Journal of Gambling and Commercial Gaming Research (2016) 1: 19–33
DOI 10.17536/jgcgr.2016.002

ORIGINAL PAPER

Harm Minimization, Responsible Gambling, and Precommitment in Australia: What Do Club and Hotel Managers Think?

Anne McQuade · **Peter Gill**

Published online:
© 2016

Abstract Australian governments are committed to addressing problem gambling and reducing gambling-related harm. In line with responsible gambling ideology, the Victorian government is planning to legislate a system of voluntary, full precommitment into hotels and clubs that operate electronic gaming machines (EGMs, "pokies"). Club and hotel managers have first-hand knowledge of gambler behavior and are responsible for implementing the legislated requirements supporting responsible gambling. Therefore, club and hotel managers are perceived to be in a unique position to comment on the effectiveness of government interventions designed to reduce the prevalence of problem gambling and gambling harm. The aim of the current study was to qualitatively investigate harm minimization, responsible gambling, and precommitment as viewed from the perspective of club and hotel managers of venues that have EGMs. The study was ideographic and phenomenological. Results suggest that club and hotel managers acknowledge that problem gambling is an issue for some of their customers, and they are supportive of voluntary forms of precommitment being introduced into their venues. However, they do not believe that the harm-minimization strategies introduced under the Responsible Gambling initiative have been effective in reducing problem gambling and gambling-related harm. These findings are placed within current policy and harm minimization theory with suggestions for moving forward.

Keywords Problem gambling, harm minimization, precommitment, responsible gambling, electronic gaming machines

Introduction

In 2010, an Australian federal government economic advisory agency, the Australian Government Productivity Commission (Productivity Commission) undertook its second

School of Health Sciences and Psychology, Federation University, PO Box 663, Ballarat, 3353 Australia
e-mail: p.gill@federation.edu.au

Corresponding Author: Peter Gill

major study that investigated gambling in Australia. In its report, the Productivity Commission estimated that approximately 4% of Australian adults play electronic gaming machines (EGMs, "pokies") weekly and that 15% of these regular players are problem gamblers whose share of total spending on EGMs is estimated to be around 40%. Problem gambling is associated with various personal and social harms, including financial hardships and crime associated with gambling, impact on family and others in the community, and social costs associated with lost productivity and costs of treatment (Australian Psychological Society [APS] 2010). Given the extent and impact that these harms have on the individual gambler, communities, and society, problem gambling is considered a public health issue (APS 2010; Gainsbury et al. 2014). Subsequent to the Productivity Commission's first report in 1999, a number of harm-minimization strategies have been incorporated into clubs' and hotels' respective Codes of Practice. One of the recommendations from the Productivity Commission's latest report was the implementation of a system of full mandatory precommitment into Australian clubs and hotels that operate EGMs. The purpose of the current exploratory study was to investigate the personal opinions of club and hotel managers in the Australian State of Victoria on harm minimization, responsible gambling, and precommitment.

Harm Minimization

As suggested by Hunt (2003), the concept of harm minimization has as its focus immediate, achievable goals that can be routinely applied to many causes of harm at several levels. For example, Kleinig (2008) has suggested that harm-minimization strategies can be related to (a) specified or general harm related to the individual's engagement in the harmful activity; (b) harm to others who may be affected either directly, indirectly, imminently, or distantly by an individual's participation in a harmful activity; or (c) society, whether the harm is related to lost productivity or costs of treating individuals whose harms have been exacerbated by the harmful activity. Kleinig (2008) also suggested there can be some ambiguity about the identification and subject of the relevant harm and that harm-minimization practices often raise ethical questions about the encroachment on individuals' liberty. However, harm minimization is generally regarded as a legitimate social strategy for protecting individuals, others, and society from harms related to activities considered public health issues (Hunt 2003; Kleinig 2008; Tsui 2004).

In Australia, the introduction of harm-minimization strategies began in the 1980s as a response to harms caused by intravenous drug use and HIV, and the development of needle exchange and methadone programs (Miller 2001). The concept was based on the Harm Principle proposed by John Stuart Mill in 1847. Mill argued that government policymakers should exercise power over individuals against their will only to prevent them from harming others either directly or indirectly (Holtug 2002). Research suggests that the Harm Principle has underpinned public health policies and is used as a general panacea for harm reduction for illicit drugs, alcohol, tobacco, and driver safety (Sharpe et al. 2005; Tsui 2004). The phenomenological similarities between problem gambling and alcohol abuse have led to the application of harm-minimization approaches to problem gambling (Shaffer 1999). While moderate alcohol use and gambling behavior are socially accepted and even encouraged, alcohol abuse and problem gambling are considered problematic. As with excessive alcohol consumption, problem gambling is considered a public health issue and has been addressed

using similar harm-minimization strategies. Such strategies have focused on changing consumer behavior through campaigns that take a holistic, reduction, or prevention approach that have moved from being treatment focused to a health intervention approach (Weatherburn 2008).

The aims of public health interventions for problem gambling are to prevent gambling-related problems; to promote informed attitudes, behaviors, and policies regarding gambling; and to protect vulnerable groups from gambling-related harm (Korn et al. 2003). In Australia, the public health approach to problem gambling uses three levels of intervention: primary, secondary, and tertiary (APS 2010). Primary level interventions generally take the form of prevention strategies that focus on educational initiatives designed to make the general community aware of the risks and consequences of excessive gambling (Dickson-Gillespie et al. 2008). The goal of secondary level interventions is to decrease the potential harms associated with problem gambling without impacting negatively on social gamblers (Dickson-Gillespie et al. 2008). Tertiary level interventions are individual, specific, and focus on treatments for problem gambling (Dickson-Gillespie et al. 2008).

Limitations of Harm-Minimization Initiatives

Although the principles of harm minimization have been applied to several public health issues, the concept of harm minimization remains poorly defined (Single 1995) and, currently, there does not appear to be any clearly defined conceptual theoretical framework of harm minimization (Hunt 2003; Miller 2001). As suggested by Miller (2001), the lack of theoretical rigor can result in claims that harm-minimization strategies are either overly optimistic or fundamentally flawed. Miller has suggested that some of the fundamental flaws associated with harm minimization are that the strategies often fail to address underlying reasons for risk behaviors and that strategies fail to realistically improve the individual's problem. Miller also suggested that organizations and governments involved in implementing harm-minimization strategies passively support the status quo, primarily because of the large profits derived from risky behaviors (e.g. problem gambling, alcohol, tobacco). The lack of a precise theoretical model with regards to gambling-related harm also raises the issue of validity for harm-minimizing initiatives. For example, theoretical models are generally based on assumptions that require analysis and revision and for which the underlying paradigmatic process is investigated and evaluated (Miller 2001). In fact, some researchers suggest that governments propose and implement harm-minimization strategies that have face validity but lack empirical evaluation (Korn and Shaffer 1999), or the decisions are made with little reference to the existing evidence or data (Lenton and Single 1998). However, the concept of harm minimization continues to be the primary ideology for addressing risky behaviors considered public health issues, including problem gambling.

Minimizing Gambling Harm and the Responsible Gambling Initiative

In 1999, the Australian Productivity Commission completed its first investigation into gambling in Australia. In its report, the Productivity Commission acknowledged that gambling offered social benefits to many Australian adults and is a source of taxation revenue to governments; however, it also highlighted that since the expansion of legalized gambling in the 1990s, there had also been a dramatic increase in problem gambling. Given

these findings, the Productivity Commission concluded that better consumer protection measures were required in the gambling industry and proposed several strategies to minimize the harms associated with problem gambling. Recommendations made by the Productivity Commission (1999) included requirements for the display of responsible gambling information, guidelines relating to self-exclusion, and policies relating to the gambling environment, financial transactions, advertising and promotion, responsible alcohol service, and employee training. In response to the recommendations made in the report, the New South Wales government introduced legislation in 2000 to address problem gambling in clubs and hotels under its Responsible Gambling initiative. Since then, Responsible Gambling has been adopted as a harm-minimization initiative in all Australian states that have venues with EGMs. To enact responsible gambling legislation in Victoria, the government introduced the Gambling Regulation Act, 2003. The regulations incorporated under this Act have subsequently been embedded into Victorian club and hotel respective "Codes of Practice."

Although every club and hotel that operates EGMs is governed by the legislation embedded in their Codes of Practice, current research evidence on the effectiveness of the legislated initiatives is limited and not encouraging. For example, Hing (2004) investigated the efficacy and effectiveness of responsible gambling measures in New South Wales (NSW) clubs. The aim of the research was to assess gamblers' awareness of their club's responsible gambling practices, how adequate participants considered these practices to be, and whether the practices changed the participants' gambling behavior in terms of frequency, expenditure, and gambling session length. Quantitative and qualitative findings from 706 participants indicated that "responsible gambling practices had little effect on the way the vast majority of respondents think about their gambling, feel about their gambling, how often they gamble, how long they gamble for, and how much they spend" (Hing 2004 p. 42). Although it is difficult to evaluate the effectiveness of harm minimizing strategies incorporated into Codes of Practice, given the limited research currently available, Australian governments remain committed in their efforts to reduce the personal harms and societal costs associated with problem gambling.

As part of its ongoing commitment in addressing problem gambling, the Victorian government introduced new legislation in the form of the Victorian Responsible Gambling Foundation Act, 2011. The purpose of this Act is to give legislated power and responsibility to an independent regulatory body; namely, the Victorian Responsible Gambling Foundation (VRGF). The VRGF's umbrella vision is to have "Victoria free of gambling-related harm" (Annual Report 2013 p. 2) through the ongoing development and implementation of primary and secondary level interventions designed to (a) raise awareness in the general community about the risks of problem gambling and (b) foster a culture of responsible gambling. Part of the VRGF's vision is the introduction of a system of precommitment into Victorian clubs and hotels by 2015.

Precommitment

Precommitment is part of the Victorian state government's ongoing commitment to addressing problem gambling through secondary level harm-minimization interventions. Systems of precommitment are designed to enable gamblers to preset money or time limits on their gambling expenditure (Ladouceur et al. 2012) prior to playing EGMs and require

gamblers to use a "smart card" or some other cashless technology. There are four types of precommitment systems: mandatory, voluntary, full, and partial (Ladouceur et al. 2012). In Australia, mandatory precommitment requires all EGM gamblers to set predetermined limits prior to playing EGMs, whereas voluntary precommitment allows gamblers to elect whether they choose to use any precommitment system. With full precommitment, gamblers cannot continue playing EGMs once the preset limit is reached. Partial precommitment, on the other hand, enables players to choose to continue gambling after their preset limits are reached. All forms of precommitment are designed to prevent excessive expenditure on EGMs and reduce gambling-related harm (Nower and Blazczynski 2010). Although systems of precommitment have not been endorsed by the Australian national government at this time, the Victorian state government is currently in the planning stages to implement a system of full voluntary precommitment into clubs and hotels by the year 2015 (Department of Justice 2011).

Theoretically, precommitment is a viable harm-minimization strategy that can assist gamblers in monitoring, controlling, and becoming more self-aware of their gambling behaviors. For example, Ladouceur et al. (2012) reviewed the empirical literature from Australian and overseas trials and stated that self-report data from participants in trials indicated that the majority of gamblers were positively predisposed to the concept of precommitment, with approximately 50% of gamblers reporting that they spent less when using a system of precommitment. However, these researchers also noted that 40% of the gamblers who used a system of precommitment reported spending more money gambling. Nelson et al. (2008) examined gambler behavior at an Internet gambling site over an 18-month period to assess whether individuals who may be at risk of problem gambling changed their behavior after utilizing a self-limiting feature for money spent. The researchers found that at-risk gamblers played a wider variety of games and placed more bets prior to imposing the limits compared to nonproblem gamblers, but they reduced their activity after setting limits. This finding was supported by Auer and Griffiths (2013), who found that online gamblers at risk of problem gambling spent less money and time gambling after setting limits. Voluntary limit-setting for money had the highest effect on spending for casino games, including EGMs, and lottery gamblers, while monetary spending significantly decreased among poker players after setting a voluntary time limit.

Although research evidence shows support for the efficacy of precommitment in reducing gambling expenditure, Australian research suggests the contrary. For example, Nower and Blasczynski (2010) investigated gambling motivations, money-limiting strategies, and precommitment preferences of problem versus nonproblem gamblers in their Australian study and concluded that:

> Precommitment would have little effect on decreasing gambling expenditures among those who were intent on continued gambling . . . . Those most in need of limit-setting, problem gamblers, are the least likely to adopt the use of smart cards and other precommitment technologies and the most likely to find ways around limitations. (p. 370)

Findings from five Australian voluntary partial precommitment trials undertaken in clubs with relatively large memberships suggest that the proportion of gamblers who took up the option to precommit was relatively small (range <1–15%) compared to the total number of

gamblers in each venue. The majority of gamblers who took up the option to precommit preferred to set money and time limits, and preferred to set daily limits rather than weekly or monthly limits. Breaches of preset limits were mainly for money limits (range 25–67%).

The current body of research into precommitment is limited and with mixed results. Although some research suggests that strategies that involve precommitting to limiting money or time may be effective in reducing gambling expenditure, the research also suggests that problem gamblers in Australia may not take advantage of voluntary precommitment systems and would find ways to circumvent mandatory precommitment. The research also suggests that partial precommitment systems are limited in their effectiveness, as shown by the relatively high percentage of breaches demonstrated in the Australian precommitment trials. Research by Ladouceur et al. (2012) suggests that precommitment may exacerbate gambling harm through unintended consequences, such as increased expenditure on gambling. Ladouceur and colleagues (2012) also suggested that "beyond showing potential promise for a minority, a conclusive statement on the effectiveness of precommitment as a reliable and beneficial preventive responsible gambling initiative cannot be offered" (p. 14).

The proposed system of precommitment being considered by the Victorian government is designed to increase EGM gamblers' self-awareness and assist them with impulse control deficits when gambling on EGMs (Department of Justice 2011). One of the main advantages of using a system of precommitment is that players can monitor their own gambling behavior. As part of the Victorian voluntary full precommitment system, it is anticipated that EGM gamblers will receive alert messages when they reach 70%, 90%, and 100% of their preset limit and that gamblers will be able to view a summary statement of their gaming activity for the session (Department of Justice 2011). There is current research evidence to suggest that alert messages that "pop up" on EGM screens during play to inform players when their preset limit has been reached would be effective in promoting responsible gambling. For example, in an experiment that examined two responsible gambling strategies—an educational video that explained how EGMs work, and on-screen alert messages—the researchers found that both strategies were effective in facilitating player limit setting and limit adherence (Wohl et al. 2013). It is also anticipated that with the proposed precommitment legislation, gamblers will not be able to increase their preset limit within a 24-hour time period (Department of Justice 2011), thereby promoting a mandated "cooling off" period between gambling sessions. There remains, however, the question of how this will be monitored and regulated.

The purpose of the current study was to give voice to one group of stakeholders in the problem gambling debate who, to date, have not been adequately represented in the corpus of research literature. While these voices have been represented under the industry umbrella, the personal views of those who have daily contact with EGM gamblers, such as venue managers, are less prominent. Thus, the researchers took a qualitative approach to explore venue managers' perceptions of the effectiveness of current and potential harm-minimization strategies. The study was ideographic and phenomenological in nature. Specifically, the aims of the study were to (a) gain an understanding of venue managers' personal opinions on problem gambling and harm-minimization policy; (b) investigate venue managers' attitudes on the responsible gambling legislation embedded in their respective Codes of Practice; and (c) investigate venue managers' attitudes toward

precommitment. It should be acknowledged, however, that precommitment has not yet been implemented in Victoria where this study was conducted.

Method

Participants

The participants who agreed to become involved in this study were all managers of either a club or hotel that operates EGMs in the State of Victoria, Australia. Participants were recruited using a system of homogeneous sampling. All potential participants were contacted directly, as the researchers wanted to obtain the personal opinions of managers who work in venues that operate EGMs. Managers of 55 clubs and hotels in randomly selected communities across Victoria were contacted initially by telephone. Thirty-five of these venues operate EGMs. The managers of these 35 venues were invited to participate in the study. A final sample of venue managers (n = 7) agreed to participate and were interviewed one-on-one. This sample was considered adequate by the researchers given that small samples (6–15 participants) are considered acceptable for phenomenological-based studies (Smith and Osborn 2004).

Material

A semi-structured interview schedule was developed to guide the interviews with participants (see Appendix). The interview schedule comprised eight open-ended questions that focused on three key issues: harm minimization, responsible gambling, and precommitment. Each of the questions was designed to allow participants to discuss the key issues and elaborate on any areas they believed to be important. There was also one question in the interview schedule that asked managers to state the number of EGMs in the venue.

Procedure

Research ethics approval was obtained from the Human Research Ethics Committee at Federation University, Ballarat, Victoria, Australia, prior to undertaking the research. Each of the seven participants was interviewed one-on-one. Six of the interviews were audio-recorded and transcribed prior to analysis. There was one interview that was not audio-recorded due to technical difficulties. This interview was documented with comprehensive handwritten notations of the participant's responses. Interviewees were briefed prior to the interviews in regard to research aims and issues of confidentiality. Because the researchers wanted candid personal opinions rather than company policy positions, it was important that participants and their venues could not be identified in any publications and that the participants were assured of confidentiality protocols. Interviewer–interviewee trust and rapport was also important in achieving candid opinions from the participants.

Interpretative Phenomenological Analysis (IPA) (Smith et al. 1999) was used to analyze participant interview transcripts to derive an ideographic and phenomenological account of participants' personal understanding of the issues investigated in the study. This was achieved through close scrutiny of each transcript to identify and code patterns of meaning (i.e. themes) embedded in each transcript. After identifying recurring themes embedded in the individual transcripts, the same process was used to identify and code consistencies

Table 1 Themes identified through interpretative phenomenological analysis of participant transcripts

Category	Superordinate themes	Subthemes
Harm minimization	Problem gambling is an issue for a minority of gambling customers.	Most EGM players are social gamblers who play for entertainment and enjoyment. Staff experience difficulty in identifying problem gamblers. Staff experience a sense of helplessness to adequately assist problem gamblers. Customers play EGMs for a variety of reasons.
Responsible gambling initiatives	Responsible gambling initiatives have not been effective in reducing problem gambling or gambling-related harm.	A review of responsible gambling initiatives is needed.
Precommitment	Support for voluntary forms of precommitment.	Problem gamblers need to take responsibility for their own gambling behavior. Voluntary forms of precommitment would have minimal impact on reducing problem gambling and gambling-related harm.
	Mandatory forms of precommitment are not supported.	Mandatory forms of precommitment would have detrimental impacts on venue operations and customer enjoyment. Mandatory forms of precommitment would not stop problem gamblers from gambling, or significantly reduce gambling-related harms. Restrictions to EGM gaming through mandatory precommitment may lead to increases in other forms of gambling.

across participant accounts to identify shared themes among the participants. The advantage of using the IPA process was that it provided individual and shared perspectives about the topics of interest from which superordinate and subthemes were identified and analyzed.

Findings

The average number of EGM machines per venue was 54 (range 20–105 machines). Shared superordinate and subthemes derived from the IPA process are depicted in Table 1.

As shown in Table 1, participants acknowledged that problem gambling is an issue for some of their gaming customers, but when compared to the total number of gamblers who visit the clubs and hotels, problem gamblers are considered a relatively small minority. Participant accounts indicated that for the majority of customers in clubs and hotels their motivation for gambling is social: "There's a lot of social gamblers . . . mums and dads who come in and have a meal and decide to go and put $20 in a machine" (Participant 1). However, participants also suggested that some EGM gamblers play for reasons other than entertainment. Reasons for gambling cited by participants included "relaxation," "switching off from the outside world," "escape from personal issues," and "loneliness." As one participant stated, "Some people come here for company . . . they get lonely . . . some are widows and some come in to have a coffee and chat" (Participant 3). Given these

observations, participants voiced a sense of helplessness in their responsibility to adequately help customers who gamble for reasons other than entertainment. Results of the study also indicated that participants perceived that there is an unreasonable and impracticable expectation on them to monitor and regulate problem gambling in their venues. These perceptions were succinctly verbalized by a participant who commented:

> I don't know if the person who comes in here and spends a lot of money is a problem gambler or are they rich? . . . How can we be judge and jury on how much someone spends, so to be put in a position to try and control problem gambling, it's an impossible task. (Participant 2)

A general consensus of participants was that they try to assist customers by offering food and beverages to them or talking to the customers so they can take some "time out" from gambling. However, most venue managers believe that this has relatively little impact on gambling behavior:

> We offer them food and drink to try and get them to take some time out but mostly they will still sit at the machine and continue to play . . . even if they come to us and say they are in trouble, we can only take them aside and sit down with them and talk to them and offer some information about where they can get help or talk to them about self-exclusion. (Participant 2)

The participants also reported that even when they try to assist patrons directly, they often do a disservice to their business without any change in the gambler's behavior. This sentiment was succinctly verbalized by a participant who stated, "We try to help them [gamblers] if we can . . . but some people will just leave the venue and go to another venue . . . because they want to play the machines" (Participant 5).

A concern of some participants that related to harm-minimization policy generally was a belief that further restrictions could increase other forms of gambling activity, such as online gambling. As stated by Participant 1, "Even if we get rid of all pokie machines . . . we've got online . . . phones . . . and many other forms of gambling." Although this issue was raised as a concern for participants, there was also the belief that the legislated responsible gambling initiatives incorporated into Codes of Practice have not been effective in reducing problem gambling or gambling-related harms. The attitude of club and hotel managers toward the Victorian state government's responsible gambling initiative was generally one of cynicism as suggested in these comments:

- "There are many, many initiatives that have come through from the government . . . but I don't think anything has really been achieved" (Participant 4).
- "I'm cynical . . . because they [government] keep introducing all these things that just don't work" (Participant 2).
- "They'll keep putting in hurdles and at the end of the day, everyone is going to suffer and are we addressing the problem gambler?" (Participant 5).

Participants indicated that a review of the government's responsible gambling initiative is necessary to evaluate its effectiveness in reducing problem gambling and the harms associated with gambling.

The subject of precommitment was discussed by participants against a background of the possible impacts it would have on the commercial operations of the club or hotel, the venue's social gamblers, and problem gamblers. All participants viewed themselves as being in the entertainment or hospitality business and, as such, their primary objective was to offer a range of social activities for the benefit and enjoyment of their members or customers. They perceived that gambling activities were simply a part of the entertainment services provided within the venue and that social gambling did not indicate that the patron had problems with gambling. These perceptions were common across participant accounts and were succinctly summarized by a participant who stated, "Gaming is a form of entertainment. Just because they [gamblers] come here for a flutter doesn't mean they have a problem" (Participant 1).

The themes relating to mandatory precommitment and voluntary precommitment differed within and across participants. For example, an identified commonality across participant accounts was the belief that gamblers need to take responsibility for their own behaviors. Participants reported that they supported the idea of voluntary precommitment because it would provide venue customers who may have problems with gambling an opportunity to take control of their own gambling behavior. As Participant 3 stated, "Voluntary precommitment might help simply because gamblers have to realize that they have a problem first." Although there was support for voluntary precommitment, there was also a level of skepticism evidenced in participant accounts. For example, participants believed that voluntary precommitment would be an option that would be taken up by "a limited number of people" (Participant 4) and that voluntary precommitment would have minimal, if any, impact on problem gambling. "If you put voluntary precommitment in place, it's not going to be any different to putting in clocks or removing ATMs [automatic teller machines]. If someone doesn't want help, then you can't help them" (Participant 2).

In contrast to voluntary precommitment, the consensus of participant opinion and a superordinate theme identified in the analyses of interview transcripts was that mandatory precommitment was not supported by club and hotel managers. Mandatory precommitment was strongly rejected by all of the managers interviewed. Analysis of interview transcripts indicated that club and hotel managers believe that mandatory precommitment would be too restrictive, have detrimental impacts on the venues' commercial viability, affect social gamblers, would not stop problem gamblers from gambling, or significantly reduce gambling-related harms. The following comments highlight the general consensus among participants regarding mandatory precommitment:

- Mandatory precommitment will destroy the industry. (Participant 2)
- It [mandatory precommitment] will reduce turnover by 60% to 70%. (Participant 7)
- People don't want to come in and fill in paperwork all the time just to play the pokies. (Participant 3)
- Why penalize those that play responsibly? (Participant 1)

Discussion

The purpose of this exploratory study was to investigate the personal opinions of club and hotel managers on the issues of harm minimization, responsible gambling, and precommitment. Consistent with empirical research (Delfabbro & King 2012; Gainsbury

et al. 2014), the venue managers recognized that some of their gambling customers (albeit a minority) have problems with gambling. However, one of the themes identified in this study was that for staff working in venues with EGMs—despite being trained—it is difficult to identify problem gamblers and even more difficult to adequately assist those identified as having problems with their gambling. Venue managers reported that distinguishing between EGM players who are financially capable of engaging in EGM gambling and those who may be spending money they cannot afford is near impossible. They also believe that taking direct action to interrupt gamblers who appear to be spending excessive time or money gambling can be an infringement on the citizen's rights, result in the EGM player becoming aggressive, or leaving the venue only to go to another venue to gamble.

This dilemma appears to be a "damned if you do, damned if you don't" conundrum for venue operators and staff. Venue managers find the responsibility of identifying and assisting problem gamblers particularly frustrating. They perceive that they are limited in their ability to assist problem gamblers. Currently, club and hotel staff offer refreshments as an incentive for EGM players to take a break from playing. Staff also offer support and provide information on support services and self-exclusion when problem gamblers voluntarily seek help; however, venue managers do not believe that either of these strategies has had any significant impact on reducing problem gambling in their venues. As such, the findings suggest that venue staff have a limited scope and ability to minimize problem gambling harm. It might be that strategies not requiring intervention of staff may be more effective.

The current study also found that managers believed that current harm minimizing strategies had minimal impact on problem gambling. This is consistent with empirical evidence that suggests that the use of strategies such as incentives (e.g. refreshments), electronic banking withdrawal limitations, and "time out" from gambling have limited effectiveness in reducing problem gambling (Hing 2004). It should be noted, however, that the managers generally were not opposed to existing strategies and acknowledged their benefits for helping social gamblers limit their losses. However, problem gambling and gambling-related harm remains a significant public health issue in Victoria. This suggests, as indicated by venue managers, that current harm-reduction strategies are not effective in significantly reducing problem gambling or gambling-related harm associated with EGM gambling. Thus, future harm-minimization strategies may need to target problem gamblers without the need for staff intervention.

One potential intervention that would require minimal staff intervention is precommitment. Precommitment as a harm-minimization strategy has been surrounded by controversy and extensively debated in Australia since 2010, when the Productivity Commission first suggested it as a possible strategy to address problem gambling. Participants in the current study reported that they are supportive of voluntary forms of precommitment but do not support the implementation of any form of mandatory precommitment system. With regard to voluntary precommitment systems, the onus is on the gambler to take up the option to precommit. According to venue managers, this leaves responsibility for controlling gambling behavior with the individual gambler. As with current strategies, venue managers believe that voluntary forms of precommitment will have minimal impact on reducing problem gambling or gambling-related harms. This is consistent with current research evidence on voluntary forms of precommitment from Australian trials and overseas studies that show mixed results. For example, the results of five Australian trials indicated that only 1–15% of EGM players voluntary precommitted money or time and that up to 67% of those who precommitted money limits breached their set limits. There is also some evidence that

precommitment may exacerbate problem gambling with evidence showing that some gamblers spend more money than intended. This may be due to gamblers precommitting for higher money limits than they would normally spend if they had not taken up the option.

These findings are of particular significance if the Victorian government is considering voluntary precommitment as a strategy to reduce problem gambling. Current research evidence indicates that in Australia, voluntary forms of precommitment would have little impact in reducing problem gambling or the harms associated with problem gambling. Such evidence suggests that voluntary forms of precommitment may essentially be a "toothless tiger" in Australian communities. Certainly, the managers in the current study believe that while worthwhile and less invasive and labor intensive, voluntary precommitment is not the solution to problem gambling on EGMs.

With regard to mandatory precommitment systems, participants in the current study were adamantly against the implementation of any form of this system of precommitment being implemented in their venues. Participants cited several reasons for this, including a belief that mandatory forms of precommitment would have detrimental impacts on venue operations and customer enjoyment, that mandatory precommitment would not reduce problem gambling or gambling-related harm, and that restrictions on EGM gaming at venues would lead to other forms of gambling. Some managers believed that mandatory precommitment would significantly reduce gambling revenue, including revenue from both social and problem gamblers.

Given these findings, it would appear that both forms of precommitment have positives and negatives. While voluntary precommitment is less invasive, it may not significantly reduce problem gambling. Mandatory precommitment, however, may have dramatic effects on both problem and social gambling. It must be noted though that very little Australian research on precommitment currently exists and the findings of the current study rely on hypothetical opinions. In their Australian study, Nower and Blasczynski (2010) found that problem gamblers would find ways around the bounds of precommitment. Mandatory precommitment has been evaluated as an effective strategy to reduce problem gambling in overseas studies; however, to date, there have not been any trials of mandatory precommitment in Australia. Without such trials, there is no evidence to support venue manager claims that mandatory forms of precommitment would have detrimental impacts on their venue operations or customer enjoyment or that mandatory precommitment would lead to other forms of gambling. Given that the Productivity Commission's recommendation was for a system of mandatory precommitment rather than voluntary precommitment, there is a need for testing and evaluation through Australian trials.

To date, harm-minimization interventions have focused on modifying gambler behavior. One significant result from this study was the perception of participants that harm-minimization strategies designed to modify gambler behavior have not been effective in reducing gambling-related harm. This finding suggests that alternative forms of interventions to minimize gambling harm need to be considered. For example, harm-minimization strategies that target the configuration of EGM machines have not been trialed in Australia, although there is empirical evidence to suggest that reducing the maximum bet size would reduce gambling expenditures (Sharpe et al. 2005). As suggested by Borrell (2008), there is much empirical evidence that the behavior of EGM players is directly linked to the design and configuration of the machine. It may even be suggested that problem gamblers are behaving exactly as intended when playing EGMs (i.e. maximum spending on the product). If one accepts that EGM machines are designed specifically to maximize gambler expenditure, then it logically follows that harm-minimization strategies need to

address the source of the harm, namely, the EGM machine itself. To date, there have not been any Australian trials designed to evaluate the effectiveness of machine modifications on gambler behavior.

In evaluating the results of this study, a number of factors must be given consideration. EGM gambling is a legal activity enjoyed by many Australian adults. A minority of EGM gamblers (1–2%) are considered problem gamblers or at risk of becoming problem gamblers. This minority are identified as contributing up to 40% of total EGM expenditure. Problem gambling related to EGM gambling is considered a public health issue. In addition, both governments and venue operators receive significant financial income from EGMs. Research on the effectiveness of voluntary systems of precommitment shows mixed results. Secondary level harm-minimization interventions, to date, have focused on targeting and changing gambler behaviors. The interplay of these factors creates a complex landscape with many stakeholders who often have competing interests.

The findings of the current study suggest that harm-minimization strategies in relation to EGM problem gambling as they stand in Victoria, Australia, are not effective. If we assume that harm minimization is going to be the overarching theory to guide policy over the coming years; that is, if we concede that EGMs are a legitimate social activity with some harmful effects that need to be minimized, then empirical research must guide policy and implementation. Mandatory precommitment may be more effective in reducing problem gambling but may have a number of unwanted consequences. Any policy intervention must be judged by its effectiveness to protect individuals, others, and society from harms related to problem gambling as outlined in harm-minimization theory (Hunt 2003; Kleinig 2008; Tsui 2004). As suggested by Allen-Scott et al. (2014), harm-minimization interventions need to be based on ethical principles and a synthesis of effectiveness evidence.

Limitations

A limitation to this study was its small sample size. The study was ideographic and phenomenological in nature, and the use of IPA highlighted commonalities within and across participant accounts rather than differences. Thus, it may be that the opinions and attitudes of this group may not be generalizable to the greater community of club and hotel managers. Also, the opinions expressed by participants and the themes identified in this study may be viewed as predictable, given the current debates in Australia on the issue of problem gambling and gambling-related harm. Venue operators may be perceived as having a vested interest in maintaining the status quo with regard to EGM accessibility, given the participants' role in the community. However, the researchers strove to elicit individual opinions rather than venue policy positions.

Conclusion

The participants in the current study observe EGM gambling on a daily basis; thus, their opinions should be considered a valid contribution in understanding the issues examined. Problem gambling and gambling-related harm has been the focus of much debate and, to date, government interventions have involved strategies designed to modify gambler behavior. There is currently limited research on the effectiveness of such interventions, and the current study suggests that voluntary forms of harm-minimization interventions that target gambler behavior have not had any significant impact on reducing problem gambling

or gambling-related harm. In moving forward toward meeting the VRGFs vision of a "Victoria, free of gambling-related harm," it remains desirable to have effectiveness evidence that is grounded in empirical research. It is also important that those responsible for addressing problem gambling and gambling-related harm consider all possible alternatives. In the case of EGM gambling, this includes the source of the harm, the machine itself, and mandatory forms of precommitment.

References

Allen-Scott, K., Hatfield, J. M., & McIntyre, L. (2014). A scoping review of unintended harm associated with public health interventions: Towards a typology and an understanding of underlying factors. *International Journal of Public Health*, 59, 3–14.

Auer, M. & Griffiths, M. D. (2013). Voluntary limit setting and player choice in most intense online gamblers: An empirical study of gambling behaviour. *Journal of Gambling Studies*, 29, 647–660.

Australian Government Productivity Commission. (2010). *Productivity Commission Inquiry Report on Gambling, Volume* 1 (AGPC Publication No. 50). Retrieved November 19, 2012, from http://www.pc.gov.au/_data/assets/pdf_file/001.

Australian Government Productivity Commission. (1999). *Productivity Commission Inquiry Report on Gambling: Key Points*. Retrieved February 3, 2012, from http:/www.pc.gov.au/projects/inquiry/gambling2009/report/key-points.

Australian Psychological Society. (2010). *Report of the APS Working Group on the Psychology of Gambling*. Retrieved May 12, 2012, from http://www.psychology.org.au/Assets/Files/The-psychology-of-gambling.pdf.

Borrell, J. (2008). The "Public Accountability Approach": Suggestions for a framework to characterise, compare, inform and evaluate gambling regulation. *International Journal of Mental Health Addiction*, 6, 265–281.

Delfabbro, P., & King, D. (2012). Gambling in Australia: Experiences, problems, research and policy. *Addiction*, 107, 1556–1561.

Department of Justice, Victoria. (2011). *Pre-commitment Discussion Paper*. Retrieved March 12, 2012, from http://www.justice.vic.gov.au/liquor_gambling_racing/gaming/ precommitment.

Dickson-Gillespie, L., Rugle, L., Rosenthal, R., & Fong, T. (2008). Preventing the incidence of harm of gambling problems. *Journal of Primary Prevention*, 29, 37–55.

Gainsbury, S. M., Russell, A., Hing, N., Wood, R., Lubman, D. I., & Blaszczynski, A. (2014). The prevalence and determinants of problem gambling in Australia: Assessing the impact of interactive gambling and new technologies. *Psychology of Addictive Behaviors*. Retrieved February 24, 2014, from http://dx.doi.org/10.1037/a0036207.

Hing, N. (2004). The efficacy of responsible gambling measures in NSW clubs: The gamblers' perspective. *Gambling Research*, 16, 32–46.

Holtug, N. (2002). The harm principle. *Ethical Theory & Moral Practice*, 5, 357–389.

Hunt, N. (2003). A review of the evidence-base for harm reduction approaches to drug use. Retrieved October 12, 2013, from http://www.forward-thinking-on-drugs.org/review2-print.html.

Kleinig, J. (2008). The ethics of harm reduction. *Substance Use and Misuse*, 43, 1–16.

Korn, D., Gibbons, R., & Azmier, J. (2003). Framing public policy towards a public health paradigm for gambling. *Journal of Gambling Studies*, 15, 289–365.

Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15, 289–365.

Ladouceur, R., Blaszczynski, A., & Lalande, D. R. (2012, January). Pre-commitment in gambling: A review of the empirical evidence. *International Gambling Studies*, 1–16.

Lenton, S., & Single, E. (1998). The definition of harm reduction. *Drug and Alcohol Review*, 17, 213–220.

Miller, P. G. (2001). A critical review of the harm minimization ideology in Australia. *Critical Public Health*, 11, 167–178.

Nelson, S. E., LaPlante, D. A., Peller, A. J., Schumann, A., LaBrie, R. A., & Shaffer, H. J. (2008). Real limits in the virtual world: Self-limiting behavior of Internet gamblers. *Journal of Gambling Studies*, 24, 463–477.

Nower, L., & Blaszczynski, A. (2010). Gambling motivations, money-limiting strategies, and pre-commitment preferences of problem versus non-problem gamblers. *Journal of Gambling Studies*, 26, 361–372.

Shaffer, H. J. (1999). Strange bedfellows: A critical view of pathological gambling and addiction. *Addiction*, 94, 1445–1448.

Sharpe, L., Walker, M., Coughlan, M., Enersen, K., & Blaszcynski, A. (2005). Structural changes to electronic gaming machines as effective harm minimization strategies for non-problem and problem gamblers. *Journal of Gambling Studies*, 21, 503–520.

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218–240). London: Sage.

Smith, J. A., & Osborn, M. (2004). Interpretative phenomenological analysis. In G. M. Breakwell (Ed.), *Doing social psychology research* (pp. 229–254). Oxford, UK: The British Psychological Society and Blackwell.

Tsui, M. (2004). The harm reduction approach revisited: An international perspective. *International Social Work*, 43, 243–251.

Victorian Responsible Gambling Foundation. (2013). Annual Report. (VRGF report for year 2012–2013). Retrieved February 18, 2014, from http/:wwwresponsiblegambling.vic.gov.au/awareness-and-prevention/publications/reports-and-publications/.

Weatherburn, D. (2008). Dilemmas in harm minimization. *Addiction*, 104, 335–339.

Wohl, M. J. A., Gainsbury, S., Stewart, M. J., & Sztainert, T. (2013). Facilitating responsible gambling: The relative effectiveness of education-based animation and monetary limit setting pop-up messages among electronic gaming machine players. *Journal of Gambling Studies*, 29, 703–717.

Appendix

Interview Schedule

I understand that the Victorian government is planning to implement voluntary precommitment policy for individuals playing gaming machines.

1. What is your understanding of and opinion of this proposal?
2. What will this mean for you as a manager of this venue?
3. What are your thoughts if the government, at some time in the future, decides to implement mandatory precommitment?
4. What are your views on problem gambling?
5. Do you have other strategies in place in this venue that are geared to assist gamblers who may be having problems with their gambling? And, in your opinion, how effective have they been?
6. Do you believe that voluntary gambling commitment strategies assist problem gamblers?
7. Do you believe that voluntary precommitment will be widely utilized by gamblers in your venue?
8. How many gaming machines do you have in this venue?
9. Do you have any final comments that you would like to make either generally or with regard to precommitment or alternative methods for reducing gambling harm?