

Review of Bermuda Problem and Responsible Gambling Policy

Prepared for:
Bermuda Casino Gaming Commission

Prepared by:
Brett Abarbanel, Ph.D.

February 18, 2016

Executive Summary

The Bermuda Casino Gaming Commission (BCGC), created by the Casino Gaming Act of 2014, is interested in creating regulations that properly reflect Bermuda's culture and community needs and resources. This report represents one step in this process by evaluating the content of the Act as it relates to problem gambling. In addition, the report makes suggestions for responsible and problem gambling policy and recommendations for requirements for gambling operator codes of conduct.

The core of this report reviews the Bermuda Casino Gaming Act, Part 10, which creates the Problem Gaming Council and outlines some protections for problem gamblers. It is recommended that the Problem Gaming Council use the support and resources of the Department of Health or independent and reputable third party treatment facility. With such assistance, the Problem Gaming Council could integrate outreach and treatment services into Department of Health programmes for similar addiction needs. A third party treatment facility with programs in place could also be used for this purpose. It is also recommended that the regulations for operators' responsible gambling practices be placed under the purview of the Bermuda Casino Gaming Commission, though created with the assistance of the Problem Gaming Council in an advisory board capacity.

Part 10 of the Act also establishes family exclusion orders, which allow self and third-party exclusion from the casinos. Currently, there is no available scientific information that validates the effectiveness of third-party exclusion in reducing harm or negative outcomes from gambling. There is, however, support for *self*-exclusion programmes as useful tools in addressing problem gambling, and this is a recommended policy. The Problem Gaming Council would benefit from an assessment of the unintended, positive, and negative consequences of a third-party exclusion policy, prior to implementation. It is also recommended that monies forfeited by excluded individuals be directed toward a problem gambling fund, so that they may directly help those with gambling disorder.

This report also reviews several categories of gambling regulation in which research has established (or, notably, has not established) best practices for the protection of problem gamblers:

Gambling Controls

Limit-setting (i.e., loss limits, betting limits, time limits) can be a potentially valuable tool for protecting against problematic gambling, but it is not without its downsides. Research on the topic has generated mixed results on its efficacy, and the greatest success appears to come in online gambling, and when limit setting is voluntary. There can be a number of implementation difficulties with land-based gambling limit setting, and some researchers and government entities (including Canada's Responsible Gambling Council) do not see sufficient scientific support for these approaches.

Employee Training

It is recommended that employees who directly interact with gambling patrons in the Island's casino(s) be required to receive educational training about responsible and problem gambling.

Gambler Assistance

A problem gambling helpline is highly recommended, but it is also suggested that Bermuda consider how it is implemented and marketed, given the Island's small population and very close-knit community. It may be a deterrent to those seeking help if they are worried about keeping their problems confidential.

Staff training is also of particular importance with regard to gambler assistance, as employees have regular interactions with gamblers and are optimally placed to assist gamblers who may be in distress and/or show signs of problematic gambling.

Public Health Messages/Gambler Education

It is recommended that the BCGC encourage operators and community organizations to work together to deliver useful messages raise awareness about problem gambling.

It is also recommended that the Problem Gaming Council advise on formulation of problem gambling treatment training programmes (to be updated annually) for both general practitioners and specialist clinicians.

Advertising and Promotion

The BCGC should ensure that casino advertising codes of conduct detail that marketing materials will not target vulnerable populations, such as youth and/or problem gamblers.

Gambling regulations should also take steps to ensure that recognized problem gamblers (e.g., those on an exclusion list or those who have requested to be removed from mailing lists) do not receive targeted promotional marketing materials.

Contents

Executive Summary	i
1 Introduction	1
2 Details of the Methodology	2
3 Review of Casino Gaming Act of 2014, Part 10 – Problem Gaming Council.....	2
3.1 Chapter 2 – Establishment and functions of Problem Gaming Council	2
3.2 Chapter 3 – Family exclusion orders	3
4 Review of Additional Responsible Gambling Tools.....	6
4.1 Gambling Controls	7
4.2 Employee Training	9
4.3 Gambler Assistance	11
4.3.1 Gambler Helpline	11
4.3.2 On-site Patron Assistance	11
4.4 Public Health Messaging/Gambler Education.....	12
4.4.1 Educational Materials Content	13
4.5 Advertising and Promotion	14
5 About the Author	16
5.1 Brett Abarbanel, Ph.D.....	16
5.2 Disclosure.....	17
5.3 Contact Information	17

1 Introduction

In 2014, Bermuda passed into law the Casino Gaming Act, which permitted the creation of up to three (3) integrated resort casinos on the Island. The goal of this Act is to enhance the Bermudian tourism product, through investment in the hospitality industry and economy. The Bermuda Casino Gaming Commission (BCGC), created by the Act, is charged with licensing and regulating the operation of the gambling venues on the Island.¹ The BCGC is interested in creating regulations that properly reflect Bermuda's culture and community needs and resources.

To this end, the Bermuda Casino Gaming Commission commissioned this report, authored by Brett Abarbanel, Ph.D., Head of Social and Recreational Gambling Research at the University of California, Los Angeles, Gambling Studies Program. This report evaluates content of the Act as it relates to problem gambling. In addition, the report makes suggestions for responsible and problem gambling policy and recommendations for requirements in gambling operator codes of conduct.

There is no globally objective test as to what constitutes "proper" policy, because policy is deeply rooted in cultural norms.² This is an important consideration for Bermuda, a nation of approximately 65,000³ with a unique culture, when interpreting research and practices from other countries and cultures.

The following section includes a description of the methodology used to collect relevant academic literature for use in the report. The next section contains the core review of the Bermuda Casino Gaming Act, Part 10, which creates the Problem Gaming Council and outlines some protections for problem gamblers. In subsequent sections, the following categories of responsible gambling regulation are discussed:

- Gambling Controls
- Employee Training
- Gambler Assistance
- Public Health Messages/Gambler Education
- Advertising and Promotion

Ultimately, the aim of this report is to provide an empirically based, objective analysis of Bermuda's problem gambling policy and make recommendations for consideration during BCGC's creation of responsible gambling regulations.

¹ Bermuda Casino Gaming Act 2014, § Part 2, Chapter 2 (2014).

² Colebatch, H. K. (2009). *Policy* (3rd ed.). Maidenhead, UK: Open University Press.

³ World DataBank. (2014). *World Development Indicators Bermuda*. Retrieved from: <http://data.worldbank.org/country/bermuda>

2 Details of the Methodology

This study was conducted via a review of extant academic literature and jurisdictional regulations on problem and responsible gambling policy. To identify peer-reviewed academic literature, literature searches were conducted on multiple available bibliographic databases, *Academic Search Premier, PubMed, PsychINFO, ScienceDirect, Web of Science*, and major Internet search engines, such as *Google Scholar*.

In addition, the review searched the websites of university-based research centres and published conference proceedings from major gambling conferences held worldwide, for relevant papers.

3 Review of Casino Gaming Act of 2014, Part 10 – Problem Gaming Council

The following subsections review the Bermuda Casino Gaming Act of 2014, Part 10, Chapters 2 and 3, which cover the establishment of the Problem Gaming Council and policy regarding exclusion orders. In discussion of Chapter 3, *Family exclusion orders*, relevant sections from Part 6, Chapter 4, *Entry to, exclusion from, casino premises*, are also considered.

3.1 Chapter 2 – Establishment and functions of Problem Gaming Council

Like Singapore, on whose gambling laws many facets of the Casino Gaming Act of 2014 were based, Bermudian gambling law creates a Problem Gaming Council. Though established as an independent entity, the Problem Gaming Council would benefit from a relationship with Bermuda's Department of Health or independent and reputable third party treatment facility, particularly given their parallel interests in providing access to mental health care. The Ministry's Bermuda Health Action Plan 2014 - 2019 outlines a series of health priority areas for the territory, and lists among these increased access to mental health care.⁴ There are a number of evidence-based responsible gambling tools that the Problem Gaming Council can implement to take steps toward Bermuda's public health goals of "a) empowering people to look after their own health, b) provision of vital preventative health programmes, [and] c) assuring safe, healthy environments..." The Problem Gaming Council's goals, including their stated function to

“...publish educational materials or carry out research or other educational activities relating to casino gaming, or to support (financial or otherwise) the carrying out by others of such activities or the provision by others of information or advice.”⁵

are highly compatible with the Department's aims, particularly those of empowering the people through knowledge dissemination. It is my reasoned opinion that the Problem Gaming Council would be best served as part of the Department of Health or in partnership with an independent

⁴ Ministry of Health, Seniors and Environment. (2016). *Bermuda Health Action Plan 2014-2019*. Retrieved from Government of Bermuda: <http://www.bhec.bm/wp-content/uploads/2012/10/Bermuda-Health-Action-Plan.pdf>

⁵ Bermuda Casino Gaming Act 2014, § Part 10, Chapter 2 (2014).

and reputable third party treatment facility, rather than as a standalone entity without support from an established community health programme. The Department of Health has already-established programmes for groups that have been identified by research as at higher risk for development of gambling problems, such as youth.⁶ Established and reputable third party treatment providers also have facilities and programs in place, into which gambling treatment, training, and outreach could be integrated. The Problem Gaming Council could integrate problem and responsible gambling advertisement, outreach, and treatment services into these programmes, and the Council should budget accordingly for these activities to get problem and responsible gambling information successfully disseminated to the Bermudian population.

It is also recommended that the regulations for casino operators' responsible gambling practices be placed under the purview of the Bermuda Casino Gaming Commission, though created with the assistance of the Problem Gaming Council, who would serve well as an advisory board for the creation of such regulations. The Casino Gaming Commission has the ability to enforce these regulations within the scope of licensing and operations overview and contributes to knowledge of implementation feasibility. The Problem Gaming Council offers another component of implementing an effective policy – they can offer assistance to those who seek exclusion and/or treatment services and can advise operators in designing useful tools.

3.2 Chapter 3 – Family exclusion orders

It is of note that there is no specific academic literature that explicitly supports the idea of third-party exclusion, such as the family exclusion orders described in the Casino Gaming Act of 2014, Part 10, Chapter 3. The Bermuda Health Action Plan aims for a research-based agenda, but there is little by way of research evidence on third-party exclusion. The lone research article uncovered by this report's literature review included self-reported review from gamblers who had voluntarily entered themselves into an exclusion programme in Canada.⁷ Only 30% of self-excluders endorsed the idea of third-party exclusion, and about one third of self-excluders viewed third-party initiation as somewhat or very ineffective.⁸ It is certainly understandable that family and friends would want to place their loved one on an exclusion list because problem gambling often affects family and friends in addition to the gambler. With the exception of Singapore, a handful of individual venues in Australia, Macau, and now Bermuda, nearly all jurisdictions offer only self-exclusion programmes. Outside of Singapore, those jurisdictions that allow family and friends to put gamblers on the exclusion list will do so only with the gambler's

⁶ Welte, J. W., Barnes, G. M., Tidwell, M. C., & Hoffman, J. H. (2008). The prevalence of problem gambling among U.S. adolescents and young adults: Results from a national survey. *Journal of Gambling Studies*, 24(2), 119-133. doi:10.1007/s10899-007-9086-0

⁷ Verlik, K. (2008). *Casino voluntary self-exclusion program evaluation*. Paper presented at the 7th European Conference on Gambling Studies and Policy Issues, Nova Gorica, Slovenia. www.easg.org/media/file/conferences/novagorica2008/thursday/1400-ses3/verlik_kent.pdf

⁸ Ibid.

consent.⁹ There is no available scientific information that validates the effectiveness of third-party exclusion in reducing harm or negative outcomes from gambling.

Prior to implementation, there should be an inquiry into the unintended, positive, and negative consequences of a third-party exclusion policy.

There is evidence, however, that *self-exclusion* programmes are a useful tool in addressing problem gambling, and that gamblers who self-exclude regularly report experiencing benefits from the programmes.¹⁰ Research that examines the efficacy of voluntary self-exclusion has found that default lifetime exclusions are not a best practice for voluntarily self-excluded players – since permanent bans can serve as a deterrent for enrolling in the first place.¹¹ If lifetime bans are offered, it is recommended that excluded individuals have an opportunity to appeal their ban after a set period of time (e.g., one [1] year). Overall, there is no preferred and scientifically based ban length, but best practices tend to favour patrons selecting their own ban lengths to suit their specific needs and goals, with a minimum duration of six months.

Self-exclusion participants who enrol in treatment report more positive outcomes than those who do not, and treatment and self-help are significantly related to post-exclusion quality of life and gambling abstinence.¹² The requirement that excluded gamblers be provided with information on responsible gambling measures and available treatment services is recommended in multiple academic studies.¹³ Because problematic gambling is considered a mental health disorder¹⁴,

⁹ Gaming Inspection and Coordination Bureau Macao SAR. (2016). Self-exclusion and third-party exclusion applications. Retrieved from <http://www.dicj.gov.mo/web/en/responsible/isolation/isolation.html>

Hing, N., & Nuske, E. (2011). Assisting problem gamblers in the gaming venue: An assessment of practices and procedures followed by frontline hospitality staff. *International Journal of Hospitality Management*, 30(2), 459-467. doi:10.1016/j.ijhm.2010.09.013

¹⁰ Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies*, 23, 85-94. doi:10.1007/s10899-006-9032-6

Gainsbury, S. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 30, 229-251. doi:10.1007/s10899-013-9362-0

¹¹ National Council on Problem Gambling. (2003). Discussion paper on current voluntary exclusion practices. Washington, DC: National Council on Problem Gambling Task Force on Self-Exclusion; Steinberg, M., & Velardo, W. (2002). Preliminary evaluation of a casino self-exclusion program. In *Responsible Gambling Council of Ontario Discovery 2002 Conference*. Niagara Falls, Canada.

¹² Gainsbury, S. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 30, 229-251. doi:10.1007/s10899-013-9362-0

Nelson, S., Kleschinsky, J. H., LaBrie, R., Kaplan, S. A., & Shaffer, H. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrolment. *Journal of Gambling Studies*, 26, 129-144. doi:10.1007/s10899-009-9157-5

¹³ E.g. Blaszczynski, A., Ladouceur, R., & Nower, L. (2007). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1), 59-71; Nowatzki, N. R., & Williams, R. J. (2002). Casino self-exclusion programmes: A review of the issues 1. *International Gambling Studies*, 2(1), 3-25.

¹⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

assistance for excluded individuals, rather than strict punishment, is the advised approach. Mandatory counselling, however, is not recommended, as it may deter some individuals from entering into a self-exclusion programme if they are unwilling or unable to attend counselling sessions.¹⁵

In terms of enforcement, several researchers have recommended computerized identification checks at entry points to the casino venue.¹⁶ While studies have found that self-exclusion participants attempting to enter gambling venues can be a common occurrence, recent research has found that enrolment in self-exclusion can still be beneficial in spite of imperfect exclusion effectiveness.¹⁷ With this in mind, regulation can provide the necessary power to ensure an exclusion programme is effective, can empower venues to enforce their commitments to harm reduction, and can impose penalties for industry operators and individuals who do not comply with agreed strategies. Without any ramifications for breaking a self-exclusion agreement, the programme's efficacy suffers.

Regarding penalties for those who self-exclude, some research has shown that self-excluded individuals view forfeiture of winnings to be an effective means of deterring those who seek re-entry.¹⁸ The Casino Gaming Act of 2014's requirement that forfeited winnings be assigned to the Consolidated Fund¹⁹, however, misses a key opportunity for use of these monies. If the forfeited winnings were instead allotted to a Problem Gambling Fund, they could directly help those affected by this disorder.²⁰

Overall, best practices in creating an exclusion programme include:

- Provision of clear information and promotion of the programme to increase awareness and utilisation. Casino staff should be knowledgeable about the programme, including

¹⁵ Gainsbury, S., & Blaszczynski, A. (2011). Online self-guided Interventions for the treatment of problem gambling international gambling studies. *International Gambling Studies*, 11, 289-308. doi:10.1080/14459795.2011.617764

Gainsbury, S., & Blaszczynski, A. (2011). A systematic review of internet-based therapy for the treatment of addictions. *Clinical Psychology Review*, 31(3), 490-498. doi:10.1016/j.cpr.2010.11.007

¹⁶ Ibid; Collins, P., & Kelly, J. M. (2002). Problem gambling and self-exclusion: A report to the South African responsible gambling trust. *Gaming Law Review*, 6(6), 517-531.

¹⁷ Ladouceur, R., Jacques, C., Giroux, I., Ferland, F., & Leblond, J. (2000). Analysis of a casino's self-exclusion program. *Journal of Gambling Studies*, 16(4), 453-460.; Nelson, S.E., Kleschinsky, J.H., LaBrie, R.A., Kaplan, S., Shaffer, H.J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies*, 26(1), 129-44. doi: 10.1007/s10899-009-9157-5

¹⁸ Verlik, K. (2008). *Casino voluntary self-exclusion program evaluation*. Paper presented at the 7th European Conference on Gambling Studies and Policy Issues, Nova Gorica, Slovenia. www.easg.org/media/file/conferences/novagorica2008/thursday/1400-ses3/verlik_kent.pdf

¹⁹ Bermuda Casino Gaming Act 2014, § Chapter 4, Part 6 (2014).

²⁰ The author of this report additionally notes that Section 120.2 of the Act requires forfeiture of linked jackpots (e.g., jackpots generated by progressive play). This requirement places undue burden on other, non-excluded gamblers who place wagers on linked jackpot machines, as they, too, indirectly forfeit these jackpots when they are seized.

what self-exclusion involves, what to say to patrons about self-exclusion, and know to whom the patron should be referred for further information or registration.

- Timely and respectful registration, both at the gambling venue and at an off-site venue
- A range of time periods for exclusion, with a recommended minimum 6 months to allow individuals time to seek treatment. An automatic lifetime ban is not recommended.
- Individuals who enrol in the exclusion programme should be removed from mailing lists and not be offered promotional materials or incentives to gamble during their exclusion period.
- Excluded gamblers should be provided with resources to assist in controlling their gambling.
- Excluded gamblers should be provided with clear information to describe the conditions of their self-ban and the consequences if they violate this ban.
- Operators should establish meaningful steps to identify and remove self-excluded individuals who attempt to gain entry to the gambling venue.
- A reinstatement process should be established for individuals before they are permitted re-entry to gambling venues. It is recommended that the reinstatement process require the individual to elect to be reinstated, rather than an automatic reinstatement process.
- Any exclusion programme should be regularly monitored and evaluated for efficacy.

4 Review of Additional Problem Responsible Gambling Tools

In each of the following subsections, common problem and responsible gambling regulation and tools are reviewed with the intent of recommending best applications of their use in Bermuda.

The expansion of responsible gambling practices in recent years has changed with a shift in perspective in how academic research treats problem gambling. In the past, the responsible gambling concept followed the medical model of problem gambling, with problem gamblers taking on little control or power over their own behaviour.²¹ There is now, however, increasing support for the idea that responsibility for controlling gambling behaviour is not just in the hands of operators and government, but that individual autonomy can also play a role.²² Blaszczynski, Ladouceur, & Shaffer (2004) initially outlined this concept, called the *Reno Model*, which establishes two principles on which a successful responsible gambling programme must rest:

1. Decisions to gamble reside with the individual and represent a choice, and
2. In order to make good decisions, individuals need to be well-informed.

²¹ Wood, R. T. A., & Griffiths, M. (2014). Putting responsible gambling, theory and research into practice: Introducing the Responsible Gambling Review. *Responsible Gambling Review*, 1(1), 1-5.

²² Blaszczynski, A., Ladouceur, R., & Shaffer, H. (2004). A science-based framework for responsible gambling: The Reno model. *Journal of Gambling Studies*, 20(301-317).

In many jurisdictions, now, we see facilitation of responsible gambling through informed player choice²³, and the measures reviewed below reflect this notion.

4.1 Gambling Controls

In general, research on gambling controls (i.e., loss limits, betting limits, time limits) shows that many patrons express positive feelings about the concept of pre-commitment and monetary limit setting, though many non-problem and low-risk gamblers consider these programmes to be unnecessary for themselves.²⁴ Research on the topic has generated mixed results on its efficacy, and the greatest success appears to come in online gambling, and when limit setting is voluntary. There can be a number of implementation difficulties with land-based gambling limit setting, and some researchers and government entities (including Canada's Responsible Gambling Council) do not see sufficient scientific support for these approaches. The Reno Model, for example, discusses loss limits and expresses concern over too much required control:

“Unjustified intrusion is likely not the way to promote responsible gambling. For example, player reactions to time limits forced on their gaming session might increase their problem behaviours.”²⁵

Extant empirical studies tend to focus primarily on voluntary pre-commitment (whereby individuals can set limits if they choose to), with one study focusing upon mandatory use (whereby individuals are required to set limits before they gamble).

Voluntary limit setting allows those who have problems controlling their own gambling spend to limit their losses, and also provides an opportunity for recreational gamblers to manage their gambling budget.²⁶ Operator-assisted mechanisms for limit setting are encouraged to assist in maintaining control over gambling and in the case of online gambling – should Bermuda choose to go that route – deposit limits have also been found to reduce gambling activity overall.²⁷

²³ Wood, R. T. A., & Bernhard, B. J. (2010). *Found in translation*. Paper presented at the Nova Scotia Gaming Corporation Responsible Gambling Conference, Halifax, Canada.

²⁴ Ladouceur, R., Blaszczynski, A., & Lalande, D.R. (2012). Pre-commitment in gambling: a review of the empirical evidence. *International Gambling Studies*, 12(2), 215-230. doi: 10.1080/14459795.2012.658078

Gainsbury S, Parke J and Suhonen N (2013a) Attitudes towards Internet gambling: Perceptions of responsible gambling, consumer protection, and regulation of gambling sites. *Computers in Human Behavior* 29: 235–245.

²⁵ Blaszczynski, A., Ladouceur, R., & Shaffer, H. (2004). A science-based framework for responsible gambling: The Reno model. *Journal of Gambling Studies*, 20(301-317).

²⁶ Blaszczynski, A., Parke, A., Harris, A., Parke, J., & Rigbye, J. (2014). Facilitating player control in gambling. *Journal of Gambling Business and Economics*, 8(3), 36-51.

²⁷ Nelson, S., LaPlante, D. A., Peller, A. J., Schumann, A., LaBrie, R., & Shaffer, H. (2008). Real limits in the virtual world: Self-limiting behavior of Internet gamblers. *Journal of Gambling Studies*, 24, 463-477. doi:10.1007/s10899-008-9106-8

Overall, gamblers facing voluntary pre-commitment systems tend to fit into one of three types:

1. Those who set and (generally) adhere to self-set limits
2. Those who set limits but fail to adhere to them
3. Those who do not set limits, but rarely spend more on gambling than they had intended.²⁸

Research suggests that slightly over half to more than three quarters of gamblers set their own monetary gambling limits, though few will set time limits (around 20-30% in academic survey settings).²⁹ Auer and Griffiths (2013) demonstrated that voluntary limit-setting had a significant effect on those players who needed it most; that is, those players who played with the highest intensity.³⁰ Low-risk and non-problem gamblers will usually set lower, less variable limits than high-risk gamblers, who also exceed their limits more often than low-risk gamblers.³¹ Researchers further suggest that some problem gamblers will set higher limits for themselves to avoid any restrictions on their desire to chase losses.³²

Chasing losses is also a concern in messaging techniques used in pre-commitment systems – frequent reminders of the total amount of losses may trigger chasing behaviours or irrational beliefs on “hot” or “cold” machines. Pop-up messages that generally encourage limit-setting, on the other hand, have been recently recommended to remind individuals that the limit-setting tool is available, as these capture the gambler’s attention and reduce the state of dissociation.³³

Hing, N., Cherney, L., Gainsbury, S., Lubman, D. I., Wood, R. T., & Blaszczynski, A. (2015). Maintaining and losing control during internet gambling: A qualitative study of gamblers' experiences. *New Media & Society*, 17(7), 1075-1095. doi:10.1177/1461444814521140

²⁸ Maddern, R.L. (2004). *The limit maintenance model: Temptation and restraint in gambling* (Unpublished PhD thesis). Penrith: University of Western Sydney.; Wohl, M.J.A., Lyon, M., Donnelly, C.L., Young, M.M., Matheson, K., & Anisman, H. (2008). Episodic cessation of gambling: A numerically aided phenomenological assessment of why gamblers stop playing in a given session. *International Gambling Studies*, 8, 249–263. doi: 10.1080/14459790802405855

²⁹ McDonnell-Phillips. (2006). *Analysis of gambler precommitment behaviour*. Melbourne: Gambling Research Australia.; Schellinck, T., & Schrans, T. (1998). *1997/98 Nova Scotia video lottery players survey*. Halifax: Nova Scotia Department of Health Problem Gambling Services.; Ladouceur, R., Blaszczynski, A., & Lalande, D.R. (2012). Pre-commitment in gambling: a review of the empirical evidence. *International Gambling Studies*, 12(2), 215-230. doi: 10.1080/14459795.2012.658078

³⁰ Auer, M., & Griffiths, M. (2013). Voluntary limit setting and player choice in most intense online gamblers: An empirical study of gambling behaviour. *Journal of Gambling Studies*, 29(4), 647-660. doi:10.1007/s10899-012-9332-y

³¹ Lalande, D.R., & Ladouceur, R. (2011). Can cybernetics inspire gambling research? A limit-based conceptualization of self-control. *International Gambling Studies*, 11(2), 237–252.; Schottler Consulting. (2010). *Factors that influence gambler adherence to pre-commitment decisions*. Retrieved from <http://www.gamblingresearch.org.au/home/research/gra+research+reports/factors+that+influence+a+gambler+pre-commitment+decisions+%282010%29>

³² Ladouceur, R., Blaszczynski, A., & Lalande, D.R. (2012). Pre-commitment in gambling: a review of the empirical evidence. *International Gambling Studies*, 12(2), 215-230. doi: 10.1080/14459795.2012.658078

³³ Stewart, M. J., & Wohl, M. J. A. (2013). Pop-up messages, dissociation, and craving: How monetary limit reminders facilitate adherence in a session of slot machine gambling. *Psychology of Addictive Behaviors*, 27(1), 268-273. doi:10.1037/a0029882

Even the most well-designed pre-commitment schemes must be prepared for varied adoption rates; there may be temporary pushback with the new, unfamiliar technology.³⁴ Further, venue staff should be appropriately trained in these pre-commitment technologies and the system should be monitored for frequent unanticipated use.³⁵

Not all research on limit-setting has generated positive results, however. Data collected during trial implementation in Canada and Australia show that while approximately half of gamblers in these trials reported spending less while setting their own limits, approximately 40% actually reported spending more than their limits.³⁶ This large percentage of those who increased their spending is cause for concern – after all, a pre-commitment system is intended to help gamblers control their spending and avoid any gambling-related harm.³⁷

Looking forward, some research has looked into the possibility of setting *win* limits, rather than *loss* limits, as a responsible gambling tool, but this is still preliminary and the researchers suggest additional studies be conducted before implementation.³⁸

4.2 Employee Training

It is a best practice standard around the world that employees who directly interact with gambling patrons in gambling venues are required to receive educational training about

Wohl, M. J. A., Parush, A., Kim, H. A. S., & Warren, K. (2014). Building it better: Applying human-computer interaction and persuasive system design principles to a monetary limit tool improves responsible gambling. *Computers in Human Behavior*, 37, 124-132. doi:10.1016/j.chb.2014.04.045

Wohl, M. J. A., Sztainert, T., & Young, M. M. (2013). The CARE model: How to improve industry-government-health care provider linkages. In D. C. S. Richard, A. Blaszczynski, & L. Nower (Eds.), *Handbook of Disordered Gambling*. Chichester, UK: John Wiley & Sons Ltd.

³⁴ Nisbet, S. L., Jackson, A., & Christensen, D. R. (2015). The influence of pre-commitment and associated player-card technologies on decision making: Design, research and implementation issues. *International Journal of Mental Health & Addiction, Online First*. doi:10.1007/s11469-015-9574-x

³⁵ Ibid.

³⁶ Omnifacts Bristol Research. (2005). *Nova Scotia player card research project: Stage I research report*. Retrieved from http://nsgc.ca/research/responsible_gaming_device_research_project/; Omnifacts Bristol Research. (2007). *Nova Scotia player card research project: Stage III research report*. Retrieved from http://nsgc.ca/research/responsible_gaming_device_research_project/; Schottler Consulting. (2009a). *Major findings of a trial of a card-based gaming product at the Redcliffe RSL*. Retrieved from <http://www.olgr.qld.gov.au/resources/responsibleGamblingDocuments/SchottlerConsultingReportintoCBGtrialRedcliffeRSLExemptMaterialRemoved.pdf>

³⁷ Maddern, R.L. (2004). *The limit maintenance model: Temptation and restraint in gambling* (Unpublished PhD thesis). Penrith: University of Western Sydney.; Wohl, M.J.A., Lyon, M., Donnelly, C.L., Young, M.M., Matheson, K., & Anisman, H. (2008). Episodic cessation of gambling: A numerically aided phenomenological assessment of why gamblers stop playing in a given session. *International Gambling Studies*, 8, 249–263. doi: 10.1080/14459790802405855

³⁸ Walker, D. W., Litvin, S. W., Sobel, R. S., & St-Pierre, R. A. (2015). Setting win limits: An alternative approach to "responsible gambling"? *Journal of Gambling Studies*, 31, 965-986. doi:10.1007/s10899-014-9453-6

responsible and problem gambling.³⁹ and it is highly recommended that the Bermuda Casino Gaming Commission incorporate this into their gambling regulations.

Overall, research that examines responsible gambling training for casino employees suggests that there are measurably positive impacts for this practice. Two studies based in Quebec, Canada, found that training programmes improved employee understanding of helping gamblers with problems, and those who completed the training approached at-risk gamblers more often than those who didn't complete the training.⁴⁰

In 2012, a published report on a large-scale examination of Las Vegas Sands responsible gambling employee training focused on the efficacy of their training programme, based on The Reno Model.⁴¹ The empirical examination found that training led to reliable improvements in employees' responsible gambling knowledge and a follow-up survey of employees demonstrated somewhat-reliable knowledge retention.⁴²

An Australian study found that training on typical observable signs of at-risk gamblers was useful, but finding effective responses was challenging.⁴³ Further, the challenge of offering help to players believed likely to have a gambling problem was inversely related to job satisfaction.⁴⁴ Additional research has found that employees have greater job satisfaction and stronger customer-orientation (key in a hospitality/tourism business like those based in Bermuda) when their employer has a strong supplementary responsible gambling programme – that is, when it goes above and beyond what is required by the law.⁴⁵ Overall, employees appear to support responsible gambling training and policies, but view interventions as a challenge.

³⁹ Williams, R. J., West, B. L., & Simpson, R. I. (2012). *Prevention of problem gambling: A comprehensive review of the evidence and identified best practices*. Retrieved from Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care: <http://hdl.handle.net/10133/3121>

⁴⁰ Giroux, I., Boutin, C., Ladouceur, R., Lachance, S., & Dufour, M. (2008). Awareness training program on responsible gambling for casino employees. *International Journal of Mental Health and Addiction*, 6(4), 594-601.

Ladouceur, R., Boutin, C., Doucet, C., Dumont, M., Provencher, M., Giroux, I., & Boucher, C. (2004). Awareness promotion about excessive gambling among video lottery retailers. *Journal of Gambling Studies*, 20(2), 181-185.

⁴¹ Blaszczynski, A., Ladouceur, R., & Shaffer, H. (2004). A science-based framework for responsible gambling: The Reno model. *Journal of Gambling Studies*, 20(301-317).

⁴² LaPlante, D.A., Gray, H.M., LaBrie, R.A., Kleschinsky, J.H., & Shaffer, H.J. (2012). Gaming industry employees' responses to responsible gambling training: A public health imperative. *Journal of Gambling Studies*, 28:171-191.

⁴³ Quilty, L. C., Robinson, J., & Blaszczynski, A. (2015). Responsible gambling training in Ontario casinos: Employee attitudes and experience. *International Gambling Studies*, 15(3), 361-376. doi:10.1080/14459795.2015.1056206

⁴⁴ Ibid.

⁴⁵ Lee, C.-K., Song, H.-J., Lee, H.-M., Lee, S., & Bernhard, B. J. (2013). The impact of CSR on casino employees' organizational trust, job satisfaction, and customer orientation: An empirical examination of responsible gambling strategies. *International Journal of Hospitality Management*, 33, 406-415. doi:10.1016/j.ijhm.2012.10.011

4.3 *Gambler Assistance*

4.3.1 **Gambler Helpline**

A popular source for offering assistance to those who need it is a nationwide helpline. A helpline can be a resource for educational materials, as well as information on treatment, legal, financial, and other services that problem gamblers might need. A helpline is a highly recommended tool, but prior to implementation, Bermuda should consider how their culture and community would respond to it. In the United States, for example, the national and regional helplines are very well-received and highly utilized. In South Korea, however, the gambling helpline was not initially a success. South Korea is a much more collectivistic culture than the very individualistic nature of United States culture. The collectivistic culture has very strong commitment to the family and society, and offenses (perceived or real) can lead to shame or loss of face.⁴⁶ In South Korea, concerns that one might call the helpline and be speaking to someone they know (thus potentially losing face in the community), or sharing a very personal thing with someone known or unknown outside their familial group, meant that very few people would call the helpline. South Korea shut down the helpline effort shortly after its initial failure, and reopened it later with rebranding and improved messaging about how reaching out for help can strengthen the family bond.⁴⁷

Given Bermuda's small population and very close-knit community, it would be prudent to consider how a helpline might be implemented. One consideration is to possibly outsource the helpline to another location (e.g., United Kingdom or United States), to offer an extra layer of confidentiality to those who call.

4.3.2 **On-site Patron Assistance**

Gambler assistance on the casino floor is also a standard component of responsible gambling policy. Several studies have examined how casino employees can initiate contact with individuals who appear to have a gambling problem and how to otherwise assist players who may be distressed. The most comprehensive of these studies was conducted in Australia and published in 2011, and outlined three scenarios in which employees may interact with patrons with regard to problematic gambling:

1. Staff responses to patrons who ask for assistance for a gambling problem
2. Staff approaches to patrons who hint and/or show signs of problem gambling

⁴⁶ Hofstede, G. (2015). Dimensions - Geert Hofstede. Retrieved from <http://geert-hofstede.com/national-culture.html>

⁴⁷ Korea Center on Gambling Problems. (2016). Korea center on gambling problems - Main functions and tasks. Retrieved from <https://www.kcgp.or.kr/eng/center/SecretariatBase.aspx>

NewsWorld Korea. (2014). Preventing and minimizing gambling harm: Tough act to follow. *NewsWorld Korea*. Retrieved from <http://newsworld.co.kr/detail.htm?no=1359>

3. Staff responses to third-party concerns.⁴⁸

It is recommended that the new Bermuda regulations require a gambling venue to develop a code of conduct that includes instructions to staff on how to interact with patrons, as described above, to foster responsible gambling. In Victoria, Australia, for example, the Victoria Commission for Gambling and Liquor Regulation (VCGLR) requires that gambling venues include processes for interacting with patrons who:

- Have requested information about or assistance with a gambling problem or self-exclusion, and/or
- Are displaying indicators of distress that may be related to problem gambling.⁴⁹

Singapore's responsible gambling code further requires that gambling venues keep records of staff interactions with patrons,⁵⁰ a practice also recommended for Bermuda gambling regulation. There is empirical support for the efficacy of this practice: having records of patron interactions can help staff better assess risk levels, and may make them more confident in initiating interactions.⁵¹ In addition, keeping records creates a resource for employees to reference and learn what interactions are most likely to be well-received by patrons.⁵²

Employee training for these processes – both interaction and record-keeping – is a key part of employee training and education,⁵³ as described in Section 4.2.

4.4 Public Health Messaging/Gambler Education

Overall, educating the population about gambling and its potential risks is a commonly accepted best practice, and is an optimal intersection for both operators and community organizations to work together to shape and deliver the messages.

Public health messaging in Bermuda does have an impact on behaviour.⁵⁴ Research has also found that literacy skills on the Island play an important role in driving health-related

⁴⁸ Hing, N., & Nuske, E. (2011). Assisting problem gamblers in the gaming venue: An assessment of practices and procedures followed by frontline hospitality staff. *International Journal of Hospitality Management*, 30(2), 459-467. doi:10.1016/j.ijhm.2010.09.013

⁴⁹ See http://assets.justice.vic.gov.au/vcglr/resources/c4bd06f7-9ead-44d7-b2a1-09ea79aa43fd/bestpracticeguidelines_rgcodeofconduct.pdf for more information on the VCGLR's guidelines for best practices in gambling operators' codes of conduct

⁵⁰ Casino Control (Responsible Gambling) Regulations 2013 (Singapore), § II.5.2 (2013).

⁵¹ Delfabbro, P., Borgas, M., & King, D. (2012). Venue staff knowledge of their patrons' gambling and problem gambling. *Journal of Gambling Studies*, 28(2), 155-169.

⁵² Davies, B. (2007). iCare: Integrating responsible gaming into casino operation. *International Journal of Mental Health and Addiction*, 5, 307-310.

⁵³ Williams, R. J., West, B. L., & Simpson, R. I. (2012). *Prevention of problem gambling: A comprehensive review of the evidence and identified best practices*. Retrieved from Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care: <http://hdl.handle.net/10133/3121>

knowledge, skills, and behaviours⁵⁵ – and impressively, Bermuda has a literacy rate of 99%.⁵⁶ It is speculated, however, that one of the drivers of Bermudian’s self-information-seeking behaviour is the limited availability of specialist care.⁵⁷ Given the particular nuances of problem gambling care, it is highly recommended that the Problem Gambling Council formulate problem gambling treatment training (to be updated annually) for both general practitioners and specialist clinicians. In addition, any behavioural and substance abuse rehabilitation centres would benefit from training on the particular case of problem gambling. Many training modules already exist and are available to be adapted from other jurisdictions (see, for example, California’s Office of Problem Gambling).⁵⁸

It is important to note, however, that simply transplanting training modules from other jurisdictions into Bermuda is not advised. Continuing the example of California, Bermuda could adapt training requirements based on the common education levels and licensing certificates of doctors and clinicians in the territory. Training and treatment services should also embrace Bermuda’s unique and tight knit culture, which is far different from the widespread and substantially larger population served in California.

4.4.1 Educational Materials Content

Regarding educational material content, general information about disordered gambling and typical signs and symptoms, risky gambling behaviours, and information about available help services are typically considered best practices. Researchers disagree over whether educating gamblers about the underlying mathematics of the games will alter behaviour, though some empirical research indicates that this can be a good educational tool in conjunction with other lessons.⁵⁹ Some recent research, however, has shown that educating gamblers about the

⁵⁴ Pirkle, C. M., Peek-Ball, C., Outerbridge, E., & Rouja, P. M. (2015). Examining the impact of a public health message on fish consumption in Bermuda. *PLOS One*, 1-16. doi:10.1371/journal.pone.0139459

⁵⁵ Yamashita, T., & Kunkel, S. R. (2015). An international comparison of the association among literacy, education, and health across the United States, Canada, Switzerland, Italy, Norway, and Bermuda: Implications for health disparities. *Journal of Health Communication*, 20(4), 406-415. doi:10.1080/10810730.2014.977469

⁵⁶ World Bank Group. (2015). *The little data book on information and communication technology*. Washington, DC: International Bank for Reconstruction and Development/The World Bank.

⁵⁷ Bermuda Health Council (BHeC), & Department of Health (DoH). (2011). *Health in review: An international comparative analysis of Bermuda health system indicators*. Retrieved from Bermuda Health Council: <http://www.sdbermuda.bm/Uploaded%20Files/110124%20HealthinReviewfullreportweb2110124.pdf>

Pirkle, C. M., Peek-Ball, C., Outerbridge, E., & Rouja, P. M. (2015). Examining the impact of a public health message on fish consumption in Bermuda. *PLOS One*, 1-16. doi:10.1371/journal.pone.0139459

⁵⁸ California Office of Problem Gambling. (2016). Problem and Pathological Gambling Treatment. Retrieved from <http://problemgambling.ca.gov>

⁵⁹ Bärboianu, C. (2015). Mathematical models of games of chance: Epistemological taxonomy and potential in problem gambling research. *UNLI Gaming Research & Review Journal*, 19(1), 17-30.

Turner, N. E., Macdonald, J., & Somerset, M. (2008). Life skills, mathematical reasoning and critical thinking: A curriculum for the prevention of problem gambling. *Journal of Gambling Studies*, 24, 367-380. doi:10.1007/s10899-007-9085-1

mechanics of electronic games (e.g., slot machines) can serve as a useful tool for responsible gambling.⁶⁰

Two studies additionally examined different dissemination approaches. In an early study (2000), researchers found that the ubiquitous responsible gambling brochures were a useful tool for providing information about problem gambling, at-risk behaviours, and the availability of specialized help for those with gambling problems.⁶¹ A more recent study (2009) found that the Onsite Casino Information Centre in Montreal contributed to increased understanding of the misperceptions about chance.⁶² Empirical evidence for electronic-based education (e.g., through the casino website or via an app) was not found. In the ever-evolving technological world in 2016, Bermuda may want to consider trialling education on such platforms as part of the Problem Gaming Council's research goal.

4.5 Advertising and Promotion

The scope of this section is limited to the impacts of advertising and promotion on vulnerable populations (e.g., problem gamblers, youth populations, etc.). Academic research frequently warns against the possible negative impacts of advertising and promotion, though there is currently a lack of empirical information on non-vulnerable populations.

Youth populations appear to be particularly vulnerable to certain forms of gambling advertising, and parallels are often drawn between youth attraction to gambling advertising and attraction to tobacco and alcohol advertisements.⁶³ Problem gamblers, too, regularly report being influenced more by gambling advertising and promotion, when compared to non-problem gamblers.⁶⁴

Williams, R., & Connolly, D. (2006). Does learning about the mathematics of gambling change gambling behavior? *Psychology of Addictive Behaviors, 21*(1), 62-68. doi:10.1037/0893-164X.20.1.62

⁶⁰ Wohl, M. J. A., Gainsbury, S., Stewart, M. J., & Sztainert, T. (2013). Facilitating responsible gambling: The relative effectiveness of education-based animation and monetary limit setting pop-up messages among electronic gaming machine players. *Journal of Gambling Studies, 29*, 703-717. doi:10.1007/s10899-012-9340-y

⁶¹ Ladouceur, R., Vézina, L., Jacques, C., & Ferland, F. (2000). Does a brochure about pathological gambling provide new information?. *Journal of Gambling Studies, 16*(1), 103-107.

⁶² Boutin, C., Tremblay, N., & Ladouceur, R. (2009). Impact of visiting an onsite casino information centre on perceptions about randomness and gambling behaviours. *Journal of Gambling Studies, 25*(3), 317-330.

⁶³ Binde, P. (2014). *Gambling advertising: A critical research review*. Retrieved from London: http://www.responsiblegamblingtrust.org.uk/user_uploads/binde_rgt_report_gambling_advertising_2014_final_color_115p.pdf

Friend, K.B., & Ladd, G.T. (2009). Youth gambling advertising: A review of lessons learned from tobacco control. *Drugs: Education, Prevention & Policy, 16*(4), 283-297. doi: 0.1080/09687630701838026

⁶⁴ Binde, P. (2014). *Gambling advertising: A critical research review*. Retrieved from London: http://www.responsiblegamblingtrust.org.uk/user_uploads/binde_rgt_report_gambling_advertising_2014_final_color_115p.pdf

Korn, D., Reynolds, J., & Hurson, T. (2008). *Commercial gambling advertising: Understanding the youth connection (Final report)*. Guelph, ON: Ontario Problem Gambling Research Centre.

Advertising and promotional materials may act as triggers for problem gamblers, making it more difficult to abstain from gambling. The BCGC should review casino advertising codes of conduct to ensure they are aware of these sensitivities and are taking steps not to target these vulnerable populations.

It would also be prudent for gambling regulations to ensure that recognized problem gamblers (e.g., those on an exclusion list or those who have requested to be removed from mailing lists) should not receive targeted promotional marketing materials.

5 About the Author

5.1 Brett Abarbanel, Ph.D.

Brett Abarbanel is a research scientist and Head of Social and Recreational Gambling Research at the UCLA Gambling Studies Program and co-Executive Editor of the peer-reviewed *UNLV Gaming Research and Review Journal*.

Dr. Abarbanel has worked as a researcher in the gambling field since 2003, and has extensive expertise in global gambling and social science applications, and has written and presented keynotes, invited addresses, and competitively-selected presentations at academic, industry, and regulatory conferences around the world. She has discussed Internet gambling policy, casino operations, gaming technology, and responsible gambling and community relations. She has also consulted for industry, government, and problem gambling representatives to provide reports on social and sociological gambling issues.

Dr. Abarbanel completed her M.S. and Ph.D. in Hospitality Administration at UNLV, where she was recipient of several grants from both the private and public sectors and received the Best Thesis and Best Dissertation Awards. She also completed a Bachelor of Science in Statistics at Brown University, where she was recognized with the Hartshorn-Hypatia Award for excellence in Mathematics.

Dr. Abarbanel's work has been featured in such academic journals as *Behaviour & Information Technology*, *Journal of Behavioural Addictions*, *UNLV Gaming Research & Review Journal*, *International Gambling Studies*, *Journal of Gambling Studies*, and *Community Mental Health Journal*. She has been interviewed as a gambling expert for the *New York Times*, *Wall Street Journal*, *Capitol Weekly* and the *Discovery Channel*.

Select Publications

Abarbanel, B.L. (2015). Mapping the online gambling e-servicescape: Impact of virtual atmospherics on the gambler's experience. *Behaviour & Information Technology*, 34(10), 1005-1021. doi: 10.1080/0144929X.2015.1046930

Gainsbury, S. M., King, D. L., Abarbanel, B., Delfabbro, P., & King, N. (2015). *Convergence of gambling and gaming in digital media*. Report submitted to Victorian Responsible Gambling Foundation. Victoria, Australia: Victorian Responsible Gambling Foundation. Available at: <http://www.responsiblegambling.vic.gov.au/information-and-resources/research/recent-research/convergence-of-gambling-and-gaming-in-digital-media>

Abarbanel, B. (2014). Influence of motivational dimensions on gambling purchase frequency, game choice, and medium of play in the United Kingdom. *International Gambling Studies*, 14(3), 472-491. doi: 10.1080/14459795.2014.966131

Bernhard, B.J., Philander, K., & Abarbanel, B. (2014). *Addiction and public health: A study of impacts from a proposed casino-resort in Woodbury, New York*. Report submitted to Caesars Entertainment Corporation, Las Vegas, NV; and the State of New York.

Dixon, G., & Abarbanel, B. (2014). *Online gambling/wagering in New Jersey and the implication for iGaming in the United States* [White Paper]. London, UK: Commercial Intelligence.

Potenza, M. N., Bernhard, B. J., Abarbanel, B.L.L. (2013). *Responsible gaming jurisdictional and organizational analysis*. Report submitted to Las Vegas Sands Corporation, Las Vegas, NV; Marina Bay Sands, Singapore.

Monnat, S., Bernhard, B., Abarbanel, B., St. John, S., Kalina, A. (2013). Exploring the relationship between treatment satisfaction, perceived improvements in functioning and well-being and gambling harm reduction among clients of pathological gambling treatment programs. *Community Mental Health Journal*, 50(6), 688-696. doi: 10.1007/s10597-013-9635-1

Philander, K.S., Bernhard, B.J., & Abarbanel, B. A study of addiction and public health impacts of a proposed casino-resort in Woodbury, New York. Available at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2470793

5.2 Disclosure

Dr. Abarbanel has previously worked on research and/or educational projects for industry and government firms.

5.3 Contact Information

Brett Abarbanel, Ph.D.

Email: BAbarbanel@mednet.ucla.edu

Phone: +1 (310) 206 9942

Fax: +1 (310) 825 0301

Mail:

UCLA Gambling Studies Program

760 Westwood Plaza, Suite 38-167

Los Angeles, CA 90095