

October 2009

SSUE 10/09

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RESEARCHERS QUESTION WHY TOURS TO STATE-RUN CASINOS ARE SUBSIDISED, AND WHETHER THESE TRIPS ARE CREATING PROBLEM GAMBLERS

by Lisa Priest
The Globe And Mail
7 October, 2009

Clutching the handle of his worn cane, Don Blair boards a bus that will transport him from the parking lot of a discount grocery store to another world - a glitzy casino a province away. It is not an easy journey for Mr. Blair to make with his aching back, knees and hips. But it is too good a deal for the 85-year-old to pass up. The coach picks him up in Brockville, Ontario, and whisks him to Quebec's Casino du Lac-Leamy for five hours of gambling - for a \$15 round trip.

"I was taking four buses a week [to casinos] for probably four years," said Mr. Blair, wearing a thick black money belt that contains several rolls of quarters. "Now I'm down to two buses."

Ninety minutes after boarding, Mr. Blair winces as he slowly descends the steps of the bus. Entering the casino, he stands on a red carpet while an employee swipes his player's card, which will track how much he spends on the slots and mechanical horses in the vast, glitzy room.

Subsidizing commercial bus fares to bring patrons to casinos - particularly during the times of the day when casinos are at their slowest - is common across Canada, with hundreds of trips daily.

The Quebec government pays some of the highest bus subsidies of any province - more than \$3.2 million over the past two fiscal years to transport patrons to its casinos, according to figures obtained by *The Globe and Mail* under the Freedom of Information Act. Casinos du Québec spokesman Patrice Lavoie said the province lays out an average of \$7 for each person brought to its casinos by bus.

Although such bus tours were long thought to be benign - retirement homes routinely shuttle residents to casinos as part of their entertainment - researchers now question whether these trips potentially set seniors up for future gambling problems.

"I think the worst is that gambling is presented like leisure, and maybe sometimes it can be leisure, but some people can develop big problems," said Magaly Brodeur, a PhD candidate in public administration at École nationale d'administration publique. "Addiction is a really big problem."

Barry Hall, a professor of social work at the University of Calgary, says casino bus tours

represent a shrewd marketing strategy that caters to the egos of lonely seniors, particularly women.

"I have observed the buses ... and I have watched very handsome young men come out and squire the elderly ladies who are absolutely enthralled that they are being treated as royalty," Prof. Hall said. "I have seen people in the casinos struggling with their oxygen tanks, I have seen them come in off the bus with assistance or, due to their arthritis, they could not put the money in, nor could they push the buttons. ... It's taking on a very, very frightening approach here."

The feel-good tours

When the popularity of casino tours exploded in Quebec - Casino de Charlevoix, for example, saw its numbers increase over a decade from 200 trips a year to 3 400 - researcher Francine Ferland hopped on the bus to see who was taking it and why.

Her study, published in 2006, found significantly more at-risk gamblers than she expected. Those gamblers lost an average of \$3 500 each in the previous year, drawn in part by the lure of the fun and familiar.

"Going into the casino, everybody knows you, everybody will try to make you happy," said Dr. Ferland, of the Quebec Centre of Excellence for the Prevention and Treatment of Gaming at Laval University. "You are a someone when you are there."

Rina Gupta, a psychologist at McGill University and co-director of the International Centre for Youth Gambling Problems and High-Risk Behaviours, says the majority of seniors can enjoy themselves at a casino without developing problems. But they can also be vulnerable.

"If a seniors home is going to be allowing their residents to be bused to a casino," she said, "then they have the responsibility to open their doors up to prevention and to invite other family members to these prevention sessions as well so family members can be aware of what their parent is doing."

Larry Hundt, co-owner of Great Canadian Holidays and Coaches Inc., based in Kitchener, Ontario, says the casinos use players' cards to measure how much people are spending.

"Some of them tell us which groups are unprofitable," Mr. Hundt said. "They never tell us how profitable some of them are. They will tell us sometimes they like this particular group and encourage that particular group because they are good gamers."

Andrea Lawrence, who manages Regina-based Moose Mountain Tours, was told of the profitability of one of her groups: 42 seniors who headed south on a bus last year for a three-day casino trip to Deadwood, S.D. - a 10-hour drive.

"Deadwood phoned me and said judging by their player's cards, they spent \$40 000," Ms. Lawrence said. "Deadwood offered me better room rates for the next year to keep this group coming back."

A trip fuelled by boredom

At Casino du Lac-Leamy in Gatineau, Que., business is slow on a sunny September day. Most of the customers are seniors, parked before slot machines that ding and whirl in a continuous din.

Some labour with their walkers to get down the stairs. Others make their way to the ATM machines to withdraw cash. But not Mr. Blair, wearing a worn plaid shirt and grey wool pants, who does not bring any bank or credit cards as he doesn't want to be tempted. He pulls quarters from a giant plastic tumbler, feeding the game of mechanical horses, where he always plays No. 16.

At one point, his horse wins, causing a red light to flash. This event isn't nearly as impressive as it looks, he says - he only won \$3. When it is time to board the bus back to Brockville, he counts his money and notes he is only down \$5.

"Most do it out of boredom," said Mr. Blair, a former police officer, explaining why nearly two dozen people have taken the trip with him. The buses, he adds, are at their busiest at the end of each month, when social security cheques arrive.

Since that road trip a month ago, Mr. Blair has boarded the bus twice a week to the casino in Gatineau and once to Montreal.

"I never lose much because I never play much," he said, speaking from his home in North Augusta, north of Brockville. "You've got five hours to put in. I haven't got the money to spend five hours playing the slots because it can be hundreds of dollars if you're not careful."

The Montreal trip, he says, looks like a particularly good deal: \$40, including a \$10 meal voucher and \$10 for slots.

"But then you realize," he said, "that you can't spend it anywhere but in the casino."

Across the country

Interviews and freedom-of-information searches by *The Globe and Mail* reveal what some government-owned casinos spend to subsidise buses to bring gamblers to their doors.

Saskatchewan: Saskatchewan provides a \$10 commission to coaches per guest, except on Fridays and Saturdays when it pays \$5 a person; for fiscal 2007-08, it paid \$305 656 in bus subsidies.

Quebec: Quebec spends \$7 per person, or \$1.6-million in fiscal 2008-09.

Manitoba: Manitoba refused to say how much it pays per person, but it spent \$605 852 in fiscal 2008-09.

British Columbia: B.C. spends about \$3.75 a person for local tours and \$5.62 per person for tours originating out of the province, or \$39 741 for fiscal 2008-09.

Ontario: Ontario paid \$2.43 per person - the lowest in Canada - or \$1.16-million in 2008-09. But those figures do not include its four resort casinos, which refuse to provide information on bus subsidies. One of them, Casino Rama, based in Orillia, brings 10 000 group buses to its doors each year, hauling 450 000 people; the average age of patrons is 55 and they spend \$60 to \$80 per visit, according to Jeff Craik, vice-president of marketing for Casino Rama.

Nova Scotia: Casino Nova Scotia said it does not provide any subsidies to bus companies.

Alberta: Alberta said it does not track such figures as its casinos are privately run.

TASK FORCE RECOMMENDS COLLEGE GAMBLING POLICIES AND PROGRAMMES

American colleges should establish campus-wide committees to develop and monitor a comprehensive policy on gambling among students, recommends a task team which has recently published a report designed to assist colleges to create and implement effective policies and programmes for the prevention of excessive student gambling.

The Task Force on College Gambling Policies was established by the Division on Addictions at the Cambridge Health Alliance, a Teaching Affiliate of Harvard Medical School, in 2008 to help colleges strengthen their health promotion efforts by providing a "road-map" to policies that will (1) help reduce gambling problems among students, and (2) enable students who are struggling with addiction to fully participate in college life. The task force is composed of administrators and teaching staff from colleges and universities around the United States. The National Center for Responsible Gaming (NCRG), a non-profit organisation that supports scientific research about gambling disorders, provided funding for the work of the task force as part of its mission to translate scientific research into practical applications.

Many college students assume gambling is a risk-free activity; however, perception does not match reality. Research has shown that for a segment of college students, gambling for fun can turn into a serious preoccupation that adversely affects their lives. Students who admit to having a problem sometimes find a lack of support on campus. Researchers estimate that 3% to 11% of college students in the U.S. have a serious gambling problem that can result in psychological difficulties, unmanageable debt, and failing grades.

Recent trends have raised concerns that today's college students might be more susceptible to risky behaviors, such as gambling, than previous generations. For example, gambling opportunities, once only available in a few states, have proliferated nationwide during the past 30 years with the expansion of lotteries, casinos, and Internet gambling. Therefore, today's college students are exposed to not only drinking and drug use but also gambling both on campus and in the surrounding community. Furthermore, advances in psychoactive medications have made it possible for many more young people with psychiatric problems to attend college. Research has shown that most individuals with gambling problems have co-occurring psychiatric problems.

College Student Gambling Activities

Game	Percentage of college students gambling
Lottery/number	25.00%
Casino gambling	20.00%
Cards, dice or game of chance	12.00%
Professional sports gambling	11.00%
9%College sports gambling	9.00%
horse/dog races	4.00%
Internet gambling	2.00%
Betting with a bookie	1.00%

Source: LaBrie RA, Shaffer HJ, LaPlante DA, Wechsler H. Correlates of college student gambling in the

The report asks whether colleges and universities are equipped to deal with these issues and whether parents know what to expect if their children get into trouble with gambling or alcohol while at school.

Higher education has responded vigorously to alcohol-related problems. Nearly all U.S. colleges have policies on student alcohol use, and increased awareness of high rates of "binge drinking" has led to the development of numerous prevention programmes. The number of schools offering campus-based psychiatric services continues to increase with the number of consultation hours per week per 1 000 students doubling from 2.1 in 2004 to 4.0 in 2005. Although alcohol-related problems still exist on college campuses, research indicates that these initiatives have led to reductions in underage drinking, alcohol-related assaults, emergency room visits, and alcohol-related car crashes.

Campus efforts to address gambling and recovery from addiction, however, remain incomplete. According to a national survey, nearly half of college students gambled during the past year, wagering on the lottery, casino games, cards, and sports.¹ Yet, only 22% of colleges have a written policy on student gambling.² The lack of attention to gambling is disquieting in view of the increased availability of gambling opportunities and the greater susceptibility of young people to gambling problems than adults. Gambling and gambling problems among this age group are highly correlated with other risky behaviours, including binge drinking. Another concern is that fewer than 30% of schools have policies designed to promote recovery from addictive disorders. In many cases, policies only seek to punish violators of the rules, not help students with potentially damaging emotional and physical problems.

These gaps in policy and practice, which are missed opportunities to inform students about the risks of excessive gambling and to provide recovery-oriented measures, raise important questions for college and university administrators:

- Does your institution comply with local, state, and federal laws on gambling?
- Does your school allow gambling at special events such as casino nights or poker tournaments?
- Does your school newspaper or athletics programme accept advertising from gambling operators?
- Is your student health service prepared to assess and treat gambling disorders?
- What is your policy on students who take a leave of absence for purposes of recovery from an addictive disorder?
- If a student violates rules related to gambling and alcohol, does your school refer the student to health services for an assessment?
- What is the liability of your school if a student is physically injured or racks up debt because of alcohol abuse or excessive gambling?

Guiding Principles

The task force was guided by the following principles in its deliberations:

- The academic mission of colleges and universities to promote learning requires a healthy student body to be optimally successful, and health promotion must include attention to both the mental and physical well-being of students.
- Policies on gambling and alcohol should support student persistence in school.
- Gambling policies should be integrated into policies and programmes focused on alcohol and other drugs, reflecting new research findings that addiction is a syndrome with multiple expressions.
- Institutions should be proactive in response to college gambling and drinking rather than waiting for problems to emerge.
- The best public policies prevent most infractions and punish only a few.
- When possible, policies should be grounded in empirical research published in reputable peer-reviewed scientific journals.
- Policies should be enforceable to prevent students from losing respect for the rule of law.

Summary of Recommendations

The task force focused its recommendations on three primary areas:

- On-campus prohibitions and restrictions
- Recovery recognition and facilitation
- Special events

After a review of the scientific literature and careful consideration of college student behaviour and the realities of implementing new policies on campus, the task force developed ten recommendations for policies and programmes. The task force offers these recommendations not as a one-size-fits-all

¹ LaBrie RA, Shaffer HJ, LaPlante DA, Wechsler H. Correlates of college student gambling in the United States. *J Am Coll Health*. 2003;52(2)

² Shaffer HJ, Donato AN, LaBrie RA, Kidman RC, LaPlante DA. The epidemiology of college alcohol and gambling policies. *Harm Reduct J*. 2005;2(1)

prescription but as guidelines broad enough to accommodate the great diversity of the nation's colleges and universities.

Recommendation 1: Establish a campus-wide committee to develop and monitor a comprehensive policy on gambling.

Recommendation 2: Ensure that college policies are consistent with applicable local, state, and federal laws.

- a) Examine college policies to ensure compliance with local, state, and federal laws regarding gambling.
- b) Promote campus-wide awareness of local, state, and federal laws regarding gambling.
- c) Encourage campus law enforcement to collaborate with community law enforcement agencies to identify illegal gambling activities such as bookmaking operations involving students.

Recommendation 3: Strive for consistency and universal application with prohibitions and restrictions on gambling and alcohol use at special events.

- a) Be prepared for conflicts of interest when attempting to restrict or prohibit gambling and alcohol use at on-campus events.
- b) Consider the potential for sending mixed messages about alcohol and gambling.
- c) Encourage organizations to use non-gambling themes for special events.

Recommendation 4: Promote campus-community collaborations that focus on reducing problems with student drinking and gambling.

- a) Develop relationships with local gambling operators to encourage restrictions on advertising and ensure that laws on underage gambling are enforced.

Recommendation 5: Encourage adjustments in disciplinary actions applied to violators of gambling rules if the student seeks assistance from health or counseling services.

Recommendation 6: Make reasonable accommodations for students focused on recovery from a problem with gambling or alcohol.

- a) Allow students who need time off to focus on recovery from a gambling or alcohol disorder to take a medical leave of absence.
- b) Make reasonable accommodations allowing students involved in off-campus treatment to continue in classes.
- c) Allow students who withdraw and are no longer eligible for a refund to appeal the process citing gambling or alcohol problems as an extenuating circumstance beyond the control of the student involved.

Recommendation 7: Measure student attitudes, behaviours, and problems with gambling through campus surveys or by incorporating such measures into existing campus health-related surveys.

Recommendation 8: Promote campus-wide awareness of (1) pathological gambling as a mental health disorder that has a high rate of comorbidity with alcohol use and other addictive disorders, and (2) responsible gaming principles.

- a) Disseminate information about disordered gambling behavior on a campus-wide basis.
- b) Use a variety of media including social media, web sites, etc. to disseminate information.
- c) Target particular groups for education about gambling disorders; for example, student athletes or student fans.

Recommendation 9: Employ evidence-based strategies to identify and help students with gambling and alcohol problems.

Recommendation 10: Strengthen the capacity of counseling services to identify and treat gambling disorders.

- a) Assess the ability of current counseling staff to meet the needs of students with gambling problems and provide additional training if necessary.
- b) Encourage referrals to off-campus treatment providers who are certified specialists in the area of addiction treatment.
- c) Specify the availability of services and promote them to students through a wide variety of media.

Implementation

Colleges that launch a policy initiative focusing on gambling will be in uncharted waters while attempting to create and implement effective policies and programmes that will prevent excessive student gambling and promote recovery among those with a gambling or other pattern of addiction. Despite the challenges of being in the vanguard, addressing this issue proactively, rather than playing catch-up, will only strengthen a school's ability to maintain a healthy student body.

Whatever policies are adopted, the task team urges colleges to be as transparent as possible in publicising policies and programmes about gambling to students, administrators, teaching staff, parents, and, where appropriate, the surrounding community. The advent of social media provides many

more creative possibilities for reaching these varied audiences beyond the traditional printed student handbook.

The full report may be accessed at -

[http://www.ncrg.org/assets/files/college%20task%20force/A Call to Action Full Report 92909.pdf](http://www.ncrg.org/assets/files/college%20task%20force/A%20Call%20to%20Action%20Full%20Report%2092909.pdf)

AUSTRALIA LAUNCHES NEW NATIONAL ONLINE GAMBLING COUNSELLING SERVICE

The Australian Ministerial Council on Gambling has launched a new online gambling counselling service which will provide support and advice to gamblers and their families across Australia. It provides Australians with gambling problems the option of getting counselling and information online should they be unable or reluctant to do so face-to-face. However some of the self-assessment tools can be used by anyone.

Federal Community Services Minister Jenny Macklin said Gambling Help Online was funded through an agreement between the Australian and State and Territory Governments. "Gambling Help Online will provide a cooperative national approach to help people take control of their gambling, wherever they are in Australia. For the first time, Australians now have online access to qualified gambling counsellors who can provide assistance through either live online counselling or email," Ms Macklin said.

The website will be operated by Turning Point Alcohol and Drug Centre. Turning Point employs staff from a range of professional backgrounds and collaborates with organisations across the research, health, education and community services sectors.

Gambling Help Online is the first of its type to provide:

- 24 hour/7 day free and confidential live chat. email counselling and support services
- Professional counsellors with expertise in problem gambling and online services
- The option to seek assistance anonymously, or to register with the service to keep a record of online discussions
- Integration with state-based 24/7 telephone services and face-to-face counselling operated by the Break Even Network
- Extensive website content, information and web links for additional self-help and information. The website also provides users with other services and tools such as the gambling calculator where they can answer a set of questions and be told you how much money they spend on gambling. It also has a self-assessment page using the Canadian Problem Gambling Index - a tool based on research on the common signs and consequences of problematic gambling.

"Making the decision to seek help about problem gambling can be difficult. Providing 24-hour anonymous assistance will encourage those concerned about their gambling to seek the help and support they need," Ms Macklin said. She added that the new initiative would help gambling support services to keep pace with new technologies, such as online betting.

MORE UK GAMBLERS SEEKING GAMCARE SUPPORT

GamCare, the UK's leading problem gambling support organisation, has published its latest Care Services Report for 2008 showing a 21% increase in the number of gamblers obtaining help, advice and support from the charity as against the previous year. The organisation was quick to point out, however, that the increase was more likely due to an increased awareness of its services rather than an increase in problem gambling.

41 700 calls were made to the telephone HelpLine in 2008, a rise of 10% on the previous year (37 806). The total number of inbound calls to its online equivalent NetLine was 9 088, compared to 4 056 in 2007. The NetLine having only launched in March 2007, a significant rise in the number of calls received in 2008 would be expected. Some of these will be callers who might previously have chosen to use the HelpLine, but others will be ones who would not made contact by phone. Altogether, GamCare received almost 51 000 calls in 2008, an increase of 21% on 2007.

The average duration of all personally answered HelpLine calls was 9 minutes, although many calls were over 10 minutes and calls which the adviser considered to involve counselling rather than just advice and information lasted on average over 20 minutes. The majority of NetLine calls were for advice and information (over 80%) rather than counselling (9%), although the average duration of NetLine calls is much higher than for HelpLine, at just short of 20 minutes; the average duration of counselling calls on NetLine is 34 minutes. This perhaps is in part related to the technology.

The report says that "...this is good news. The increase in calls to our HelpLine and NetLine, and in the number of people in treatment, means more people are finding out about us, contacting us and getting help. Increases in awareness and take-up do not, of course, imply any increase in problem gambling per se."

Many HelpLine callers did not volunteer or were not asked where they found the number. Of those who did, the largest proportion (37%) found it where they gambled, i.e. on the posters, leaflets and stickers in gambling premises, or on scratchcards or racecards.

A quarter found it in telephone directories, especially Yellow Pages, and over 60%, did so from other websites, including search engines (predominantly Google).

Taking HelpLine and NetLine together, of those callers who gave this information, over 68% of calls were from the gambler and a quarter were from partners, family members or friends. Just less than 3% were experiencing the adverse effects of their partner's gambling.

Of those callers whose gender was recorded, 67% of NetLine callers and 73% of HelpLine were male and 33% of NetLine and 27% of HelpLine callers female. Most of those calling about their partner's or a family member's gambling were female. However, on NetLine, slightly more of those calling about their own gambling, and whose gender is known, were female (22%). Anecdotally, NetLine advisers believe that the service is favoured over the HelpLine by female gamblers, who find it easier to talk about their gambling in the perceived anonymity of the online environment.

Only a relatively small percentage of callers disclosed their age. Overall, most callers who gave their age were 18-25. Over 35% of NetLine callers disclosing their age were 26-35, as opposed to just over 20% in this age group amongst the much smaller number of callers in 2007.

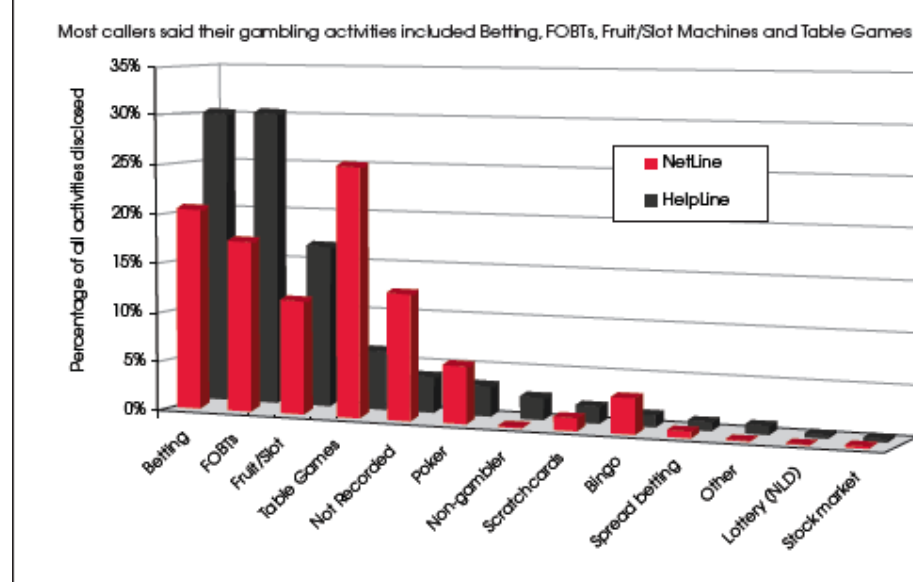
There was a slight drop in the proportion of HelpLine callers disclosing their age as 26-35, from around 30% in 2007 to just under 25%. No NetLine callers disclosing their age were aged over 65 and 85% of NetLine callers were aged under 36.

In 2006 and 2007, of callers whose age was known, most were 26-35. This change in 2008 might be attributed to the increased use of the NetLine rather than an increase in the number of problem gamblers in the younger age group.

There was very little change from 2007 in the distribution of gambling activities recorded across the two services, but some changes to the extent to which certain activities were mentioned by callers to each service. Fixed Odd Betting Terminals (FOBTs) and betting each comprised just over 30% of all activities disclosed by HelpLine callers, while fruit/slot machine playing continued to see a decrease, down to 17% of activities they disclosed (from 20% in 2007). These were the main three activities given by HelpLine callers, others each comprising less than 7% of total activities.

Combining information from NetLine and HelpLine callers shows much the same picture: Betting and FOBTs were mentioned by most (27%, 26%), while fruit/slot machines comprised 15% of all activities and table games 13%.

Gambling activities disclosed by callers (n= 11 690)



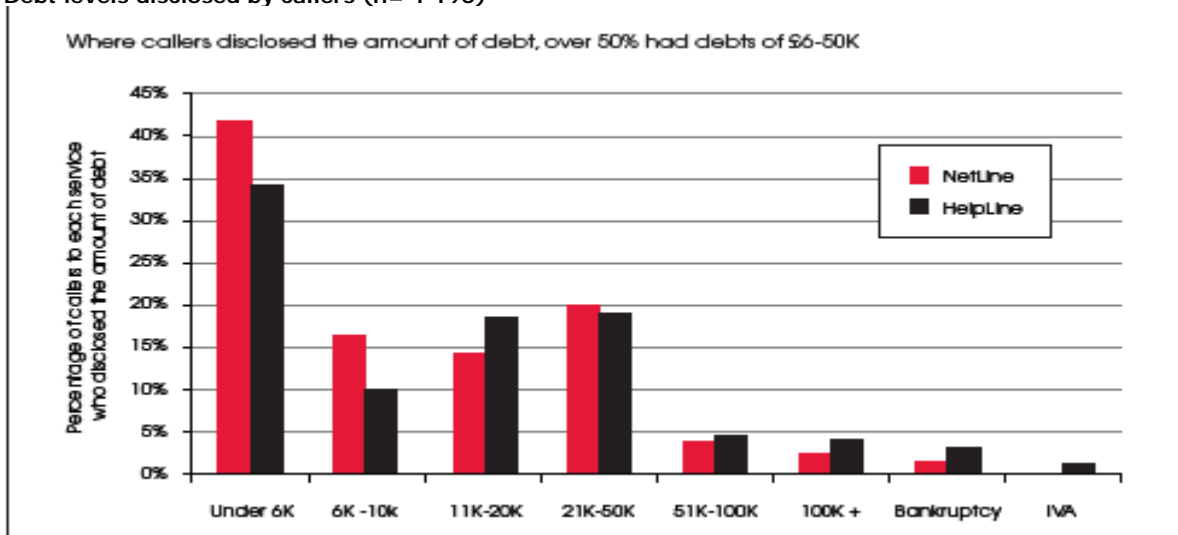
Callers were asked about the main facility that they used for gambling (ie "where do you gamble?"). Facilities include the category "remote": gambling in which persons participate by the use of the Internet, telephone or television. As with gambling activities, callers often disclosed more than one location where they gambled.

The percentage of NetLine callers gambling remotely (41%) was slightly lower than in 2007, while there was a small increase in the percentage of HelpLine callers disclosing this facility. • There was also a smaller proportion of NetLine callers gambling in Casinos (16% opposed to 26% in 2007).

Of those callers with whom the question of debt arose, 7% of HelpLine callers did not disclose

whether or not debt was a problem. Only 14% of Helpline and 9% of NetLine callers who were asked about debt said they had no gambling-related debt. The proportion of callers who said they had debt but did not specify the amount, often possibly because they did not know the amount themselves, was 43% for the NetLine and 48% for the Helpline. Fewer Helpline callers, 30%, specified the amount of debt.

Debt levels disclosed by callers (n= 1 190)



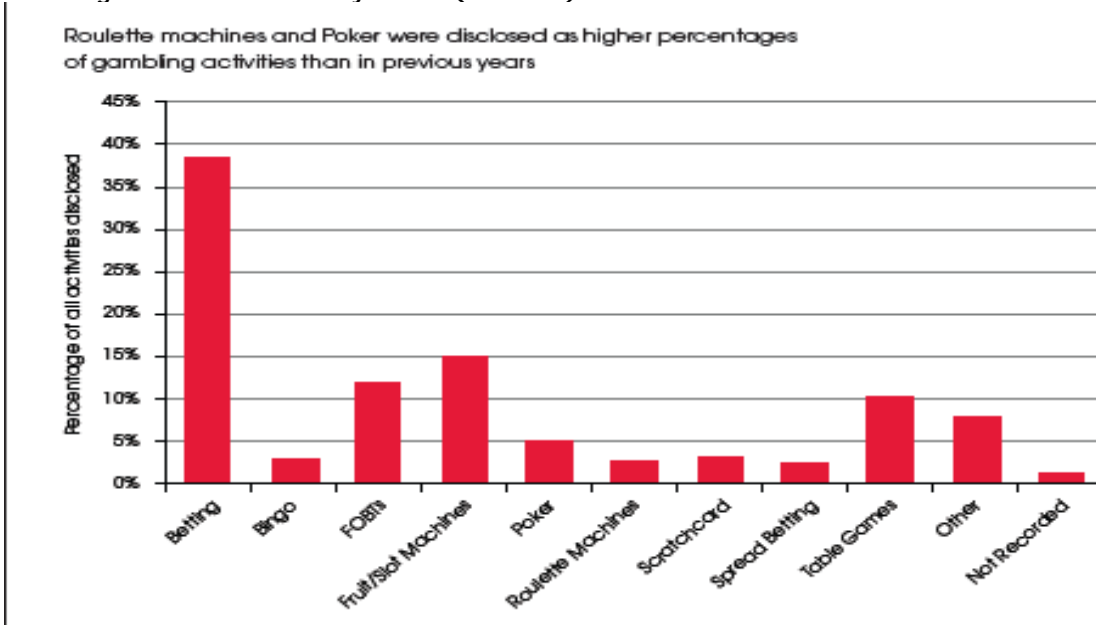
Counselling services

In 2008, a total of 12 502 GamCare counselling sessions were delivered, an increase of 30% on 2007, as follows:

- 12 356 individual sessions, including online, of which 2 819 were delivered by GamCare London and 9 683 by Partners. (The GamCare London Counselling Service provides individual and group counselling face to face at three locations in London and online. GamCare’s specialist counselling is delivered around Britain by a network of Partner agencies, in most cases experienced providers of addiction counselling within a region).
- 146 group sessions, of which 90 were delivered direct by GamCare London and 56 by Partners.
- 248 individual online sessions.
- Over the year 1 946 people were seen, of whom 1 829 were problem gamblers and 116 partners, family or friends.

As with Helpline and NetLine, clients often disclosed more than one gambling activity. The percentages given below are calculated as percentages of all gambling activities disclosed.

Gambling activities disclosed by clients (n= 5 904)



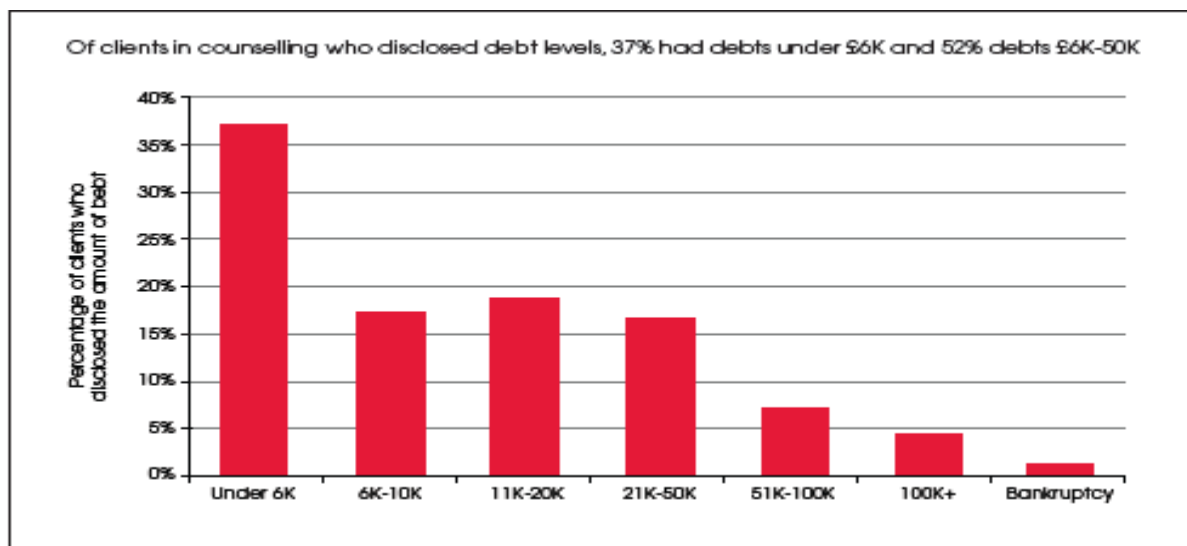
As with callers, and with clients in previous years, the main gambling activities disclosed in 2008 were betting, fruit/slot machines, FOBTs and table games. However, there were some differences in the percentages disclosed relative to all activities given.

Betting this year comprised 38% of all activities, compared to over 45% in previous years. For OnLine Counselling clients, it was 36%. Fruit/slot machine comprised 15% of activities disclosed by all clients (16% for OnLine Counselling), and FOBTs less than last year at 12% and, for all London clients, 11%. Table games comprised 10% of all activities disclosed and 13% of those disclosed by OnLine Counselling clients. Poker comprised 5% and Spread betting 2%.

Debt was disclosed by half of clients in face to face counselling in London, of whom 67% owed under £20 thousand and 79% less than £50 thousand. Typical levels of debt amongst those disclosing this information were between £10 thousand and £20 thousand.

Average debt disclosed by clients in counselling with our Partners was £22 thousand. 74% of those who disclosed this information owed less than £20 thousand and 90% owed less than £50 thousand. Only a small number of clients in OnLine Counselling disclosed information about levels of debt; the average amount owed was £10,000.

7% of all clients said they had no gambling-related debts.



Levels of debt disclosed by clients (n= 926)
Counselling outcomes

The report says that counselling was effective in helping most clients to achieve their goal either of abstaining from gambling, or moderating it to a level which they found acceptable and unlikely to cause damage.

In 2008, 88% of GamCare clients scored five or more on DSM-IV at assessment. At the end of treatment, this had reduced to just 15% and 55% of clients answered “no” to all questions. 94% of HelpLine callers who gave us feedback rated the service as either Excellent or Very Good

GamCare offers follow-up sessions at three and six months and up to a year after end of treatment to help the client sustain and build upon the changes and decisions made during counselling. Follow-ups are important as many clients do not have effective support structures to help them prevent relapse.

The full GamCare report may be accessed at - <http://www.gamcare.org.uk/data/files/publications/GamCare%20Care%20Services%20Report%202008.pdf>

WHITE-COLLAR MEN IN MID-30S TYPICAL “GAMBLING ADDICTION” PATIENT IN UK

The corrosive effect of “problem gambling” on the educated middle classes has been revealed in an audit from the National Problem Gambling Clinic (NPGC) in Central London, which reports that the typical patient seen in the clinic is a white-collar male in his mid-30s who has one or even two jobs to help to fuel his addiction.

According to a report in *The Times*, The audit at the clinic - the first free clinician-led service in the UK, which opened last year - covered 260 patients with an average age of 36. Two thirds were employed, with many described as “highly functioning”. Only 3 per cent were women.

Psychiatrists reported a surprising number of City workers and graduates - some of whom picked up their habit while at university - who keep their gambling entirely hidden from colleagues. They described the findings as highly unusual compared with normal sociological patterns of gambling addiction, which tended to be greater among the working classes. The economic downturn may have exacerbated money pressures and psychiatric problems but also increased the likelihood of patients seeking help, they added.

Scientists are planning collaborative research to explore employment trends and prognostic factors for compulsive gambling. These include an NPGC study of brain patterns and the neurobiology of pathological gamblers, supported by a £250 000 grant from the Medical Research Council.

Henrietta Bowden-Jones, a consultant psychiatrist who set up the clinic, said: "It is very unusual because we are looking at a highly functioning group of individuals overall. These are people who are skilled at what they do and are respected and trusted by their employers."

Of the intake so far, lifetime gambling debts have ranged from £2 000 to £500 000.

Dr Bowden-Jones said that the flood of referrals was "worrying and fascinating" and emphasised the importance of NHS involvement. Until now gambling treatment has been offered by self-help groups, charities and private clinics that are beyond the budgets of most problem gamblers.

Rates of depression (93%) and anxiety (91%) were much higher than expected, she said, while the proportion of women with gambling addiction problems (3 per cent) appeared to be under-represented in the patient cohort seen so far.

Research carried out in February by the clinic, which is a part of Central and North West London NHS Foundation Trust, suggested that many patients were having their addictions fuelled by fixed-odds betting terminals (FOBTs) and sports betting. Fruit machines and the National Lottery have been found to account for only a few cases. People who come to the clinic - either as self-referrals or on a GP's recommendation - sign up for nine weeks of cognitive behavioural therapy, concentrating on understanding triggers, developing strategies to counter temptation and controlling their spending cycle. This is followed by after-care to prevent relapse.

The clinic's psychiatrists said that all but a handful of admissions remained in the programme. A charitable fund is being set up to fund the education and training of suitable health professionals.

0.70% OF VICTORIAN ADULTS ARE PROBLEM GAMBLERS, REPORTS AUSTRALIAN EPIDEMIOLOGICAL STUDY

0.70% of adults in the Australian state of Victoria are problem gamblers, while 2.36% are moderate risk gamblers and 5.70% are low risk gamblers, says a new report that presents findings of a study of the epidemiology of problem gambling in that jurisdiction.

The report - *A Study of Gambling in Victoria - Problem Gambling from a Public Health Perspective* - was prepared by Schottler Consulting Pty Ltd for the Victoria Department of Justice.

The report is Victoria's largest-yet study on gambling. A total of 15 000 respondents were interviewed telephonically between July and October 2008. The study takes a very different and perhaps unique approach to examining problem gambling in Victoria. Unlike past studies, this study examined gambling patterns in the community from a population health perspective. This involved not only measuring the prevalence of different forms of gambling, but also importantly, the health and well-being determinants of problem gambling.

All gamblers (all adults who had gambled in the past year) were asked nine questions that categorise gamblers into the following risk groups, based on their scored answers: problem gamblers, moderate risk gamblers, low risk gamblers and non-problem gamblers. The scale used was the Canadian Problem Gambling Index (CPGI).

Categorising gamblers into risk segments, enables the Victorian Government to plan prevention and early intervention strategies to reduce gambling-related harm and provides valuable information for planning effective treatment services.

Survey respondents were additionally administered the NODS-CLiP 2, which estimates the lifetime prevalence of both problem and pathological gambling. Lifetime prevalence includes the total number of persons known to have had a disease or health condition (ie. problem gambling) for at least a part of their lives. This data is useful in understanding the pathways in to and out of problem gambling, which is critical to the public health aims of prevention and early intervention.

Respondents were asked a series of questions about their mental well-being in the study. These questions comprise the Kessler Psychological Distress Scale (K-10). This screen is widely used in Australia both at national and jurisdictional levels. The K-10 is based on ten questions about negative emotional states experienced during the four-week period leading up to the survey and

categorises respondents into the following segments, based on their scoring: likely to be well, likely to have a mild disorder, likely to have a moderate mental disorder and likely to have a severe mental disorder.

Key questions were asked of gamblers about their health and well-being, including questions on their cigarette, alcohol and drug use. Respondents were asked four questions from the CAGE screen, a screening tool for alcoholism and alcohol use disorders. This screen diagnoses alcohol problems over a lifetime and is one of the oldest and shortest screening instruments in use.

KEY FINDINGS RELATING TO MAJOR GAMBLING ACTIVITIES

Participation in gambling

In total, 73.07% of Victorian adults reported participating in some form of gambling in the past twelve months. Lotto/Powerball/Pools were most popular (47.5% of adults), followed by raffles/sweeps/competitions (42.88% of adults), poker or electronic gaming machines (21.46%), horse/harness/greyhound racing - excluding sweeps (16.40%) and scratch tickets (15.31%).

Prevalence of problem gambling

The prevalence of problem gambling in the Victorian adult population was measured through the nine-item Canadian Problem Gambling Severity Index (PGSI). In the epidemiological study, every adult gambler in the study was screened for risk for problem gambling (with gambling defined as participation in any activity listed).

Based on scores on the PGSI:

- 0.70% of Victorian adults are problem gamblers
- 2.36% of Victorian adults are moderate risk gamblers
- 5.70% of Victorian adults are low risk gamblers
- 64.31% of Victorian adults are non-problem gamblers
- 26.93% of Victorian adults are non-gamblers

This epidemiological study of problem gambling included many design features that had not been previously trialed in past prevalence studies. While sampling in the study covered the whole of Victoria, sampling was focused on areas where where average electronic gaming machine (EGM) expenditure for adults was higher. Consistent with the sampling frame design intent (i.e. to focus sampling in locations where there is likely to be increased risk for problem gambling), findings revealed that the odds of problem gambling (as opposed to not being a problem gambler) was significantly higher in medium EGM spend bands and high EGM spend bands, compared to lower EGM spend band regions.

Lifetime problem gambling

As part of the epidemiological study, lifetime risk for problem gambling was measured through use of the NODS-CLiP2 scale. This scale presents an efficient method for measuring an individual's lifetime risk for problem gambling. An estimated 1.13% of Victorian adults were classified as 'lifetime pathological gamblers', 1.18% were as 'lifetime problem gamblers' and 4.57% as 'lifetime at-risk problem gamblers'. In contrast, 93.12% were classified as 'lifetime non-problem gamblers' using the NODS-CLiP2 scale.

Travel distance to venues

Overall trends showed that 53.74% of pokies players travelled no more than 5km to their preferred pokies venue. In contrast, table game players reported travelling much further, given that most were travelling to the casino (based in the Central Business District) (84.23% travelled more than 10km). In relation to horse/harness/greyhound racing venues, similar to the pokies, 63.55% travel 5km or less to reach their preferred venue. Overall trends thus suggest that most people do not travel very far to access venues. No significant differences were apparent between non-problem and problem gamblers for the pokies travel distances.

Reasons why people gamble

The major reported reasons people reported gambling were to win money (52.94%), general entertainment (31.76%) and social reasons (30.30%). Compared to non-problem gamblers, problem gamblers were significantly more likely to report social reasons for liking their highest-spend activity and this relative trend also applied to the low and moderate risk groups.

Compared to non-problem gamblers, problem gamblers were not significantly more likely to play to win money. However, compared to non-problem gamblers, low risk gamblers were more likely to play to win money.

Possibly the most other interesting differences were in relation to gambling to take your mind off things, to relieve stress and due to boredom. In particular, compared to non-problem gamblers, problem gamblers were significantly more likely to gamble to take their mind off things, to relieve stress and for reasons of boredom. Problem gamblers were also more likely to gamble out of habit. Compared

to non-problem gamblers, problem gamblers were also significantly less likely to gamble to raise money for charity.

Compared to problem gamblers, moderate risk gamblers were significantly less likely to gamble to take their mind off things, to relieve stress and to gamble out of habit. Also noteworthy is that compared to moderate risk gamblers, low risk gamblers were significantly less likely to gamble to take their mind off things, to relieve stress and for reasons of boredom.

Responsible gambling practices of gamblers

Results suggested that 30.81% of gamblers brought between \$50-\$100, 27.20% brought only up to \$20 and 20.61% brought between \$20-50 to gambling. Findings similarly showed that, the more money people generally brought to gambling, the higher the risk of the gambler. Problem gamblers were significantly more likely to bring their EFTPOS/ATM card.

Problem gamblers were significantly more likely than non-problem gamblers to use their cards twice per session, three times per session and four times per session. It was also worth noting that 41.16% only used their card about once per session or slightly less.

PROBLEM GAMBLING IN A PUBLIC HEALTH CONTEXT

As problem gambling is an important health and well-being issue for the Victorian community, the survey also explored a range of health and well-being determinants of problem gambling. A summary of particularly interesting insights is presented below.

Life events

Compared to non-problem gamblers problem gamblers were significantly more likely to report a range of life events in the past year including:

- report the death of someone close to them
- report a divorce
- report legal difficulties
- report a major injury or illness to either themselves or someone they are close to
- have had troubles with their work, boss or superiors
- have experienced a major change to their financial situation
- have had increase in the arguments with someone they are close to

Smoking

The prevalence of smoking was also quite high in moderate risk gamblers and there was generally a strong linear relationship between smoking and increasing risk status for problem gambling. Significance testing also revealed that the difference in past year smoking comparing non-problem and problem gamblers was statistically significant, as was the difference relating to current smoking habits.

Compared to non-problem gamblers, problem gamblers were significantly more likely to smoke over 40 cigarettes per day and 42.72% reported smoking 11-20 cigarettes per day, 22.92% reported smoking 5-10 cigarettes per day and 19.65% reported smoking 21-30 cigarettes per day. There was also a general trend for cigarettes smoked to increase with increasing risk status for problem gambling.

Alcohol

Alcohol consumption for problem gamblers was not significantly higher than non-problem gamblers, however, the result was tending towards significance. This seemed to be linked to a lower alcohol consumption rate in female problem gamblers, as male problem gamblers had consumed alcohol at a higher rate than female problem gamblers.

When problem gamblers consume alcohol, they also tend to consume larger amounts. Indeed, while non-problem gamblers consumed only an average of 6.88 alcoholic drinks per week, problem gamblers consumed an average of 10.97. Moderate risk gamblers also consumed 11.06 drinks per week.

Statistical significance testing also suggested a significant difference existed between the gambling risk groups, with both problem gamblers and moderate risk gamblers consuming on average a significantly higher number of drinks per week, than non-problem gamblers.

In the case of males, findings showed that, compared to non-problem gamblers, moderate risk gamblers were significantly more likely to be in the risky alcohol consumption category, with 11.35% consuming over 29-42 drinks per week. However, the difference between non-problem and problem gamblers for males was not statistically significant.

In the case of females, compared to non-problem gamblers, problem gamblers were significantly more likely to report risky alcohol consumption, with 24.60% reporting drinking 15-28 drinks per

week. In addition, female problem gamblers were also significantly less likely to report levels of alcohol consumption consistent with low risk, compared to non-problem gamblers. Moderate risk gamblers also showed similar trends, with again a statistically significant difference apparent, compared to non-problem gamblers on risky alcohol consumption.

Alcohol dependence

The CAGE alcohol screen was used in the study to screen for alcohol abuse and dependence. Findings overall showed that 73.16% of adult gamblers in Victoria reported no signs of clinical alcohol abuse, with not a single item of the CAGE screen endorsed. In contrast, 1.04% reported high levels of clinical alcohol abuse, 4.28% reported moderate levels of abuse, 8.41% reported signs of alcohol abuse and 13.11% were at-risk, having endorsed a single item.

Findings also revealed that, compared to non-problem gamblers, problem gamblers were significantly:

- less likely to report no signs of clinical alcohol abuse
- more likely to report signs of clinical alcohol abuse
- more likely to report moderate levels of clinical alcohol abuse
- more likely to report high level of clinical alcohol abuse

Similar trends applied to moderate risk gamblers, with moderate risk gamblers being significantly less likely to report no signs of alcohol abuse and significantly more likely to report high levels of alcohol abuse.

Drug use

The patterns of drug use were also measured in moderate risk and problem gamblers in the study. This included prompting respondents about their use of certain classes of drugs and pharmaceuticals for non-medical purposes. Findings showed that the most common drugs for 'regular use' included prescription pain killers (3.96%), marijuana/hashish (3.75%) and amphetamines (2.24%). In contrast, the most common forms of drugs for 'occasional use' included marijuana/hashish (14.26%), prescription pain killers (10.18%) and amphetamines (6.78%). Ecstasy/designer drugs also followed closely based on 'occasional use' (6.16%).

Significance testing also showed that problem gamblers were not significantly more likely than moderate risk gamblers to use any of the drug classes. However, problem gamblers may use ecstasy/designer drugs somewhat less than moderate risk gamblers (ie. the result was tending towards significance).

Self-reported health

Findings showed that 32.99% of all gamblers reported their health as 'very good', 27.98% reported their health as 'good' and 23.03% reported their health as 'excellent'. There was also a strong tendency for health to decline with increasing risk status for problem gambling. Findings also showed that, compared to non-problem gamblers, problem gamblers reported:

- a slightly higher rate of diabetes (although this was only tending towards significance)
- a significantly higher rate of lung conditions including asthma
- a significantly higher rate of depression
- a significantly higher rate of anxiety disorders
- a significantly higher rate of obesity
- a significantly higher rate of other miscellaneous physical or mental health conditions

Suicide ideation and offending intentions

Results highlighted that 27.06% of problem gamblers and 6.07% of moderate risk gamblers considered taking their own life in the past year and respectively, 15.17% and 3.46% said their gambling led them to do something that is technically against the law.

Results also revealed that problem gamblers were significantly more likely to have considered taking their own life compared to moderate risk gamblers and were also significantly more likely to have done something that is technically against the law (as a result of gambling).

PROBLEM GAMBLING IN FAMILIES AND FRIENDS

Recognition of problem gambling

Most people (67.35%) recognised their gambling problem under 5 years ago. No significant differences were noticed between problem and moderate risk gamblers.

Problem or at-risk gambling in families

As part of the study, moderate risk and problem gamblers were asked to indicate whether they believed anyone in the family may be at-risk of either having or developing a gambling problem. It was more common that respondents knew a brother (4.76%) or father (4.42%) either with or at-risk of developing a gambling problem. Other family members included spouses/partners (3.83%), sisters (3.38%) and mothers (3.18%).

Findings showed that problem gamblers, relative to moderate risk gamblers, were significantly:

- more likely to believe their sister may have a problem or be at-risk
- less likely to say 'no-one else' has a problem or is at-risk'
- more likely to report their son/daughter to have a problem or be at-risk

EMERGENCE OF PROBLEM GAMBLING THROUGHOUT THE LIFESPAN

When gambling started

The age at which moderate risk and problem gamblers started gambling for money was measured in the study. As shown, while 50.01% started at age 18-24 years and 20.69% started under the age of 18. Reported triggers for commencing gambling included general entertainment (39.83%), social reasons (31.38%) and to win money (16.39%).

Help seeking for problem gambling

Whether moderate risk and problem gamblers sought help for problem gambling and from whom the help was sought was measured in the study. As shown, 8.78% of both groups sought help in the past year and this included 25.55% of problem gamblers. The tendency for help seeking was also significantly higher in problem gamblers, compared to moderate risk gamblers.

Findings also showed that 24.17% sought help from counselling professionals, 18.82% from a female relative and 13.55% from a male friend. Around 10.50% presented to Gambler's Help. Problem gamblers were significantly more likely to seek help from a counselling professional than moderate risk gamblers.

Type of help received and who made the referral

In terms of the type of help received for problem gambling, personal counselling was most commonly reported as the major type of help provided (37.86%), followed by informal friendship support (27.25%). Around 5.86% also received help for food/money or clothing. No significant differences, however, were observed between problem gamblers and moderate risk gamblers.

In relation to who referred the person to help, findings showed that 74.50% made a self-referral, 8.01% were referred to help by a male friend and 6.28% were referred by a doctor or medical professional. Once again, differences were not statistically significant.

Usefulness of activities to help reduce gambling

As part of the study, moderate risk and problem gamblers were asked to rate the usefulness of various activities to help reduce their gambling. Activities with the highest usefulness ratings included having more leisure interests, having a wider social network, having more money, finding a relationship partner and information on the odds of winning in gambling.

Findings also revealed, that compared to moderate risk gamblers, problem gamblers rated the idea of having more leisure interests as more useful, although this was only tending towards significance.

Change-readiness of at-risk gamblers

The level of change-readiness of moderate risk and problem gamblers to changing their gambling behaviour was measured in the study. Findings overall suggested that 57.51% of problem gamblers were already thinking about reducing their gambling (in contemplation), 32.30% were already reducing their gambling (in action stage) and only 10.19% were in precontemplation. This emphasises that many problem gamblers are likely be cognisant that their gambling is somewhat problematic.

In the case of moderate risk gamblers, however, a much larger number were in precontemplation (45.73%), 35.12% were in contemplation and 19.14% were in action. This highlights that moderate risk gamblers are generally more likely to not be thinking about changing their gambling and hence may not be convinced that their gambling is a problem.

The full research report may be accessed at - <http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/Gambling+and+Racing/Research+and+Statistics/JUSTICE+-+A+Study+of+Gambling+in+Victoria+-+Problem+Gambling+from+a+Public+Health+Perspective+%28PDF%29>

INDEBTED GAMBLERS MORE LIKELY THAN LIFE-COURSE DEBTORS TO EXPERIENCE RELATIONSHIP DIFFICULTIES

79.5% of those that have got into financial difficulties as a result of gambling reported that they have cut back on key household items or payments of household bills to pay off gambling debts, says a new report published by the Research Institute for Health and Social Change at Manchester Metropolitan University.

The Gambling and Debt pathfinder study was funded by GamCare and the Money Advice Trust, and supported by the Salvation Army. It critically examines the nature of the relationship between gambling and debt. This has been achieved by investigating the wider social issues associated with gambling-related debt in order to understand the strategies used by individuals and families coping with gambling-related debt and exploring the help-seeking strategies employed by problem gamblers and debtors.

A mixed-methods approach was adopted over a twelve-month period and included the following data collection approaches:

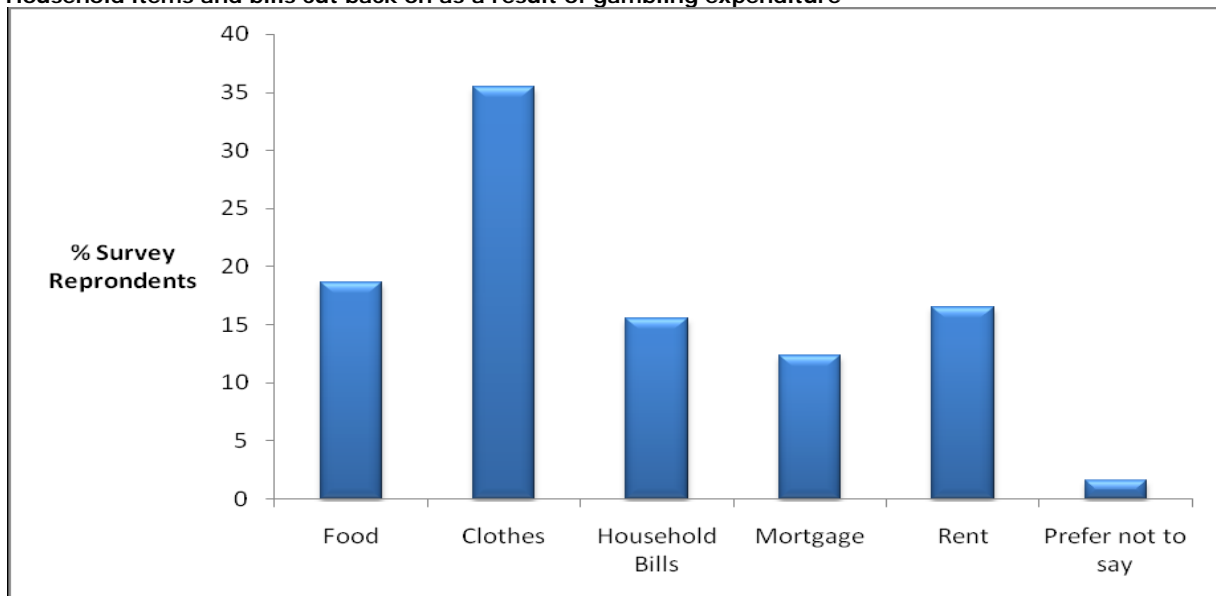
- A survey was designed to ascertain levels of awareness of gambling and debt support services and to establish a preliminary understanding of the links between gambling, expenditure and debt. A control group completed this survey and 246 were returned.
- 173 Gambling and Debt scoping surveys were completed with a non-control group, consisting of individuals who have current or previous gambling or debt problems to establish key indicators of indebtedness, types of gambling behaviours and typical help seeking pathways.
- 18 in-depth, semi-structured interviews were conducted. Seventeen interviews were conducted with problem gamblers and problem debtors at various stages of the help-seeking process. An additional interview was conducted with a family member of a problem gambler. The interviews explored participants' experiences of gambling-related debt, problem management and help seeking behaviours.

Gambling-related debt

This study identified that access to money was central to the activity of gambling, and that significant debt was caused by problem gambling for all but the wealthiest individuals. Gambling-related debt was evidenced through secured and unsecured credit commitments not being met, arrears with household bills and cutting back on key household items (such as food and clothes).

79.5% of those that have got into financial difficulties as a result of gambling reported that they have cut back on key household items or payments of household bills to pay off gambling debts. Of those household items, respondents reported that clothes (35.5%) was the most common item for cutting back on expenditure, followed by food (18.6%), rent (16.5%) and household bills (15.5%). This demonstrates the significant negative impact that gambling can have on curtailing important aspects of daily living including access to food and clothes. Importantly, the inability to pay household bills and mortgage repayments can have a detrimental impact at both the individual and the household level.

Household items and bills cut back on as a result of gambling expenditure



Data collected on gambling-related debt over the period of the study suggests that gambling debts averaging more than £60 000 might be common amongst gamblers with unmanageable debt. This was much higher than had been expected based upon the figure of £17 500 as the average debt

disclosed by clients in counselling with GamCare in the organisation's 2007 Care Services Report. The existence of gambling-related debt also increased the likelihood of individuals taking out both unsecured and secured forms of credit for consolidation purposes, as well as experiencing more serious forms of debt action by creditors, such as visits from third-party debt collection agents and the use of court proceedings as a recovery tool which can lead to court judgments.

A key theme arising from this research is that the management of all causes of debt has consequential impacts on a broad range of complex social and emotional behaviours and interactions at the individual and household level. Yet there were important differences noted between life-course debt and gambling-related debt. Gambling-related debt was more likely than life-course debt to lead to relationship difficulties or relationship breakdown at the family level. This study found that the burden of both the gambling and the debt problem was often shared with immediate partners and had an impact on other household members, both financially and emotionally. There was a strong tendency for family members to feel an initial sense of resentment and bitterness towards the individual who was seen as the source of the financial difficulties and issues of "blame", "responsibility" and "trust" were emerging themes. Resolving gambling-related debt was potentially a far more complex matter than dealing with life-course debt, requiring a person-centred, holistic approach, which provides help and support to both the individual and the immediate family.

Gambling-related debt was also likely to have more severe detrimental impacts on the health and well-being of individuals and families than managing either problem gambling or problem debt in isolation. Twinned problems of gambling and debt exacerbated the psycho-social issues associated with problem identification and management. Difficulties overcoming the associated stigmas and stereotypes of both "gambling" and "debt" impacted on the success rates of those seeking help and advice. Managing gambling as an addiction and debt as a financial problem resulted in detrimental health and well-being impacts at the individual and family level.

Employment and Employability

Both problem gambling and associated debt impacted on employment in a number of ways. The survey results indicated that problem gamblers appear to have a higher unemployment rate than the UK national average, although this would need to be confirmed by a larger sample of respondents. Where an individual was a problem gambler with no support systems in place, they often feared having an income above subsistence level. This was because of the opportunity this provided of access to disposable income and credit to fund gambling activity. Participants in paid employment had greater access to bank accounts and credit and thereby the potential means to continue gambling activity. Also, when in employment, rent and council tax (or at least a proportion of these costs) became the responsibility of the individual rather than the benefits system. This meant that the individual needed to take on a new responsibility for managing their finances, which they were unable to do within the context of the gambling problem.

The interviews suggested that problem gamblers who were employed were often unable to concentrate on tasks at work because of their preoccupation with gambling and some stole time from work in order to gamble. These interviewees were at a higher risk of being made unemployed than individuals with life-course debt as a result of disciplinary action taken by employers in response to behaviours induced by the problem gambling. Participants also noted that their productivity levels deteriorated as both time and effort were diverted away from specific work tasks towards the activity of gambling and the need to service their gambling addiction. Evidence from the interviews conducted with problem gamblers revealed that where participants were in a position of significant responsibility and had access to a company's finances, then the company could potentially be at risk of serious financial loss through theft or embezzlement with interviewees admitting removing significant sums from businesses to support their habit.

Accessing Help and Advice: Awareness

There were widespread problems with access to information regarding advice and other support services for individuals with gambling-related debt. Participants with gambling problems felt that they were ill-informed or unaware of available support services. Problem gamblers identified the importance of access points within the community as sources of information and advice. Often family members reported that they did not know where to access support (for both themselves and the problem gambler) and often chose to self-manage the problem within the household/family unit. This often had implications for the long-term resolution of the problem.

There was a necessity for gambling awareness and financial literacy education across all age cohorts so that individuals are equipped with information that meets the needs of themselves and their families. Problem gamblers identified financial illiteracy as a serious problem affecting their ability to identify and manage the problem. Almost all the problem gamblers with debt reported being unable to manage their money and the most successful resolution of both problems occurred in situations where a family member assumed control of all financial matters and provided the necessary support for the individuals to participate in a treatment programme. Treatment was not necessarily delivered via an external agency and internal family structures and support mechanisms were equally important. Additionally, there was evidence of family-derived financial literacy education, so that as the gambler developed new skills in managing money they were allowed increased responsibility for the household finances. This also happened in some non-family settings where community finance workers took on a similar

role in supporting the individual to manage and assume responsibility for their finances.

Accessing Help and Advice: Signposting and Multi-Agency Working

Problem debt was a common trigger for help-seeking by those with gambling-related debt. Families often realised that a family member had a gambling problem as a result of their discovery of the extent and level of the debt through financial statements, correspondence from debt management companies or home visits from debt recovery companies. While family members often knew they could get help with debt resolution via organisations such as Citizens Advice Bureaux and the Consumer Credit Counselling Service, there was very limited awareness of gambling support organisations such as GamCare. Equally, there were serious misconceptions about the type of help that gambling support organisations might offer, which acted as a barrier to contacting them in the first instance. Individuals with gambling problems often felt that either partial self-exclusion from gambling activities or agreeing a repayment package with creditors equated to solving the gambling problem. In most cases, this approach resulted in a breakdown of the repayment plan and a recurrence of the problem gambling behaviour.

Accessing Help and Advice: Industry

The process of self-exclusion was discussed with problem gamblers. Many problem gamblers found it difficult to physically present for self-exclusion, citing the negative connotations associated with problem gambling as a significant barrier. Often self-exclusion failed to work effectively as the individual would switch to alternative gambling operators or other forms of gambling to continue the activity. There is a patchwork of effective practice in relation to self-exclusion across the gambling industry, with evidence of online companies rigorously monitoring accounts and signposting people to GamCare, but this approach was not widespread.

Accessing Help and Advice: Young People's Services

Young people with gambling-related debt and problem gambling behaviours felt that they were poorly served by existing service provision. The youth justice and prison service had facilities to treat individuals with drug and alcohol problems, but were reluctant to engage with gambling problems. Young people exhibited extremely low awareness of sources of help for problem debt, and were often reluctant to talk to creditors for fear of the consequences.

Young people often turned to the NHS for advice or help but there were no NHS gambling-related facilities tailored to young people, and they were often left disenchanted by their experiences of trying to access help. Suicidal thoughts were more common amongst young people with gambling-related debt than older people, and generally, feelings of hopelessness and despair were identified. Young people reported that the services offered by counselling organisations were not always appropriate, offering forms of consultation which were difficult to access and help and advice which was not specific to the ways in which younger people wished to or were comfortable with engaging in (venue, approach and ethos).

Many of the participants within this study had started gambling at a young age and often before their early teens. Participants identified a need for awareness education for the upper-primary school age group, perhaps alongside financial literacy for younger age groups.

The report makes a number of recommendations, including -

Debt

It is recommended that in studies addressing the impact of gambling-related debt that a distinction needs to be made between "directly gambling-related" debt (i.e. money owed to loan sharks, for private bets and other money specifically to service gambling) and "gambling-derived" debt (i.e. all other debts that are accrued as a result of spending money on gambling and not other commitments).

Workplace Learning

The provision of integrated financial literacy education and gambling awareness education via workplace learning would be a useful step forward. This is recognised as an appropriate access entry point for the delivery of education and learning materials. Employers should also consider uniformly blocking employee access to gambling websites and consider identifying and sharing the ways in which problem gambling can be identified within the workplace between employees.

Access Points

Insufficient knowledge of sources of help for problem gamblers was a common theme throughout this study. While many of the problem gamblers were able to identify GamCare, their families and professionals from whom help was sought were often not aware of the breadth and depth of services provided by agencies such as GamCare to support problem gamblers and their families. Further research needs to identify access points of delivery for this information as the findings from interviews with problem gamblers suggest that community settings represent the optimal locations through which to access "hard-to-reach" groups.

Education

A widespread lack of knowledge about problem gambling and its consequences for gamblers and their family members suggests that education measures need to be more widespread. Targeting gamblers should continue to take place but there also needs to be education for the wider public on problem gambling and debt. Awareness education would include increasing general knowledge of the risks associated with gambling and highlighting signs that might alert family members to problem gambling. These might be delivered through public health campaigns or in a broad range of educational settings. Participants noted that alcohol and tobacco had a much higher profile on the public health agenda than gambling, and as a result they often knew where to go for help with those addictions. Problem gambling and debt was less well situated in the public realm, reflected in the lack of advertising and awareness campaigns.

Signposting and Multi-Agency Working

Resolving gambling-related debt was found to be potentially far more complex than life-course debt, requiring a person-centred, holistic approach, which provides help and support to both the individual and the immediate family. In order to facilitate this, raising awareness of the widespread and long-term impacts of gambling on families is a priority. Knowledge of sources of help for gambling is low amongst non-gamblers and this is an important area for development. Developing an effective mechanism for signposting those who do seek help for either the gambling or debt to relevant organisations to assist in resolving both problems is important. The development of non-specialist screening tools for gambling-related debt may provide the means to identify problem gambling earlier and to expedite access to necessary help and advice agencies. This will require more effective multi-agency working and agreed pathways for signposting and referral.

Industry and Self-Exclusion

The experience of problem gamblers in this study suggests that the process of self-exclusion is not comprehensive across offline and online gaming operators. The *Empowering Communities Count-me-Out programme* is a national scheme which enables an individual to self-exclude online from any number of premises both locally and nationally. This model offers a one-stop exclusion process for problem gamblers, removing the burden and subsequent demotivation of having to present to a number of different operators within the local area. The expansion of such a service, to include the large gambling providers, would be of great benefit to problem gamblers.

Young People's Services

There is a pressing need for further research into how best to meet the needs of this vulnerable group and how best to situate services that are more responsive to younger people. This study suggests that help and advice services for young people need to be closely tailored to the ways in which young people develop social networks and interact with each other. Research into the types of services needed and the delivery channels they wish to access "as consumers" needs to be investigated more specifically.

Problem gambling, financial difficulty and gambling activity

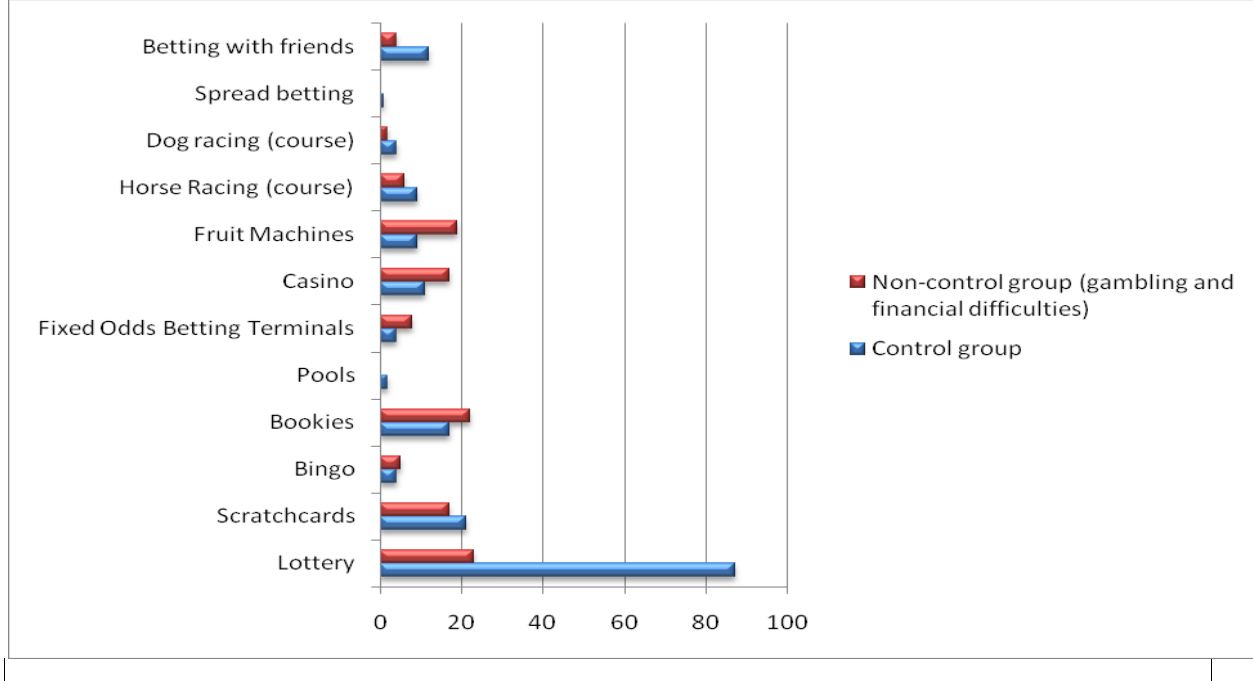
Off-line forms of participation

The respondents who reported financial problems as a result of gambling activity were filtered from the non-control group. Forms of off-line gambling participation were compared with the control group to establish if gambling activities significantly differed for those suffering from financial and gambling problems.

Respondent counts revealed that the most common gambling activity amongst the control group was lottery followed by scratchcards. For those suffering financial difficulties as a result of gambling problems respondent counts revealed that forms of participation were more likely to be the casino, fruit machines, bookmakers and fixed odds betting terminals.

This suggests that those currently living with financial problems as direct result of gambling are more likely to be engaged in forms of gambling such as the casino, fruit machines and fixed odds betting terminals than those without a gambling problem (who gravitate more towards the lottery and scratch cards).

Frequency of forms of gambling participation across the whole sample and those ones with gambling and financial problems



The full report, including appendices, may be accessed at -

http://www.gamcare.org.uk/data/files/gambling_and_debt_final_report_exec_summary.pdf

UK ONLINE PROBLEM GAMBLING STUDY CRITICALLY FLAWED, SAYS UK ACADEMIC

Recently published research findings that online gambling was more likely to contribute to problem gambling than offline gambling is critically flawed, says Dr Jonathan Parke, a senior lecturer in gambling studies at the Centre for the Study of Gambling at Salford Business School.

Parke said conclusions drawn by Dr Mark Griffiths, professor of gambling studies at Nottingham Trent University, using data from the most recent British Gambling Prevalence Survey were invalid.

Griffiths used the data to conclude that "the medium of the internet may be more likely to contribute to problem gambling than gambling in offline environments," and that online gambling was ten times more likely than land-based gambling to cause problem gambling. "It is clear that gaming companies need to acknowledge they will need to provide even better social responsibility infrastructures online than offline to minimise the harm to problem gamblers," Griffiths said.

However, Parke said the research failed to factor in key data that should have prevented Griffiths from drawing that conclusion: "While the survey data was sound, the researchers did not take into account how often those who said that they gamble online actually do so, and doesn't distinguish between those who gamble online once a year and those who gamble online once an hour. Also, the researchers did not take into account whether those who gamble online also participate in other forms of gambling."

Using data from the same Gambling Prevalence Survey, Parke highlights the fact that those who gamble online are also more likely to participate in a range of different forms of gambling than those who don't gamble online.

Britons who play the National Lottery are the least likely to engage in other forms of gambling, the survey found, while those who place spread bets are the most likely. Those who gamble online are at the wider end of the spectrum, and are more likely to participate in a range of gambling behaviours than those who take part in forms including offline bingo, football pools, racing or offline casinos.

"To compare this to drug use, if someone were to do all sorts of drugs and happens to include marijuana in that mix, it wouldn't then follow that marijuana causes use of more drugs, just that marijuana is easier to get access to than other drugs," Parke said.

"Key decisions are being made commercially, politically and clinically regarding internet gambling research, and it's important that we are basing those decisions on accurate information."

The British Gambling Prevalence Survey used data from a survey of 9 003 people aged 16 years and over that had gambled online and/or used a betting exchange in the 12 months prior. The research was done in collaboration with the National Centre for Social Research and Professor Jim Orford of

NO CURRENT CONSENSUS ON PATHOLOGICAL GAMBLING, SAYS RESEARCH REVIEW

A considerable amount of work remains to be done towards defining the constructs of pathological gambling, the reality of gambling-related problems, measurement instruments and appropriate strategies for prevention and intervention, concludes a review prepared as a discussion document for the Gambling and Addictions symposium that was held in Montreal in September.

Written by Dr Nathalie Dyke, a science journalist, for the Fonds québécois de la recherche sur la société et la culture, the review examines such questions as: What is the state of gambling research today? What do we know and what do we need to know? Which intervention methods are the most successful and which ones show the most promise?

The document is based on a cursory non-exhaustive literature review using bibliographic databases, resulting in the identification of nearly 75 pertinent scientific articles, research reports, books and documents. Written as a plain-language document, the review attempts to evaluate the current state of knowledge, measurement instruments, gambler profiles, the economic and social consequences of gambling, and strategies for prevention and intervention adopted in various jurisdictions. It also investigates the question of public policy and research priorities as defined by researchers.

The review concludes that while researchers do not appear to agree on many aspects of the problem, there does seem to be a consensus as to the importance of establishing a new dialogue between stakeholders: researchers, clinicians, gambling service providers, gambling device manufacturers, governments and the population. It is increasingly recognized that the prevention of gambling problems, reduction of harm, and the promotion of safer gambling behaviour require a shared responsibility.

"In the literature on problem gambling, there are two quite different conceptions of what problem gambling is. The earlier, more medical conception has its origins in the development of the related concept of pathological gambling. Pathological gambling was added to the list of psychiatric disorders in the DSM-III published by the American Psychiatric Association in 1980. Some researchers believe the most severe form of pathological gambling to be a mental disorder. Diagnostic criteria are based on those for substance dependence. Pathological gambling is associated with drug addictions.

"The second conception reviewed in the literature is based on a public health approach, and is becoming increasingly popular with researchers. This more recent perspective is based on the distinction between excessive gambling behaviour and problems that are a consequence of that behaviour. This alternative conception does not assume that problem gambling involves an addiction to gambling; rather, it focuses on the problems that excessive gambling may cause to individuals, families, and communities. Thus, problem gambling is not just a problem of addiction and individual psychopathology, but also a problem that exists in a social setting, is multiply determined, and has broad community effects."

Several concerns requiring special vigilance also call for dialogue and shared responsibility. Researchers have positively identified adolescents as a group at high risk of developing gambling problems. The question of comorbidity raises many concerns both for adolescents (especially substance users) and for adults suffering from various mental health disorders. Faced with the devastating consequences of problem gambling on those individuals most severely affected, researchers seem to put aside any conceptual quarrels to insist on the importance of intervention in a collective effort of cooperation and collaboration.

Nevertheless, researchers remain cautious when it comes to dealing with other gamblers with problems of varying severity. In this respect, the research initiative begun 30 years ago remains to be further developed. The causes that lead to gambling problems remain extremely complex and it is becoming increasingly clear that only a model combining the psychological, social, genetic, environmental and economic factors can contribute to a better understanding of the various types of problems related to gambling, and the best strategies for intervention.

"The principal questions that arise when it comes to gambling intervention concern the type of treatment and the organization of health services to meet the needs of problem gamblers. Certain approaches used to treat other types of dependence, such as alcoholism or substance abuse, show promise, but researchers are extremely cautious when it comes to affirming the efficacy of any particular strategy. In this area as well, it appears that significant methodological shortcomings prevent any solid conclusion from being reached.

"Nonetheless, there does appear to be some consensus concerning brief cognitive-behavioural interventions and the importance of including the family and friends of the problem gambler in any treatment plan. However, some pathological gamblers are dealing with a large number of concomitant health problems requiring other strategies and/or treatment plans. Research has also shown that a significant number of pathological gamblers change their gambling behaviours without any structured professional intervention. Although the number of pathological gamblers who recover on their

own is unknown, is thought to be higher than the number of problem gamblers with higher gambling severity who access professional treatment. It is important to note that a large percentage of gamblers do not complete treatment and suffer a relapse. There is a need for more research into pharmacotherapy and psychotherapy approaches to the treatment of pathological gambling."

Among several conclusions that can be drawn from this review of the literature is the fact that certain devices, such as video lottery terminals, require particular attention, given the danger of addiction that they present to some vulnerable individuals. In addition, intervention models would benefit from including members of the support groups of problem gamblers, given the social isolation of gamblers and the positive impact that this support could have on their recovery. Researchers are also convinced as to the importance of better practitioner training in the diagnosis of pathological gambling in relation to other mental and physical health problems that are often found in problem gamblers.

In conclusion, "this review clearly demonstrates the decisive role of government in the regulation of the gambling industry. Researchers affirm that society must accept the fact that the prevention of pathological gambling will impose some inconveniences on non-problem gamblers, as well as a decrease in gambling revenues. These inconveniences are a small price to pay for the prevention or alleviation of gambling-related harm."

The full document may be accessed at -

<http://www.responsiblegambling.org/articles/Background%20document%20-20Gambling%20and%20Addictions%202009.pdf>

UK STRATEGY BOARD PROPOSES RESPONSIBLE GAMBLING MEASURES

The United Kingdom's Responsible Gambling Strategy Board (RGSB) has published its initial recommendations to the Gambling Commission and the Department for Culture, Media and Sport concerning the priorities for research, education and treatment in order to support a national responsible gambling strategy.

The initial recommendations have been informed by the recommendations that the Board was asked to consider in the Gambling Commission's final research, education and treatment report of October 2008, as well as by the two rounds of consultation that were undertaken as part of that review. The report also included considerations and advice from the Board's expert panels, which drew on a range of existing research and evaluation material.

One key priority identified is the need for full and independent evaluation of existing and future treatment, education and prevention services.

Evaluation

"As one of its key priorities, the Board recommends that the Responsible Gambling Fund (RGF) commissions full scoping and evaluation of what exists at the moment in relation to both treatment and education/prevention services. This will require common data standards and shared outcome measures and will enable both RGSB and RGF to look at what is provided in a consistent and objective way. As part of any future commissioning and grant-making that RGF undertakes, those awarded contracts should be required to conduct ongoing reviews of their work, and to make the data available for the purposes of independent evaluation.

"In order to assist policy-makers and regulators and those involved in treatment services, the Board also recommends the establishment of a national database to bring the whole area of treatment together and to support an evidence-based approach. As an early priority, we would ask RGF to look at the costing of commissioning a researcher to put together a database which would enable RGF to monitor performance, unit costs and outcomes over a three year period so that these can be taken into account as part of any future commissioning."

Education and prevention

"There is a paucity of evidence on the effectiveness of education/prevention interventions. In determining the initial priorities, the expert panel has considered the evaluations carried out in relation to currently funded programmes such as Tacade, Gamble Aware and GamCare's pathfinder pilot in GP surgeries. It has also drawn on international evidence in considering the purpose and specification of a national helpline.

"We would at this stage question the cost-effectiveness of a public awareness campaign aimed at the general public. However, using the information that will be gathered from independent evaluation of work in progress, we may well recommend some outreach work to target specific groups who are either identified as being at risk or those currently not seeking help (for example, young people and black and minority ethnic groups).

"The Board has also given early consideration to the question of a national telephone helpline

as recommended in the Commission's Report. The Board proposes to consult present providers of gambling and other helplines to develop the parameters of an appropriate specification and the most cost-effective approach to provision. We will then provide high-level strategic advice to RGF about the commissioning of a helpline service early next year.

"The Board's initial conclusions are that the telephone helpline should operate in tandem with a website, providing information and advice about problem gambling, a referral service and, arguably, some initial interventions. The helpline should be independent and separate from any existing treatment services. The tender proposals should also include provision for independent monitoring and evaluation of the service.

"The evaluation of Gamble Aware concluded that its impact is currently low but that it needs to be supported and developed. Subject to agreement with the industry, the Board's view is that there would be value in retaining the website as an information point about responsible gambling and to provide one means of access to the proposed helpline and other advice and support. However, it would require further investment and significant improvements to its content. It would then need to undergo further independent evaluation to assess its impact and cost-effectiveness."

The recommendations include exploration of a clinical governance framework and a tiered, integrated approach to problem gambling services in partnership with the NHS, including training for GPs, primary care practitioners and other relevant professionals to identify and screen for problem gambling, the commissioning of a national telephone helpline and website, as well as the development of a programme of research around high-stake, high-prize gaming machines.

The Board also emphasises the need to put in place proper systems of grant-making, including terms and conditions of grant and monitoring of expenditure and outputs, as well as new commissioning arrangements.

Once the Gambling Commission has responded to the recommendations, expected towards the end of October, the RGSB will pass a strategic remit to the Responsible Gambling Fund (RGF), the body responsible for distribution of the funds raised by the gambling industry for RET purposes. The RGF will then develop and fund programmes which reflect the RGSB's priorities.

More detailed recommendations from the RGSB are expected by summer 2010.

The full report may be accessed at -

<http://www.gamblingcommission.gov.uk/pdf/RGSB%20initial%20strategy%20and%20priorities%20-%20October%202009.pdf>

AUSTRALIAN PRODUCTIVITY COMMISSION RECOMMENDS FURTHER HARM-REDUCTION REFORMS

The Australian Productivity Commission has published a draft report on gambling in which it proposes stronger harm minimisation measures, mainly aimed at gaming machines ("pokies"), including lowering the intensity of play and the capacity for gamblers to set spending limits on themselves.

The Commission reports that Australian gamblers spend (lose) over \$18 billion per year, including nearly \$12 billion on poker machines. It estimated that problem gamblers account for around 15% of regular gaming machine players, with a further 15% facing moderate risks. The Commission also found problem gamblers' share of total spending on pokies ranged around 40%.

The Productivity Commission's first independent national public inquiry into gambling in Australia was published in 1999. Since then, there have been significant changes in the gambling industries and their regulatory environment, with a much greater policy focus on harm minimisation. Notwithstanding this, community and political concerns remain evident. There have also been developments within parts of the industry which have a more national character than before. The Council of Australian Governments accordingly asked the Commission to provide an "update" on its 1999 "information" report, with a focus on problem gambling.

The new draft report focuses on appropriate policies for gaming machines, in particular, because -

- They account for the biggest single slice of overall gambling expenditure in Australia — around 65% of the total, compared with 14% for wagering and 7% for table games. They are probably also one of the most important sources of enjoyment for gamblers.
- They also account for around 75–80 per cent of "problem gamblers" and are found to pose significant problems for ordinary consumers.
- They are widely accessible throughout the community in all jurisdictions except Western Australia.
- Regular gaming machine players (those playing at least once a week) are estimated to spend around \$7 000–8 000 per annum, a sizeable share of household incomes, and a key source of harm to some.

Introducing the report, Productivity Commission chairman Gary Banks observed that “despite progress since our last report ten years ago, there is considerably more that governments can do to make gaming machines a safer recreational pursuit”.

The Commission has drawn from experiences in Australia and overseas to craft proposals that help reduce the social costs of gambling without unduly impacting on its recreational value. Key proposals are directed at:

- reducing the amounts that people can lose (currently up to \$1 200 per hour) through lower limits on bets per button push and on how much money can be fed into machines
- giving people the choice to set limits on how much time and money they spend on gambling, through a universal “pre-commitment” system harnessed to improved technologies.

Other harm minimisation proposals include limiting access to cash in venues, longer and earlier shutdowns of gaming rooms (drawing from the Queensland approach), and better warnings (based on Victoria's model).

The Commission has also proposed an overhaul of wagering regulations that will promote competition and lower prices for punters, while sustaining the racing industry.

The report finds that Australia's ban on online gaming is not working, with Australians increasingly gambling abroad on sites with minimal consumer protection. The Commission proposes “managed liberalisation”, with supply being made legal in Australia, but only if stringent harm minimisation measures are introduced.

The Commission will conduct public hearings on its draft report during November and December, with its final report to Government by the end of February 2010.

Key points

- Gambling is an enjoyable pursuit for many Australians and government policies need to balance the sizeable benefits for recreational gamblers against the significant harm it causes some people.
- Most policy interest centres on people playing regularly on “riskier” forms of gambling, particularly the “pokies”.
- Excluding people whose only form of regular playing is on Lotto or “scratchies” (essentially “safe” forms of gambling), only around 15% of Australian adults gamble regularly.
 - Roughly one in ten of those would be classified as “problem gamblers”, with an additional 15% experiencing “moderate risks”.
- About 5 per cent of adults play weekly or more often on gaming machines.
 - Around 15% of this group are “problem gamblers” and their share of total spending is estimated to range around 40%.
 - A further 15% of pokie players face “moderate risks”.
- While precision is impossible, estimates of the number of problem gamblers lie in a range around 125 000, with the estimated number of gamblers at moderate-risk ranging around 290 000.
 - Their prevalences expressed as shares of the adult population are misleading, given that most of the population do not gamble regularly.
- The significant social costs associated with problem gambling mean that even policy measures with modest efficacy will often be worthwhile.
 - Rough, but conservative, calculations suggest that even a 10% sustained reduction in harm could provide a gain to society of nearly half a billion dollars annually.
- Over the last decade, state and territory governments have put in place an array of regulations and other measures intended to reduce harms to consumers.
 - Some have been helpful, but some would have had little effect, and some have imposed unnecessary burdens on the industry.
- A more coherent and effective policy approach is called for. There is a particular need for targeted harm minimisation policies that can effectively address the high rate of problem gambling among regular gaming machine players. Most gamblers would not be affected by this approach.
- Most recreational gamblers play at low intensity, but the machines allow losses of up to \$1 200 an hour.
 - The bet limit should be lowered to one dollar per button push (equating to losses of around \$120 an hour), with much lower limits on how much cash can be fed into machines

at any one time. Recreational players would be minimally affected.

- Shutdown periods for gaming rooms in hotels and clubs are too brief and occur at the wrong time. They should be extended and commence earlier.
- There should be a progressive move over the next six years to a universal pre-commitment system for gaming machines, using technologies that allow all consumers in all venues to set binding limits on their future play.
 - Safe default settings would apply, but players could opt out, with periodic checking of their preference to do so.
- With effective pre-commitment, many other regulations on gaming machines could be modified, or be removed as they become redundant.
- Effective harm minimisation policy for gaming machines will inevitably erode gaming revenues. In the longer run, however, technological changes may attract a wider base of consumers, offsetting this.
- Other measures would have modest effects in reducing harms, but are also low cost.
 - Better information in venues would help, but school-based education could have perverse effects and should not be extended without review.
 - Relocating ATMs away from gaming floors, and lower daily cash withdrawal limits on ATMs, would help some gamblers, but removing ATMs from venues poses costs and risks, and jurisdictions should await an evaluation of Victoria's impending ban.
 - Statutory provisions to enable gamblers to seek redress through the courts for egregious behaviour by venues appear necessary.
- Help services for problem gamblers have worked well overall, but
 - they relate to people who have already developed major problems and are thus not a substitute for preventative measures
 - there is a need for enhanced counsellor training and better service coordination, and to reach the 85% of problem gamblers who do not seek help.
- Some regulations have poor outcomes for gamblers and providers alike
 - Liberalising the domestic supply of online gaming, accompanied by strong harm minimisation, would divert consumers from risky overseas sites.
 - A new national approach to wagering that encouraged competition would lead to better outcomes for punters. But it needs to be accompanied by a nationally-set levy on betting suppliers to ensure adequate funding of the racing industry, whose existence underpins the wagering market.
- Governments have improved policy-making and regulation with respect to gambling, but significant governance flaws remain in most jurisdictions - including insufficient transparency, regulatory independence and coordination.
 - There is a particular need to reform the institutional arrangements underpinning national research.

Changes to gaming machines provide the most promising avenue for harm minimisation. Gaming machines should be a safe and enjoyable recreational pursuit and their design, use and regulation should reflect that.

Pre-commitment remains the key

A whole range of factors - the technology, people's personal vulnerabilities, systemic misunderstandings about how machines work, and the incapacity to accurately log how much has been spent - collectively reduce the capacity for informed and rational choice when playing gaming machines. The challenge is to address these problems while preserving as much of the pleasurable aspects of playing as possible.

The most targeted and potentially effective measure is to give people the capacity to control the behaviour of their future selves - to pre-commit - since lack of control, impulsiveness and periodic guilt are commonplace among regular gaming machine gamblers. The essential element of an effective pre-commitment system is the capacity of gamblers to set a binding spending limit that, when exceeded, no longer enables them to play (or only to play at a significantly reduced level). This is consistent with consumer sovereignty, since each gambler has the choice about what limits are appropriate for him or her.

The Commission has developed a detailed set of standards for an effective system of pre-commitment. In particular, pre-commitment should:

- be a "universal" scheme, applying to all gaming machines and venues, with gamblers able to set binding limits that would be portable between them. (Otherwise, they would be able to subvert their own intentions.)

- involve a “safe” default limit, and the scope for people to generally set other limits and features of play
- enable players to “opt-out” if they do not want to set or be constrained by limits, but with periodic testing of their choice
- still give occasional players the opportunity to spend small amounts without being part of the pre-commitment system.

Such detail matters. Many proposed models of pre-commitment would not be effective because they fail to address the need for portable limits or other essential features. Such models would impose costs on venues and players for few beneficial effects.

Pre-commitment systems can also provide other options for harm minimisation at low incremental cost, including records of spending, set breaks in play, more tailored warnings, and less easily circumscribed self-exclusion (the capacity to bar oneself from gambling altogether).

The full Productivity Commission report may be accessed at -

<http://www.pc.gov.au/projects/inquiry/gambling-2009/draft>

NEW BOOKS

Problem Gambling in Europe: Challenges, Prevention, and Interventions

Edited by Gerhard Meyer (University of Bremen, Germany), Tobias Hayer (University of Bremen) and Mark Griffiths (Nottingham Trent University, United Kingdom)

Springer, New York 2009

Foreword by Jeffrey L. Derevensky and Introduction by the editors available online -

<http://www.springerlink.com/content/p04265/front-matter.pdf>

As a leisure activity, gambling dates back to ancient times. More recently, the surge in avenues for gambling - casinos, sports betting, lotteries, and remote media (e.g., Internet, mobile phone, interactive television) among them - finds growing numbers of people losing control over their gambling behaviour, usually at great personal and financial expense. *Problem Gambling in Europe* is the first book to offer a robust international knowledge base compiled by an interdisciplinary panel of researchers in gambling behaviour.

Reports from 21 countries throughout Western, Eastern, Northern, and Southern Europe reveal wide variations in types of wagering activities, participation by populations, social and criminal consequences related to pathological gambling, the extent to which governments acknowledge the problem, and efforts to control it (often with the involvement of the gaming industries). For each country, noted experts discuss:

- Current legislation regulating gambling.
- Forms of gambling and their addictive potential.
- Participation rates and demographics.
- Prevalence of pathological gambling.
- National policies to address problem gambling.
- Prevention strategies and treatment methods.

Problem Gambling in Europe brings insight and clarity to a widespread and complex phenomenon, and will be of considerable interest to all parties working to reduce their negative effects: social science researchers in addictions, gambling behaviour, and public health; clinical, social, and health psychologists and psychiatrists; treatment practitioners; the gaming industry; regulators; and policy makers.

FORTHCOMING CONFERENCES

- 15 – 17 November 2009, Las Vegas, Nevada
NCRG Conference on Gambling and Addiction

Researchers, clinicians, regulators, policy makers and industry representatives from around the world will learn about the latest developments in gambling research and responsible gaming. Among the themes to be explored are: Will the current economic downturn impact government support for gambling research, prevention and treatment? Can clinicians guide their patients to financial health? How can operators maintain responsible gaming programs on a shoestring budget? The demythologizing of gambling machines.

http://www.ncrg.org:80/public_education/conference.cfm

- 18 – 20 November 2009, Canberra, Australia
National Association for Gambling Studies 19th Annual Conference

- 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.co.nz/2010conference/index.htm>

- 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

NORSK TIPPING TESTS SELF-DIAGNOSIS TOOL FOR GAMBLERS

Norway's state-controlled game operator Norsk Tipping is piloting a new Swedish-developed online aid for gamblers which helps them to determine whether they are at risk of developing a gambling problem.

The online self-diagnosis tool has been developed by Sweden's Spelinstitute which specialises in problem gambling research and education, and is being piloted until the end of this year among a number of Scandinavian gaming companies.

ALBERTA PROPOSES ID REQUIREMENTS FOR CASINOS

Alberta is considering compelling all patrons to show photo identification at its casinos in a bid to stop banned problem gamblers from making their way back through its doors.

The proposal has similarities to the detection methods used in the Netherlands, where every gambler must provide photo identification before entering a casino.

"It's a big change culturally for the province, for our industry," said Kent Verlik, executive director of the Alberta Gaming and Liquor Commission's social responsibility division. "We have to be very careful in how we approach these things."

Mr. Verlik said the regulator is researching the feasibility and public acceptance of all gamblers having to provide photo identification before entry. Under such a system, names would be crosschecked with those who have signed voluntary self-exclusion agreements to ensure they don't get in.

How to enforce such agreements has been a vexing problem in Canada. Most provinces have relied on a memory-based system - binders

filled with gamblers' photos - that has largely been seen as a failure, with gamblers often returning to casinos, sparking lawsuits in Ontario, Manitoba and Quebec.

A *Globe and Mail* series interviewed gamblers who had self-excluded but said they returned repeatedly to casinos. It also exposed how government-owned casinos are spending hundreds of millions of dollars on freebies - trips, dinners, theatre tickets - to keep gamblers coming back, a practice of which Ontario's New Democrat Leader Andrea Horwath was particularly critical.

"When you look at who it is who's providing at least a fair chunk of the change that's coming into the casino doors, it's coming from problem gamblers," Ms. Horwath said. "These ... high-rollers are the very same ones who are often the most addicted gamblers, are often being lured back into the casinos with their VIP perks."

Problem gamblers provide roughly one-third of gambling revenue, studies show.

Ontario Finance Minister Dwight Duncan told reporters this week that the Ontario Lottery and Gaming Corporation has invested \$40-million in problem gambling this year. He said there are challenges associated with addiction, and "we always should be on the lookout to make sure we're doing the best we can."

In Alberta, there is more to come for gamblers: Those who have signed the voluntary bans and want to return to casinos must take a three-hour course first. And starting Nov. 1, those who breach their self-bans could face a \$250 fine, Mr. Verlik said.

The Globe & Mail, Toronto
8 October, 2009

COMMERCIALS FEATURING YOUNG ATHLETES

An anti-gambling group is calling for the resignation of Nova Scotia Gaming Corporation executives over an advertising campaign that features young athletes.

Members of GameOverVLTs.com says the gaming corporation has violated its own advertising standards with its Support 4 Sport campaign.

Group director Terry Fulmer says Nova Scotia Gaming "is using underage and youth athletes to promote gambling."

The gaming corporation has been running a series of television commercials profiling young Nova Scotia athletes who have received funds for training from gaming revenues.

Debbie Langille, a recovering VLT addict, says the campaign is designed to convince Nova Scotians that gambling isn't harmful and adds that using young people to push gambling is the last straw.

Adrienne Power, a sprinter who competed in the 200 metres at the 2008 Beijing Olympics, is featured in one of the commercial spots.

*Canadian Press
6 October, 2009*