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CONCLUSIONS

WORKSHOP ON ONLINE GAMBLING: DETECTION AND PREVENTION OF PROBLEM GAMBLING AND GAMBLING ADDICTION 25 MAY 2011 IN BARCELONA

On 25 May, DG Internal Market and Services held the second expert-based workshop, complementing the Green Paper on On-line Gambling in the Internal Market. The workshop was organised in cooperation with DG Research and Innovation, specifically through the ALICE-RAP (Addiction and lifestyles in contemporary Europe – Reframing Addictions project), a five-year transnational and interdisciplinary project funded through the Seventh Framework Programme, which aims at contributing to the debate on current norms and future implications of addiction and lifestyles in Europe over the next 20 years. Participants were interested research experts from the consortium as well as representatives from gambling treatment centres. Further to a debate on the pre-determined topics, the following conclusions were reached:

1. PROBLEM DETECTION

The notion of the problem needs to be defined and for this **a better understanding of 'problem gambler'** is needed as a term used in referring to problem-related gambling behaviour. Another term used is **'pathological gambling'** and this is defined as a mental disorder according to the international disease classification systems DSM, IV, ICD 10). Furthermore, the development of an addiction may not be purely an addiction to online gambling but may be related to an addiction to the medium, such as internet overuse. It is also suggested that individuals playing virtual/online games excessively or compulsively may be more prone to behaviour characteristics leading to problem gambling or addiction.

To **understand the scale of the problem** it is necessary to differentiate the development of 'pathological gambling' which concerns cognitive, mental and behavioural impairments related to the (loss of) control of an individual's gambling behaviour from the social and economic consequences. The amounts gambled in terms of an individual's income, the frequency and duration of gambling episodes, the size of the bets and the games/events concerned also need to be understood, though caution was suggested in allocating risks to different games, on the basis of a currently-limited amount of research on causality. Examples were given that the frequent buying of lottery or scratch cards is not necessarily deemed a problem by such players or regarded as 'gambling' as such. Gamblers often use multiple gambling products, making it difficult to attribute a particular risk to a particular individual product.

A complex pattern of genetic, neuropsychological, individual vulnerability, including the use of gambling to dull or elevate emotions, and social and gambling related factors are assumed to be relevant for the development of any expression of 'problem gambling', however the passage from normal to problem gambling is not yet well understood. Given that on average around 0.5% of the adult population or 1% of active gamblers in Europe meet the criteria of 'pathological gambling' the relevance of gambling-related characteristics as an aetiological risk factor seems to be limited.

There is an interface between gambling, online or offline, and social and behavioural factors, particularly as regards young people. While recent data demonstrates that gambling is not creating major problems in Member States, it shows that new markets are developing or existing ones expanding, e.g. young people, women and ethnic minorities. It also shows a clear link between playing of cash-free games of acquisition and gambling.

Another aspect touched upon is the **social consequences** other than the economic ones that the development of a problem or addiction gives rise to. Such consequences are similar to those for alcohol or drug-related problems concerning family, legal and work related problems as well as indirect costs.

The nature of the **treatment** is to be different in consideration of pathological behaviour, compulsive behaviour or the development of a problem. Individuals seek treatment for a diverse range of reasons, not just as a direct result of sustained losses. Although there are outpatient and inpatient treatment options in Europe these need quantitative and qualitative improvements. Deficits exist in the field of early intervention because it is difficult to detect, approach and motivate people, gamblers in this instance, in early stages of problem development.

2. PREVENTIVE MEASURES

Industry has a role in supporting **corporate social responsibility**.

The regulatory system in place in a Member State, be it a licensing system or a monopoly, does not seem to have a significant impact on the degree of problem gambling or gambling addiction.

Online and offline gambling are diverse in terms of technical requirements. However, there are commonalities and further research on this is called for. There are likely to be differences in risks between types of games and frequency of games but no games were specifically highlighted or ranked. Overall, the access to online gambling products does not appear to have given rise to problem development or addiction at a higher rate than in the offline environment.

At the same time, online gambling provides good opportunities for close monitoring of individual gambling behaviour and early detection of problem development. Public control measures are needed such as for ethical marketing, age and customer verification controls, readily available information on winnings, losses and risks etc, warnings, advisory and support opportunities, exclusion and cooling-off provisions. A number of these should be easily visible on the gambling websites. Furthermore, technical features for early detection of critical changes in gambling behaviour and designated employees for customer protection are also warranted.

Helplines are important because individuals who decide to seek assistance do so on the impulse of the moment and may not revert to such assistance if deferred or not readily available. There is scope for operators, for gambling regulators and for treatment centres to know the extent to which players seek such assistance, for example when players close accounts or make use of self-limitation or self-exclusion options.

Information such as the time spent on the site, the option of self-exclusion and signposting to appropriate helpline and treatment centres are to be amongst information readily and constantly available to players on gambling websites.

The institutional set-up offers a conducive environment, including as regards advertising and marketing. Views were also expressed on the important role of regulation and of codes of conduct for operators and their employees.

Funding was briefly discussed. In some instances industry contributes towards treatment centres or research through existing mechanisms in Member States. Views were expressed on the differing roles of research and politics as well as on the risk of conflicts in terms of funding, whether this is by commercial operators or by the State-controlled or owned operators. However, research is needed to provide the evidence to guide political decisions and to provide the flow of information to gambling regulators.

Lastly, compared to research on smoking or on alcohol, research in the area of gambling is in its infant stages as its profile in public health policy terms. Further detailed research and studies on remote gambling were called for as well as systems for timely detection of potential problem development.

The list of participants and the workshop agenda are found at:
http://ec.europa.eu/internal_market/services/gambling_en.htm