

# Working with gambling venues to enable safer gambling environments: Lessons learned from a problem gambling public health intervention in New Zealand

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**GAMBLING & ADDICTIONS RESEARCH CENTRE**

NATIONAL INSTITUTE FOR PUBLIC HEALTH & MENTAL HEALTH RESEARCH

# Presentation objectives

- To introduce *Safe Gambling Environments* – a public health intervention to ensure safety within gambling venues through effective harm minimisation measures (Ministry of Health, 2010)
- To share aspects of practical relevance, selected findings from an evaluation of this intervention are summarised



# Public health approach to problem gambling in New Zealand

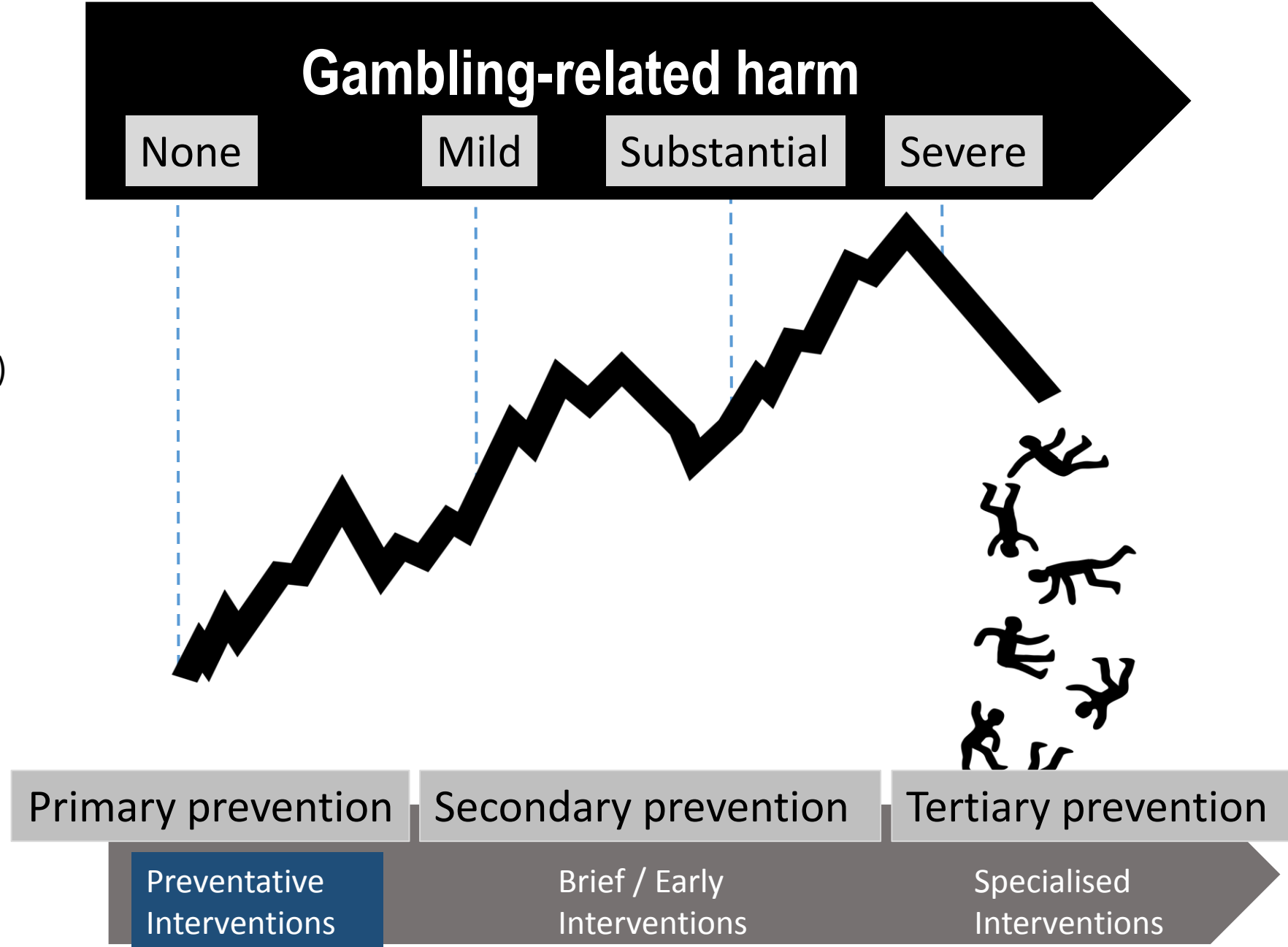
- Problem gambling – formally recognised as a public health issue in the *New Zealand Gambling Act 2003*
- *The Act* requires an integrated public health strategy – preventative interventions, treatment, research, and evaluation
- The New Zealand Ministry of Health (the Ministry) is responsible for implementing this integrated strategy at a national level



The Ministry's  
preventative  
strategy is based on  
a continuum-of-  
harm approach  
(Korn & Shaffer, 1999)

Harm prevention  
preventing harm  
before it occurs

Harm minimisation  
reducing chances  
of harm



# Public Health Interventions – among many ways to

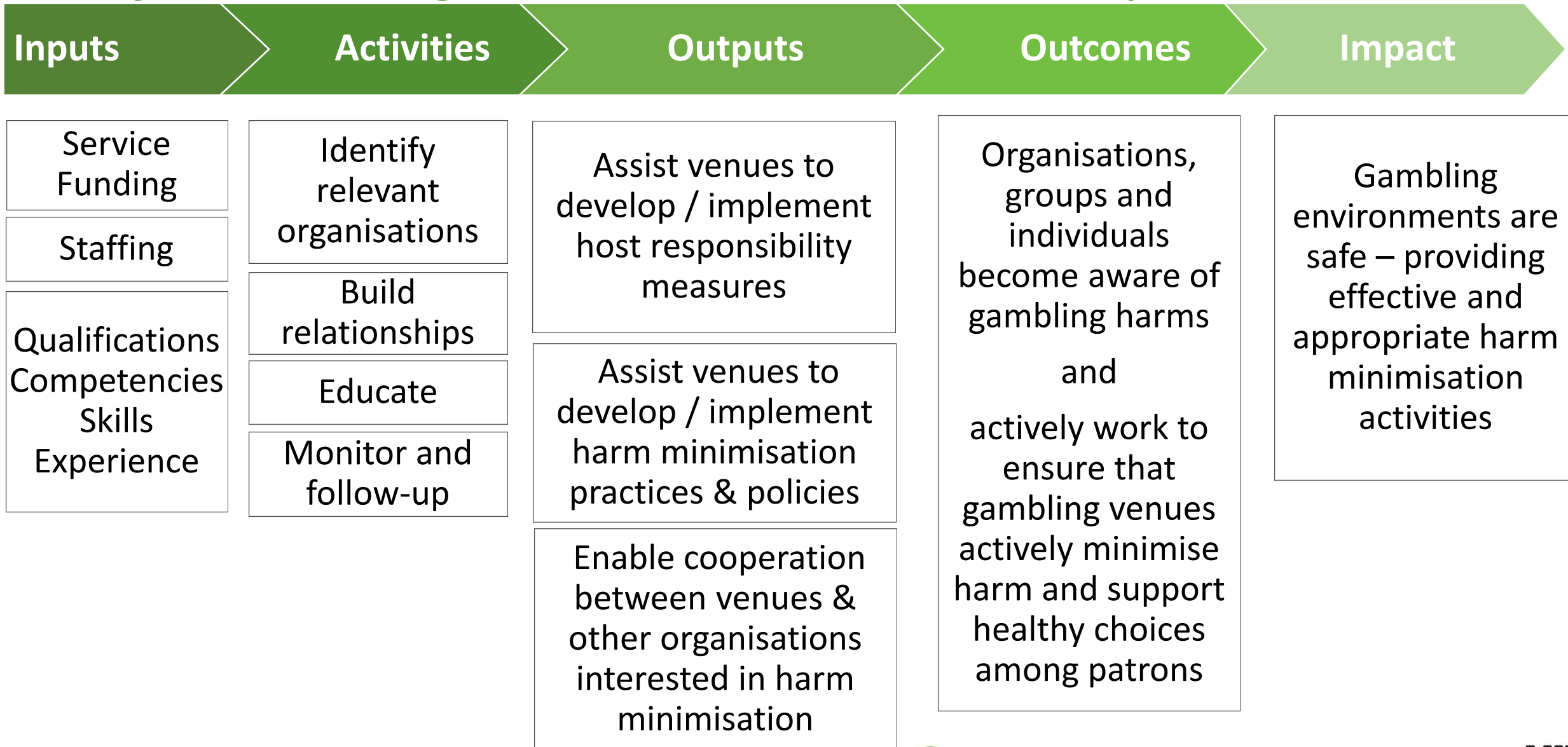


- 1) Safe Gambling Environments – 14 implementers
- 2) Policy Development and Implementation – 17 implementers
- 3) Effective Screening Environments – 19 implementers
- 4) Supportive Communities – 18 implementers
- 5) Aware Communities – 18 implementers

Ministry of Health (2005)

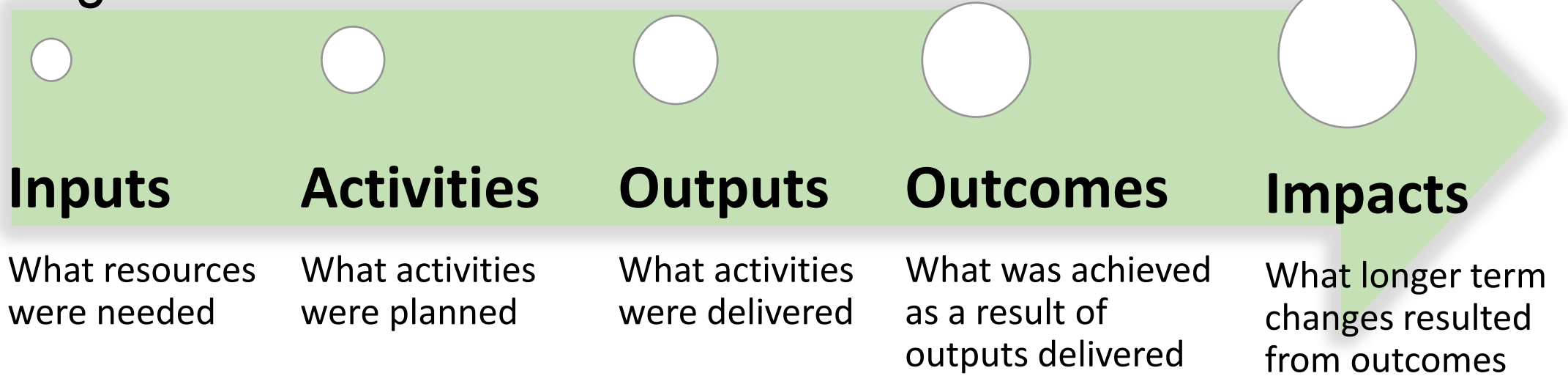


# Safe Gambling Environments - Service specifications



# Evaluation

## Logic model-based



(Stufflebeam, 1999; Knowlton & Phillips, 2013)



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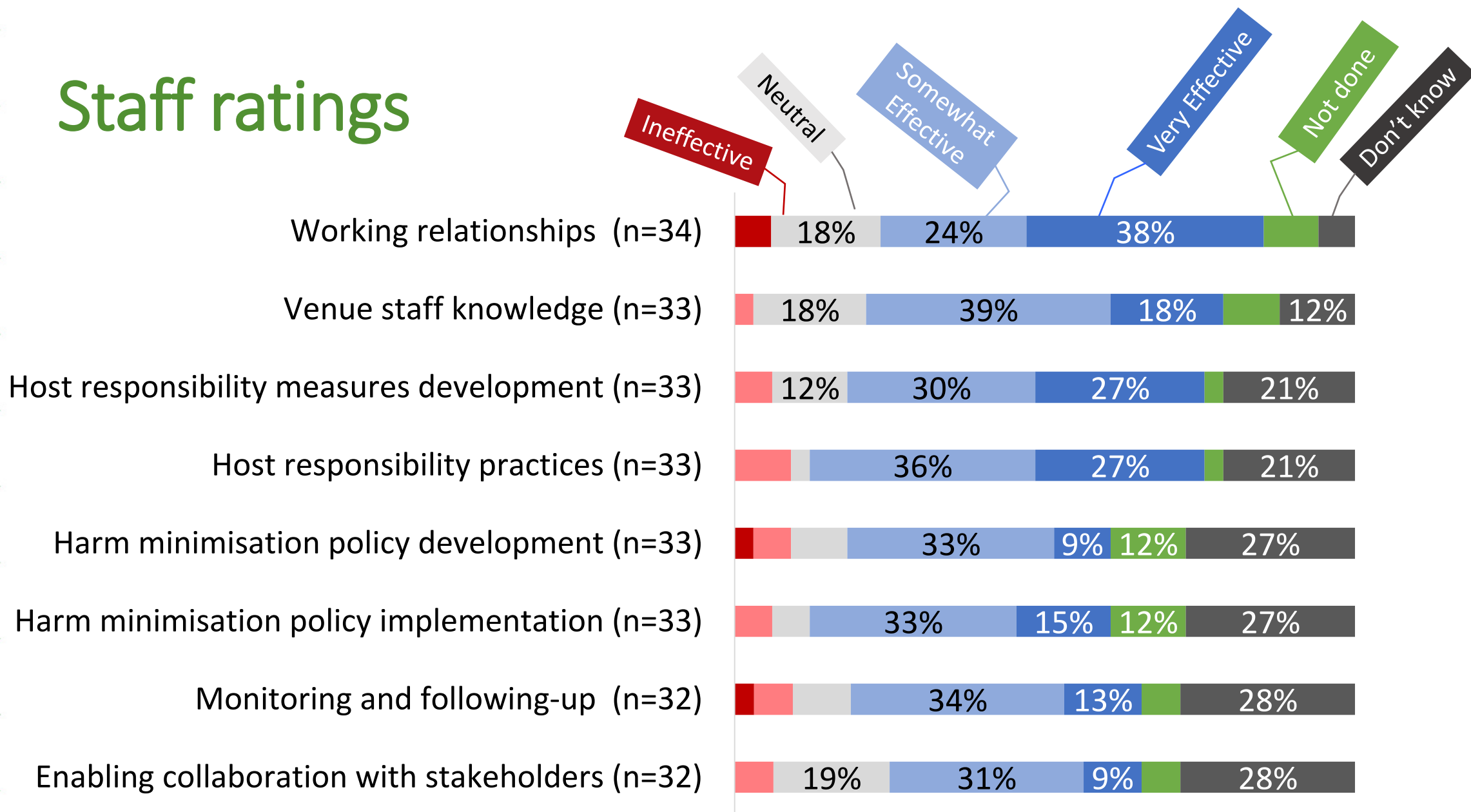


# Mixed methods

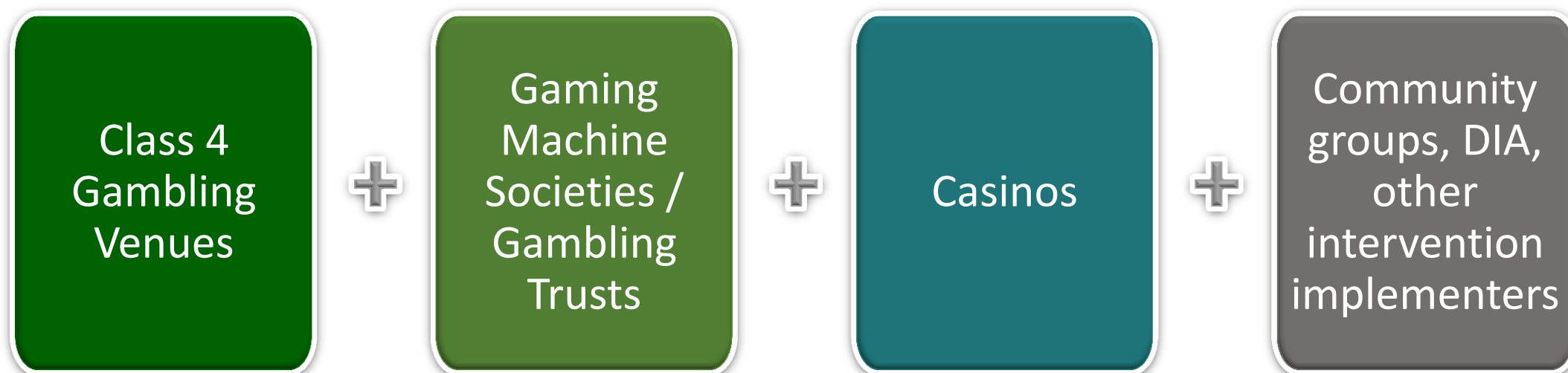
1. **Progress reports** submitted six monthly between 2010 – 2013 (14 implementers)
2. **Staff survey** (7 implementers) – quantitative & qualitative data
3. **Focus group interview** with 8 public health staff



# Staff ratings



# Implementer identified target sectors



# Casinos & Class 4 venues - legally required to:



- develop **policies to identify problem gamblers**
- display notices of policy availability
- use policy to **identify actual or potential problem gamblers**
- **offer advice or information** (about problem gambling & self-exclusion procedures) to potential problem gamblers
- **issue exclusion orders** to venue/self-identified problem gamblers prohibiting venue entry for up to 2 years
- **remove self-excluded individuals** who enter premises

*The Gambling Act 2003 (Section 308 – 310)*



# Implementer identified inputs

- Knowledge about host responsibility practices
- Knowledge about Multi Venue Exclusion (MVE) processes
- Appropriate resources



# Outputs – visits & discussions

Visited venues and attended their meetings



Discussed about MVE, host responsibility and regulatory compliance

Discussed about gambling harm and support for problem gamblers

Explored possible collaborations

Provided feedback to venues

Implementers gained knowledge about venue marketing strategies



Venue resistance to sharing information on the grounds of “commercial sensitivity”



May feel like they are being monitored



Established relationships



# Outputs – awareness raising & training

Provided resources and advice to develop venue staff knowledge

Offered / carried out training for venue staff



Provided informative materials to support problem gamblers

Awareness-raising materials seen as unimportant

Reluctance towards making materials available at venue

Beliefs about adequacy of training already received



- Consultative process to understand venues' contexts
- Training tailored to different gambling environments
- Involve venues in training planning / resource development



- Need for standardised training



# Outputs - MVE implementation support

Preliminary discussions about MVE

Assisted venue with processing exclusion orders

Supported patrons with the exclusion process

Clarified re-entry protocols

MVE working group - effective & user-friendly processes, standardised documentation, roles clarification

Developed appropriate resources to support MVEs

Barriers to uptake:  
Not a priority for some venues  
“It’s Not My Job Attitude”


Complex & time-consuming process for implementers

Unclear stakeholder roles

Unclear MVE administrative & coordination processes



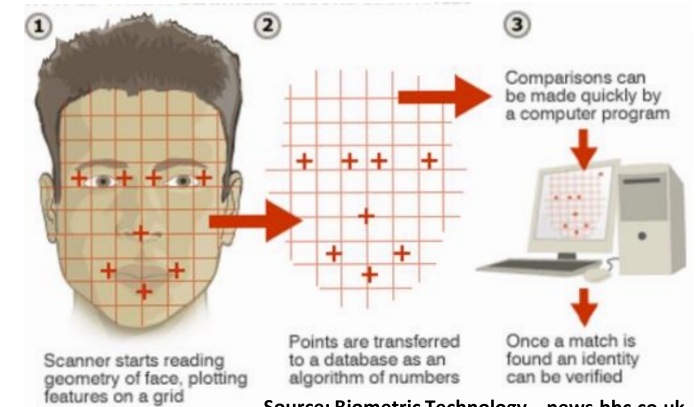
## User-friendly MVE form

- Worked with a casino HR team to develop form
- Information pack with new form & process chart sent to venues
- Several venues trained their host responsibility and security staff in the new process
- Patrons seeking to self-exclude offered the option of MVE – **MVE uptake increased in two venues** 
- Venue feedback - form clear, simple, and easy to use
- Plans to expand form use at broader regional level



# Technologies to support MVE

- A few consideration possible technologies
  - facial recognition technology and scanners to identify excluded gamblers
  - database systems to ease MVE administrative processes
  - online systems for processing exclusions
- However, limitations and challenges were also identified
  - cost
  - loss of human interactions





Source: <http://webmasterdock.com/common-security-threats/>



## Effective technology - digital photo frames to aid excluder recognition



- Current paper based system – inefficient for monitoring a large number of excluders
- Replaced with digital photo frames (placed behind bar counters)
- Enabled staff to constantly view photos while they worked – **enhanced ability to remember and recognise excluders** 
- Photos updated when new exclusions arose or when exclusions expired.
- More **active monitoring of patrons and increased referrals** 

# Output - Monitoring and follow-up

Assessed MVE implementation – reported results back to the venues

- display of excluders' photos – patron privacy
- incomplete records of excluders

Identified and took action on issues encountered

- visibility of gaming machines from outside a venue
- display of expired gambling licenses
- insufficient staff training
- any breaches of the Gambling Act

Implementation barriers:





- Understaffing
- Not understanding MVE procedures
- Perceptions about individual rights
- Concerns about manageability of increased MVEs



- Signs of MVE , host responsibility and harm minimisation practices
- Increased exclusion numbers
- Venue willingness to collaborate
- Good working relationships



# Relationships with venues


-  Requires **diplomacy**, to deflect any feelings of being monitored
-  Requires a **collaborative rather than a prescriptive approach** – e.g. not just supply resources, but also seek their feedback about the resources
-  Provider-venue collaboration in resource development ensures mutual agreement to content and thus its usefulness to venues
-  Often time consuming – multiple visits – different managers on different days, rotating staff, differing views among different managers and staff

# A “symbiotic” relationship with venues

- Implementer
  - assists venues in “meeting their regulatory requirements,” to “reduce reputation risk” and avoid loss of operating licence
  - supports venues with host responsibility policy development
  - volunteers support with harm minimisation training
- In turn, this open doors open for implementer-led harm minimisation initiatives and clinical intervention



# Benefits of established relationships

- Aided referral of patrons to treatment services 
- Enabled discussions on arising issues about excluded patrons (e.g. attempts to re-enter venue, requests for annulment of self-exclusions)



# Conclusions

- The *Safe Gambling Environments* intervention led to a more systematic MVE process and improvements to in-venue harm minimisation practices
- Inputs – besides knowledge about MVEs and harm minimisation measures, implementers knowledge of venue-related policies and legislation would also be instrumental
- Challenges – time consuming relationship development and venue perceptions
  - Requires diplomatic, non-prescriptive approach
- Challenges - resource use and training uptake
  - involve venues in development and implementation
  - venue staff training – further exploration of best approaches needed



# We thank

- the New Zealand Ministry of Health who provided the funding for this evaluation research and access to implementers' progress reports
- public health staff who participated in our focus group and completed our survey
- the conference organisers for providing the arena to share our findings
- the audience here today for your presence and interest



# References

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