4-month cognitive-behavioural group treatment. Information of dropouts and relapses during treatment was registered. Older age of onset of gambling problems was associated with higher general psychopathology. Younger age of onset was related to greater severity of pathological gambling, higher novelty seeking, and lower self-directedness. No statistically significant association was found between age of onset and relapse and dropouts during treatment. Age of onset of gambling problems seems to influence the clinical presentation of pathological gambling but not treatment outcome.

Experimental Analysis of the Game in Pathological Gamblers: Effect of the Immediacy of the Reward in Slot Machines (Mariano Chóliz)

Slot machines are the most "addictive" games because (a) the disorder (pathological gambling) appears more rapidly in these games than with any other; (b) most patients who seek professional help are mainly addicted to electronic gambling, and (c) even though it is not the more frequent game, most of all the money spent on legal games of chance (at least in Spain) goes to slot machines. Structural characteristics of slot machines induce to gamble because electronic games show the main parameters of operant conditioning, mainly the immediacy of the reinforcement. Ten pathological gamblers played slot machine in two conditions: immediate and delayed reinforcement. The results corroborate the importance of the immediacy of the reinforcement in gambling, because when the result appears immediately (after 2 s), more games are played than when the result is delayed only 10 s. Critical issues in problem gambling prevention and public health are discussed.

Thirty Years of Lottery Public Health Research: Methodological Strategies and Trends (Debi A. LaPlante, Heather M. Gray, Leslie Bosworth and Howard J. Shaffer)

Cognitive measurement techniques, such as self-reports of behaviour and reaction time measures, largely dominate the field of psychological research. It is uncommon for researchers to examine a phenomenon of interest by observing actual behaviour within natural settings. To illustrate the existence of this methodological trend for gambling research, this article reviews systematically selected samples of the peer-reviewed literature related to lottery gambling in general and the literature related to pathological gambling and lottery more specifically. The results indicate that self-report surveys dominate the extant lottery literature, and experimental investigations of video lottery terminal gambling supplement those papers. This landscape encourages researchers to expand their methodological approaches to the study of lottery gambling. Currently, we know more about what research participants tell us they do with respect to lottery gambling than we do about their real-life lottery gambling behaviour.

DRUG TREATMENTS FOR ADOLESCENTS WITH GAMBLING PROBLEMS?

An article the latest available issue of the *International Journal of Adolescent Medicine and Health* explores the potential of pharmacological treatments for disordered gambling in adolescents.¹²

The authors say it is important to identify an effective treatment for this age group, as adolescents are at a higher risk for developing gambling-related problems than adults. However, no drug trials focused on pathological gambling have been conducted with this age group. Determining which drugs might be safe, tolerable and effective for adolescents is more complex than simply applying what we already know about pharmacological treatments for adults.

Currently, there are no pharmacological treatments approved by the U.S. Food and Drug Administration (FDA) for pathological gambling, though several drugs have shown potential in this area. One medication that has performed well in clinical trials is naltrexone, which has been used to blunt cravings for alcohol. Several studies suggest that naltrexone can reduce the intensity of gambling urges among adults with pathological gambling. Naltrexone is currently approved by the FDA as a treatment for alcohol dependence, and has been used in small doses to treat adolescents.

Lithium, currently used to treat bipolar disorder, is another medication with potential. It has been shown to reduce thoughts and urges associated with pathological gambling in people with both bipolar spectrum disorders and pathological gambling. One attribute that makes lithium particularly appealing is that it has been used safely with adolescents to treat bipolar disorder.

According to the authors, it is difficult to translate pharmacological treatments to adolescents because

¹² Grant, J. E., & Potenza, M. N. (2010). Pharmacological treatment of adolescent pathological gambling. *International Journal of Adolescent Medicine and Health*, 22(1)

the adolescent brain is “a changing organ”. That is, the brain’s developmental processes may cause a drug to affect adolescents differently than adults depending on their individual stage of maturation. Consequently, research on adults can only suggest potentially promising pharmacological treatments. Definitive treatment recommendations for adolescents will have to wait for the completion of clinical trials in this population that include a control group for comparison.

The article is included in a special issue of the journal dedicated to the topic of adolescent gambling. Other articles in this issue include –

An international perspective on youth gambling prevalence studies (Rachel Volberg, Rina Gupta, Mark Griffiths, Daniel Ólason and Paul Delfabbro)

Risk and protective factors associated with youth problem gambling (N Will Shead, Jeffrey Derevensky and Rina Gupta)

Adolescent gambling on the internet: A review (Mark Griffiths and Jonathan Parke)

A critical review of adolescent problem gambling assessment instruments (Randy Stinchfield)

Adolescent gambling: Current trends in treatment and future directions (Becky Nastally and Mark Dixon)

Internet-based interventions for youth dealing with gambling problems (Sally Monaghan and Richard Wood)

Prevention of problem gambling in Chinese adolescents: Relevance of problem gambling assessment and positive youth development frameworks (Daniel Shek and Jik Lee)

Binge gambling behaviours reported by youth in a residential drug treatment setting: A qualitative investigation (Alissa Sklar, Rina Gupta and Jeffrey Derevensky)

Positive youth development and behavioural intention to gamble among Chinese adolescents in Hong Kong (Daniel Shek)

ARTICLE STEMMING FROM ONTARIO RESEARCH CENTRE GRANT WINS JOURNAL PRIZE

An article reporting on a study which demonstrated that dopamine significantly increased the pleasurable reinforcing effects of an actual slot machine gambling episode and the motivation to continue gambling in problem gamblers, has won an international journal prize.

The article, *Effects of the atypical stimulant modafinil on a brief gambling episode in pathological gamblers with high vs. low impulsivity*, won a prize for the paper considered the best article published in the *Journal of Psychopharmacology* in the past year.

The article stemmed from a 2004 grant by the Ontario Problem Gambling Research Centre, *Preclinical Investigation of the Glutamate Enhancer, Modafinil as a Potential Medication for Problem Gamblers: Assessment of Differential Drug Responsiveness as a Function of Impulsivity and Boredom Proneness*, by Martin Zack and Constantine Poulos.

The article’s abstract is reproduced below and the full version may be accessed at – <http://www.gamblingresearch.org/content/research.php?appid=2215>

ABSTRACT

In a previous study we used the psychostimulant drug, d-amphetamine as a prime in an investigation of problem gamblers. This study provided supportive evidence that gambling activity involves psychostimulant-like dopaminergic effects in problem gamblers. In the current study, we sought to further isolate the role of dopamine in problem gambling (PG) by using a low dose of the selective dopamine antagonist, haloperidol. The results, while preliminary, are remarkable. In a laboratory-based study, haloperidol significantly increased the pleasurable reinforcing effects of an actual slot machine gambling episode and the motivation to continue gambling in problem gamblers (N = 18). In other words, decreased dopamine transmission achieved by partial receptor blockade increases the abuse liability of gambling activity in problem gamblers. Taken together with our previous findings, the evidence implies that gambling activity could serve to restore a deficit in dopamine function in some problem gamblers.

Several studies have shown that Impulsivity and Boredom Proneness are separate neurocognitive dimensions and that each constitutes a major risk factor for PG. Recent research using the glutamate enhancer, modafinil, indicates a beneficial effect of the drug on each of these critical dimensions. Through a neurochemical cascade, modafinil has been found to increase tonic dopamine function without the pronounced spike of dopamine in limbic structures that is characteristic of conventional psychostimulant drugs. As such, modafinil has been shown to have minimal abuse liability.

This study investigated the effects of 200-mg acute oral modafinil in a placebo-controlled, double-blind fully counterbalanced design. All subjects were problem gamblers, as defined by scores > 5 on the SOGS and DSM-IV checklist for PG. They were stratified into High vs. Low levels of Impulsivity and Boredom Proneness based on previous published means for problem gamblers.

Each subject underwent two procedurally identical test sessions (placebo vs. modafinil). On each session, subjects engaged in an actual gambling episode on a slot machine game in a mock-bar laboratory. Bet size per trial over the course of the gambling episode provided an ecologically valid measure of gambling intensity.

Modified visual analogue scales (VAS) assessed the pleasurable reinforcing effects of the gambling episode and motivation to gamble before and after the game. The Lexical Salience Task assessed automatically activated gambling-related cognitions. The ARCI, a standard measure of subjective drug effects, assessed the effects of modafinil throughout the test session. The Stop Signal Task provided a behavioral index of state impulsivity. A modified VAS assessed ratings of current boredom proneness during the test sessions.

SWEDEN HAS THE RIGHT TO BAN UNLICENSED ONLINE GAMBLING, RULES EUROPEAN COURT OF JUSTICE

European Community law allows restrictions on gambling that are justified on grounds of public policy, public security or public health, says the European Court of Justice. "Considerations of a cultural, moral or religious nature can justify restrictions on the freedom of gambling operators to provide services, in particular in so far as it might be considered unacceptable to allow private profit to be drawn from the exploitation of a social evil or the weakness of players and their misfortune," said the court in a judgement on 8 July.

The court was ruling on an appeal brought by Otto Sjöberg and Anders Gerdin, the publishers of two Swedish newspapers which had, between November 2003 and August 2004, published advertisements for gambling offered on the Internet sites of foreign-based companies such as Unibet, Ladbrokes and Centrebet. They were found guilty of contravening Swedish gambling law and fined approximately EUR 5 200.

Sjöberg and Gerdin then appealed to the Stockholm Court of Appeal, which approached the European Court of Justice (ECJ) for a ruling on whether Sweden could ban foreign gambling companies and unlicensed Swedish companies from operating there or whether that would break EU laws on cross-border trade.

The European Court of Justice held that it was permissible for Sweden to ban any promotion of unlicensed gambling activities, accepting Sweden's arguments that such a ban was necessary in order for it to have a tight control of the gambling sector and prevent private operators from making a profit from gambling.

In its ruling the ECJ said: "The effect of [the Swedish law] is to restrict Swedish consumers' participation in such gambling. The purpose of that provision is to ensure that those consumers take part in gambling only in the context of the system licensed at national level, thereby in particular ensuring that private profit-making interests are excluded from that sector."

Sweden allows gambling activity, but only that which is licensed by the state and has as its main purpose socially beneficial or charitable activities. The legislation also prohibits the promotion of both unlicensed gambling organised within Sweden and licensed gambling organised in other member states.

"That provision consequently constitutes a restriction on the freedom of Swedish residents to receive, on the internet, services offered in other Member States. It also imposes, so far as providers of gambling services established in Member States other than the Kingdom of Sweden are concerned, a restriction on their freedom to provide services in the Kingdom of Sweden," said the ECJ.

But it said that the European Community Treaty, the founding document of the European Union, "allows restrictions justified on grounds of public policy, public security or public health".

"In addition, a certain number of overriding reasons in the general interest have been recognised by case-law, such as the objectives of consumer protection and the prevention of both fraud and incitement to squander money on gambling, as well as the general need to preserve public order.

"In that context, it must be observed that the legislation on gambling is one of the areas in which there are significant moral, religious and cultural differences between the Member States. In the absence of Community harmonisation in the field, it is for each Member State to determine in those areas, in accordance with its own scale of values, what is required to protect the interests in question," said the ruling.

The Court said that Sweden was entitled to have its anti-gambling laws and, in the case of the two newspaper publishers, the courts were entitled to find their behaviour illegal.

BRAIN POTENTIALS REVEAL SPECTATOR EFFECT

Although it does not directly address gambling addiction, the findings of a new study may be relevant for compulsive gamblers.

Published online in *BMC Neuroscience*, the study suggests that when we watch others gamble, our brains respond as though we are gambling, too. Josep Marco-Pallarés, a psychologist at the University of Barcelona in Spain, set up pairs of participants in front of computers to play a very simple gambling game based on chance. The computer screens repeatedly displayed two numbers: 25 and 5. The gambling participant picked one of the two numbers at random by pressing a button. Once he made his choice, one of the numbers lit up green and the other turned red. If the gambler chose the "correct" green number, he would earn a corresponding number of euro cents - so correctly guessing 5 would gain the gambler 5 euro cents. On the other hand, guessing incorrectly would lose the gambler the same amount of euro cents as whichever number turned red. The other participant simply served as a spectator trial after trial. The gambler's success or failure determined how much bonus money one or both earned (on top of what they were already paid as study subjects).

The researchers placed electrode nets on the scalps of both gamblers and spectators, using electroencephalography (EEG) to measure event-related potentials (ERPs)—characteristic brain responses to applied stimuli, whether a visual task, loud noise or successful bet. In the study, voltage changes in electrical activity of the brain during gambling were averaged across many trials to obtain characteristic ERP signatures for winning and losing. The researchers expected the active gamblers to have distinct brain responses to successful and unsuccessful wagers - which they did - but they also wanted to test how the spectators' neural activity changed depending on their attitudes toward the gamblers.

In one situation observers lost or gained Euro cents along with the gambler. In another a win for the gambler meant a loss for the spectator and vice versa. In the third, observers were completely neutral as to whether or not gamblers won or lost because they knew they would receive the maximum amount of bonus money regardless of the gambler's outcome. As expected, the brain responses of the gamblers and spectators in the first situation mirrored one another; in the second their responses opposed one another.

But the results from the third condition were most surprising.

When gamblers lost and showed the characteristic ERP, the brains of neutral spectators reacted as though they had lost money, too. "You have some sort of response even when you are not invested in the task," Marco-Pallarés says. "What we know from several studies is that when you are the performer and you lose, you have a very clear event-related response. What we saw was that in the neutral condition there was a very similar ERP even when you weren't actually losing money yourself."

Marco-Pallarés is not sure why the finding is significant for losses, but not gains. He suspects that two competing neural networks negotiate how our brains react to watching others gamble. "There's an empathic system that responds in the same direction as the other person and also another system which only values your own outcomes," Marco-Pallarés says.

Although the new study did not directly address gambling addiction, its findings may be relevant for compulsive gamblers. A recovering addict who watches a poker tournament on television or sneaks off to a casino just to observe others gamble may reactivate the same neural systems that encoded their addiction in the first place, putting them at risk for relapse. The more general implication, which extends a growing body of research, is that even when we are spectators - whether we are watching sports, a movie or a game of blackjack - our brains take on the role of the performer.

MACAU PROBLEM GAMBLING GETTING SERIOUS

Compared to neighbouring gaming jurisdictions, problem gambling in Macau is growing.

The latest survey by the Institute of Commercial Gaming of the University of Macau and the Gaming Inspection and Coordination Bureau (DICJ) has found that this year the prevalence rate of problem gambling is close to three percent, which is much higher than other gambling jurisdictions in the region. In 2003, 1.7% of the residents between 15 and 64 years old were handling a gambling addiction problem.

In 2007, the prevalence rate increased to 2.6%. However, it looks like most of the problem gamblers are not from Macau, but tourists from mainland China and Hong Kong. "Mainlanders come to Macau, get involved in problem gambling and bring the problem back home. That means pressure for the Government and we want to study the problem and figure out the solutions," director of the China Centre for Lottery Studies at Peking University, Shen Ming-ming, said.

He was speaking at the Cross-Strait Responsible Gambling Summit held this month by the University of Macau, to coincide with the Responsible Gambling Awareness Week 2010.

One of the keynote speakers of the summit, co-director of the University of Sydney's Gambling

Research Unit, Alex Blaszczynski, said problem gambling was getting serious in Macau, but there is a lack of research to figure out what is really happening. "As the majority of the problem gamblers come from China and Hong Kong, it becomes difficult to identify the true depth of the problem," he said.

Blaszczynski said Macau still had a lot to improve in its responsible gambling. "There are very minimal signs promoting self-exclusion programmes, requests to gamble within affordable limits or information about the nature of gambling," he noted.

According to Blaszczynski, local policy makers must base programmes on a clear basis, but there is a lack of research and scientific data. "What is important is to identify which populations are most vulnerable to developing gambling problems and then to target those specific populations in order to make sure there are appropriate treatment services provided for them," he stressed.

As the Asian gaming hub, Macau faces a lot of challenges concerning its responsible gambling policies. "The main challenge is to strike a balance between the market and reliance on gambling as a hospitality or tourism industry with significant revenues that go to the Government through taxation and, at the same time, try to reduce people's gambling behaviour," he said.

"If tourists see that the culture in Macau is exploitation and to take as much money as they can from gamblers, they will go to alternative venues where there is responsible gambling - for example, in Singapore, which has a very strong social responsible gambling policy," Blaszczynski warned. He stressed that the industry can actually take advantage of responsible gambling policies.

Paul Smith, the British Columbia Lottery Corporation's representative on the Canadian Partnership for Responsible Gambling, shared Blaszczynski's views. He said not only Canadian regulators, but also casino operators, are interested in a long-term sustainable business by openly promoting the products they are offering.

"According to my experience in Canada, casinos are quite anxious to create a more sustainable business that could be around for the next 20 or 30 years, instead of exploiting the population and all of a sudden there isn't business anymore," he said.

Apart from that, the Canadian approach is to promote awareness and publicity, engaging people in a way that shows gambling is entertainment and fun. "It doesn't have to be creating negative methods around gambling or a stigma. In fact, that's probably more dangerous, because in the stigma way the less people will want and need the information," he advised.

Macau Daily Times
24 August, 2010.

DISORDERED GAMBLING LINKED WITH TREATMENT FOR PARKINSON DISEASE

Patients being treated for Parkinson disease (PD) have been reported to have a disproportionately high prevalence of disordered gambling and other impulse control disorders (ICDs) such as compulsive shopping, binge-eating, and hypersexuality. The development of these disorders appears to be most associated with dopamine agonists, a type of medication commonly used to treat PD, but estimates of the effect have varied. This month's issue of *The WAGER* reviews a large cross-sectional study designed to obtain more accurate data about ICD prevalence among those with PD and the association of ICDs with dopamine agonists.¹³

The authors recruited 3 090 participants from patients receiving their regular care at 46 movement disorder centres in the United States and Canada. The subjects had to be aged between 30 and 75, had been taking medication for PD for more than one year and had responded to treatment, and had not started or stopped dopamine agonist therapy within the past six months.

Patients were assessed for current ICDs using a semi-structured interview and formal diagnostic tools –

- The Massachusetts Gambling Screen identified disordered gambling (problem gambling, 3-4 criteria endorsed; pathological gambling, 5 or more criteria)
- Compulsive buying and sexual behaviour were assessed by the Minnesota Impulsive Disorders Interview
- Investigators determined the presence of binge-eating by using the proposed research criteria from the DSM-4 TR

The researchers calculated odds ratios to compare ICD frequencies between PD patients on dopamine agonist therapy and those receiving other treatment; they used several statistical tests to assess the strength of the association.

¹³ Weintraub, D., Koester, J., Potenza, M. N., Siderowf, A. D., Stacy, M., Voon, V., et al. (2010). Impulse control disorders in Parkinson disease: a cross-sectional study of 3090 patients. *Archives of Neurology*, 67(5)

Results

Compared to PD patients not taking a dopamine agonist, PD patients prescribed a medication in this class were 2.7 times more likely to be diagnosed with an ICD and 2.8 times more likely to be diagnosed with disordered gambling (see table below).

Overall, 17.1% of patients taking dopamine agonists were diagnosed with one or more ICDs, compared with 6.9% of patients on alternative treatment. The highest relative risk for patients on dopamine agonists was for binge-eating disorder: 5.6% of patients taking dopamine agonists were diagnosed with binge-eating disorder, compared to only 1.7% of patients on alternative treatment.

The four ICDs measured by this study occurred at similar frequencies among patients taking dopamine agonists, ranging from 4.4% for compulsive sexual behaviour to 7.2% for compulsive buying.

Many patients had more than one disorder: of the 348 subjects on dopamine agonists that were diagnosed with an ICD, the average number of ICDs was 1.38.

On average, patients diagnosed with an ICD were younger, less likely to be married, more likely to smoke, and more likely to report a family history of alcohol abuse or gambling problems than patients not diagnosed with an ICD. There was no statistically significant association between ICD diagnosis and sex, race, or PD duration or severity.

ICD Frequencies by Dopamine Agonist Treatment Status

ICD Type	Treatment Status	Current ICD # (%)	No Current ICD # (%)	OR
Any ICD	No dopamine agonist	72 (6.9)	978 (93.1)	2.72*
	Dopamine agonist	348 (17.1)	1692 (82.9)	
Problem/pathological gambling	No dopamine agonist	24 (2.3)	1026 (97.7)	2.82*
	Dopamine agonist	130 (6.4)	1910 (93.6)	
Pathological gambling only	No dopamine agonist	17 (1.6)	1033 (98.4)	2.15*
	Dopamine agonist	72 (3.5)	1968 (96.5)	
Compulsive sexual behavior	No dopamine agonist	18 (1.7)	1032 (98.3)	2.59*
	Dopamine agonist	90 (4.4)	1950 (95.6)	
Compulsive buying	No dopamine agonist	30 (2.9)	1020 (97.1)	2.53*
	Dopamine agonist	147 (7.2)	1893 (92.8)	
Binge-eating disorder	No dopamine agonist	18 (1.7)	1032 (98.3)	3.34*
	Dopamine agonist	114 (5.6)	1926 (94.4)	

*p < 0.005 for all OR

Limitations

- This study captured ICD prevalence at a particular moment. Because side effects from PD treatment can change over time, this study might underestimate the total number of patients that will eventually develop an ICD with treatment.
- The lack of an untreated PD group or a non-PD control group prevents direct comparison with overall ICD prevalence in PD or with the population as a whole.
- The authors did not assess mediators of impulsive behaviour such as motivation, mood or other disorders that could be differentially influenced by dopamine agonist treatment.

Discussion

The researchers examined the association between dopamine replacement therapy and ICDs in a large sample of patients being treated for PD. Consistent with previous studies,^{14, 15} patients treated with dopamine agonists were significantly more likely to be diagnosed with one or more ICDs than those on alternative treatments. Although dopamine agonists are associated with elevated risk for ICD, more research is necessary to determine the cause of this increase and which subgroups of patients are most at risk. Clinicians should discuss the risk of ICDs with patients and their families when starting dopamine replacement therapy for PD.

*The WAGER, Vol. 15(7)
25 August, 2010*

¹⁴ Bostwick, J. M., Hecksel, K. A., Stevens, S. R., Bower, J. H., & Ahlskog, J. E. (2009). Frequency of new-onset pathologic compulsive gambling or hypersexuality after drug treatment of idiopathic Parkinson disease. *Mayo Clinic Proceedings*, 84(4), 310-316

¹⁵ Evans, A. H., Strafella, A. P., Weintraub, D., & Stacy, M. (2009). Impulsive and compulsive behaviors in Parkinson's disease. *Movement Disorders*, 24(11)

FORTHCOMING CONFERENCES

- 14 – 17 September 2010, Vienna, Austria
8th European Conference on Gambling Studies and Policy Issues

The conference will be preceded by two workshops: the first, presented by Judge Mark Farrell of the State of New York's gambling treatment court, will be on the subject *Merging Compulsive Gambling Treatment and the Criminal Justice System*. In the workshop Judge Farrell will discuss factors surrounding the original planning, implementation and operation of the gambling treatment court and will discuss the factors affecting identification, processing and effective therapeutic intervention with compulsive gamblers within the criminal justice environment and how these principles can be applied to criminal justice settings in Europe.

The second workshop, with the title *Symptomatic Causal Behavioural Treatments for Pathological Gambling*, will be presented by Professor Iver Hand and Florentine Larbig of the Behavioural Therapy Unit's gambling project. As yet, there is no internationally agreed upon "evidence-based" treatment for problem and pathological gambling. Nevertheless, in many countries "addiction", cognitive behavioural psychodynamic, pharmacological and "eclectic" treatments are applied. The diagnosis of problem gambling does not comprise a homogeneous group of patients. Larbig will present the content and her personal experience with the implication of a symptom-centred, manualised CBT for pathological gambling by Nancy M. Petry. Iver Hand will present content and results of his Hamburg "Systematic – Strategic BT" approach.

<http://www.easg.org/website/index.cfm?id=69>

- 4 – 5 October 2010, Halifax, Nova Scotia
Nova Scotia Gaming Corporation's Responsible Gambling Conference
http://www.888betsoff.org/links/midwest_conference.shtm
- 7 October 2010, Princeton, New Jersey
Council on Compulsive Gambling of New Jersey's 28th Annual Conference
<http://www.800gambler.org/SW%20Brochure%202010.pdf>
- 21 October 2010, Westbrook, Connecticut, USA
Connecticut Council on Problem Gambling Annual Conference
<http://www.ccpog.org/news/SavetheDate.pdf>
- 14 – 15 November 2010, Las Vegas, Nevada
National Centre for Responsible Gaming's 11th Annual Conference on Gambling and Addiction

With new interactive, workshop-style sessions added to the programme, the conference will examine a variety of compelling issues and topics including the proposed changes to the definition of pathological gambling in the DSM-V, new approaches for studying and treating minority populations, the latest research on online gambling, the implications of new gambling technology on gambling disorders and fresh ideas for implementing responsible gaming policies in new gaming jurisdictions. The conference is co-sponsored by the Institute for Research on Gambling Disorders and produced in partnership with the NCRG Centers of Excellence in Gambling Research at the University of Minnesota and Yale University.

http://www.ncrg.org/public_education/conference.cfm

- 1 – 3 December 2010, Jupiters, Queensland
20th Annual Conference of the Australian National Association for Gambling Studies

**FINLAND'S RAY SELECTS PLAYSCAN
AHEAD OF ONLINE LAUNCH**

As the state-controlled gaming operator prepares for the launch of its new online poker and casino offering later this year, Finland's Rahaautomaattiyhdistys (RAY) has strengthened its gaming responsibility measures with the addition of Svenska Spel's player protection tool, Playscan.

Playscan provides players with an analysis of their gaming behaviour based on mental, cognitive and predictive data. The tool is designed to provide a safety net for players by increasing their awareness of gaming activity levels and by enabling operators to communicate directly to customers about responsible gaming.

"We are very delighted to offer Playscan to our customers," said Janne Peräkylä, executive director of RAY's gaming operations. "Our goal is to give the best possible responsibility tools for our players, and therefore Playscan is the obvious choice for us.

"Playscan is a strategically important decision for RAY as we now are entering the online market and meeting our customers in a new environment. By offering this tool, we provide our players best possibilities to control and track their own gaming. We are glad to have

the opportunity to give our players this service.

Developed in a co-operation with the Swedish Gaming Institute (Spelinstitutet), Playscan was acquired by Svenska Spel earlier this year from developer ICU Intelligence.

"We are very proud to begin our cooperation with RAY's online gaming," said Anders Hägg, Acting Chairman of Playscan AB. "It shows that responsibility is not only something to talk about, it is part of the core business strategy. RAY is an excellent example of this."

RAY will be the first gaming operator to offer Playscan to online casino players. Other operators to utilise the player protection tool include France's FDJ and Sweden's Svenska Spel.

**PARENTS LEAVING CHILDREN IN CAR
WHILE GAMBLING BECOMING A PROBLEM**

Casinos and US state governments have made advancements that are keeping deadbeat parents from collecting on winning jackpots. The next issue the casinos may tackle is the growing trend of parents leaving children in the car while they go into a casino to gamble.

The trend is one that is sweeping across the US. The intention is usually to go inside the casino, play the slot machines for a few minutes, and return to the car. Too often, however, the parents are staying in the casino for hours and the children are being found by security guards.

The latest episode came on Thursday in Pennsylvania when Sharon Balek was charged

with child endangerment. Her children, eight and fifteen years of age, had been left in the car for six hours while Balek was in the casino gambling. This is a growing problem that authorities are concerned about.

Several problem gambling counsellors warn that family abandonment can be part of the gambling addiction process. The casinos are also on the lookout for any behaviour that seems suspicious while patrons gamble inside the establishments.

There have been some extreme cases where the children left in the car are unable to even walk or talk. Children as young as fifteen months have been found in cars while their parents are inside the casino. In other cases, older children have been left in the automobiles until way after midnight.

Several states in the US have recently changed their laws to prevent parents who owe back child support from collecting jackpots. The jackpot winners are checked against a database carrying the names of people who owe support. If the jackpot winner's name is on the list, they are denied the winnings.

*CasinoGamblingWeb.com
15 August, 2010*

**TASMANIA STRENGTHENS SELF-
EXCLUSION REGIME**

The Tasmanian government has introduced new legislation which will strengthen the gaming exclusions regime for self-excluded gamblers.

State Treasurer Michael Aird said the new laws were part of a broader package of measures introduced last year to address problem gambling in Tasmania.

"Today's measures were developed in response to the findings of the first Social and Economic Impact Study, following consultation with the Tasmanian Gaming Commission and key community and industry groups," Aird said.

"The Tasmanian Gambling Exclusion Scheme will be strengthened by simplifying the types of exclusions available and introducing a minimum period of six months before exclusions can be revoked.

"Currently a self-exclusion notice can be revoked by the person at any time. The new six-month minimum requirement will support a person's decision not to gamble during the early stages of their exclusion where the urge to gamble may be high.

"In addition, there will be a three-year maximum period for all exclusions. After three years the exclusion will expire at the time of expiration people will have to re-apply.

"This will help to make sure that information and records, including photos, are kept up to date over time."

Secretary to Cabinet, Cassy O'Connor,

welcomed the self-exclusion guidelines, which complement the \$3.5 million in funding already being spent this financial year for harm minimisation measures.

"If we are to achieve healthy, happy and financially sustainable Tasmanian families, we need to minimise the harm caused by problem gambling," Ms O'Connor said.

"I am determined to work within government and with the community to move promptly and decisively on this.

"We are committed to progressing reform while continuing to fund prevention, treatment, rehabilitation, research and community information on the risks of gambling."