



International Transformations: Preventing UK Gambling Harm

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Seminar Report

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Background

The UK Gambling Act 2005 has created a new regime which 'has at its heart firm but fair regulation allowing people to enjoy gambling responsibly, encourages an important industry to thrive by behaving responsibly, and protects the vulnerable' (http://www.culture.gov.uk/about_us/tourismleisure/theme_gambling.htm). The Act, implemented in September 2007, extends to the whole of Great Britain with some exception in Northern Ireland and has been widely debated both in parliament and in the press. A key issue causing public concern has been the proposal to licence new larger casinos, specifically the regional casino which would introduce Category A gaming machines (unlimited stakes and prizes) to the UK for the first time. Subsequently, this provision has not been enacted although the licensing of 8 large and 8 small casinos has proceeded as planned. More generally, there has been media interest in Internet gambling and changing regulatory frameworks overseas, including the US. The Act responds to this debate by providing regulation for Internet gambling in the UK. The new system is based on tri-partite regulation by the new Gambling Commission, licensing authorities and by the Government, each of whom require up to date and reliable research evidence on which to found their decision making. The seminar was therefore timely, designed to coincide with implementation and information needs related to it.

Secondly, a summary review of international research has been completed for the DCMS that identifies the potential impacts of the Gambling Act, 2005 – notably the casinos, Internet gambling regulation and changes in machine provision (May-Chahal et al, 2008). This scoping exercise made recommendations for a comprehensive UK Gambling Impact Assessment Framework building on the existing evidence base, relevant public health and national data collection mechanisms and research findings on impact from countries across the world. One of the findings was that the majority of research focuses on negative impacts to health (primarily problem gambling) and remains equivocal about the economic and social benefits. The study developed a methodology that encompassed economic, social, crime, health, community and cultural life impacts both positive and negative. It involved researchers and policy officers from Canada, New Zealand, Australia, the US and the UK specialising in each of these areas. The scoping study and subsequent research based upon it will provide important information for policy, practice in preventing and treating gambling harm, the industry, communities and researchers. The seminar provided an opportunity to build on this process, particularly drawing on the expertise of participants in further refining the impact assessment methodology at an early stage of the studies, some of which are recommended to continue for at least five years.

Thirdly, the seminar series will build on existing collaborations, for example, with the *International Think Tank on Presenting Populations and First Contact services*, hosted by Auckland University of Technology and the New Zealand Gambling Helpline, between RIGT and the Gambling Commission, between researchers and the industry and between researchers and practitioners. To facilitate this the seminar series is co-sponsored by the Responsibility in Gambling Trust, which aims to make it less likely that people will become problem gamblers and more likely that those who do will be able to seek and to secure effective help. The Trust achieves this aim through the commissioning of treatment services, the development of a multi-focused prevention and education programme and the contribution to relevant policy development. In all its activities, the Trust builds on international evidence as well as the development of new knowledge through its extensive research programme, and is thus in a position to influence the effective implementation of the outcomes of this seminar series. In 2004 the Trust published the Auckland report; a

Review of Research on Aspects of Problem Gambling (Abbott et al, 2004) which outlined priorities for future research on problem gambling in the UK. The £5M programme has begun to be implemented and expanded through collaborations with ESRC and the Gambling Commission, which itself is undertaking a review of research. International Transformations contributes to this growing UK gambling research base.

The scientific context

Much of the scientific literature reports on research in other countries, such as the US, Australia, New Zealand and Canada, where regulatory frameworks and cultural contexts are quite different from the UK. The challenge for this gambling seminar series is to learn from the experience of others and translate this learning into a UK context in order to maximize gambling benefits and minimize harms.

Eadington (1999) distinguished three areas of benefit from gambling:

i) Benefits to users: The Australian Productivity Commission (1999) reported very high estimates of consumer benefits for non-problem (recreational) players, e.g. in the range of AU\$1.4bn -AU\$2.3bn (fiscal year 1997-8) in the case of electronic gaming machines. Similarly, theses at the University of Nevada, Reno and the University of Salford (Marx, 2002; Crane, 2006) forecast consumer surplus from new casinos in Britain to dominate even pessimistic estimates of social costs from problem gambling. However, Farrell and Walker's (1999) findings imply that trade offs between individual and community benefits have a moral and political relevance to decisions about how benefits might be maximized.

ii) Ancillary economic benefits: Regeneration of run-down areas, job creation in locations with high structural unemployment or improvement in the economic status of disadvantaged groups are often cited as reasons for casino development. There have been successes and failures in regeneration and it is important to examine evidence in the UK context.

iii) National and local government benefits: Government and local authorities may gain from permitting new casinos, which will be limited in number and therefore capable of generating economic rents. Benefits here may vary widely across the new casinos, particularly because authorities may not all be equally adept at negotiating favourable payoffs from operators in terms of facilities that will have a lasting effect on local welfare.

Other benefits: Commentators have given theoretical support for the notion that gambling may provide health benefits, such as a sense of connectedness, change of pace, and respite from social isolation or the demands of everyday life (Korn & Shaffer, 1999). There may also be environmental gains, such as improvements in buildings and public transport, and the crime deterrent effect of high standard venues, through, for example increased surveillance and safe design.

Negative consequences of gambling developments can be increased incidence of problem gambling and criminal activity and degradation of the environment and community. Crime impacts include: **'In-house' crime within casinos**, such as organised crime, loan sharking, violence between customers and towards staff, fraud and cheating (McMillen & Woolley, 2003; McMullan & Perrier, 2003; Finckenauer & Chin, 2004); **crime committed in order to acquire funds to gamble or pay off gambling debts** (Abbott & McKenna, 2005; Lesieur, 1993); **crime as a by-product of gambling behaviour**, such as domestic violence, sexual

assault, child abuse and neglect, drug and alcohol related offences, weapons offences (Balci & Ayranci, 2005; Courtney, 2002; Darbyshire et al, 2001; Griffiths et al, 2005; Griffiths, 2004; Hegarty et al, 2000; Isaranurug et al, 2001; Muelleman et al, 2002); **crime arising from the arrival of a casino**, panel and area studies of index crimes show neutral or negative trends (US General Accounting Office, 2000; Baxandall & Sacerdote, 2005; Grinols & Mustard, 2006); **crime displacement**, areas in need of regeneration may also be areas with relatively high crime levels.

The impacts of problem gambling are felt by individuals, families, communities and social institutions. **Problem gambling impacts** have been measured in at least five domains: individual or personal, interpersonal, workplace, financial and legal (Lesieur, 1998; Volberg, 2001; Rosenthal & Fong, 2004; Stinchfield & Winters, 1996; Morasco et al, 2006; Dickson et al, 2005; National Research Council, 1999; Thompson, Gazel & Rickman, 1996). Children and young people appear to be particularly susceptible to problem gambling with rates 3-5 times higher than the adult population (May-Chahal et al, 2004). The industry has many examples (particularly in Canada) of host responsibility programmes but their evidence base requires further scrutiny for application to a UK context. Information for schools has been promoted by RiGT but an evidence based strategy for public education and awareness, particularly for employers, the third sector and the criminal justice system is urgently needed. Economic and environmental regeneration and sustainability need to be more directly focused on gambling and its development – adapting learning from other fields in the UK.

Drawing on the international research, policy and practice base, and the proceedings from the first research and policy seminars we examine the extent to which international knowledge can be applied to a UK context to maximize benefits and minimize harms.

2. What do we know about gambling related harms and benefits, measurement and trends?

2.1 The 2006/07 British Gambling Prevalence Survey Professor Jim Orford, University of Birmingham

The UK national prevalence study (Wardle et al, 2007) updates knowledge on trends in relation to gambling harm and some individual benefits.

Participation in gambling has reduced over the last six years (68% engaged in any form of gambling (compared to 72% in 1999/2000) and 48% engaged in any form of gambling other than the NL (compared to 46% in 1999/2000). The variety of activities engaged in has expanded (see Table 1) as new forms of gambling have been introduced. However, the most popular forms remain the same (National lottery draw, scratchcards, horseraces and slot machines).

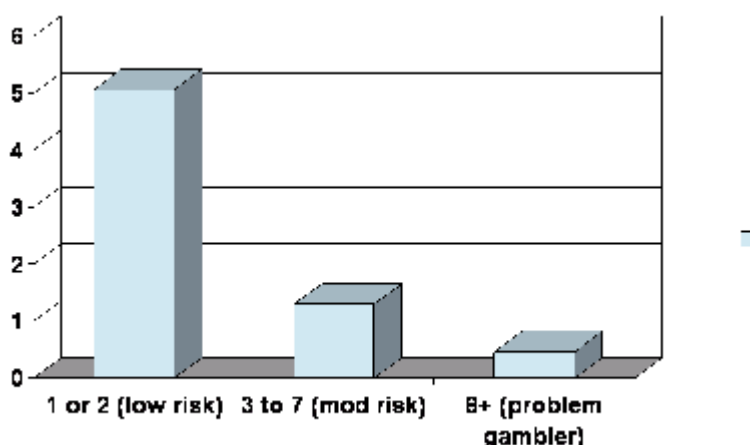
Table 1 Engagement in different gambling activities (last 12 months) (Orford, 2007)

National lottery draw	57%
Scratchcards	20%
Horse races	17%
Slot machines	14%
Another lottery	12%
Private betting	10%
Bingo	7%
With a bookmaker (other than horses or dogs)	6%
Dog races	5%
Casino table games	4%
Online with a bookmaker	4%
Football pools	3%
Fixed odds betting terminals	3%
Online gambling	3%
Betting exchange	1%
Spread betting	1%

The prevalence of problem gambling has also remained stable. Rates measured using the DSM IV were *Whole population* 0.6% (confidence interval 0.5 to 0.8 or 236,500 to 378,000 adults) [same as 1999/2000] and for *Last year gamblers only* 0.9% (confidence interval 0.7 to 1.3) [0.8% in 1999/2000]. Measuring problem gambling using the PGSI gave a slightly lower rate for the *Whole population* of 0.5% (confidence interval 0.4 to 0.8 or 189,000 to 378,000 adults) and for *Last year gamblers only* it was 0.8% (confidence interval 0.6 to 1.2).

Use of the PGSI (based on the Canadian Problem Gambling Index) enabled, for the first time, the assessment of a potential population in the UK who could be at risk of developing problem gambling by recording all those who scored 1-2 (low risk) and 3-7 (moderate risk) on the scale (see Fig 1) totalling over 6% of respondents.

Figure 1: PGSI Scores Grouped



Spread betting was the most frequent problem gambling activity (14.7%) followed by Fixed odds betting terminals (FOBTs – 11.2%), betting exchanges (9.8%), online gambling (7.4%) and online betting (6.0%). 5.2% of Casino table games players were problem gamblers compared to only 1% of National Lottery players. Problem gamblers were significantly more likely to gamble on a number of different activities (8 plus) and to gamble more frequently than non-problem players.

Table 2: DSM Problem Gambling by Activity (Orford, 2007)

Spread betting	14.7%
Fixed odds betting terminals	11.2%
Betting exchanges	9.8%
Online gambling	7.4%
Online betting	6.0%
Casino table games	5.2%
Dog races	5.2%
Betting with bookmaker (other than horses or dogs)	3.9%
Football pools	3.5%
Bingo	3.1%
Fruit/slot machines	2.6%
Private betting	2.3%
Other lottery	2.1%
Scratchcards	1.9%
Horse races	1.7%
National Lottery	1.0%

Conclusions from the review of the British Gambling Prevalence Study:

- Problem gambling adult prevalence remains unacceptably high
- Gambling more than once a week and /or gambling on several different activities puts people at risk
- Higher risk groups include younger men, BME groups, lower income and education groups, smokers, heavy drinkers, those in poorer health, and those

whose parents or other relatives gamble regularly &/or have gambling problems

- Problem gambling prevalence appears to be no higher than it was seven years ago
- But neither apparently is the overall penetration of gambling among the population; some new forms of gambling have appeared but small percentages are engaged in them so far
- Attitudes of the general public towards gambling are mostly negative

2.2 Lessons from International Experience: Rachel Volberg, Gemini Research

Some international research contains findings relevant to the UK. For example;

- Baseline studies can provide comparability with other jurisdictions if care is taken, however even small changes can affect comparability;
- Replication studies can shed light on changes over time in gambling participation & problem gambling rates;
- Prevalence studies can provide information (with varying degrees of precision) about subgroups in the population with greatest problem rates. This is important for the deployment of available resources and targeting populations at risk;
- Early adult studies found specific subgroups predictably at risk: Males, aged under 30 years, low income & single, low occupational status, less formal education, non-Caucasian ethnicity, residence in large cities, young age at introduction;
- More recently, replication studies have found changes in problem gamblers' characteristics related to availability of specific types of gambling;
- Very few prospective studies have been carried out internationally but this small knowledge base is "punching over its weight" in terms of importance of the findings. Most prospective studies show high rates of 'problem resolution' over periods ranging from 1 - 7 years (Abbott & Clarke, 2007) and researchers are beginning to consider the long term possibility of adaptation to gambling availability.

Key Unknowns

- Which comes first? Gambling harms or co-morbidities?
- What are the determinants & consequences of gambling & problem gambling?
- Are there patterns of change in gambling behaviour & in the experience of gambling harms?
- What are the rates & reasons for natural recovery?

2.3 Measuring social harm and benefits from an international perspective

Professor Corinne May-Chahal (Lancaster University)

Impact analysis has tended to be focused on the impacts of particular forms of gambling (such as casinos; changes in electronic gaming technologies) within a cost benefit approach. May-Chahal et al (2007) identify enduring issues in this research including:

Balancing economic and social costs and benefits: Economic benefits include; Benefits to users (consumer surplus), ancillary economic benefits from new gambling opportunities such as casino developments and national and local government benefits in the form of taxes and revenues. Costs include; Problem gambling and its consequences (and whether these are 'transfers'), increases in criminal activity and degradation of the environment. Evidence for all of these costs is contested.

Cause versus effect? Identifying whether and how gambling causes costs and benefits or whether and how these impacts are consequences of gambling. Evidence is still lacking, particularly on mediating or protective factors for harm, and such questions can only be addressed through longitudinal research.

Choice of appropriate methodologies and research designs: Quantitative studies are subject to limitations but can give evidence on broad patterns and trends. Qualitative studies are useful in identifying costs and benefits at the individual and community level and for underpinning further quantitative studies to test out hypotheses. Gambling research is political and there are many studies that contradict each other. There is recognition within the research community that objectivity/value neutrality are never possible yet standpoints, funding or disciplinary interests and ethics are rarely made explicit.

Whilst there has been a move away from research that focuses on individual pathology toward research that builds an ecological/public health knowledge base (Shafer and Korn, 2002) this research still remains largely local in focus. A public health approach seeks to identify trends, risk and protective factors in order to alter the host, agent or environment to minimize harm, either at the level of the individual or the community. Calls to collect comparable research and develop international evidence bases (Blaszczynski et al., 2004; Abbott et al 2004) do so on the basis that this research will inform local practices to minimize harm (primarily problem gambling and its consequences). Evidence on maximizing benefits remains largely unexplored.

A transition in gambling development from local-national to international levels has resulted in a change in the nature of the activity and gambling is now a highly competitive global industry. Globalisation has meant that gambling, like most other enterprise, is situated in the information economy. Research in this area is recent and primarily focused on the impact of the Internet on problem gambling (Griffiths, 2003).

The impacts of gambling in a knowledge based society have yet to be fully understood. One such impact is the proliferation of websites and web based information on gambling. In a reflexive relationship gambling research contributes to the information economy as do the many on-line sources of gambling relevant information. Understanding gambling and gambling research in this way opens up new areas of inquiry. For example;

Intellectual property vs intellectual commons: Impacts of intellectual property and patent agreements (and the ways in which these are socially organised) on the development of gambling. How are the ethics of intellectual property managed when that property has the propensity to harm? What duty is there to share information and where is this duty located?

Smart citizens and the digital divide: Are some people more or less open to exploitation and negative impacts in the information economy (children for example, or people with learning disabilities), to what extent are all gamblers open to exploitation as a consequence of 'smart operators' (for example, the recent cases of 'cheating' in Absolute Poker at <http://freakonomics.blogs.nytimes.com/2007/10/17/the-absolute-poker-cheat>) and (how?) can some gamblers and some operators gain benefits?

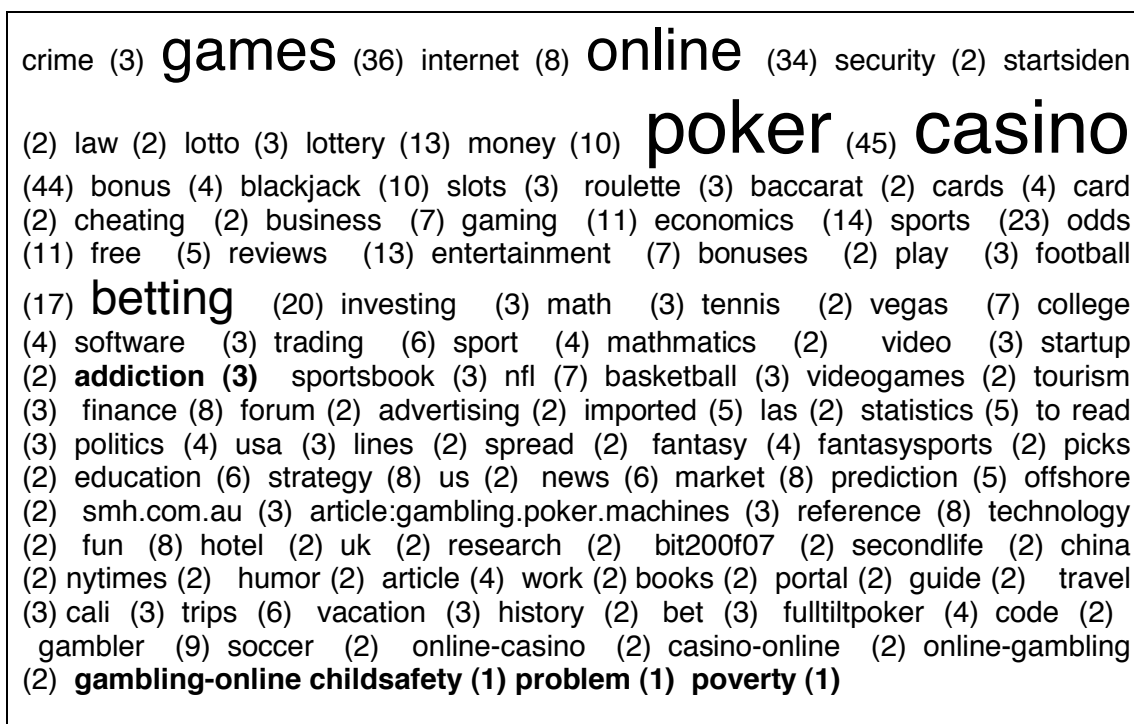
Information overload and patterns of information use: How should the emerging gambling information economy be researched? Do differences in access and use lead to variable impacts (in the office, for example, or at home)?

Exploring Gambling Impact Research in the Knowledge Based Economy

Online gambling opportunities are growing rapidly. However, prevalence of online gambling appears to be low internationally with prevalence rates ranging from below 1% in the US and Canada (Wood & Williams, 2007) to 6% in the UK (Wardle et al, 2007). There is a range of gambling relevant information on the web that extends beyond gambling itself offered to land based gamblers and any other interested persons including; online therapy, regulatory information, public awareness and educational information. All of this information including gaming information can be understood as gambling relevant; part of the gambling information economy. As such, we can ask how this information is being used, what is its impact and how is it developing?

New perspectives that take gambling beyond problem gambling and new methodologies are needed to research the impact of the gambling information economy. Tag analysis, for example, can show how people are using the web to get information. A tag analysis for 'gambling' taken on October 9, 2007 reveals interest primarily on games and sports, with only 6 tags on negative impacts (addiction, child safety, problems and poverty) (see Fig 2).

Fig. 2 Tag cloud analysis for ‘gambling’ 10/09/07



Another line of enquiry might be to probe impact in terms of links – the ways in which components of the web recognize each other. To explore this, a web crawl was set using the URLs of seminar participants’ organizations on the same date. We anticipated that because the audience was drawn from the industry, policy, regulators, problem gambling organizations and academe it would be possible to initiate a sufficiently wide ranging mapping exercise. The URLs were set as starting points and the crawler then searched the web for all inward and outward links from this base. A network is established when co-links are identified; the higher the number of co-links the more consolidated is the network and the organization with the highest number of links (in and out) becomes the modal point on the map. This crawl therefore produced a first attempt at mapping the Gambling Network on the Web. It found that the network is large and dispersed with most organizations linking to one or two others, or none at all (see Appendix 1). The majority of links were between problem gambling and regulator sites. Industry sites neither formed their own network, nor did they consistently or frequently link to regulator or problem gambling sites and regulatory or problem gambling organization sites did not link to any coherent industry network. The site with the highest number of inward and outward links within the Gambling Issue Network was the National Council for Problem Gambling (see Fig 3).

The top 20 linking issues (hyperlinks) most frequently associated with these sites were: signposting to other sources of information (including contact numbers (N=95), Email (N=25) and links to other sites (N=20)) information on problem gambling (N=67) and information on regulation including regulatory bodies such as the gambling and national lottery commissions, the human rights commission and the FSA (Table 3). These three methods (tag analysis, identifying networks through co-links and hyperlink analysis) are offered as techniques that help to further the impact analysis of gambling.

Fig. 3 Gambling Network Modal Organisations



Table 3: Count of content of 20 most frequent hyperlinks found in network

	Number	Issue
Signposting Information	95	Contact
	25	Email
	20	Links
	20	Site Map
	20	Telephone Helpline
	19	Message Forum
	18	Further Information
Information on Regulation	54	Gambling Commission
	41	Gaming Regulation
	24	Responsible Gambling
	23	National Lottery Commission
	21	Human Rights Commission
	21	FSA
	20	Pub Association
	19	Nevada Council
	19	Home Office
Problem Gambling	67	Problem Gambling
Other	20	Terms
	19	British Beer
	18	Equality

2.4 Measurement and Trends Discussion Points

- The new scale on attitudes to gambling (ATGS) found an overall sample mean score of 35.4 indicating that the central tendency lies to the negative side of the neutral point of 42.0. 75% scored below 42 which suggests the majority of the UK population holds negative attitudes towards gambling. **How should this finding be interpreted in relation to the finding from the same study that 68% of sample gambled?** One issue might be the failure of the scale to differentiate between attitudes to different forms of gambling (e.g. National Lottery v other forms – see Creigh Tyte and Lepper, 2004).
- **The notion of risk is contested and it is not clear what the immediate or longer term implications of this finding are.** There is limited international research and none in the UK on the flow of gamblers into and out of at risk categories. A continuum model would predict that gamblers move gradually upwards through higher stages of severity of problem gambling but this has yet to be confirmed. Longitudinal research suggests (on small samples) that the 'flow' is less linear and people with low level problems may not develop more serious ones.
- **Are people who score highly on problem gambling scales more vulnerable to certain forms of gambling?** Are there specific features of gambling activities that can be definitively linked with the development of problem gambling. The international literature proposes that certain situational features are conducive to the development of gambling problems but how conclusive is the evidence? What are the features of FOBTs that differentiate between this activity and fruit/slot machines, for example? This type of question cannot be addressed through prevalence research.
- Recognising the heterogeneity of gambling activities & gambling 'harms': Do different activities lead to greater or lesser degrees of harm?
- Costs & sources of error are related, resource constraints mean that choices on specific data collection items must be made in population research: On what basis will choices be made?
- Population studies are expensive and need to be balanced with other types of investigation. Are regular prevalence studies really needed?
- What do we need to know about screening for gambling problems in large-scale health surveys?
- How can/should researchers, regulators and the industry make better use of Web2 technologies to maximize benefits and minimize harms?

3. What Works in Education and Public Awareness Initiatives?

3.1 Education and public awareness initiatives in gambling: Targeting youth and the Tacade programme in the UK¹ - Professor Mark Griffiths (IGRU, Nottingham Trent University)

Last year, the *Responsibility in Gambling Trust (RiGT)* commissioned *Tacade* and the *International Gaming Research Unit (IGRU)* to produce education materials on youth gambling to be used in schools and other youth education settings. This initiative led to the publication of two sets of comprehensive resources (*You Bet!* and *Just Another Game?*). In addition, *Tacade* and the *IGRU* have been running a national youth gambling education seminar programme (ten seminars in places like London, Cardiff, Edinburgh, Belfast, Blackpool and Manchester) and 60 'twilight' sessions in schools and other youth education settings. The initiative has received modest press coverage and has been given space in various youth and education magazines and journals (e.g., Buczkiewicz & Griffiths, 2006). Informal feedback has been very positive.

Given the investment by *RiGT* in these educational materials, the obvious questions to ask are whether these – and other similar materials – actually work? Are they cost-effective? How long do any effects last? If there is little evidence of behaviour change, is awareness raising enough? Whilst the initiative has not yet undergone any formal evaluation, this paper briefly reviews what we know about the prevention of gambling problems in young people.

Health promotion and prevention work outside the gambling field

Prevention efforts targeting mental health and addictive disorders are widely used internationally. However, less work has been done in the prevention realm for problem and/or pathological gambling. Furthermore, limited data are available on their effectiveness in terms of international best practice and are limited in comparison to other areas in the field of mental health and addictive disorders. Their effectiveness at reducing or eliminating problem and pathological gambling among youth and adult populations has not been adequately investigated to date.

In general, levels of prevention focus on different targets, with primary efforts tending to target the wider population, secondary efforts at-risk or vulnerable groups, and tertiary efforts individuals with an identified disorder. However, there are other ways to categorize prevention initiatives such as those outlined by Williams, Simpson and West (2007). These are briefly overviewed, and are divided into educational initiatives, restriction initiatives, and gambling addiction treatment and services.

¹ *You Bet! Gambling Educational Materials For Young People Aged 11-16 Years*. pp.84-101. Tacade: Manchester (ISBN: 1-902-469-194)

Just Another Game? Gambling Educational Materials For Young People Aged 13-19 Years. pp.80-83. Tacade: Manchester. (ISBN 1-902469-208).

These resources are free and can be obtained by placing an order on the Tacade website (<http://www.tacade.com/>)

Educational initiatives to prevent problem gambling

Upstream intervention – Williams, Simpson and West (2007) describe these types of intervention as essentially family-based programmes to strengthen families and create effective parenting. There is no empirical evidence in relation to the prevention of youth problem gambling although some evidence for other addictive behaviours (e.g., Foxcroft et al, 2005; Gates et al, 2005).

Information/awareness campaigns – These are usually directed at the general public (although sometimes directed at very specific groups such as youth) and usually consist of information about one or more of the following:

- Encouragement to gamble responsibly/“know your limits”
- Warnings about potentially addictive nature of gambling
- Identification of the symptoms of problem gambling
- Information about where people can get help for a gambling problem
- Information about the odds of winning
- Information dispelling gambling fallacies and/or erroneous cognitions
- Guidelines and suggestions for problem-free gambling

This information can be disseminated in a wide variety of ways: (i) on the gambling product itself, (ii) on posters, pamphlets, beer mats, etc. (iii) through advertisements in the mass media (TV, radio, newspapers), (iv) through school plays/videos in (e.g., in educational settings), and (v) on various websites (e.g., government agencies, gambling service providers).

There is very little evaluative research about such initiatives in the gambling literature. Evidence suggests that such initiatives increase awareness and knowledge but that there is no conclusive evidence that it effects behaviour change. Awareness campaigns appear to have limited impact if people are not explicitly asked to attend to the information. The exceptions are situations where behavioural change is comparatively easy to achieve and/or the consequences of not changing behaviour are significant (Williams, Simpson & West, 2007).

Directed educational initiatives - These initiatives are typically specific prevention programmes carried out in youth settings but there are very few evaluation studies in the literature and the few that have been carried out contain mixed results (e.g., Gaboury & Ladouceur, 1993; Ferland, Ladouceur & Vitaro, 2002). Literature from other related fields unfortunately shows that even with comprehensive educational approaches, the effects on behaviour change are often small (e.g., Sowden & Stead, 2005; Thomas & Perera, 2006) or non-existent (Gates et al, 2005; Secker-Walker et al. 2002).

Prevention through restriction initiatives on those who can gamble

Prohibition of youth gambling – It is a common practice all over the world to restrict gambling opportunities to adults although the UK is one of the few countries that allows children to legally play on slot machines (Griffiths, 2002). There seems little good reason to allow minors to gamble particularly given the relatively high rate of 3.5% of problem gambling among this group (Wood, Griffiths, et al, 2006) although some people argue that exposure at an early age leads to lower levels of problem gambling in adulthood (as is the case in the UK where adult prevalence rates of problem gambling are comparatively low at 0.6% of the adult population (Wardle et

al, 2007). However, there are alternative explanations such as the low stake and low prize limit not appealing to adults (Williams, Simpson & West, 2007).

Restricting gambling venue entry to non-residents – This policy operates in a few countries such as France, Nepal and Malaysia (Williams, Simpson & West, 2007). Although this is considered theoretically sound there is a lack of empirical evidence on the effectiveness of preventing problem gambling (especially as gambling is still popular in countries who have this policy) although such restrictions may be effective in deterring youth gambling.

Casino self-exclusion contracts – These initiatives are now very common and although these contracts have some value in containing the harms to established problem gamblers, they could certainly be a lot more effective. There is little research demonstrating whether they stop gambling in either the short- or long-term as exclusion from one or more venues still leaves opportunities to gamble elsewhere (Williams, Simpson & West, 2007). A small proportion of problem gamblers appreciate the opportunity to self-exclude and is a valuable service for them. However, youth gamblers are unlikely to use this option as they are not usually old enough to legally gamble in the first place.

Gambling addiction treatment and services for youth

For adolescents with a gambling problem, the final option is most likely to be treatment. Internationally, the intervention options for the treatment of problem gambling include, but are not limited to, counselling, psychotherapy, cognitive-behavioural therapy (CBT), advisory services, residential care, pharmacotherapy and combinations of these (i.e., multi-modal treatment) (Griffiths, 2007). However, there is very little evidence that adolescents access these services and there have been a number of papers written on why adolescents do not access treatment services (see Griffiths, 2001; Griffiths & Chevalier, 2004)

There is also a very recent move towards using the Internet as a medium for guidance, counselling and treatment (see Griffiths & Cooper, 2003; Griffiths, 2005; Wood & Griffiths, 2007). Treatment and support is provided from a range of different people (with and without formal medical qualifications), including specialist addiction nurses, counsellors, medics, psychologists, and psychiatrists. There are also websites and help lines to access information (e.g., *GamCare*) or discuss gambling problems anonymously (e.g., *GamAid*), and local support groups where problem gamblers can meet other people with similar experiences (e.g., *Gamblers Anonymous*). Support is also available for friends and family members of problem gamblers (e.g., *GamAnon*). This type of treatment may be more attractive to youth than traditional face-to-face interventions, although there is (as yet) no empirical evidence to substantiate such a claim.

Many private and charitable organisations throughout the world provide support and advice for people with gambling problems. Some focus exclusively on the help, counselling and treatment of gambling addiction (e.g., *Gamblers Anonymous*, *GamCare*), while others also work to address common addictive behaviours such as alcohol and drug abuse (e.g., *Addiction Recovery Foundation*, *Priory*). The method and style of treatment varies between providers and can range from comprehensive holistic approaches to the treatment of gambling addiction (e.g., encouraging fitness, nutrition, alternative therapies and religious counselling), to an abstinence-based approach. Unfortunately, anecdotal evidence suggests that adolescents do not

participate in these types of treatment and that when they do they tend to feel alienated by other older people in treatment (Griffiths, 1995; 2002)

Many gambling service providers also encourage patients (and sometimes friends and families) to join support groups (e.g., *Gamblers Anonymous* and *Gam-Anon*), while others offer confidential one-to-one counselling and advice (e.g., *Connexions*). Most are non-profit making charities to which patients can self-refer and receive free treatment. Independent providers that offer residential treatment to gambling addicts are more likely to charge for their services. Some provide both in-patient treatment and day-patient services (e.g., *PROMIS*), and a decision as to the suitability of a particular intervention is made upon admission. Unfortunately, there is again little evidence that adolescents seek these types of service.

Conclusions

It would appear from this brief review that there is very little evidence to date that prevention strategies aimed at youth are effective although this is more due to the lack of evaluation studies rather than evaluation studies showing the methods to be ineffective. There is also little evidence that adolescents access treatment facilities although this is common across other addiction and health-related services.

On a more general level of preventing problem gambling, Williams, Simpson and West's recent review (2007) makes several important points that need to be taken on board in relation to problem gambling prevention. These observations are also important when considering youth initiatives and best practice more generally.

- There exists a very large array of prevention initiatives.
- Much is still unknown about the effectiveness of many individual initiatives.
- The most commonly implemented measures tend to be among the less effective measures (casino self-exclusion, awareness/information campaigns).
- There is almost nothing that is not helpful to some extent and that there is almost nothing that, by itself, has high potential to prevent harm.
- Primary prevention initiatives are almost always more effective than tertiary prevention measures.
- External controls (i.e., policy) tend to be just as useful as internal knowledge (e.g., education).
- Effective prevention in most fields actually requires co-ordinated, extensive, and enduring efforts between effective educational initiatives and effective policy initiatives.
- Prevention efforts have to be sustained and enduring, because behavioural change takes a long time.

3.2 Questions in Education & Public Awareness Initiatives: Keith Whyte – (Executive Director of the National Council on Problem Gambling)

From the perspective of the National Council the evidence on whether education/public awareness campaigns work is equivocal. Much depends on who the campaign is trying to reach and what you want them to do. Evidence suggests that public awareness campaigns reach the public at low rates (8% in IN to 34% in ONT) but those who are reached think it improves their knowledge (72% of those reached in IN), and ONT gamblers were more likely to be aware than non-gamblers.

National Problem Gambling Awareness Week was run by NCPG in the US. This programme targeted healthcare providers and had a wide reach:

- TV reached 133.7 million in 30 states.
- Radio reached 89.5 million in 39 states.
- Print reached 50.8 million in 30 states.

The commercial value of the campaign was \$.9 million but this is far less than is spent on gambling advertising (Lottery ads alone were \$490 million that year). The campaign had no effect on helpline calls, but that **wasn't** the goal.

Massachusetts Survey

- 80% agree that PG has significant social & economic cost.
- 46% think PG is either very or somewhat serious problem.
- 22% personally know someone with a gambling problem.
- Awareness doesn't translate to support.
- Myth & misperceptions about addiction & recovery.

Self Initiated Programs

- User-initiated ban (STEP) or limit (PDL) on Global Cash Access (GCA) ATM usage.
- Since 1999 a total of 603 have enrolled in STEP, and another 150 have set PDLs.
- GCA provided 85 million transactions (**\$19.3 billion**) in 2006.
- While usage is obviously quite low, likely meaningful for those who use it?
- Not widely promoted, unlikely to be highly used anyway

3.3 New Zealand: The meaning of “education”. Krista Ferguson (Gambling HelpLine NZ)

“There is almost nothing that is not helpful to some extent, and ... there is almost nothing that by itself, has huge potential to prevent harm” (Williams et al, 2007)

The New Zealand Gambling Act 2003

Definition of gambling harm:

harm or distress of any kind arising from, or caused or exacerbated by, a person's gambling; and includes personal, social, or economic harm suffered by the person; the person's spouse, civil union partner, de facto partner, family, whanau, or wider community; or in the workplace; or by society at large

The UK Gambling Act 2005 does not define gambling harm but has, as one of its 3 underpinning principles:

‘Protecting children and other vulnerable persons from being harmed or exploited by gambling’ (Part 1).

The New Zealand Context

Table 4: Comparative Data: New Zealand and the UK

	New Zealand	UK
Population	4 million	60.5 million
% Gamble	80%	68%
No of EGMs	20,000 (1 per 200 pop)	250,000 (1 per 242 pop)
No of casinos	6	139-278 (licences)
Most frequent form of gambling	Lotteries, sports and race betting	Lotteries, scratchcards and horse race betting and slot machines
% at risk or problem gamblers	1.3% (N=52,000)	1.8% (PGSI 3+) (N= 1089000)
Sub groups	Maori 3.9 & Pacific Island peoples 4.5 times more likely to suffer harm	Highest prevalence: men under 55, Black/Asian ethnicity, lower income and educational attainment
Most harmful gambling form	EGMs	Spread betting, FOBTs and betting exchanges

The public health approach to gambling adopted in New Zealand aims to involve the whole community, whether they “ever” or “never” gamble it is accepted that they may be involved in some way, through:

- Receiving funding from gambling
- Operating gambling
- Decision makers/political lynch-pins
- Community leaders/opinion leaders
- Education
- Employment

- Wider health provision
- Media commentating

Education and awareness efforts are targeted primarily at the gambler, the problem gambler, the potential gambler and the venue. Some efforts are targeted at the level of the family and the community. All efforts are sensitive to age, gender, ethnicity, risk and gambling mode. Education is provided in partnerships between regulators, health prevention and intervention teams, community groups and researchers with some input from the gambling industry.

The programme is part of a wider set of objectives that aim to:

De-normalise harmful gambling behaviour through increasing discussion and debate at all levels of NZ society and increasing understanding of the impacts of exposure to marketing and the odds of winning.

Enhance the capacity of communities/whanau/family and diverse cultural groups to define and address gambling issues by strengthening whanau/family functioning, sustaining knowledge of harm, increasing community support regarding positive changes to licencing and regulation, supporting and funding community relevant research;

Reduce exposure to harmful gambling, largely through reducing access to EGMS in social and community settings, particularly those frequented by children and young people;

Increase understanding of gambling harm in relation to the Treaty of Waitangi and its principles of partnership, participation and protection:

Develop partnerships at local, national and international levels to reduce gambling harm.

Thus the New Zealand public health approach to the prevention of gambling harm aims to:

- Promote healthy **public policies** in relation to gambling harm
- Encourage supportive **environments** to minimise gambling harm
- Enhance the capacity of **communities** to define and address gambling harm
- Maintain and develop accessible, responsive and effective **interventions**
- Assist the development of peoples **life skills** and resilience in relation to preventing or minimising gambling harm
- Enhance **workforce** capacity
- Develop a programme of **research** and evaluation

“... effective prevention in most fields actually requires coordinated, extensive and enduring efforts between educational initiatives and effective policy initiatives aimed at the same outcomes” (Williams et al, 2007)

The New Zealand approach was informed by a literature review. An integrated public health/social marketing approach was developed with clear behaviour change indicators and a benchmark survey which measures knowledge, behaviours and attitudes. The survey (N= 2,000) will help to understand;

- Potential benefits and drawbacks;

- Impacts on individuals, families and communities;
- Individual, family and community strategies to prevent/minimise harm;
- How people debate role of gambling in their community.

It was completed prior to a major media campaign and results are expected in late 2007. The survey will be repeated in 18 months.

What does this mean for Britain?

- Is “education” by itself enough?
- Who are you trying to educate?
- What are you educating them about?
 - Do responsible gambling initiatives make any difference at all...
- Who will provide the education?
 - Public health and/or intervention workforce
 - Community groups
 - Ethnic-specific groups
- Who will lead the way and provide the enablers?
- Who will measure the impact and the efficacy?

3.4 Gambling Education and Awareness Discussion Points

- Is it necessary to fund research that address whether education and prevention materials are cost effective? International research finds that campaigns can reach up to a third of the population and that, for those reached, knowledge improves. Is this sufficient?
- UK data on the translation of awareness to support is lacking and not available from existing studies. Self initiated programmes only appear to reach a minority of people and public awareness programmes such as National Gambling Awareness Week have a much wider reach. If such a campaign is launched in the UK how should it be evaluated? How are outcomes best defined and measured (which attitudes, which behaviours over what time period (short-term vs. long-term outcomes)?
- In NZ education and awareness is part of public health gambling strategy, integrated into the structures and organisations of community services (health, education) and community life. The emphasis is on collective responsibility for safe environments (that communities see that gambling affects us all ‘Our families, our communities, our problem’). In the UK The Gambling Act is underpinned by the principles of; keeping gambling crime free, making sure that gambling is fair and open and protecting children and vulnerable adults. Responsibility rests partly in the tri-partite regulatory structure of the new Gambling Commission, licensing authorities and Government Currently there is little sense of collective or community responsibility with the responsible gambling approach emphasising individual responsibility. This may be because we have not yet seen the same level of community impacts in the UK, and it may also be that NZ has a very different cultural context. A question remains, however, about how to develop strategies for ensuring communities are resilient to gambling harm as new opportunities emerge and how to strengthen partnerships between regulators and health/education/community services?

4. Which Treatments Work and For Whom?

4.1 What do we know about efficacy for level 2 problem gamblers? Professor David Hodgins (University of Calgary)

Level 2 problem gamblers are those considered to be at risk of developing more severe problems as defined by the respective gambling scales (Table 5)

Table 5: Defining Level 2 Problem Gamblers

	Levels 0-1	Level 2	Level 3
SOGS	0-2	3-4	5 -20
DSM-IV		(3-4)	5-10
PGSI-CPGI	0-2	3-7	8-21

In the international research community these cut offs have some validity but 2 people with same score can look very different.

Level 2: Efficacy Research

- RCTs
 - Dorion & Nicki, 2007 – Prevention Study
 - Advertised for participants for a study on VLT gambling
 - 40 PGSI-CPGI “at risk” level 2 participated
 - 2 session “Stop & Think” group intervention vs waitlist
 - One month follow-up
 - Good results
- Non-random Trials
 - Gambling Decisions (Robson, Edwards, Smith & Newman, 2006)
 - Control or abstinent goal, self-directed (one session plus workbook) or six week group
 - 71% choose group, 29% self-directed
 - 79% control, 21% abstinence
 - Major Barrier to implementation – recruitment (from 50 calls there were 7 ineligible (pathological), 19 DSM-IV problem gamblers, 19 drop outs and only 5 at level 2)

Brief Treatment for “Gambling Problems”:

Efficacy Trials were developed in recognition that natural recovery is common and that people “want to do it on their own” (Hodgins et al., 2001, in progress; Petry, in progress).

Hodgins Brief Treatment sample N=314

- Media recruitment: Concerned about your gambling? Not interested in treatment?
- The trial broadened the base of treatment by attracting people “wanting to do it on their own” (see Fig 4)

Fig. 4 Reasons for not seeking treatment (N=314)

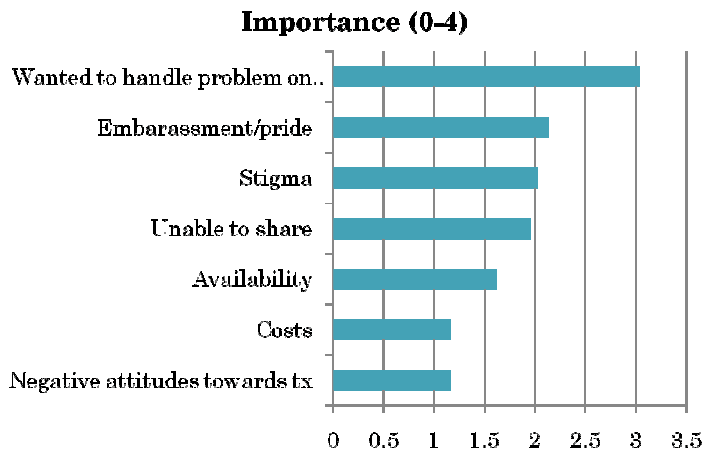
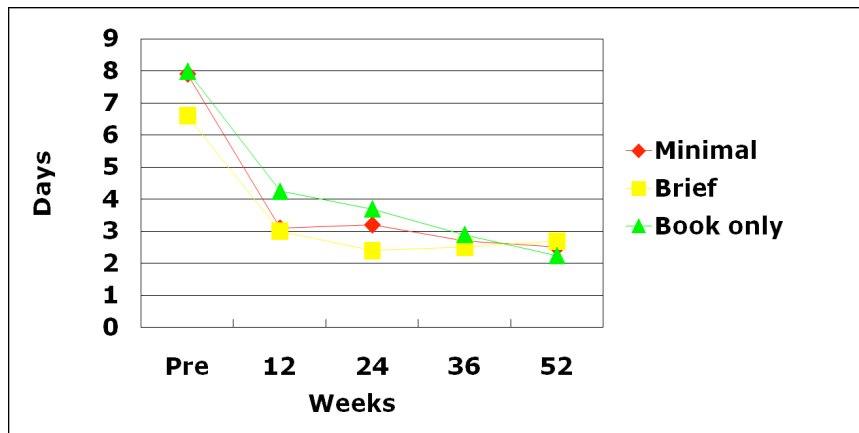


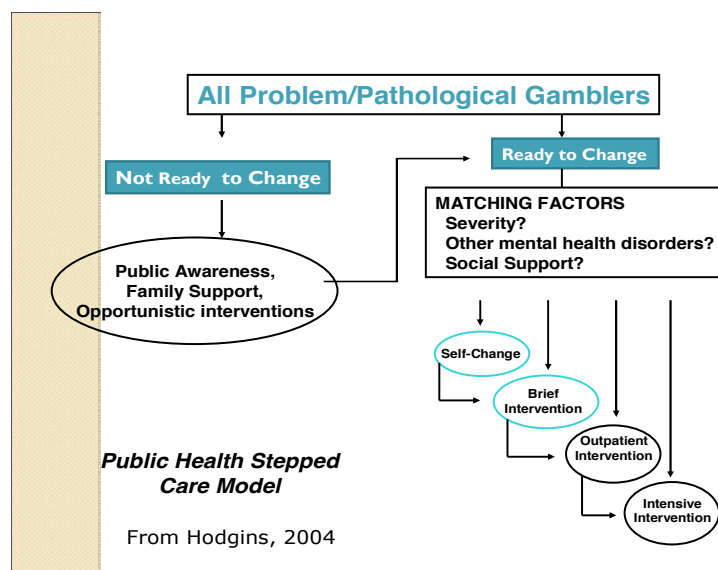
Figure 5: Replication Study – Days Gambled/Month



The majority of the sample were experiencing problems at Level 3 (DSM Nods past year 84.1%, SOGS past year 99%, CPGI 97.8%). To seek treatment participants had to acknowledge they had a problem which was most applicable to Level 3 problem gamblers; 64% of those acknowledging they had a problem with gambling scored 5+ on SOGS compared with 10% who scored between 3-4 on the same scale.

Definitions of severity need to be reviewed. It may be that other types of intervention should be provided for Level 2. The ideal candidate for brief treatment would appear to be a Level 3 gambler who has no previous gambling or mental health treatment, is not depressed, has good family support, is highly motivated and believes that he/she can succeed with brief treatment. Brief interventions can play an important role in the Stepped Care Model (Hodgins, 2004 – see Fig 6). Other types of interventions for level 2 include; Opportunistic interventions (e.g., Petry), general and targeted public awareness campaigns and policy initiatives to restrict/discourage excessive gambling

Fig 6: The Public Health Stepped Care Model (Hodgins, 2004)



Studies on natural recovery provide further indication that brief interventions will work. For example, the US National Epidemiologic Survey on Alcohol & Related Conditions (N=43,093) (Slutske, 2006) found a natural recovery rate of 89% in a population of lifetime problem gamblers (N=185).

Summary

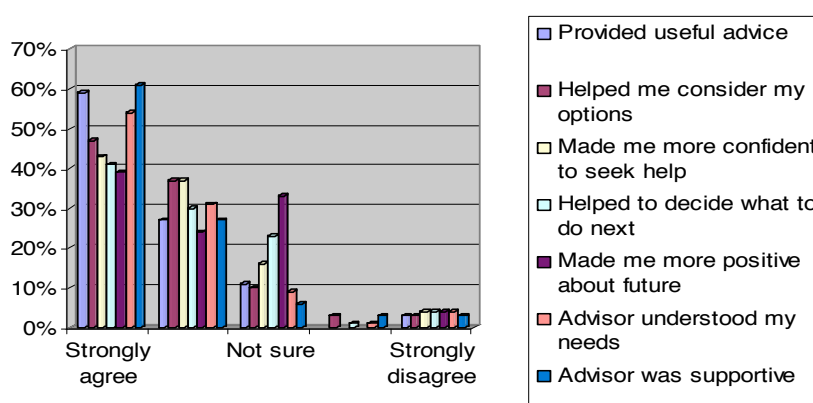
- Brief interventions actually target a sub-group of “less severe” Level 3 gamblers
- We need to define “less severe” (significant and/or short-term problems)
- Few Level 2 gamblers acknowledge a problem
- Level 2 interventions can focus on increasing problem acknowledgement or encourage natural, unintentional recovery
- Many people recover successfully “on their own” and want to “do it on their own”
- A range of treatment options is needed.

4.2 UK based online support for gambling problems: GamAid Pilot Evaluation (2006) Dr Richard Wood (IGRU, Nottingham Trent University)

GamAid is an online one-to-one guidance and referral service where the client can see the advisor on line (Wood & Griffiths, 2007). Between the 30th Jan – 9th April 2006, there were 413 total sessions (individual clients). Data on gender was established for 304 sessions (m=216, f=88): 75% of males & 55% females were defined as a problem gambler, 23% of males and 47% of females were either non-gamblers or this information was not given. Of those who gambled the most frequently preferred location of gambling activity was online (m 31%, f 19%), followed by the 'bookies' for men (26%) and casinos for women (15%). In line with other studies (Cooper, 2004), over half (57%) had never contacted a gambling support service before.

The majority of users of GamAid found it useful (see Fig 7) with over 60% finding the advisor supportive and just under 60% strongly agreeing the service provided useful advice.

Figure 7: How Useful was GamAid for you?



In a follow up study, Wood (2007) recorded the usage of UK gambling help forums (N=60). The most frequent categories of use were again giving advice or support (Table 6).

Table 6: Usage of UK gambling help forums (N=60 posts) (Wood, 2007)

Category	Percentage
Gives advice or information to another forum member	38%
Supportive statement from one member to another or to all members generally	37%
Personal story	25%
Requests help or advice, either specific question or general request	24%
Personal statement such as personal view of gambling operators	10%
Introduction by new forum member	8%

The most frequently cited reason for using the forum for both men and women was current experience of gambling problems (M34%, F32). 15% of females were seeking help for a friend or relative in contrast to less than 1% of males.

More females (39%) than males (23%) agreed that the forum helped them to gain better control over their gambling ($p>0.05$). Over 90% of users agreed the forum helped them to feel less alone, gave ideas on coping and acted as a reminder.

Almost half of the total participants (49%) suggested that it would be either fairly difficult or extremely difficult for them to get alternative help instead of the forum.

58% had contacted another service before

56% specifically wanted online help

48% wanted additional help

Two-thirds of the participants (66%) were from the UK.

Strengths of UK online help services were noted as:

- ✓ Appeal to online gamblers more than any other comparable service
- ✓ Appeal to females more than other current services
- ✓ Many users had never sought any other kind of help
- ✓ Offers immediate, easily accessible, and affordable support
- ✓ Perceived as having a high degree of confidentiality, and favoured by those who are not comfortable talking on the phone or face-to-face
- ✓ Provides help when no other services (except telephone) are locally available

Limitations of UK online help services

- ✗ Services are not 24 hour moderated
- ✗ Services are not just used by UK residents
- ✗ Will not work on some corporate systems (e.g. workplace, universities etc.)
- ✗ Web-links are dependent upon availability of local services
- ✗ Uncertainty about what to do next

4.3 Treating the severely addicted and co-morbid Dr Henrietta Bowden-Jones (Central North West London NHS Foundation Trust)

Co-morbidity is the term used to describe the co-occurrence of two or more disorders. Current co-morbidity refers to disorders being present at the same time and lifetime co-morbidity refers to disorders occurring independently across the life span. Major co-morbid conditions with pathological gambling include; alcohol misuse, drug misuse, depressive disorders, bipolar-affective disorders and personality disorders. There are only a few large studies conducted internationally in the field of gambling and co-morbidity.

Alcohol and Substance Misuse Co-morbidity: In a Canadian study Bland et al (1993) found over 50% of problem gamblers had a substance misuse disorder compared to < 20% of non-gamblers. Bi-directionally, Feigelman (1998) showed that among subjects with a substance misuse disorder ($n=412$) 20% also had a gambling problem². Rates of alcohol misuse or dependence are at least 4 times higher in

² Bowden Jones noted that on her own ward she ran SOGS for several months and found significantly lower percentages.

individuals with a gambling disorder compared with those without a gambling disorder (Bland 1993, Cunningham-Williams 1998, Smart 1996).

Studies on lifetime rates show that, compared with the general population, treatment seeking gamblers are more likely to have a substance misuse disorder. Studies show lifetime rates ranging between 25% and 75%. For example, Kausch 2003 found that 66% of gamblers accessing treatment for their PG had a lifetime history of substance misuse. Of these, 58% were actively using substances prior to admission. Many studies show substance misuse is not active at the time of seeking help for problem gambling.

Mood Disorders and Co-morbidity: Studies show (Bland 1993, Cunningham-Williams 1998) that being a gambler increased the chances of having a severe depressive episode. In 86% of gamblers in one study, the gambling preceded the depression (McCormick 1984). Becona (1996) estimated that 76% of PGs are likely to develop a major depressive disorder, with 28% developing a recurrent depressive disorder.

Suicidality and Co-morbidity: Petry (2002) reports high rates of suicidal ideation and attempts in treatment seeking gamblers and Bland (1993) found that 13% of PGs had attempted suicide. Ladouceur (1994) studied 1,471 college students and found that 26.8% of those with PG had attempted suicide (compared with 7% of students without gambling problems). Among co-morbid subjects with both substance misuse and pathological gambling, the rates of attempted suicide have been found to be as high as 39.5% (Kausch 2006). Among this group, a strong association was identified between substance misuse, gambling and trauma (physical, emotional or sexual), the majority of which had occurred in childhood.

Anxiety Disorders and Co-morbidity: Being a problem gambler significantly increases the chances of having an anxiety disorder. Rates of agoraphobia were higher in problem gamblers than in the general population (Bland 1993).

Personality Disorders and Co-morbidity: Ibanez (2001) found 41% of problem gamblers had a personality disorder and Petrzak & Petry (2005) found that 16.5% of PGs presenting for gambling treatment met DSM IV criteria for Antisocial Personality Disorder.

Assessment and Treatment: Each of these conditions requires specialist treatment.

- ALCOHOL- Chlordiazepoxide detox and psychosocial programme
- DRUGS- Detox and psychosocial programme
- DEPRESSION- Antidepressants and CBT
- SUICIDALITY-Inpatient admission with close observation and monitoring of mental state.
- TRAUMA- longer term treatment intervention and medication to manage mood.
- PERSONALITY DISORDER- Long term psychological treatment.

The Future for Treatment in the UK?

- Training in mental health for all counsellors and other staff working with gamblers. Learning when it is appropriate to refer on to a psychiatric team.
- Learning to identify when a patient may need an admission.
- Risk assessments
- Pilot work to start soon in collaboration with Janet Brotchie of CNWL and NTA for service delivery.
- National Certification in Gambling Studies to include a significant amount of dual diagnosis training; it will expect counsellors to have reached a level of understanding of mental health problems and to have been able to pass an examination at the end of the course.

Piloting a model of care in London:

- In order to provide support and advice to Tier 2 counselling services such as Gamcare, the CNWL National Centre for Problem Gambling will deliver Tier 3 (complex cases) care under the clinical governance structure of the NHS.
- 24 hour access to highly skilled addiction consultant psychiatrists who will be able to advise counsellors and when needed admit the patient under the care of the addiction services in Westminster.

4.4 Treatment Discussion Points

- Can/should online services be territorial?
- Can/should online services go beyond a simple supporting role?
- Bland 1993 found that the prevalence of illicit drug use and dependence was 4 times higher in PGs than in non-gamblers. The interesting aspect of co-morbidity here is the impact of environment on the problem gambler. Is it all due to an underlying neuronal predisposition towards addictive behaviour which encompasses both substances and gambling OR is taking drugs more acceptable among certain populations e.g. gamblers?
- How can the stepped care model incorporating a range of treatment options be best implemented in the UK?

5. What are the boundaries of Host Responsibility?

5.1 Harrah's and LCI Responsible Gambling Programs Dr Carl Braunlich, (University of Nevada)

Background: In 2000 Harrah's Entertainment launched their Code of Commitment, an official statement regarding corporate social responsibility, which among other areas, addressed policies for responsible gaming. The company's responsible gaming philosophy was two-fold. The company wants everyone who gambles at their casinos to be there for the right reasons – to simply have fun. In addition, the company does not want people who don't gamble responsibly to play at their casinos, or at any casinos.

Revision of Existing Programs: The company began a two year process to revise the policies, programs, and training protocols that addressed problem gambling and those customers who may not be gambling responsibly. Areas of improvement included the development of clear procedures for customer contact employees, and training to report concerns that a guest may not be gambling responsibly, and to also to train supervisors to whom those concerns were reported how to handle the information received. Several changes resulted:

Creation of a supervisory role of Responsible Gaming Ambassador to handle reports of employee concern. This employee is typically a casino floor supervisor or manager with many other operational responsibilities in addition to that of Responsible Gaming Ambassador. Staffing policies result in at least one Responsible Gaming Ambassador being available 24 hours a day, 7 days a week. Responsible Gaming Ambassadors provide information on resources for assistance, and to provide alternatives for assistance such as self-restriction and exclusion from which the guest can choose if they wish. They are not counsellors nor is the conversation intended to be a counselling session.

Development of an information technology infrastructure that could support the company's responsible gaming philosophy. If a guest is requests a self-exclusion program at one casino, the application automatically sends the self-exclusion information to all the company's casino properties and populates the company's customer management software programs. As a result, requests by the guest for check cashing or credit extension, no matter in which casino they are visiting, will automatically be prohibited. Distribution of marketing and promotion mailings to the guest will also be automatically prohibited.

An additional utility of the responsible gaming information technology system was the creation of a database of information regarding comments by customers that caused concerns on the part of the employees. One of the responsibilities of the Responsible Gaming Ambassadors is to take reports of concerns about customers by employees and enter them in the Responsible Gaming Log. This database of information is available company-wide to all Responsible Gaming Ambassadors, and assists these individuals in making decisions as to have a conversation or not have a conversation with a guest regarding the company's concern that the guest may not be gambling responsibly.

Three one-hour training modules were created: Our Commitment to Responsible Gaming (for newly hired employees), Our Roles in Responsible Gaming (all customer-contact employees) and Roles of Responsible Gaming Ambassadors. Each of the modules has a refresher program given yearly, along with training

modules on the prevention of underage gambling and company policies regarding unattended minors.

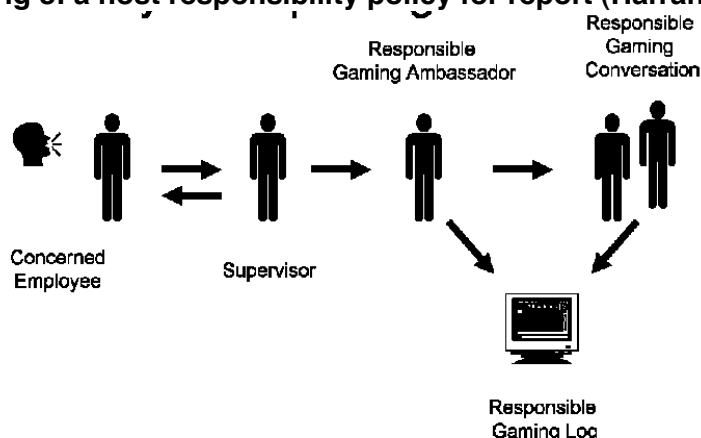
Policy of Reporting Concerns: The critical policy and instructional design element for the training is the reporting of concerns by employees (see Fig 8). Many casino staff responsible gaming training programs attempt to address behaviours of customers which may indicate they are not gambling responsibly. However, behaviours may often be misinterpreted and the symptoms of problem gambling are difficult even for trained mental health professionals to diagnose. The success of training casino staff to recognize pathological gambling behaviours that are observable on the casino floor is doubtful. Concern on the part of an employee is a much more relevant and meaningful trigger on which to base an identification of gambling which is not responsible. Employees are able to recognize their own concern and, with training, recognize when they should report their concerns and to whom. The policy and training encompass a means for collecting and acting on comments by customers which may indicate they are not having fun through a four step questioning process:

- *“Am I concerned?” If you are concerned, then you should ask yourself . . .*
- *“Are there service or security issues involved that should be investigated before reporting my concerns to a supervisor?” If there are not then you should ask yourself . . .*
- *“Is my concern based on statements and not behaviours?” If so, then you should ask yourself . . .*
- *“How quickly should I report my concern to a supervisor?”*

Responsible Gaming Conversations: Along with the policy of reporting concerns, there is a policy of processing reports and making decisions to act on them. Responsible Gaming Ambassadors are trained to avoid judging customers or confronting them in any way. The purpose of the meeting is two-fold, to express concern, and to offer alternatives for assistance. The meeting is conducted in a private setting away from the casino floor. The length of the meetings was designed to be less than 10 minutes long; the actual length from preliminary data collection indicates an average length of 25 minutes.

Results and Implications: The training programs were systematically evaluated, using a control group, and included an evaluation of the impact on customers. The results were positive with regard to the attainment of the learning objectives of the training.

Fig 8: a host responsibility policy for report (Harrah’s Entertainment)



5.2 - The *bwin* experience of protecting customers Wolfgang Schwens (bwin Interactive Entertainment AG)

Responsibility should be taken seriously by:

- Asking important 'why' questions
- Engagement in independent high quality academic research
- Introducing research insights into daily procedures and processes
- Entering into selected co-operations
- Always respecting the responsibility of the user
- Engaging with self regulating activities (bwin is part of ESSA (European Sports Security Agency) and EGBA (European Gaming and Betting Association))

Bwin's research relationship with Harvard Medical School provides a model of a research partnership: The research involves tested scientific models allowing bwin to observe and analyse actual gaming behaviour – not just self-report. All steps of each project are jointly managed and both partners are able to respond to questions regarding public policy in the gaming context. Research results will be put in place systematic measures for the protection of gamers who are at risk of addiction.

Technologies of host responsibility:

- **Limit policies** minimize risk. Additional limits may be set individually; either a maximum pay-in limit per month or maximum betting limit depending on the event. Individual limits overrule company limits and the operator's responsibility is to strictly apply restrictions and exclusion lists.
- **Self exclusion:** The operator should strictly observe the customer's wishes and ensure e.g. they stop receiving direct marketing promotions and their account remains closed for the stated amount of time. Bwin experience highlights the need for a universal exclusion list of accounts closed with all providers. The operator's responsibility is never to question a customer's desire not to play.
- **Re-entry initiatives:** Accounts are only re-opened following strictly defined processes. Reasons for re-opening accounts must be given in written form and include the reason for closing the account some time ago, a self evaluation of any progress regarding identified gaming (behavioural) problems and a statement of possible future behaviour and planned measures. The operator's responsibility is to be proactive in solving gaming behavioural problems.
- **Internal monitoring systems:** Detection and prevention of fraudulent activities mean taking all reasonable measures like state-of-the art technology, real-time early warning systems, as well as processes like the daily review of top winning customers and top losing markets/events followed by identification of related accounts and potential conspiracy. Responsible gaming policy monitors conspicuous users in transparent transactions. The main goal of the establishment of monitoring systems is the "learning effect", which itself should feedback into the development of new adequate processes and products.
- **Self-help toolkit:** bwin have developed together with the Harvard Medical School – division on addictions an online toolkit to help the user identify their

own risk factors, apply short and long term self monitoring goals and identify ways of coping with the challenges and the possible flip sides of online gaming. This is accompanied by independent research to examine the behaviour of gamers who may be addicted and identify gaps in bwin's responsible gaming policy. The operator's responsibility is to provide easy and effective help for problems and access to relevant data for research.

- **WHO ICD10 Test:** This is a tool for evaluating personal risk potential which has been translated into 22 languages. Feedback from operators can be incorporated into revised versions of the test. The operator's responsibility is to share their own knowledge and experience for the benefit of others.
- **Staff Training and Development:** bwin provides comprehensive inhouse training on identifying risky gaming behaviour, interacting with people identified as having gaming problems and working with research based information concerning gaming addiction.

Boundaries: bwin is not responsible for diagnosing addiction nor for supplying therapy for problem gamblers; these should be the responsibilities of public-health professionals. However, it may provide customers with information on organisations offering consulting and therapy if requested. The operator's responsibility is to develop and offer a support network for assisting customers with advice on where to get help on their problems.

Some tensions:

- Research findings versus 'feelings and pamphlets'
- Engagement and dialogue versus competition and business cases
- Multi-cultural approaches versus "one and only" solutions.

5.3 - Reflections on UK host responsibility Neil Goulden (Gala Coral)

Responsible Gambling – The Gala Coral Vision:

To operate our businesses in an ethical manner at all times by acknowledging our wider responsibilities (beyond an efficient and friendly service) to our customers due to the nature of the product (gambling) that we sell.

To acknowledge our responsibilities to the communities in which we operate, to our employees and to other stakeholders within our business, such as suppliers.

To place these responsibilities at the heart of everything we do.

“Our Commitment”

1. To treat our customers and potential customers openly and fairly.
2. To help and protect vulnerable customers.
3. To ensure that no-one under 18 enters our premises or plays any game hosted by us remotely.
4. To build equality and diversity in our workforce and instil a zero tolerance policy towards discrimination of any kind towards staff or customers.
5. Not to allow harassment or bullying, by our customers or staff, in our premises.
6. To keep our premises and workplaces free of crime and disorder.
7. To prevent any misuse of drugs or alcohol in our premises.

8. To actively promote responsible gambling through GamCare's accreditation of all 4 Gala Coral business divisions.
9. To actively support the work of RIGT, GamCare, Gordon House and other agencies dedicated to supporting problem gamblers and to help reduce the incidence of problem gambling through research and education.
10. To fully and promptly fund our share of the RIGT annual requirement, with a long-term aspirational target of £10m, and to use our industry standing to ensure other operators fully contribute to RIGT.
11. To actively participate in the life of the communities in which we operate through both national charities and the Gala Coral CSR programme at a local level.
12. To ensure full compliance with all regulatory requirements and to maintain an open dialogue with the Gambling Commission, DCMS and other regulatory bodies.
13. To train our employees to understand that some of our customers are vulnerable and to offer appropriate help.
14. To help all our employees to maximise their educational and career opportunities.
15. To actively and responsibly promote gambling as a harmless and enjoyable leisure pursuit for most and as a positive contributor to employment, regeneration and other aspects of national life.

5.4 - Boundaries between host responsibility and government regulation

Phillida Bunkle

Background to New Zealand Legislation

The original Casino Control Act 1990 established an independent casino regulator with an explicit obligation to assist the development of the industry. By the time the Gambling Act 2003 was passed New Zealand had 150 machines for every man woman and child in the country. This was the highest number of machines per head of population of any country in the world. The result was that the 1990's saw the very rapid development of new gambling markets especially among women, the elderly, indigenous and Pacific people, and people with disabilities. These groups are disproportionately likely to be poor.

By the time of the 1999 election there was quite widespread demand from the public that having created this market, the law should regulate it in the interests of harm minimisation.

Critics of the unequal pattern of consumption argued that the free market model was inappropriate to gambling regulation because the choice was not 'free', but was compulsive (i.e. not rational), poorly informed as to risk, and the product was deliberately deceptive because the machines are structured to disguise risk from the consumer. The gambling market, they argued, was neither individual nor neutral but differentiated by class, gender, ability and ethnicity.

The context was a more general call for product safety and manufacture/ retailer responsibility for ensuring the safety of products. That is, for more extensive consumer safety assurance. I found that as Minister of Consumer Affairs there was a public expectation of far more responsibility for product safety from the state than a *laissez faire* approach to the market actually provides. The public tends to think that someone somewhere is 'testing' and researching the safety of products on their

behalf. The public tend to be somewhat bewildered when informed that it is cumulative market choices which are supposed to achieve this.

The result of this debate was that the New Zealand legislation of 2003 abolished the 'independent' casino regulator, and took a more direct role in regulation, and requires more active industry self regulation in the form of obligations of host responsibility. A programme of 'host responsibility' mitigates legal liability for some adverse impacts on individuals.

This Act adopted an explicit public health approach to harm minimisation funded through a levy on providers managed through the Public Health group within the Ministry of Health. The intention of Parliament was that gambling regulation would be placed in Public Health alongside alcohol and tobacco. In practice, however, control of the funds has been passed from Public Health to the Mental Health directorate.

The 2003 Act also requires other forms of government/industry cooperation, including extensive information gathering. In particular it introduced, in the face of concerted industry opposition, continuous online monitoring by government of all community based gambling machines. It does not, however, constrain industry lobbying or advertising, which has become noticeably more sophisticated. The promotion of 'host responsibility' is in part an aspect of this.

The Role of the Information Environment in Host Responsibility

Clubs and Pubs: The 2003 Act required the continuous online monitoring of machines in clubs and pubs by the regulator. The result was an immediate increase of about 1/3 in declared profit which was unlikely to have been accounted for by changes in patronage. Online monitoring has strengthened the hand of the regulator and lead indirectly to a reduction of approximately 2,000 in the number of machines. There have also been a number of high profile prosecutions for various forms of fraud.

The clubs have identified their long term interests with improving the protection of their members from harm. The clubs, but not the pubs, have developed some significant host responsibility programmes designed to assist staff identify patrons who are developing problems and support staff in dealing with them.

Like Britain, Local Authorities have been given responsibility for licensing. Some Local Authorities bemoan their inability to prevent the targeting by the pubs of deprived communities, which is where most convenience gambling is located.

Casinos: Casinos are a data rich environment because security needs dictate total surveillance. All machines are continuously monitored by management. In addition major casinos are wired for total sight and sound. Nothing occurs on the floor which is not recorded. In addition loyalty cards provide data on the behaviour of regular players. This data is critical to management and especially to market research.

Examples of contradictions between host responsibility and market imperatives

International research has established that effective preventative measures for gambling harm include uncoupling the link with alcohol and tobacco, predetermined spend, and safer machine design. A potential contradiction between commercial imperatives and harm minimisation can be illustrated in relation to these issues.

Smoking: Initially smokefree legislation impacted heavily on casino and non-casino profits. According to the business media finding a solution took the casinos three years of research. They found that participation only declined where the player was able to exit from a smoking area. The provision of smoking areas which obliged the player to return through the gaming floor removed this problem. Thus the business press assured investors that the industry's experience in New Zealand had prepared it to manage smoking restrictions in Australia without loss of profits.

Some pubs responded by avoiding the need to move away from the machine to smoke at all by placing the machines themselves in outdoor areas by erecting 'temporary' shelters on their car parks. The regulator upheld this practice on the grounds that it was charged with oversight of gambling harm and not with co-morbid conditions such as smoking.

In the UK the parameters of a licensed premise includes any outdoor area and if a machine is placed beyond the area licensed then it is on an unlicensed premise and is illegal. However, regulators will still need to make connections between limiting co-morbid conditions (smoking and alcohol consumption).

Access to Credit: The key to much gambling harm is debt, because once a gambler is in debt a big win appears as the only solution to their problem. Definitions of problem gambling describe chasing losses as a key criterion. Conversely the literature on harm minimisation provides evidence that pre set spending limits are protective. Thus the conjunction of credit facilities and gambling activities is an important risk factor.

Operators have a vested interest in clients raising money and doing so with minimal interruptions to play. This creates a very difficult interface between regulator and operator. The banks selected to offer ATMs in casinos may well be selected by the provider on their preparedness to offer the fewest barriers to credit. Not all operators will follow Auckland in having a bank branch on the premises with the ability to raise credit against property, but all casinos will have an incentive to facilitate access to ready money. If not provided on the premises provision will be in the immediate vicinity, where it may not be as safe to be handling quantities of cash.

Recently Auckland casino employees, through their union, reported the activities of loan sharks on the gambling floor especially targeting Asian gamblers. The high roller room is a gathering place for the Asian community. Loan sharking is illegal in Hong Kong but not in the deregulated markets of New Zealand. Sharks were alleged to be taking passports and then visiting homes or threatening family in mainline China. The public was aroused by reports of a connection with high profile crime and possible gang involvement, but the casino denied a problem. When TV filmed a shark operating in the underground car park, the casino disclaimed any responsibility.

Machine Design: The industry has minutely researched how machine design can reinforce behaviour. Most obviously they make use of the fact that although win/loss is randomly determined, the display of this result is most certainly not. Most obvious is the way in which a loss may be displayed as a near win in order to reinforcement anticipation. The industry has precise information about other aspects of display and multiple sensory reinforcement. For example, a large win will be paid by cheque but the machine will still make the chink chink sound.

Industry information could be used to design safer machines. So far Australian experience has shown that displays of feedback about cumulative losses, length of time played and so forth, have not proved very effective in modifying behaviour. If the industry is really interested in co-operation with regulators to minimise harm it could willingly share it with relevant authorities. If not and should new problems emerge or increase, as they have in New Zealand, then the regulatory boundary should shift and these measures and a levy to pay for them may well then be required.

Comments on Boundaries of Host Responsibility Vicki Flannery Harrah's Entertainment

Two diverse "schools of thought" were presented by the speakers. One group argued that corporate social responsibility is an essential element of the gambling industry "social licence to operate" and gave practical examples of social responsibility initiatives. Key issues included:

- Management's decision to "draw a line in the sand" and to define the values on which it will build social responsibility initiatives.
- Having defined company values, the next step is develop policies and programs that to deliver clearly defined outcomes.
- Some companies are adopting a systems approach, whereby they develop and implement detailed programs against which results can be measured and reported. For example, Harrah's responsible gambling staff training defines clear roles, responsibilities and procedures for responsible gambling; the program has been evaluated independently and an information technology system developed to integrate responsible gambling with day to day operations and customer interaction.
- It is important to communicate what you do to the general public. It is also important that social responsibility be addressed across the gambling industry to prevent poor performers from damaging the reputation of good performers.

An alternative view was argued, that industry should not be left to set its own boundaries and that social responsibility can only be ensured by detailed and prescriptive regulation to prevent exploitation. This school of thought proposed that social responsibility programs are "window dressing" and a marketing ploy by the gambling industry. It was also proposed that laizze-faire, economic rationalist models of government had not enacted sufficient direct controls, ie monitoring and limited play by consumers; availability of forms of gambling and games, to ensure "harm minimisation".

Summary Comments

Where are the boundaries and who determines them?: Boundaries are set by government – in a democratic system, governments decide what gambling opportunities can be available and under what conditions. The UK government has determined that operators must satisfy 3 statutory objectives of the Gambling Act – crime free gambling; fair and open games for consumers and protection of children and vulnerable adults.

Enlightened Self-Interest?: The drivers for social responsibility are real and commercial – the definition of risk is now broader than mere financial risk – reputation; the ability to attract quality employees; and sovereign risk are all factors impacting on long term sustainability. Competition is emerging across companies to demonstrate social responsibility credentials and to gain the benefits that go beyond

reputation. Social responsibility can deliver for example, increased productivity and innovation from more motivated and committed staff; customer loyalty; and superior new recruits. Different models are emerging and some companies are moving to codify their programs and measure and report outcomes.

Risks of not delivering?: Having established a standard, industry must ensure delivery and implementation or run the risk of failure of duty to care.

Shared responsibilities?: The ultimate decision to gamble is with the individual and social responsibility must include consumer education and awareness so individuals are encouraged to make healthy decisions regarding their gambling. Individuals should assume some responsibility for their gambling, but within a properly regulated and socially responsible gambling environment.

5.5 Boundaries of Host Responsibility Discussion Points

- What additional policies could be established to leverage the connection between customers and employees to prevent gambling harm?
- What should define standard of care on the casino floor with regard to preventing gambling harm?
- There appear to be two approaches to host responsibility: In the first host responsibility places an obligation, which may be either voluntary or legally imposed, on gambling operators to have concern for the safety of their product and its impact on clients. The boundary is set around the organisation and the product (casino, online gaming etc) and responsibility (of varying degrees) lies within it (Harrah's Entertainment and Bwin examples). The second extends the boundary, first of all outside the product to gambling more generally (e.g. Bwin's proactive role in sharing research findings) and secondly recognises responsibility for communities that are affected by the product, rather than individuals (e.g. Gala Coral commitment). A public health approach would promote the latter interpretation but how much consensus is there about this extension of boundaries in the industry itself?
- The approach by many operators and regulators appears to be one of supported consumer and industry 'self regulation'. This places an emphasis on individual player responsibility and individual operators. The ethical principle of respect for autonomy is prioritised but is this at the expense of the principle of beneficence; do some gambling products do more harm than good? Is it just an individual problem (operator or gambler) or is further research evidence required which is not the responsibility of the operator or individual in this approach but which may be for the 'common good'? The example of Bwin sharing research evidence is one step towards this but how can this be translated into industry wide practice?
- The example of disabled players was given by Phillida Bunkle who recounted two stories of intellectually disabled young adults who developed severe gambling problems. Playing the machines was something they could do; it was a unique opportunity to have a chance equal to others in their society. It was the only place they felt they could be 'in to win', and in addition the surroundings felt sufficiently safe and comfortable that they could feel almost independent. For one the family could afford the activity and indeed encouraged the time filling aspect of an otherwise boring life. The other experienced very severe problems from the resultant debt. Would they have been picked up under current host

responsibility programmes? What reasonable adjustments should be made by operators to protect disabled gamblers?

- Access to data gathered and held by the industry would unravel many of the issues over which researchers are currently uncertain and would remove uncertainty in decision making. It would be of immense value to regulators. It would for example significantly facilitate host responsibility by making the identification of players with problem behaviour much less problematic. This data is commercially sensitive but can confidential and trusting relationships be developed to facilitate access for research directed at minimizing gambling harm?
- Problem gamblers, while small in number contribute approximately 1/3rd of total gambling income (APC, 1999). The purpose of loyalty cards is to encourage loyalty; Bunkle argues that this also incentivises more and more regular play and that regular play is a major risk factor in harm (Dickerson, ref) but it could also be argued that rather than incentivise more play they are aimed at persuading players to spend what they would ordinarily spend but with one operator. Can research, in collaboration with the industry, be designed to address this question?
- If the harm minimisation agenda is serious, should the regulator demand a system of pre-set spend which can be facilitating through smart cards? The incentive for the operator is that by linking the smart card to loyalty cards they get more access for financial information about the client, but are in turn regulated in the use they can make of this facility.

6. How do we Prevent harm?

6.1 Gambling: A Public Health Approach to Harm Minimisation

Professor Alan Maryon-Davis (Kings College London)

A UK public health approach to various conditions (e.g. smoking, alcohol and drug use, obesity and so forth) involves the following roles:

- Epidemiological analyses – understanding the size of the problem, the burden of the condition and the needs of individuals and communities in addressing it.
- Studies of wider determinants
- Developing multi-agency, multi-layered strategies
- Evidence-based interventions
- Advocacy, partnerships, and commissioning
- Evaluative studies

Researchable influences for all public health problems operate across different levels and include: individual influences (e.g. age, sex and hereditary factors, individual life style choices), social and community influences, living and working conditions and wider socio-economic, cultural and environmental influences.

International research suggests that gambling and gambling harm are relevant to each of these roles and spheres of influence. However, although a public health approach has been advocated (Abbott et al, 2004), it has yet to be systematically applied.

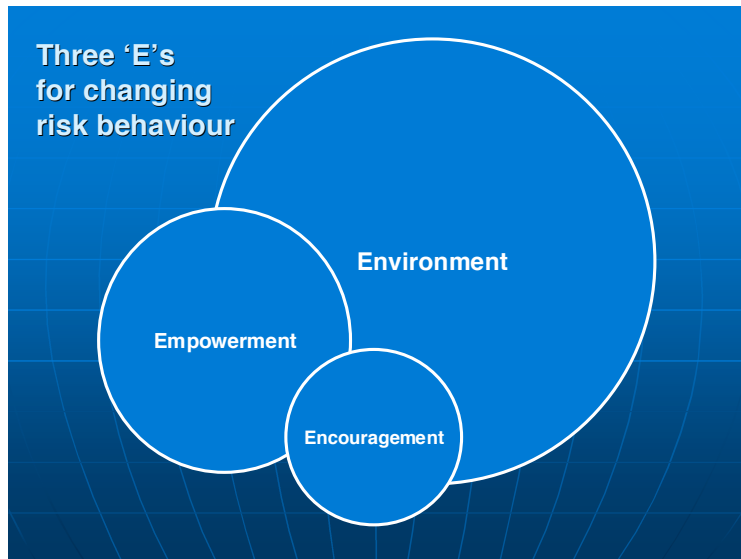
A useful focus would be to develop strategies to address the three 'E's' in relation to gambling: Environment, Empowerment and Encouragement (see Fig. 9). Actions to minimize harmful environments (is there sufficient evidence to enable decisions to be made on what constitutes a harmful environment?), empower gamblers and their families to minimize harm (what does the research evidence currently suggest is empowering?) and actions that encourage harm minimization (at all levels) provide a model for a way forward.

The main research challenges for the UK are:

- **Multiple, interwoven impacts** – gambling has a number of negative and positive impacts and these work together in different ways with a range of consequences. Can impacts be separated out? For example; is the taking of risks both a good and a bad thing?
- **Problems are often multi-causal** – problem gambling may have many, complex causes that cannot be put down to one single feature of gambling behaviour or the gambling environment.
- **Cause or effect?** - problems experienced by pathological gamblers may have a range of causes that are not just to do with gambling. The research evidence suggests that co-morbidity is high but the relationship between the different co-morbid conditions requires further research.
- **Weighting the factors** – not all aspects of gambling and the gambler will have equal weight when it comes to developing problems. Is it possible to identify those factors that are likely to be most influential?
- **Effectiveness of specific or complex interventions** – different levels of problem gambling require different intervention strategies and all of these require research to evaluate their effectiveness.

- **Analysing costs and benefits** – public health resources are stretched so will the benefits of interventions outweigh the costs, or vice versa? How will costs and benefits be measured, particularly with a condition noted for self recovery and low help-seeking behaviour.

Figure 9: Three ‘E’s for changing risk behaviour



Three levels of gambling require different interventions:

- **Unhealthy gambling** (often referred to as pathological gambling) requires multiple approach to ‘treatment’ and specialist support where the aim is stabilisation and control.
- **At risk gambling** may have the potential to progress to pathological gambling. At risk gambling requires identification and assessment of risks and good support from family, colleagues and neighbours. Here the aim is harm minimisation.
- **Healthy gambling** is undertaken in large numbers and is the cultural norm. In general terms, gambling has a minimal impact on health and the aim is to prevent progression to ‘at-risk’ or unhealthy gambling.

Our UK public health strategy needs to be national and local. At the national level it would include:

- Responsible government and gaming industry
- Risk awareness campaigns
- Information and advice for problem gamblers
- National support agencies

At the local level, actions would be:

- Awareness-raising in schools, primary care, social services and voluntary sector
- Joined-up pathways for early identification, harm minimisation and therapy
- Local statutory and voluntary support agencies

6.2 What does prevention really mean? Professor Max Abbott (Auckland University of Technology) -

Prevention literally means to “keep something from happening”. In health there are different ideas about what that “something” is and this causes confusion. Prevention has a long history in public health arguably beginning when John Snow removed the handle from the Broad Street water pump and halted a cholera epidemic in the 19th Century. The key premise of public health prevention strategies is that no mass disease or disorder can be controlled or eliminated through individual treatment or increasing the number of therapists.

Prevention strategies aim to:

- Reduce or eliminate a *noxious agent*
- Strengthen host *resistance*
- *Prevent transmission* of the noxious agent to a host.

In any prevention programme there is a need to specify what behaviour or event the programme is seeking to prevent. This requires knowledge of risk and protective factors and causes. The model adapted for non-communicable diseases including addictions and mental health disorders recognizes that multiple biological, psychological, and social factors contribute to and protect from harm. It also takes into account that agents, hosts and environments are constantly interacting, adapting and changing. Each of these features applies to the prevention of gambling harm.

Public health gambling harm prevention strategies are informed by epidemiology and require accurate data on:

- *Prevalence* - total ‘stock’ of gambling harm in a population (from cross sectional prevalence surveys and replications)
- *Incidence* - onset of new ‘cases’ (‘inflow’) during specified time period (from prospective studies)
- Prevalence driven by incidence and ‘outflow’ (‘natural recovery’, informal care, treatment, migration, death)

Levels of prevention:

- **Primary prevention** - general population focus to prevent the onset of gambling harm (required to reduce incidence and significantly reduce prevalence);
- **Secondary prevention** - early intervention to shorten duration and reduce the negative consequences of gambling harm;
- **Tertiary prevention** - intervention with established problem and pathological gambling to cure or reduce residual effects/negative consequences

Secondary and tertiary ‘prevention’ (treatment/rehabilitation) have some impact on prevalence but not incidence. Alternative approaches to prevention include:

- Gordon: *Universal, Selective, Indicated* measures based on risk-benefit analysis - Influential in medicine, adopted in mental health/addictions;
- Albee: *Yogi* (education to change voluntarily), *Commissar* (legislate for specific change), *Political* (broad economic/social policies);
- Abbott?: *Proactive* (target environmental exposures/risk factors); *Reactive* (target individual/family/community protective factors).

Problem Gambling Prevention Initiatives include:

Education initiatives to prevent problem gambling (Williams et al, 2007)

- Upstream (family, peer group programmes)
- Information/awareness/social marketing campaigns
- Sustained/directed (school-based programmes)

Policy initiatives to prevent problem gambling

- Restrictions on general/local availability
- Restricting venue numbers
- Restricting more harmful gambling types
- Limiting gambling opportunities to gambling venues
- Restricting venue location
- Limiting venue hours

Restrictions on who can gamble

- Prohibition on youth gambling
- Restricting venue entry to non-residents
- Casino self-exclusion contracts

Observations:

- The prevention science base is limited but growing (shortage of prospective/incidence studies);
- There's a lot going on – but is it prevention?
- The effectiveness of most is uncertain (evaluative research required);
- The relationship between popularity and likely effectiveness appears to be inverse;
- Arguably the most effective measure to date (smoking bans) was introduced for another purpose;
- Gambling-related problems are apparently reducing in some jurisdictions despite increased availability and expenditure (we need to know more about this);
- Many risk and protective factors are common to other addiction/mental health/social conditions/problems – potential for efficiencies/synergies;
- In other fields, significant gains have resulted from multifaceted interventions sustained over prolonged periods.

“There are indications that progress is being made with the Gambling Act 2003 and related initiatives to reduce gambling-related harm. However, agent, environment and ‘host’, like rust, never sleep. And not only problem gamblers are addicted to gambling – so too are governments and communities that receive significant gambling revenue. The true measure of public health resolve comes when it is sustained in the face of reduced rents (taxes, levies and grants) to the beneficiary.”

- Abbott, 2007: Invited editorial, NZMJ

6.3 The Social Context of Gambling Behaviour: Patterns of Harm and Protection

Gerda Reith, University of Glasgow

In addressing the issue of how to prevent harm, we first need to understand something about the social context of both gambling *and* problem gambling behaviour.

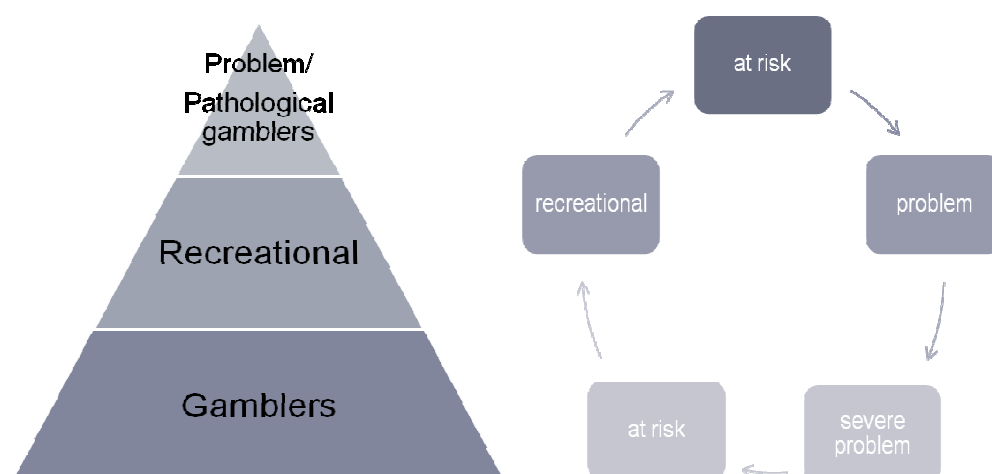
Research is starting to focus on this broader social environment; moving away from individualistic models that have traditionally been based on a rather rigid distinction between problem gamblers vs non-problem or recreational gamblers, and towards models that focus on behaviours that are more fluid and socially diverse.

1. From 'pathological' individuals to harmful behaviour(s)

This represents a shift away from the focus of earlier research that developed out of clinical psychology and that has been based on the assumption that problem gambling is a chronic, progressive disorder affecting a minority of problem individuals. Such models have been characterised by an overwhelmingly individualistic focus on small scale factors, such as the psychology, and even biology, of problem gamblers, who are regarded as qualitatively different in some way from a much larger group of recreational players.

More recently though, some research has been moving away from this view of problem gamblers as a small, static group, to a view of more fluid behaviours that are characterised by their wider negative impacts – or 'harms' - on individuals and communities – and that affect much larger numbers of people at different times in their lives. This is represented by figure 9 where problem/pathological gambling can be viewed as a chronic, progressive disorder affecting a minority (illustrated as a pyramid) or as fluid behaviour affecting larger numbers at different times (circular flow) invoking the concepts of 'Pathways' in and out of problem gambling and gambling 'careers' (see Fig. 9).

Figure 9: Continuum versus Pathways models of Problem Gambling



The Environment: 'At Risk' Populations

This approach comes out of longitudinal models of 'pathways' and 'careers' which suggest that problematic behaviour is not a static condition, but something that

fluctuates throughout individuals' lives, moving through various states of greater or lesser severity and risk; as sometimes people gamble more, sometimes less, sometimes have problems, sometimes not. It is characterised by movement and cycles of behaviour - states that they move in and out of over time, with factors such as availability and social networks influencing these shifts. This view is borne out by prevalence surveys that suggest that although rates of problem gambling remain relatively stable over time, they might encompass different people, who shift in and out of problematic behaviour.

2. The environment: 'At risk' populations

This kind of conceptual approach widens the research and policy frame both temporally and spatially - it looks at behaviour over time, and also leads to a focus on the broader environment: on to the social factors that influence these behaviours.

It comes out of a recognition that in the 21st century, an intersection between technology, industry and policy has produced a situation where gambling is increasingly engaged in by large numbers of the population. In this environment, potentially much larger groups are exposed - at risk - from the harms of gambling. The problem is no longer simply confined to the unique vulnerabilities of a minority of individuals, but becomes a broader public health issue.

It leads to a focus on the interactions between this wider environment and individual players themselves, and it is the interplay between these that is associated with patterns of harm and protection that cross-cut the population.

However, this is not always a straightforward pattern. Longitudinal studies have also suggested that processes of 'adaptation' might be involved, where communities and individuals adapt to the presence of gambling around them and develop informal social controls that seem to protect against harm. Harm minimisation programmes – such as public awareness raising and education - can also counter harms associated with increased availability.

So, environmental features are clearly associated with harms, although protective factors also appear to be at work too. This leads on to most complex part of the equation – on to *who* plays these games, and how these might be associated with patterns of harmful and / or recreational behaviour. Research interest should therefore move towards:

- Processes of adaptation
- Harm minimisation programmes
- Environments associated with both harmful & protective factors and
- Patterns of harmful / recreational behaviour

3. Social diversity 1: Recreational gambling

Rather than regarding 'recreational gamblers' and 'problem gamblers' as distinct groups, we should try to see these as patterns of behaviour that are sometimes more, sometimes less problematic, and whose boundaries can sometimes be blurred.

It is important to remember that most gambling, most of the time, *isn't* characterised by harm, but actually has benefits for players. Looking at recreational gambling might be hoped to tell us something about what situations or processes work in a protective way here. Unfortunately however, not nearly enough is known about it, as the

majority of research tends to concentrate on what happens when gambling goes wrong in some way.

Given these limitations, maybe the most useful thing we can do is to highlight the social diversity of recreational gambling. The most salient point here is that the latter is not a homogenous activity, but is characterised by a huge amount of variation in terms of behaviours, motivations and games played. In fact, it might be helpful to stop talking about 'gambling' and 'gamblers' altogether and think of the various types of games as quite different activities, engaged in by different groups, for different reasons, which range from excitement and sociability, to escape and to win money.

Crucially, this diversity is social and cultural in nature, and when we look at demographic factors like class, gender, ethnicity, age, we can see patterns emerge. For example, motivations and types of games played vary by gender, with women favouring games like lotteries, bingo and machines to release stress and escape from problems, and males more attracted to the excitement and action of things like sports betting and casino games. Patterns of play are also related to what is socially acceptable for women, which in turn varies by culture.

Differences in motivations also exist between different ethnic groups. For example, in America, Hispanics are more likely to say they gamble to socialise, while blacks are more likely to say they gamble to win money. In Britain, Chinese gamblers tend to favour casinos, which provide venues to socialise after work, and where games tap into culturally specific ideas about luck, chance.

In terms of class, lower socio-economic groups tend to spend relatively more on gambling than higher ones, and although many play to win money, there are other motivations here. In Britain, gambling is part of wider patterns of working class leisure, which is associated with the availability of certain games with, for example betting shops and bingo halls concentrated in working class neighbourhoods. It is also tied in with social networks, where values and behaviours are passed down through generations of families and where playing particular games demonstrates membership of local communities.

4. Social diversity II: Patterns of harm

Problematic gambling is just as diverse, although again we can see a certain patterning in the distribution of harms among demographic groups, which have been well documented. These harms tend to accumulate around the lowest socio-economic groups in society; around ethnic minorities, and around young single males, especially ones who started gambling early. They are associated with other indices of deprivation, such as unemployment, poor health, low levels of education and drug and alcohol problems.

There is also diversity within the experience of harm itself. For example, it can vary in severity and duration, from entrenched and recurrent problems to transient ones that are quickly resolved. Not all harms are equal, and there is a world of difference between gambling that leaves someone bankrupt and contemplating suicide, and behaviour that makes them slightly worried that they're spending too much time thinking about the horses. Because they only tend to quantify harm in a fairly uniform way, the problem gambling screens tend not to pick up these distinctions, although some, such as the CPGI are more sensitive to them.

There is also cultural variation in this experience of harm. For example, for some ethnic minorities, the problems associated with gambling can be defined in terms of their negative impact on their family or community as a whole rather than in terms of

more quantifiable 'western' measures of time and money. Traditional concepts of 'honour' and 'shame' can also influence behaviour, especially in relation to help seeking for problems. For some young people, and especially young males, losing money at gambling can be seen as a sign of status, machismo, rather than a problem, while women's domestic responsibilities can mean their behaviour is stigmatised more quickly.

We need to remember here that all this is a somewhat artificial distinction: the individuals in these groupings might not necessarily be separate from recreational players, but could include some of the same people, but at different points in time. The boundaries are blurred, and behaviour can change as the same individuals shift between 'recreational', and harmful behaviour as move through different types of gambling careers.

Summary and implications

Rather than seeing problem/ recreational players as distinct types of individuals; as separate groups, attention can be focused on patterns of behaviour that are more or less harmful, that are fluid, and that are characterised by social diversity.

This leaves some key questions. We know that membership of specific demographic groups and exposure to particular types of gambling is associated with harm....

- But – on the next level down – what influences who within these groups develops problems and who doesn't? And at what points in their lives?
- What are the triggers/ flashpoints for change? When do people move from recreational – to harmful behaviours – and possibly back again?

These are much harder questions. There are many individuals who fit the profile of problem gambling, but *don't* have problems. So these groupings are only the beginnings of understanding. We have to accept that structural features on their own don't tell the whole story. But to get to the next level does not mean we need to go deeper into the individual – into their psychology or biology - but rather, we need to go deeper into the connections between these social, environmental factors and individual ones. What this requires is a more *sophisticated* analysis; not more *reductive* one

6.4 Preventing Gambling Harm Discussion Points

- Is 'prevention' intended to be effective or is its main purpose to give the appearance of concern and action while allowing business as usual?
- Are there gambling-related health and other benefits similar to those shown/claimed to be associated with alcohol? If so, what are they and what are the implications?
- Can EGMs be 'de-fanged', or is this part of their attraction?
- Can we both have our cake and eat it (i.e. increased gambling revenue and reduce harms) or are they mutually exclusive?
- What influences who develops problems? And when?
- What are the triggers for behaviour change? And what situations protect against harm?
- Given diversity & fluidity, is it still useful to talk about 'gamblers' / 'problem gamblers' at all..... ??
- What works, at what cost?
- What should be provided? Targeted at whom, where and how?
- How can we tell if it's effective?

7. Public Policy Response

7.1 Public Policy Responses: UK Legal Overview David Miers, Cardiff Law School UK

The scope of the Gambling Act 2005:

- The Act has 362 sections and 18 Schedules;
- Dozens of statutory instruments;
- Gambling Commission's many and various soft law statements;
- With three exceptions, the Act does not extend to the United Kingdom: it applies only to Great Britain (section 361)³.

In addition, the Act does not apply to spread betting (section 10), which raises an interesting question concerning the FSA's responsibilities for problem gambling as evidenced by excessive losses. Neither does it apply, save in one or two ways, to the National Lottery (section 15). And by section 264, none of part 11 of the 2005 Act, which regulates lotteries, applies to the National Lottery. The two regulatory regimes are not, however, entirely separate. Section 31 provides that the Gambling Commission must consult the NLC where it becomes aware of a matter concerning the exercise of its functions on which the NLC is likely to have an opinion. And schedule 3 to the 2005 Act amends section 4 of the 1993 Act to impose a reciprocal duty on the NLC. Ready examples include problem gambling and player protection, and keeping children out of gambling.

Four legal points of note

Statutory definitions of gambling's key elements: For the first time in 300 years of British law on betting, gaming and lotteries the Act provides statutory definitions of all of the key terms: 'gambling' (section 3), 'gaming'(section 6), 'betting' (section 9) and 'lottery' (section 14). Even so, the question whether any transaction is a 'bet' or any game is a 'game of chance' remains a matter of judicial interpretation, as evidenced by the High Court action to determine whether Texas Hold-em Poker was or was not a 'game of chance' (Yes).

The Act's structure is, in essence, very simple. By Section 33 it is an offence to provide gambling facilities anywhere in Great Britain unless the operator holds relevant operating (10 types) and personal licences (2 types) and the premises are licensed (5 types), or unless the gambling that is offered is excepted or exempt under another part of the Act. However, 'so many of them [exemptions and exceptions] apply to the most numerous forms of establishment providing gambling – pubs and clubs – that the practical law of gambling in Great Britain may properly be understood as a law of exemptions' (Kolvin, 2007, chapter 9, para 9.25).

Protecting children ... from being harmed or exploited by gambling: The 2005 Act scores very well in its explicit provisions designed to ensure that children and young people should not be permitted to gamble and should be prevented from entering adult-only gambling premises concerning the safeguards that operators must observe with regard to gambling by children. Part 4 contains a wide range of prescription: Simple statutory provisions; statutory provisions requiring / permitting Commission action; social responsibility code issued under section 24 and conditions attaching to premises licences.

³ The three exceptions are; the promotion of chain gift schemes (section 43), advertising foreign gambling (section 331) and cessation of prohibitions on foreign betting (section 340).

Enforceable contracts: (section 334): From a lawyer's perspective, one of the most interesting of the Act's features is the repeal in section 334 of the reversal of the 130 year old provision in section 18 of the Gaming Act 1845 that made gaming and wagering contracts unenforceable in law.

Operators will need to consider exactly to what they are committing themselves and what conditions they want to place on customers. It is not just the Unfair Contract Terms Act 1977 that is engaged where the operator seeks to impose unreasonable conditions. Other legislation governing consumer contracts will for the first time apply to the gambling transaction. Section 13 of the Supply of Goods and Services Act 1982 provides that where a supplier is acting in the course of business, the supply of a service is subject to an implied term that the supplier will carry out the service 'with reasonable care and skill'. This is particularly apt in the case in the betting industry, where bookmakers currently have no duty in law to deliver to the individual punter any particular level of service, for example, in betting options. The social responsibility 'fair and open' provisions require clear statements of the rules for each game or wager.

The enforceability of contracts may be seen as a consumer protection measure and also an element in the implementation of the Act's second licensing objective, to ensure fair and open gambling. Two connected innovations are:

- Section 42: the creation of an offence of 'cheating': of particular relevance to the HRA
- Sections 336–338: the Commission's power to void bets that are substantially unfair.

Two key issues

1. The legal position of gamblers who commit crimes to fund their gambling

Taking some recent examples from the Times (Online betting condemned as addict is jailed for theft (5 years) of M£1 (D drew on employer's bank account: August 2006) and 'Financier stole from elderly clients (theft, false accounting, M£1.75; also stole from his brother: guilty plea: September 2006)) it must be asked of what offences will such gamblers be guilty? Depending on their relationship with the victim (employer, business partner, client, family), their offences will fall within the Theft Act 1968 (as amended) and the Fraud Act 2006 as simple theft, obtaining by deception, false accounting, fraud). Are they likely to have any defence arising from their problem gambling? There are two standard ways in which a D might seek an acquittal; denying that he committed the offence or admitting that he committed the offence but putting forward a complete (or partial) defence. Failing these (as D almost certainly will), mitigation of sentence would be a third option.

2. Whether operators owe their problem gambling customers a duty of care to minimize or ameliorate their gambling losses

As a general proposition, an operator of gambling facilities owes no duty in law to those who come onto his premises, play and lose, no matter how much they lose. Whether a duty of care arises in law, such that its negligent performance may give rise to an action in damages, is a complex matter, but broadly speaking, the facts would have to show a 'special distinctive risk' of harm to the victim. In that case it may, as has been held in cases involving the duty of public authorities such as the

police, the prison and fire services, be fair, just and reasonable to impose liability for a failure to attend to the victim's safety. The question whether in any case there is such proximity assumes particular importance in the present context given two important (and in the case of the first, controversial) requirements set out in the social responsibility code: Customer interaction and self exclusion.

a) Customer interaction: SR para 2.4

'Customer interaction' requires operators to have procedures for identifying the level of management that may engage with a customer who appears to be in difficulty, and when it is appropriate to refuse further services. Paragraph 2.4 of the Commission's *Licence Conditions and Codes of Practice* imposes a social responsibility condition on licensees 'to put in place policies and procedures for customer interaction where they have concerns that a customers' behaviour may indicate problem gambling.' These must identify:

- an appropriate level of management for such interaction
- the types of behaviour that will be logged and reported and that will trigger action
- the circumstances in which consideration should be given to refusing services or barring them
- types of staff training.

The third step in particular raises points of law. The licensee is always at liberty to refuse to serve a customer, and does not have to give any reason. Barring implies the withdrawal of the customer's licence to enter the premises for the purpose of gambling, and thus renders him a trespasser if he does so subsequently. Since the licensee can use reasonable force to remove him, it is best that any formal bar is effected in writing, with the consequences of breach clearly specified. There will also be data protection issues if the customer's details are to be recorded.

From the problem gambler's perspective, assuming a trained member of staff fails to spot a problem gambler's symptoms, or spots them and hands over some Gamcare literature, watches the gambler walk away, but doesn't notice him return: will there be any liability for losses? I would say not. The duty is to advise, not to intervene and stop. We may note that attempts in the United States to establish a duty in a casino to evict a problem gambler have failed (Indiana). The Mississippi State regulations expressly provide that there is no duty on employees to identify problem gamblers or any liability for failure to do so.

b) Self-exclusion: SR para 2.5

'Self-exclusion and self-restriction may have a small but useful role to play in achieving the objective of minimizing the incidence of, and harm caused by problem gambling' (Collins and Kelly: 2002: 517). Advice and guidance about self-exclusion is now routinely publicised by both the treatment providers and the operators (e.g. GamCare; Gambleaware; Ladbrokes: Harrahs).

Regulatory requirements (GC para 2.5) include; closing mailing lists and promotional material; closing the person's account; implementing procedures enabling the gambler to be identified; staff training to enforce the agreement and implementing procedures to remove the gambler from the premises who persists in trying to gamble.

By way of comparison, more extensive requirements are imposed by the Government of New South Wales. All hotels and registered clubs operating gaming

machines must have a self-exclusion scheme in place to allow patrons to exclude themselves from nominated areas of a venue or the entire venue.

Self-exclusion involves the identification of gambling-related problems by the gambler. The gambler signs an undertaking (in the form of a self-exclusion deed) not to gamble in a venue for a specified period. Should the gambler be subsequently detected entering any area of the venue that has been nominated, the gambler must be removed from that area. The Productivity Commission affirmed the use of self-exclusion as an important responsible gambling and harm minimisation measure in its report on Australia's Gambling Industries.

The Commission considered that 'self-exclusion should take the form of a simple contract between the problem gambler and the gambling provider, with the gambler, not the venue, being liable for the violation of the contract.

Self-exclusion scheme: A venue must enter into an arrangement, with a person or body approved by the Minister, to establish and conduct a self-exclusion scheme to allow persons to exclude themselves from nominated areas of a venue or from an entire venue. The minimum requirements for the conduct of a self-exclusion scheme are that it must make provision for:

- Preventing the venue from refusing a participant's request
- The participant being required to give a written and signed undertaking that he or she will not gamble at the venue for a period specified in the undertaking
- The participant being given an opportunity to seek independent legal or other professional advice at his or her own expense as to the meaning and effect of the undertaking before it is given
- A participant to be provided with written information outlining the name and contact details of the gambling-related counselling service the venue has entered into an arrangement with
- The venue ensuring that responsible persons for the venue can readily identify the participant whether by means of access to a recent photograph of the participant or otherwise
- The venue to publicise the availability of the scheme and information on how it operates to patrons of the venue, and
- Preventing a participant from withdrawing from the scheme within three months after requesting participation in the scheme.

Partial versus full exclusion: A self-exclusion scheme that only offers a whole of venue exclusion may present a disincentive to some potential participants who do not want to be excluded from the non-gaming facilities that the venue may offer.

However, the potential effectiveness of partial exclusion is highly dependent upon a venue's capacity to adequately supervise participants within the venue. For example, it would be easier for hotels that are required to have a gaming room (ie hotels with more than 10 machines), to offer self-exclusion from the gaming room only.

Clubs and smaller hotels, on the other hand, are not subject to the same requirement and may have machines located in different areas of the venue. These venues would find it difficult to offer partial self-exclusion.

The self-exclusion provisions recognise the different circumstances of both hotels and clubs and allows individual venues and their provider's of the self-exclusion scheme to decide whether to offer partial exclusion, or not.

Multi-venue exclusion: The hotel and club industry associations have taken different approaches to the development of self-exclusion schemes.

The AHA (NSW), through GameCare, operates a self-exclusion scheme and manages the process on behalf of its member hotels. This allows their program to provide assistance to a person who wishes to self-exclude from multiple member hotels.

On the other hand, Clubs NSW, through ClubSafe, takes the view that individual clubs should manage the self-exclusion process. Their responsible gambling program supports individual clubs by providing standard self-exclusion forms, guidance on legislative requirements and best practice procedures. The program encourages a person wishing to self-exclude to have face-to-face contact with club management to ensure the individual club manages the process and the needs of the person can be assessed and a relationship developed. Given these factors and concerns for the patron's privacy, ClubSafe does not support the club agreeing to a person's request for the club to organise multi-venue exclusions.

Self-exclusion legal issues: Broadly speaking, there are four major issues of law raised by these arrangements:

The nature and terms of the agreement between the player and the licensee: a voluntary agreement may be preferable. Collins and Kelly provide a number of examples drawn from across the United States, Canada and Australia (2002). It should at least provide that:

- the gambler waives any right to lawful invitation to enter the premises, thus making him a trespasser if he does enter the premises
- the gambler accepts that it his responsibility not to enter the premises, and that any attempt (successful or not) waives any liability the operator may otherwise have had (Ontario: Collins and Kelly 2002)
- any attempt by him to play voids the agreement
- any winnings accrued as a result of such breach are non-recoverable or are forfeit to the licensee (New Jersey: Rhea (2005))
- the operator accepts responsibility where its employees knowingly permit the gambler to play
- the operator does not accept responsibility where its employees negligently implement the agreement (the United States' jurisdictions generally provide that this gives rise to regulatory responses but not to civil liability).

The effect of the regulatory requirements for the licensee: The NSEP Count Me Out: Gambling Self-Exclusion Program advises licensees to implement all of the Commission's recommended best practices. The self-exclusion conditions are social responsibility conditions and by section 82 automatically conditions of the operating licence. Breach can trigger a section 116 review and the exercise of any of the section 117 regulatory powers. In addition, because they are conditions of the licence, breach would mean that the operator is not carrying on the permitted activity in accordance with the licence's terms and conditions and would thus commit an offence (section 33).

The licensee's use of force against a player who refuses to leave: Here the terms of the agreement are crucial. As noted above, the agreement should include a term providing that unauthorized entry is a trespass, which in turn permits the licensee to use reasonable force to remove a player from the premises (Victoria: Collins and Kelly 2002).

In the United States this may constitute a criminal offence (Michigan: Rhea (2005)), but that is not the position here. Only if the matter turned into a public order issue would the police intervene.

The licensee's duty of care where the player is able to gamble and loses: The fact of the agreement means that the operator is aware of the 'special distinctive risk' of harm to the player, should he be permitted to play, and loses. Here again, the agreement must make it clear that any attempt, successful or not, by the gambler to evade his obligations and seek to gamble (for example, by disguising himself), will invalidate it, at the very least for that occasion.

Assuming a duty, the question will always be whether the licensee acted reasonably in recognition of it. That will depend on the facts. A factual equivalence of treatment as between self-excluded and barred problem gamblers would suggest so. By contrast, any negligent failure on the licensee's part, such as renewing a loyalty card or sending marketing literature (even for a non-gambling social event) which brings him back to the premises, prima facie suggests liability. In the United States, there have been some successful actions where casinos have continued to send self-excluded gamblers 'comps' and other promotional material (Louisiana, Mississippi (Collins and Kelly 2002)).

7.2 Reflections on Policy and Treatment from the United States, Tim Christensen, President Association of Problem Gambling Service Administrators

Evolution of Policy in US is characterized by federal versus state approaches.

Federal vs. State

- Range of legalized gambling state to state
- Indian Gaming Regulatory Act
- No Federal Agency tasked (authorized) to address problem gambling issues

It is important to consider the aims and intended outcomes of policy. As the UK Gambling Industry Charitable Trust noted, there is

"...likely to be public concern about problem gambling in the wake of deregulation and have therefore decided to spend as much money as they think will be sufficient to assuage that concern: they have not attempted careful calculations of the cost effectiveness of different strategies in the areas of prevention and treatment." (p3, GICT, 2003).

The current status of gambling policy in the US:

- From May 2006
 - 48 of 50 States have legalized gambling
 - 35 have public funds appropriated for problem gambling services
 - 28 administered by social service agency/4 by NGOs/2 by a regulatory agency
- Problem Gambling Services have developed independently and are unique state by state. This has made it difficult to develop service system level best practices and areas where common standards can exist have not yet emerged, including;
 - Services offered

- Therapist standards/certification
- Funding levels
- Administrative structure
- Data collection

Questions that still need answering after consideration of the international evidence base:

- What are effective population based approaches to minimize harm?
- What is the appropriate mix of services to accomplish stated goals?
- What interventions are most effective and for whom?
- What are appropriate outcome/performance measures for a system?

7.3 “Costs” and Public Policy John Lepper* Senior Adviser National Lottery Commission

The benefits of many gambling products and types of behaviour are well-known to many gambling operators. They are much like many other products and include the chance of harnessing a dream, release from tedium and a chance of social interaction as well as the more normal fun or enjoyment. However, many commentators are puzzled that people are prepared to devote considerable time and resources to a loss-making activity. This should not surprise us. For those with negative life chances the opportunity of a randomly determined outcome represents a beneficial alternative to those who have never experienced an equal chance.

These benefits must not be forgotten when making policy because they act as a brake of the activities of policy-makers. For example, it would be simple to outlaw gambling if it had no redeeming features. That would eliminate the harms and would not mean that people would be forced to forego the pleasures of gambling. But the fact is that gambling is pleasurable and apparently safe for the great majority of people who do it. That forces most regulators and policy-makers to seek much more subtle ways of reducing gambling harm than supply bans. Moreover, the existence of such benefits raises the possibility that indirect policy measures, such as encouraging competition between suppliers over the provision of safe gambling, may be developed as effective policy instruments.

The crucial issue for policy makers and regulators is the extent of gambling harms. One episode can have wide repercussions, many of which can be negative to many people. However, virtually none can be counted as costs in the strict economic sense. This is because a negative impact for one person is an identical and positive impact for another. For example, even if one concedes that some problem gamblers incur increased volumes of debt as a result of their gambling the fact remains that the increase in debt represents an increase in wealth to the person who lent the money. Hence, impacts are transferred around society so harms are called transfers. They may affect the distribution of resource use but they do not significantly affect the relative intensity of that use.

* Thanks are due to many colleagues over many years for contributions to the ideas contained in, and earlier drafts of, this paper especially Phillida Bunkle and Stephen Creigh-Tyte. The views expressed in this work are my own and cannot be construed either in whole or in part as representing the views of, or as endorsed by, my colleagues, the UK Government or the National Lottery Commission. Any errors of fact, logic or judgement that it contains are my responsibility alone.

Costs and Benefits Foregone

In ordinary speech costs are the value of stuff we would rather not have. By contrast, the costs discussed by economists have a precise meaning. They are opportunity costs; real resources which are currently employed but which could be used for another more productive opportunity. Hence, the costs of an activity are the extra benefits which could be enjoyed if only the resources it consumes could be redeployed to their most productive uses. The costs of gambling are the extra benefits which are foregone as a result of its existence. Potentially, with sufficiently skilled policies and regulations, it should be possible to reduce such costs while making no-one in society worse off.

These costs are calculated by comparing actuality with a theoretical counterfactual. This counterfactual is essentially a model of an alternative reality. In the case of gambling, it normally takes the form of a state of no gambling or non-problem gambling or normal gambling depending on the problem that is being investigated. Note that the choice of the counterfactual strongly influences estimates of the quantum of costs.

The existence of such costs means that everyone could be made better off if only those costs could be eliminated or reduced. So their existence is not dependent on the opinion or interests of particular sections of society. With sufficient information and technical expertise it should be possible to calculate their extent, longevity and distribution between different classes. Hence, in principle, everyone can agree on them and their presence and extent detected by economic science.

However, there remains a disagreement about the scope of social reality to which this concept of costs can be applied. Two bodies of thought have emerged in recent years.

Atomistic Society

Some⁴ wish to argue that in a society composed of rational individuals who bear the full costs of their actions the only benefits are those enjoyed by individuals unless a person's enjoyment is somehow constrained by the action of another. It is presumed that gambling is an enjoyable activity like any other. A person in deciding to gamble takes into account beforehand the possible negative impact on her work prospects, health, housing, relationships, etc. Any costs which might unexpectedly occur are then a matter for incomplete information.

It is also implied that in that case, social costs are simply the extra benefits which gamblers could have enjoyed if only their actions were not fettered by other people. In the case of gambling, such side effects are likely to be confined to imbalances in information between punters and operators or cheating.

The market failure reasons for intervening into gambling markets rest upon this type of theory. Gambling operators can exercise market power to mislead customers, may induce addictive behaviour (hence irrational) among members of vulnerable groups and extort external costs through criminal behaviour. These three categories of market failure form the basis of the Licensing Objectives of the Gambling Act 2005.

⁴ See for example D.M. Walker and H. Barnett (1999): "The Social Costs of Gambling: An Economic Perspective", *Journal of Gambling Studies*, Vol 15, No 3, pp 181-212 and D.M. Walker (2003): "Methodological Issues in the Social Cost of Gambling Studies", *Journal of Gambling Studies*, Vol 19, No 2, pp 149-184.

However, while these broad principles give a solid theoretical foundation for intervention in the gambling market they provide no guidance about what form that intervention should take or when it should occur.

Social Costs

Others⁵ argue that this notion of cost is too narrow. They argue that the actions of gamblers clearly impinge on other members of society and on the operation of society's institutions.

Quite apart from the mental anguish suffered by problem gamblers, excessive gambling may lead to the reduction in life chances of immediate family members because of reduced educational opportunities, family violence, stress-related illness and disrupted housing. It may lead to an increase in criminality. It may lead to increased bankruptcy with all the disruption to employment that can bring. Some might say increased gambling leads to greater corruption in public affairs. It is conceivable that it undermines motivations for saving and hard work. It is likely to require the expenditure of tax revenue on treatment. The time spent gambling might have been used to support voluntary organisations which benefit many people. It is argued that all these represent the social costs of gambling.

These social impacts are said to arise because of the imbalance of power that exists between punters and regulators on the one hand and operators on the other. In part, that imbalance exists because of direct manipulation by operators of the gambling environment so as to mislead or deliberately create uncertainty. It may also occur because addicted punters are vulnerable to encouragement to feed their habit.

Intervention

This debate is of little use to those of use who have to face the reality of the costs of gambling and advise Ministers on how to minimise them. The fact that most of the so-called costs of gambling are not costs in the economic sense but are instead transfers does not make them any less politically, economically, financially or socially important. It does not mean, therefore, that they can be ignored. It does not eliminate the need for policy to be proportionate, targeted, consistent, accountable and transparent. Finally it does not mean that the search for effective, efficacious and efficient regulatory instruments should be abandoned.

NEGATIVE IMPACTS OF GAMBLING⁶

If it is not possible to technically define the costs of gambling from first principles a different more pragmatic approach is needed. This might be termed the political economy approach. In particular, a political element is required to decide the following questions:

- Which harms are to be addressed and which are not? Which behaviours need to be controlled and which do not?

⁵ For example E.L. Grinols and D.B. Mustard (2001): "Business profitability vs. social profitability: Evaluating the social contribution of industries with externalities, the case of the casino industry", *Managerial & Decision Economics*, Vol 22, Nos 1-3, pp143-162.

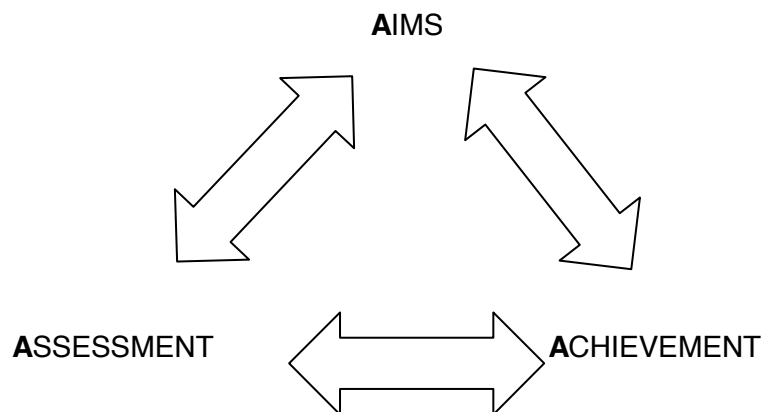
⁶ This sections draws heavily on Karen Hayward (2004): "The Costs and Benefits of Gaming: A Literature Review with Emphasis on Nova Scotia", GPI Atlantic funded by Nova Scotia Gaming Foundation, July.

- How important in terms of incidence and longevity are gambling harms relative to other mischiefs?
- Who needs protection from harm and who does not?

It involves defining outcomes which are considered to be undesirable and then framing policies which are likely to reduce or eliminate them. In this section we are no longer talking within the confines of existing economic discourse.

The process of policy-making and regulation can be summarised by means of the following chart. It is envisaged a process of setting aims for policy, finding alternative methods of achieving those aims and assessing how effective those interventions are. It might be labelled the Three-As of regulation and policy-making. It is a process which can begin at any point in the cycle (see Fig. 10). Moreover, it is a process which continues until it is actively prevented from continuing.

Figure 10: THREE As OF POLICY MAKING



In practice, the political economy approach means that the nature and tolerable extent of negative gambling impacts are decided politically. This means that:

- They are disputable and are never cut and dried;
- Tolerance levels are likely to change over time and may be different in different places;
- Different gambling behaviours may require different policy approaches; and
- Well-founded research has a central role to play so that decisions are well-informed and not monopolised by narrow vested interests.

In this approach, policy-makers and regulators represent the public interest in the face of market power exercised by gambling operators. There is a wide range of approaches to this problem running from beneficent self- or co-regulation to out-and-out autarchy. Nevertheless, whatever the means the ends are the same; to protect society from the negative impacts of gambling.

While this approach has the virtue of avoiding fruitless disputation about the nature of costs and the meaning of the term “social”, it has a number of potential weaknesses. Each weakness may call for subsequent management either individually or in concert. First, it does not guarantee that the state of affairs which results will be superior to that with which we started. Second, it may set in train a number of unforeseen dynamic effects which are not necessarily favourable to the overall policy outcome in the long run. Third, it may have undesirable distributional properties many of which may be unforeseen or unforeseeable.

The main negative impacts which have been identified by Hayward from existing studies are summarised in a framework (see Appendix 2). The framework considers harms in relation to; health and wellbeing, culture, recreation and tourism, law and justice, employment and education, economic development and finance at the level of individuals and families, communities and society. Any such summary has limitations.

First, this does not say that there is causal relationship between gambling or problem gambling and any or all of the negative impacts listed. It is not possible in our current state of knowledge to draw up causal relationships between the nature and extent of gambling and the type and severity of negative impacts.

Second, most of the impacts that have been identified result from studies into problem gambling however defined. There are too few studies into wider gambling behaviours to allow wider conclusions to be drawn.

Third, there are no studies of the social impacts of gambling. Hence, it is not possible to say how widespread or how serious impacts are in particular cases. Moreover, we do not know if there are significant omissions.

Fourth, there are many duplications in the framework. To accumulate them as such risks serious double or even triple counting of the quantum of negative impacts. Moreover, most of the impacts are not costs in the economic sense of the term and could just as easily be regarded as positive impacts for other groups in society. Hence, judgements about whether or not gambling is a desirable activity and whether or not it should be regulated rest largely upon the ethics and politics of the matter.

Nevertheless, noting the range of impacts has the advantage that it can ensure all negative impacts of gambling are considered together so that the political process can identify which are more important than others. The National Lottery etc. Act 1993 as amended and the Gambling Act 2005 place most importance on ensuring gambling is crime free, safe and fair. Hence, in the UK policy is directed at those harms in the health and well-being, culture and legal and justice categories.

POLICY ISSUES

It is not possible to precisely determine whether, how and in what circumstances policy should intervene to reduce gambling problems. Theoretical models are of little assistance and the evidence that has accumulated so far does not guide policy in a precise way. For this reason, it is difficult to ensure that policy is accurately targeted and proportionate to the effect required. All the more reason, therefore, that it should be accountable, transparent and consistent.

There is little in the way of definitive results about the relative effectiveness, efficacy and efficiency of measures to reduce gambling harms. For that, an analysis based on longitudinal or panel data would be required.

Nevertheless, a recent heroic attempt by Williams and his associates⁷ to rank harm reduction methods suggests that:

⁷ Robert J. Williams, Beverly L. West and Robert I. Simpson (2007): "Prevention of Problem Gambling: A Comprehensive Review of the Evidence", Report prepared for the Ontario Problem Gambling Research Centre, Guelph, 1 August.

- Restricting access;
- Restricting entry to venues by potentially vulnerable persons; and
- Preventing the concurrent use of alcohol and tobacco

are the most efficacious means to reduce problem gambling. At the same time it also appeared that:

- Information provision and awareness campaigns;
- Lessons on statistics;
- Reduced hours of operation;
- Self exclusion;
- Problem gambling training for employees;
- Changing the parameters of slots operations;
- Maximum loss limits;
- Restrictions on advertising;
- Changing venue design; and
- Increasing the costs of gambling

were least efficacious.

Again we have to be wary of this piece of analysis. First, it deals only with measures in isolation and does not deal with combinations of measures which may be more or less effective. Second, it deals only with the effects of the measures on problem gambling and does not consider the effects on the wide range of negative impacts identified. Even then the most efficacious measures were judged as no more than moderately highly effective. Third, most of the studies surveyed were undertaken in overseas jurisdictions which have different gambling environments from the UK and it is possible that their relative effectiveness would change if they were transported to other circumstances. Fourth, there is no attempt to measure the efficiency of the measures with the consequence that could impose heavy economic burdens on gamblers and operators.

Despite all these caveats it seems that the most effective way to reduce negative impacts of gambling is to induce or impose moderation in the use of gambling facilities and to prevent substance abuse which is commonly co-morbid with problem gambling.

Such restrictions prevent customers and operators from adjusting in optimal ways to achieve the outcome desired by the political process. This may have serious negative impacts on gambling operators especially those who rely on a small proportion of customers for a majority of their revenues. It may also mean that some gamblers and operators divert their attention to other forms of gambling which are less safe than regulated ones and less easy to monitor. Finally, it may mean that the burdens of these restrictions fall disproportionately on certain groups. Any or all of these effects may have to be subsequently modified by further policy settings.

Making policy on, and the regulation of, gambling is a continuous process. For example, it might be argued that the last decade in the UK, before and after Budd, has seen an active debate about the extent and form of the most serious gambling harms together with the development of measures designed to reduce them. As such it is an illustration of the political economy approach in practice. This debate is likely to continue into the future.

CONCLUSIONS

The essence of gambling policy is to use public power to reduce the negative impacts that are associated with gambling. This means that the specification, timing and intensity of gambling policy are more a matter for political dispute than technical argument.

Moreover, at its essence gambling policy consists of constraining the market freedoms enjoyed by gambling operators for the benefit of the public at large. While this may take a variety of forms it is important that each type of regulation be openly justified in terms of its effectiveness, efficacy and efficiency. This, in turn, implies an open and well-informed public debate about gambling harms.

Finally, it is unlikely that gambling policy can take the form of being set once and for all time. Modifications to the situation in which it operates are likely to be necessary as negative side effects of the policy and new developments in gambling technologies emerge. This remedial action should be seen as part and parcel of the political economy approach to gambling policy.

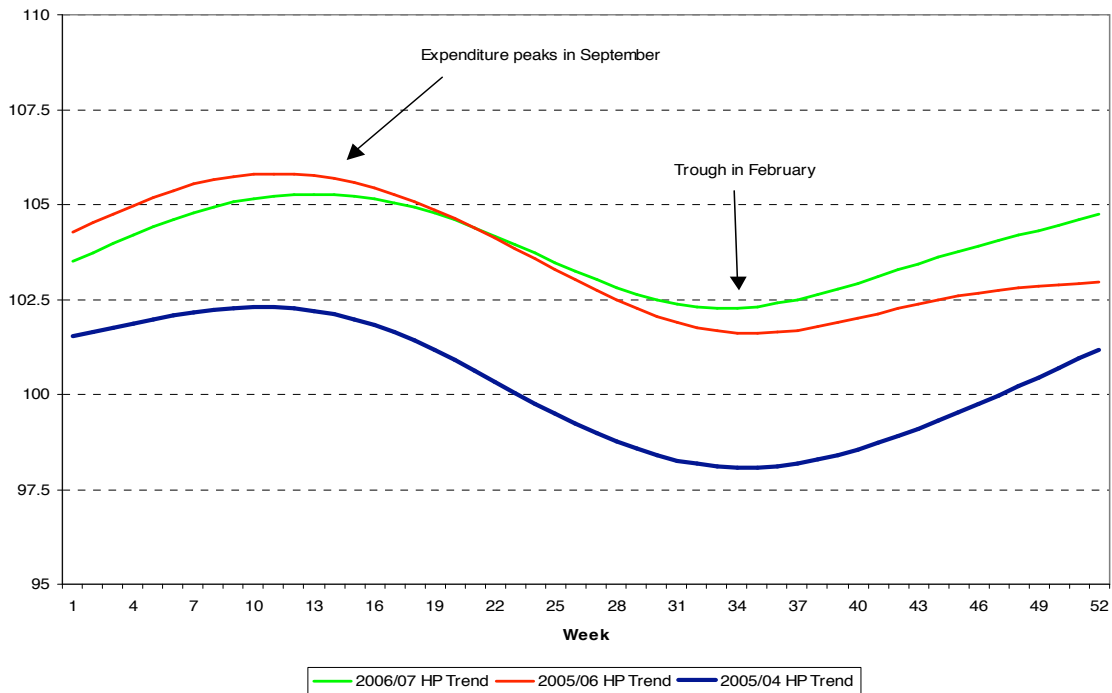
7.4 Public policy formulation: A case for integrated strategy, Micheil Brodie Department of Justice Victoria, Australia

Policy debates on gambling are generally situated in the context of large heavily regulated markets where governments seek revenue and attempt to manage the social cost of illegal gambling. These are often complicated moral as well as technical debates

One point noted in Victoria is that gambling has a stable trend (see Fig. 11). There are periods of higher and lower intensity in gambling activity that are replicated annually.

Taking action on problem gambling is a five year strategy that sets out, for the first time, a comprehensive framework to guide the development and implementation of the Government's strategy to combat problem gambling in Victoria. The strategy provides funding of \$132.3 million over five years from 2006-07 to 2010-11 to deliver an integrated approach to consumer protection and to the prevention, early intervention and treatment of problem gambling.

Figure 11: Patterns in gambling activity across 3 years (04/05-06/07)



In *Taking Action on Problem Gambling* (Dept of Justice, 2006) key policy challenges were identified as:

Moral Conflict: The community has a wide range of views about gambling and its place in society. Whilst many enjoy gambling, others consider it to be morally questionable. The Victorian government recognised that gambling occurs in every society and that the harm caused by criminalising gambling may be greater than the harm caused by legalising and regulating it.

Technological change and product convergence: The gambling industry is increasingly technologically sophisticated and the pace of technical innovation over the last three to five years has been extraordinary. This pace of change is likely to increase and laws must keep pace with these changes.

Industry consolidation: In Victoria, the number of gambling providers has more than halved since 2000. In the hotel sector, for example, more hotels (particularly those with gaming machines) are now in the hands of hotel groups than are owned by individuals. Big operators have become even bigger.

Relationships between problem gambling and other critical social issues: Problem gamblers often have other health or lifestyle problems. For example, serious mental illness, depression, and drug or alcohol abuse may co-exist with a gambling problem. Understanding the nature of this relationship is critical to creating coordinated and responsive services for problem gamblers. This is a significant challenge for both government and service providers.

Policy deals with people and must therefore take into account complexity, uncertainty and differential responses.

Gambling presents a specific set of policy relevant factors. These are summarised in Taking Action on Problem Gambling (Dept of Justice, 2006) as:

Gambling creates external costs to the community: Some people in the community experience significant harm from problem gambling and others are at risk of becoming problem gamblers. Those impacted by problem gambling can include the gambler's family and friends. As this harm results in a significant cost to the Victorian community, it is appropriate that governments develop strategies to combat problem gambling and provide services to support problem gamblers, their families and friends.

The Government should tax the gambling industry to provide services and other benefits to the community: The gambling industry is highly profitable and reaps the benefit of operating in a tightly regulated market in which the number of licensed participants is limited. It is within this context that Governments tax the industry. The tax revenue raised from gambling should be used to address the harm caused by problem gambling and to deliver other benefits to Victorians such as health, education and other community services.

Gambling products should be fair to consumers: Many people who gamble are unable to judge whether or not a particular gambling product is fair or whether they will receive winnings that might be owed to them. For this reason, it is crucial that government intervenes to ensure fairness and product integrity.

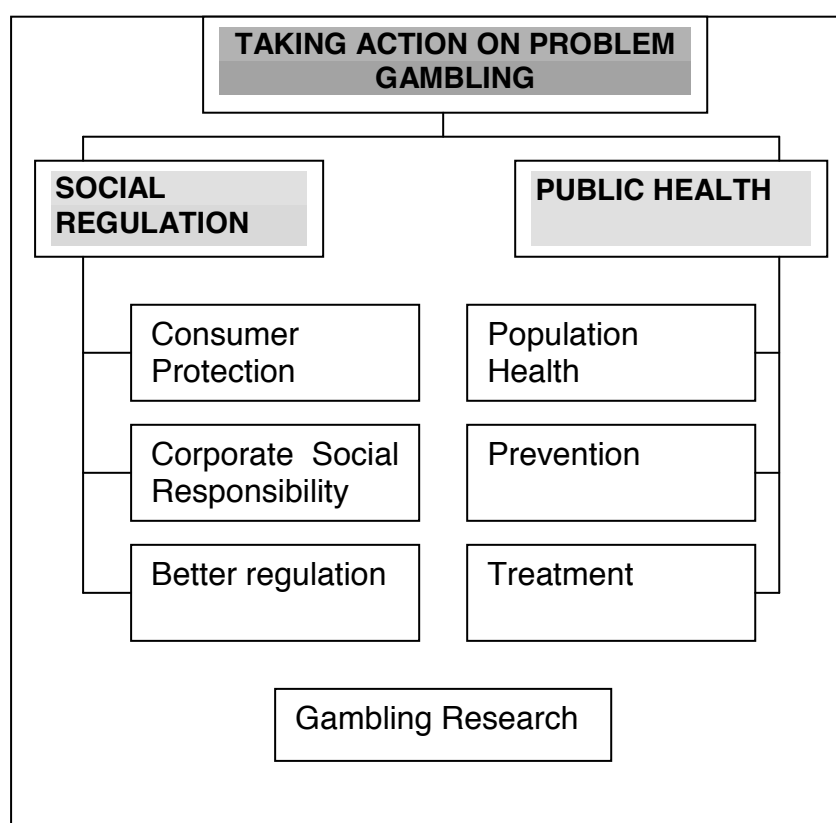
Gambling can attract corrupt and criminal involvement: Society and democratic institutions are significantly damaged when illegal gambling takes root. The endemic corruption identified by Commissioner Tony Fitzgerald in Queensland was, for example, partly the result of illegal gambling operators protecting themselves from prosecution. Having a legal, crime-free gambling industry is the best way to minimise this real threat.

How do we go about developing policy responses to an issue like this? Policy is theory, underpinned by values and principles that form the basis of decisions, assumptions and prejudices. Policy also has to be implemented and consequences (intended and unintended) of application must be taken into account for successful long term change.

Our approach in Victoria took account of health and economics based theories and accepted that a strategic policy framework is essential. This framework can be understood as a system which is underpinned by a theory of objectives for change can be achieved (see Fig. 12). Theories adopted for addressing problem gambling in Victoria were drawn from:

- Health based Sciences
- Public Health paradigm
- Health promotion and population health
- Evidence based treatment
- Disease burden and environmental factors
- Economic models
- Consumer protection
- Social Regulation
- Tax Policy
- Peoples beliefs and skills

Figure 12: HOW THE STRATEGY FITS TOGETHER



(From Victoria Dept of Justice, 2007, Taking Action on Problem Gambling: Progress Report 2006/7)

Within the system our public sector capability contains:

- Generalists and policy skills
- Robust methods
- Operational Flexibility
- Values and Discipline
- A long term view with built in evaluation
- Consideration of policy versus legislation and the implementation of both
- Sustainable funding
- Innovation and information cultures

According to Mark Moore (1995) policy must demonstrate through performance measures that it is creating public value and in so doing must retain the support of legislators who act as authorizers. This can create a dilemma—how to balance the expectations of authorizers and those most immediately affected by their programs with the need to serve the broader public. Authorisers want progress, accountability, diligence, responsiveness and authenticity. In relation to gambling policy these characteristics can work towards achieving public value through:

- Reduced harm
- Social balance
- A sustainable industry (social and environmental)

7.5 Public Policy Response Discussion Points

- What existing social service and mainstream health systems can be utilized to provide problem gambling services?
- Who is responsible for problem gambling policy?
- What are common evidenced based strategies that can be developed across systems/borders?
- What are the philosophical/ethical standpoints underpinning UK policy responses (including the role of liberal and utilitarian philosophy) and what are the conflicts between policy paradigms? Does UK policy need moral certainty or a moral compass?
- Institutional design issues – How to evaluate that the UK has got the right structures in place?
- Different types of regulation should be openly justified in terms of effectiveness, efficacy and efficiency. This, in turn, implies an open and well-informed public debate about gambling harms and benefits. How should such a debate be promoted?

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