To develop and promote policies, programs and strategies that are effective in reducing gambling harm.

December 2009

Australian Productivity Commission Draft report – Gambling

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In October, 2009, the Productivity Commission released a draft report on gambling in Australia. This report is being released a decade after the Commission's first inquiry into Australia's gambling industries, at the time considered to be one of the most definitive reviews of gambling conducted.

While terms of reference for this report were similar to those of the first report, considering social and economic impacts of gambling, the audience this time is the Council of Australian Governments (COAG, which comprises the Prime Minister and Premiers / Chief Ministers of State and Territory Governments and representatives from Local Government). The report has not attempted to replicate analysis conducted a decade ago, for example, determining prevalence rates; rather a starting point appears to have been that gambling can cause harm and consumer protection responses need to be put in place.

The draft report commences with a series of key findings, including:

- *Gambling is an enjoyable pursuit for many Australians and Government policies need to balance the sizeable benefits for recreational gamblers against the significant harm it causes some people.*
- *Excluding people whose only form of regular playing is on Lotto or 'scratchies' (essentially 'safe' forms of gambling), only around 15 per cent of Australian Adults gamble regularly.*
  - *Roughly one in ten of those would be classified as 'problem gamblers', with an additional 15 per cent experiencing 'moderate risks'.*
- *About 5 per cent of adults play weekly or more often on gaming machines.*
  - *Around 15 per cent of this group are 'problem gamblers' and their share of total spending is estimated to range around 40 per cent.*
  - *A further 15 per cent of pokie players face 'moderate risks'.*
- *While precision is impossible, estimates of the number of problem gamblers lie in a range around 125,000, with the estimated number of gamblers at moderate-risk ranging around 290,000.*
  - *Their prevalence expressed as shares of the adult population are misleading, given that most of the population do not gamble regularly.*
- *The significant social costs associated with problem gambling mean that even policy measures with modest efficacy will often be worthwhile.*
  - *Rough, but conservative, calculations suggest that even a 10 per cent sustained reduction in harm could provide a gain to society of nearly half a billion dollars annually.*
- *A more coherent and effective policy approach is called for. There is a particular need for targeted harm minimisation policies that can effectively address the high rate of problem gambling among regular gaming machine players. Most gamblers would not be affected by this approach.*

The report effectively refutes the notion that Australia is a nation of gamblers, saying that only about 15% of Australian adults gamble regularly. Significantly the report is suggesting that about a third of regular EGM machine players either have a gambling problem or are at risk of developing gambling problems.

The report has produced a relatively small number of recommendations and each recommendation is quite specific regarding the actions that governments can implement to reduce gambling harm.

Arguably the most significant recommendation is about the introduction of a pre-commitment scheme:
Governments should implement by 2016 a universal pre-commitment system for gaming machines that:

- *provides a means by which players could set personally-defined pre-commitments and, at a minimum, a spending limit, without being subsequently able to revoke these*
- *encourages gamblers to play within safe spending and time limits by specifying default limits*
- *enables gamblers to opt-out, with periodic checking of their preference to do so*
- *applies to all gaming machines in all venues in a jurisdiction (other requirements also specified)*

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The Commission also recommends that::
In all jurisdictions, the maximum bet limit on gaming machines, other than those in high roller or VIP rooms at casinos, should be set at one dollar.

Shutdown periods for gaming rooms in hotels and clubs are too brief and occur at the wrong time. They should be extended and commence earlier.

The Commission has expressed the opinion that if these three recommendations are implemented, then some existing and potentially ineffective harm reduction measures would be unnecessary, reducing regulatory burden on gambling providers.

Community service organisations, church groups and gambling help services have responded very favourably to the Commission's proposals regarding EGM gambling. However, they are less convinced about the Commission's response to online and interactive gambling; the Commission recommending:

The Australian Government should repeal the Interactive Gambling Act, and in consultation with state and territory governments, should initiate a process for the managed liberalisation of online gaming. The regime would mandate:

- *strict probity standards, as for online wagering and venue-based gambling*
- *high standards of harm minimisation.*

At the time of release of this newsletter, the Productivity Commission is conducting forums in the Australian capital cities and will present its final report by 26th of February 2010.

The full draft report, appendices and all 285 (so far) submissions are available on the Productivity Commission's web site: www.pc.gov.au From the homepage select 'Current Projects' then select 'gambling'

The Productivity Commission Draft Report: Chapter on Internet Gambling October 2009

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The PC report's consideration of online or internet gambling, contained in Chapter 12, notes that the internet has become a normal feature of commercial and social exchange over the last 10 years, transforming the way business is done and the ways people communicate with each other. Gambling has grown rapidly on the Internet. In 1999 a search for Internet gambling provided 7000 hits whereas a similar search in June 2009 yielded over 13 million hits.

Much of the consideration of internet gambling in the report focuses on the effect of the Interactive Gambling Act 2001 (IGA) for Australia. This effectively prohibits Internet gambling operators based in Australia from providing gambling to Australians, though (as in NZ) Australians can legally gamble online on offshore sites. The PC report regards this as a prohibitionist legislative approach and directly compares this to the American prohibition on alcohol in the 1930's. The report identifies the failures of prohibitionism as attempting to address supply without addressing demand.

The report also notes the inconsistency inherent in preventing Australians from using a domestic gambling provider, (which might be more effectively regulated and thus be more focused on harm minimization) while potentially allowing Australian internet gambling providers to offer gambling to overseas gamblers. The report comments on the lack of choice this offers Australians as it "forces" Australians to gamble online on offshore sites where probity is more difficult to establish and disputes with providers are more difficult to resolve. The PC regards the prohibitionist status of online gambling in Australia as essentially an unregulated environment and argues for controlled liberalization to increase regulatory control.

Comparing gambling prohibition with the prohibition of addictive substances is interesting and sometimes illuminating as many parallels emerge. Prohibitions tend to encourage unregulated and unscrupulous providers. This in turn leads to a loss of taxation income, reduces product quality, criminalizes otherwise law abiding citizens and chokes the development of a legitimate [Australian based] industry. However this analogy would be more interesting if the comparison was made with contemporary legislative prohibition regimes on substance use such as the law on methamphetamine or cannabis and the legislative controls on nicotine sales rather than the 1930's American alcohol prohibition.

The report includes a brief but informative summary of the literature on online gambling harms. This literature suggests that online gambling may be more harmful than land based gambling and proposes a number of mechanisms that may explain this. However the PC and most academic authors note that the

literature suffers as a result of: the low participation rates in both online gambling and research, the difficulty in obtaining unselected samples; and the problem that once samples are selected the data are obtained by self report it is for historic gambling. As a result there are at present significant uncertainties about every aspect of online gambling.

The particular online gambling harms identified by the PC are the ease of access and the use of credit cards in online gambling. Ease of access refers to: country dwellers having access to gambling; city dwellers having access without travel or parking; increased access by the disabled or elderly; and the 24 hour 7 day availability of gambling. This was seen as exposing new participants to gambling and increasing the infrequency and intensity of gambling and therefore making problem gambling more likely. The use of credit cards was regarded as magnifying gambling harms as gambling on credit and/or on credit cash-advances is more expensive than gambling with cash. These issues escalate the harms of gambling, which the PC regards primarily as the money lost by problem gamblers, without consideration of other harms such as effects on mental or physical health, families or culture.

Less prominent harms identified were: online gambling increases access as there is no longer a scarcity of places at gambling tables; it involves less social interaction than other forms of gambling; there are no staff on hand who can verify the age of gamblers or offer consumer protection (for example, by stopping intoxicated or distressed gamblers from gambling); and off shore sites may be disreputable, dishonest and have no interest in the welfare of their customers.

The PC suggests that access and credit card harms may be offset by the advantages in credit card use of assisting people to keep track of expenditure through their monthly accounts and that this is to a certain extent cancelled out by the widespread availability of ATM's in land based gambling environments. The report suggests that the online gambling access issue is also offset by the ability of families to moderate excessive Internet use, as this gambling mainly occurs in the home. They suggest that the problem of disreputable and dishonest providers can be overcome by developing a regulated domestic online gambling industry.

The PC reframes liberalization of online gambling as increased regulation in a prohibitionist regime and recommends liberalization partly because it regards prohibition as not having worked. This conclusion is reached on the basis that although participation rates for online gambling in Australia are low they are comparable with other jurisdictions such as the UK where online gambling is legal. In addition participation rates are increasing, suggesting the law has not reduced the demand for gambling online.

In the view of the PC the IGA has resulted in mainly negative effects on Australians. It has reduced the protection and choice available to Australian online gamblers, forced land based gambling providers to compete with an unregulated and sometimes dodgy off shore industry and reduced the tax income for Australian government and the commercial opportunities for Australian business.

The PC is in favour of repealing the IGA and enabling a domestic online gambling industry to develop. Online gambling is regarded as positive as it "allows players greater freedom to play at their own pace' and the PC suggest that online providers will be able to pass on their reduced cost structure to gamblers through better odds and higher payouts. From the perspective of economists, these are powerful arguments for legislative liberalization.

This report would be enhanced by a public health analysis of prohibition. It's possible that the low participation rates in the more harmful online gambling modes may be regarded as positive from a public health perspective and the high growth rates may be better addressed by public health interventions.

Is problem gambling an addiction?

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Although problems with gambling have been around for as long as there has been gambling, the first attempts to address the problem in a less judgmental way was in California in 1957 when two men got together for the first Gamblers Anonymous meeting, based on Alcoholics Anonymous. The first GA meeting in New Zealand was in Christchurch in 1978.

In 1980 pathological gambling was officially included in the Diagnostic and Statistical Manual (DSM) III, listing it under Impulse Control Disorders, along with trichotilamania, pyromania, kleptomania and intermittent explosive disorder.

Even though "addiction" is a commonly used term, what it actually means is "we don't really understand this self destructive and persistent behavior but we feel better if it's got a name". The term "addiction" had originally been used only in relation to the abuse of substances, but it has now come to be used to describe a range of behaviours, such as eating, shopping, sex, sports, television, internet and computer use, exercise, work, love and gambling. These are

variously called process, activity or behavioural addictions and to a greater or lesser extend both fit the behaviour we associate with substance addictions and the new neurobiological understanding of the drivers of behaviour. The neurobiology of behaviour tells us that a great deal of human behaviour is not driven by the rational or "thinking" areas of the brain. Who would have thought of that!.

The World Health Organisation definition of addiction is:

> *"A state, psychic and sometimes also physical, resulting in the interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present."*

WHO Technical Report Series no. 407, Geneva, 1969.

Although the diagnostic criteria for pathological gambling reads more like substance-related disorders than impulse control disorders, it would seem that it was categorized as an impulse control disorder instead because it doesn't have the ingestion of an exogenous substance associated with it. Even though problem gambling is listed as an impulse control disorder clinicians generally treat it as they would a substance abuse disorder.

The medical model, which replaced the moral model, defines addiction as chronic, progressive, uncontrollable and situated in the individual. Although the medical model was a step forward from viewing the effected individual as morally deficient, this model can be narrow with a myopic focus that does not look beyond the individual. While the medical model recognises that others are also affected by the gambling behaviour, it doesn't extend much beyond that. The onus for change sits squarely on the shoulders of the individual.

Although contemporary medical models have a bio, psycho, social and political basis the danger of this approach is that they pathologise and blame the individual without considering the social context in which problems with gambling develop. Placing both the onus of responsibility and the locus of control squarely with the individual ignores the role that availability and access have on gambling and that some gambling media are definitely more hazardous to engage in than others.

The Tattersalls (2002) report is a striking example of the industry's efforts to understand and capitalize on what makes gamblers tick while assiduously ignoring the industry's contribution to problem and pathological gambling. Given this callous attitude it's clear that without public health interventions specific legislation that limits availability and access more people would fall prey to this industry.

The report says that:

> "*Research has consistently shown a positive relationship between the availability of gambling resources and both regular and significant gambling behaviour.*
>
> *Whenever new forms of gambling are introduced, or existing forms become more readily available there is an increase in gambling, suggesting that the demand for gambling products is closely linked to their supply.*
>
> *The more gambling industry infrastructure that is established (e.g. new venues) the larger the range of gambling products (e.g. the application of new technologies), the greater the industry's marketing efforts, the more likely people will be to begin gambling……*" (p. 4).

The late Dr. Jonathan Mann, Director of the World Health Organisation AIDS Programme, said that the way you define a problem will determine what you do about it. Using a public health model for working with people affected by gambling not only fits the neurological understanding of gambling it specifically recognises that anyone could be vulnerable to such problems. It also recognises that gambling problems develop in a wider social context.

The messages that the public receives about gambling, or "gaming" as the industry euphemistically prefers to call it, tend to be positive and certainly don't carry warnings about the potential for harm or even accurate information about the actual odds of winning. "You know the odds, now beat them." What could be easier? What could be more tempting?

Why use a public health model?

A public health model focuses on building resilience in individuals and communities in a way which is proactive rather than reactive.

According to Korn and Shaffer (1999),

> *"Unlike narrower clinical models of gambling, a public health perspective addresses all levels of prevention as well as treatment and rehabilitation issues. It promotes the welfare of individuals by fostering health, strong and safe families, communities, and workplaces. It views the individual within a social milieu and explores the influence of cultural, family, and community values on behavior. It looks not only at the behavior of individuals but at organizational and political behavior….It views behaviors along a health-related continuum (i.e., health enhancing or illness producing, rather than as the sick/well dichotomy of health care practice)……A public health vantage point encourages the application of a conceptual continuum to the range of risk, resiliency, and protective factors that can influence the development and maintenance of gambling-related problems. A public health perspective also offers an integrated dynamic approach that emphasizes a 'systems' view rather than a primary focus solely on individuals or isolated events"* (p.306).

Problems with gambling effects not just individuals, but families, the workplace, the health care system, the legal system, the criminal justice system and society as a whole.

People who experience problems with gambling have more stress-related illnesses than the general population, such as ulcers, colitis, high blood pressure, heart disease, migraines and skin problems. Studies suggest that between 10 – 30% of people who gamble have been involved in gambling-related criminal activities ranging from embezzlement, cheque forgery, stealing credit cards, tax evasion, fencing stolen goods, insurance fraud, bookmaking, employee theft to prostitution, theft and drug trafficking.

In a study by Shaffer (2003), The National Gambling Impact Study Commission (NGISC) "*estimated that the annual cost for problem and pathological gamblers is $5 billion (U.S.) per year and an additional $40 billion in lifetime costs for productivity reductions, social services, and creditor losses*" (p. 22). Problems of such magnitude could hardly be addressed by the medical model.

Given the costs to society that accrue with the growth of the gambling industry, moving to a public health model allows the Problem Gambling Foundation to re-evaluate and refine our methods of working with people whose lives have been touched by gambling as well as taking a position of advocacy.

The Problem Gambling Foundation has an integrated approach to gambling seeing it as needing both clinical and public health interventions. Individuals affected by gambling and their families need and deserve help but to only intervene with individuals ignores the larger social, commercial and political context of gambling. as a result as well as employing public health specialists the PGF has redefined all our counseling positions as integrated clinical/public health positions. Perhaps even more importantly the Problem Gambling Foundation has been willing to target public health messages at the community, regulator, national and local government and the gambling industry.

We have campaigned to expose the flawed basis of the community funding model for gambling in NZ and expose corruption in the management of the this rapacious industry. We have taken the message to the NZ public that any continuous gambling mode and specifically machine gambling is the most harmful and dangerous gambling anyone can engage in. We have been effective in this with independent public opinion surveys over a ten year period showing a growing awareness by New Zealander's that gambling is harmful and that machine gambling is the most harmful mode and the mode of gambling most in need of stronger consumer protection legislation.

This approach is working. The most current research we have shows that over the last three years the amount spent on machine gambling and the numbers of people engaging in it are reducing. As a result the numbers of people presenting for treatment are also going down, and this is surely the most desirable clinical outcome from a public health intervention.

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A Conceptual Framework to Address Gambling Inequalities in New Zealand

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Gambling has been recognised as a major public health issue in New Zealand. The New Zealand Gambling Act 2003 recognised the public health approach as a key framework to prevent and minimise gambling harm in New Zealand. Addressing gambling inequalities is a challenge as these inequalities are influenced by broader environmental, social and economic factors that impact particular individual at-risk behaviours.

At an individual level age, gender, ethnicity, education level, occupation, household income, culture and spirituality, access to services and area of residence influence the creation of gambling inequalities. At a societal level there are broader environmental factors such as politics, policy, regulation and community capacity which impact on the level of inequalities within our society.

A recent New Zealand national survey highlighted the impact of targeted industry marketing of an industry product to low income, minority groups living in deprived geographical locations in New Zealand. Consequently it is paramount that public health action focuses on addressing the growing disparities in gambling-related harm nationally and globally.

A conceptual framework has been developed to try and identify the key causes of inequalities, and to build the capacity of the problem gambling workforce in New Zealand to prioritise their service delivery to address key determinants of gambling inequalities.

The workforce needs to be trained to adopt a consistent approach to addressing gambling inequalities. There has been a lack of understanding of the socio-economic determinants that create inequalities and the barriers encountered when addressing inequalities at a local level and this impacts on the effectiveness of local interventions. One solution is to develop assessment tool that can be applied for all service planning and funding.

The social injustice created through disparities are that the poor, less educated, ethnic minorities who live in deprived areas are the most affected by gambling, while, white, affluent, well-educated living in less deprived remain less affected by gambling. This is a common picture not only for New Zealand but globally for all industry-based products such as tobacco, and alcohol.

To address inequalities we need a participatory approach. Community participation can be an empowering process through mobilising local communities to take action against their local issues. This could also be part of the local health boards and/or local council health impact assessment process, and a starting point of addressing local inequalities by advocating gambling as a priority on the community outcome plans.

There are micro strategies to help target problem gamblers and to address inequalities. Research indicates the importance of an

integrated approach through the primary health care providers to help address social issues. In New Zealand we encourage general practitioners to screen for problem gambling. We also recognise the existence of co-morbidities such as alcohol and smoking along with problem gambling. General practitioners as gate keepers are ideally situated to screen for the multiple risk factors that exists among low socio-economic, minority populations. Services targeting individual interventions need to prioritise their service delivery to help capture the most vulnerable if we are to address inequalities among individuals.

Targeting interventions at a societal level can be effective in addressing inequalities and to achieve social transformation through policy and regulations. To achieve radical social change we need the support of the politicians, mayors, policy makers including all decision makers at all levels of the society. Political power behind the policy and regulatory changes should not be underestimated.

In New Zealand politics has a strong influence on policy formulations and this has been particularly true in regard to setting the gambling levy. How can we achieve a balanced approach when governments are biased when it comes to economic gains from gambling? How can we develop unbiased partnerships with the industry to help control the supply of gambling to our communities? The hidden addiction of governments to the economic gains from the gambling Industry is a major contributor to growing inequalities.

Evidence shows that community activism created through community action groups have effectively changed polices at a local level (such as the sinking lid policy). An example of this is when the local government gambling policies are reviewed every three years. By strategic community action we have shown that we can empower the community to address their local issues by implementing a sinking lid policy. This introduces restrictions on the number of gaming machines housed within a community and in local venues. The families of gamblers and ex-gamblers provide strong advocacy voices to educate local politicians in local body councils. Gambling has become entangled within the New Zealand politics and now we are unable to separate the two.

The massive economic gain from gambling has metastasised within the whole of the New Zealand society. Many of the community organisations have grown to depend on pokie funds to help sustain and support their community work. Government is addicted to the economic gains from the gambling industry. The only public health strategy we can adopt in this environment is to lobby and advocate against these dependencies.

The intersectoral coalition action is where government departments, local government, non-government agencies and community organisations work collectively to control social, economic and environmental factors that increase problem gambling in our communities. In New Zealand the Department of Internal Affairs, the Department of Correction, crime prevention bodies and local government bodies work collectively to address inequalities in problem gambling. This is a top-bottom approach as well as a bottom-top approach, where the focus is on building sustainable infrastructure support for local communities to work on addressing problem gambling inequalities. Evidence has shown in other public health areas that a multi-faceted, multi-sectoral approach is the most effective method to address complex public health issues.

Social and structural factors are instrumental sources of inequalities. There are limitations on what can be achieved through grass roots community action and coalitions while governments continue to rely on gambling industries revenues. The top-bottom and bottom-top approaches both have a part to play in addressing inequalities in gambling.

In New Zealand the Ministry of Health Strategy focuses on prevention and harm minimisation of problem gambling. If we are focusing on addressing growing disparities in problem gambling a harm minimisation approach is a judgement call when considering the priorities to address harm in certain vulnerable communities. The moral neutrality of harm reduction may not fit well within the inequalities framework.

The question we need to ask is what is the overall objective for addressing inequalities? Do we want to address inequalities so that we can reduce overall harm introduced by gambling? By minimising gambling harm can we eliminate inequalities? Or, should we be looking at eliminating gambling harm when considering addressing inequalities and the injustice created by problem gambling to gamblers, significant others and their communities?

Overall harm has three components: general harm to the individual who is engaged in the risky or harmful behaviour activity; harm to others who may be affected directly or indirectly by those who engage in that activity; and social cost - whether loss of productivity or social expenditure for treating those who have been affected due to the activity. The harm minimisation approach may confuse vulnerable communities who are trying to address inequalities. When we are trying desperately to protect and promote the health and social wellbeing of the vulnerable, one would think we would want to eliminate the harm introduced by industry products rather than using a neutral term such as harm reduction. This theory needs further discussion in the future.

Considering gambling within a community and the level income inequality, social capital and health of that community may be due to the macro level social and economic policies. The invisibility of the macro policies and societal addiction to economic gains of the gambling industry could be a major barrier to address inequalities in gambling.

In New Zealand gambling is promoted by both government and the industry. This identifies politics as a major determinant of gambling inequalities. The political bias against introducing more strict regulatory measures and policies can only be debated by the consumers and the significant others who are affected by the gambling products. The democratic government elected by the public has the ability conduct political activism against the harm that is impacting on communities, which sees the most deprived communities with the inequalities.

Factors to consider when addressing inequalities:

- Societal risk factors vs Individual risk factors
- National/Government resiliency vs Community

resiliency VS individual resiliency
- Community capacity vs individual skills
- Social policy (SIA) vs Health Policy (HIA) or both?
- Global product marketing VS National product marketing

Health Promotion Action

Prioritisation and targeted approach:
Institutional change
Advocacy:
Community activism
Organisational advocacy
Policy & regulatory reforms
Political activism

Empowerment:
Community empowerment
Community mobilisation

Collaboration & Coalition building:
Inter-sectoral coalition
Community coalition

Infrastructure building
Local-PHOs/NGOs/Community groups/Local Government
Regional-DIA/MSD/DHB
National-MoH/DIA/MSD/Department of Correction/Justice Department

Environmental protection
Product regulation
Denormalisation of gambling

Re-distribution of gaming funds
DIA money distribution document
Phils slides on distribution of gaming funds

Evaluation and monitoring

Health Promotion Outcomes to Address Inequalities:

- Increase knowledge and change attitudes of individuals – health education
- Increase access to health services-community empowerment and mobilisation
- Healthy public policy-Coalition /political activism
- Build sustainable infrastructure at a local level – intra-agency coalition
- Improved regulatory measure through Gambling Act 2003-advocacy
- A faire distribution of gaming funds to address inequalities-advocacy
- Increase capacity of the community and the problem gambling workforce to address inequalities-training and development

Recommendations

- Political commitment to address gambling inequalities
- National policy support to address inequalities
- Development of Gambling Inequalities Framework
- Allocation of adequate funding to implement the framework
- Raising awareness of socio-economic determinants of problem gambling
- Provide flexibility and support to work in partnership cross-sectorally to address inequalities at a national, regional and local level.
- Workforce development of organisation at a strategic and implementation
- Monitor and evaluate the effectiveness of the inequalities framework

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Systematic reviews and literature reviews on gambling and problem gambling.

Glenda Northey Research Librarian
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Searching for current research on gambling and problem gambling can often be problematic because of the number of studies currently being undertaken. To aid the researcher there are a number of ways to avoid having to extensively search the literature yourself as it may have already been done for you. Check out the literature reviews on your topic. There are several types of reviews available: a literature review, critical review, a meta-analysis/ quantitative systematic review and systematic reviews.

A literature review is essentially a summary of the literature available on a particular subject. They help to see the whole picture and give a broad perspective of the topic. While a critical review usually involves a summary of each paper, and a critique of what is important about it usually through the methodology, results, and conclusions.

A meta-analysis or quantitative systematic review is a type of systematic review which uses statistical methods to combine and summarise the results of several studies. Whereas, a systematic review involves the application of scientific strategies to the assembly, critical appraisal (using reproducible criteria in the selection of articles) and synthesis of high quality evidence based research that address a specific clinical question.

Systematic reviews are crucial in supporting decision making. They enable the implementation of effective programmes from interventions which have been shown to work. They are evidence based. Without systematic reviews, researchers may miss promising leads or may end up reinventing the wheel. The quantity of review articles has been changing rapidly and the number of systematic reviews published annually has increased at least 500-fold in the past decade. So, it is not unusual now to find more than one systematic review addressing the same or similar questions.

Why bother to do systematic reviews? By critically reviewing, summarizing and evaluating evidence based research we support arguments for global norms and standards in problem gambling research, health promotion and public health interventions. Through this research we can evaluate what works best from evidence based research. This becomes a fundamental policy tool for both advocates and policy makers. It is also important for consumers to know what works and what doesn't.

Two of the best known organisations who do systematic reviews are the Cochrane Collaboration and the Campbell Collaboration. The Cochrane Review is 'based on the best available information about healthcare interventions, Cochrane reviews explore the evidence for and against the effectiveness and appropriateness of treatments (medications, surgery, education, etc) in specific circumstances. Designed to facilitate the choices that doctors, patients, policy makers and others face in health care, the complete reviews are published in *The Cochrane Library* four times a year. Each issue contains all existing reviews, plus an increasing range of new and updated reviews.'

The Campbell Collaboration (C2) is a non-profit organization that applies a rigorous, systematic process to review the effects of interventions in the social, behavioral and educational arenas, in order to provide evidence-based information in the shape of systematic reviews. Campbell systematic reviews are published electronically as an online journal, Campbell Systematic Reviews.

Currently there are only a few systematic reviews in the area of gambling and problem gambling. Some include a meta-analysis or critical review. What is available covers the areas of the role of culture, cognitive interventions, psychological treatments, problem gambling amongst Chinese immigrants, safer gambling behaviour, prevalence of disordered gambling behaviour, premature dropout rates from psychological treatments, and interventions for pathological gambling. However, some include critical reviews or meta-analyses: pathological gambling, young people, early intervention and prevention, disordered gambling amongst college students, identification of problem gamblers, youth, gambling and its health and primary care implications.

There are however a huge amount of literature reviews available on problem gambling. Literature reviews are often part of a larger body of work and are written as part of a process to ensure that researchers are demonstrating originality and making a new contribution to research. However most found on problem gambling are produced to explore what is available and to make recommendations for further research. Some reviews located cover: Self help treatments, neurobiology of pathological gambling and drug addiction, personality disorders and pathological gambling, prevention of gambling harm; impulse control disorders and gambling in patients with Parkinson's disease, neuropathophysiology and pharmacotherapy, effects of problem gamblers on families, marriages and children, pharmacological treatments, treatment modalities and pharmacotherapy, genetic studies of behavioural addictions, Internet gambling, relapse, older people, media campaigns, mood disorders, distribution and determinants.

To be of assistance to policy makers the review should include a measure that the intervention has on systems and organisational development, as well as the changes to individual behaviour. The review should answer two questions – does it work and why. To get ahead of the eight ball it may be time to approach Cochrane or Campbell's Collaborations to do a systematic review of the prevalence of Internet gambling, as it going to be the next area of growth with problem gamblers.

A politician's perspective on gambling

Sue Bradford
(Former Green Party MP in New Zealand)

Until I left Parliament a month ago, I had been the Gambling spokesperson for the Green Party for the previous ten years. Through that entire period I have watched as a generation of MPs, and most political parties in the House, refused to take seriously the harm being done by the proliferation of dangerous gambling opportunities in our country.

It has never failed to amaze me how complicit the two major political parties and some of the minor ones are in upholding a system which has institutionalised harmful forms of gambling, especially the pokies, and which has lead to many of our country's institutions themselves being dependent on the proceeds of things like pokies.

The latest example of this is Auckland University's submission on council gambling policies in which they support the charity gamers' position. It is shocking that not only do a huge number of community organisations and sporting groups rely on pokie funds for large parts of their income, but also core educational institutions and even Government itself.

The government's own Lotteries Commission has happily opened itself to internet gambling, and most MPs don't see a problem with pokie proceeds going to high-end racing stakes.

Both the Labour and National parties have had opportunities to reframe and reform the laws and regulations around gambling. The Gambling Act early on in Labour's nine years in Government made some useful changes, but could have been a much more useful and radical piece of legislation if Labour had had the gumption to follow its own party's policies in this area.

Instead they went for a compromise which has left most of the fundamental problems intact, and individuals, families and communities continuing to reap the harvest of our laissez faire approach.

The only voices in parliament speaking out for radical reform – drastically reducing pokie numbers, giving local government full control, and changing distribution systems – have come from the Green and Maori Parties.

This has to change. There continues to be a huge need for pressure from inside both major political parties and from organisations and communities outside, calling for genuine, sustained reform.

I think the politicians and parties will be shifted in the end, but only if a change in broader public opinion is such that we reach a tipping point where people wake up to the horrendous situation successive governments have allowed to develop here. There is a lot of work in front of us.

Problem Gambling Conferences in 2010

New Mexico Council on Problem Gambling. 2nd Annual Compulsive Gambling Conference.
February 18-19, 2010. http://www.nmcpg.org/

2010 International Gambling Conference
February 24 - 26, Crowne Plaza, Auckland City, New Zealand
http://www.pgfnz.org.nz/International-Gambling-Conference-2010/0,2752,15232,00.html

12th Annual Statewide Compulsive Gambling Awareness Conference, March 18-19, 2010 - Sheyboygan, Wisconsin, USA . http://www.wi-problemgamblers.org/?conferences

NYCPG 11th Annual Conference on Problem Gambling
Beyond The Net: Sports and Internet Problem Gambling
March 18-19, Albany New York. http://www.westchestergov.com/pdfs/YOUTH_GamblingConf2010.pdf

4th Annual Nevada Sate Conference on Problem, Gambling.
March 25-26. Orleans Hotel, Las Vegas. http://www.nevadacouncil.org/2010_NV_CONFERENCE.php

Alberta Gaming Research Institute's 9th Annual Conference .
Emergent Clinical Issues in problem Gambling 2010.
April 8 - 10, at The Banff Centre, Banff, Alberta, Canada.
http://www.abgaminginstitute.ualberta.ca/2010_conference.cfm

Responsible Gambling Council's Discovery 2010 Conference
April 13-16, 2010 - Toronto, Ontario, Canada http://www.responsiblegambling.org/en/programs/events-upcoming.cfm

7th Annual Minnesota Problem Gambling Conference
May 4, 2010. http://www.miph.org/events/7th-annual-minnesota-problem-gambling-conference

The 2010 Massachusetts Conference on Gambling Problems,
May 7, 2010,10 Lincoln Square, Worcester, MA . http://masscouncilregistration.org/

National Council on Problem Gambling 24th National Annual Conference
June 9 - 12, 2010 - Portland, Oregon, USA. http://www.ncpgambling.org/i4a/pages/index.cfm?pageid=3824

Midwest Conference on Problem Gambling and Substance Abuse. Roads to Recovery
July 28, 29 and 30, 2010. Kansas City, Missouri. http://www.ksproblemgambling.org/conferences.html

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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

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