

# **Responsible Gambling: What is the Responsibility of the Gambler and of the Operator (or policy makers) in Pre-commitment (Smart Card) and Self-exclusion Programs ?**

**The First Asia Pacific  
Conference on Gambling &  
Commercial Gaming Research**

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Québec, Canada.**

# Outline

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- 1. Brief reminder of what is Responsible Gambling**
  - Different pathways to achieve RG
  - The most important progress made over the last 3 decades in the field of gambling
- 2. Main results of Pre-commitment trials**
- 3. Main results of Self-Exclusion trials**
- 4. Responsibility issues, conclusions, and questions**

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**With this program in mind, at the end of my talk, I hope you will be able to disagree with Woody Allen he made about men....**

**The second most important organ in man is  
His brain....**

# What is Responsible Gambling?

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**Responsible Gambling is defined as**  
***a set of policies and practices  
designed to prevent and reduce  
potential harms associated with  
gambling***

**This can be achieved only by  
restricting gambling expenditure  
to affordable limits.**

# More specifically...

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When we will achieve this goal, the **incidence** of problem gambling will then be reduced (that is, the development of new cases of problem gamblers over a period of time).

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**But how can we achieve this goal?**

## Tim Stockwell's pathways

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**Stockwell (2006) suggested three pathways, but from a broader perspective, we have TWO (2) options or perspectives which are not necessarily mutually exclusive**  
**(Harm minimization can't be applied to gambling-related problems)**

# Supply Reduction: The first pathway

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**Strategies that are intended to**  
**reduce**  
**the availability or accessibility of a**  
**product.**

# **Demand Reduction: Second pathway**

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**Strategies aimed at motivating users to consume less overall and/or less per occasion.**

**Targeting the individual/gambling activities.**

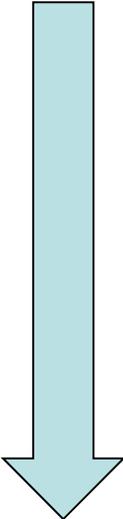
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**What is the main difference between**

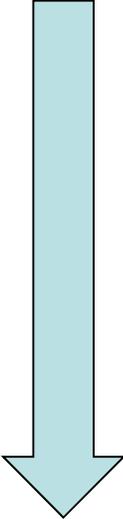
**Supply Reduction  
and  
Demand Reduction**

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**Versus**



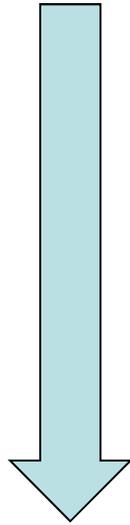
**Internal  
Control**



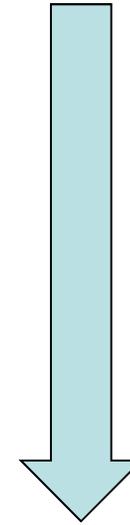
**External  
Control**

**Demand reduction**

**Supply reduction**



**Versus**



**Internal  
Control**

**External  
Control**

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***Where should we  
MAINLY focus our  
interventions?***

***Internal Control***

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**What is the major  
progress we have made  
over the last 3 decades in  
the field of gambling?**

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**Beyond any doubt, it is  
our commitment to**

***Empirical research***

**The implementation of our  
RG programs should be  
based on scientific  
evidence**

***Rather than***

**On “common sense” or  
“conventional wisdom”**

# **Empirical research as indicated in the following areas**

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## **1. Publication outlets:**

**International Gambling Studies**

**Journal of Gambling Studies**

**Journal of Gambling Issues**

**Asian Journal of Gambling Issues and Public Health**

**Addiction and other important Journals**

**2. Number of grants in the field of Gambling**

**3. Number of researchers and clinicians**

**4. The use of empirically validated treatment**

**5. The number of important conferences and meetings**

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**I invite you to look at what I will be discussing  
now,  
Pre-commitment and Self-exclusion  
through the following two lenses  
Internal control  
and  
Empirical research or evidence**

**Pre-committment:**  
**The following results are based on a paper**

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Pre-commitment in Gambling: A review of the empirical evidence

Robert Ladouceur , Alex Blaszczynski , & Daniel Lalande  
(International Gambling Studies)

I assume all the responsibility of the ideas and data that I will share with you now.

But obviously, if there are any errors,  
you should contact **Alex** or **Daniel** !!!!

# What is the procedure of the smart card?



[www.ulaval.ca](http://www.ulaval.ca)



# Who introduced the pre-commitment idea?

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**This interesting concept was first introduced by Mark Dickerson in Australia.**

***Based on empirical studies, he concluded that the majority of the gamblers "lose of control" **WHILE** they gamble***

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**Dickerson believed that **while** gambling, the gambler's emotional and cognitive states "blur" rational decision.**

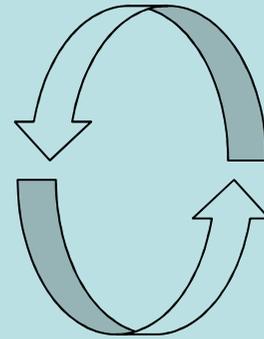
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**So he suggested that the decision on the amount of money and time spent gambling should be taken **BEFORE** rather than **DURING** the gambling session.**

**The following slides can illustrate this phenomenon**

**Convinced that  
he will win**

**Pre-  
commitment**



**HOT**

**COLD**



# Empirical evidence

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**What was our main trigger to start examining this issue?**

# Political vs scientific issue

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In the 2010 parliamentary Australian election, Julia Gillard negotiated with Independent Senator Andrew Wilkie to gain power in return for a promise to introduce **mandatory** pre-commitment system on all poker machines in country.

and....

Julia Gillard was elected as Prime Minister....

# Political vs scientific issue

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A controversy emerged.

This hot debate created very strong position on both sides.

Some were strongly **for** and some were strongly **against** the implementation of the mandatory pre-commitment system.

# Political vs scientific issue

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Interestingly, in our review on this issue, using a broad definition of Pre-commitment (many key words), we found

- A total of 218 papers,
  - 201 **(92 %)** were opinions based papers
  - 17 **(8%)** were based on data

# Main Question

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Do we have sufficient evidence to implement a **mandatory** pre-commitment system (smart card) to **all inhabitants** in a given jurisdiction?

# Empirical studies related to precommitment

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**The main empirical studies were conducted for the province of Nova Scotia in Canada and in Australia**

# Critical examinations and Findings

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- **Small and unrepresentative samples (Response rates unknown)**
- **Reliance on self-report data**
- **Failure to control for non-card use**
- **Many participants gambled in other venues**
- **Card swapping behaviour**
- **Some gamblers increased with their expenditure**
- **Chasing losses in response to player information**
- **Setting higher limits and reaching those limits**

# Conclusion

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Although the notion of **mandatory** precommitment appears very compelling and possibly useful, it's implementation is premature.

This idea appears to be dictated by a **political** rather than a **scientific** agenda!

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# **Self-Exclusion: A political or scientific agenda?**

# Main results of Self-Exclusion trials

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1. Why SE programs are important
2. The essential elements of regular and improved SE programs
3. Empirical evidence on the benefits of an improved SE program

# Prevalence of Pathological Gambling

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- Prevalence studies show that about 1% of the general adult population are screened as pathological gambling.
- Relatively few PG will seek professional help or get involved in a formal treatment.
- The best available figure is that about **10%** will do, and this figure is spread over a three yr period.
- Thus, indicating that about **3%** only will seek Tx per year.

# Implications of these observations

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- Creative prevention measures need to be implemented.
- A variety of *interventions* should be available.
- **SE programs are among these interventions**

## **What is self-exclusion**

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- 1. The patron approach an employee of the venue**
- 2. The patron signs a self-exclusion agreement and indicates a length of time**
- 3. The patron engages him or herself not to come back in the venue**
- 4. If the patron breaches, and if the staff identifies him or her, the staff will walk the gambler out of the venue.**

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# **Brief summary of the evaluation of Self-Exclusion programs**

# Quebec Casinos

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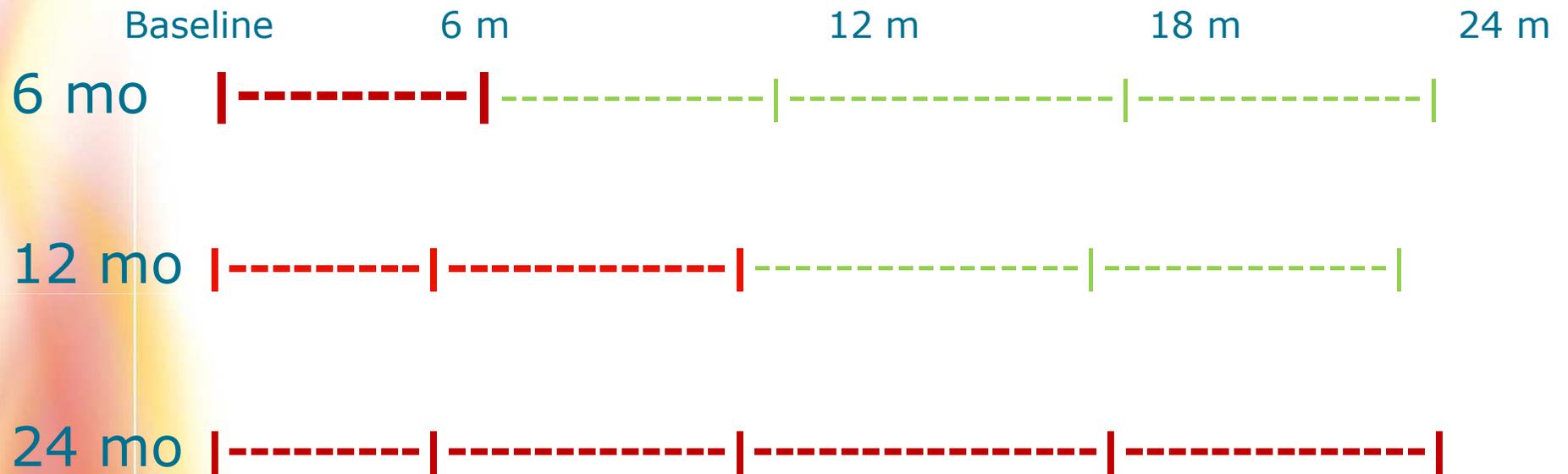
- Self-exclusion studies conducted in 3 casinos in Quebec, Canada
- Self-exclusion period ranges -> 6 mo to 5 yrs

# Main Goals

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1. Assess changes in gambling behavior and gambling problems of self-excluded patrons.
2. Follow self-excluded gamblers for two years (during and after the self-exclusion period).

# Design



# Main Findings

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- The urge to gamble was significantly reduced.
- The perception of control over the gambling was significantly increased.
- The intensity of negative consequences from gambling was significantly decreased in the areas of daily activities, social life, work, and mood.
- **The number of Pathological gamblers was significantly reduced during and after the SE period.**

# Main Findings Over Time

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- At the 6, 12, and 24 month about 40% to 50% had breached their contract at least once.
- **One comment expressed by many SE patrons is that they felt alone during the SE period.**

**So, how can we address these issues ?**

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# Improved Self-Exclusion Program

**Professor Alex Blaszczynski**  
**Lia Nower, Ph.D.**  
**(and Vicki Flannery for her input)**

## The Usual Procedure Used for SE

Gambler asks a Casino employee for SE

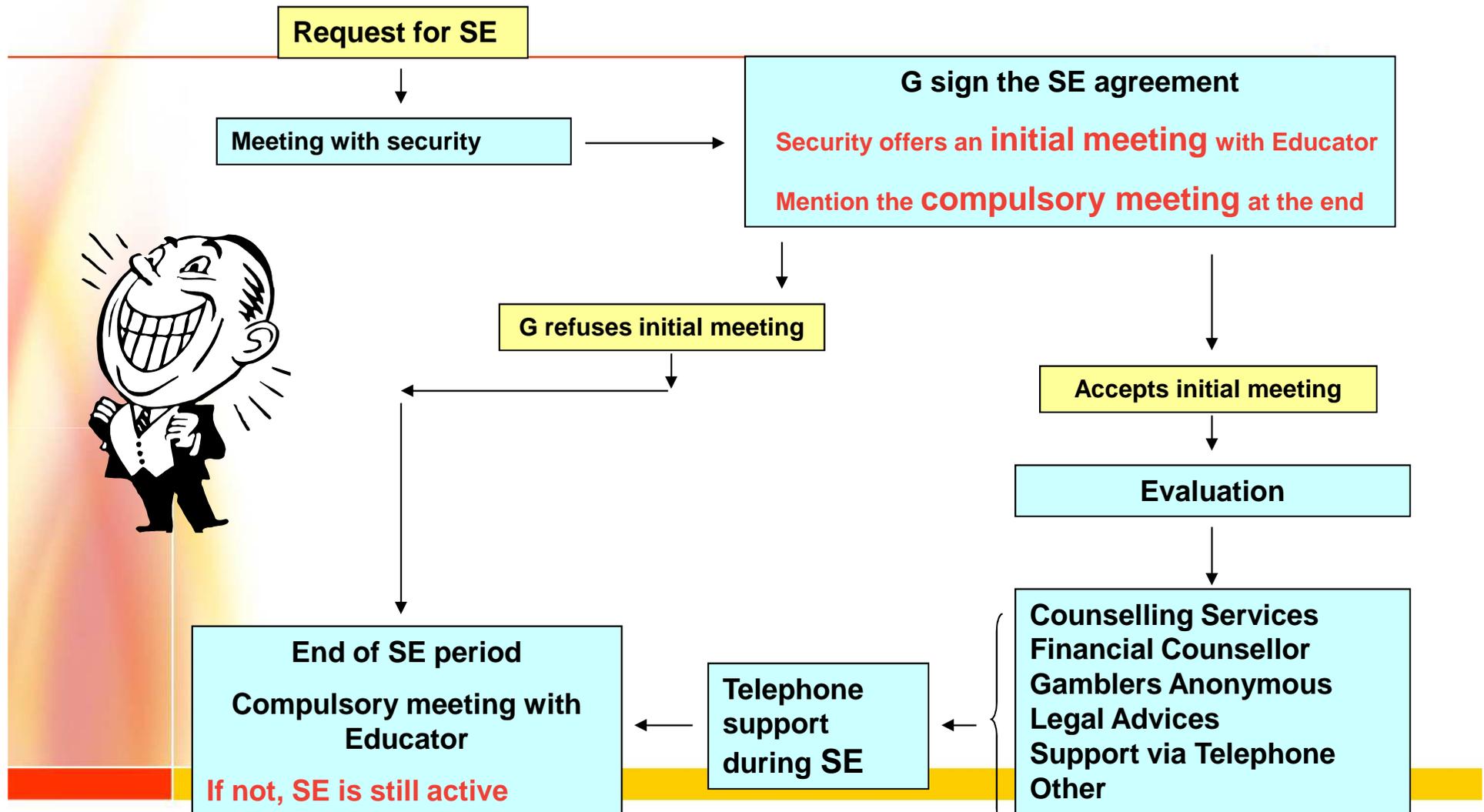
Meeting with the casino employee

Sign the SE agreement and help is offered

End of SE Period



# Improved SE Procedure



# Improved SE Program

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Key features of this new procedure provides

- A voluntary initial meeting with the Educator.
- If desired, support (telephone) is provided by the Educator during the SE period.
- A mandatory final meeting will with the Educator.
- ***To move away from a detection-based enforcement model, to an active approach of personal involvement and responsibility (**INTERNAL CONTROL**).***

# Objectives

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- Evaluate participation in an improved self-exclusion program
- Evaluate self-excluders' satisfaction with the program and perceptions about its usefulness.

# Participation

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- 67.5% made the choice to sign the improved SE
- N = 292 accepted to participate in the study
- 38.9% accepted the initial meeting  
*But only 30% attended the meeting*
- 70.5% attended the final mandatory meeting

## Key Findings

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Over time and up to one year after the end of the SE period, results show a significant decrease

- **in the number of pathological gamblers**
- in time and money spent gambling
- in the intensity of negative consequences in areas such as social and family life
- in the presence of symptoms of depression and anxiety

## Key Findings

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- The majority of the participants who attended the voluntary initial meeting found it either “quite useful” or “very useful”.
- 97% of those who participated in the mandatory meeting said it was “quite useful” or “very useful” in helping them assess their gambling habits.
- The most appreciated components was the **competency and personal qualities of the Educator**, the help and support participants received.

# Key Findings

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Some participants are reluctant to a mandatory meeting at the end of the SE period.

- 18% emitted negative comments
- About 1/3 believe that the final meeting should not be compulsory

# Conclusions and Suggestions

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Since SE individuals are a very diversified and complex sample.

***we suggest to focus on **internal control*****

# Main Suggestion

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- To offer a “Buffet” approach
- This means that the SE patron could choose from and comply with the following options:
  - *No additional measures*
  - *Initial meeting*
  - *Meeting at the end of the SE Period*
  - *Telephone contacts with the Educator*
  - *Few periodic booster sessions*
  - *Etc.*

## And what about the responsibility...

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- We should never forget that the ultimate decision to gamble or not gamble belongs to the **individual**.
- **Operators** should offer a variety of RG measures on a voluntary basis.
- **Operators** have the responsibility to offer RG measures that are based on a **scientific** rather than on a **political** agenda.

## And what about the responsibility...

- Implementation of a mandatory precommitment system such as the smart card for all individuals in a given jurisdiction is not a responsible measure at the moment.
- Voluntary self exclusion is a personal decision, relying on personal responsibility to comply with it.
- Operators should have some **effective** procedures to identify SE breachers

## And what about the responsibility...

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- **Operators** have the responsibility to examine which procedures are the most effective to achieve this goal
- When exclusion is filled by a **third** party, the **operators and/or the policy makers** have the responsibility to evaluate such a procedure in order to avoid iatrogenic or negative unexpected effects.

**As someone said,**

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**I don't like **data**, they make me insecure  
because they are changing all the time,**

**I prefer **opinions**,**

**my opinions,**

**they are**

**stable,**

**permanent and**

**resistant to any changes....**

**An famous unknown man**

# **I will end with 2 questions**

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**Do you agree with me?**

**Did my presentation help to falsify Woody Allen's assertion that the second most important organ in man is his brain?**

**Thank You**

Robert.Ladouceur@psy.ulaval.ca

## **What do we already know about personal precommitment: Three interesting findings?**

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- **80% of gamblers do precommit:** Major implications for our Prevention campaigns or programs. Should not be the target..
- **Majority of recreational and problem gamblers gamble more than intended:** This is also quite interesting for our understanding of “non problem gambling”
- **Problem gamblers set higher limits:** This may be a crucial and pivotal ingredient to include in our preventive programs.

(Lalande & Ladouceur, 2011)