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

Macau, November 6th, 2012

Robert Ladouceur, Ph.D., Professor Emeritus, Laval University, Québec, Canada.
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....
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?
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  Versus  External Control
Demand reduction  Versus  Supply reduction

Internal Control  Versus  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-commitment: 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?
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).
<table>
<thead>
<tr>
<th>Design</th>
</tr>
</thead>
</table>

Baseline             6 m                         12 m                  18 m                 24 m

6 mo |-------|----------------|--------------|

12 mo |-------|---------------|--------------|

24 mo |-------|---------------|--------------|

www.ulaval.ca
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

1. Gambler asks a Casino employee for SE
2. Meeting with the casino employee
3. Sign the SE agreement and help is offered
4. End of SE Period
Request for SE

Meeting with security

G sign the SE agreement
Security offers an initial meeting with Educator
Mention the compulsory meeting at the end

G refuses initial meeting

Accepts initial meeting

Evaluation

End of SE period
Compulsory meeting with Educator
If not, SE is still active

Telephone support during SE

Counselling Services
Financial Counsellor
Gamblers Anonymous
Legal Advices
Support via Telephone
Other

www.ulaval.ca
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 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

www.ulaval.ca
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)