

Building on the Framework for a Global Gambling Strategy, Responsible Gambling, Public Policy and Research: Halifax Model

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In the first few slides: A Summary of the Reno Model

A Science-Based Framework for Responsible Gambling

Alex Blaszczynski, Robert Ladouceur, Howard J. Shaffer

Journal of Gambling Studies

Goals

1. Shape the direction for developing responsible gambling initiatives
2. Stimulate a rich and enduring dialogue about responsible gambling concepts and related initiatives
 - Need for strategic framework
 - Prevention efforts that differentially target vulnerable community members
 - Allow gambling industry to deliver products
 - Regulators can cause unintended negative effects for harm free gamblers

Hey you, get off of my cloud!

The Rolling Stones

Primary Issue – Gambling Related Harm

- “Presently, there is no evidence to demonstrate whether these initiatives (gambling restrictions) have had any impact Gambling related harm.
- Regulatory responses often have been applied in the absence of any evidence that demonstrates or supports the likelihood of effectiveness on targeted groups

Prevalence of harm (%) and problem gambling (%) by number of machines
in select States as at 1999.

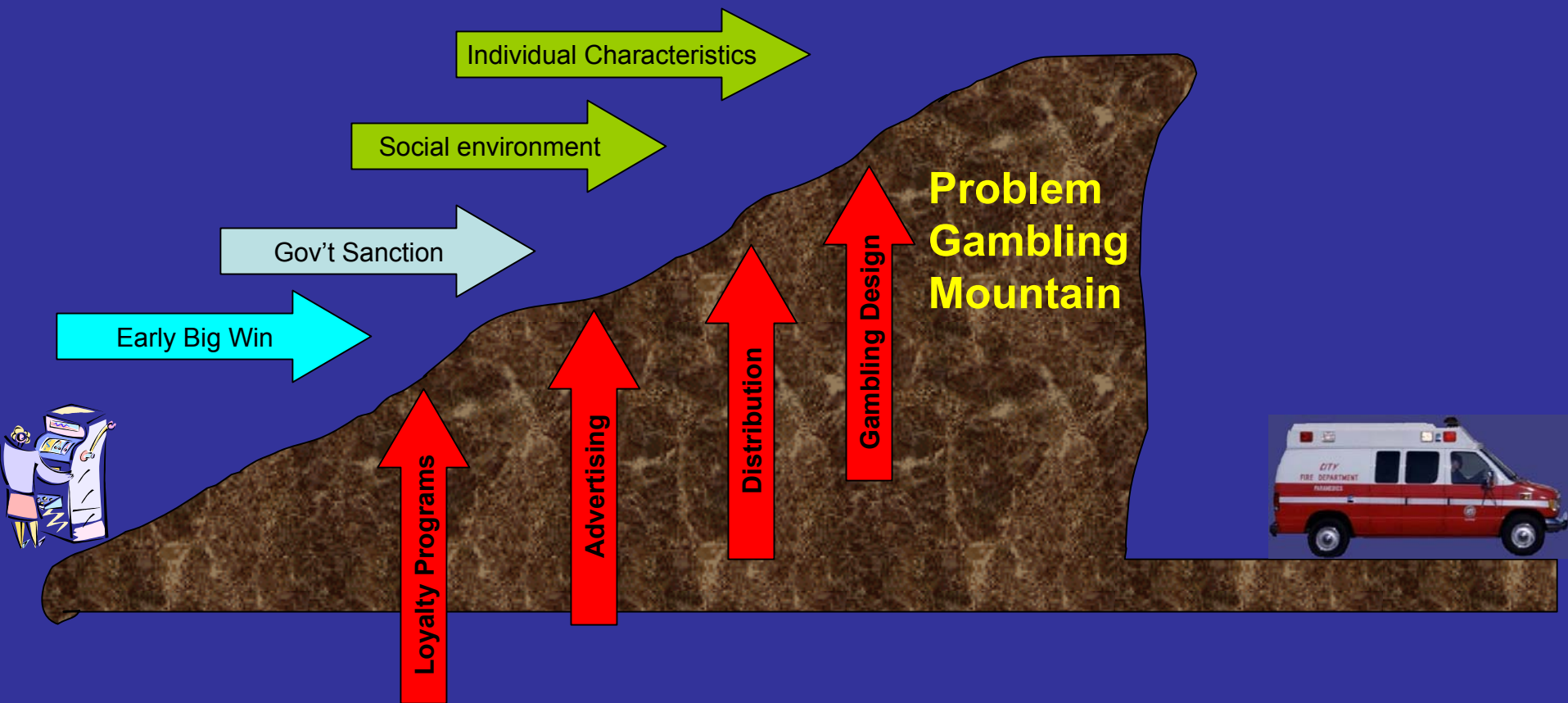
State	Prevalence (SOGS 10+)	Prevalence (Harm)	Number of machines
NSW	0.33	1.96	99,672
Vic	0.35	2.05	29,611
Qld	0.38	1.79	32,394
NT	0.10	1.24	1,252

This table is used to make the point that restricting machines has no effect on problem gambling rates.

Two Barriers to progress in PG Research

1. Lack of conceptual clarity for gambling-related harm
 - Pathological Gambling – APA – gambling disorder
 - Problem gambling - “lay term” – excessive gambling associated with harmful effects
2. “It is difficult to obtain a clear estimate of the qualitative level of severity, harm or numbers of individuals that might require assistance by evaluating their gambling behaviors’ – need to “reveal *clinical significance* of events associated with gambling.”
 - Need to identify clinically significance consequences – improve allocation of limited health care resources

The ambulance at the foot of the cliff model



Lack of consensus regarding the parameters of **responsible gambling**

1. No definition of responsible gambling
2. Responsibility for harms remains blurred
3. Research – information – threat to industry
4. Not clear who should be targeted with responsible gaming policy “small % of customer base” argument
5. Staff interference – limits and training required
6. National history of gamblers need to be researched – natural recovery

Definition of Responsible Gambling

- Harm Minimization – assist gamblers that already have problems
- Responsible gambling – Policies and practices designed to prevent and reduce potential harm
 - Interventions – public policy
 - Gambling industry - reduce incidence (new cases)
 - Public Health – reduce prevalence (existing cases)

Assumptions

- Safe gambling is possible
- Gambling can benefit gamblers/community/society
- A proportion of gamblers and others suffer harmful consequences
- Total social benefits exceed social costs
- Abstinence is not essential for PGs
- PGs can return to safe gambling levels

Further Assumptions We Would Like to See

- Gambling product design does impact on the safety of the product
- Marketing and venue design may also impact on the incidence of problem gambling
- There is a basic conflict between marketing practices of the gambling provider and responsible gambling that need to be resolved
- There are gambling products and services where no amount of information will be sufficient to allow the gambler to make an informed choice
- Consumers of gambling products and services should expect them to be safe by a clearly defined standard.

Key Stakeholder Principles

- The key stakeholders will commit to reducing the incidence and ultimately the prevalence of gambling related harms.
- Working collaboratively, they will inform and evaluate public policy aimed at reducing the incidence of gambling related harms.
- They will identify short and long-term priorities thereby establishing an action plan to address the priorities within a recognized time frame.
- Key stakeholders will use **scientific research** to guide the development of public policies. In addition, the gambling industry will use this **scientific research** as a guide to the development of industry-based strategic policies that will reduce the incidence and prevalence of gambling related harms.
- Once established, the action plan to reduce the incidence and prevalence of gambling-related harms will be monitored and evaluated using **scientific methods**.

Problems with Insisting on the Scientific Method

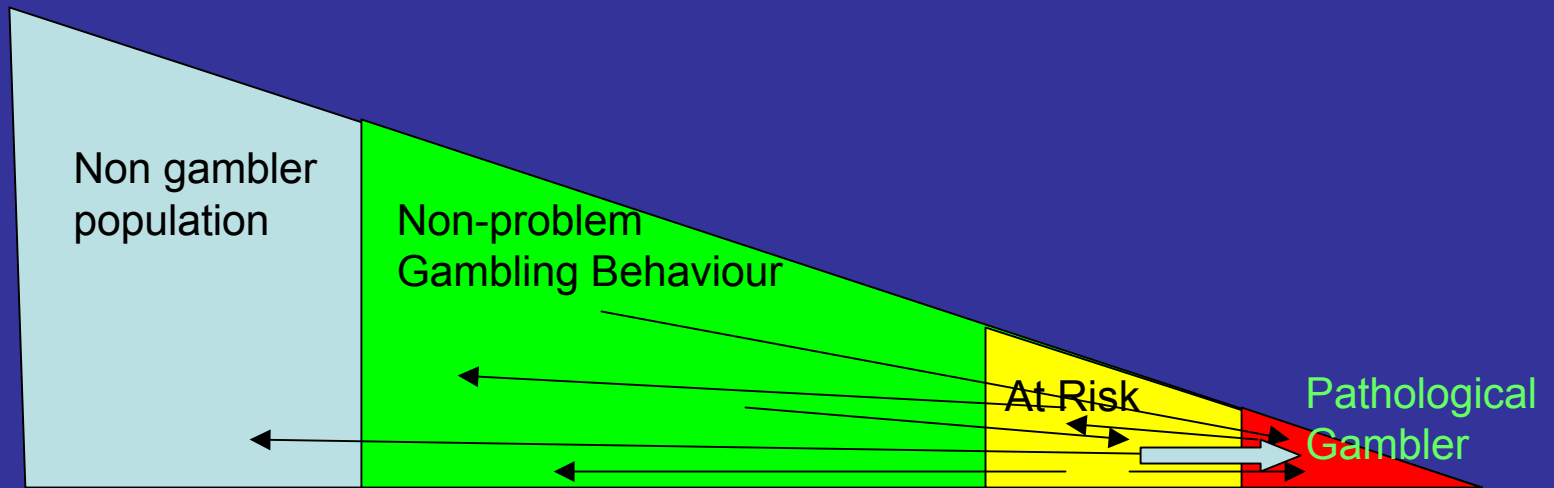
Assumptions required:

- Research can be done to prove causality using “golden standard”
- Someone is interested, willing and able to conduct research
- Research can be, would be funded
- Publication is possible – paper size limits, editor control, reviewers biases
 - Published research biased toward large significant findings therefore need experimental design to achieve these kind of results
- Industry/government will co-operate to do research and publish
- Industry based research will be made publicly available, let alone published in learned journals

Individual Versus Industry Responsibility – fundamental principles

1. The ultimate decision to gamble resides with the individual and represents a choice
 - Within the context of civil liberties, external organizations cannot remove an individual's right to make decisions.
2. To properly make this decision, individuals must have the opportunity to be informed.
 - “responsible gambling rests upon the principle of informed choice.”

But, this assumes individual has responsibility/cause



Need to understand dynamics and causes of movement in and out of problem gambling behaviour – unlikely to be all due to individual characteristics/situation

Almost all snapshot research underestimates churn – shorter term problem gambling is under sampled

Areas of research

Eleven areas identified – all good – but

- No basic research into the causes of problem gambling – assumed to be individual characteristics
- Focuses on information to consumer as main way to reduce problem gambling
 - Does recommend scientific analysis of interventions
- Primary focus is on treatment/health research

Overall

- Many good points
- But – biases and scope of framework

Precautionary Principle

- Primary developed in the early 90's in Europe as a means of implementing environment and public protection regulation
- Underlying principles :
 - The PP can be invoked when
 1. dangerous phenomenon, products or processes have been identified by scientific and objective evaluation,
 2. and this evaluation does not allow the risk to be determined with sufficient certainty.
 - In most cases it is for the users, the citizens or consumer associations to demonstrate the danger associated with the procedure or product.

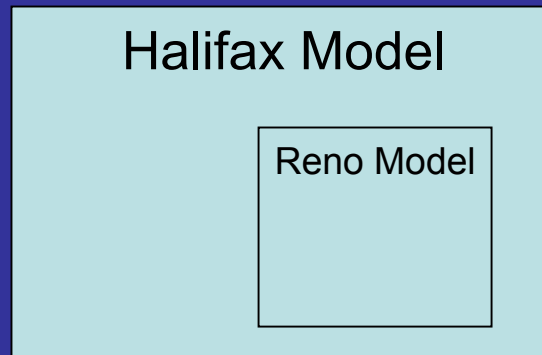
Precautionary Principle

- Underlying principles:
 - Decision makers faced with an unacceptable risk, scientific uncertainty and public concerns have a duty to find answers.
 - Considering that the absence of evidence is not the evidence of absence ... the delay of scientific progress does not justify the delay of regularity measures.
 - The PP helps frame issues in a way that empowers citizens to take action.
 - The proponents of an activity bear the burden of showing it is safe.

Halifax Model

Goal

- Provide a framework and underlying assumptions regarding the nature of research input to gambling policy decisions.



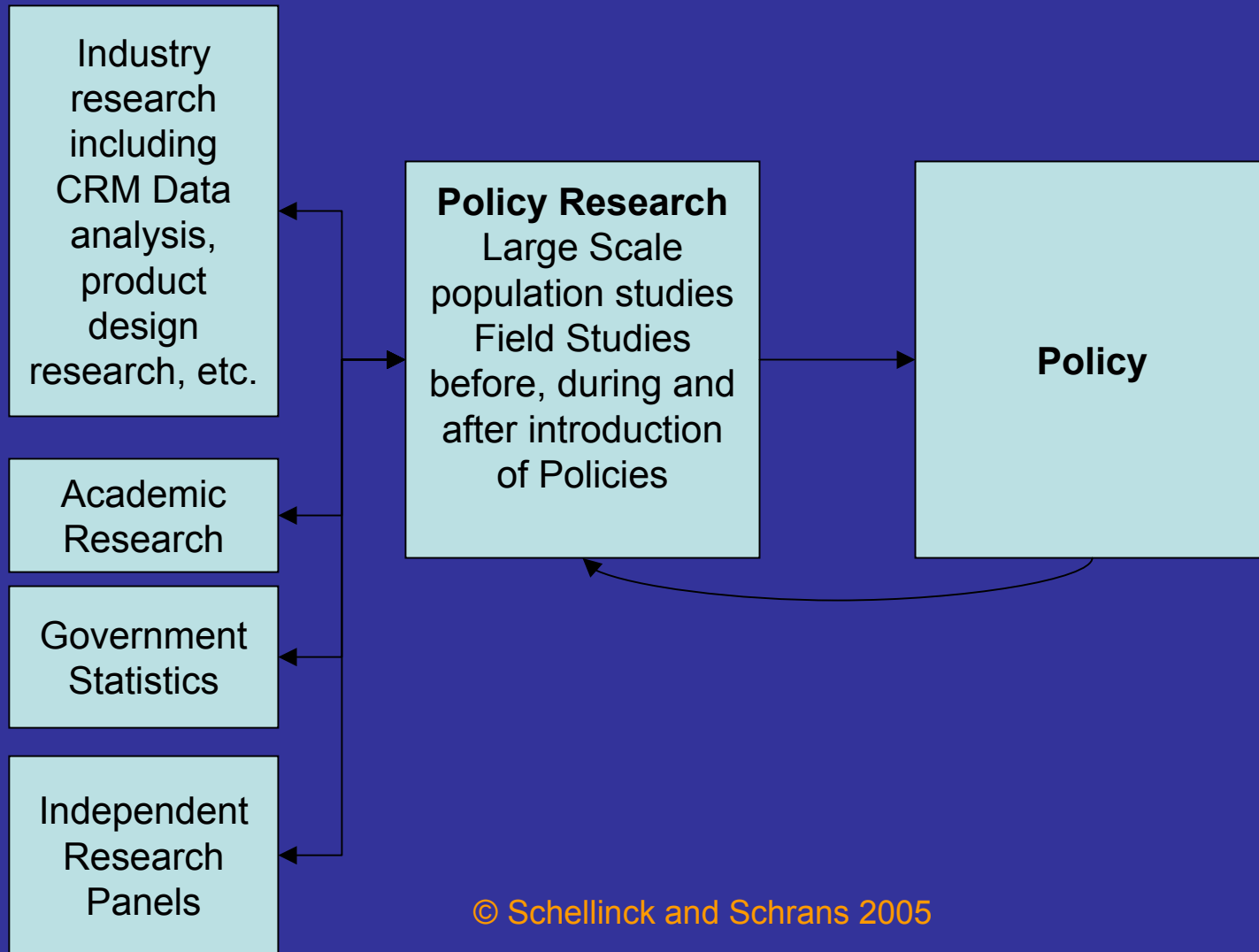
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Assumptions

- The causes of problem gambling are not solely the individual's, that government policy, industry policy (marketing, gambling design, venues, etc.) can affect the prevalence of problem gambling
- That a criterion of “clinical assessment” is not required to identify problem gamblers
- The focus can be on problem “gambling”, not just problem gamblers
- Information is not enough to reduce risk
- That scientific research needs to be correctly defined
 - **field research** is essential as input into policy decision making

Halifax Model

- Approach to research



Policy Research

- Other disciplines lead into policy Research
- They are not an end in to themselves
 - based on their own literature
 - their own methods and
 - their own mind set/knowledge base.
- Policy research needs to draw upon the lit and practice of many disciplines.

Science Based Research

- Knowledge Discovery
 - Slow to build body of theory
 - Nobody is responsible for putting all the pieces of the puzzle together.
 - Serendipitous
- Directed Causal Research (Lab, academic)
 - Small scale – rarely a representative sample (GA members)
 - One or two concepts assessed
 - Tight control of extraneous variables (random assignment of subjects)
 - Strong results (exaggerated)
 - Difficult to generalize – randomly assign people to drink alcohol?
 - Face validity – research is designed to obtain specific results
 - Can't prove the null hypotheses – e.g., that RGFs won't work.

Policy/Management Research

- Decisions must be made – the world will not wait
- There is always a risk – managers never want perfect information
- Sometimes the best strategy is to go with what seems like the best idea at the time and see if it works.
 - BUT – too often these decisions are made without research/evidence they will work and they fail,
 - OR we never even know if they fail, or if they can be modified and made to work, because they are not evaluated after.

Policy/Management Research

- Difficulties in designing research
 - Few measures/scales already available in literature
 - Multi-item measures too cumbersome
 - Little or no theory for 80%+ of concepts measured
 - Need fully specified model – if too little information is collected it will not provide the whole picture needed for policy/management decisions.
- Therefore, Typical Management Approach
 - Literature review
 - Focus groups/in-depth interviews/observation studies
 - Pilot study/pretests
 - Multiple approaches built into design
 - External validation where possible
- Feedback into next decision – continuous improvement

Policy/Management Research

- Evaluating Alternatives or Scanning Environment
 - Tend to be larger scale, representative samples
 - Can involve 100s of variables
 - Messy – easy to find all kinds of relationships - some spurious
 - Weak results (welcome to the real world).
 - Sometimes get the unexpected
 - Harder to draw clear conclusions concerning causal factors. (but causality is only part of what is needed for decision making, profiling may be sufficient e.g., problem gambling and ticket lottery play).

Halifax Model

- Policy Research
 - More representative of real world situation
 - Most factors taken into account (model not underspecified).
 - Effects not exaggerated due to experimental conditions in lab
 - Timely, conducted before and after decisions made, or while decision is implemented

If Done Correctly

- Industry disturbances are minimized
 - Decisions made on latest science and careful evaluation of alternatives.
- Development of a Theory of Gambling is advanced as we learn from real world trials/experiences.
 - Consumer response difficult to predict/understand without trial.
- Regulators can actively pursue a policy of harm minimization.

Halifax Model: Some of the Differences

- Draws on Precautionary Principle
- Broader in Scope
 - Based on Risk Management Principles – not just scientific methods
- Draws from many disciplines, not only psychology and medicine
- Not only focused on public health
- More emphasis on consumer safety
- More active role on part of gaming supplier and government with respect to researching new products, the effects of marketing and interventions
- Recognizing that simply supplying information does not lead to a reasoned choice.
- That decisions must be made based on standards set by policy makers

Halifax Model

Effect of adopting Halifax Model

- Better research
- Safer products
- Sensitive to consumer/public needs
- Business, government and others will be more accountable for their role in gambling related issue.
- Fits with Precautionary Principle

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- “Develop accurate psychometric measures that can detect gamblers that experience clinically significant consequences ... distinguish them from gamblers with transient problems that have little or no clinical significance”.
- It is possible that 60% of problem gamblers have no clinical significance.
- Look how long it has taken to develop an accurate measure of problem gambling
- Usually these measures are multi-item measures

- “only a small minority of the population develops gambling related harm”
- “responsible gambling strategies should enhance personal control and limit transitions to higher levels of risk.”

Reliance on the Scientific Method

- Examining human behaviour
- The causes of human behaviour cannot be proven the same way that the harder sciences can.
- Very difficult to:
 - Prove conclusively that marketing, game design, venue design, government policies, government interventions, etc. have any influence on problem gambling one way or the other

Halifax Model

Issues

- The model must be open to more potential causes – eg marketing
- The need for perfect information cannot be used to inordinately delay policy decisions
- The lack of evidence of harm, or an understanding of the causes of harm should not be used to block the introduction of responsible gambling initiatives, or the continuance of gambling practices – that is not to say that we don't need a lot more research, and this research should be carried out prior to policy decisions and afterwards to measure the impact of these decisions
- The focus needs to be both on the effectiveness of RGFs and the impact of gambling practices
- etc.

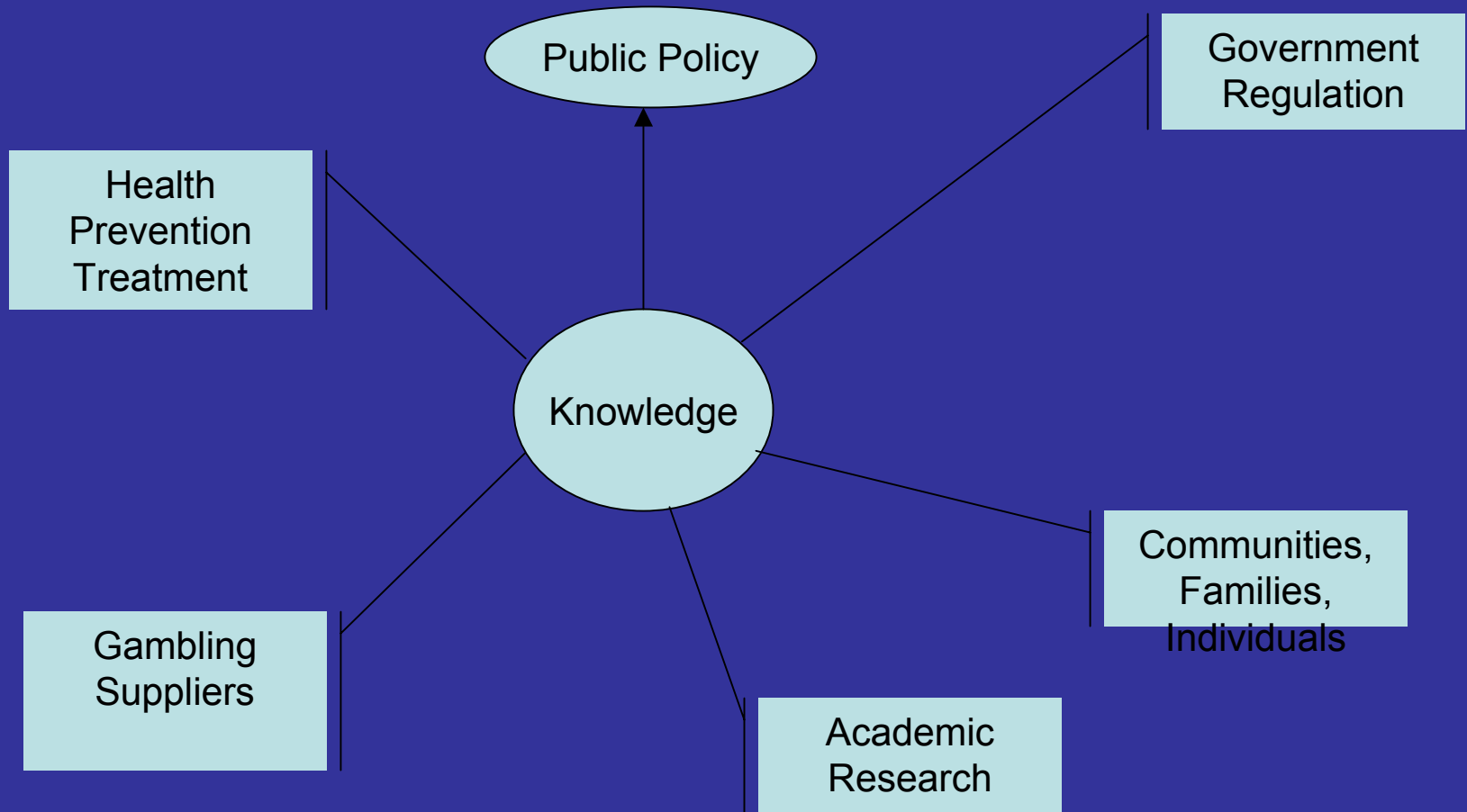
The Reno Model has the potential to inhibit the development and implementation of responsible gambling policies by Government and the gambling industry



Reno Model Assumptions and Scope

Relevant
Gambling
Research

Reno Model



Pragmatic Paradigm for Research

- **Funded Scientific/Lab Research**
 - Knowledge Discovery
 - Directed Research
 - Industry Funded
 - Government Funded

- However – will never provide final answer to the question – will it work?

That will require trial and evaluation by researchers who know how to do it funded by agencies willing to do it right.
- **Policy/Management Research**
 - Large scale studies examining the gambling public
 - NS Dept of Health, Aus. Productivity Comm, Swedish study
 - Prevalence studies insufficient
 - Feasibility Studies
 - Field trials
 - Follow-up research
 - Local Settings

- Makes a valuable contribution in its own right - learning feedback loop – much to learn from population analysis and their response to trials.

Some things are difficult to prove – does that mean we should act?

- ***“If it is demonstrated that the widespread distribution of gambling into the community and its consequent ease of accessibility and availability contributes to the development of gambling-related harm, the industry should respond by developing guidelines that will reduce overall risk to community members.”***

Blaszczynski, Ladouceur and Shaffer, A Science-Based Framework for Responsible Gambling: The Reno Model