

IPS Roundtable, 9 June 2011: “Responsible Gaming”

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Dr Jon Kelly, Chief Executive Officer, Responsible Gaming Council, Ontario and Dr Nerilee Hing, Professor at the School of Tourism and Hospitality and Head, Centre of Gambling Education and Research, Southern Cross University, New South Wales presented the Canadian and Australian strategies towards managing the social effects of addiction to betting games at an IPS roundtable on “Responsible Gaming” held on 9 June 2011.

They briefed the audience on how industry stakeholders in Australia and Canada had partnered the authorities in their respective countries to develop policy frameworks to minimise the likelihood of a recreational pursuit becoming an addiction with its attending social ills. Adjunct Professor Weining C Chang of Duke-NUS Medical School was invited to discuss their presentations and IPS Senior Research Fellow Dr Gillian Koh chaired the event. This roundtable was co-presented with Singapore Pools.

Opening Presentations

Dr Jon Kelly

Dr Jon Kelly presented his experiences as an adviser to Ontario’s policymakers on responsible gaming in Canada. He explained that betting games were provided by provincial level enterprises called Crown Corporations of Canada and came under the jurisdiction of provincial governments. According to Dr Kelly, the management system was similar to the Singapore Pools system here. The

gambling industry in Canada was dominated by casinos and lotteries with relatively little sports betting. A sum to the order of \$150 million Canadian dollars was invested annually in programmes across the country to ensure that the industry was socially responsible. This has also allowed researcher to test the different approaches and programmes for their effectiveness.

Dr Kelly said that the Canadian casino industry had shifted from taking a mass market approach to niche development with product diversification. There had also been a gradual move to the Internet, where betting games were done online rather than in person at a gaming venue.

With regard to the approach to responsible gaming, he said that Canada had moved from the first generation ‘poster approach’ in campaigning to a more integrated approach of engaging different stakeholders to develop long-term programmes targeted at both the providers and consumers of these betting games.

The country had also moved from dealing with the first generation set of issues that focused on either promoting or preventing these betting games from operating, to a second generation set of issues to look at how to minimise harm, treat addictions and provide customers with informed decision-making.

The difficulties arising from the unsuitable outcome measurements of prevention and treatment programmes also remained a

long-standing issue in responsible gaming policy formation, he said. However, preliminary information had enabled the government to generate two streams of programmes, one targeted at problem gambling and the second, at promote responsible gaming.

Dr Kelly introduced a Responsible Gambling Index that had been developed by his Council to provide a set of standards for gaming providers as well as strategies to reduce the risk of problem gambling. There were eight standards in the Index that recognised the various roles that all the stakeholders in the industry played - from advertising and promotional standards, to responsible safeguard standards for venues, to access to additional money (such as automated teller machines, ATMs). He explained that this Index allowed gaming providers to assess their operations according to those standards and calculate their numerical grade. Casinos were then accredited by the Responsible Gaming Council if they could meet a certain grade.

On providing customers with informed choice, the speaker highlighted the need for policymakers and casino vendors to consolidate a framework that best provided people with the information they needed in varying situations. The Responsible Gaming Council initiated a study to analyse the frequency of people playing betting games. It was found that the more frequently one gambled, the more likely one might run into problems and go into debt. This would be the sort of information that should be made public.

All these approaches necessarily hinge on effective multi-stakeholder engagement with say, gaming providers, non-profit organisations, health ministries and research centres. It was therefore critical to ensure that each respected the other even as different and difficult interests as well as ideologies had to be bridged among them. It was important to ensure that they were not publicly antagonistic towards each other as that would scupper that process.

Dr Nerilee Heng

Dr Nerilee Hing said that there had been a long history of betting games in Australia and therefore, it had its fair share of issues. From 2008 to 2009, Australians spent more than AU\$19 billion on betting games, with more than 50% of this amount spent on gaming machines. Australians, she said, were obsessed with gaming machines because they were highly accessible. There are nearly 200 000 gaming machines available in suburban pubs and clubs alone, she said. Online sports betting had also become increasingly popular for its accessibility as well.

With the major expansion of the industry, problem gambling had grown to become a social ill. Dr Heng said that approximately 1% of the Australian population had significant gambling problems, while another 2% had moderate issues. The root of the problem stemmed primarily from gaming machines, where an estimated 41% of gaming machine revenue was from players with gaming problems, culminating in a large estimated social cost of AU\$4.7 billion. While problem gambling had declined over the last decade, there was no evidence that there had been any reduction in the problems arising from gaming in regular players which were which were both health and emotional effects.

Dr Hing expounded on the Australian government's policy interest in regular machine players, explaining their public health perspective in approaching this problem, rather than viewing it as an individual social issue. The policy approach had been to study different stages of the problem, identify cures and form strategies to prevent citizens from developing further problems.

In 2010, the 2nd Productivity Commission Inquiry was held as part of the agenda of an independent Member of Parliament from Tasmania, to examine the problems engendered by gambling habits. Findings from the Inquiry showed that 15% or fewer

of those with problems sought professional help, and only when they had hit rock bottom. Dr Hing observed that emotional and social barriers such as shame and denial prevented sufferers from reaching out for help earlier. Recommendations and reforms included establishing links between gambling counselling services and other health and community services, a pre-commitment system for gaming machines (to allow gamblers to set binding limits on their losses), dynamic warnings on gaming machines as well as ATM withdrawal limits.

In her commentary, Adjunct Professor Weining Chang of Duke-NUS Medical School described her childhood and explained that in a Chinese middle class Christian family like hers, gambling was considered 'evil'. However as she grew older she realised how it was very much a way of life among the Chinese; a recreational pastime that lubricated social relationships and kept the mind healthy and active.

Citing one of the empirical studies she directed, Professor Chang shared that there was a positive acceptance towards gambling (as compared to other adverse behaviours such as drug use and violence). Singaporean youths interviewed opined that betting games were problematic only when done excessively and if they led to deterioration of work performance or family harmony. However, the act of participating in betting games was not in itself considered negative.

As such, Professor Chang argued that the definition of excessive and problem gambling was dependent on cultural views and norms and it was important to realise that there was no general solution for countries with the same problems. Gambling addiction was a public health problem which the community should be concerned about as a national phenomenon if at all, rather than an individual problem. Additionally, it was important to consider not just the

behaviour of problem gamblers, but their symptoms and outcomes as well.

On the topic of intervention programmes, Professor Chang suggested it was vital to look at developing family-based counselling and support. Secondly, she advised policymakers to address the need for personal development of citizens, suggesting that educating citizens on alternative hobbies as part of a healthy and productive life would help lower the likelihood of problems arising from gaming. She noted that social workers in Singapore were already working on this.

Open Dialogue

To start the open dialogue, Dr Koh shared some figures from surveys conducted by the Ministry of Community Development, Youth and Sports on gaming habits and their impact in Singapore like the frequency of participation on betting games, and the estimated incidence of addiction and the profiles of those in who were likely to be at risk. She added that in a survey of literature about the social impact of gambling addiction that she reviewed in 2004, studies suggested that a circle of eight to 15 people could be affected by each gambling addict in other countries. It was important therefore to properly study the multiplier effect of addiction to gaming in Singapore.

Professor Chang noted that many viewed betting games among the Chinese as being similar to drinking among Americans. She reiterated that such pursuits were part of everyday life and therefore it was important to take that cultural context into consideration when trying to establish 'how much is too much'.

In response, Dr Kelly commented that surveys had revealed that a consistent 10% of the Canadian population had been adversely affected by family members who had problems stemming from their gaming habits. From his perspective, it was a problem when the effects spilled over to the family but often, it was difficult to address and remedy as it was hidden in

many families. Comparing addiction to gaming to other social ills such as smoking and drink driving, Dr Kelly reiterated that these problems were mostly centered around their adverse harm to others rather than the act itself. In essence, it was easier to manage consequences when policies dealt with the problem at that level.

Dr Hing observed that while prevalence studies would be useful, it was important not to be too focused on actual percentages. Rather, it was important to use them as clues to find out which areas to target, and whether the measures implemented were useful and culturally relevant. Dr Hing also discussed the importance of publicly emphasising the support available to family members affected by problem gamblers, as survey results revealed that many had little knowledge of what support was available and whom to turn to for help.

One participant asked if there were professions that should be especially alert to problem of addiction to these games, for instance, the financial and accountancy sectors. The impact of one rogue employee could be quite large. Dr Hing responded by relating this back to the shame and stigma preventing problem gamblers from reaching out for help. She felt that financial advisers could themselves be helpful in this situation - not so much in treating this problem, but in giving guidance in money management. According to survey findings, addicts were more inclined to reach out for other types of help, such as financial advice rather than addiction treatment. Armed with money management skills, it would then be possible for family members to be more informed about how to deal with the problem.

Dr Kelly agreed about the large potential impact of one single person. He believed statistics tended to underplay the dramatic impact a single person could have, especially by addicts who were capable of wreaking havoc in desperation. Gambling addicts were extremely adept at devising

schemes to fund their addiction. Dr Kelly noted that it would be interesting to identify how much financial institutions might have lost and might lose from such problems.

Another participant working in social services shared the profile of gambling addicts who had come through her organisation: 90% of them were Chinese between 30 to 50 years old, earning at least \$2000 a month. It was important to address this demographic group and encourage healthy pastimes within it, to help them avoid unfortunate situations such as credit debt.

A participant agreed that it was important to include families in the policy solution. Working with Singaporeans who had placed their names in the Integrated Resorts' self-exclusion list, he noted that many subsequently removed their names from the list without informing their families. He stated that it was important for families to realise the importance of family cooperation to set boundaries and minimise negative impacts.

Dr Kelly endorsed this suggestion, remarking that many studies pointed out that the biggest concern of addicts was indeed the impact on their families, rather than themselves. He cited an example of an addict who lived in his car and did not mind doing that as long as his family did not find out. Families affected tended to have a larger impact on addicts, especially when their families were hounded by debt collectors or when they were embarrassed by their inability to pay the rent. Dr Ning added that a study done by her Centre confirmed that this was true.

Conclusion

In their concluding remarks, the speakers said it was important to define what 'responsible gaming' might be. Dr Kelly said that it included ensuring that people playing betting games would only play within their means, and that the operators provided gaming products did so in a responsible manner.

Agreeing with Dr Kelly, Dr Hing said this view was shared by the Australian government as well. This definition had been part of various government campaigns on how one can play these betting games responsibly. She reiterated the need to understand the help-seeking behaviour of addicts in the local context and to build on that to provide effective support to them and their families.

Professor Chang restated the vital need for diagnosing people with problems arising from these games. She also shared an example of responsible gaming, where her former schoolmate worked in casinos to support himself through graduate school. When questioned about how he managed the temptation to over-gamble, he explained that he would put aside an amount of money he would play with to limit himself. His powerful self-control stemmed from his desire to

complete his doctoral degree, proving that it was important, ultimately, for counsellors to focus on aiding addicts to find meaning in their lives.

Dr Koh concluded by saying she sensed that there was the political will to advance the concept of responsible gaming in Singapore. What the example of the Responsible Gambling Index of Canada suggested was the need for operators to 'provide gaming in a responsible fashion'; to ensure that their operations were not 'coercive' in over-encouraging gamblers to spend beyond their means. She hoped that Singapore operators would take it upon themselves to do that.

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