

## **International Think Tank on Presenting Gambling Populations and First Contact Services**

### *Newsletter Number 5: December 2006*

Welcome to the 2006 issue of the Think Tank newsletter. This edition details an update of the third full meeting of the Think Tank held on 11 to 12 September 2006, Auckland, New Zealand hosted by the Gambling Research Centre at AUT University and Gambling Helpline New Zealand. The meeting was held immediately prior to the *International Conference on Gambling: Gambling and its Impacts - Policy, Practice and Research Perspectives* hosted by the Gambling Research Centre and the Problem Gambling Foundation.

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#### **Vision**

An international network of scientists, researchers, policy makers, service providers, socially concerned gambling industry members and interested others collaborating to advance understanding of gambling as an issue for public health and social/economic development.

#### **Purpose**

- A forum to address globally significant issues and developments in problem gambling policy, services and research in relation to presenting gambling populations and first contact services
- To foster cooperation between researchers, policy makers, service providers and the gambling industry
- To focus on the development of evidentially-led policies and services to meet the needs of presenting and at-risk populations

The focus of this year's Think Tank meeting was to discuss gambling, problem gambling and their impacts; international collaboration in commissioning and conducting research; innovative practice and access to services; and 'upstream' interventions. The aim, as in previous years, was to encourage collaboration in research projects between the various groups to effect international change.

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#### **Participants**

Present at the meeting were representatives from Australia, Canada, the UK, the USA and New Zealand (see Appendix 1 for full list of participants). Forty-four percent of the participants were from countries other than New Zealand. As usual, participants included international leaders in the field and locals deemed well positioned to make a useful contribution. There was a mix of service providers, researchers/academics, policy makers, regulators, officials and industry executives. There was a range of nationalities and ethnicities.

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## Programme

The meeting was held at the AUT University marae (Maori meeting place) and commenced with a powhiri (Maori formal welcome). As last year, we had excellent facilitation of the event by Ruth DeSouza, who is the coordinator of the Centre for Asian and Migrant Health Research at AUT University. The event was sponsored by the New Zealand Lotteries Commission and SkyCity Entertainment Group. The format of the two day event consisted of short presentations followed by discussions and workshops.

The first day's presentations and workshops covered the following themes:

- Review and stock take: *Recent initiatives in treatment and services, research, and public health and policy* (Dr Rachel Volberg)
- Gambling, problem gambling and their impacts:
  - *Assessing impacts* (Prof. Jan McMillen)
  - *Gambling exposure and adaptation - reality and implications* (Prof. Max Abbott)
  - *Comorbidity and problem gambling* (Dr James Westphal)
- 'Upstream interventions':
  - *Social marketing approaches* (Tane Cassidy and Prof. Alun Jackson)
  - *The regulator's role and harm minimisation interventions and the industry's role in host responsibility and harm minimisation* (John Markland and Debbie Edwards)
  - *Minimal interventions* (Dr David Hodgins)

Day two's presentations and workshops included:

- International collaboration in commissioning and conducting research. There was a discussants panel to these presentations with discussants representing the sectors of government (Micheil Brodie), service provider (John Stansfield), industry (John Gasson) and research (Corinne May-Chahal):
  - *Current status and potential* (Dr James Westphal)
  - Think Tank updates:
    - *Clinical trials network* (Dr Malcolm Battersby)
    - *Family violence and gambling* (Prof. Alun Jackson)
    - *Risk and protective factors* (Prof. Shane Thomas)
- Innovative practice and access to services:
  - *On-line services* (Eric Tyssen)
  - *Gambling helplines survey* (Krista Ferguson)
  - *Russian roulette* (Adrian Scarfe)
  - *Wahine Tupuno* (Ruth Herd)
  - *Barriers and enablers to help seeking* (Dr Maria Bellringer)

In addition, given the current social marketing initiatives being undertaken in New Zealand and Australia, a further social marketing approaches workshop took place.

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## Key points from Presentations and Discussions

### *Assessing impacts*

- There are inequalities in spatial distributions of patrons, gambling opportunities, and the benefits and harms from gambling. To assess impacts it is important to look at the interactions within communities and with their adjacent communities.

- Machines are often placed in poor/challenged areas. This leads to easy access for the poor, a spin-off of which is more poverty and more family separation.
- More targeted interventions are required for specific communities.
- Research is being conducted around social/economic impacts.
- Thirty-three percent of those coming in for food parcels from the New Zealand Salvation Army have hardship caused by gambling.
- There are issues around defining community - local area levels are best and localised approaches seem to work best. How can a healthy community be developed? However, the concept of community may need to be re-defined, e.g. to include E-communities.
- In Australia it's about supply - toxic versus non-toxic environments.
- Many gambling-related harms such as death, domestic violence, and fraud are not reported.
- How can harm be defined and measured?

#### *Gambling exposure and adaptation*

- Access to gambling. There is a need to consider:
  - Machines versus options for use
  - The role of new products
  - New versus old features
  - The variation between traditional measures of harm
- There is also a need to consider:
  - Different population subgroups
  - How to be able to detect harm
  - Culture, opinions and social groups, not just ethnicity
  - The legitimacy of gambling but the shame of being a problem gambler
  - Social norms
  - The limited understanding of the role of the agent (gambling opportunities) in terms of problem gambling

#### *Comorbidity and problem gambling*

- The issue is complex in relation to treatment, policy and research domains.
- Current research indicates significant levels of co-occurring substance use and mental health disorders. However, causality is not known.
- It is a confusing situation for clients who may not know which service will provide which treatment, and continuity of care for clients is generally poor. Holistic models are required.
- Identification of comorbidities:
  - Current practice is largely siloed with some exceptions and what is found is what is looked for. Thus, what is required is greater standardisation of screening measures; this would have implications for the workforce for group treatment, practices of clinicians, and at risk populations.
- Policy implications include funding models (who pays for what) and relationships across systems.
- Future research needs to consider:
  - The relationships between disorders.
  - Tracking client outcomes by following up on the client's gambling and other health/lifestyle functioning.
  - Trialling of different treatment models.
- Awareness raising about the issues is required.

### *Social marketing approaches*

- Social marketing approaches are based on motivating behaviour change. They are a whole of society approach, with targeted population subgroups, as relevant. They can provide guidelines for safe consumption. They need to have a clear message for the target audience and to be kept relevant for that audience; however, there are multiple audiences and multiple factors.
- Social marketing approaches need to cover risk factors and belief systems; however, it is important to first find out what the audiences actually need to know. The target audiences should be segmented into those who are low/medium risk and those who are at high risk or who are problem gamblers. The aim is to build resilience and capacity amongst the population.
- Social marketing strategies are long-term and need to be managed through a stable infrastructure. They need a sales and marketing workforce, and should be evaluated for effectiveness.
- A social marketing sub-committee of the Think Tank should be established. An intensive workshop is required to develop an action plan. Currently, there are social marketing initiatives in Queensland and in New Zealand (through the Health Sponsorship Council) - the experiences from these initiatives should be captured and utilised.
- Is social marketing part of a larger public health approach?
- What are the effectiveness measures from a social marketing strategy? In New Zealand, a behaviour change indicators survey is being developed to measure effectiveness (for the general population, not just problem gamblers).

### Action points

1. Establish a Think Tank social marketing forum with a public health focus.
2. Share research and evaluation learnings, including from market research.
3. Analyse social marketing strategies, measures and lessons learnt (this needs to be ongoing, the AUT literature review is a start), messages and their consistency, and what works and why.
4. Include lessons from other public health areas (e.g., family violence, alcohol, nutrition, tobacco control, road safety).
5. Encourage scholarships to generate expertise/capacity in the field.
6. Focus on how to reduce 'silo' approaches.
7. Focus on reducing inequalities.
8. Focus on terminology and language that actually works.
9. Create an information/knowledge clearing house.
10. Access other market research and venue loyalty data.
11. Tie in with host responsibility, other regulatory responses and industry responses.

### *Host responsibility and harm minimisation interventions*

- Identify specific causes of harm and regulate or change appropriately:
  - External advertising regarding jackpots.
  - A high concentration of machines and venues in low income areas or other areas with at-risk populations.
  - Closing the dark unobserved crannies which problem gamblers prefer.
  - One indicator of problem gambling is very high turnover/losses, another is people queuing before opening time.
  - Appropriate advertising is not targeted at people at-risk.
  - A promising response would be to require a pre-commitment card which pre-sets maximum loss and time limits; research evidence on this is mixed but much of it supports this as a valuable balance.

- A sample of problem gamblers should be asked which measures would work for them.
- Host responsibility in practice needs to be enhanced:
  - Staff should be trained and made aware of the indicators for patrons at risk.
  - Staff should be encouraged, and have the confidence, to intervene and interact when they have any suspicion a patron is at risk. They should have the confidence to approach every time anyone is upset, withdrawn, aggressive or angry. The issue needs to be normalised and de-mystified.
  - Best practice policies should be in place to support and follow through on interventions.
  - Interviews with staff in Queensland showed that they have usually been told not to intervene but simply to inform the manager. Staff training appeared to be limited with respect to host responsibility and did not empower staff to act.
  - Some written host responsibility policies are too legalistic and can enable venues to utilise loopholes, e.g., over enforcing self-barring. High staff turnover is also a problem.
  - Experienced staff pick up on their clients' stories and a diverse range of indicators. They develop a rapport with clients, particularly repeat ones. This is easier in small venues.
  - Appropriate responses should be part of customer responsibility and customer care, thus continued training, coaching, feedback and peer support is required.
  - An appropriate continuum of responses is required prior to exclusion.
  - How can and does a small club or pub learn about, manage and implement host responsibility appropriately?
  - Host responsibility practices should be consistently and actively backed and enforced by the appropriate regulatory agencies.
  - A good culture must be developed. A real commitment and understanding of host responsibility is required rather than a box ticking exercise to meet regulatory requirements.
  - In New Zealand, training is consistently provided for ClubNZ members by the Problem Gambling Foundation. The Hospitality Standards Institute provides the same advice and training for pubs and restaurants who request it.
  - Staff should be recognised for good customer care.
  - What clear minimum standards can and should be set and effectively enforced by regulators?

#### *Innovative practice and services*

- Drivers for innovation are varied. Innovation means that the field usually involves pioneering work which could be business, funder, culture or client-needs driven. There is a desire to 'do good' by asking the question "what can we do?" Sometimes drivers are opportunistic. Often they involve looking beyond traditional service paradigms though there can be tensions between funder requirements and client needs. Can the gambling industry be a driver of service innovation? Drivers can include the adaptation/tailoring of existing models such as in the alcohol and drug field, and learning from mistakes and poor decisions in other areas. Innovative practice is a competitive area but best practice should be shared.
- Research and innovation. There are various issues such as the focus on pure research versus research and development, evaluation (of process and services) and timing of the research, the disconnect between researchers and clinicians, language barriers, dissemination barriers and research itself as a barrier.
- Sharing ideas should take place through informal networking. However, people need to own ideas and to feel safe in sharing them. Funders need to take some risks and fund pilot

projects. Having awards for innovative practice and a membership association could help in the sharing of ideas.

- Risks and barriers to innovative practice include lack of time and funding, the inability to own intellectual property, a fear of failure or change, inertia in other stakeholders, investment without knowledge of success and managing business as usual within an innovative environment.
- Other important issues to address include aspects around stigma and confidentiality.

#### *Discussants to international research collaboration*

- International collaboration depends on researchers and interested others (e.g. gambling industry) wanting to work together in a partnership; it also depends on availability of funding.
- It might be useful for a model/framework to be developed regarding international collaborations since different people have different roles and expectations.
- It is important to look at what is happening in other jurisdictions and to be open minded about different approaches. Funding bodies need to note that clinical practice and clinical understanding is of vital importance.
- Very few well developed models have been subjected to rigorous replication.
- Gambling covers a large range of activities but is encompassed by one word. Understandings of gambling harm should be broadened.
- Size is crucial in collaborations - collaborations may be useful to increase sample sizes but different jurisdictions have different issues, so collaborations should be part of a larger programme taking advantage of funding specifically for collaborations and building capacity.
- In December 2006, for the first time European Research Council grants will be open to international researchers:
  - For coordination action where research in one country can be showcased to different jurisdictions
  - Integration bringing together people with different expertise
  - Funding of a network of excellence

#### *Research priorities and international collaboration*

- Policy issues:
  - Evaluation of regulation effectiveness.
- Technology:
  - Internet is a growing area in terms of regulation, participation and help-seeking.
  - Features of electronic gaming machines and other products.
- Social responsibility:
  - Capacity building.
  - Industry as equal partners in research.
  - Foster stakeholder involvement and relationships.
- Research approaches:
  - Multi-disciplinary.
  - Harm scale/methodology.
  - Meaningful engagement with different cultures and culturally driven research.
- Research priorities
  - Impact assessment.
  - Longitudinal studies.
  - Translation/validation of instruments in different cultures.
  - Interventions (population) innovative approaches with evaluation and feedback into policy and practice.
  - Harm minimisation evaluation.
  - Development and evaluation of prevention (especially for youth).

- Development/validation of short screens to measure gambling harm as well as problem gambling.
  - Assessment of “dosage” of gambling.
  - Trajectories of problem gambling development.
  - People and product interactions.
  - Other:
    - Is there a minimum data set for measuring gambling and its impacts?
    - How to balance continuity and innovation.
    - Social ecology mapping.
    - Establish a data clearinghouse to allow secondary analyses and set minimum standards across countries.
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### **Closing Discussions**

Issues for consideration at the next annual Think Tank meeting include:

- How research and practice relate to each other, how they work together in practice and how they impact on policy.
  - Environmental health in areas with legalised gambling.
  - Research relating to electronic gaming machines in relation to communities particularly in regard to cultural aspects.
  - Scholarships for doctoral and masters students.
  - Industry funding and research.
  - Crime and policing of gambling.
  - More discussion and action in the area of policy related issues.
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### **Future Actions**

It was agreed that a background paper (a protocol) would be developed framing research and policy in regard to researchers being funded by industry money. A precedent was set in this regard in the alcohol field - the Dublin Principles.

Gambling industries collect large amounts of data that are not accessible by researchers - the protocol should include sharing and use of those data.

Governments should be part of the protocol. A suggested model is that used by the Australian Research Council.

Work performed in one jurisdiction should be available to inform other jurisdictions.

The working party for this task will include: Jan McMillen, Debbie Edwards, Vicki Flannery, Nerilee Hing, Nico Jabin, John Lepper, Corinne May-Chahal, Lana Perese, Cheryl Vardon, Rachel Volberg and Vickii Williams. Jan McMillen will lead the working party.

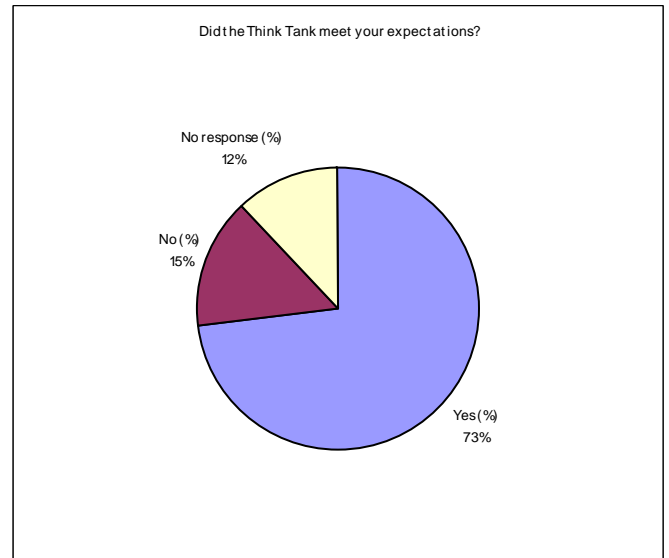
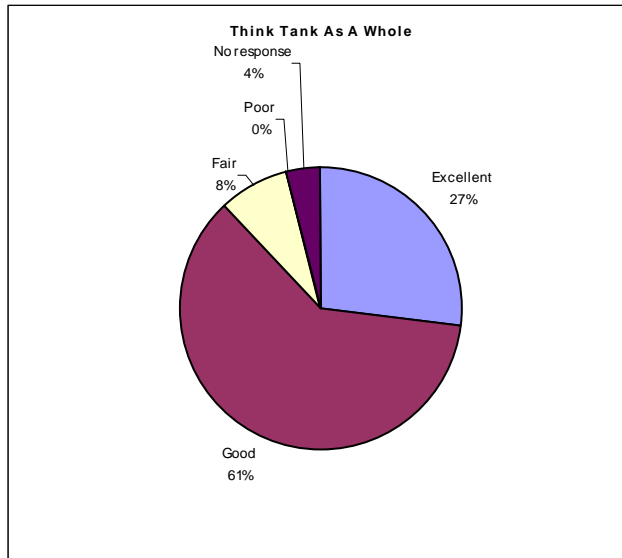
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## Evaluation

Thank you to the 26 people who completed feedback forms.

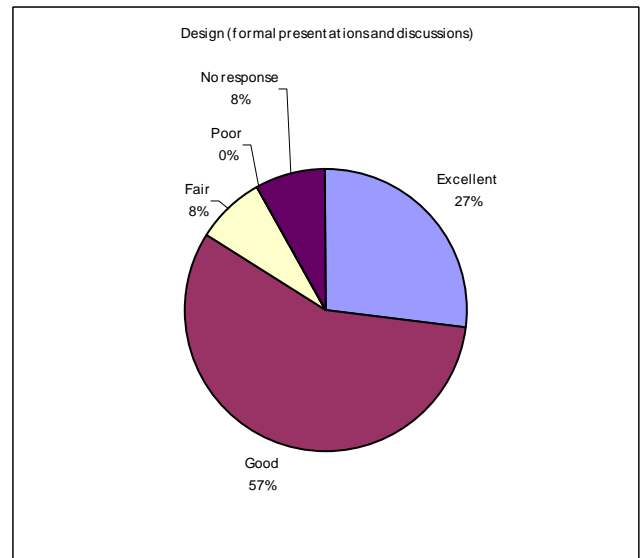
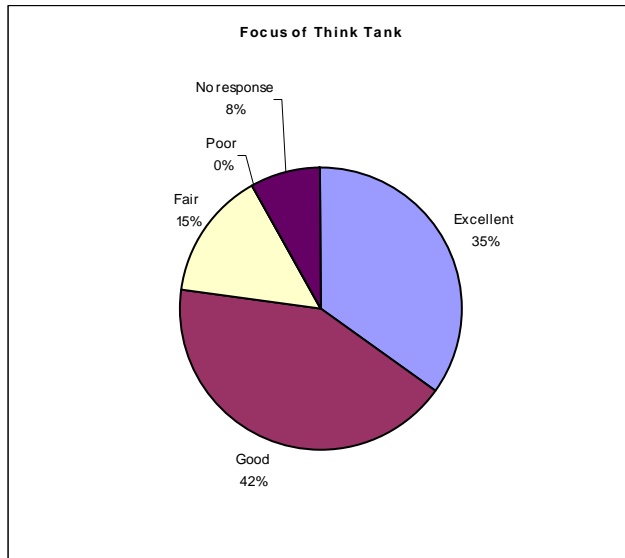
### *Think Tank overall*

Eighty-eight percent of respondents rated the Think Tank as a whole as either good (61%) or excellent (27%); eight percent rated the Think Tank as fair and no respondents thought it was poor. Almost three quarters (73%) of respondents had their expectations of the Think Tank met whilst 15% felt that their expectations had not been met. General comments about the Think Tank were that it was well organised and that it was good to see continuous improvement. One participant believes the Think Tank has established itself now with a sense of moving together and of setting standards.

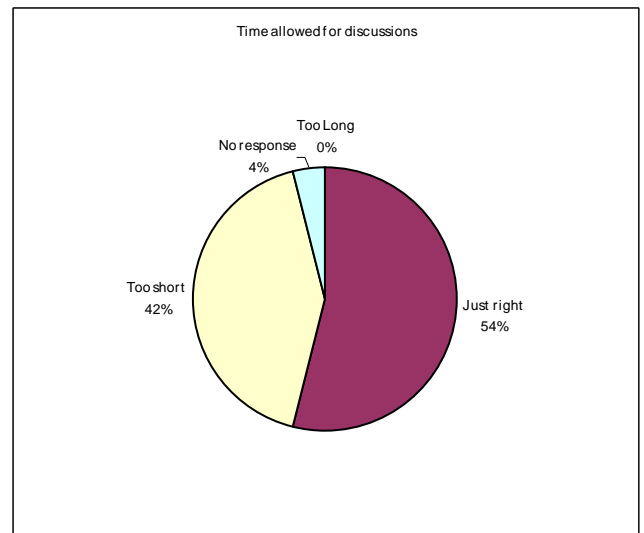
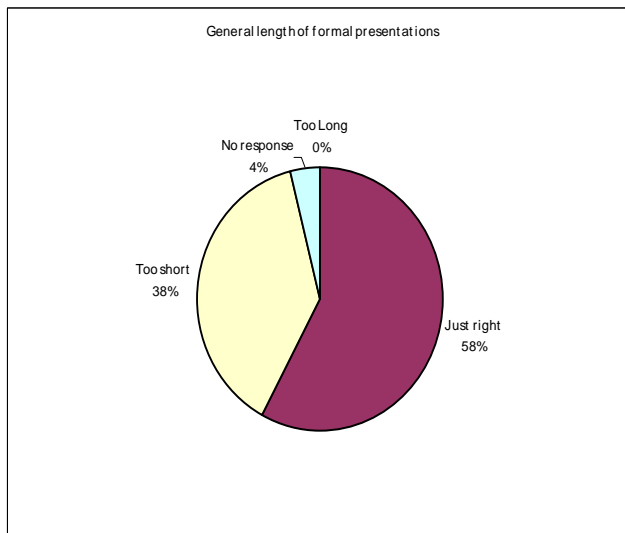


### *Design of Think Tank*

Eighty-seven percent of respondents rated the focus of the Think Tank positively with 42% rating it as good and 35% rating it as excellent; 15% felt that the focus was fair. Eighty-four percent of respondents rated the design of formal presentations and discussions favourably with 57% rating the design as good and 27% as excellent; eight percent felt that the design of presentations and discussions was fair. Comments for improvement include the need for more focused ideas on moving forward, allocating specific tasks and also the need for more detailed discussion and fewer issues discussed.



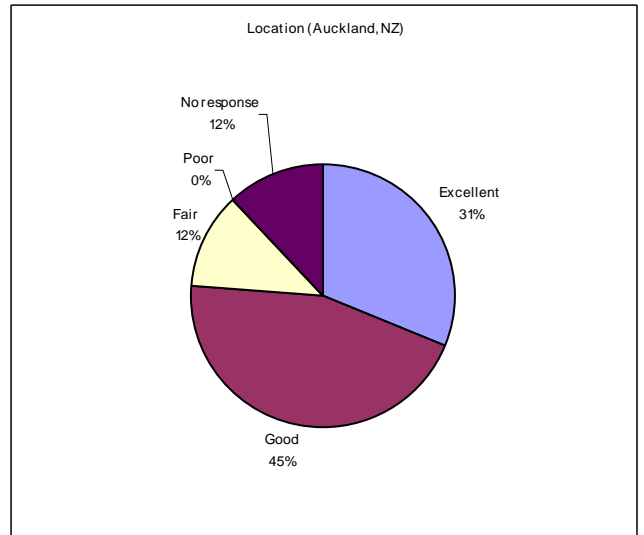
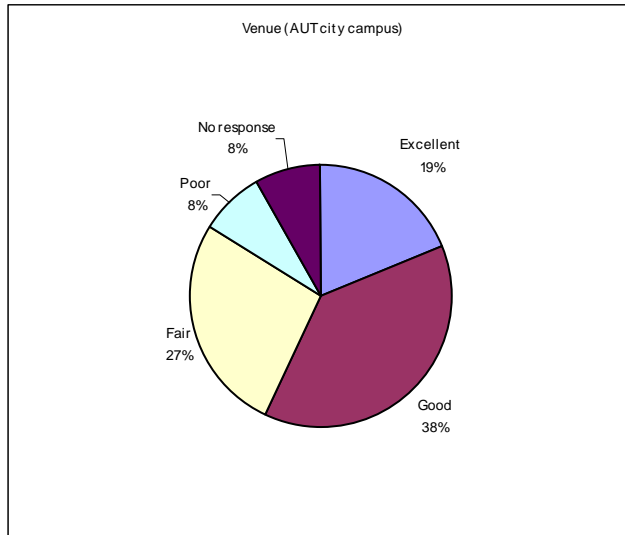
Over half of the respondents (58%) felt the length of the formal presentations was just right with 38% rating presentations as too short. Discussion time was felt to be just right by over half of respondents (54%) whilst 38% felt that discussion time was too short. Respondents who viewed the presentations and discussion time as too short would like to see five more minutes allocated for presentations and ‘a bit’ more time for discussions. No respondents felt that either the presentation or discussion time was too long.



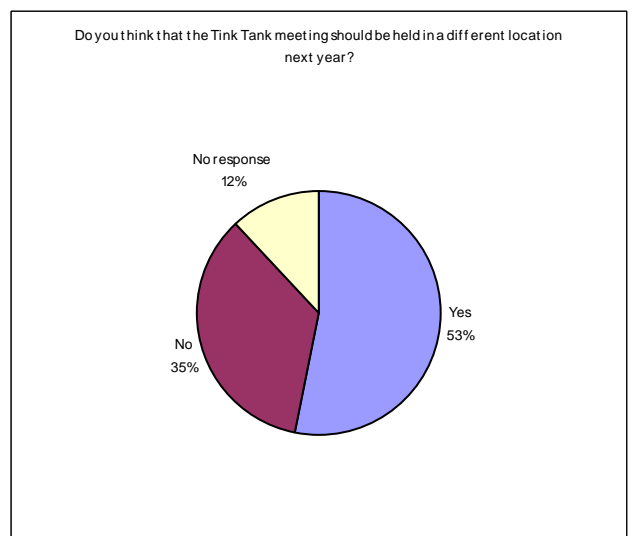
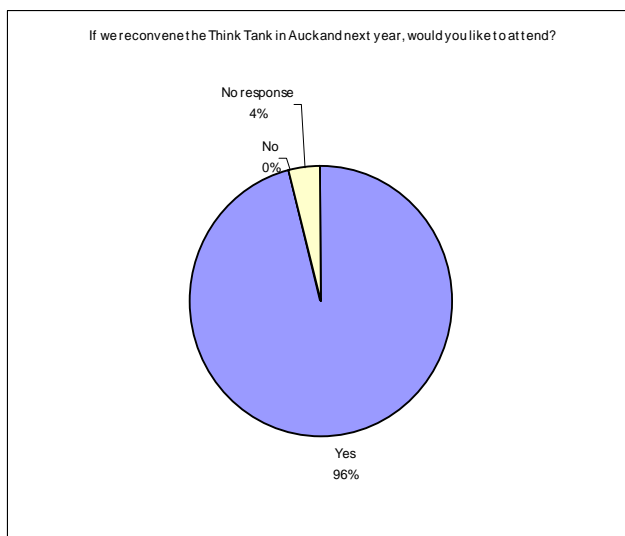
*Location*

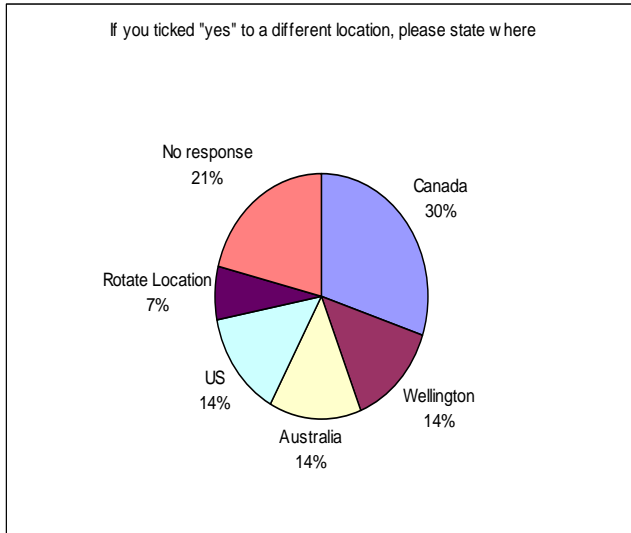
Although over half of the respondents (57%) rated the venue (AUT city campus) as either good (38%) or excellent (19%), 27% rated the venue as fair and eight percent (n=5) rated the venue as poor. Some comments about the venue were that it was too cold and dark with some having

difficulty seeing the screen, that although the Marae was delightful and beautiful, it was a hassle to take shoes on and off and to have to leave drinks outside. A further comment was that it was hard to write without tables. Seventy-six percent of respondents gave the location (Auckland) a favourable rating with 45% rating it as good and 31% rating it as excellent; 12% rated the location as fair.



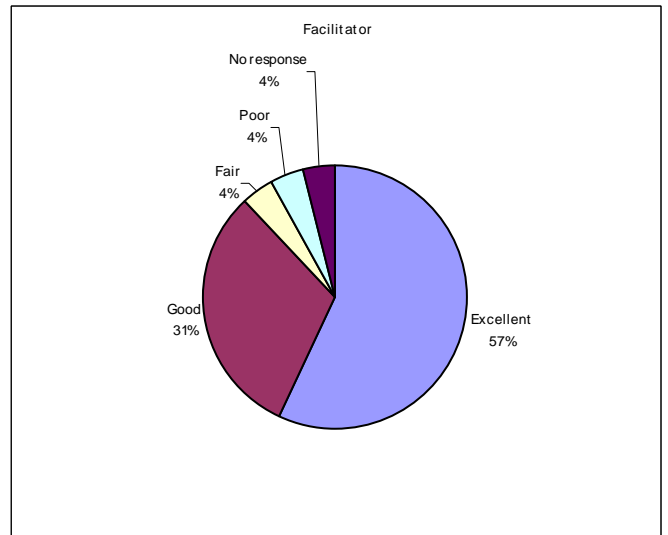
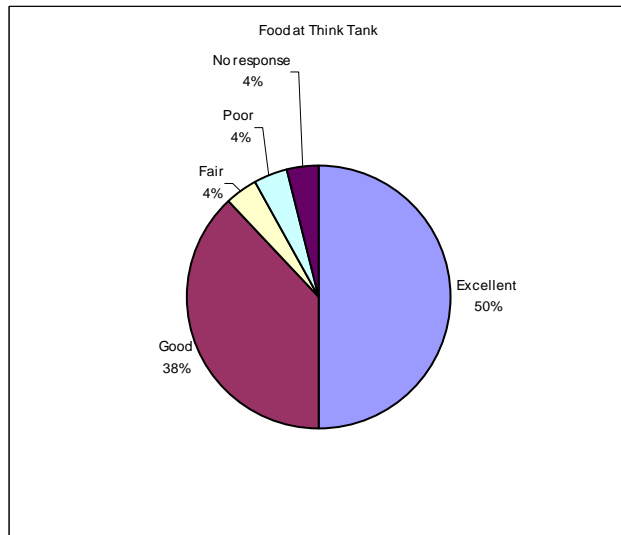
Although 96% of respondents would like to attend the Think Tank in Auckland next year, when asked if the meeting should be held in a different location next year, 53% (n=14) of respondents replied that it should. Thirty percent (n=4) of those wanting the Think Tank in a different location requested Canada, while 14% (n=2) would prefer Australia, 14% prefer Wellington and 14% the U.S. *Note that a subsequent poll of the 2006 Think Tank participants indicated that the majority would actually be unable to obtain funding (and/or time) to attend the Think Tank if it were to be in a location other than New Zealand and of those who would be able to travel to a different location, most would need the Think Tank event to be associated with a major conference.*





### Other Aspects

A majority of respondents liked the food at the Think Tank viewing it as either excellent (50%) or good (38%), whilst one person (4%) thought the food was fair and another thought the food poor. More than half of the respondents (57%) thought the facilitator was excellent with a further 31% viewing the facilitator as good. One person (4%) thought the facilitator was fair and another thought her poor. One comment was that the facilitator should be more respectful and less condescending.



### Highlights

- **Networking:** Almost one half of the comments related to networking, with participants favourably viewing the opportunities for exchanging ideas, informal discussions, establishing new research affiliations, meeting key people and learning what others are doing in various jurisdictions.

- Design and content of Think Tank: Respondents commented on the good mix of presentations and discussion as informative and sharp, and that the break out groups provided opportunity for discussion, collaboration and specific issue analysis. Discussion time was viewed as a highlight for providing opportunity for discussion of structured examples of the way forward.
- Presentations: The range and breadth of presentations was mentioned as a highlight, in particular presentations by David Hodgins, James Westphal, Rachel Volberg and Krista Ferguson.
- Other highlights for respondents included the opening ceremony, the facilitator and seeing progress on research collaboration.

### *Improvements*

Additional comments to those previously detailed include:

- Presentations too short: Respondents stated the presentations were rushed or were cut off.
- Presenters: Some presenters appeared unprepared to fit their presentations into the time allocated and they did not stick to the task or summarise well, so the subsequent discussion was poor.
- Design and content suggested improvements:
  - Structured dialogue along themes as some break out groups tried to cover too much.
  - General discussion with outcomes to substitute for work group time.
  - More outcomes focused, allocating tasks specifically.
  - Much of the presentation and discussion could have been done as part of the following conference with a one day Think Tank follow up.
  - Need a policy stream.
  - Too much focus on treatment. Needs to be broadened to health promotion.
  - Need to broaden disciplines which may add new perspectives.
  - More on public health, gambling policy and regulatory issues.
  - Needed more Indigenous, Pacific and ethnic minority voices and research projects.
- Venue
  - Venue was excellent but location of Think Tank and conference should be closer together.
  - Needs to be based at a hotel so jet-lagged participants can take some time out.
- Other
  - Need more attendance of Indigenous groups from countries other than New Zealand.
  - Increase the number of international representatives.
  - Provision of entertainment by a casino should not be permitted.
  - People seemed to lose energy on day two, partly due to conference immediately afterwards; this takes too much time from busy people.
  - Mix of attendees seemed unbalanced.

- Would be helpful if participants had work title, employer, city, state and country on name tags.
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**And Finally.....**

..... to end this lengthy newsletter - thank you to those who were able to attend and contribute to the Think Tank. To those of you who could not attend we hope to see you again soon. Max and Maria from the Gambling Research Centre at AUT University and Krista from the Gambling Helpline New Zealand wish you the Season's Greetings and safe and happy holidays.

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## **APPENDIX 1**

### **Participants**

#### **New Zealand**

Professor Max Abbott, Gambling Research Centre, Auckland University of Technology  
Dr Maria Bellringer, Gambling Research Centre, Auckland University of Technology  
Vicki Berkahn, Ministry of Health  
Vincent Burke, Top Shelf Productions  
Tane Cassidy, Health Sponsorship Council  
Dr Dave Clarke, Massey University Albany Campus  
Mua'autofia Tueipi Clarke, National Pacific Gambling Project  
Gary Clifford, Gambling consultant  
Debbie Edwards, SkyCity  
Gareth Edwards, Gambling Research Centre, Auckland University of Technology  
Krista Ferguson, Gambling Helpline  
John Gasson, New Zealand Lotteries Commission  
Andrew Gaukrodger, SkyCity  
Ralph Gerdelan, Responsible Gambling Solutions Ltd  
Ruth Herd, University of Auckland  
Major Lynette Hutson, Salvation Army  
Bruce Levi, Tupu  
John Markland, Department of Internal Affairs  
Adrian Mattinson, The Responsible Host Company Ltd  
Laurie Morrison, Te Kahui Hauora Trust  
Shayne Nahu, Ministry of Health  
Richard Northey, Problem Gambling Foundation  
Lana Perese, Gambling Research Centre, Auckland University of Technology  
Russell Phillips, Waipareira Trust  
Kate Richards, New Zealand Lotteries Commission  
Paul Rout, Problem Gambling National Coordination Service  
John Stansfield, Problem Gambling Foundation  
Dr Philip Townshend, Problem Gambling Foundation  
Dr Samson Tse, Centre for Gambling Studies, University of Auckland  
John Wong, Asian Services, Problem Gambling Foundation

#### **Australia**

Leigh Barrett, TabCorp  
Dr Malcolm Battersby, Centre for Anxiety and Related Disorders, Flinders University  
Helen Breen, School of Tourism and Hospitality Management, Southern Cross University  
Micheil Brodie, Office of Gaming and Racing, Victoria  
Rev. Chester Carter, Chester Carter Solutions  
Vicki Flannery, Freelance  
Leeanne Head, Department for Families and Communities, South Australia  
Associate Professor Nerilee Hing, Centre for Gambling Education and Research, Southern Cross University  
Professor Alun Jackson, University of Melbourne  
Paul Marden, Office of Gaming and Racing, Victoria  
Penny Marshall, Queensland Office of Gaming Regulation  
Professor Jan McMillen, Australian National University  
Professor Shane Thomas, Monash University  
Eric Tyssen, Turning Point - Healthlink  
Cheryl Vardon, Australian Gaming Council, Melbourne

**Canada**

Dr David Hodgins, University of Calgary  
Vickii Williams, Alberta Gaming Research Institute

**United Kingdom**

Nico Jabin, Responsibility in Gambling Trust  
John Lepper, Department of Culture, Media and Sport  
Professor Corinne May-Chahal, Department of Applied Social Science, Lancaster University  
Adrian Scarfe, GamCare

**United States of America**

Mia Moran-Cooper, Problem Gamblers Help Network of West Virginia  
Dr Rachel Volberg, Gemini Research  
Dr James Westphal, University of Hawaii