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COMMENT

BIG PAYOUT IN QUEBEC WILL BOOST INTEREST IN SAFER GAMBLING

Cape Breton Post
14 January, 2010

For those with an interest in the international gaming industry environment, last week was of monumental importance. One of this country's largest lotteries, Loto-Quebec, proposed a \$50-million out-of-court settlement with several hundred Quebec residents involved in a class action suit.

The claimants had argued that the lottery was responsible for the personal harm caused them through the use of its video lottery terminals.

Taking the action it did, Loto-Quebec is acknowledging moral responsibility for the debilitating effects that gaming, in particular VLT play, can have on those caught up in impulsive betting.

This is a first, and is happening at a time that countless other jurisdictions around the world are confronted by class action claims in the hundreds of millions of dollars.

There will be broad implications for gaming across the developed world falling out of the Quebec development.

Among other things, it's virtually certain that lotteries everywhere will be required to broaden measures to mitigate the troubling effects of impulsive game play.

In short, the status quo on responsible gaming efforts will not hold up going forward.

Closer to home, one can expect that a particular piece of work by Nova Scotia Gaming Corporation and Atlantic Lottery Corporation on the responsible gaming front will garner much closer attention from around the globe.

This region is essentially the first to acknowledge that the power of interactive technology can be effectively harnessed to give electronic gaming machine players the tools and controls appropriate to informed decision-making while wagering.

Expert research by some of the industry's most recognized and best-credentialed professionals verifies this.

As awareness builds about the Informed Player Choice System now being deployed across the province, one can reasonably expect to hear of its adoption in other areas around the globe.

In fact, Australia has accepted the recommendations of a learned study committee to adopt technology standards like those being used in this province.

Others are sure to follow.

Nova Scotia can take a bow for exemplary leadership, foresight and moral conviction in the adoption of a powerful and trend-setting new technology in the advancement of responsible game play.

In the process, the deftness of Nova Scotians in being able to innovate to the highest standards is being recognized in noteworthy fashion.

All this bodes well for Nova Scotia's technology sector and the important generation of new income and employment.

STUDY PROPOSES NEW MODEL FOR RELAPSE IN PROBLEM GAMBLING

A new study by the Human Behaviour and Health Research Unit of Flinders University, undertaken on behalf of Gambling Research Australia, is the first of its kind to sequentially and, using qualitative and quantitative methodologies, comprehensively address relapse in problem gambling.

With an increasing prevalence of problem gambling in Australia associated with the introduction of electronic gaming machines, research into problem gambling has focussed mainly on its prevalence and finding effective treatments. Research into relapse in problem gambling has received little attention in Australia and internationally. This study was funded by Gambling Research Australia to develop a definition of relapse, examine the predictors of relapse and propose a model of relapse in problem gambling.

Methodology

The project involved four separate studies, using both qualitative and quantitative data. The four studies were –

- A literature review
- A Delphi consultation¹, which aimed to provide a consensus on a definition of relapse in problem gambling, potential predictors and recommended measures for relapse studies in problem gambling
- A focus group study with therapists from different therapy or counselling services, and clients and partners who were users of the services or from support groups
- An observational study, which used the findings of the three previous studies to measure relapse, and, where possible, to use validated measures of potential predictors of relapse to see which were the strongest.

Results

The literature review found few studies of relapse in problem gambling, and investigated similar studies in the alcohol and substance abuse literature.

Potential predictors of relapse in problem gambling that were identified included, disinhibition and impaired decision making, an urge, i.e., a psychophysiological response to an external or internal trigger linked with gambling, cognitions about gambling and negative affect. Other potential predictors included self-efficacy, impulsivity, availability of gambling, co-morbid psychiatric disorders and substance use. The review recommended that relapse be considered in more than one domain and that relapse be measured in the context of the individual's goals.

The Delphi Study, with responses from 22 national and international experts in problem gambling over two rounds, produced a consensus that relapse as a process consisted of three domains: behavioural, cognitive and interpersonal. Within these domains, were a number of elements of relapse so that relapse could not be summarised in one "definition". A global definition was agreed: *Relapse is the re-emergence of gambling that may cause harm to the individual, significant others or the community after a period of abstinence or controlled gambling.*

The final stage of the Delphi process included a review of the above findings by an expert panel. There was consensus that the definitions of lapse and relapse that were proposed, whilst acceptable conceptually, were not measurable.

It was proposed that lapse be defined as: "a single episode after a period of abstinence or more than the planned controlled gambling," and that relapse was: "more than one episode of gambling after a period of abstinence or controlled gambling."

¹ The Delphi method is a systematic, interactive forecasting method which relies on a panel of experts. The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers will decrease and the group will converge towards the "correct" answer. Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus, stability of results) and the mean or median scores of the final rounds determine the results.

The Focus Group Study conducted four groups with two groups of therapists (one from the Statewide Gambling Therapy Service and one from therapists and counsellors from other agencies), one group of clients of these agencies and one of partners of these problem gamblers. The study found six key predictors of relapse: cognitions, urge, therapy, quality of relationships, negative affective states and environmental factors. Whilst individual factors were identified, it was found that relapse was a dynamic process in which these factors interacted. The final hypothesis coming out of this empirical study was that: "There is a chain of mental and behavioural events that occurs in gambling relapse behaviour, which is modified by a "push" towards and a "pull" away from relapse". To manage the "push" coping strategies were either taught in therapy, learned from peers or were developed by the individual themselves. For some, mastery over the urge to gamble was the most powerful factor in reducing the "push", as by eliminating the urge altogether, gamblers were not at the mercy of push or pull factors. This mastery was most often described by those who had used an exposure-based therapy program that aims to extinguish the urge to gamble. The interaction of the many predictors of relapse within this dynamic relapse process led to the proposal of a model for relapse for gambling.

The Observational Study used the Victorian Gambling Screen (VGS) as a measure of relapse because its items corresponded to many of the identified elements of relapse. These included a measure of gambling behaviour, frequency of gambling and other measures, based on the recommendation of the expert panel. Potential predictors of relapse in the form of eight validated questionnaires were included in the design to assess impulsivity, social support, co-morbidity with anxiety, depression and alcohol problems, negative affects, social adjustment and urge. In all, 158 people were recruited to the study, half of whom were male (54%), followed for a median of 8.3 months, with 78.5% completing at least one follow up measure. Baseline data showed that as a group, they exhibited moderate to severe levels of problem gambling, depression (53% severe or extremely severe) and anxiety (56% severe or extremely severe), and 29% had a harmful or dependent pattern of alcohol use. During the study period, 46.8% experienced a remission from which to study relapse.

In determining predictors after all potential factors were entered into the analysis, using both measures of relapse, the VGS and gambling frequency, gambling urge (GUS), was a highly significant predictor of gambling relapse. Whilst significant using the VGS, GRCS (cognitive distortions) was not significant using gambling behaviour as the outcome measure, though it did contribute to the model. However, both urge and cognitions are significant predictors in those continuing to gamble, i.e., who have not recovered. A possible explanation for these observations is that when someone continues to gamble, urge and cognitions are part of the same phenomenon, and drive the gambling behaviour. When they recover, erroneous cognitions resolve, but unless urge is fully extinguished they are vulnerable to relapse, at which stage cognitions again become erroneous. The longer the person continues to engage in problem gambling, the more powerful the urge and erroneous cognitions become.

Summarising the results of the four studies, a global definition, domains, elements and predictors of relapse have been proposed. The VGS and gambling frequency, derived from these findings, have been identified as quantitative measures of relapse. Findings from the Focus Group Study were supported by the Observational Study, which found strong evidence that gambling urge was a significant predictor, and that gambling related cognitions, whilst less significant, contributed overall to the explanatory models of relapse. The Focus Group Study highlighted the individual, dynamic nature of relapse, which can be seen as a chain of mental events modified by factors which "push" or "pull" a person towards relapse. This multi-factorial process is described in the first proposed model for relapse in problem gambling.

Recommendations

This research is the first of its kind to use a sequential approach to defining and identifying predictors of relapse in problem gambling. We recommend the following.

Clinical practice

1. From the Focus Group Study and baseline measures of psychiatric morbidity in the Observational Study, it appears that problem gamblers experience substantial co-morbidity; as such a mental health assessment should form part of the intake assessment for clients of all gambling services and include the recognition and management of all co-morbidity, especially depression.
2. In this study treatment of the urge to gamble appeared to be the most effective approach to terminating problem gambling and the avoidance of relapse. This remains to be definitively established.
3. With cognitive behaviour therapy offering the most promise for the elimination of urge and altered cognitions, consideration needs to be given to training in exposure and cognitive restructuring aspects of cognitive behaviour therapy for gambling counselling or therapy services.
4. Urge and cognitions should be measured at the commencement of treatment and at discharge as potential predictors of relapse. Clients should be educated about the need to eliminate urge and modify cognitions to prevent relapse.

Research

5. Treatment issues emerged as an important focus in this study. Those treated specifically with an urge reduction and response prevention strategy within a comprehensive cognitive behavioural approach clearly seemed to fare better when confronted with relapse situations.

6. This study strongly suggests that urge exposure and response prevention is effective in problem gambling treatment. A randomised controlled trial of this modality compared to a range of other treatments is warranted.
7. The findings of this study need to be tested with a number of other focus group populations, including:
 - a) Clients receiving a variety of CBT strategies, including cognitive therapy alone, which focuses upon different aspects of the relapse process
 - b) Non treatment-seeking problem gamblers
 - c) Aboriginal and CALD clients exploring the presence of cultural factors in the context of relapse
 - d) Problem gamblers with co-morbid mental health disorders and personality traits such as impulsivity, sensation-seeking, disinhibition and susceptibility to reward.
8. The findings of this study need to be extended with a larger group to specifically examine the quantitative components of the proposed model, as a number of potential predictors of relapse failed to gain statistical significance.

Predictors for gambling relapse have been significantly altered by the findings from this project. As such it is recommended that:

9. These data be put to the international Delphi Study group and that they be asked to further consider the hierarchy of predictors in gambling
10. There is a need to explore the relationship of the model proposed in this project against other aetiological and relapse models in problem gambling and other addictive behaviours, such as that developed by Witkiewitz and Marlatt.²
11. An international consensus workshop on an agreed model of relapse in problem gambling be convened in association with the next "Think Tank" meeting of international experts in New Zealand in 2009.

The sequence of mental and behavioural events described in this study present many important questions that need to be answered if relapse in problem gambling is to be fully understood. A number of important studies need to explore aspects of this process in order to test its generalisability and to better describe its characteristics. The following are recommended:

12. Establishing the nature and frequency of the mental and behavioural sequences using a methodology such as an in-depth interview
13. The characteristics of the apparent altered cognition prior to and during relapse need to be described and evaluated
14. The capacity for problem gamblers to learn when they appear to move into and out of an altered cognitive set or altered state of consciousness has important implications for treatment. This then needs to be examined, as therapy of any sort may be ineffective; if this is so ways of interrupting this altered state of consciousness during relapse ("the zone") need to be explored.

Machine Design

Developing public health interventions to minimise the harm that occurs when problem gamblers are in an altered state of consciousness ("the zone") needs to be explored. This altered state of consciousness appears to have features consistent with the problem gambler being in a dissociative state, i.e. being seriously psychologically impaired at the time. The potential exists for EGMs to be programmed to recognise patterns of the use of these machines that are indicative of problem gambling and in those situations "pop up" messaging could assist problem gamblers to escape from this altered state of cognitive function as a harm reduction intervention. As such it is recommended that:

15. The existence and the nature of "the zone" be examined to establish if such a state of mind with diminished responsibility and cognitive malfunction is in fact involved in gambling relapse and in prolonging a relapse.
16. Ways of interrupting this altered state of consciousness during relapse ("the zone") need to be explored as a harm minimisation strategy that may be able to be automated by alteration in EGM programming.

The full report may be accessed at -

[http://www.gamblingresearch.org.au/CA256902000FE154/Lookup/Relapse/\\$file/GRA%20predictors%20of%20Relapse%20final%20report%20\(word\)%20with%20edit%20changes.pdf](http://www.gamblingresearch.org.au/CA256902000FE154/Lookup/Relapse/$file/GRA%20predictors%20of%20Relapse%20final%20report%20(word)%20with%20edit%20changes.pdf)

² Witkiewitz, K. & Marlatt, G. A. (2004) Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist*, 59

Witkiewitz, K. & Marlatt, G. A. (2007) Modeling the complexity of post-treatment drinking: It's a rocky road to relapse. *Clinical Psychology Review*, 27

ANGLICARE TASMANIA RELEASES REPORT ON GAMBLING AND CRIME

Anglicare Tasmania has released the findings of its new report, *Nothing Left To Lose*, which calls for better consumer protection and new sentencing options for Tasmania's growing number of gambling addicts.

This research looked at all cases on the Tasmanian Supreme Court database for the period January 2004 to December 2009 where the offender had a gambling problem, and reviewed the comments on passing sentence for those cases where the gambling problem was clearly linked to the crime. For the purposes of this research, a 'gambling problem' has been determined to exist where the judge has determined it to be so and made the gambling problem the subject of comments on passing sentence.

The limitations of this research are that it does not include information gained from case files or interviews. This report does not include cases heard in the Magistrates Court as the comments on passing sentence from those cases are not available. This means that of all the crimes relating to gambling which have been before the Tasmanian courts, only the more serious crimes, which are heard in the Supreme Court, are reviewed here.

From January 2004 to December 2009, there were 41 cases heard in the Tasmanian Supreme Court where the offender had a gambling problem which was linked to the crime for which they were being tried. In these 41 cases gambling was cited as being the main reason, or in two of these cases one of the reasons, for the crime being committed. (In a further three cases over the same period the judge commented on the presence of a gambling problem in the defendant's life but made no comment on any link between the gambling problem and the crime for which the defendant was being tried. Those three cases are therefore not included in this discussion.)

A profile of the defendants

Of the 41 cases where gambling was cited as a reason for the offence, there were 28 men and 13 women offenders.

Forty immediate family members were adversely affected by the offence (25 dependent children, 14 partners and one dependent mother) In addition, in their comments the judges mentioned that adult children, parents, extended family and work mates had been affected.

Half the offenders were employed at the time of the offence². Most of the cases involved defendants who were people of working age, between 36 and 55 years old. Some people were in senior management positions or in positions of financial responsibility, including treasurers, lawyers, financial advisors, site managers and security staff.

Thirteen of the offenders were also described by the judges as having a drug and alcohol problem. In one case the judge determined that the gambling problem led to drug and alcohol problems, in one case that a drug problem led to gambling and in four cases the judge noted that the defendant trafficked drugs to raise money for gambling.

In six cases the court documents described the defendants as suffering from depression, schizophrenia, post traumatic stress disorder, anti-social personality disorder and/or bipolar disorder.

Half the cases involved defendants who had no prior convictions but in their determinations the judges stated that it was the defendants' gambling problems that had led them to commit these, their first offences.

Crime and punishment

A total of \$6.8 million was stolen in cash or goods or lost in damages to property, with the largest sum being \$4.5 million and the smallest \$539.

In most cases, the person was imprisoned as punishment for the gambling-related crime. Of the 41 cases, in 35 instances the person received a custodial sentence, with six of these being for violent crimes (armed robbery or arson) to which the gambling was related.

Six of those imprisoned had dependent children. Apart from one mention of a child being put into foster care, no mention was made by the judges of what might happen to dependents. Of the six not imprisoned, five had dependents.

There is a link between problem gambling and crime. In 1999, the Productivity Commission described the path of having a win, playing more regularly, losing more money, "chasing" losses, and eventually committing a crime. The Commission concluded that "once a problem gambler has committed a gambling-related offence, they generally continue to do so until they are discovered". A survey of 400 clients of problem gambling agencies cited by the Productivity Commission in 1999 found that 50% of clients had at some time committed a gambling-related crime. Tasmanian research into the experiences of people on low incomes who have gambling problems uncovered stories of people stealing essentials such as nappies and baby formula because of a partner's gambling problem; of family members paying back stolen money so there were no legal proceedings; and of shoplifting by eating food directly from the shelves in supermarkets because gambling left insufficient money to purchase food.

A total of 477 months' incarceration (or 40 years) was handed down to these 41 offenders (before they would be eligible for parole). Twenty three sentences were for less than a year (before the offender would be eligible for parole).

The cost to the state of the minimum 14,600 days of imprisonment (that is, before each person would be eligible for parole) is estimated at \$3.8 million (at \$263 per prisoner per day) (Department of Justice 2009a, p.47). This figure excludes police and court costs and the costs of providing foster care and support to displaced children.

Fourteen people received counselling for problem gambling either prior to committing the crime or as a result of being arrested; in one case the judge directed that problem gambling counselling was required as part of the sentence.

In most cases the type of gambling was not mentioned.

Gambling crime

This overview of cases involving gambling-related crime raises several important questions.

It is striking that in the last six years, 21 people who had no prior convictions committed serious crimes because they had a gambling problem. In all 21 cases involving first offenders, the crime was not violent. Prior to their conviction, the majority of these people were employed and often held positions of trust. They were mostly people with families and dependent children. In many cases the judges' comments describe defendants who were under stress from work and family pressures and had turned to gambling to relieve stress; what they got instead was escalating debt and a prison sentence. What went wrong for these people?

In the cases reviewed the defendants were predominately men (28 men compared to 13 women). Why are men more likely to commit a serious crime because of problems with gambling than women?

Nineteen of the cases involved defendants who the judge accepted had a drug or alcohol problem (13 cases) or a mental illness (six cases). Drugs, alcohol and mental illness are all likely to impair the person's decision-making capabilities when gambling and their decision-making at the time of committing a crime. Some forms of gambling, in particular poker machines, are designed to help people 'zone out' so that they can 'escape'. When people seek help for drugs, alcohol or mental health problems are they assessed for possible gambling problems? Are current gambling harm minimisation measures adequate?

Some of the people who found themselves for the first time in front of a judge in the Supreme Court were unemployed or on the Disability Support Pension. The judges' comments describe defendants who had experienced long-term hardship including chronic illness, chronic pain, isolation, disability and long term unemployment. What supports are in place for people experiencing complex problems who use gambling to escape?

This research does not capture all gambling related crimes. Gambling problems do not always come up in court, even when it is a major causal factor in the person's life. This report does not discuss minor crimes, or summary offences, that are heard in the Magistrates Court, nor does it discuss the many crimes that remain undetected, unreported or that are covered up by relatives to protect families.

What is also hidden is the true cost of gambling. We know from these stories that \$6.8 million was stolen or lost in damages. The cost to the state of imprisoning these 35 people was at least \$3.8 million. In addition to these costs are the costs of police, court proceedings and foster care and related costs for dependants. And, significantly, for the offenders and their families there are costs of lost income, loss of assets (in some cases their homes), health costs and for their children, the loss of their parent.

This paper does not argue that crimes should not be punished. But until public policy truly protects people from an activity that can cause such devastating harm, public policy is tricking people into thinking that gambling is a harmless activity. The gambling industry knows how to market its products to encourage people to gamble and to keep on gambling and we know that regular gambling is more likely to lead to gambling problems than occasional recreational gambling. What the review of these cases clearly shows is that ordinary people are doing things they would not ordinarily do, that is, committing serious crimes, because of a gambling problem that leaves them with nothing left to lose.

Unfortunately the cases heard in the Supreme Court in Tasmania are repeated in the stories collected in many other studies.

Recommendations

Tasmania has trialled a therapeutic jurisprudence approach for offenders with mental illness and drug and alcohol problems. This approach promotes the idea that the legal system can be used to help people to address issues and problems that underlie the offending behaviour. A therapeutic jurisprudence approach helps to look for solutions to an individual's problems and recognises that social problems may require social rather than legal solutions.

The goal of the Court Mandated Diversion Program for drug offenders in Tasmania is 'to break the drug-crime cycle by involving offenders in treatment and rehabilitation programs' and to improve relationships with family and friends, to support people to gain and retain employment, and to provide tools to recognise and prevent relapse. These goals are relevant also to people with gambling problems who commit crimes.

Recommendation 1: sentencing

Anglicare recommends that there be a range of sentencing options for gambling-related crimes including a trial of a court-mandated diversion scheme. Such a scheme would give judges the option of diverting those eligible away from a prison sentence and into counselling for their gambling problem and community service for their crime. Instead of costing the state \$263 per day to be imprisoned, an eligible person could be working in the community and receiving assistance from counselling while costing the state just \$12 per day for community supervision.

Anglicare also recommends that data collection in courts and in prisons be improved so the size of the problem can be identified and also so that people entering prison can have problems identified and receive assistance. Given the high number of short-term prison sentences handed down for gambling-related crime, this would require an assessment of prisoners soon after admission, for this assessment to include gambling problems, and for gambling help programs to be instigated shortly after admission.

Recommendation 2: consumer protection

Anglicare recommends greater protection for consumers.

We know that about half the people who attend gambling help services are likely to have committed a crime. This suggests that people seek help for gambling problems as a last resort, when problems have already got too large. Gambling help services need to be resourced by the government to find ways to reach people long before they are facing such dramatic levels of debt that they contemplate crime. This should include improved advertising and promotion of gambling help services and the inclusion of gambling as an issue that is screened for by health case managers (e.g. social workers, counsellors, GPs) along with professional development for them on problem gambling assessment.

Anglicare also calls on the State Government to fund the Gambling Support Bureau to conduct more extensive community education programmes about gambling which are focussed on early intervention rather than the crisis of problem gambling. As recommended by the Productivity Commission (2009), messages should be conspicuous on machines and elsewhere in venues, use effective imagery, focus on problem behaviours and the benefits of changing these and include contact details for help services. In addition, messages should be changed regularly to ensure ongoing effectiveness. Anglicare recommends that people should understand from the information provided about gambling that regular gambling can lead to problems and they should expect to lose when they gamble.

Current advertising rules allow gambling to sound like a game, promotions provide free gambling tokens, and technological advances are being introduced at a speed far greater than any harm minimisation measure. Anglicare is calling for the advertising, promotion and the development of gambling technology to be reviewed by an independent body with the view to introducing policies to reduce harm. This review could be conducted by the Tasmanian Gaming Commission providing the Commission was given true independence from the Government and then given responsibility for monitoring, enforcement and evaluation of consumer protection measures.

A significant measure recommended in the recent draft Productivity Commission report (2009) was to reduce the betting limit for poker machines to \$1 per spin. This would reduce the amount that could be lost per poker machine per hour to \$120. However, just after the draft report was released, the Bartlett Government decided to reduce the betting limit from \$10 to \$5 but refused to accept opposition parties' amendments to reduce it further to \$1. The government gave no explanation as to why it decided on \$5 rather than \$1. At \$5 per spin, someone with an average household income could lose nearly all their weekly pay in an hour. Anglicare believes the Productivity Commission's position is the correct one and calls on the State Government to implement this important reform.

UK ADVERTISING AUTHORITY BANS IRRESPONSIBLE ONLINE ADS FOR PRIME SCRATCHCARDS

The UK Advertising Standards Authority has banned two online advertisements for Prime Scratchcards which were both found to be irresponsible for implying that gambling offered a solution to financial problems. Despite the ads being viewed online at popular youth-orientated sites such as MSN, Yahoo! and Facebook, with more than 1 billion views on Yahoo! alone, no complaints were directly received by any of the companies.

The first online ad stated: "ARE YOU FEELING LUCKY?" and included a photograph of a woman holding a baby. The text stated: "I am a single mom & I live on family benefits, I played & won £46,799 and it is incredible for me. I was very stressed for my son's future and I couldn't sleep, now that I won I know that I can help my son build a better future."

Similarly, the second ad showed a photograph of a smiling woman holding a cheque. Text stated: "Sandrine R. London won £21,544: I was waiting for my husband to come home from work and decided to play a few games online at Prime Scratchcards. I was in total shock when I saw that I had won so much. It really couldn't have come along at a better time as I've just been made redundant. I'm now going to take a well deserved holiday with my husband, and pay off some debts with what's left."

The ASA received eleven complaints, with ten complainants challenging whether the first ad irresponsibly exploited the susceptibilities and aspirations of vulnerable people by suggesting that gambling offered a solution to financial worries, while one complainant challenged whether the second ad was irresponsible because it implied gambling offered a solution to financial concerns associated with redundancy and debt.

In its defence PrimeGaming, operator of Prime Scratch Cards, admitted that having reviewed the ads following the complaints to the ASA, the company believed that they included errors and were liable to mislead and had therefore given instructions for the ads to be removed from all sites.

Microsoft Media Network confirmed that it had withdrawn the ads on instruction from the advertiser but said it had not received any complaints about the ads directly.

Yahoo! said that only the second ad had appeared on its site and had been withdrawn immediately at the advertisers request following notification of complaints. The company said it had policies and procedures in place in relation to gambling ads which were in line with the Committee of Advertising Practice (CAP) Code and explained that the second ad featured a testimonial from a winner which they had discussed with PrimeGaming and had been assured was genuine.

Yahoo! said the ad had been viewed approximately 1.2 billion times throughout its appearance online, but no complaints had been received directly. It added that the ad was targeted at an audience over the age of eighteen years and was presented only to logged-in users who were known to be over that age, and was therefore unlikely to be seen by children or young persons. The company believed the ad to be compliant with the CAP Code and acceptable for viewing on its site.

In its assessment, the ASA noted that the first ad included testimonial of a potentially vulnerable person from a low income group which implied gambling had provided a solution to the stress of not being able to provide for a child's future. The ASA said that it was concerned the message of the ad was likely to appeal to those in similar circumstances and encourage them to gamble as a means of gaining future financial security and was therefore irresponsible by breaching CAP Code clauses 57.2, 57.4 (a) (b) (c) and (d) (Gambling).

Regarding the second ad, the ASA noted the testimonial from a woman that reportedly won £21,544 having played a few games online and considered that viewers were likely to infer from the ad that this player, who found herself in a potentially difficult financial situation, had found a solution to financial concerns associated with her recent redundancy and debts as a result of her gambling activity. The ASA concluded therefore that the ad was irresponsible for encouraging gambling as a solution to financial problems, breaching CAP Code Clauses 57.2, 57.4 (a) and (d) (Gambling).

FORTHCOMING CONFERENCES

- 24 - 26 February 2010, Auckland, New Zealand
2010 International Gambling Conference. The Implications of Technology for Policy, Practice and Research

This conference will examine new and emerging technologies and their implications for the future shape of gambling and the groups of people who might be targeted or impacted. The conference will also consider the enhancing measures needed to prevent and reduce harms associated with current and emerging forms of gambling. Such measures include government policy and regulation, industry practice, public education, culturally appropriate education, community engagement and advocacy, indigenous responses reflective of indigenous communities, prevention, early and brief interventions, treatment and rehabilitation. Professor Robert Williams from the University of Lethbridge in Canada will give a keynote address around internet gambling and will also convene a full day workshop on prevention of problem gambling. Professor David Korn from the University of Toronto will give a keynote address on public health in relation to gambling.

<http://www.pgfnz.org.nz/International-Gambling-Conference-2010/0,2752,15232,00.html>

- 9 - 10 April 2010, Banff, Alberta Canada
Alberta Gaming Research Institute's 9th Annual Conference

The conference theme is "Emergent Clinical Issues in Problem Gambling." Presentation and discussion topics will include competing perspectives on etiology and conceptualization of gambling disorders. Research into problem gambling issues was begun to develop an evidence-base for understanding what treatments work. But how do we make these treatments work even better? How can we maximize the number of people who are exposed to these treatments? How can we "sell" our treatments to those that could benefit? What new approaches are worthy of further investigation? What are the most effective knowledge transfer approaches - getting research to influence policy and practice?

http://www.abgaminginstitute.ualberta.ca/2010_conference.cfm

- 13 – 16 April 2010, Toronto, Canada
Responsible Gambling Council's Discovery 2010 Conference
Themes for panel discussions will include: • Genetic Theories and Problem Gambling – What Do We Know Now? • Pay Day Loans/Bookies/Bankruptcies – Looking for Prevention and Early Intervention Opportunities Before the Crisis Hits • Poker – Is It Really a Game of Skill? • Gambling and the Aboriginal Experience – Has It Helped or Hurt? • Are New Slot Machine Features Truly Game Changers? What Are the Implications for Research, Prevention and Treatment? • Fantasy Leagues – Are They Betting on More Female Gamblers? • A Tough Economy – What Are the Impacts on Problem Gamblers? • Game Design – Innovative or Predatory? • Is Legalized Online Gaming in North America Inevitable?
<http://www.responsiblegambling.org/en/programs/events-upcoming.cfm>
- 4 May 2010, Minnesota, USA
Minnesota Institute of Public Health 7th Annual Minnesota Problem Gambling Conference
<http://www.miph.org/events/7th-annual-minnesota-problem-gambling-conference>
- 9 – 12 June 2010, Portland, Oregon, USA
National Council on Problem Gambling 24th National Annual Conference
- 10 – 12 June 2010, Portland, Oregon
National Council on Problem Gambling 24th National Annual Conference
<http://www.ncpgambling.org:80/i4a/pages/index.cfm?pageid=3824>
- 14 – 17 September 2010, Vienna, Austria
8th European Conference on Gambling Studies and Policy Issues

BRIEFER BRIEFINGS

PARKINSON'S PATIENTS WHO ARE PATHOLOGICAL GAMBLERS ALSO DISPLAY ABNORMAL SOCIAL BEHAVIOUR

People with Parkinson's Disease are more likely to display abnormal social behaviour and make poor decisions in ambiguous circumstances if they are pathological gamblers, according to research in the January issue of the *European Journal of Neurology*.

A number of studies have already associated pathological gambling with Parkinson's, suggesting that it is a frequent impulse control disorder associated mainly with dopamine replacement therapy.

Researchers from the Raul Carrea Institute for Neurological Research (FLENI) in Buenos Aires, Argentina, interviewed the immediate relatives of seven Parkinson's patients who were pathological gamblers. They also interviewed the families of 13 patients -- matched by age, sex, education and disease severity -- who did not gamble.

They found that the gamblers were less cooperative with others, had difficulties making or keeping close relationships and often did what they wanted, without caring what other people thought.

The researchers also found that the patients in the pathological gambling group performed worse in the Iowa Gambling Task, which is used to assess decision-making abilities in ambiguous or risky situations.

"The object of this study was to assess decision-making processes in Parkinson's Disease patients with and without pathological gambling by asking them and their relatives to take part in a series of tests" says Dr Ramon Leiguarda, an expert in cognitive neurology.

"We found that the patients in the pathological gambling group were more likely to make poor

decisions and select disadvantageous alternatives more frequently than advantageous alternatives."

The combination of poor decision-making and abnormal social behaviour has led the team to conclude that dopamine replacement therapy can induce dysfunction in the areas of the brain that control affective decision making -- the ventromedial pre-frontal cortex and amygdala-ventral striatum system.

Six of the seven pathological gamblers who took part in the study were male. At the time of the study they had an average age of 61 and their average age at diagnosis was 52.

Six of the patients had no history of gambling before developing Parkinson's Disease. One patient had played poker with friends for 30 years, but his gambling behaviour exacerbated after starting dopamine replacement therapy and now included roulette and horse racing.

The other six participants said that their preferred type of gambling was slot machines.

Four of the seven displayed other impulse control disorders -- two were also compulsive shoppers and two displayed hypersexuality.

"We believe that the behaviour highlighted in our study, combined with previous research into the links between Parkinson's Disease and pathological gambling, point to dopamine replacement therapy causing dysfunction in specific areas of the brain" says Dr Leiguarda.

"Further studies that assess Parkinson's Disease patients recovering from pathological gambling are needed to better understand the physiopathology of this impulse control disorder."

Science Daily
14 January, 2010

REMOVE LOTTERY TERMINALS FROM BARS, RESTAURANTS: MANITOBA STUDY

A University of Manitoba research group is calling on governments to remove video lottery terminals from all bars, restaurants, lounges and Royal Canadian Legion branches.

It certainly won't be a popular call, lead researcher Tracie Afifi conceded Tuesday, but it's a community health issue — the study found VLTs in the community are the No. 1 choice for Canadian women with a gambling problem.

"There definitely will be a resistance to such recommendations. The No. 1 benefit of gambling is revenue" for the government and for sites offering gambling, Afifi said.

"It will decrease revenue and there will be resistance to this, that's for sure."

The second choice for female problem gamblers is VLTs in casinos, ranking ahead of lotteries, bingo, instant scratch tickets, horse racing and other types of gambling among women, said Afifi.

The study, published this week in the Canadian Journal of Psychiatry, is the first national study of women's gambling problems in Canada, said Afifi, who conducted the research to earn her PhD in community health sciences at the University of Manitoba. The research team includes both community health sciences and psychiatry.

Because it is the first national study of women gamblers, there is no data to compare to previous years, she said.

Among women who've gambled in the past 12 months, 2.7 per cent have a gambling problem, Afifi said.

"Women are an understudied group," she added.

The findings "were not a surprise to us," she said. "VLTs are a continuous form of gambling," as are instant scratch tickets, because gamblers can access them so readily. Gamblers have to wait several days to learn if they've won in a lottery, she said, and bingo players have to attend an organized bingo game in order to gamble.

The study also recommends hours of operation for VLTs be reduced regardless of the venue's hours of operation, gambling awareness campaigns be developed specifically for women and programs be developed to help women manage their gambling behaviour.

*Winnipeg Free Press
20 January, 2010*

SAFEGUARDS TO AID SINGAPORE GAMBLERS

A slew of safeguards were announced by Singapore's National Council on Problem Gambling (NCPG) on Friday to help problem gamblers.

There will a voluntary stop-loss service, where patrons can limit their losses before they start gaming. There are also limits on credit facilities.

Singaporeans and permanent residents will not be allowed to use credit or debit cards in the casino.

Only cash will be accepted, and since there are no ATMs in the casino, patrons will have to get out of the casino to load up their pockets. This will give them a chance to think about the money they are spending, said the NCPG.

Information on problem gambling will also be prominently displayed in the Casino and staff will be trained to detect and deal with problem gambling cases.

This is on top of the entry levy for Permanent Residents and Singaporeans and the exclusion orders.

So far, about 29,000 have been banned from the casinos.

*The Straits Times
29 January, 2010*