HARM MINIMIZATION STRATEGIES IN GAMBLING

An Overview of International Initiatives & Interventions

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Harm-minimization and gambling: 
An overview of international initiatives and interventions.

1. Background

This paper provides an overview of harm-minimization strategies adopted and/or implemented by the gaming industry in international jurisdictions. The Australian Gaming Council commissioned this report for presentation to its forthcoming industry members forum meeting.

This overview does not purport to be a comprehensive or detailed summary of international industry initiatives given the constraints of limited time and resources. Although somewhat limited in its depth and scope, the overview does inform readers of the key directions for industry harm minimization strategies currently under consideration or in operation in the international arena.

2. The concept of harm minimization

The concept of harm-minimization or harm-reduction as a public-health strategy was originally formulated as an attempt to limit the pervasive impact of adverse health consequences associated with drug-related practices.

There is no agreement in the addiction literature as to the definition of the term but a useful operational definition is:

“Harm reduction aims to decrease the adverse health, social, and economic consequences of drug use without requiring abstinence (but without ruling out abstinence in the longer term, if this is the client’s choice). Harm reduction is pragmatic and humanistic, focussed on harms and on priority issues.”

Harm minimization was initially applied to restrict the spread of hepatitis among Dutch intravenous drug users in the 1980’s with the subsequent AIDS epidemic giving urgency to this approach. In this context, harm minimization measures were designed to reduce the spread of blood borne infections and included needle exchange programs, the provision of bleach kits and methadone maintenance. These programs provided a means of contacting addicts and fostering education, counselling and access to treatment facilities.

Although the focus of heightened interest and controversy, drug, alcohol and tobacco harm minimization programs have gained official acceptance in the U.K, Netherlands, Europe, Australia, Canada, and more recently, in North America. However, at present

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1 Centre for Addiction and Mental Health, Ontario, Canada: website 
there is no agreement in the addictions literature or among practitioners as to the definition of harm reduction.

More recently, the fundamental principles of harm minimization have been applied to the domain of gambling behaviour. Since the 1990s a wave of harm minimization and responsible gambling initiatives have been introduced somewhat reluctantly by the gambling industry and governments, and more enthusiastically by welfare organisations.

3.0 Harm minimization and gambling

From the perspective of prevention and control, the public health experience with substance abuse provides a strong parallel to gambling. Both alcohol and gambling are legal for adults, heavily marketed and highly regulated. Governments earn substantial tax revenue from each industry. Each industry positions itself as an entertainment or a recreational pursuit. Prevention efforts primarily focus on personal responsibility and healthy choices for adults. Laws prohibit underage drinking and gambling. Messages directed to young people emphasize understanding peer pressure, promoting health lifestyles and teaching refusal skills (Korn & Shaffer, 1999).

As a consequence of the similarities between alcohol and gambling and the conceptualisation of gambling as an addiction, experts in the gambling field have recommended that health authorities adopt harm-reduction strategies directed toward minimising the adverse health, social and economic consequences of gambling behaviour for individuals, families, and communities (Korn, 2000).

The public perception toward problem gambling is that governments that promote gambling have a moral and social obligation to accept responsibility for minimizing any resultant harm that is caused to the community.

To achieve this goal, a number of strategies promoting healthy-gambling guidelines for the general public (similar to low-risk drinking guidelines), creative approaches to the early identification of gambling problems, as well as the incorporation of moderation and abstinence goals for problem gamblers (Korn & Shaffer, 1999).

The public health perspective on gambling promoting a responsible approach to gambling has considerable merit. It offers a broad viewpoint of gambling in society and consumer protection at all levels of involvement— not solely a focus on problem and pathological gambling (Korn & Skinner, 2000).

However, while the concept of the provision of responsible gambling is readily understood, according to Dickerson, there is no agreed operational definition defining its parameters or informing appropriate strategies for the prevention of harm. Nevertheless, responsible gambling should be the fundamental principle guiding the gaming industry’s practices and behaviours.

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3.1 Assumptions contained in gambling harm-minimization

The primary objective of harm-minimization is to reduce the harmful consequences associated with, or arising from, gambling rather than the total prohibition or complete avoidance of gambling. Harmful consequences are not limited to pathological or compulsive gamblers but may also affect recreational gamblers on occasions. As such, harm minimization represents an alternative to abstinence-oriented policies. It focuses on reducing the adverse consequences among all gamblers including those who cannot cease their activity at the present time, and is compatible with an eventual goal of abstention.

According to the Productivity Commission’s (1999) report, 1% of the adult population experience severe problems, and a further 2.1% experience significant problems as a result of their gambling. Consequently, the priority of harm minimization programs is to provide a balance between the promotion of and non-interference with recreational gambling and the minimization of negative consequences arising in relation to excessive gambling. Specifically, the aim is:

- To protect and prevent individuals from developing gambling problems in the first instance, and
- To assist existing problem gamblers by:
  - Providing relevant protective measures against continued loss of control/excessive gambling.
  - Offering effective treatment/rehabilitation services.

The basic assumptions inherent in the harm-minimization approach are that:

- Gambling provides a level of recreational, social and economic benefits to individuals and the community.
- A proportion of participants, family members and others suffer significant harm as a consequence of excessive gambling.
- A proper balance needs to be achieved between the social costs and benefits of gambling.
- Complete prohibition is not considered a realistic option.
- Safe levels of participation are possible.
- Abstinence is a viable but not necessarily essential goal for individuals with gambling related problems.
- For problem gamblers, controlled participation and return to safe levels of play is an achievable goal.

Three basic strategies emerge (Marlatt, 1998):

- Working with individuals or groups.
- Modifying the environment.
- Implementing public policy changes.

A helpful analogy is that of a person learning to drive a car. Driving is a high-risk behaviour that most people regularly engage in. To abstain from driving is safe but
inconvenient and impractical. Therefore, there are three approaches that can be implemented to reduce harmful consequences: (1) driver education and training in responsible behaviours; (2) environmental availability of harm-reducing measures in both the car itself (eg. seat belts, air bags, antilock brakes), and the environment (eg. safer road systems and improved road conditions); and (3) laws and policies designed to regulate driving (eg. speed limits, blood alcohol limits), and punish violators (fines, suspension of license, jail sentences) (Marlatt, 1998).

4.0 Harm minimization strategies in gambling

A wide range of possible harm minimization initiatives have been recommended at the international level but many have either not been implemented or have been introduced on a voluntary basis at the discretion of individual management. This has led to patchy, inconsistent and fragmented programs across and within countries.

However, it is important to bear in mind that these suggested initiatives are not necessarily applicable to all forms of gambling, may be impractical to administer or monitor, have a negative effect on recreational gamblers, have minimal impact on problem gamblers or may manifest unforeseen negative consequences. Although attractive at face value, there is virtually no empirical evidence available to inform policy or support the effectiveness of suggested initiatives.

Moreover, there is no agreement on the basic components that should be included in a standard harm-minimization program. Areas considered include codes of conduct, staff training, house policies, and procedures for identifying, approaching and managing problem gamblers.

As Nerilee Hing from Southern Cross University notes, market sector competition and economic interests are a barrier to open and transparent co-operation among gaming providers. However, in recent years sectors of the gaming industry have shown a genuine commitment to the provision of responsible gaming practices by accepting a reduction in revenue to maintain the longer-term sustainability of the industry.

For example, casinos have made significant advances toward the issue of child neglect. The American Gaming Association has in partnership with the United States National Centre for Missing and Exploited Children developed a program to prevent unattended minors being left in areas surrounding gaming facilities.

4.1 A three-tiered strategic approach to harm minimization

Applied to gambling, a review of mandated, voluntary and recommended initiatives indicate that a three-tiered strategic approach to minimizing harm has been implemented across international jurisdictions. The following list outlines recommendations suggested by industry leaders, governments and welfare organisation in various international countries:

• **Primary prevention:** strategies to protect participants from developing gambling problems.
  - Player and public education and the provision of accurate information on machine characteristics and how they operate.
  - Detailing odds and probabilities of winning displayed on machines.
  - Education directed toward public awareness of potential hazards associated with gambling.
  - Signage promoting responsible gambling: visibility and content of messages.
  - Responsible advertising and promotional activities: advertisements that do not mislead, over-emphasise wins or target at-risk groups (adolescents).
  - Prohibiting special promotions on pension payment days.
  - Prohibition on undue inducements and complementaries (such as free gaming tokens/play, bonuses), either to enter gaming venues or during play aimed to prolong sessions.
  - Limitations on the types or location of gaming venues relative to regional characteristics.
  - Limits on prize structures, size of maximum prize pools or signs indicating that a jackpot must be won within a specified timeframe.
  - Warnings of the hazards of excessive gaming.
  - Entry restricted to members and guests.
  - Twenty-four hour notification of intended large betting.

• **Secondary prevention:** Limiting the potential for problems to arise and containing the impact of gambling once it has commenced.
  - Policies and procedures to deal with problem gamblers: enhanced staff awareness and staff training in detection and sensitive approaches to problem gamblers taking into consideration intrusiveness, violation of privacy and anti-discrimination issues.
  - Self-exclusion programs: voluntary or involuntary, lifetime or limited exclusion, conditions for lifting exclusions and penalties for breaches.
  - Modifications to player environments designed to protect against excessive play and impulsive decision-making once a gambling session has commenced, for example, removal of ATMs from gaming areas, cooling-off periods after wins.
  - Modification of machine design characteristics to limit expenditure: removal of large denomination bill acceptors and slowing reel spin.
  - Limits placed on total expenditure over specified time-intervals.
  - Policies banning the offer or supply of free or heavily discounted alcohol during play.
  - Restricted access to cash: prohibiting placement of ATMs in close proximity to gaming machines, limiting daily amounts able to be withdrawn at ATM, cheque cashing facilities and provision of credit.
  - Improving access to tertiary services through advertising and publication of printed material.
  - Displays on gaming machines indicating time, duration and expenditure per session.
  - Wins paid by cheque rather than cash.
ATM facilities near gaming areas allowing immediate cash/cheque deposits to be made thereby reducing the need to carry large amounts of cash in, or away from, the gaming venue.

- **Tertiary prevention:** Reducing the severity of existing problems and prevention of relapses.
  - Effective referral to treatment and counselling services.
  - Provision of counselling services.
  - Close liaison with treatment service providers, particularly with cases of self-exclusion.

### 4.2 Effectiveness of international gambling harm reduction initiatives

There is a significant absence of credible research data on the effectiveness of specific interventions to guide and inform policy decision-making.

The value and impact of educational programs, particularly those aimed at informing students and adolescents of the mathematical and statistical properties of odds and probabilities and potential hazards associated with excessive gambling, may not likely become apparent until the long term.

Self-exclusion programs are reliant on the effectiveness and regulation of monitoring systems in detecting infringements, and the extent of alternative options to gamble available to self-excluders. It is relatively easy to regulate a self-exclusion system in a tightly linked cooperative network of operators in a limited gambling environment where entry to venues is subject to proof of identity or membership, such as in Switzerland or the Netherlands.

For example, in one of the few evaluative studies reported in the literature, Ladouceur and his colleagues (2000)\(^6\) described the characteristics and outcome of a cohort of individuals self-excluded from a Canadian casino in the Quebec province. It was found that:

- 95% of participants met diagnostic criteria for pathological gambling.
- 76% were excluded for the first time and 24% had one or more previous exclusions.
- 66% excluded for a period of six months and 25% for the maximum possible period of 60 months.
- Of repeat excluders, 36% admitted to having returned to a casino during the period of exclusion and 50% gambled on other forms.
- Based on self-report accounts, 30% of the sample of 220 self-exclusions ceased gambling when enrolled in the program.

Although 49% of participants stated that they had considered seeking professional help, only 10% had actually done so. Thus it seems that the program may be useful to many gamblers who need assistance but who are not ready to seek professional help.

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In general, participants were very satisfied with the program, but offered several suggestions to improve it. For example, many believed that the program should be publicised more, and many suggested that the self-exclusion commitment should be accompanied by further professional help and follow-up (Ladouceur et al, 2000).

Measures relating to the modification of electronic gaming devices may involve substantive industry cost yet be ineffective in achieving their objective or may lead to unforeseen negative consequences. For example, slowing the speed of reel spins may cause a problem gambler to remain in a venue for a much longer period of time. Problem gamblers display a tendency to gamble until funds are no longer available to continue a session. Time constraints are often a secondary concern, gamblers electing to remain in a session rather than return home or to work. This may have a spill over-effect in creating further marital strain or problems at work since the gambler is gambling for longer periods.

Importantly, it is not clear which measures result in an indiscriminate impact on problem and recreational gamblers. Ideally, from a commercial vantage point, harm minimization strategies should eliminate problem gambling while not interfering with the level of play or satisfaction among recreational gamblers.

Effective policies and procedures informed by empirical evidence rather than opinion or political imperatives will only be possible once the results of research projects evaluating initiatives become available.

5.0 The gambling industry

The international gambling scene is characterised by a mixture of government-owned, government-regulated and private commercial ownership. In virtually all cases, governments are in a position of conflict of interest because they benefit directly through taxation revenue. In some jurisdictions, governments impose strict regulations on commercial operators (UK) and/or allocate gambling revenue to support treatment and educational programs through the welfare and health sectors in addition to private operators implementing initiatives. Initiatives are also variably mandated by legislation or pursued as voluntary codes of conduct. Consequently, it often becomes difficult to tease out so-called industry from government responsible gambling initiatives.

The Institute for the Study of Gambling and Commercial Gaming has produced a comprehensive and detailed guide to the structure and regulation of gambling across international jurisdictions: Cabot, A.N., Thompson, W.N., Tottenham, A. & Braunlich, C.G (Eds.) (1999) *International Casino Law*. University of Nevada: Institute for the Study of Gambling and Commercial Gaming. The reader is directed to this important compendium to obtain a clear understanding of the comparative ownership and regulatory mechanisms in place across countries. The following section briefly highlights key issues.

5.1 England

The gambling industry in England is tightly regulated under the Gaming Act 1968. This Act was introduced following the Betting, Gaming and Lotteries Act of 1963/64 to
‘curb actual and potential abuses’. The 1968 Act has as its main purpose; “...to curb all forms of gaming which are liable to be commercially exploited and abused...The controls have as their common object to purge this activity of its criminal elements, to cut out excessive profits and to ensure that gaming is honestly conducted in decent settings. Beyond that the intention underlying the Act is to reduce drastically the number of commercial clubs providing games other than bingo to a neighbourly form of gaming for modest prizes; and to check the proliferation of gaming machines and machines used for amusement with prizes”.

The Act restricts commercial gaming to licensed clubs, low stake and prize amusement devices are permitted in public venues with local authority permit and high stake and jackpot prize machines are restricted in number to registered clubs.

In England, British casinos are run on a “club” or membership basis, are not permitted to grant credit, to offer alcohol within the casino or offering live entertainment. Section 42 of the Gaming Act restricts the amount and type of advertising that can be taken including sponsorships and advertised reference to the address of casinos and the use of licensed premises to hold exhibitions or shows. They cannot provide customers with most complementary items such as airfares and hotel rooms that are typical in other jurisdictions (Eadington, 2000) or free gaming chips or ‘lucky money’ at Chinese New Year or other such occasions. Furthermore, new members must wait 24 hours (prior to 1998, it was 48 hours) before they are permitted to gamble.

Under section 31(2) of the 1968 Act, casinos are permitted to hold a maximum of 6 jackpot machines. Changes are or have been made to the Act following the Deregulation (Gaming machines and Betting Facilities) Order 1996 seeking to relax membership and advertising controls and to increase the maximum number of jackpot machines in casinos from 6 to 10.

The section retains the power to prescribe the stake and prize limits: following recommendations by the Gaming Board, from 1998 members’ clubs have a maximum prize limit of 250 pounds, bingo clubs 500 pounds and casinos 1,000 pounds. The maximum stake limit for jackpot machines in all premises was increased from 30p to 50p.

5.2 The United States of America

In the United States of America gaming licences are granted to private enterprises with licensing and regulation strictly enforced by Commissions. Casino gambling spread significantly following the passage of the Indian Gaming Regulatory Act (1988) and the initiation of riverboat casinos in Iowa in 1989 and low stake casino halls in South Dakota. With the exception of Hawaii and Utah, all states have some form of legalized gambling.

The National Coalition Against the Spread of Legalized Gambling was established to oppose new and repeal existing legislation permitting gambling. Some success appears

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to have been achieved with the removal of slot machines from South Carolina in recent times.

Many of the treatment programs in the United States are based on the addiction/disease abstinence model and therefore in comparison to Canada and Europe, less work is directed toward harm minimization initiatives beyond consumer information and education.

In the United States, some new jurisdictions have placed limitations on wager size (Iowa from 1990 to 1994, Colorado, South Dakota), on the amount of money players could spend per excursion (Iowa from 1990 to 1994, Missouri), and on where casino gaming could be offered (only on riverboats: Iowa, Illinois, Mississippi, Missouri, Indiana; only in specified towns or cities: New Jersey, South Dakota, Colorado, Michigan).

In a number of states, funds are directly or indirectly appropriated from gaming taxes or the industry and allocated to various agencies for the support of programs for prevention, treatment and research: Texas Commission on Alcohol and Drug Abuse, Washington State Lottery and Gambling Commission, Mashantucket Pequot Indians in Connecticut, Delaware and New Jersey’s Division of Alcoholism and Drug Abuse, Florida Lottery, Georgia, Minnesota and Iowa’s Department of Human Services, Louisiana Department of Health, Massachusetts through unclaimed lottery prizes, state governments of Missouri, Montana, Nebraska, Ohio, Oregon, and the South Dakota and New York’s Office of Mental Health.

Self-exclusion, educational programs and the provision of responsible gambling are variably implemented across states and gambling sectors. Some initiatives have been introduced as political compromises and others imposed under regulatory requirements under the belief that such measures would mitigate the social and personal costs associated with problem gambling. However, with the exception of some recent preliminary research studies, such beliefs at the time of adoption did not, and still do not have much evidence besides opinion to support them (Eadington, 2000).

The Oregon Lottery Commission is mandated to produce “the maximum amount of net revenues to benefit the public purpose described [in the constitution] commensurate with the public good”. The maximization of revenue is now being counterbalanced by the introduction of a policy framework to achieve the clause “commensurate with the public good”.

Recommendations include:
- The reduction of gambling addictions in Oregon by increasing the amount of funding for identifying problem gamblers, outreach services, treatment and other measures.
- Reducing the dependence of certain retail establishments on Lottery proceeds by developing a narrower definition of ‘dominant use’.
- Reduce the State’s dependence on Lottery proceeds by requiring a statutory ending balance for lottery revenue, moving lottery revenues out of operating budgets and dedicating these to on-off projects.
- Halt the expansion of the Oregon Lottery by prohibiting video line games and imposing a freeze on the number of machines.
It is only relatively recently that a number of specific industry or government supported organisations and research institutions have been established to systematically investigate and offering recommendations surrounding the issue of ‘responsible’ gambling, for example,

- **The National Center for Responsible Gambling (USA) (NCRG)**
  The National Center for Responsible Gambling (NCRG) was the first national funding source dedicated exclusively to scientific research on gambling disorders. Founded in 1996, the NCRG is an independent non-profit organisation aimed at helping individuals and families affected by gambling disorders.

The main aims of the NCRG are to:
- Support the finest peer-reviewed basic and applied research on gambling disorders
- Encourage the application of new research findings to improve prevention, diagnosis, intervention and treatment strategies
- Enhance public awareness of pathological gambling and youth gambling.

Since 1996, the NCRG has awarded $3.7 million to prestigious research universities and medical centres, including the Harvard Medical School, in support of 19 investigations in neuroscience, behavioural and social science, and epidemiology. For more information, visit the NCRG website (www.ncrg.org).

In 1999, the National Gambling Impact Study Commission released its findings and recommendations. In light of the harm created by problem gambling, specific recommendations were made some of which fall within the domain of harm minimization. A short selection of key recommendations include:

- A nationwide age limit of 21 years.
- Information on relevant odds and hazards should be clearly posted in venues.
- Slot machines in ‘convenience’ locations (grocery stores) should be reduced.
- Sports betting on amateur/college athletics should be prohibited.
- Instant games simulating live card or casino games should not be allowed.
- Aggressive advertising targeting vulnerable groups should be prohibited.
- Credit card debts incurred in gambling should not be enforceable.
- ATMs should be banned from gambling premises.
- School aged children should be warned of the dangers associated with gambling.
- The Federal Government should ban Internet gambling.

### 5.3 Canada

In Canada, it is illegal to profit from gambling unless it is for a charitable cause, government revenue or is recycled within the horse racing industry. The Canadian commercial gambling industry earns a fee for operating a casino but the ‘profit’ is directed toward the government or charities and monopolistic ownership resides
with the government. The government is effectively the gaming operator, regulator and primary beneficiary.

Las Vegas style casinos operate in Nova Scotia, Quebec, Ontario, Manitoba and Saskatchewan with charity casinos in Alberta and British Columbia. There are no permanent casinos in New Brunswick, Prince Edward Island and Newfoundland. Every province has machine gaming in some form and the Maritime Provinces, Quebec, Manitoba Alberta and Saskatchewan have video lottery terminals. All provinces have horse racing.

Video lottery machine operators retain 30% of total wagers and the profit is split 85% to government and 15% to venues operators. A percentage of proceeds are allotted to fund social causes (health promotion, culture, sport and environmental concerns).

A number of Provinces have established or supported agencies to provide research, education and education programs to offset social harm.

- **The Canadian Foundation on Compulsive Gambling (Ontario)**
  The Canadian Foundation on Compulsive Gambling is committed to helping individuals and communities address gambling in a healthy and responsible way. This mission implies a strong emphasis on the prevention of gambling related problems. The Foundation pursues its mission through four core functions:
  - Collecting and disseminating information about responsible and problem gambling. This is achieved by providing information through toll-free telephone numbers, on-line electronic library, e-mail links between providers and publishing newsletters.
  - Implementing a full range of awareness and prevention initiatives.
  - Supporting professional development for those who work with people with gambling problems.
  - Fostering and implementing problem gambling research. For more information visit the CFCG website ([www.cfcg.org](http://www.cfcg.org)).

- **The Alberta Alcohol and Drug Abuse Commission (Canada) (AADAC)**
  Video Lottery Terminals were introduced in Alberta in 1992. In 1994 the Alberta Government mandated the AADAC to address problem gambling through research, education, prevention and treatment. Funded project support has been directed toward educational campaigns and the production of resource material and training targeting youth, ethnically diverse communities, parents and the elderly. The emphasis has been on early intervention programs.

The Nova Scotia Gaming Corporation is a Crown corporation governed by the Provincial Gaming Control Act. Its charter is to manage gaming in Nova Scotia to maximize net revenue in a responsible manner understanding and responding to the issue of problem gambling. The gaming is carried out by agents of the Corporation: the Atlantic Lottery Corporation operates ticket and video lotteries and the Metropolitan Entertainment Group operates Casino Nova Scotia in Halifax and Sydney.

The Corporation has introduced a Responsible Gaming Initiative to:
- Promote responsible play.
• Mitigate problem gambling.
• Ensure the long-term viability of video lottery terminals (VLT).

The Nova Scotia Gaming Foundation was established in 1998 and receives 1% of VLT retailer commissions, an amount that is also matched on a dollar for dollar basis by the Nova Scotia Gaming Corporation, to undertake research, education and treatment projects.

To date, the Foundation has funded the start-up costs of an outreach program, a VLT harm reduction study at Dalhousie University, French translations of gambling educational material and the development of school curriculum for grades 4 – 6 on problem gambling.

The Nova Scotia Gaming Corporation is the first jurisdiction in Canada that require harm minimization interventions to be programmed into new video lottery terminals: clocks recording time and amount spent gambling, as well as forced cash payouts at regular intervals. The Gaming Corporation is working with retailers to make recommendations for standardizing the environment and premises in which VLTs are placed, placing limitations on advertising and establishing standards for VLTs.

6.0 Examples of specific harm reduction and responsible gambling programs

The following section outlines initiatives in various international jurisdictions. Given constraints of time and resources, it is not possible at this juncture to obtain copies of all relevant legislative Acts or programs for detailed analysis and reporting. Consequently, an overview of key initiatives will be outlined and grouped according to categories: primary, secondary and tertiary prevention programs.

6.1 Primary prevention

6.1.1 Educational gaming staff and public awareness programs

The public needs to be made aware of problem gambling through information on the symptoms, the extent of the problem, and the help that is available. Education and awareness programs are typically conducted through the public mass media, businesses, and schools. Educational efforts have also been put into effect at various gambling sites. All educational materials should inform the public about where help can be found.

Educational and awareness programs have been developed by a number of industry, government funded and welfare organisations such as the American Gaming Association, the Alberta Alcohol and Drug Abuse Commission, the Nova Scotia Gaming Corporation, and various American State Councils of Compulsive Gambling and the privately funded Trimeridian group, Jellinek Consultancies in the Netherlands and the Lucerne Institute of Higher Education in Switzerland to mention but a few.

Many gaming venues have implemented training programs for staff. An exemplary responsible gaming program is the 1999 VLT Retailer Responsible Gaming Program under the auspices of the Nova Scotia’s Gaming Corporation. This innovative program grounded in psychological background and in collaboration with industry members and health experts, informs VLT retailers and their staff about problem gambling issues and
responsible gaming strategies through multi-media classroom training. Those involved in the development of the project included the Tourism Industry Association of Nova Scotia, the Nova Scotia Department of Health’s Addiction Services Division and problem gambling experts.

The goal of the program is to help develop skills, knowledge and attitudes which enable VLT retailers and their staff to design, implement and maintain responsible gaming guidelines and procedures to ensure a viable business environment. It is not expected that staff will counsel, diagnose or intervene in problem gambling situations, rather, how to provide relevant information and promote responsible practices. It is anticipated that over 3,000 staff will participate in the project.

Groups participating in the American Gaming Association support similar projects. For example, Harrah’s Entertainment promotes responsible programs and licences these to other casino operators. Grand Casinos, Boyd Gaming, Mirage Resorts and the Missouri Riverboat Gaming Association have introduced long-term programs. The American Gaming Association has produced a number of references: Responsible Gaming Resources Guide: second edition (1998), A Discussion of Disordered Gambling and Responsible Gaming (1998) and Keeping it Fun: A Guide to Low-Risk Gambling (1999), copies of which are available for purchase.

Examples of educational and public awareness programs include:

- **Operation Bet Smart: Know When to Stop Before You Start**
  This educational awareness program is designed to formally train employees about compulsive gambling; offer directional assistance; and to deny credit, direct marketing and even play to players at their request. Operation Bet Smart began as a formal training program at Harrah’s Entertainment to help frontline employees understand the signs researchers believe indicate someone may have a gambling problem. All the casinos managed by Harrah’s Entertainment also provide signage on the casino floor and back-of-house to help employees remember where help is available.

- **Project 21**
  This initiative teaches casino employees, minors, parents, and guardians about the consequences of gambling under the legal age. Project 21 is an industry-wide program that encompasses employee training and public awareness about under-age gambling. It is a licensed program and is available for any casino to use.

- **Unattended Children Policy**
  This is a communication effort that encourages parents not to leave children unattended at casino properties, and trains employees to use the correct, legal approach upon discovering an unattended child. Every Harrah’s Entertainment Casino has standard procedures to promote parental responsibility and protect the safety of children and minors. Parents are warned through signage and brochures about these policies. If a minor is caught trying to gamble or a child is found left unattended, security officers will intervene and may contact outside law enforcement.
A number of programs have targeted school age children in terms of providing relevant information on odds and probabilities and the harmful consequences of excessive gambling.

The Department of Education in Massachusetts has funded a pilot project to teach eighth-grade children the risks of gambling through a program, “Facing the Odds: The mathematics of gambling” developed at Harvard University. The program, focussing on probabilities of winning and losing at the lottery and games of chance, is designed to comply with a 1999 law requiring the state to teach public school students about the potential problems associated with gambling.

In Canada, collaboration has been established between Loto-Quebec and the Universities of Laval and McGill. Loto-Quebec Corporate Compulsive Gambling Program concerning research, prevention and treatment provides funding to a number of universities and research institutes for gambling-related programs and research. In addition, Loto-Quebec is involved in specific preventive actions such as the Count Me Out school awareness program for young people.

This program was launched in November 1998 and is ongoing. It provides teaching material designed for the prevention of problem gambling among Quebec’s primary and high school students, aged 8 to 16. Specific prevention tools such as a CD-ROM and a video are currently being designed respectively by McGill University and Laval University for the Count Me Out program. These tools will cost over $1.1 million and will be available in 2002.

**Gambling Should Remain a Game.** This new awareness campaign will be delivered through a variety of media, including television, newspapers and printed materials. The campaign will run from August 2000 until March 2001 and will cost $2.3 million.

In total, Loto-Quebec has provided a budget of $10 million for problem gambling awareness, prevention and treatment in the 2000-2001 fiscal year.

### 6.1.2 Early intervention programs

Many international groups are currently involved in early intervention programs. Some examples are listed here:

- **Promoting Responsible Gaming Resources and Education Standards (PROGRESS)**
  This multimedia tool kit is designed to help gaming companies implement customised responsible gaming public awareness and employee education programs. PROGRESS (Promoting Responsible Gaming Resources and Education Standards) includes three volumes: Volume One, which serves as the general overview manual for the entire kit, contains a CD-ROM with various customizable templates for public and employee awareness brochures and posters, as well as voluntary guidelines for casino advertising and marketing, unattended minors and responsible gambling; Volume Two and Volume Three consist of employee training curricula to address compulsive gambling and underage gambling, respectively. The curricula, accredited by the American Academy of Health Care Providers in the Addictive Disorders, are the result of a joint effort between the American Gaming
Association (AGA) and the North American Training Institute (NATI), a division of the Minnesota Council on Problem Gambling.

- *GAMBLING DECISIONS: a program to help control gambling.*
  Gambling Decisions is a six-week self-help and group early intervention program for people whose gambling is starting to cause problems in their lives – problem gamblers. The program is directed toward controlled gambling. It is not a program for pathological or compulsive gamblers. This program has been designed by Capital Health, Regional Public Health (Alberta, Canada), in collaboration with gambling researchers, practitioners as well as gamblers. The program has been tested in a 1-year community trial in Edmonton, Alberta. The results of the evaluation have proven that Gambling Decisions can help problem gamblers to make the decision to control their gambling or to abstain and maintain this decision (Robson et al, 2001). The program can be taken either as a self-help program or through a group program. Each person is given a 90-page guidebook that identifies issues such as: personal assessment of gambling habits, triggers to gambling, and alternate coping strategies.

In Switzerland, The College of Social Work in Lucerne has developed a prevention program under the title ‘Careplay’ in cooperation with the Swiss government and casino management. The twenty-eight legal Casinos are legislated to collaborate with prevention and addiction experts, to display information at venues about the risks of gambling and sources of assistance, train staff in recognising and approaching gamblers at risk, prohibit players gambling beyond their means and imposing bans/self-exclusion programs.

### 6.2 Secondary prevention

A number of strategies have been suggested to inform and protect individuals from gambling harm once they have entered a gambling premise.

The Tropicana Atlantic City, Boyd Gaming properties Stardust, Sam’s Town, Silver Star and Par-a-dice have collaborated with the Global Cash Access (a company providing electronic fund transfers) Responsible Gaming Partnership. The Partnership program was developed in consultation with the National Council on Problem Gambling. The program includes signage at key locations encouraging sensible play, the National Council on Compulsive Gambling 24-hour toll-free number and equipping two-thirds of cash access devices with telephone handsets with direct connection to the company’s 24 hour call center linked to the National Council on Problem Gambling facilities.

In Missouri, gamblers are limited by law to the purchase of no more than $500 per two-hour period. The Missouri Riverboat Gaming Association is calling for a repeal of this law on the basis that it is an ineffective deterrent for problem gamblers and an inconvenience for recreational gamblers. However, the underlying motivation is the estimate that the repeal would draw substantive revenue (including an estimated $30 million in taxes to Missouri) from gamblers travelling to neighbouring Illinois and Kansas where no limits exist without apparent regard for the potential to exacerbate the impact on problem gamblers.
6.2.1 Self-exclusion programs

Self-exclusion programs have been introduced in Europe, Canadian provinces, European countries, Australia and certain States in America (Nevada, Illinois and Missouri; industry volunteered or state legislated). In most cases, self-exclusion is voluntary although in Europe, relatives may activate such exclusion.

These programs allow people to have their name placed on an excluded list. They are the barred from the casino for a certain period of time. If they enter the casino and are identified by staff they are asked to leave. A trespass action may also be taken. European casinos have procedures, which also allow close relatives of a problem gambler to have the person barred (Thompson et al, 1996).

Self-exclusion programs may be a useful means to facilitate self-control among problem gamblers. However, these programs are only as effective as their ability to monitor and detect excluded persons and where limited alternative opportunities to gamble exist. Exclusion from a casino does not protect against gambling on horses, sports betting or gaming devices in non-casino areas. For example, in Switzerland, Swiss law provides for prohibited admission, an action that may be initiated by the player or ordered by the casino. The program is supervised by casinos and is networked technically throughout the country. Similarly, in the Netherlands, England and other locations entry may only be gained upon the production of identification. In these cases, it is possible to implement an effective monitoring policy.

In contrast, where entry is open to the public without the necessity of identification (except for verification of age), these programs are reliant on the diligence and ability of staff to identify excluded patrons. It is almost impossible to police such a system where there is no infrastructure link or co-operation between gaming venues to disseminate information on excluded patrons.

Self-exclusion is difficult to implement or monitor in some forms of gambling: off-course betting, sports betting and lotteries.

Self-exclusion provisions exist in Missouri, Michigan, Louisiana, Connecticut (tribal casinos), and shortly in New Jersey.

The Missouri Gaming Commission has legislated provisions for voluntary self-exclusion through its 11 CSR 45-17.010 - 050 Dissociated Persons List. Persons voluntarily notifying the commission that they wish to be placed on this list are permanently prohibited from entering gambling boats in Missouri. Penalties include possible prosecution for misdemeanours of criminal trespass, forfeiture of gaming chips in their possession and disciplining licensees for failure to comply with procedures.

According to Lia Knower, 2,100 individuals have been placed on the list.

There is no procedure for removal from the List of Disassociated Persons because the commission believes that dealing with a gambling problem requires lifetime treatment.

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The Division of Addictions at Harvard Medical School state that given the paucity of evidence on the natural history of pathological gambling, such a belief should be tested empirically. Some studies have indicated controlled gambling is possible after treatment.9

The Missouri Commission has funded free treatment programs through the State’s Department of Mental Health as an added measure.

The state of Michigan launched its Dissociated Persons List based on the Missouri model for three private casinos in Detroit, MGM, Motor City and Greek Town, and includes permanent exclusion and criminal trespass for infringements. There is no exclusion for casino employees and the list does not extend to tribal casinos around the state.

New Jersey is crafting legislation and awaiting final approval from the Casino Control Commission, that permits removal from the self-exclusion list after a 30-day ‘cooling-off’ period. The self-exclusion applies to 12 land based casinos and is expected to be approved by legislature by the end of the year.

The Mississippi Gaming Commission is proposing the introduction of a two-year self-exclusion with 30-day ‘cooling off’ period.

The permanent exclusion is in contrast with other jurisdictions such as Canada where limited period of exclusion are nominated and where provisions exist for removal from such a list subject to conditions, usually that effective treatment has been sought. In Manitoba, the period of self-exclusion has been amended from a lifetime ban to two years. After two years, the individual may apply to the casino or Lotteries Corporation for re-entry.

6.2.2 Access to gambling money

Several researchers have called for the use and location of Automatic Teller Machines (ATMs) to be controlled (eg. Thompson et al, 1996). While these are considered, minimal information was obtained on whether such measures have been actually legislated or implemented.

6.2.3 Structural characteristics and Machine Design

Determinants of the decision to gamble not only include the gambler’s biological and psychological constitution and the situational variables, but also the structural characteristics of the gambling activity itself (Griffiths, 1993). The structural characteristics of a particular gambling activity are responsible for reinforcement, may satisfy gambler’s needs and may actually facilitate excessive gambling. By identifying particular characteristics it may be possible to see how needs are identified, how information about gambling is presented or misrepresented, and how cognitions are influenced and distorted (Cornish 1978; cited in Griffiths, 1993).

Technology plays a significant role in gambling addiction. Computer and information technology has produced new gambling products such as video lottery terminals (VLTs), often termed the ‘crack cocaine of gambling’ because of the rapid action and stimulating subjective experience. Like stimulant drugs, VLTs are characterised by speed of action and powerful reward properties that make them more attractive (Korn & Shaffer, 1999).

Video lottery gambling is considered to be one of the “continuous” forms of gambling (in which the time elapsed between wager and result is very short), which are preferred by problem gamblers and which are likely to maintain problem gambling behaviour (Dickerson, 1990; cited in Diskin & Hodgins, 1999).

Several studies have suggested that studying environmental contingencies and game or machine characteristics may be helpful in understanding the prevalence and maintenance of gambling activity. In particular, experimental manipulation of video lottery terminals (VLT) games could help study problem gambling as it pertains to the interaction between player and VLT.

It has been hypothesized that VLT play results in high incidences of dissociation among players and that it is particularly appealing to problem gamblers who seek distraction from life problems. It has been suggested that some VLT gamblers become so engrossed that they block out all other sights, sounds and interactions, and that ‘losing track of time’ while gambling might be indicative of this extreme level of absorption in VLT play. For example, Diskin & Hodgins (1999) investigated the phenomena of attention and dissociation in pathological and occasional VLT gamblers. The authors found that the pathological gamblers were significantly slower in responding to the external light stimuli than the occasional gamblers, suggesting that pathological gamblers may be focusing more intensely on VLT play than occasional players. They also had significantly higher scores on a self-report measure of dissociation, and reported a greater number of dissociative experiences when gambling than did the occasional gambling group.

However, there have been no published studies to date that manipulate the characteristics of commercially available VLT machines. Several such studies are currently being conducted however their results have not yet been released. One study that was recently submitted for publication was conducted by Loba and colleagues at the Dalhousie Gambling Lab (Loba et al, in press). These authors aimed to identify game parameters that would reduce the risk of abuse of VLTs by pathological gamblers while exerting minimal effects on the behaviour of non-pathological gamblers.

Participants were exposed to: a counter which displayed a running total of money spent; a VLT spinning reels games where participants could no longer ‘stop’ the reels by touching the screen; and sensory feature manipulations. These researchers found that decreasing speed and turning off sound, actually decreased ratings of enjoyment, excitement and tension-reduction for pathological gamblers relative to non-pathological gamblers. Pathological gamblers also found it more difficult to stop playing than non-pathological gamblers, but only at control settings and at fast speed with sound. They also reported a lack of willingness to play the game again if a running total in cash (as opposed to credits played) was displayed.
These findings suggest that concrete changes to VLTs should make the game less addictive to the problem gambler while not decreasing VLTs entertainment value for the casual player. The authors recommend the implementation of harm reduction policies such as lowering the sensory features of VLT games (ie. speed, sound), however stress that these findings should be replicated in more naturalistic settings. They are currently involved in one such study being conducted in a ‘real-life’ local bar.

The Nova Scotia Gaming Corporation (North America) recently introduced a Responsible Gaming Initiative aimed at promoting responsible play, mitigating problem gambling, and ensuring long-term viability of video lottery terminals. At this time the program focuses mainly on the video lottery business.

- Nova Scotia will be the first jurisdiction in North America to introduce features on video lottery terminals (VLTs) designed to discourage excessive playing. Over the next few years the Nova Scotia Gaming Corporation will replace 3,200 of its existing VLTs with newer, more responsible machines. The new machines will have four responsible gaming features built into the play of the machine. The features include ways to slow and interrupt play and provide reality checks to players. Specifically, the features include a permanent clock, reminding players of the actual time; a pop-up reminder advising players how long they have been playing, which also asks if they want to continue; showing amounts wagered in dollars rather than credits; and a mandatory cash out whereby players will be forced to cash out their winnings after a prescribed time frame.

- The most advanced component of this initiative is the VLT Retailer Responsible Gaming Program launched in October 1999. The program informs VLT retailers and their staff about problem gambling issues and responsible gaming strategies in a classroom setting. Teams of facilitators deliver the program through a multi-media presentation that included video vignettes of problem gambling situations to encourage discussion. For more information visit the Nova Scotia Gambling Corporation website (www.gamingcorp.ns.ca).

Other educational programs target specific community subgroups such as youth and ethnic minorities.

6.2.4 Youth

Numerous surveys point to a high prevalence of problem and pathological gambling as well as important adverse consequences for youthful and underage populations (eg. Shaffer & Hall, 1996). Adolescence is an important developmental stage for preventing problem gambling, since adults with gambling problems usually begin their gambling behaviour during their youth.

Overall, efforts to prevent gambling-related problems address high-risk behaviours, protective factors and enhanced resiliency. Primary prevention programs are directed at fostering overall well-being and self-esteem. Screening tools for clinical and community settings to identify young people experiencing gambling-related problems would strengthen efforts at early intervention (Korn & Shaffer, 1999).
The Internet also offers innovative ways of engaging young people and compelling possibilities for addressing youth gambling problems. One example is the TeenNet Project based in the Department of Public Health Sciences at the University of Toronto. This project will develop a website to address youth gambling problems. It will be designed for youth across Ontario in both English and French. This initiative will evaluate and provide comprehensive information and practical tools to support teachers and social and health professionals. The project will also link to youth service agencies across the province and increase awareness of existing community services (Schulman, 2000). Other examples include:

- Projects funded by the Alberta Alcohol and Drug Abuse Commission (AADAC):
  - The production of a 20-minute video targeted at key influences of youth to promote the concepts of resiliency in the prevention of problems with gambling, or with alcohol or other drugs.
  - A problem gambling awareness strategy targeting youth and adults based on a community needs assessment of the impact of problem gambling.
  - A series of workshops to educate parents on the issues of problem gambling and enhance their capacity to build self-esteem in themselves and their children.
  - Presentation of problem gambling workshops tailored to Aboriginal youth.
  - A youth leadership program.
  - A youth theatre production about the impact of a parent’s problem gambling on the child.
  - The hiring of a coordinator to create newsletters and to deliver information sessions, displays and school presentations.

[Source: Developments Newsletter, AADAC 2001]

6.2.5 Ethno-cultural minorities
The impact of gambling on ethnically diverse populations has been poorly studied to date. Certain minority members tend to be at higher risk for gambling-related problems (eg Zitgow, 1996). Examples of relevant projects include:

- Projects funded by the Alberta Alcohol and Drug Abuse Commission (AADAC):
  - The development and presentation of a problem gambling information module targeting adult learners in an ‘English as a Second Language’ group.
  - The coordination, advertising, and delivery of problem gambling workshops to professionals within an ethnically diverse community.
  - The development of culturally and linguistically appropriate information on problem gambling.

[Source: Developments Newsletter, AADAC 2001]

- Projects funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long Term Care:
• The Centre for Addiction and Mental Health and COSTI-IIAS Immigrant Services will deliver a cultural service to address problem gambling in the Italian community. The service will include materials aimed at those with low literacy levels and increase awareness of problem gambling issues.
• Bilingual gambling treatment services and a provincial help-line will be set up in the Ottawa-Carleton region of Ontario. The help line will provide counselling, information and support to those with gambling concerns (Schulman, 2000).

6.2.6 Older adults

There has been considerable interest in the gambling behaviour of older adult members of the population. Older adults represent a sizeable proportion of the general adult population. Although they generally have been considered low risk-takers, public concern has been expressed about their vulnerability to gambling problems related to issues of fixed incomes, social isolation and declining health (Korn & Shaffer, 1999).

• Community based problem gambling prevention program for the elderly.
  This project has been funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long Term Care and is being conducted by the University of Windsor. This one-year project will study and determine what approach can be applied in developing effective gambling prevention programs. The research group chose seniors for this study because of their unique set of vulnerabilities and factors that influence addictive behaviours. Five hundred seniors will participate in the survey through phone interviews and focus groups.

6.2.7 The Gambling Environment

Casinos, bingo halls and other gambling venues serve both as public and workplace environments. These facilities tend to cluster smoking, drinking and gambling activities. Tobacco and alcohol use accounts for 24 percent of total deaths in the United States and thus represents important health issues within public environments. Air quality has become an important issue in gaming establishments (eg. Trout et al, 1998). Many venues now provide smoke-free rooms for patrons, but there still is significant exposure to second-hand smoke, especially for staff. In addition, alcohol is widely available and its use is often promoted (Korn & Shaffer, 1999).

6.3 Tertiary prevention

Tertiary programs are defined as therapeutic interventions that are designed to assist identified problem gamblers regain control over their behaviour. In the United States, the addiction paradigm predominates with abstinence as the primary objective. Blaszczynski (1993) gives a detailed review of the effectiveness of the main treatment techniques.10

Programs are generally located in existing public and private health and addiction treatment facilities. Local, state or federal governments usually provide funds for these facilities with revenue derived from consolidated revenue or apportioned from gambling taxes. Funds may be recurrent or for fixed term or one-off projects. The gaming industry may provide supplemental funding for various agencies.

Some programs are offered in the form of self-help resources such as Ellie Robson’s ‘Gambling decisions’ a booklet to help control gambling developed through the Capital Health, Regional Public Health service at Edmonton, Alberta, Canada.

In most cases, industry players form a relationship with existing health or private health service providers and refer clients on to these when necessary.

Additional references


