

Best Practices in Responsible Gambling

Rachel A. Volberg

NLRC International Gaming Conference

31 October 2023

Introducing Myself



- First began researching gambling in 1985
- Carried out many gambling studies internationally since then
 - Prevalence surveys
 - Cohort studies
 - Impact studies
- In 2013, successfully competed to carry out comprehensive study of social and economic impacts of gambling in Massachusetts
- Have been involved in several recent efforts to minimize and mitigate gambling harms internationally

A Brief History of RG

- Waves of gambling introduction
 - Lotteries in the 1980s
 - Casinos in the 1990s
 - Online gambling in the 2000s
 - Sports betting in the 2010s
- Each wave accompanied by a surge in concern about problem gambling
 - But generally little done beyond funding prevalence surveys and treatment services

A Brief History of RG

- Responsible gambling
 - Reno model (Shaffer et al, 2004)
 - Science-based principles and strategies
 - Focus on consumer choice and individual responsibility
 - Information for those without gambling problems
 - Treatment for those with gambling problems
 - Recommended "infrastructure to systematically monitor effectiveness of harm minimization" measures
 - Authors commented in 2014 and 2020 on continued lack of such systems globally

A Brief History of RG

- The Lancet Public Health Commission on Gambling (2020-present)
 - Determinants of gambling harms
 - Commercial, political/economic, social, interpersonal
 - Actions to effectively prevent and reduce harms
 - Government policies that prioritize protection of the population
 - Restraint of gambling operators from influencing gov't policies
 - Research independent of commercial influences
 - Strong, effective and mandatory regulation to reduce harms
 - Intersectoral collaboration between all gov't agencies impacted by gambling
 - e.g. Justice, Social Welfare, Financial Industry regulators
- Not unique to gambling
 - Alcohol, tobacco, processed foods ...

Responsible Gambling Tools

- Available tools have all been developed within the existing RG framework rather than using a public health approach
 - Prevention services (often school-based)
 - Coalition building, parent education, community readiness assessments
 - Outreach
 - Usually done by NGOs
 - Financial tools for those in recovery
 - Links to self-exclusion programs and treatment programs

Helplines

- Most jurisdictions have funded helplines
 - Link problem gamblers to treatment resources
 - Stand-alone vs part of existing alcohol/drug/mental health helpline(s)
 - Recent improvements
 - 'Warm transfers' to immediately schedule appointments
 - Web-based text and chat
 - Online self-help booklets, exercises
 - Issue: most people want to take care of their problems on their own
 - Only 3% - 10% of problem gamblers ask for help
 - Most consult family and friends rather than seeking professional assistance

Treatment Services

- Outpatient services
 - Gov't funding needed because insurance rarely covers
 - Family members/affected others as well as problem gamblers
 - Provided through existing licensed behavioral health agencies
 - Providers reimbursed directly from the state
 - Individual and group therapy, medication, budget counseling
 - Intensive outpatient treatment services
- Residential inpatient services not always supported
- Recovery services
 - Peer recovery support
 - Gamblers Anonymous

Research and Evaluation

- Spending on research and evaluation consistently very low
- Monitoring
 - Helpline calls
 - Treatment access
 - Prevalence (and incidence)
- Surveillance
 - Social impacts
 - Health but also crime, traffic, environmental
 - Evaluation of effectiveness of services
 - Economic impacts
 - Revenues, jobs, spending
 - Impacts on other sectors of the gambling industry

Industry Contributions

- Industry funding for services
 - Helplines (usually to NGOs)
 - Prevention (usually to NGOs)
 - Treatment (usually through gov't revenues directed to health depts)
- Industry programs
 - Signage
 - Employee training
 - RG marketing and advertising campaigns

Industry Contributions

- Voluntary self-exclusion
 - Often offer differing exclusion periods
 - Require multiple exclusions in single jurisdiction
 - Revocation requirements also differ
 - No follow-up to identify access to treatment or other services
- Limit setting programs
 - Gamblers sign up through loyalty cards
 - Deposit limits
 - Time spent gambling limits
 - Loss limits
 - Requires signing up with multiple operators
 - Mandatory vs voluntary
 - If voluntary, opt-out is preferable to opt-in



Future Directions

- Focus on population-level gambling harms
- Regulation of systems, products and environment
 - Regulatory specificity and effective enforcement
- Emphasis on consumer protection
- Wide range of interventions
 - Up-stream, mid-stream, down-stream
 - Harm prevention, harm minimization, early intervention, treatment, recovery
- Develop strong evidentiary base

Thank you!

For inquiries and more information:

rvolberg@umass.edu

www.umass.edu/seigma

www.massgaming.com/research