

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 ?

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Outline

- 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**

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?

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...

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).

But how can we achieve this goal?

Tim Stockwell's pathways

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

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

Demand Reduction: Second pathway

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

**Targeting the individual/gambling
activities.**

What is the main difference between

**Supply Reduction
and
Demand Reduction**

Versus



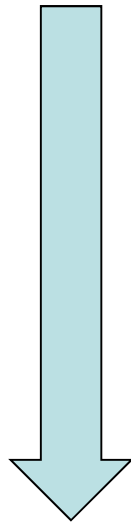
**Internal
Control**



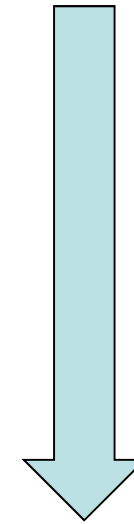
**External
Control**

Demand reduction

Supply reduction



Versus



**Internal
Control**

**External
Control**

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

Internal Control

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

**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

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

**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

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?



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Who introduced the pre-commitment idea?

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

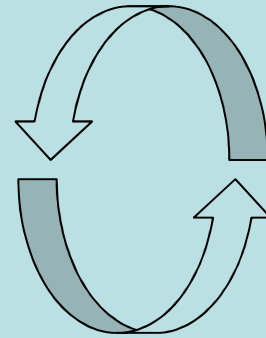
Dickerson believed that **while gambling, the gambler's emotional and cognitive states "blur" rational decision.**

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

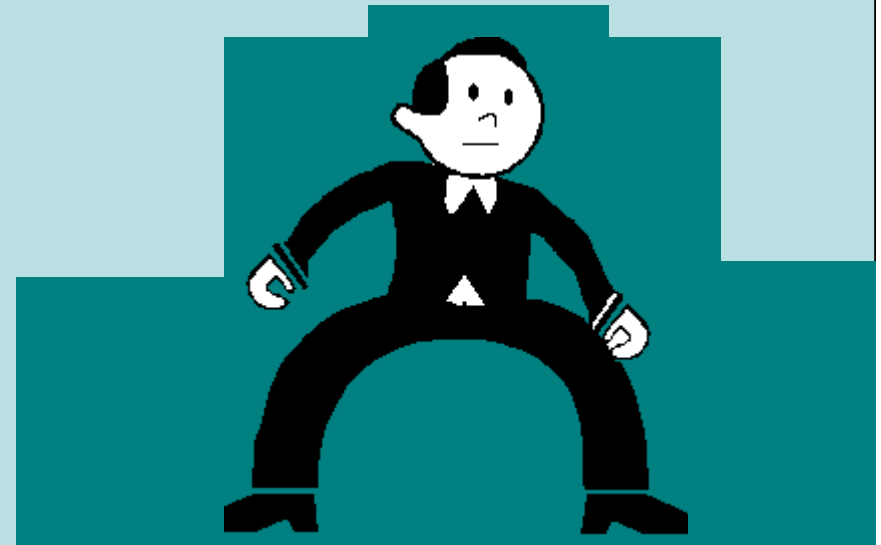
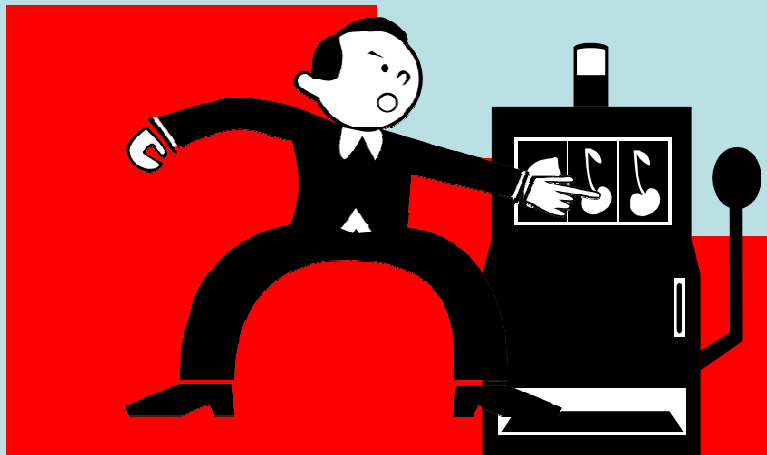
**Convinced that
he will win**

**Pre-
commitment**



HOT

COLD



Empirical evidence

What was our main trigger to start examining this issue?

Political vs scientific issue

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

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

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

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

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

Critical examinations and Findings

- **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

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!

Self-Exclusion: A political or scientific agenda?

Main results of Self-Exclusion trials

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

- 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

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

What is self-exclusion

- 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.**

Brief summary of the evaluation of Self-Exclusion programs

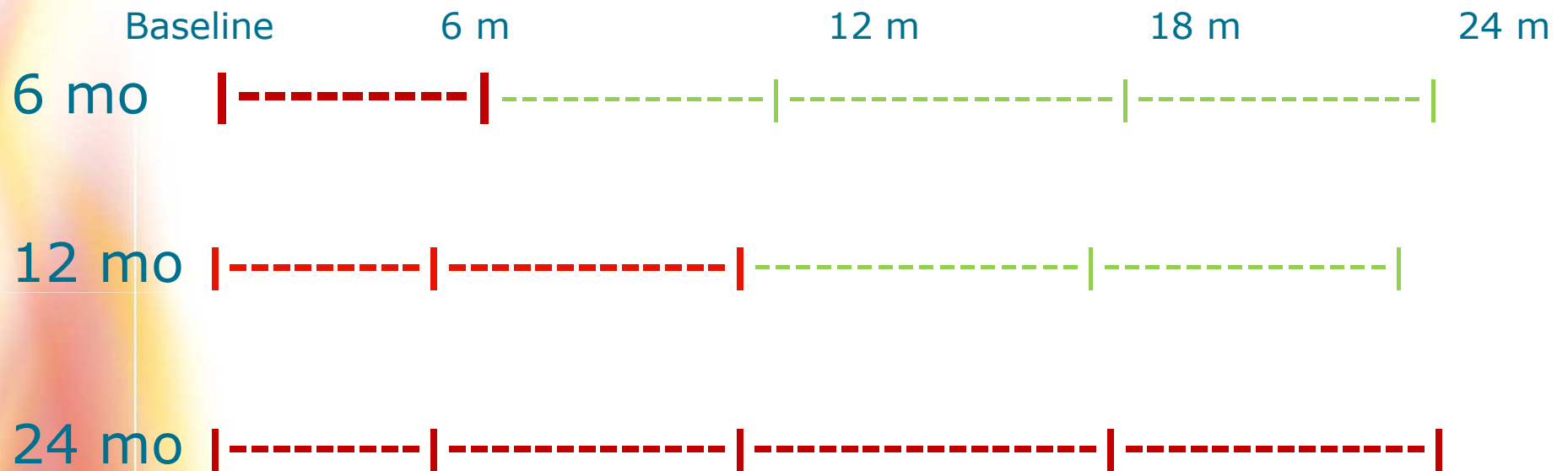
Quebec Casinos

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

Main Goals

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

- 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

- 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 ?

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



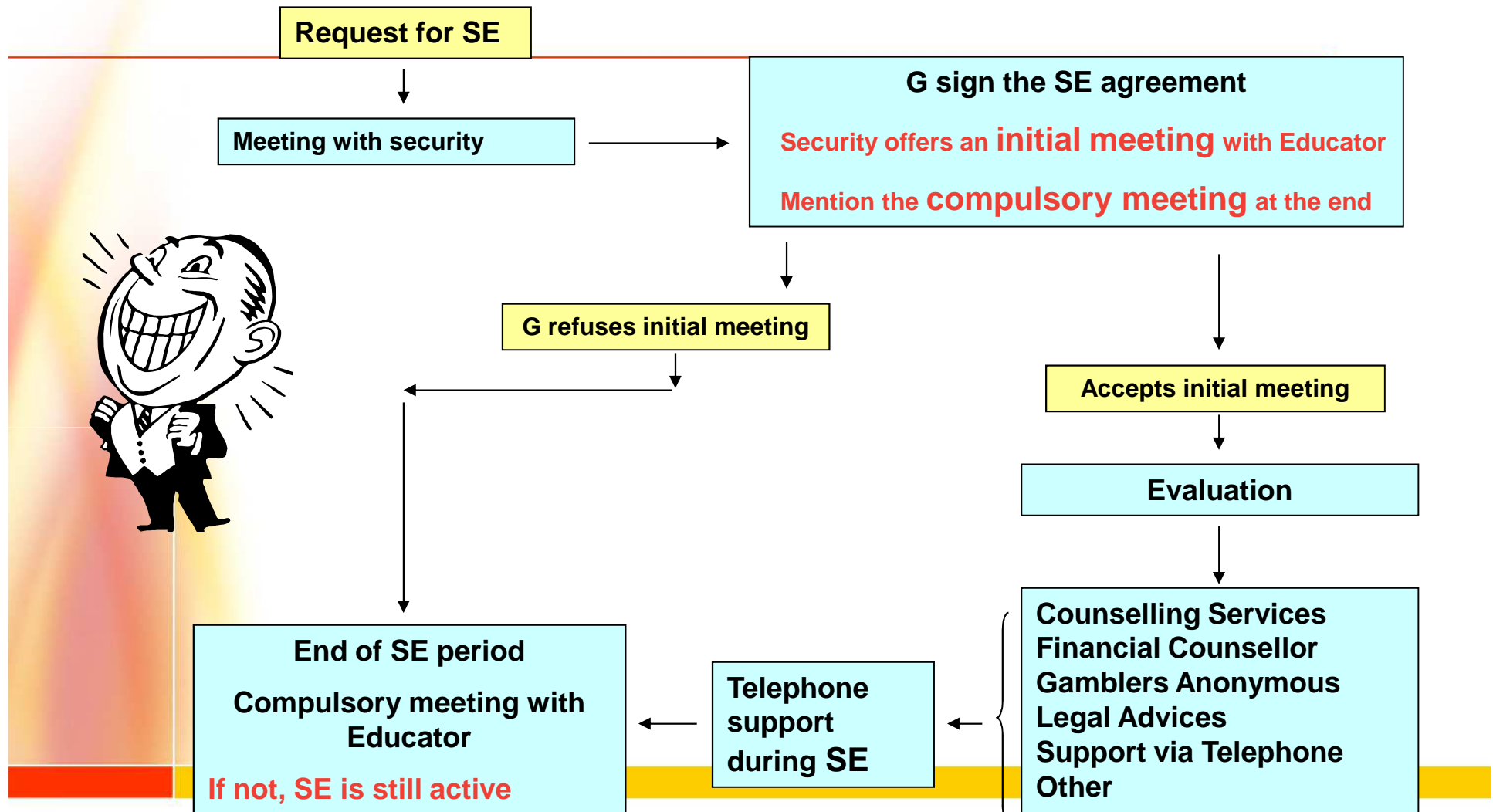
Sign the SE agreement and help is offered



End of SE Period



Improved SE Procedure



Improved SE Program

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

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

Participation

- 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

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

- 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

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

Since SE individuals are a very diversified and complex sample.

we suggest to focus on *internal control*

Main Suggestion

- 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...

- 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...

- **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,

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

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?

- **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)