



Gambling News from Around the World

Inside this issue:

- Gambling News from Around the World 1
- About GAPHA! 2
- Conferences in 2011 2
- The ABCDE model of public health 3
- Pre-commitment technology 4
- Recent books 6
- Industry spotlight 7

A public health approach to gambling examines the broad impact of gambling rather than focussing solely on problem and pathological gambling behaviour in individuals. It takes into consideration the wider health, social and economic costs and benefits; it gives priority to the needs of vulnerable and disadvantaged people; and it emphasises prevention and harm reduction.

DA Korn

Australia

A major review of gambling continues in Australia. The review has the potential to lead to significant reform, and the adoption of a gambling harm reduction programme for electronic gambling machines in particular. This includes the possible implementation of a nation-wide mandatory pre-commitment scheme. The expert advisory panel is due to present their report to the Select Council at the end of March. The government is at risk of losing its majority if the reforms do not go through.

New Zealand

A Private Member's Bill, the so called "People before pokies" Bill, is due for a first reading in March. The bill, in its current form, would radically change legislation around Class 4 gambling in the country. It would develop pre-commitment systems and give communities the ability to reject having pokies in their communities completely.

United Kingdom

The United Kingdom is looking to tighten up its laws with respect to online gambling. The 2005 Gambling Act made it easier for online gaming sites to operate in the UK. However the law is now being blamed for a rise in problem

gambling in the country. The Culture Secretary Jeremy Hunt is considering a ban on credit card use to deposit money into online gaming accounts. It would also mean overseas companies doing business with UK customers would have to obtain an online gambling license. The proposal may prove difficult to get through the European Commission however, despite the June 2010, European Court of Justice ruling allowing countries to ban online gambling in the prevention of fraud or the "incitement to squander money".

Europe

European Union officials have finally released a green paper for public consultation on online gambling. The consultation asks 50 questions in an attempt to negotiate the notoriously politically sensitive ground of how to manage cross-border activity. The tensions between countries seeking to protect their citizens or their own state lotteries and online gaming companies, who have taken to the courts to force countries to open up their gaming markets has led to a huge black hole where illegal online gambling is flourishing. In the paper it is claimed that fewer than 15 per cent of the almost 15,000 online gambling sites available in the EU are licensed. Annual revenues are currently €6 billion, and could double by 2013.

Asia

It is predicted that Asia will overtake the United States to become the worlds largest casino market by the end of next year. There are predictions that Macau's annual revenue for 2011 will be \$US 1 trillion, five times the size of Las Vegas. This is despite China only allowing its citizens to take the equivalent of just \$US 3,000 per day over the border. In Singapore, where two casino complexes opened in 2010, revenue this year is seen hitting \$6.5 billion, rivaling the current take in Las Vegas.

USA

The Internet Gambling Regulation, Consumer Protection and Enforcement Act has been introduced for discussion. In various states demand is growing for the introduction of a ban on video sweepstakes machines which operate in a legal loophole, even in states where poker machines are banned.

Canada

In Nova Scotia the government is introducing mandatory pre-commitment cards for video lottery terminals. Debates are raging around a mega-casino proposed for Vancouver.

About GAPHAI

GAPHAI Mission Statement

To establish an international network, to disseminate information that reinforces the legitimacy of a public health consumer protection approach to gambling and the elimination of gambling related harms.

History

The Gambling and Public Health Alliance International was established at the 2008 International Gambling Conference in Auckland in February 2008. It comprises members from around the world who are working together to eliminate gambling harm. The core group is supported by a committee of advisors.

AIMS

- ◆ Exchanging information and fostering debate.
- ◆ Identifying and disseminating current, high- quality research.
- ◆ Identifying and disseminating information about current and emerging developments in legislation, policy and programs from across the globe.
- ◆ Fostering participation in gambling conferences, seminars and symposiums.
- ◆ Providing support and advice to individuals and organisations who are promoting appropriate gambling harm reduction strategies.
- ◆ Monitoring the development and emergence of new gambling products, methodologies and organisations across national boundaries .
- ◆ Advocating to minimise potential gambling harm.

Reinforcing a
public health
approach to the
elimination of
gambling related
harm

Gambling conferences 2011

10 - 11 March 2011

Thirteenth Annual Wisconsin Council on Problem Gambling Statewide Conference
Kalahari Resort and Conference Center , Wisconsin USA
www.wi-problemgamblers.org/

3 - 5 April 2011

Nottingham Trent University's International Conference on Gambling Studies
Nottingham Conference Centre
Nottingham, Unite Kingdom
www.ntu.ac.uk/

Responsible Gambling Council - Discovery 2011 Conference

5-8 April 2011

<http://www.responsiblegambling.org/en/programs/events-upcoming.cfm>

3rd Asian Pacific Problem Gambling & Addictions Conference

Hong Kong, SAR, China
2-3 June 2011

<http://appgac.org/>

8th Nordic Conference on Prevalence, Prevention, Treatment and Responsible Gaming.

Reykjavik, Iceland

13-15 June 2011.

<http://congress.is/snsus2011/>

The 25th National Conference on Problem Gambling

Boston, Massachusetts

June 30, 2011 - July 2, 2011*

12th Annual NCRG Conference on Gambling and Addiction

Las Vegas Sands Expo and Convention Center, Nevada

October 2-4, 2011

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

NAGS 21st Annual Conference 2011

Crown Convention Centre, Melbourne

November 23rd - 25th 2011

<http://www.nags.org.au/>

The ABCDE model of public health promotion

Revisiting the ABCDE model of community health promotion

The 1986 Ottawa Charter for Health Promotion is the foundation document for current public health promotion practices. The five principles of action of the Ottawa charter are:

- ◆ Build healthy public policy
- ◆ Create supportive environments
- ◆ Strengthen community actions
- ◆ Develop personal skills
- ◆ Reorient health services

Aotearoa-New Zealand was the first country in the world to adopt a public health approach to gambling, and in 2004 Ruth Herd and John Raeburn along with a team of contributors devised and authored *Te Ngira: Gambling and Public Health: A Workplan*. This work sought to build a public health framework for working with four separate but intertwined communities within New Zealand society; the indigenous Maori community, the Pasifika community, the Asian community and the Pakeha or European community.

This is a short hand guide to the model.

A. Awareness raising

In the awareness raising stage the aim is for the health promoter to demonstrate at a very local level the impact of gambling on people in a community. It is not designed to talk about the "horrors" of gambling, but to clearly articulate the current realities of gambling in a community, with localised and meaningful data, given in presentations at any public forums possible. The key is to make it specific to the community.

B. Building networks and coalitions

In the course of bring people together at the community level for presentations and to dialogue about the social issues around gambling, people will become interested in taking some action. The aim of this stage is for the

health promoter to nudge people into forming groups at the local level "action groups". Once these groups are formed the health promoter's role is to provide support, guidance and often resources, but also to guide the groups into becoming autonomous. The idea is to move from loose networks of interested individuals and move towards connected coalitions of self-supporting groups.

C. Community Development

As these connected coalitions grow the health promoter or networks of health promoters can begin to assist the actions of whole localities, or urban communities or whole cultural or other groupings They can help to define support infrastructure and facilitate communications amongst groups.

pens at the local level. What happens at the micro or local level can then feed into and inform what happens at the macro or national level

The new skills and processes that are developed in the course of this should be documented by the health promoter in order to create libraries of resources for new organisations to tap into. This is an iterative or regenerative process.

E. Evaluation

Evaluation is the essential element of this model, and it is often the one most overlooked by busy public health promoters. At basic level public health people should record, reflect and assess. They should not feel overwhelmed by the thought of having to do formal evaluation, just recording data for later researchers is immensely valuable. Recording all actions at the time they are taken. Taking time to reflect after each event or action, and record small outcomes, such as numbers present at events for example. Recording thoughts and impressions This is all valuable qualitative data, for a personal review or for use by later researchers. The worker can then also move towards using questionnaires and surveys, as well accessing quantitative, or statistical indicators of success.



They can identify resource needs and help to pool and target resources. However it should be clear that it is best if communities and groups themselves determine what their needs are and how best to meet them.

D. Developing policy and resources

The Ottawa Charter describes good health promotion policy as combining "diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change." The ABCDE approach advocates that policy development should happen hand in hand with the community development process, and by empowering communities to make determinations about what hap-

References

Raeburn, J. & Herd, R. (2004). *Te Ngira: Gambling and public health: A workplan*. Auckland: Hapai Te Hauora Tapui.

Pre-commitment card technology: Some options

This diagram from the Australian Productivity Commission's 2010 report on gambling, articulates the complexities, and options available with a pre-commitment system.

The report indicates that the effectiveness of these systems is highly sensitive to the details of policy framework in which they are implemented. The report claims that the effectiveness of the policies depends on several overarching factors:

salience: an adequate range of features — such as spending limits, warnings or player

statements — that address the major problems consumers experience

leakage: the capacity of player to circumvent any pre-set limit (such as by swapping player identification devices or playing on another gambling form not covered by the pre-commitment system)

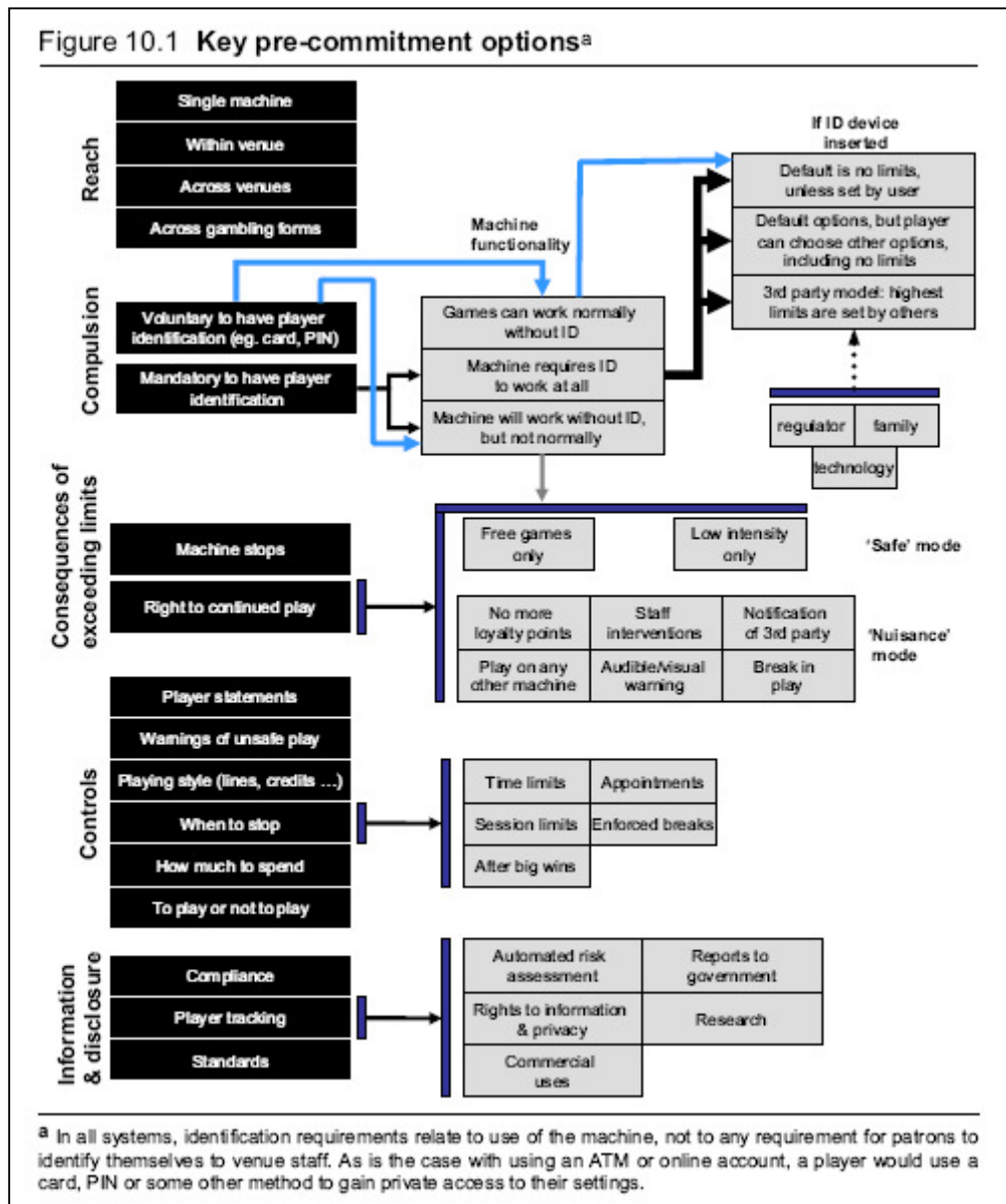
pleasure: how it affects entertainment value

burdens on occasional gamblers: those regular gamblers experiencing no control or other problems at all.

costs: for venues and network system providers (such as equipment acquisition, staff training and compliance burdens).

References

Productivity Commission. (2010). *Gambling*. Report no.50. Canberra.



Pre-commitment card technology: Industry tactics

Pre Commit Card Technology and the appeal of “Dumb Cards” to the Gambling Industry.

I was fortunate enough to attend a gambling industry presentation on the application of pre-commit card technology for machine gambling at the European Association for the Study of Gambling conference in Vienna last year. In this presentation issues were raised that are pertinent to recent developments in both Australia and New Zealand. This presentation by SPIELO (a manufacturer of gambling machines) developed numerous propositions predicated on the gambling industry voluntarily introducing harm minimization interventions in order to avoid government generated interventions that may reduce the profitability of the gambling business.

Their view seemed to be that pre-commit technology should have the appearance of an effective

intervention but be structured so as not to affect their profits. It was suggested that this could be

achieved by ensuring registration for cards was easy and anonymous, that pre commit limits could be changed easily- ideally while gambling, and that game content could be accessed without cards. It was seen as essential that systems allow for multiple cards to be held by individual gamblers and that systems be structured to ensure that pre-commit systems won't prevent gamblers from spending more than they intended to.

They described the card based pre-commit system they had developed as a tool to mitigate public opinion rather than a tool to reduce problem gambling describing it as a “seat belt, and whether the problem gambler used it was over to them and not the gambling industry's problem”.

This presentation was pitched at the gambling

industry and selling a card based system for pre-commit primarily to mitigate the impacts of negative public perceptions. It was explicitly influenced by Schaffer's disease model of gambling and referred to the unintended negative effects of removing machines in Nova Scotia that is, “there was no increase in Lottery expenditure despite a \$50m downturn in revenue from VLTs” (Canadian Pokies). This was seen as a pity as revenue was lost “needlessly” when some window dressing problem gambling interventions may have been enough to change the public/ regulatory perception sufficiently to avoid a mandated intervention.

These sentiments were reflected in a recent application by a Casino group in NZ to include pre-commit features in its player tracking technology. The Casino applied to the regulators for permission to introduce alterations to its Player Tracking system allowing

for pre-commit features that included many of the features recommended by SPIELO. In the view of PGF this amounted to an impotent pre-

commit system. The PGF suggested that if a comprehensive pre-commit system could not be achieved then a requirement for photo ID for entry into a casino should be introduced. This is a widespread system harm reduction system in the UK/Europe that has the potential to improve the integrity of self exclusion systems.

The SPIELO thinking on Harm Minimization interventions with the appearance of effectiveness but without fundamentally affecting business seem to be surfacing in the Australian debate on introducing pre-commit cards. Biometric features that would individualize cards have been specifically rejected, fundamentally on the basis that they would reduce problem gambling and profits.

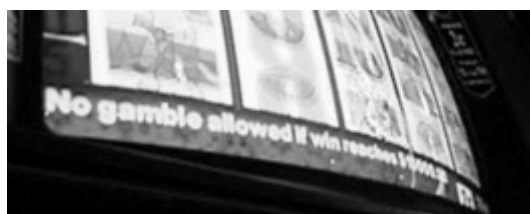
Increasing the safety of gambling inevitably

means reducing profits for the gambling industry. While in any given mode of gambling problem gamblers will be a minority they will also be the gamblers that participate for the longest times and spend the most money. However the alternative to safer gambling is the exploitation of an addiction which should be unconscionable in a healthy society. In gambling this is simple fact is our “elephant in the room”

Pre-commit interventions that sound great can be either wonderful or completely useless depending on the system characteristics. In Australia there is an opportunity to implement a pre-commit system but an effective system will require the political will to take on an industry predicated on problem gambling and a political system dependent on it. As people with a public health interest in gambling we should be supporting the implementation of any intervention that makes gambling safer. However the devil is always in the detail with harm minimization interventions and the public need us to analyze this detail. As an international alliance we need to be voicing our support for effective systems and outspoken in our criticism of systems that are window dressing for the gambling industry.

It may be better to have no pre-commit system at all than to have a useless one.

Philip Townshend
Problem Gambling Foundation of New Zealand



Recent publications

An Unsafe Bet? The Dangerous Rise of Gambling and the Debate We Should Be Having

Jim Orford

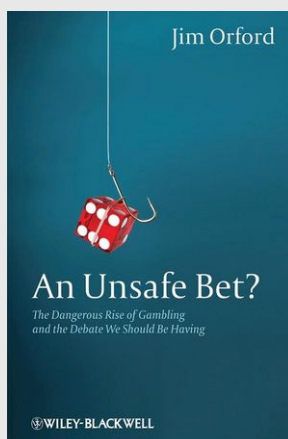
ISBN: 978-0-470-66120-8

Paperback 300 pages

February 2011

Jim Orford's new book reveals how gambling represents a danger to public health due to its inherent addiction potential, which is being intentionally downplayed by the gambling industry and governments.

- ◆ Lays bare the extent of gambling and its effects on society
- ◆ Exposes the dilemma for policy makers, who are charged with protecting public health but also increasingly dependent on revenues earned from gambling
- ◆ Written by Jim Orford, an internationally respected authority on the topic
- ◆ International examples broaden the argument and reveal the global stakes involved



Reviews

"Gambling pervades society – from online gamblers, casino regulars and betting office punters to those buying lottery tickets and scratch cards. This book explores the extent of gambling and opens a debate on the crucially important topic of its effects on society.

The author is an internationally respected leader in his field – I can think of nobody better qualified to produce a work which will no doubt have a profound influence in policy terms and at the same time be a 'good read'."

—Professor Roy Light, Director of Research, Bristol Law School, UK

"There is growing interest in this topic internationally, coinciding with continued expansion of gambling and increased awareness of individual and societal harms associated with some gambling forms. Jim Orford has a solid understanding of the UK situation and its international context, and writes in a clear, interesting manner. His singular, coherent presentation will help inform public and political debate regarding gambling policy."

—Professor Max Abbott, Pro Vice-Chancellor and Dean, Faculty of Health and Environmental Sciences, Auckland

The Social and Economic Impacts of Gambling.

Final report prepared for the Canadian Consortium for Gambling Research.

Robert Williams

Jurgen Rehm

Rhys Stevens

PDF 284 pages

March 2011

The Canadian Consortium on Gambling Research (CCGR) has released the project's final report, The Social and Economic Impacts of Gambling (2011). The report was co-authored by Dr. Williams, Dr. Rehm and Mr. Rhys Stevens.

The report is in two parts. The first attempts to simplify The Socio-Economic Impact of Gambling (SEIG) Framework by proposing principles for meaningful socioeconomic impact analyses, and the second is a comprehensive review of nearly 500 existing studies on the impact of gambling.

The report's key conclusion is that assessing



gambling's overall impact will always involve subjective judgment, as it is not possible to reliably combine social and economic impacts to arrive at an overall bottom line.

Among several other principles, the authors suggest that researchers interested in measuring gambling's impact should avoid applying arbitrary monetary values to non-monetary impacts, create impact profiles instead of a bottom line, examine micro and

macro geographic impacts, compare impacts with changes in control communities, apply basic economic principles to their evaluation, and use longitudinal research designs when possible.

The analyses of empirical studies shows that gambling's impacts are mixed and differ based on the type of gambling. In general, the most consistent economic impacts across all forms of gambling tend to be increased government revenues, increased public services, increased regulatory costs, and either positive or negative impacts on non-gambling businesses. The most consistent social impacts tend to be increased problem gambling (with most of this increase occurring after initial introduction), increased crime (to a small extent), increased socioeconomic inequality (to a small extent) and more negative attitudes toward gambling.

You can download the final report from www.gamblingresearch.org.

Industry Spotlight

The horrific NYC bus crash which killed 15 people highlights the way casinos target Chinese-Americans. In Australia the similar “bingo bus” phenomenon targets the elderly.

About 30,000 Chinese New Yorkers per week board discount buses that take them from Chinatown to casinos outside the city. On the bus in question each of the passengers paid \$US 15 for the 300km round trip journey to a casino in Connecticut, the return trip commenced at 4am. The casino’s website has a Chinese language section offering gaming and bus promotions. Many of the gamblers are elderly, looking for company and entertainment, some are new immigrants with few social supports.

In Adelaide a casino subsidises a bus fare which is usually \$A 40 down to \$A 5 on the condition that the passenger does not leave the casino until 2pm to meet the bus for the return journey. This is the so-called \$5 bingo bus. A review of the responsible code of practice in Australia will be looking at such casino inducements

Sahara becomes latest victim of Las Vegas meltdown



Iconic casino on the Las Vegas strip to close after 60 years in business

In the face of the new threats posed by online gambling, and looking at the distinctly unglamorous and socially isolating images of banks of pokie machines it is almost tempting to feel nostalgic about this. But not really. It just means we need to be vigilant about where the industry is going. And it is going here...

Las Vegas Sands plans €15bn gambling hub in Spain

The Nevada-based casino operator said it was in talks with local authorities in Madrid and Barcelona about building a Vegas-style strip that could cost €10bn to €15bn. Executive Sheldon Adelson says he hopes to call the venture “Euro-Vegas”.

UK company Betfair to use Gibraltar gambling licence.

Online duplicity continues in the wake of lax EU regulation. Betfair is to move to operate under a Gibraltar licence as part of changes that will allow it to avoid the UK’s 15% tax on gross betting profits. The company’s 1,200 UK-based staff will not relocate to Gibraltar however. Betfair will join a host of bookmakers who have shifted offshore to escape the government’s gambling levy. Both Ladbrokes and William Hill have situated some of their online operations in Gibraltar, while even the government-owned Tote runs casino and bingo from Alderney, and its poker site from Malta.

GAPHAI website to be relaunched!

The GAPHAI website is about to be relaunched in June.

The site will feature an online forum where members can share stories and strategies for eliminating gambling related harm from a public health perspective. It will be a meeting place where academics, policy people and practitioners can communicate and connect. Public health workers can post and boast about their successful campaigns and ask questions and obtain peer support.

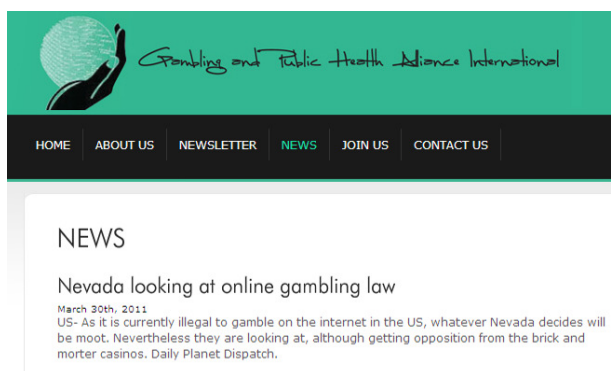
There is also a news blog which is updated daily and aggregates all the current international news stories related to gambling fresh off the press. There are usually about 3-5 postings per day. They are links to informative articles which relate to gambling and public

health, the gambling industry or legislation and reform efforts from around the world.

The news blog is up and running, so if you use an RSS reader please include us. If you

don’t use an RSS reader, we will soon be sending you daily updates to your inbox.

Check us out now, and also after we relaunch.



Join the Gambling and Public Health Alliance International

Connect with Alliance members around the world dedicated to reducing and eliminating gambling related harm.

Partner with Alliance members internationally on issues relating to reducing gambling harm.

Share knowledge and information about international developments in legislation, policy and programmes to utilise in the task of reducing gambling harm.

Benefit from the support and advice provided by Alliance members worldwide.

Receive regular electronic newsletters and keep up-to-date with news from other members around the world on developments and issues in their region or country.

Membership to the Alliance is free. The Alliance receives no funding or support from the gambling industry.

www.gaphai.org

GAPHAI Committee Members:

Dr Peter Adams	University of Auckland
Kawshi De Silva	Manukau District Health Board
Mark Henley	Uniting Care Wesley, Adelaide
Cynthia Orme	Problem Gambling Foundation of NZ
Paul D. Potter	Oregon Department of Human Services, Addictions and Mental Health Division
Graeme Ramsey	Problem Gambling Foundation of NZ
Kate Roberts	Gambling Impact Society, NSW
Jessika Svensson	Swedish National Institute of Public Health
Phil Townshend	Problem Gambling Foundation of NZ

Contact details: Amanda Scott

GAPHAI Secretariat
P O Box 8021, Symonds Street, Auckland, NZ
Ph: +64 9 3690619
mandy.scott@pgfnz.org.nz