



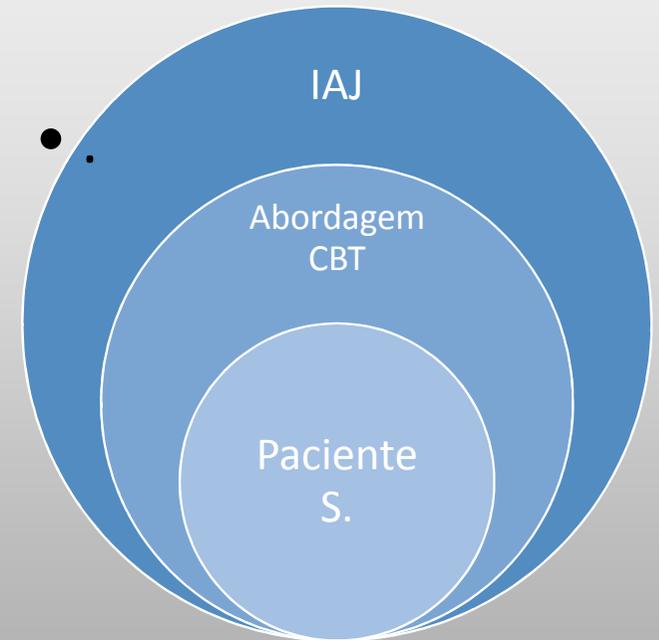
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Case Study: S. At-risk or gambling disorder ?

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# Introduction



- Portugal follows the trend of other "western" countries and presents very similar results on the global increase in the number of players, both online and offline (e.g. in the prevalence of gambling problems, predictors and comorbidities) (Hubert, 2015)
  - Problem gambling has personal and family costs ( problems with relationships, communication, finances, and work) and can be subdivided into abuse, or evolve into mild, moderate or severe gambling disorder.
- The *Continuum* follows: 1- recreational gambling 2- at-risk gambling 3- gambling disorder (pathological gambling)
- Australian research found that up to 85% of the harms caused by gambling came from those who were not categorized as problem gamblers. (Browne M, Greer N, Armstrong T, et al, 2017)
  - There are numerous prevalence's but few studies on this specific population of at risk gamblers.

# Diagnostic Criteria of gambling Disorder (DSM-V) 2013

- a) Needs to gamble with **increasing amounts** of money in order to achieve the desired excitement.
- b) Is restless or **irritable when attempting to cut down** or stop gambling.
- c) Has made repeated **unsuccessful efforts to control**, cut back, or stop gambling.
- d) Is often **preoccupied with gambling** (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- e) Often **gambles when feeling distressed** (e.g., helpless, guilty, anxious, depressed).
- f) After losing money gambling, often returns another day to get even ("**chasing**" **one's losses**).
- g) Lies **to conceal** the extent of involvement with gambling.
- h) Has **jeopardized or lost a significant** relationship, job, or educational or career opportunity because of gambling.
- i) **Relies on others to provide money** to relieve desperate financial situations caused by gambling.

4 or more criterias during a year

Mild = 4-5

Moderate = 6-7

Severe = 8-9



## Final profile JPOF; JPON e Preditors (Linear regression)

JPOF	JPON
<b>Male, 40 years-old</b>	<b>Male, 30 years-old</b>
Sub/urban	<b>12th grade, sub/urban</b>
With stable relationship	<b>Single, if there are a relations, it is stable</b>
With Childen	With Childen
Employee; scientific intellectual, managers, entrepreneurs	Employee; scientific intellectual, <i>comercial</i>
Play online mode too	Play online mode too
Play for money	Play for money
<b>Many hours of gambling per day, between 17h and 01h</b>	<b>Many hours of gambling per day, between 17h and 01h</b>
Play alone	Play alone
Early earnings, more money transactions (\$)	<i>More days a week (5)</i>
Attracted for fun and make money	<i>Attracted for acessibility, disponibility and convenience</i>
EuroMillions, machines and cards in the casino	EuroMillions, machines and cards in the casino
<b>Strong euphoria and evasion, fast passing time</b>	<b>Strong euphoria and evasion, fast passing time</b>
Stable relationship with mother	Stable relationship with mother and father
Substitutions by tv and exercice	Substitutions by tv and exercice
Stress + <b>suicidal ideation</b> ; depression / anxiety	<b>Stress + suicidal ideation</b> ; depression / anxiety
<b>Problematic tobacco consumption</b>	<b>Problematic tobacco consumption</b>
Guilt, criticism, shame, conflicts	Guilt, criticism, shame, conflicts
Emphasis on self-control coping strategy	Emphasis on self-control coping strategy

There are 31 variables in the characterization table corresponding to 31 questions. There are 24 identical features between JPOF and JPON and 7 different. However, it is revealed that in 18 of these characteristics there were statistically significant differences. It can then be concluded that in the differences between JPOF and JPON there are many variables and at various levels, in addition to the differences already observed in the predictors of both modes of play.

# At-risk Gambler

- Several designations such as “problem gambler”, “excessive gambler”, “at risk gambler”, “mild or moderate gambler”, “unhealthy gambler” **define preclinical gambling behavior with increased risk of transition to pathological gambling.** (Buhringer et al, 2013) (ie Heavy drinker)

In the USA the lifetime prevalence for these gamblers was between **1.5% and 3.7%**, and in the current year, between 0.7% and 2% (Ciarrocchi, 2002).

It has been observed that abuse players may benefit from some reduction in their gambling behavior, but are **unlikely to accept treatment** (Petry, 2005).



## Portugal 2012 & 2017: SICAD, CISC, FCSH and UNL Data

### At-Risk Gamblers: **The forgotten population**

#### ► **2012:**

- Pathological Gamblers = 0,3% = 24.000
  - At-risk Gamblers = **0,3%** = **24.000**
- Total = 48 000

#### **2017**

- Pathological Gamblers = 0,6% = 48 000
  - At-risk Gamblers = **1,2%** = **96 000**
- Total = 144.000

- ...for every one person with problems, an estimated **5 to 10 people are adversely affected.**

(Wardle et al, 2019)

Where to seat S. ????

Gambling disorder OR At-risk Gambling ??



# Instituto de Apoio ao Jogador e Contrato Terapêutico

## Gambler Support Institute and Therapeutic contract



- The Gambler Support Institute (GSI/IAJ) is a private, **independent organization focused on dealing with gambling disorder** (and other behavioral disorders), **treatment, helpline coordination, training, supervision and research**. The IAJ has begun to develop an **individual intervention protocol based on Cognitive Behavioral Therapy (CBT)** techniques that has been applied to online and offline gamblers since 2006.
- The **Therapeutic Contract (TC)** was established as a **set of negotiable guidelines** and subsequently accepted and **followed by patients** (eg self-exclusion, access to money controlled by a trusted person), including psychotherapeutic sessions in a CBT approach.

# Aim of the case study:



- 1) Better understand, classify and define **diagnostic limits/levels**,
- 2) Understand and identify **different consequences** of:
  - a) gambling disorder and b) gambling abuse (at-risk)
- 3) How psychologist may establish a balanced / **adjusted relationship** with the patient,
- 4) To be able to define/apply the most **appropriate intervention**.

# Theoretical framework:

- Epidemiological evidence indicates **high levels of “churn” in and out** of problematic and at-risk behavior.
- In Britain, a follow-up study of **highly engaged gamblers** (individuals with loyalty cards for major bookmakers) showed that **around one in three people** defined as non-problem, low risk, or moderate risk (according to their scores on the Problem Gambling Severity Index) **had increased their problem gambling scores** when interviewed **one year later**.

(Wardle H, Fuller L, Maplethorpe N, Jones H., 2017)



# Theoretical framework

- - Harms from gambling affect health and wellbeing and, even **at low risk levels**, contribute to a **loss of quality of life similar to the long term consequences of a moderate stroke, moderate alcohol use disorder, and urinary incontinence....**
- ..... Harms affect a much larger proportion of the population than just those who might be defined as problem gamblers: for every one person with problems, an estimated five to 10 people are adversely affected.

(Browne M. Langham E, Rawat V, et al, 2016)

# Case Presentation: S.

1

- S. is a **40-year-old industrial director**, married for 15 years, father of 2, master's degree at 21.
- He has **always been employed, autonomous, functional family, sport-related as a practitioner, spectator and connoisseur** (football and tennis), without any associated comorbidity (except significant losses on the Stock Exchange / Forex several years ago).
- His **priorities** are: family, economic comfort that allows access to vacations, goods and services that provide his sense of **quality of life**.

**1st appointment on Dec. 2017** asking if he would have a **gambling problem** or if he could **control** his gambling ?

**2nd appointment Dec. 2018** start of treatment.

In both cases, he **scored 5 points (mild disorder)** DSM-5 diagnostic criteria

# Case Presentation: the problem:

2

- In **six months**, with knowledge of his wife, he **earned on a sports betting site, about 170,000 euros, which was lost in about 2 years after this site closure**. He kept a small part (2,000 euros + -), with which he decided to bet and lost again **claiming “good sites” were off in Portugal** or wouldn't let him play as he wanted...
- He **enjoyed gambling / betting** and had gradual increase of time (2-3 hours / day) and **high amounts invested** (hundreds / thousands in daily transactions).
- He **knows a lot about sport**, especially football and tennis. The maximum amount he bet on a single day was between 10,000 and 20,000 euros.
- **Difficulty stopping** and loss recovery attempts.
- **S. often earned reasonable amounts of money.**

# Case Presentation, The Diagnosis:

2

- The two instruments used to assess S. problem gambling were:
- 1) **SOGS** South Oaks Gambling Screen by Lesieur & Blume (1987) adapted for the Portuguese culture in which S. scored **more than 5 positive responses**.
- 2) **APA, DSM-5** (2013) with **5 of the Diagnostic Criteria** for Game Disorder fulfilled, thus being in the level of mild dependence.
- In the **Therapeutic contract** he accepted all guidelines except “request self-exclusion from gambling sites”, and total abstinence from gambling” despite **accepting “gambling interruption” later during (the 4 months of) treatment.**

## Therapeutic contract for 6 months



	Yes	No	Maybe
1) Create and execute a debt payment plan.	X		
2) Total abstinence of any type of gambling.		X	
3) Close ones get involved in the treatment.	X		
4) Avoid people, places and situations related with gambling.	X		
5) Self-exclusion from physical or virtual gambling places.		X	
6) Limit/control access to money/cards/credit, etc.	X		
7) Participate in regular group and individual psychotherapies.	X		
8) Read and do the therapeutic homeworks.	X		
9) Participate in self-help group meetings. (G.A.)		X	
10) Being reachable.	X		

**Consequences of relapse or contract default:**  
**examples:** leave home; check in on rehabilitation; stop visiting the grandchildren; etc.

1) \_\_\_\_\_

2) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Diagnosis Criteria DSM-5</b>	<b>Gambling disorder or pathologic gambling</b>		
Light = 4-5    Moderate = 6-7    Severe = 8-9	Yes	No	Maybe
1) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.		X	
2) Is restless or irritable when attempting to cut down or stop gambling.		X	
3) Has made repeated unsuccessful efforts to control, cut back, or stop gambling.	X		
4) Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).	X		
5) Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).		X	
6) After losing money gambling, often returns another day to get even ("chasing" one's losses).	X		
7) Lies to conceal the extent of involvement with gambling.	X		
8) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.	X		
9) Relies on others to provide money to relieve desperate financial situations caused by gambling.		X	

# Therapeutic intervention;

- **Diagnosis** (history, comorbidities, suicidal ideation, etc.)
- Therapeutic Contract: (self exclusion, money control, significant people, G.A., etc.)
- **Identifying: consequences, urges, triggers**, motivations, etc.
- Therapeutic written works on: Significant people, life and game history, and **patterns of behavior / feelings / beliefs / values**.
- Individual psychotherapies: **Freedom and awareness**, decision making, processing situations, various approaches.
- Group psychotherapy: **others feedbacks**, exposure, **problem solving**, re-experiencing situations, role-plays, etc.



# Beliefs (throughout life)

- My **father** (despite my comprehension) is a problem and causes me bad times,
- The evaluation of **others** is very important for me. I have to give a strong / **positive image** of myself and not show **weakness** (“gild the pill”)
- If I expose myself I become **vulnerable**, so the is best to shut up, **avoid conflict** and meet / analyze others so that I can gain **power**.
- Whenever I need to be effective or “save my skin” **I can lie, manipulate** and / or exercise power over others,
- Success in the game serves two functions: it gives me money/**power** and allows me to show others that **I am capable** (also **retaliating against the world**).

## Values

- a) Truth / Faithfulness / Honesty,
- b) **Common sense** and thoughtfulness,
- c) **Respect** / understanding,
- d) Patience / tolerance and
- e) **Effectiveness** / Demand

### Feelings

- a) **anxiety** / distress,
- b) revolt / injustice / ingratitude,
- c) **regret** / guilt,
- d) distress / fear
- e) relief

### Behavior

- a) lie / disguise,
- b) **manipulate**,
- c) confront / discuss,
- d) **avoid** / retract / not react
- e) cry,

# Therapeutic intervention: The 2nd Contract and the addendum...

- **After 15 sessions and 4 months without gambling:** “debating” what S. felt best, the time had come to choose. After consulting the psychologist, his wife, the opinion of others in group therapy (**all suggested abstinence**), S. made the decision to **experiment controlled gambling and making money** with controlled and behavioral monitoring:
- At the end of the month he **needed to reformulate** the second contract



# Therapeutic intervention: The 2nd Contract and the addendum...

## Gambling Strategies

### Amount of money

- Up to 5 daily bets
- Maximum bet is 10% of available balance (bankroll)

### Time spent in gambling:

- Up to 45 minutes

### Goal:

- 3000 euros in final of june (Initial balance: 200 euros --- 15 times more)

### Deadline:

- From February 1 to June 30, 2019 (5 months)

## Readjustment March 2019

### Amount of money

- Up to 20 daily bets
- Maximum bet is 10% of available balance (bankroll)

### Time spent in gambling:

- Up to 60 minutes



# Monitoring month 1

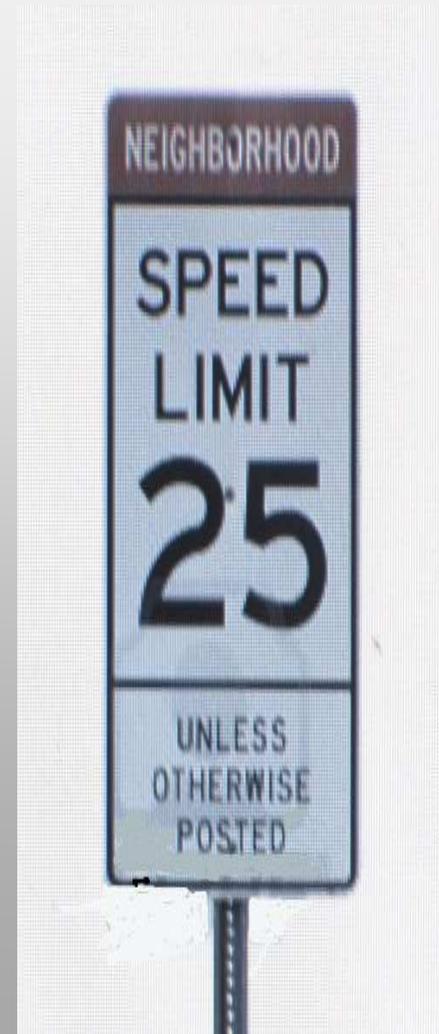
Date	Bets	Gains and Losses	Time	Feelings and behaviors									
				Patience	Humor	Participation	Avaliability	Smartphone	Stress	Euphoria	Frustration	Sociability	Sleep
01/fev	7	€4	01:00	+	+	+	+	-	+	+	-	+	+
02/fev	11	-€16	01:30	+	+	+	+	-	-	+	-	+	+
03/fev	7	€5	00:45	+	+	+	+	-	+	+	+	+	+
04/fev	6	-€27	00:35	+	+	+	+	-	+	+	-	+	+
05/fev	7	€25	00:40	+	+	+	+	-	-	+	+	+	+
06/fev	11	€4	01:20	+	+	+	+	-	-	+	-	+	+
07/fev	11	€17	00:50	+	+	+	+	+	-	+	-	+	+
08/fev	14	-€25	01:20	+	-	+	+	-	-	+	-	+	-
09/fev	8	-€0	00:45	+	-	+	+	-	+	+	-	+	+
10/fev	9	-€0	01:10	+	+	+	-	-	-	+	+	+	-
11/fev	3	-€15	00:15	+	-	+	+	+	-	+	-	+	+
12/fev	0	€0	00:00	+	+	+	+	+	+	+	+	+	+
13/fev	7	€12	00:30	+	+	+	+	+	+	+	+	+	-
14/fev	8	-€4	00:45	+	+	+	+	+	-	+	-	+	+
15/fev	13	€12	01:00	+	+	+	+	-	-	+	-	+	-
16/fev	11	-€14	01:10	+	-	+	+	-	-	+	-	+	+
17/fev	3	-€26	00:20	+	-	+	-	+	-	+	-	+	+
18/fev	6	€11	00:40	+	+	+	+	-	-	+	+	+	+
19/fev	9	-€35	01:15	+	-	+	+	-	-	+	-	-	-
20/fev	8	-€45	00:50	+	+	+	+	+	-	+	-	+	+
21/fev	5	€11	00:35	+	+	+	+	-	-	+	+	+	+
22/fev	9	€16	00:55	+	+	+	+	-	-	+	+	+	-
23/fev	14	€40	01:10	+	+	+	+	-	+	+	+	+	+
24/fev	20	€42	01:45	+	+	+	+	-	-	+	+	-	+
25/fev	20	-€2	01:30	+	+	+	+	-	-	+	+	+	+
26/fev	10	€33	00:40	+	+	+	+	+	+	+	+	+	+
27/fev	13	-€49	01:35	+	-	+	+	-	-	+	-	-	-
28/fev	11	€14	00:50	+	+	+	+	+	-	+	-	+	+
<b>Total</b>	<b>261</b>	<b>-€16</b>	<b>25:40</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>19</b>	<b>20</b>	<b>0</b>	<b>16</b>	<b>3</b>	<b>7</b>
<b>Mean</b>	<b>9</b>	<b>-€1</b>	<b>00:55</b>	<b>0%</b>	<b>25%</b>	<b>0%</b>	<b>7%</b>	<b>68%</b>	<b>71%</b>	<b>0%</b>	<b>57%</b>	<b>11%</b>	<b>25%</b>

# Monitoring last month

Date	Bets	Gains and	Time	Feelings and behaviors									
				Patience	Humor	Participation	Avaliability	Smartphone	Stress	Euphoria	Frustration	Sociability	Sleep
01/jun	16	-€50	00:50	+	-	+	-	-	-	+	-	+	+
02/jun	12	-€100	00:45	+	-	+	+	-	-	+	-	+	-
03/jun	10	€102	00:40	+	+	+	+	+	-	+	-	+	+
04/jun	12	€70	00:45	+	+	+	+	-	-	+	-	+	+
05/jun	12	€69	00:50	+	+	+	+	+	-	+	+	+	+
06/jun	12	€70	00:40	+	+	+	+	+	+	+	+	+	-
07/jun	15	€33	00:55	+	+	+	+	+	-	+	-	+	-
08/jun	19	-€151	01:00	-	+	+	+	-	-	+	-	+	+
09/jun	14	-€97	01:10	+	-	+	+	-	-	+	-	-	+
10/jun	7	€5	00:35	+	+	+	+	-	-	+	-	+	-
11/jun	11	-€49	00:45	+	+	+	+	-	-	+	-	+	+
12/jun	9	€68	00:40	+	+	+	+	+	+	+	+	+	-
13/jun	12	€36	00:50	+	+	+	+	-	+	+	+	+	-
14/jun	11	-€61	00:45	+	+	+	+	+	-	+	-	+	+
15/jun	7	€25	00:35	+	+	+	+	-	+	+	+	+	+
16/jun	8	-€87	00:40	+	+	+	+	-	+	+	-	+	-
17/jun	6	€5	00:50	+	+	+	+	-	-	+	+	+	+
18/jun	14	-€50	01:05	+	+	+	+	-	-	+	-	+	-
19/jun	12	-€29	01:00	+	+	+	+	-	-	+	-	+	-
20/jun	2	-€81	00:20	+	+	+	+	+	+	+	-	+	-
21/jun	1	-€50	00:15	+	+	+	+	+	+	+	-	+	-
22/jun	0	€0	00:00	+	+	+	+	+	+	+	+	+	+
23/jun	0	€0	00:00	+	+	+	+	+	+	+	+	+	+
24/jun													
25/jun													
26/jun													
27/jun													
28/jun													
29/jun													
30/jun													
<b>Total</b>	<b>222</b>	<b>-€322</b>	<b>15:55</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>13</b>	<b>14</b>	<b>0</b>	<b>15</b>	<b>1</b>	<b>11</b>
<b>Mean</b>	<b>10</b>	<b>-€14</b>	<b>00:41</b>	<b>4%</b>	<b>13%</b>	<b>0%</b>	<b>4%</b>	<b>57%</b>	<b>61%</b>	<b>0%</b>	<b>65%</b>	<b>4%</b>	<b>48%</b>

# Discussion

- Be it at-risk or dependence... there are:
- **Negative consequences** for self and significant people,
- **Risk factors** (past gains, willingness to regain quality of life, emotional mismanagement,
- **Protective factors** (family, “problem awareness”, life structure)
- What therapeutic intervention to be applied ?  
**From risk reduction intervention**, minimization of outpatient damage, up to inpatient treatment...)
- **Is it an intensity issue ?**



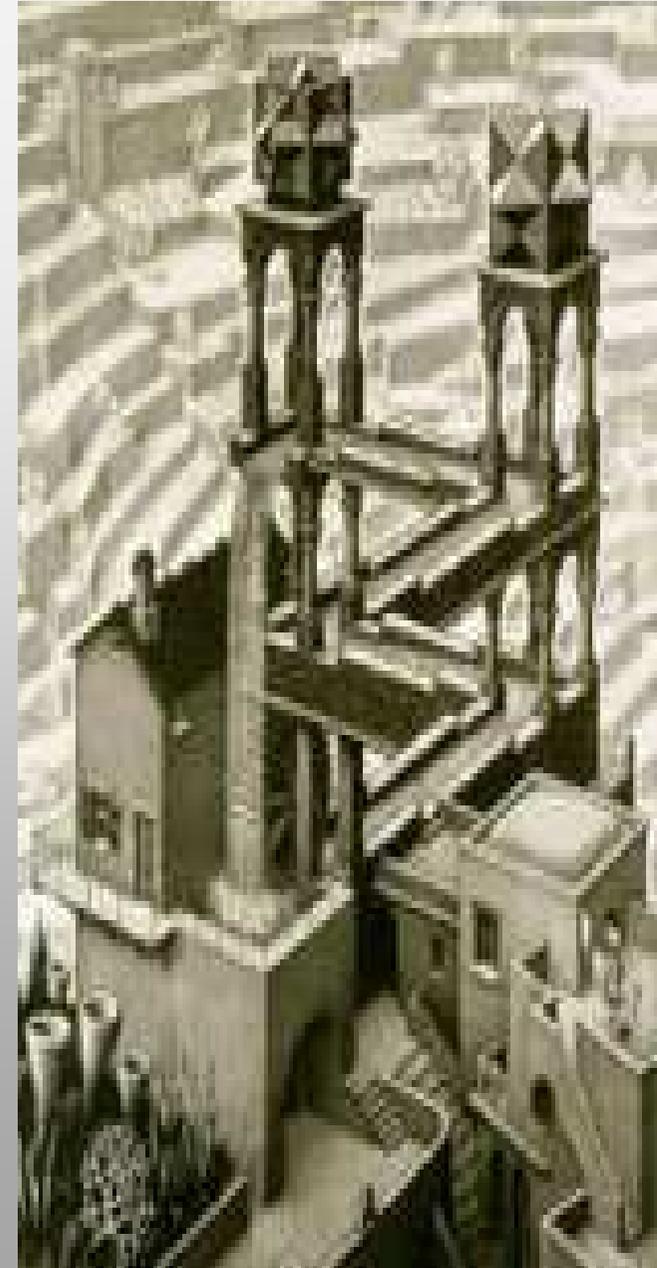
# Discussion <sub>2</sub>

- If no professional help or drop out; **what could / would be the consequences in the medium / long term future?**

Less awareness of ambivalence?

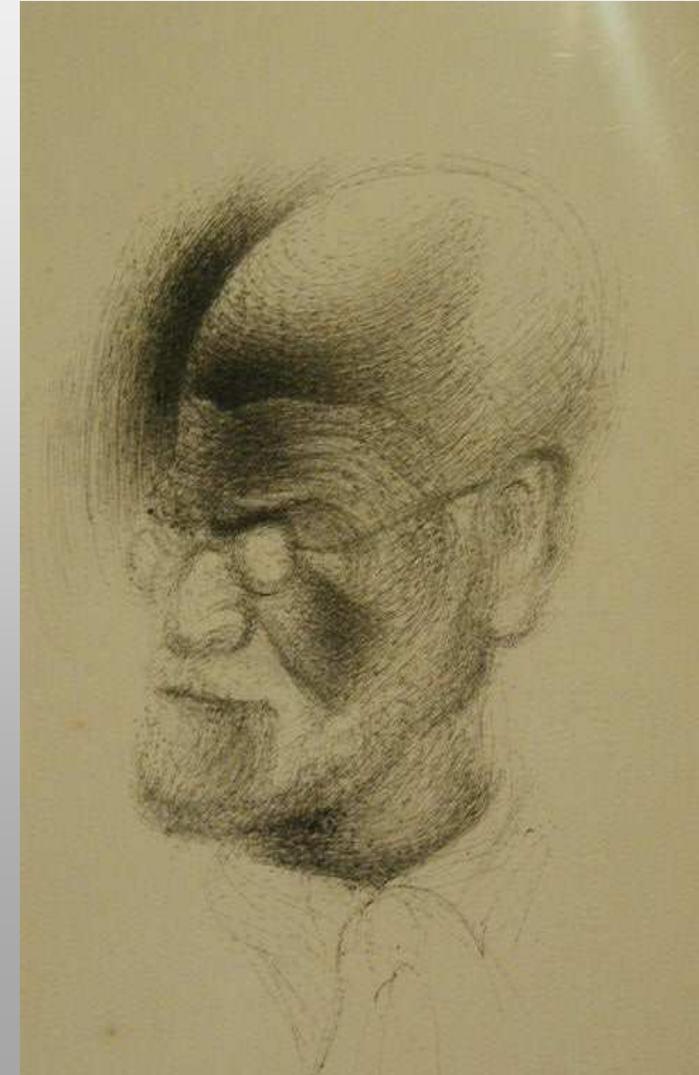
- Transition to more severe level of dependency?
- If he stops gambling he is unhappy, frustrated...
- If he keeps gambling he is anxious, guilty...
- Is no decision worse than a “bad” decision?

**How to help patient to reach the best for his life ?**



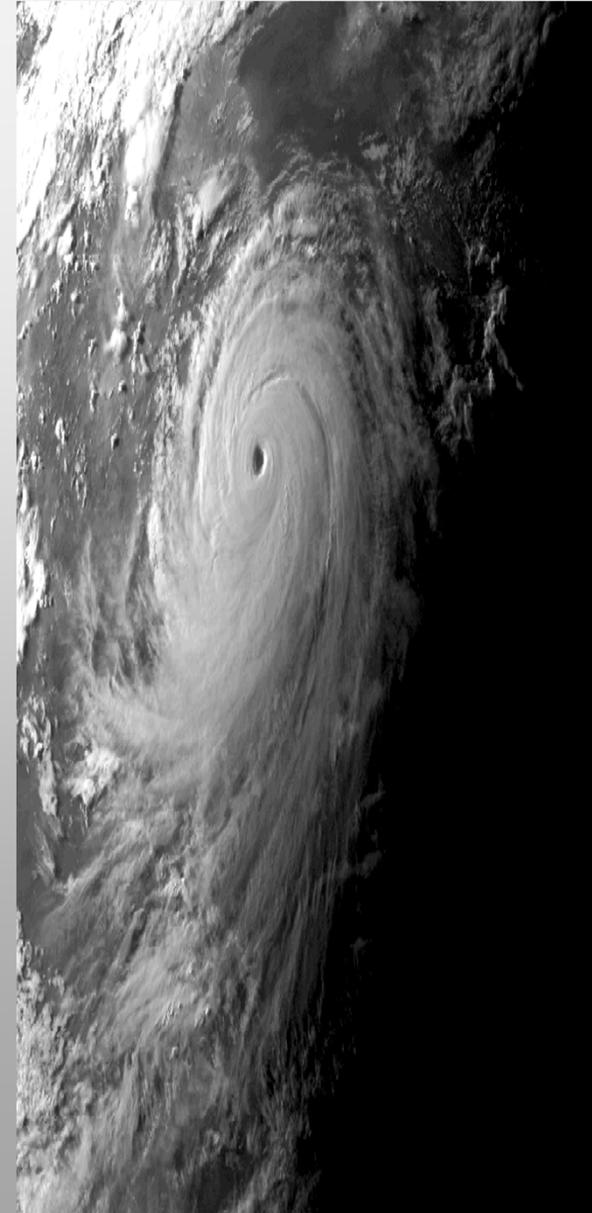
# Close interpretations BUT different

- 1) **Determination in betting strategy:**
  - **denial, rigidity**, inflexibility, disability, basic cognitive distortion (I'll get it),
  - **money and power first.**
- 2) **Lasting Ambivalence:**
  - Indecision, anxiety, guilt, divided between rational / values and emotional.
  - **Fear of abandoning structured / structuring strategy** (recognition by others, power, image, not weakness...) and being able to risk another model... .. (which S. can't see)
  - While ambivalence persists... the game persists...
  - **What is the meaning and / or function of this deadlock?**



# Conclusion:

- The **real impact** was not debt, divorce, unemployment, anxiety / depression etc. but the **postponement of a life project, the failure to reach one's potential** and the consequences of self-esteem, self-efficacy, satisfaction and professional fulfillment.
- Patient is **as aware as possible** of his relationship with problem gambling



# Conclusion: This study highlights:

2

- **what we see more and more** often in our clinical practice (in some relapses too):
- the consequences of gambling problem abuse often **minimized**;
- the difficulty in understanding / **differentiating the boundaries** between abuse and dependence:
- **Difficulty to intervene appropriately** in the direction of prevention and / or treatment (outpatient, inpatient, telephone helpline, etc.)
- highlight the difficulties felt in the therapeutic process.



# Limitations:

- This study has all **limitations of a case study** based on the individual, qualitative (unrepresentative, non-experiential, untested, non-generalizing, etc.) rather than the quantity and its statistics.
- This case study is **still ongoing** and participants may need more time to draw conclusions.

# Suggestions:

- **Further** qualitative and quantitative **studies** are needed on the route:
  - - game problem progression **continuum**,
  - - consequences (at all levels),
  - - **protective and risk factors**,
  - - different stages of game problem progression,
- **prevention research and intervention appropriate** to the phase of the problem.
  
- The area of prevention can benefit greatly from the specific study of this population, as well as **public health, the gaming industry itself and associated responsible gambling component, the legislator** (advertising, consumer protection ..), economics..., psychology,

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Thank you

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