

*Problem Gambling in Europe*  
**Challenges, Prevention,  
and Interventions**

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and Interventions**

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# Foreword

JEFFREY L. DEREVENSKY

It should come as no great surprise that gambling is alive and well in Europe. Since the beginning of civilization, people have been wagering on the outcome of unpredictable events. Gambling was well known to the Babylonians, the Etruscans, the Romans, the Greeks, and the Chinese. Examples of early gambling have appeared in ancient art and literature and gambling was evident in the writings of Homer, Chaucer, and Shakespeare. While there is dispute as to who invented dice, most historians suggest that it was developed several centuries BC and was a favorite game in Europe. Similarly, there is no consensus as to the date and location of the development of playing cards. Both Venice and Spain have been cited as the birthplace because of its popularity among its citizens, yet there is evidence that France became Europe's leading manufacturer of playing cards during the 15th century (Fleming 1978).

Gambling has taken a prominent place in our history. The settling of America is replete with gambling stories. There is even speculation that one of the major disasters in American history, the devastating Chicago fire of 1871, may have begun because of gambling. While legend has it that Mrs. O'Leary was busy milking her cow one evening and the cow accidentally kicked the lantern, which started the fire in her barn, resulting in burning down most of Chicago, she later testified under oath that she had not been in the barn that evening at all but rather was sound asleep in her bedroom. Some 70 years later, a wealthy Chicago entrepreneur, Louis Cohn, left a bequest to Northwestern University accompanied by a document admitting that he and not Mrs. O'Leary's cow was responsible for knocking over the lantern that resulted in the great Chicago fire. He reportedly admitted accidentally knocking over the lantern in a moment of excitement while shooting dice with some friends in the barn. His explanation: "I was winning" (Fleming 1978).

The history of gambling includes royalty, Kings and Queens (not only on face cards), knights, noblemen, clergymen, pirates, and commoners alike. While some have suggested that gambling is the devil's invention, others have viewed it as an enjoyable recreational pastime.

The evolution of gambling, or gaming as it is often more recently commonly referred to, has seen many twists and turns. The chapters that follow in this book, representing countries throughout Europe, often include a historical context of gambling. Clearly evident in country after country, we see that the pendulum has moved from widespread legalization to prohibition and back again over time. Along this historical ride has come new forms of gambling, advances in technological games, the development of very sophisticated electronic gambling machines, and the widespread acceptance by the general population and governments.

The history of gambling has also seen many prominent, and not so prominent, players. In England, King Henry VIII once lost the largest and most famous church bells, the Jesus Bells that were in the tower of St. Paul's Cathedral, in a dice game (Fleming 1978). American gangsters Bugsy Siegel and Meyer Lansky were famous for turning a desert town—Las Vegas—into a gambling mecca while the wealthy were turning Monte Carlo into a gambling resort for the European rich and famous. Not to be outdone, sport celebrities and Hollywood entertainers have become the new “high rollers” along with politicians and successful businessmen.

In the past century, gambling has undergone a profound transformation in the types of games available, accessibility, widespread acceptance, and appeal. Once regarded as economically marginal, politically corrupt, and often morally dubious, it has now become widely accepted by society as a socially acceptable form of entertainment and a significant generator of revenues for both the industry (now large corporations with many properties) and governments (Reith 2003). In the past two decades, we have witnessed an enormous increase in the variety of gambling opportunities around the world, with Europe being no exception. Casinos run by mobsters in North America have been replaced by Boards of Directors of multinational corporations listed on stock exchanges in many countries.

While the growth of the industry has helped the economy and governments eager to raise revenues without direct taxation, there is ample evidence that it has not come without subsequent problems and social costs. It is important to note that the economic benefits and social costs associated with this increase in number of venues and accessibility have not been adequately assessed. Such social costs also encompass the human costs. Advocates for expansion have often lined up against those who have raised concerns around the social and human costs associated with excessive or problematic gambling. These social costs have been found among individuals, families, and communities, with special high-risk populations being identified as particularly vulnerable. The arguments proposed by the opponents of gambling expansion are that the human costs to the individual, their family, and their employer far outweigh any benefits that legalized state sponsored or regulated forms of gambling might bring, including entertainment to individuals as well as generating employment and tax revenues (see Collins 2003, for an excellent treatise of the arguments for addressing the social costs and benefits of gambling).

This book represents the first in-depth analysis of the current state of (problem) gambling across Europe. While this book will have widespread appeal to legislators, regulators, economists, academics, and members within the industry, the landscape of gambling is continually evolving. The European Union courts have multiple issues currently pending that will likely affect how gambling may be offered and regulated throughout Europe in the future. Only time will tell. Nevertheless, the pendulum does not appear to be reverting back to more restrictive curtailed forms of gambling but rather its continued expansion. Along with expansion have come more opportunities, easier accessibility, and innovation and growth within the gaming industry.

The past decade has witnessed not only unprecedented growth in the industry but a significant increase in research in understanding gambling behaviour, problem gambling behaviour, and ways to protect the public (responsible gambling measures). By some estimates, more than half the

knowledge of gambling has emerged since the 1990s (Shaffer 2004). This research, spurred by government and industry financial support, has looked at the economic, social, and behavioural benefits and risks of gambling expansion by economists, social scientists, and public health analysts.

With the expansion of gambling has come real concern over the personal, interpersonal, financial, work, and legal consequences for those individuals who experience problems related to their gambling behaviours. There is abundant evidence that certain populations and groups remain at high risk for gambling problems (National Research Council 1999; Productivity Commission 1999). While originally identified as a psychiatric disorder in North America by the American Psychiatric Association in its Diagnostic and Statistical Manual—III (DSM-III), subsequent revisions of the DSM (DSM-IV), and the World Health Organization's International Classification of Diseases (ICD-10), these instruments have been widely used in clinical settings for identifying problem gamblers. Other screening instruments, such as the South Oaks Gambling Screen (SOGS) (Lesieur & Blume 1987), the National Research Center DSM-IV Screen for Gambling Problems (NODS) (NORC Diagnostic Screen) (Gerstein et al. 1999), and the Canadian Problem Gambling Index (CPGI) (Ferris & Wynne 1991) have been used, translated, and or adapted for different population surveys. Such instruments have been incorporated to assess the incidence of problem gambling in many European countries and are reported throughout this book.

Of particular concern is that studies that have examined the gambling behaviours of adolescents have typically found the prevalence rates of gambling-related problems higher than those of adults (Derevensky & Gupta 2004). The chapters in this book further highlight that amongst studies of adults, those individuals in the 18- to 25-year-old age group have the highest rates of problem gambling. Given that our current conceptualization of gambling problems is a progressive disorder, it remains apparent that gambling behaviours are beginning quite early. Such behaviors, similar to excessive alcohol use and psychoactive drug use, may be symptomatic of adolescent risk taking in general (Derevensky & Gupta 2004; Dickson, Derevensky & Gupta 2004; Jessor 1998). Concerns about these behaviors have prompted a number of researchers and clinicians to examine alternative models to understand adolescent risk-taking and risky behaviors (e.g., Essau 2008; Kaminer & Bukstein, 2008; Romer 2003). It nevertheless remains clear that policies oriented toward protecting and preventing youth gambling problems need to be incorporated into organized, national policies toward addressing problem gambling. Such prevention initiatives are largely lacking and only beginning in several countries.

National, coherent, responsible policies and research appears to be in its early developmental stages. As the field attempts to address many of these important issues, technological advances (internet gambling and mobile gambling are but two examples) are dramatically changing the landscape in the offering of gambling opportunities. Such fundamental issues remain a challenge to researchers, clinicians, and policy makers.

The expansion of gambling worldwide is an enormous social experiment with obvious social and personal costs. Collaboratively, governments, researchers, clinicians, and policy makers need to work together toward understanding the benefits and ways to mitigate the costs associated with gambling. Movement toward national and international coherent responsible policies remains critical.

This book represents an important snapshot of the history and current gambling offerings and policies in most European countries. Favourable governmental legislation, public opinion, and consumer enthusiasm have spurred the vast expansion of gambling. This book is a seminal beginning toward a better understanding of the social climate, regulatory practices, and benefits and costs associated with gambling in these countries. Much research needs to be done. The sharing

of expertise and knowledge derived from such research along with the cooperation between all the partners involved will ultimately result in the shaping of socially responsible policies toward protecting the most vulnerable of populations and minimizing the risks for all.

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# **Problem Gambling: A European Perspective**

**MARK GRIFFITHS, TOBIAS HAYER, AND GERHARD MEYER**

## **1 PROBLEM GAMBLING — AN EMERGING PUBLIC HEALTH ISSUE IN EUROPE**

Gambling regulation has always been a matter of public concern in countries where gambling is legally permitted. With regard to Europe, every member of the European Union is free to implement restrictive measures to regulate its national gambling market. Apart from keeping criminal activity out of gambling business, the primary purpose of these regulative activities involves consumer protection, acknowledging that gambling is an activity with inherent risks and dangers. The need for a protectionist approach seems to be apparent, as gambling has become a popular activity among different population segments. Almost all national surveys into gambling have concluded that most people have gambled at some point in their lives, and there are more gamblers than non-gamblers, but that most participants gamble infrequently (Abbott, Volberg, Bellringer & Reith 2004). The introduction of national lotteries, the proliferation of gaming machines, the expansion of casinos, and the introduction of new media in which to gamble (e.g., internet gambling, mobile phone gambling, interactive television gambling), has greatly increased the accessibility and popularity of gambling worldwide, and, as a result, the number of people seeking assistance for gambling-related problems (Abbott et al. 2004).

Although most people gamble occasionally for fun and pleasure, gambling brings with it inherent risks of personal and social harm to some vulnerable and susceptible individuals. This book focuses on the small minority of people for whom gambling becomes a problem. There is a multitude of terms used to refer to individuals who experience difficulties related to their gambling.

These reflect the differing aims and emphases among various stakeholders concerned with treating patients, studying the phenomenon, and influencing public policy in relation to gambling legislation. Besides “problem” gambling, terms include (but are not limited to) “pathological”, “addictive”, “excessive”, “dependent”, “compulsive”, “impulsive”, “disordered”, and “at-risk” (e.g., Griffiths 2006; Griffiths & Delfabbro 2001; Meyer & Bachmann 2005). Terms are also used to reflect more precisely the differing severities of addiction. For example, “moderate” can refer to a lesser level of problem, and “serious problem gambling” for the more severe end of the spectrum. The term “probable” can also be pre-fixed as a qualification on gambling severity, and so on.

Although there is no absolute agreement, commonly, “problem gambling” is used as a general term to indicate all of the patterns of disruptive or damaging gambling behaviour. Problem gambling also needs to be distinguished from social gambling and professional gambling. Social gambling typically occurs with friends or colleagues and lasts for a limited period of time, with predetermined acceptable losses. There are also those who gamble alone in a non-problematic way without any social component. In professional gambling, risks are limited and discipline is central. Some individuals can experience problems associated with their gambling, such as loss of control and short term chasing behaviour (whereby the individual attempts to recoup their losses), that do not meet the full criteria for pathological gambling (American Psychiatric Association 1994).

Problem gambling is a multifaceted rather than unitary phenomenon (Griffiths 2005a; Shaffer, LaBrie & LaPlante 2004). Consequently, many factors may come into play in various ways and at different levels of analysis (e.g., biological, social, or psychological) that contribute to the development and maintenance of gambling-related problems. Etiology models may be complementary rather than mutually exclusive, which suggests that limitations of individual theories might be overcome through the combination of ideas from different perspectives. This has often been discussed before in terms of recommendations for an “eclectic” approach to problem gambling (Griffiths 1995) or a distinction between proximal and distal influences upon problem gambling (Walker 1992). However, for the most part, such discussions have been descriptive rather than analytical and, so far, few attempts have been made to explain why an adherence to singular perspectives is untenable. Central to this view, no single level of analysis is considered sufficient to explain either the etiology or maintenance of gambling behaviour. Moreover, this view asserts that all research is context-bound and should be analysed from a combined, or biopsychosocial, perspective (Griffiths 2005a).

Variations in the motivations and characteristics of gamblers, and in gambling activities themselves, mean that findings obtained in one context are unlikely to be relevant or valid in another. In essence, addictive disorders represent the outcome of a complex interplay of multiple factors—a paradigm that resembles the public health triad of host, environment, and agent. Thus, the types of games played also impacts on the development of gambling problems. This has consequences for understanding the risk factors involved in the disorder, as well as the demographic profile of those individuals who are most susceptible. For instance, certain features of games are strongly associated with problem gambling. These include games that have a high event frequency (i.e., that are fast and allow for continual staking), that involve an element of skill or perceived skill, and that create “near misses” (i.e., the illusion of having almost won) (Griffiths 1999). Size of jackpot and stakes, probability of winning (or perceived probability of winning), and the possibility of using credit to play are also associated with higher levels of problematic play (Parke & Griffiths 2007). Games that usually meet these criteria include electronic gaming machines (EGMs) and casino table games.

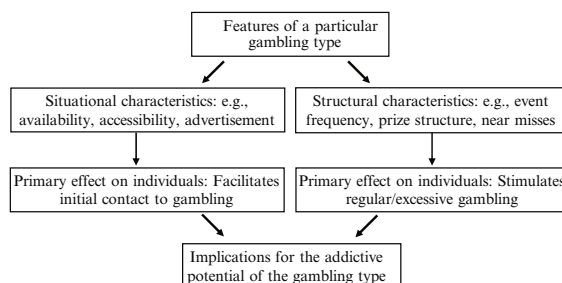


Fig. B.1 The addictive potential of a particular gambling type—an analysis scheme

As Fig. B.1 summarizes, situational determinants of gambling are primarily important in the initial decision to start gambling. Situational characteristics mostly include environmental or context-bound features such as the location of the gambling venue, the number of gambling venues in a specific area, or advertisements that stimulate people to gamble and thus encompass dimensions such as availability, acceptability, and accessibility of gambling. On the other hand, structural characteristics primarily have implications for the gamblers’ motivation by reinforcing gambling activities and satisfying certain needs, and thus have the potential to induce regular or even excessive forms of gambling. To determine the addictive potential of a particular gambling type, it would appear that situational as well as structural characteristics must be taken into account. Certainly no type of gambling is risk-free; however, certain types of gambling are associated with a higher risk than other types of gambling.

Internationally, as we shall see in this book, the greatest problems are, to a very considerable degree, associated with non-casino EGMs such as arcade “slot machines” (Griffiths 1999; Parke & Griffiths 2006). It has been found that as EGMs spread, they tend to displace almost every other type of gambling as well as the problems that are associated with them. EGMs are the fastest-growing sector of the gaming economy, currently accounting for some 70% of revenue. The spread of EGMs also impacts on the demographic groups who experience problems with gambling. Until very recently, such problems were predominantly found in men, but, as EGMs proliferate, women are increasingly presenting in greater numbers, so that in some countries (e.g., the USA), the numbers are almost equal. This trend has been described as a “feminisation” of problem gambling (Volberg 2001).

These types of games appear to be particularly attractive to recent migrants, who are also at high risk of developing gambling problems. It has been suggested that first-generation migrants may not be sufficiently socially, culturally, or even financially adapted to their new environment to protect them from the potential risks of excessive gambling (Productivity Commission 1999; Shaffer et al. 2004). Many are therefore vulnerable to the development of problems. This highlights the need for healthcare professionals to be aware of the specific groups—increasingly, women and new migrants, as well as young males and adolescents, who may present with gambling problems that may or may not be masked by other symptoms.

It is also clear that the social and health costs of problem gambling are large on both an individual and societal level. Personal costs can include irritability, extreme moodiness, problems with personal relationships (including divorce), absenteeism from work, family neglect, severe debt, and bankruptcy (Griffiths 2004). Meyer and Stadler (1999) concluded that addictive

gambling behaviour is one important criminogenic factor, and for property offences, the direct causal effect of addictive behaviour seems to be even greater than that of personality variables. Compared with non-gamblers, problem gamblers are two to three times more likely to lose a job over a year (National Gambling Impact Study Commission 1999). Problem gambling also increases the risk of homelessness, temporary accommodation, and sleeping rough. There can also be adverse health consequences for both the gambler and their partner, including depression, insomnia, intestinal disorders, migraines, self-harm, and other stress-related disorders (e.g., Griffiths 2001; 2004).

In the UK, preliminary analysis of the calls to the national gambling helpline also indicated that a significant minority of the callers reported health-related consequences as a result of their problem gambling. These include depression, anxiety, stomach problems, other stress-related disorders and suicidal ideation (Griffiths, Scarfe & Bellringer 1999). Furthermore, problem gamblers are twice as likely to report poor health as an identical group of non-gamblers (National Gambling Impact Study Commission 1999). Finally, as with other addictive disorders, problem gambling is also associated with adverse consequences for the proximate social environment of the gambler, namely family members such as parents, spouses, or children. Hayer, Bernhart, and Meyer (2006) examined the impact of gambling-related problems on children and concluded that they are exposed to multiple stress situations including internal family conflicts, ambivalence experiences, fear of loss, breaches of confidence, deep-seated hurt, and demarcation problems.

As a result of gambling legislation across most of the European countries, opportunities to gamble and access to gambling have increased because of liberalization and deregulation. The general “rule of thumb” indicates that where accessibility of gambling is increased, there is an increase not only in the number of regular gamblers but also an increase in the number of problem gamblers (the “availability hypothesis”)—although this may not be proportional (Griffiths 1999; 2003). This obviously means that not everyone is susceptible to developing gambling addictions but it does mean that at a societal (rather than an individual) level, in general, the more gambling opportunities, the more problems. Although the evidence is far from conclusive, it can be summarized that the introduction of new gambling types or the expansion of existing gambling opportunities causes an increase in the incidence of gambling-related problems, although these can be minimised through the introduction of robust social responsibility programmes. Therefore, it should be mandatory to conduct careful scientific evaluations of the impacts of the introduction of new gambling opportunities. For instance, Meyer and Hayer (2005) showed that soon after the introduction of sports betting with fixed odds in Germany, a small but significant number of gamblers within a treatment-seeking population denominated this type of gambling as their primary problem. Data derived from these kind of studies could help guide policy decisions and support governments to implement responsible gambling practices.

## 2 PREVENTION AND TREATMENT

In this book, all authors were asked to look at how their respective governments can most effectively prevent problem gambling. Media commentators often call for such actions as lowering the jackpots, restricting the frequency/opening hours, restricting the amount money that can be gambled at the outset, and imposing age limits. However, some of these actions are likely to have a mixed effect, and decisions have to be taken on the number of people that the measure is likely to affect. For instance, lowering the jackpots will significantly reduce the amount of people who may gamble in the first place—particularly on lottery-type activities. However, problem and

habitual gambling often relies on the unpredictability of the rewards rather than factors like stake size or jackpot size. Having said that, a large jackpot size on activities like playing slot machines or video lottery terminals may facilitate chasing behaviour (a known risk factor in problem gambling). In the absence of empirical research and/or a cost–benefit analysis, policy recommendations in the area of jackpot size are very difficult to make.

Another complicating factor is that gambling behaviour is not homogenous and there is a different psychology of gambling to almost all activities. Furthermore, there are some forms of gambling that may actually be profitable to gamblers but cause huge problems because of the impact in other areas of their life. For instance, Wood, Griffiths, and Parke (2007), in a study of online poker players, argued that a new breed of problem gambler was emerging. These were gamblers who actually won more money than they lost, but may be spending disproportionate amounts of their day gambling, which ended up compromising their relationships, work, and social life. For these problem players, the loss is not monetary but time.

There is also the issue of the changing market environment. Over the last few years, there have been two major shifts across the gambling sector internationally (both of which are highlighted by the many authors in this book). Firstly, there has been an increase in remote forms of gambling. Almost all games that can be played remotely are being played remotely. In line with other research, Hayer, Bachmann, and Meyer (2005) have argued that internet gambling has the potential to be particularly addictive due to several characteristics, such as its constant availability, offering games with rapid event frequencies, the possibility of anonymous wagering, and non-cash payment proceedings (for risks explicitly related to sports betting on the internet, see Hayer & Meyer 2004a). Given the lack of protective measures, it seems plausible to expect a growing number of gamblers in the near future who will experience problems associated with internet gambling. Secondly, games are getting faster and more instant. The lottery sector has seen a shift from weekly and bi-weekly games to more high-frequency, instant win games through scratch-cards, video lottery terminals, and online instant win games. It would be important to monitor the combined effect of these changes, as they are likely to increase problem gambling rates unless social responsibility safeguards are put in place. The simple “rule of thumb” is that more money, more games, and more opportunities (in both time and space) increase gambling participation.

Although gambling is clearly of policy interest, it has not been traditionally viewed as a public health matter (Griffiths 1996; Korn 2000). Furthermore, research into the health, social, and economic impacts of gambling are still at an early stage. There are many specific reasons why gambling should be viewed as a public health and social policy issue—particularly given the massive expansion of gambling opportunities across the world. Throughout this book, many themes recur country by country. The following themes appear to be the most important based on the country-by-country reviews.

## **2.1 Education—Raise Awareness About Gambling Among Health Practitioners and the General Public**

There is an urgent need to enhance awareness within the medical and health professions, and the general public about gambling-related problems (Griffiths & Wood 2000; Korn 2000). The lack of popular and political support for policies that increase price or reduce availability has encouraged other approaches such as public education. Problem gambling is very much the “hidden” addiction. Unlike (say) alcoholism, there is no slurred speech and no stumbling into work. Furthermore, overt signs of problems often do not occur until late in the problem gambler’s career.

When it is considered that problem gambling in its severe occurrence can be an addiction that can destroy families and have medical consequences, it becomes clear that health professionals and the public should be aware of these adverse effects. General practitioners routinely ask patients about smoking and drinking but gambling is something that is not generally discussed (Setness 1997). Problem gambling may be perceived as a somewhat “grey” area in the field of health and it is therefore very easy to deny that health professionals should be playing a role.

## 2.2 Prevention-Set Up Both General and Targeted Gambling Prevention Initiatives

There are growing prevention and intervention initiatives. According to Korn (2000), the goals of gambling intervention are to (1) prevent gambling-related problems, (2) promote informed, balanced attitudes and choices, and (3) protect vulnerable groups. The guiding principles for action on gambling are therefore prevention, health promotion, harm reduction, and personal and social responsibility.

In general, there are many actions and initiatives that are carried out as preventative measures in relation to gambling (e.g., Hayer & Meyer 2004b). The most common examples of these include general awareness raising (e.g., public education campaigns through advertisements on television, radio, newspapers); targeted prevention (e.g., targeted education programs and campaigns for particular vulnerable populations such as senior citizens, adolescents, ethnic minorities, etc.); awareness raising within gambling establishments (e.g., brochures and leaflets describing problem gambling, indicative warning signs, where help for problems can be sought, etc.); training materials (e.g., training videos about problem gambling shown in schools, job centres, etc.); training of gambling industry personnel (e.g., training managers of gambling establishments, and those who actually have interaction with gamblers such as croupiers); and prevention via the internet (e.g., the development, maintenance, and linking of problem gambling websites). Education and prevention programmes should also be targeted at children and adolescents along with other potentially addictive and harmful behaviours (e.g., smoking, drinking, and drug taking) (Hayer, Griffiths & Meyer 2005; Scheithauer, Petermann, Meyer & Hayer 2005). It should be noted that improvements in awareness, knowledge, or attitudes indeed represent a central goal of preventive efforts but are not necessarily accompanied by behavioural change. More specifically, gambling operators and service providers should:

- Supply information on gambling addiction, treatment, and services to patrons
- Support development of centralized training for gambling venue staff to ensure uniform standards and accreditation
- Enforce restrictions on who can gamble
- Pay to fund research, prevention, intervention, and treatment programmes

The cliché that “prevention is better than cure” is probably accurate in the case of problem gambling. Although there is some success in treating problem gamblers, it seems more cost-effective to prevent people from developing problems in the first place, which is why education and prevention are so important. However, such programmes need to be evaluated to make sure that they themselves are cost-effective. As highlighted in this book, across Europe, the prevention of problem gambling is still in its infancy. Although in many countries, some of the activities mentioned above are already implemented, systematic evaluations of the effects of single preventive measures or coordinated preventive programmes commonly could not be found. Obviously,

preventive actions with multiple components that are implemented in a coordinated and enduring way increase the probability to achieve the desired goals.

### 2.3 Treatment—Introduce Gambling Support and Treatment Initiatives

In addition to the preventative measures outlined above, there are many support initiatives that could also be introduced. Although we do not at present know the rate of return from investing in the treatment of problem gambling, treatment still needs to be offered for those needing help. Such initiatives include:

- The running of problem gambling helplines as a referral service
- The running of telephone counselling for problem gamblers and those close to them
- The running of web-based chat rooms and online counselling for problem gamblers and those close to them
- The funding of outpatient treatment
- The funding of in-patient and residential treatment
- Training for problem gambling counsellors (volunteers or professionals; face-to-face, telephone, and/or online)
- Certification of problem gambling counsellors

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/or combinations of these (i.e., multi-modal treatment) (see Griffiths 1996; Griffiths, Bellringer, Farrell-Roberts & Freestone 2001; Griffiths & Delfabbro 2001; Griffiths & MacDonald 1999). Another conclusion that can be drawn from the country reports refers to comorbidities with problem gambling. In line with evidence from outside Europe, problem/pathological gambling often co-occurs with at least one other psychiatric disorders (e.g., substance use, anxiety, mood, or personality disorders). A sophisticated understanding of comorbidities is necessary not only to delineate typical relationships between problem/pathological gambling and other psychiatric conditions, but also to improve the effectiveness of treatment approaches. Most importantly, further studies should focus on characteristic temporal sequences of co-occurring disorders in the same individuals in a more detailed way (e.g., ascertain the onset of symptoms of different disorders and the dynamic interrelationship between these disorders), with the aim of discovering causal pathways of problem gambling. For example, it is not known whether symptoms of depression precede problem gambling or are one of the consequences of significant gambling-related difficulties, and whether the existence of depressive symptoms may influence treatment outcomes.

There is also a very recent move towards using the internet as a route for guidance, counselling, and treatment (see Griffiths 2005b; Griffiths & Cooper 2003; 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 helplines 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., Gam-Anon).

This book demonstrates that many private and charitable organisations throughout Europe provide support and advice for people with gambling problems. Some focus exclusively on the

help, counselling, and treatment of gambling addiction, while others also work to address common addictive behaviours such as alcohol and drug abuse. 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. Many 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. 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, and a decision as to the suitability of a particular intervention is made upon admission.

Due to the lack of relevant evaluative research, the efficacies of various forms of treatment intervention highlighted in this book are almost impossible to address. Much of the documentation collected by treatment agencies is incomplete or collected in ways that make comparisons and assessments of efficacy difficult to make. As Abbott et al. (2004) have noted, with such a weak knowledge base, little is known about which forms of treatment for problem gambling are most effective, how they might be improved, or who might benefit from them. However, their review did note that individuals who seek help for gambling problems tend to be overwhelmingly male, aged between 18 to 45 years, and their problems are primarily with on- and off-course betting and slot machine use. Surprisingly very few studies exist that deal with meaningful cross-national or cross-cultural comparisons related to gambling, gambling participation, or problem gambling, and/or examine the societal contexts that shape (problem) gambling behaviour patterns (McMillen 2007). It sounds reasonable that a concept such as problem gambling will indeed have different meanings in different societies and cultures. Consequently, the needs of a problem gambler seeking help in (say) Nordic Countries are not identical with the needs of a problem gambler from (say) Southern Europe.

The gaming industry has typically viewed pathological gambling as a rare mental disorder that is predominantly physically and/or psychologically determined. This view supports recent findings that suggest many problem gamblers have transient problems that often self-correct. Reviewing five prospective longitudinal studies of gambling behaviour among non-treatment samples, LaPlante, Nelson, LaBrie, and Shaffer (2008) found no evidence that problem gambling represents a progressive and chronic disorder. In fact, their findings support the notion of flexibility in the nature of disordered gambling. For example, a significant number of individuals recover or move out of more severe levels of gambling disorders without returning to those levels. However, some gambling providers have taken the initiative to address the issue of gambling addiction within their businesses. Secondary prevention efforts by the gaming industry have included the development and implementation of employee-training programmes, mandatory and voluntary exclusion programmes, and gambling venue partnerships with practitioners and government agencies to provide information and improved access to formal treatment services.

Implementation of secondary prevention efforts by the gaming industry, such as employee-training programmes and (self-)exclusion programmes, have not always been of the highest quality, and compliance has often been uneven. For instance, a systematic literature review published by Meyer and Hayer (2007) demonstrated that the available evidence with regard to the effectiveness of admission bans and self-exclusion programmes can be described as deficient, especially with regard to follow-up studies and clearly defined outcome criteria. However, preliminary findings also suggest the general utility of this safeguard for a particular group of problem gamblers. In addition, observations from outside Europe appear to demonstrate that efforts by the gaming



industry to address gambling addiction tend to compete with heavily financed gaming industry advertising campaigns that may work directly to counteract their effectiveness (Griffiths 2005c).

Another central measure of effective secondary prevention is the early detection of problem gamblers. As outlined recently by Meyer and Hayer (2008), two different basic approaches can be found: (a) the identification of problem gamblers in gambling venues based on the experience of different expert groups, as well as preliminary results of the empirical validation of a screening instrument; and (b) research strategies that use data of gambling behaviour saved on player cards, or while gambling on the internet. Once again, only a few studies worldwide have evaluated the effectiveness of one of these approaches. Therefore, it is strongly recommended that practical, valid, and reliable methods of early identification of gambling-related problems are used urgently.

## 2.4 Social Policy—Embed Problem Gambling in Public Health Policy

It is clear that increased research into problem gambling is being taken seriously by many countries across Europe and the rest of the world. This needs to be embedded into public health policy and practice (Shaffer & Korn 2002). Such measures include:

- Adoption of strategic goals for gambling to provide a focus for public health action and accountability. These goals include preventing gambling-related problems among individuals and groups at risk for gambling addiction; promoting balanced and informed attitudes, behaviours, and policies toward gambling and gamblers by both individuals and communities; and protecting vulnerable groups from gambling-related harm.
- Endorsement of public health principles consisting of three primary principles that can guide and inform decision making to reduce gambling-related problems. These are ensuring that prevention is a community priority, with the appropriate allocation of resources to primary, secondary, and tertiary prevention initiatives; incorporating a mental health promotion approach that builds community capacity, involves a holistic view of mental health, and addresses the needs and aspirations of gamblers, individuals at risk of gambling problems, or those affected by them; and fostering personal and social responsibility for gambling policies and practices.
- Adoption of harm-reduction strategies directed at minimizing the adverse health, social, and economic consequences of gambling behaviour for individuals, families, and communities. These initiatives should include healthy-gambling guidelines for the general public (similar to low-risk drinking guidelines); vehicles for the early identification of gambling problems; non-judgemental moderation and abstinence goals for problem gamblers; and surveillance and reporting systems to monitor trends in gambling-related participation and the incidence and burden of gambling-related illnesses.

A “harm-based” conception of problem gambling has implications for policy and treatment. Given that the most severe cases of pathological gambling is one of the most difficult disorders to treat (Volberg 1996), and given that, at various points in their lives, relatively large numbers of the general population may experience some degree of gambling-related harm, it becomes important to provide intervention strategies that can prevent this potentially larger group from developing more serious problems. To this end, public health education and awareness-raising initiatives come to the fore, and these are recognised internationally as the most cost-effective way of dealing with problem gambling in the long-term (Abbott et al.

2004; National Gambling Impact Study Commission 1999; Shaffer, Hall & Vander Bilt 1999). In line with this approach, Hayer and Meyer (2004b) argued that prevention strategies should be established as an obligatory element of gambling business policy and continuously be controlled and audited by an independent expert commission. Furthermore, the evaluation of the effect of single measures or global prevention concepts is required to improve their impact continuously.

### 3 WHY IS THIS BOOK IMPORTANT?

The idea for this book stemmed from the observation that very little information is available about gambling research in most of the European countries and even less information has been published in English-speaking sources. Discussions with colleagues from European and non-European countries confirmed the lack of knowledge relating to (a) national gambling markets; (b) the prevalence of gambling participation and problem gambling; (c) national policies to tackle the issue of problem gambling; and (d) existing treatment options for problem gamblers and their relatives. To close this knowledge gap, we asked qualified scholars in the field of gambling research from diverse academic disciplines to participate by writing a chapter for our book. Although collecting all evidence was not an easy task, the result certainly advances our understanding of gambling-related issues in Europe.

We hope you will enjoy reading the many chapters in this book that are intended to provide the first comprehensive overview about problem gambling in Europe. To our knowledge, there is no other publication currently available within the international context that brings together the existing scientific knowledge about gambling-related problems and its prevention across a multitude of European countries. What exists is an effort to systematically collect information about national gambling laws of the 25 European member states including a detailed examination of the statutory and regulatory position in each member state (Swiss Institute of Comparative Law 2006; see also Littler 2007, for a more recent publication). However, the European Commission gambling project (Swiss Institute of Comparative Law 2006) mainly dealt with legal and economic aspects of gambling and gambling regulation and in general neglected public health aspects such as the extent of gambling-related problems or the elaboration, implementation, and evaluation of responsible gambling strategies. Therefore, there was only sketchy information from a few countries concerning the issue of problem gambling. However, more encouragingly, national governments have become increasingly concerned with the negative consequences of problem gambling in recent years.

Although there are some common themes across the European countries highlighted in this introductory chapter, there are also many differences in both the approach and the information that has been gathered. Some countries have been examining the issue of problem gambling for many years, whereas others are just beginning. For example, not all countries can indicate epidemiological-based data on the prevalence of problem gambling or comprehensive research activities related to conditions that may increase or decrease the likelihood of developing gambling-related problems (i.e., risk and protective factors). In contrast, other countries not only have already established an extensive knowledge base but also can rely on elaborated standards in terms of responsible gambling. Although every effort was made by the editors to commission a chapter from every significant European country, we were unable to find scholars from some countries (most notably Austria, Greece, Portugal, and the Czech Republic). Despite these limitations, it is hoped that the cross-fertilization of data, ideas, and approaches outlined in this book

will be of benefit to a wide range of stakeholders, including academics, practitioners, regulators, policy makers, and members of the gambling industry. As a next step, the information base available could be used to compare the benefits and limitations of the different national regulations and approaches on gambling behaviour and systematically examine what advantages and disadvantages these bring.

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